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WAR NEUROSES

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ALL military psychiatrists—those who observed war neuroses during the first war and those who observe them during this war—agree that the symptomatology of war neuroses, as precipitated by World War II are in no way different from the picture of war neuroses during World War I. This, in spite of the fact that the character of modern warfare has been considerably changed by technical developments. It is quite obvious that the impact of the war experiences as such on the personality of the soldier has remained the same.

Mental disorders, which a soldier acquires under the physical stress of war (fatigue, exhaustion, sickness, woundings), must have something to do with the difficulties a human mind has to undergo in order to change its "peace ego" into a "war ego." The last twenty-five years of psychoanalysis are particularly characterized by an increase of knowledge about the psychology of the ego. It is just during this time that under Freud's guidance we have gained knowledge about the structural and dynamic conflicts which occur *within* the ego itself, when it has to mediate between the instinctual claims of its Id and the demands of external reality; the reaction to these conflicts turns it into a battleground on which the conflicting forces of environmental reality and instinctual drives meet. Deterioration of the ego can come about as the result of such inner mental fights. To become a soldier and go to war involves an enormous and sudden change of reality demands. The change of ethical standards, which lifts the ban from destructive, instinctual energies, shakes the structural edifice of an ego, which at the same time has lost its security heretofore provided by civilization.

The ego—as Freud once phrased it—"in *all* its conflicts can have no other aim, than to maintain itself." If this struggle for its psychological maintenance is a decisive factor in bringing about the neuroses in peacetime—how much more significant it must be in precipitating war neuroses, when the ego has to face a reality which confronts it even with the prospect of complete annihilation.

All military psychiatrists—who view the mental disorders of soldiers from a psychoanalytic perspective—agree that the trauma

matic neuroses of this war do not differ essentially from the structure of neuroses in peacetime. The problem to be studied must also comprise the phenomenon of the transformation of real anxiety (fear of death) into neurotic-anxiety, which secondarily prompts the ego to employ mental mechanisms of defense for the sake of its own coherence. This then constitutes the symptomatology of war neuroses.

The remarks I made so far may suffice to prove that it is legitimate when a "psychoanalyst of today" interprets his psychoanalytic experiences of a past war in terms of recent ego psychology. During that war I was a medical officer in the German army and for two years was in charge of a military hospital for war neuroses. During that time I saw about two thousand war neurotics—half of them I treated myself with a combination of psychoanalysis and hypnosis. Their symptomatology I might describe summarily as ego impairments which made it impossible for the soldier to continue attending to his military duties. Spastic or parietic conditions of the entire muscular system, or parts of it (legs or arms), impaired to a lesser or greater degree the soldier's ability to move. This impairment of the muscular system very often represented itself, also, in the form of compulsive, involuntary body movements or body postures. The functioning of organs became disturbed, the use of which enable the individual to sustain his contact with the environmental world, for example: speech disturbances, ranging from spastic stammering to complete mutism;—and disturbance of vision and hearing, from over-sensitiveness to light and sound to complete blindness and deafness. Many soldiers were stricken by epileptiform attacks which precipitated seizures of unconsciousness associated with cramplike, more or less uncoordinated movements of the arms and legs. Disturbances in the intellectual sphere manifested themselves in the loss of selected faculties, such as reading, reckoning, and particularly in the disturbance of the memory functions, frequently resulting in total amnesia.

The essential symptoms common to all cases deserving the name of war neuroses, was a general *emotional* instability and irritability, a tendency to emotional outbursts, particularly of rage—and a characteristic sleep disturbance due to tormenting dreams repeating terrifying war experiences, often associated with a tendency to act vehemently while still sleeping (somniaambulism).

War neuroses are mostly identified with the traumatic-neuroses acquired in peace time. This is only partly correct. The pre-

cipitating factor might be identical in both forms of neuroses, inasmuch as the quantity of stimuli are concerned, which overwhelm the mental apparatus in situations, when through lack of preparedness, it is incapable of setting in motion the adequate outer-motor defense reactions (flight or aggression).

It is certainly true that the abundance of stimuli, which by overflowing the mental apparatus, has disturbed its equilibrium—in both kinds of neuroses—is responsible for the compulsion to repeat, in dreamlife, the original traumatic experience. There is a decisive difference between traumatic neuroses of peacetime and genuine traumatic neuroses in war. The onset of the latter in most cases does *not* occur under the *sudden* impact of *one* catastrophic accident, but is due to a protracted accumulation of traumatic influences. I saw soldiers succumb to a war neurosis in reaction to a minor body injury after having undergone several horrifying experiences without any pathological reactions, such as being buried under debris several times. I saw soldiers stricken with severe neurotic disturbances in reaction to certain disastrous war situations, which were not new to them as they had withstood these previously, and even been decorated for their bravery in the face of them. Certainly, physical and emotional exhaustion are predisposing factors for a soldier's mental breakdown in war. However, there is one decisive factor in which the etiology of the war neuroses differs from the etiology of a traumatic peace neurosis. That is: the trauma of war (fatigue, wounds, catastrophic experiences, like shell shock, and so on) strikes the ego of a soldier, which is essentially different from the ego of a civilian. The *military* ego—as we may call it—has undergone a significant alteration by having been submitted to the educative process of *military discipline*.

The state of mind produced by military discipline enables the soldier to reach his highest achievements in cooperation with his fighting unit. However, as we shall see, it is also the very state which makes him vulnerable and amenable to disintegration of his mental system, precipitating mental disorders. The purpose of military discipline is to enable the soldier to function as a part of a military unit in *blind obedience* to the commander of the unit, as free of anxiety as possible, in spite of all personal dangers involved. The psychological effects of military discipline must in some way be instrumental in helping the soldier to bring about seemingly contradictory mental achievements: i.e. to develop the

typical social virtues of a good soldier—comradeship, endurance and self-sacrifice for the common good on the one hand—and the anti-social ones on the other of consciously releasing aggressive instinctual energies in fighting the enemy. Even that important emotional phenomenon—fear of death—the normal reaction of an ego to the threat to self-preservation—can be disposed of, at least temporarily,—an achievement certainly due to the alteration of the ego arrived at by military discipline.

To understand the development of this *military ego*, it would seem advisable to glance at the development and structure of the *civilian ego*, out of which the former is evolved. If we want to understand in what way the impact of the war affects the mind of a civilized individual, we have to ask ourselves—what is civilization? According to Freud—“Civilization is a process which passes over mankind and corresponds to the process which every individual has to undergo when he develops his character from infancy to maturity.” Civilization reflects the collective character of a community. We are all born as little cannibals. Under the influence of the parents, who represent environmental reality, the child acquires the ethical standards of our civilization, and learns gradually to conquer his anti-social, libidinal and aggressive instinct demands. To the *adults*, the authorities of a nation become the representatives of realistic and ethical standards.

What will happen to the character of the individual when his *collective* character, represented by his nation, all of a sudden, by going to war, regresses to the primordial stage of pre-civilization, that of cannibalism? Would not every individual react accordingly by regressing individually to the same primitive state? That is, by throwing overboard allegiance to a civilization which seems incapable of serving any longer as guide and example. Fortunately, it is not so. The reason is that in the normal process of individual character formation the child *internalizes* the parental power within his mental system by developing a *super-ego*—his conscience. From then on his super-ego, functioning as an *internalized parent*, guides the ego in its conflict between instinctual aim and the environmental world. In a simplified statement we can say that all mental disorders to which a person can fall prey in his life are due to pathological disturbances of the functioning of this inner super-ego. The super-ego helps the ego to test reality and to act accordingly. The super-ego forces the ego to sublimate or to repress anti-social instinctual demands. In pathological dis-

turbances it is either over-strict or over-lenient, or has been put out of order, or has not been developed at all.

We should bear in mind that the super-ego, although functioning as the intra-mental representative of society, has only become so through the mediation of our internalized parents. Therefore, if society, i.e. a nation, as an external representative of our super-ego, decides to go to war, this does not imply that, under normal conditions, our inner parental super-ego allows such *collective cannibalistic regression* to be followed by a corresponding regression of our individual ego. On the contrary, it helps the ego to test the changed, external reality and become adapted to it, by strengthening its inner position and defenses.

However, the situation is different when super-ego deficiencies exist in the mental systems of individuals who, due to an abnormal home atmosphere in childhood, have developed a pathological disturbance of the process of internalizing the parental power.

Then, with the lifting of some essential standards of civilization the impact of the war on the personality will shake the individual ego system by just hitting upon its essential but weak point, the super-ego. This is all the more understandable when we remind ourselves of one discovery of Freud, which has not been appreciated enough even by psychoanalysts, i.e. that the super-ego is built up in children by the suppression of aggressive energies against the parents. The super-ego derives its strength to govern the ego by making use of introverted aggressive energies which were aimed at and had been diverted from the parents. Any weakening of the function of the super-ego, therefore, causes release of aggressive tendencies against the outside world from their intra-psychic bindings between ego and its super-ego. It results in a tendency to become aggressive again against authority, as external parental images. This is the reason for the increase of juvenile delinquency during the war, because it is just in adolescence that the mental system receives the last touch in cementing the super-ego. This is also the reason why juveniles in acting out their delinquent acts have no guilt feelings. The aggressive energies they discharge to the outside world are taken away from their super-ego and relieve pressure, which, under normal conditions, this would exert on the ego in the form of pangs of conscience.

After having gained this insight, though very sketchy, into the effect of war on the mind of adults and adolescent civilians, we are interested to find out how this change of reality (from peace to war conditions) affects the minds of small children in their stage of

pre-super-ego development. I refer to that stage of development before the ending of the Oedipus conflict, when the child thinks and acts still under the *external* guidance of his parents. It is not at all surprising to find that these children do not show any mental disturbances in reaction to all the destruction and mass killing they hear about or even witness personally. Anna Freud and Dorothy Burlingham give us impressive reports¹ on this point from their experiences with children during the bombardments of London. These children remained at ease in spite of being exposed to the direct influence of general destruction. However, it is of particular interest to know that they remained free of any signs of panic or distress only as long as they were in the company of their parents, and as long as these parents did not reflect any excessive anxiety and insecurity themselves.

From my foregoing statements, it is clear why children react as observed. Because aggression and destruction is a normal way of life for children of that age. They have no inner super-ego; this is still represented in the person of their parents, and as long as the parents, who represent the entire reality, do not manifest any panic or distress, they feel secure.

Another observation made by English psychiatrists is of interest for our investigations. It concerns the mental reaction of adult civilians to the immediate danger of annihilation under bombardments. These psychiatrists state that most civilians react to excessive bombardments with relatively less neurotic manifestation than soldiers do under similar conditions.

Concerning this different reaction which civilians and soldiers show to the actual trauma of war, we hear usually the same explanation—which we heard twenty-five years ago—namely, that the psychoneuroses primarily constitute a "flight reaction," which helps the soldier to achieve security, by being removed from the war zone to the home front. It is assumed that the civilians, in this situation, do not react in the same way, because they have no home to which to flee.

It is true and was a common experience during the first war that frequently the symptomatology of the neurosis extended and became more consolidated in psychiatric casualties as the afflicted soldier neared his homeland. Two factors were responsible for this phenomenon. The one was that on his way home, the soldier, during his temporary stay at stations and hospitals, was often

¹ A. Freud and D. Burlingham: *War and Children* (New York: International University Press, 1944)

wrongly diagnosed and, moreover, wrongly treated. Those treatments (based on what was at the time a quite universal conception of neuroses as some kind of latent "hysterical" malingering) affected the soldier's ego as a continuation of the trauma of war and increased his symptomatic defenses. Besides this, regaining security is certainly a factor which is effective in establishing or cementing symptomatic defense reactions. However, security, in the form of being released from the physical dangers of combat duty, comprises only the "secondary gain of illness" which an ego develops in every kind of neurosis, making use of the symptom secondarily as a defense against an unbearable reality.

The essence of security, which the war-neurotic-ego tends to re-establish, is *security within itself*, i.e. the re-establishment of its narcissistic equilibrium which has broken down under the flooding of affects—particularly those of anxiety and rage. I think my statement of twenty-five years ago that the soldier's ego saves him from a psychosis by developing a neurosis is still valid. The actual trauma precipitating his mental breakdown is a *real* danger with which his ego has to cope and for which it lacks the necessary equipment. Therefore, it is only understandable that this "military ego" has a tendency to employ a defense reaction—essential in psychosis—to "break with reality" and to withdraw all instinctual cathexes from the outside world and take refuge in narcissistic conditions.

I was always inclined to consider the many incidences of disturbances of consciousness which preceded the outbreaks of war neuroses (in I might estimate 75% of my cases) as an attempt to regress to the unconscious condition of primordial objectless narcissism. I refer to states of temporary fainting, as well as to long lasting conditions of comatose stupor. The tendency to "break with reality" as the *immediate* reaction to horrifying war experiences quite often may produce personality disturbances resembling psychoses.

Such "flights from reality" do not turn into genuine psychoses if the ego of the soldier is not individually predisposed by trends of regression to deeper fixations at early stages of infantile development.

However, let us consider the reason why the psychological constellation of military discipline is the etiological factor in the general predisposition of the "military ego" to war neurotic afflictions, in contrast to the ego of a civilian. The ego of the soldier, as has been stated, undergoes alteration by being subjected

to the process of military discipline. What is the essence of military discipline? It is a way of training the soldier to function as a member of a military unit. What is a "military unit," psychologically? A military unit is an "organized group." In such a group, as we have learned from Freud, individual members are identified with one another by libidinal ties and are collectively identified with the leader of the group. The "blind" acceptance of leadership is based on the psychological fact that every individual member of the group transfers his super-ego functioning to the group leader. The group leader represents the externalized super-ego. Group leadership in a military organization is administered by a hierarchy of leaders, beginning with the private, first class, up to the commander-in-chief.

Thus, the soldier as a member of an "organized group" finds himself in the same emotional position as the child *before* the development of a super-ego, at the period when the *external authority* of the *parents* represents guidance, security and protection against an unknown reality.

The way a soldier is indoctrinated into military discipline shows clearly this tendency to have the soldier regress to the relationship of a child to its parents in his relationship to his superior officers. As an example, I have to refer only as to how the new recruit is trained in making his bed correctly, as if final victory depends on whether it is smooth or wrinkled. Indeed, language, which preserves the latent meaning of forgotten concepts, proves the correctness of my assumption. The term for the fighting unit which, up to this war, was the basic force of every army is the *infantry*. *Infantry* designates a group of *infants*. I found out about this in the dreams of my patients, and a confirmation in an etymological dictionary.

The child-parent relationship gives the soldier in his relationship to his superior all those advantages of the child, which we have observed in bombed areas. It makes him feel secure and even *immune against the fear of death*, as long as he feels secure in the love—that is—in the appreciation of his superior.

The soldier's lack of personal object love is compensated for by identification love, which binds him libidinally to his leaders and his comrades. Wearing the "uniform" is the symbolic manifestation of a unity which represents him and which is represented by him. This narcissistic-libidinal entity is reflected in the group spirit.

Experiences which frustrate the soldier's tendencies at identifi-

cation are of far-reaching significance, and the superior officer ceases to be a suitable external super-ego. Personal discriminations, such as concerning the soldier's personal abilities or intentions (morale); or concerning his race or nationality; disappointments concerning promotions; denial of expected decorations were, in the plurality of the cases I saw, the basic causative factors of mental disorders leading to war neuroses.

They isolate the soldier's ego emotionally from the group spirit and render the superior officer incapable of functioning further as a suitable external super-ego. The soldier finds himself in a psychological situation identical with a child who feels himself deserted by his parents. He loses his feeling of security—his immunity against the fear of death. Annihilation becomes a danger of reality, a certainty, whereas before it was only a possibility, which would have concerned mostly "the other ones." Because his ego is psychologically released from the group spirit, his individual super-ego must start functioning again. But it depends on the relative strength and normality of his super-ego how far the ego remains capable of standing disastrous experiences, or if it gives in to neurotic or psychotic defenses.

We understand now that seemingly paradoxical phenomenon that the civilian mind on the average reacts less pathologically to catastrophic events than the soldier's mind. It is a problem of super-ego psychology.

The average normal civilian ego is more resistant, because it preserves, or even augments, the power of its super-ego in reaction to war experiences. The military ego, under the conditions of discipline, is trained to release its super-ego from its duties. Through this, it loses, at least temporarily, the benefit of this inner controlling power which is instrumental in keeping up its equilibrium,—in spite of real dangers threatening from without, and mental dangers threatening from within—from the source of affectual instinct energies.

It depends upon the degree of maturity of the soldier's super-ego, if and to what degree his ego can withstand narcissistic injuries without disintegration of its mental system.

These few remarks suffice to show that the soldier engaging in warfare is exposed to more than just unusual *external* dangers. These, as I have found in the majority of my cases, were mainly the precipitating factors in bringing about the collapse of the ego; be it woundings, sicknesses, exposures to drumfire, to so-called "shellshock" (unconsciousness after being buried under debris, or

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blown-up into the air) or other catastrophes. These traumatic experiences were often preceded by mental conflicts, afflicting an ego already altered by military discipline. This psychological constellation constitutes the *inner* danger situation, which transforms the reaction to the *external* danger into a mental trauma.

The majority of these soldiers felt themselves not loved by their superior. They believed they were mistreated by them physically or mentally, i.e. injured in their self-love, in their self-esteem. For causing such mental trauma it is of no avail if the avowed mistreatment actually had occurred, or were only perceived as such in the fantasy of the soldier. The more the soldier's ego had previously regressed to a state of narcissistic infantility, the less was a concrete offense necessary to affect the military ego as a trauma. It is a problem of relative proportion of the actual happenings to the degree of maturity of the ego reacting to them. In the German army at that time the offenses mostly were actual ones.

I have heard the objection that my theory, derived from my experiences and work with the German army, twenty-five years ago, cannot be applied to experiences of the armed forces of the United States. For the relationship of our soldiers to their superiors is based on mutual understanding and cooperation in accordance with the democratic principle of our constitution. Such objections overlook the fact that human beings remain human beings. Besides, the superior officer's ego has undergone the same training in military discipline as the private, and repeats the same psychological pattern in his identifications and object relationships. This officer also has his superior, and this other, higher superior knows more about reality than he. The feeling of inner security which the superior has depends very much on his relationship to his higher-ups. He must feel appreciated, i.e. loved by them as if they were substitutes of omniscient parents, who lead him to an unknown future, mostly in an unknown land.

Military discipline is a psychological state which, in varying degrees, concerns everyone who in war has lost his security as a civilian, and has regained it as a uniformed member of a fighting unit. It is therefore not surprising that a superior officer, also, even a medical officer, can develop a war neurosis. Although these categories of soldiers have more possibilities to keep their egos consolidated, since they enjoy more individual privacy and are not so directly subjected to the psychological effect of the group as such.

Narcissistic woundings, in combination with an emotional shock,

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due to catastrophical events, will result in genuine psychoneurotic reactions in all cases in which the mental system of a soldier was predisposed. Soldiers are mentally predisposed to narcissistic traumata if, before entering the military service, they still have been carrying in their unconscious the residues of an unsolved Oedipus conflict. Many of them did not show manifest neurotic symptoms in civilian life. These men had managed to save themselves from such symptoms by "acting out" their unconscious, infantile tendencies. An irrational trend in their lives had created for them and their environment an atmosphere of "neurotic misery." They suffered because they found themselves entangled in unhappy love relationships or in seemingly unsolvable conflicts with their parents or their co-workers. For this category of soldiers, going to war meant relief from civilian misery. It is understandable that they are inclined to volunteer for war services.

To the predisposed, war represents the actualization of the original Oedipus situation: their country symbolizes the mother, and the enemy the father.

I could cite many examples where wounds, particularly those acquired in hand-to-hand fights, precipitated a war neurosis. The close sight of the enemy who had to be attacked directly provided an opportunity to merge the idea of the enemy with the unconscious image of the father.

It is the study of these cases which brings us nearer to an understanding of the problems, mentioned in the beginning, of how *real anxiety* can turn into *neurotic anxiety*. This problem, as I see it, is closely related to the way in which the emotion of rage and the corresponding affect of hate, disrupt the mental equilibrium of the soldier.

The military situation, that is, fighting as a member of an organized group against an external enemy, entails a specific danger for the ego of all predisposed soldiers. The danger results from the fact that war represents to them an attempt to solve the ambivalence conflict towards the father in a specific manner. Such war neurotics have gained the opportunity to divide their ambivalent feelings against their fathers between two father images: One, the good father, the one to be loved, is the soldier's superior; the other, the bad and hated father, is the country's enemy. As long as the superior who orders the soldiers to kill the bad father is a representative of the good father, the ego is willing to make all necessary sacrifices. However, as soon as the superior hurts the soldier's self-esteem and inflicts narcissistic injuries upon his ego, this

superior also assumes the role of the hated father. The soldier then is tempted to kill his superior, instead of the enemy of his country.

As a consequence, the superior is divested of his ability to function as a suitable external super-ego substitute. The soldier's inner super-ego starts functioning again by an attempt to repeat the childhood process of internalization. The aggressive, destructive tendencies aimed at their own superior (father substitute) become withdrawn and introverted, and tend to augment the strictness of the inner super-ego. To the unconscious of the soldier, there exists from then on only one enemy. The enemy of the country and the superior officer have become one. Both represent the father.

Guilt feelings may then paralyze the whole personality by causing phobic reactions against staying at or returning to the front, a change in the soldier's character attitude which quite often is mistaken for cowardice. Also, the opposite reaction can be observed: soldiers overcome the murder taboo through the impulse to be killed by the enemy,—sometimes unconsciously identifying the wish to be killed with latent tendencies to yield themselves homosexually to the father; they become over-aggressive. I observed one soldier who in this way provoked being shot in his head; another, before his mental breakdown, stormed the Russian front single-handed—displaying an attitude of pathological heroism.

The intra-mental conflict is specifically determined by the instability of the super-ego. First it was weakened by being induced to allow the release of formerly repressed destructive instinct energies, as long as they were directed against the national enemy. However, it was forced to become over-strict when aimed at their personal enemy, who very often unconsciously meant the hated father.

Let me give you an example: A soldier, whom we shall call Smith, after twenty-five months of fighting at the front, developed a syndrome which closely resembled a psychosis. He alternated between depressive states and outbursts of rage. The depressive states were similar to melancholia, combined with self-reproaches and delusions of sin. In my hospital, he wrote many letters to his mother and to the Kaiser. In one of these letters he wrote: "Please, mother, tell the Kaiser as soon as you see him that I am innocent." His condition started with headaches, followed by desertion from the front line trenches, and his stubborn refusal to return.

The hardships of war in the previous two years were associated for Smith with conflicts with his corporal. The corporal had prevented his getting the Iron Cross, which he believed he deserved. He hated this corporal. But discipline forced him to suppress his emotional reactions, and did not give him the leisure to master his conflict intellectually. The essential factor in bringing about his war neurosis was that the corporal, in an outburst of rage, once said: "I hope the first French bullet today will smash in your head." This threat of his superior caused Smith's phobic reactions. He could not go back to the front line, not because he was afraid of being killed, but because he felt deserted and was unconsciously afraid that he would have to aim at his corporal instead of at the Frenchmen. His phobia was due to his guilt feelings, because he could no longer divide his ambivalence towards his father by hating the enemy and loving his superior.

When, in the course of his mental disorder, he again projected his super-ego into the outside world, he chose the Kaiser as the representative for it. The Kaiser is a typical father symbol. Evidence that the Kaiser was a father symbol for him was the fact that he assumed his mother was in close contact with the Kaiser. In practice, the soldier often can maintain his "mental coherence" only if he is able to destroy that particular person whose mere existence disturbs his mental equilibrium.

The external, real danger has been transformed into an inner, mental danger.

The ego is no longer afraid of the power of fate represented by the external enemy, threatening it with annihilation, but instead has become afraid of the threats of its own super-ego—of its strictness, or of its collapse; the latter would render the ego directionless when its instinctual drives clash with the demands of reality. Enormous latent or manifest guilt feelings are the consequence.

That the danger feared or longed for signifies castration, I could see clearly in two cases. The first was an officer who shot himself in his testicles out of fear of returning to the front lines. The other was a soldier who suffered from a spastic speech disturbance and memory defects after he had been buried under debris and had been unconscious for quite some time. Typically, his last visual impressions of the outside world—perceived before losing consciousness—had undergone associations with the repressed ideational content in his unconscious. Before being buried under debris, he had seen a comrade's face being smashed by a bullet—particularly the lower jaw. Because of his identification with him,

the wound of his comrade represented the same danger to himself. His unconscious perceived this danger as castration from his father, whom he had always hated. He had particular difficulty in suppressing his desire to shout his aggressions at a superior by whom he felt deeply offended. His spastic speech disturbances were nothing but a self-inflicted inhibition against becoming aggressive verbally.

Here, I may insert a word about the general symptomatology of the war neuroses. In the beginning of this paper, I summarized them by saying that they comprise ego impairments, resulting in difficulties to maintain object contact. They are mechanisms of escape from an unbearable reality, as in psychoses. However, they turn into neurotic symptoms through the interference of the super-ego, which, as we have pointed out, was able to transform the external danger to an internal instinct danger. War neurotic symptom formations, as I see it, consist in a conversion of not *erotic, but destructive instinctual energies*. By forming symptoms, the ego avoids a complete (psychotic) break with reality. It also brings about a release of tension toward the super-ego. By protecting itself against the real danger of its own aggressiveness, it also "maintains itself" i.e. preserves its inner coherence.

The war neurotic does not break with reality—he gives up his contact with it only partially, for instance: by not seeing or hearing or talking or walking. These partial ego impairments are regressions to helpless conditions of certain stages of infantile development. They signify, as it were, spite reactions against a world of objects, which through military discipline induced a condition of emotional regression to childhood and then deprived the soldier of the advantages going with this regression, i.e. infantile security.

The so-frequent war neurotic syndrome of epileptiform seizures is of particular significance in this respect. I learned to understand them as an attempt at ego regressions to phases of childhood, when the infant was able to discharge its rage only in uncoordinated movements.

The reader might ask at this point—what importance has normal anxiety in bringing about mental disorders precipitated by the "war shock," an anxiety everyone is subjected to in the face of disaster or annihilation? To this I must answer: The affect of anxiety is of cardinal significance in the causation of all mental disorders mentioned.

However, its pathological effectiveness comes about through the disturbance of its biological discharge mechanisms. Anxiety, as

Freud has reminded us, is a psycho-biological danger signal, an alert for the individual to set in motion his outer motor defenses, i.e. either to flee from the danger situation, or to attack, to destroy, the dangerous object. Besides, the mental sensation of the anxiety affect is accompanied by certain irritations and discharges in the autonomic nervous system, i.e. into the inner motility of the body.

I have gained the impression that there exists some kind of antagonism between the inner automatic discharges of affectual energies of anxiety on the one hand, and its outer motor abreactions on the other. This implies that the less an individual is able to react to a danger with flight or aggression, the more his autonomic nervous system will become overloaded with affectual stimuli. In other words, disturbances of the functionings of the autonomous nervous system with subsequent alteration in the endocrine system, occurring in reaction to catastrophic experiences, might indicate that an individual has had to endure periods of anxiety without being able to resort to action, i.e. to flee or to attack.

What has taken place here is the employment of a defense in the form of suppression and not of repression. I do not hesitate to accept for these syndromes the term "war physio-neuroses," which Kardiner has suggested for a much greater variety of adaptability disturbances of the soldier's ego. However, even in those symptom manifestations which seems to demonstrate so clearly an emotional fixation of the individual on the original danger and anxiety situation, we find the mechanisms I have described above. I refer to those compulsive body movements or body postures which the soldier had employed as actual defenses, i.e. against the danger of suffocating in the moment he was buried under debris—movements and postures which became fixated afterwards, associated with loss of memory for everything which had happened before he lost consciousness. The fact that the soldier compulsively repeats such bizarre movements, even much later when he is already released from combat duty, is considered as due to an unconscious wish to protect himself against being called back into the danger zone; or that with the loss of capacity to cope with reality in general, by employing the one form of "adaptation" (his compulsive movement) which has once saved his life.

One of my patients suffered from a shaking tremor of the right arm, with peculiar circular movements of the thumb and forefinger, which looked like a one-sided Parkinson. Hypno-analysis revealed that during a furious hand-grenade fight, he was just on

the point of setting a grenade fuse with a screw-like movement, when suddenly he was blown over. He lost consciousness with his rage undischarged.

In another case, compulsive windmill-like movements of the arms symbolized the soldier's attempt to free himself from a mountain of debris that threatened to suffocate him. This patient was very much feared by all military physicians, because he was very aggressive and, temporarily interrupting his movements, had knocked down several of them.

Also the anxiety of this soldier had become fixated, because—by being buried and losing consciousness—he had been deprived of the adequate possibilities for discharging his pent-up rage, i.e. by killing his enemy. Converted destructive instinctual energies impelled him to repeat a certain pattern, the meaning of which was to give back freedom of action to his oppressed ego.

A few further observations about the mental economic significance of this phenomenon of "repetition compulsion" will confront us with the problem of *psychotherapy* of the neuroses of war.

The "*repetition compulsion*" is a fundamental factor in all traumatic neuroses. The compulsion to repeat the original real trauma comes about through the need of the ego to unload its psycho-physical organism from pent-up affectual energies. It tends to revive the original danger situation, in order to experience the psycho-biological alert signal, i.e. anxiety, which, in turn, would set in motion the physical and mental mechanisms of discharge. The traumatic shock consists in the fact that, at the original situation, either anxiety could not have been developed at all, or the outer motor discharges adequate to this affect (flight or attack) have been blocked.

Under the conditions of sleep our outer-motor innervations are blocked physiologically. Therefore, in dream hallucination, the ego sees a way to recreate the traumatic situation, and to discharge its suppressed and repressed instinctual energies, without again colliding with the object world. Since, however, the hallucination is but a repetition of a *real* situation, the blockage of the outer motor innervation frequently does not hold and sometimes causes somnambulistic states.

The war neurotic's ego seems to be *in search for anxiety*. This for two reasons: First, because, in the unconscious, there are memory traces of the primordial experiences that the mental condition of anxiety tension unlocks and releases mechanisms of the mental apparatus flooded by stimuli; and second, because the war

neurotic ego seems to be in need of such emotional bridge in order to resort to action. The adequate reaction to anxiety for a soldier is not flight but fight—aggressive destruction. Thus he has been trained by his superior and by his super-ego, i.e. by military discipline.

Here we discover a decisive difference between the etiology of a war neurosis and the usual psychoneurosis. The latter originates in childhood when the child was physically powerless in relation to his parental objects of conflict. To the child the adequate reaction to anxiety is flight. Therefore, the symptomatology of psychoneuroses has the tendency to avoid neurotic anxiety, i.e. clashes with the super-ego, the powerful parent representative. In war neuroses the ego wants to create real anxiety in order to establish an emotional situation in which the ego feels equal to the externalized parental authority represented by an actual enemy,—either his individual enemy or the enemy of his country.

Therefore, if the war neurotic can bring about a transformation of affects, if he can turn anxiety into rage and aggressive action,—his ego can find its way back to reality.

Looking back upon the *therapy* I employed twenty-five years ago, I must say that I arranged it in accordance with the aforementioned principles. Of course at that time I did it intuitively. And only through the enlargement of our psychoanalytic ego psychology, which we have gained in the meantime (thanks to Freud), am I able to define theoretically the principle of my therapy at that time.

From the very beginning my attention was captured by the characteristic dream life of my patients. I recognized that tendency to repeat the traumatic experience and conceived that this must indicate a latent tendency at a *self-cure*. I also found out that soldiers with epileptiform seizures sometimes, during their states of unconsciousness, hallucinated conflict situations, characterized by the emotion of anxiety or rage. I learned to understand that their tonic-clonic muscle spasms signified a discharge of their rage in the form of *uncoordinated* movements. I became aware of this, by being able, under hypnosis, to lift the amnesia for these fits, or by getting contact with the individual even during his original state of unconsciousness. I concluded that I must make use of this *self-curing tendency*, manifesting itself during sleep and in epileptiform seizures and must give the patient the opportunity to repeat his traumas under hypnotic condition of unconsciousness.

In my therapy, I established a direct bridge between the two

unconscious states—that of sleeping and that of being under hypnosis. For instance, I used dream contents in order to induce hypnotic repetitions of traumatic war scenes, or I asked the soldier to interpret his dream symbols himself, while under hypnosis. Sometimes I applied post-hypnotic suggestions in that I asked the patient to supplement, by dreaming, certain fragments of memory which had come up in his hypnotic hallucinations.

Experiences taught me that it depended very much on my personal attitude during the hypnotic situation to what extent and in what way the patient under hypnosis was able to remember and to relive traumatic experiences in his hallucinations. I had to give him reassurance by suggestion that he was perfectly safe and did not need to fear physical annihilation or personal defamation. I assured him, in particular, that he would lose nothing in my esteem no matter what he might reveal.

The function which I assumed in this way—as it is clear to me now—was the function of a super-ego, of a benevolent one, a representative of a good father, who guaranteed him security and protection against his evil father. In this way, in the capacity of the hypnotized soldier's super-ego I could remove the intra-mental censorship which during the condition of sleep sustains the barriers of repression and inhibits the full uncovering of forgotten traumatic experiences and their adequate emotional abstractions. Under such therapeutic set-up, the soldier in hypnosis would not only imagine his past experiences, as in a dream, but would "act out" his hallucinations. This meant he would relieve himself of his mental pressure by discharging his aggressions into the outside world. Thus the psychological constellation of the hypnotic situation turned out to be a repetition, or rather a restoration, of the original interrelationship of the soldier to his superior, under the psychological condition of war discipline. The hypnotic condition repeated the situation of a military ego which by discharging its aggressive instinctual energies, found the approval and protection of its externalized parent-super-ego.

From these deliberations it is understandable theoretically why, at that time, I found it necessary from a practical point of view to introduce an *actual enemy* into the therapeutic situation. This "actual enemy" placed in the treatment room as soon as the patient was under hypnosis was a stuffed dummy. This dummy had to accept the roles of all the bad father objects and as I would term it today, of the evil re-externalized super-egos which were responsible for the essential woundings to the soldiers narcissism.

I registered it always as the beginning of the cure when the patient's initial fear of this dummy finally turned into rage, resulting in the dummy's partial mutilation or complete destruction. This specific discharge of destructive energies towards a specific object of repressed hatred often brought about a dramatic change in the whole personality of the patient. In particular, depressive attitudes associated with pathological guilt complexes disappeared. The therapy was concluded by what I would call today a psycho-orthopedic treatment of the super-ego. Under hypnosis, after the aggressive energies had been discharged into the outside world I made use of the tension release between his ego and super-ego to reconcile them. I told him he had killed his enemy in a dream, and need not feel guilty about it. He could be proud and hold himself in high esteem for all he had done so far, and his good intentions in fulfilling his duties to the nation. In interviews under normal conditions I helped the patient to understand and to conquer intellectually what had happened to him under hypnosis, as well as in reality.

I considered my patients as practically cured when their dream-life appeared to change definitely by losing its tormenting character, so that sleep could fulfill its psycho-biological task of restoration and recreation. In modern terms, I would say: I considered the soldier cured of his traumatic-neurosis as soon as the "repetitive compulsion" had ceased to operate in his dreamlife, i.e. after the need for it had been eliminated through an adequate settling of the basic conflict under hypnotic-conditions.

Of a great number of my patients I know that they were *helped* but not cured. I had to dismiss them often when the repetitive pattern of frightening war experiences had disappeared from their dreams. In their stead symbolic-manifestations had come up which pointed to repressed memory traces of earlier traumatic-events in childhood. For these individuals a continuation of the treatment in the form of a correct psychoanalysis would have been necessary. The question may arise: Is psychoanalytic hypno-therapy or psychoanalysis necessary for *all* mental disorders precipitated by the war?

I consider the treatment described above as indicated for those soldiers whose war neurotic syndrome has developed in full, and in particular if these soldiers have been returned already to hospitals in their home country.

I am certain that a number of mental breakdowns would not be in need of such intensive psychotherapy. As I have mentioned

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above, there are certainly many soldiers who suffer merely from psycho-physiological disturbance of their affect balance, a condition similar to what Freud calls "actual neuroses." These soldiers are chiefly in need of rest and recreation, in addition to what we may call *psychiatric first-aid*.

Fortunately, in modern warfare military psychiatrists are on duty at the front lines, or in close contact with the fighting units. The advantage of this arrangement is that psychiatric casualties can be diagnosed in their incipient states and, besides, a kind of *short psychotherapy* can be administered if indicated. Also in these short psychotherapies the *spoken word* is a powerful means. "Talking" gives the soldier the opportunity for catharsis and for mastering his emotional reactions *intellectually*. The soldier can "get off his chest" impressions which otherwise would crush his spirit. In the attendance of a kind understanding psychiatrist he also finds a substitute for the parental love which he longed for and missed. Thus the "transference" relationship with the psychiatrist may help to heal his narcissistic ego injury at its very onset.

Of great importance is the *problem of prevention*. What can be done to diminish the effect of the impact of the catastrophical danger situations on the one hand, and, on the other hand, to make the "military ego" capable of withstanding this impact without disintegrating?

There are certain factors in the training of soldiers at this time which might be considered as having a preventive quality. In every training program the soldier is gradually conditioned to exhausting and horrifying experiences, so that if he must face these in reality he is prepared not only physically but mentally to meet the *danger from without*. Besides, it is of preventive value that in this war, much more than in former wars, the general concept of the anxiety affect has been recognized for its true psychological value. The individual soldier generally knows that the acceptance of the sensation of anxiety in the face of real danger is a normal reaction and does not make him a coward. The very fact that his ego can accept this anxiety realistically prevents the suppression of anxiety. Thus, the ego is better equipped to discharge its affects in adequate action and to avoid panic reactions.

As far as the *danger from within* is concerned, there is a certain principle inherent in modern military discipline which, to a certain degree, might be able to counteract the danger from within. This is the attempt to combine with the training for blind obedience, the development of the ability to accept individual respon-

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sibility—i.e. to "take over" leadership at given moments. This is particularly possible and effective in the training of soldiers bound together in small organized units, who are assigned to specialized weapons such as tanks, planes, submarines, etc.

There is another factor of utmost psychological and realistic importance which concerns the soldier's *conscious* attitude towards the war he is fighting. His conscious mind needs a *common ideology* which unites him with his comrades, his superiors and with his country. If he is aware of such ideology, his ego keeps allegiance, not only to an external super-ego substitute, but also to an inner ego ideal, common to all. If this is the case, then the structural edifice of his ego will remain resistant and cohesive, even when the libidinal ties to his superiors are loosened. The allegiance to the common ego ideal will preserve the group spirit and prevent it from individual collapse. In this respect the armies of the totalitarian states are better off, since their nations have been organized on a military disciplinary basis before the war. And when a civilian becomes a soldier he only carries over the already existing ideology.

A common ideology is also essential in helping the soldier to liquidate the war psychologically,—i.e. to retransform his "war ego" into a "peace ego." A process of emotional rematuring is necessary for every soldier, not only for the war neurotic. This is a difficult task in itself. The man in uniform has been accepted by himself and recognized by the population as a representative of the common cause of the whole nation. When he has to don civilian clothes he becomes an unknown soldier of the industrial army. If a common ideology unites the nation before, during, and after the war, his ego as a civilian will remain allied to it and willing to make the sacrifices necessary in the period of post-war reconstruction.

The great host of compensation neuroses which we saw after the last war was due to the ex-soldiers' need for recognition and appreciation. The incongruities observed when disabled soldiers fight for a small compensation and remain mentally ill just through this struggle, indicates that to them *money* is only a *symbol* for the appreciation and love they strive to gain in order to compensate for the loss of love which their "military egos" have suffered in their narcissistic conflicts.

The phenomenon of compensation neuroses is only one of many other important problems which show that psychologically the impact of the war on our mind is not over with demobilization.

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However, to deal with this important problem would require opening a new chapter concerning *psychoanalysis for tomorrow*.

The purpose of this paper is to give a microscopic picture of the war ego. I do not assume that with the presentation of this material all the problems of the traumatic war neuroses have been solved. However, I hope I have been successful in giving the reader the essence of the mental conflict involved: the ego has become a battlefield itself,—because the fight for individual and national existence has been transformed into an inner struggle of the ego to “maintain itself,”—i.e. its psychological entity.

Freud was right after all when he said in 1918—“In the traumatic neuroses and in war neuroses the ego of the individual defends itself against a danger threatening from without, or a danger which is embodied in the structure of his ego. . . . One can dare say that in *war neuroses*, what is feared is an *inner enemy*. In this way war neuroses differ from traumatic neuroses, but are similar to transference neuroses.”

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