

INTRODUCTION TO *PSYCHO-ANALYSIS*
AND THE WAR NEUROSES
(1919)

INTRODUCTION TO *ZUR PSYCHOANALYSE DER
KRIEGSNEUROSEN*

(a) GERMAN EDITIONS:

- 1919 Leipzig and Vienna: Internationaler Psychoanalytischer Verlag. 3-7.
1928 *G.S.*, 11, 252-5.
1931 *Neurosenlehre und Technik*, 310-15.
1947 *G.W.*, 12, 321-4.

(b) ENGLISH TRANSLATIONS:

Introduction to *Psycho-Analysis and the War Neuroses*

- 1921 London, Vienna and New York: International Psycho-Analytical Press. 1-4.
1950 *C.P.*, 5, 83-7. (Tr. J. Strachey.) (Under the title 'Psycho-Analysis and War Neuroses'.)

It seems probable that the translation published in 1921 was by Ernest Jones. The present translation is a slightly corrected version of the one published in 1950.

The proceedings at the Fifth International Psycho-Analytical Congress, held at Budapest on September 28 and 29, 1918, at which Freud read the paper on p. 159 ff. above, also included a symposium on 'The Psycho-Analysis of War Neuroses', which was opened with three papers read respectively by Sándor Ferenczi, Karl Abraham and Ernst Simmel. These three papers, together with another on the same topic by Ernest Jones, which had been read in London before the Royal Society of Medicine on April 9, 1918, were published a year later in a small volume, the first to be issued by the newly founded Internationaler Psychoanalytischer Verlag (see below, p. 267). They were there preceded by the present short introduction by Freud. In the original English translation, but not in any of the German editions, this introduction is dated 'Spring, 1919'.

Freud returned to the subject of the treatment of war neuroses in a Memorandum presented by him to a Commission set up by the Austrian War Ministry in the following year (Freud 1955c [1920]). This is printed as an appendix to this paper.

INTRODUCTION TO *PSYCHO-ANALYSIS AND THE WAR NEUROSES*

THIS small book on the war neuroses—the opening volume of our *Internationale Psychoanalytische Bibliothek*—deals with a subject which until recently enjoyed the advantage of being in the greatest degree topical. When it came up for discussion at the Fifth Psycho-Analytical Congress, which was held in Budapest in September, 1918, official representatives from the highest quarters of the Central European Powers were present as observers at the papers and other proceedings. The hopeful result of this first contact was that the establishment of psycho-analytic Centres was promised, at which analytically trained physicians would have leisure and opportunity for studying the nature of these puzzling disorders and the therapeutic effect exercised on them by psycho-analysis. Before these proposals could be put into effect, the war came to an end, the state organizations collapsed and interest in the war neuroses gave place to other concerns. It is, however, a significant fact that, when war conditions ceased to operate, the greater number of the neurotic disturbances brought about by the war simultaneously vanished. The opportunity for a thorough investigation of these affections was thus unluckily lost—though, we must add, the early recurrence of such an opportunity is not a thing to be desired.

But this episode, though it is now closed, was not without an important influence on the spread of psycho-analysis. Medical men who had hitherto held back from any approach to psycho-analytic theories were brought into closer contact with them when, in the course of their duties as army doctors, they were obliged to deal with war neuroses. The reader will be able to gather from Ferenczi's paper with what hesitations and under what disguises these closer contacts were made. Some of the factors which psycho-analysis had recognized and described long before as being at work in peace-time neuroses—the psychogenic origin of the symptoms, the importance of *unconscious* instinctual impulses, the part played in dealing with mental conflicts by the primary gain from being ill ('the flight into

illness')—were observed to be present equally in the war neuroses and were accepted almost universally. Simmel's studies show, too, what successes could be achieved by treating war neurotics by the method of catharsis, which, as we know, was the first step towards the psycho-analytic technique.

There is, however, no need to consider that these approaches to psycho-analysis imply any reconciliation or any appeasement of opposition. Suppose someone has hitherto rejected the whole of a complex of interdependent propositions, but now suddenly finds himself in a position to convince himself of the truth of one portion of the whole. It might be thought that he will begin to hesitate about his opposition in general and permit himself some degree of deferent expectation that the other portion, about which he has had no personal experience and can consequently form no judgement of his own, may also turn out to be true. This other portion of psycho-analytic theory, with which the study of the war neuroses did not come into contact, is to the effect that the motive forces which are expressed in the formation of symptoms are sexual and that neuroses arise from a conflict between the ego and the sexual instincts which it repudiates. ('Sexuality' in this context is to be understood in the extended sense in which it is used in psycho-analysis and is not to be confused with the narrower concept of 'genitality'.) Now it is quite true, as Ernest Jones remarks in his contribution to this volume, that this portion of the theory has not yet been proved to apply to the war neuroses. The work that might prove it has not yet been taken in hand. It may be that the war neuroses are altogether unsuitable material for the purpose. But the opponents of psycho-analysis, whose dislike of sexuality is evidently stronger than their logic, have been in a hurry to proclaim that the investigation of the war neuroses has finally disproved this portion of psycho-analytic theory. They have been guilty here of a slight confusion. If the investigation of the war neuroses (and a very superficial one at that) has *not shown* that the sexual theory of the neuroses is *correct*, that is something very different from its *showing* that that theory is *incorrect*. With the help of an impartial attitude and a little good will, it should not be hard to find the way to a further clarification of the subject.

The war neuroses, in so far as they are distinguished from the ordinary neuroses of peace-time by special characteristics,

are to be regarded as traumatic neuroses whose occurrence has been made possible or has been promoted by a conflict in the ego. Abraham's paper affords good evidence for this conflict, which has also been recognized by the English and American writers quoted by Jones. The conflict is between the soldier's old peaceful ego and his new warlike one, and it becomes acute as soon as the peace-ego realizes what danger it runs of losing its life owing to the rashness of its newly formed, parasitic double. It would be equally true to say that the old ego is protecting itself from a mortal danger by taking flight into a traumatic neurosis or to say that it is defending itself against the new ego which it sees is threatening its life. Thus the pre-condition of the war neuroses, the soil that nourishes them, would seem to be a national [conscript] army; there would be no possibility of their arising in an army of professional soldiers or mercenaries.

Apart from this, the war neuroses are only traumatic neuroses, which, as we know, occur in peace-time too after frightening experiences or severe accidents, without any reference to a conflict in the ego.

The theory of the sexual aetiology of the neuroses, or, as we prefer to say, the libido theory of the neuroses, was originally put forward only in relation to the transference neuroses of peace-time and is easy to demonstrate in their case by the use of the technique of analysis. But its application to the other disorders which we later grouped together as the narcissistic neuroses already met with difficulties. An ordinary dementia praecox, a paranoia or a melancholia are essentially quite unsuitable material for demonstrating the validity of the libido theory or for serving as a first introduction to an understanding of it; and it is for that reason that psychiatrists, who neglect the transference neuroses, are unable to come to terms with it. But the traumatic neuroses of peace-time have always been regarded as the most refractory material of all in this respect; so that the emergence of the war neuroses could not introduce any new factor into the situation that already existed.

It only became possible to extend the libido theory to the narcissistic neuroses after the concept of a 'narcissistic libido' had been put forward and applied—a concept, that is, of an amount of sexual energy attached to the ego itself and finding satisfaction in the ego just as satisfaction is usually found only

in objects. This entirely legitimate development of the concept of sexuality promises to accomplish as much for the severer neuroses and for the psychoses as can be expected of a theory which is feeling its way forwards on an empirical basis. The traumatic neuroses of peace will also fit into the scheme as soon as a successful outcome has been reached of our investigations into the relations which undoubtedly exist between fright, anxiety and narcissistic libido.

The traumatic neuroses and war neuroses may proclaim too loudly the effects of mortal danger and may be silent or speak only in muffled tones of the effects of frustration in love. But, on the other hand, the ordinary transference neuroses of peace-time set no aetiological store by the factor of mortal danger which, in the former class of neuroses, plays so mighty a part. It is even held that the peace-time neuroses are promoted by indulgence, good living and inactivity—which would afford an interesting contrast to the living-conditions under which the war neuroses develop. If they were to follow the example of their opponents, psycho-analysts, finding that their patients had fallen ill owing to frustration in love (owing to the claims of the libido being unsatisfied) would have to maintain that there can be no such things as danger-neuroses or that the disorders that appear after frightening experiences are not neuroses. They have, of course, no notion of maintaining any such thing. On the contrary, a convenient possibility occurs to them of bringing the two apparently divergent sets of facts together under a single hypothesis. In traumatic and war neuroses the human ego is defending itself from a danger which threatens it from without or which is embodied in a shape assumed by the ego itself. In the transference neuroses of peace the enemy from which the ego is defending itself is actually the libido, whose demands seem to it to be menacing. In both cases the ego is afraid of being damaged—in the latter case by the libido and in the former by external violence. It might, indeed, be said that in the case of the war neuroses, in contrast to the pure traumatic neuroses and in approximation to the transference neuroses, what is feared is nevertheless an internal enemy. The theoretical difficulties standing in the way of a unifying hypothesis of this kind do not seem insuperable: after all, we have a perfect right to describe repression, which lies at the basis of every neurosis, as a reaction to a trauma—as an elementary traumatic neurosis.

APPENDIX

MEMORANDUM ON THE ELECTRICAL TREATMENT OF WAR NEUROTICS¹

(1955 [1920])

There were plenty of patients even in peace-time who, after traumas (that is, after frightening and dangerous experiences such as railway accidents, etc.) exhibited severe disturbances in their mental life and in their nervous activity, without physicians having reached an agreed judgement on these states. Some supposed that with such patients it was a question of severe injuries to the nervous system, similar to the haemorrhages and inflammations occurring in non-traumatic illnesses. And when anatomical examination failed to establish such processes, they nevertheless maintained their belief that finer changes in the tissues were the cause of the symptoms observed. They therefore classed these traumatic cases among the organic diseases. Other physicians maintained from the first that these

¹ [At the end of the first World War, after the break-up of the Austro-Hungarian Empire, many reports became current in Vienna that men suffering from war neuroses had been brutally treated by the army doctors. An enquiry into the matter was therefore instituted by the Austrian War Ministry, in the course of which Freud was called upon to give an expert opinion. He accordingly submitted a memorandum to the commission responsible for the enquiry, and subsequently appeared before them for oral examination. His memorandum was traced in the Archives of the War Ministry by Professor Josef Gicklhorn, of the University of Vienna, who has most generously put a photostat at our disposal. We are further indebted to Dr. K. R. Eissler, of New York (Secretary of the Sigmund Freud Archives), for having first drawn our attention to the document. The original MS occupies five and a half of the large foolscap sheets used habitually by Freud. The document is headed, in his handwriting: 'Gutachten über die elektrische Behandlung der Kriegsneurotiker von Prof. Dr. Sigm. Freud', and is dated by him: 'Wien, 23.2.20'. An official stamp at the top of the first page records that the memorandum was received by the 'Kommission zur Erhebung militärischer Pflichtverletzungen' (Commission for Enquiry into Violations of Military Duty) on February 25, 1920. Each page also bears the official stamp of the State Archives.—The English translation, which appears here for the first time, is by James Strachey; the original German has not yet (1955) been published.]

states could only be regarded as functional disturbances, and that the nervous system remained anatomically intact. But medical opinion had long found difficulty in explaining how such severe disturbances of function could occur without any gross injury to the organ.

The war that has recently ended produced and brought under observation an immense number of these traumatic cases. In the result, the controversy was decided in favour of the functional view. The great majority of physicians no longer believe that the so-called 'war neurotics' are ill as a result of tangible organic injuries to the nervous system, and the more clear-sighted among them have already decided, instead of using the indefinite description of a 'functional change', to introduce the unambiguous term 'mental change'.

Although the war neuroses manifested themselves for the most part as motor disturbances—tremors and paralyses—and although it was plausible to suppose that such a gross impact as that produced by the concussion due to the explosion of a shell near by or to being buried by a fall of earth would lead to gross mechanical effects, observations were nevertheless made which left no doubt as to the psychological nature of the causation of these so-called war neuroses. How could this be disputed when the same symptoms appeared behind the Front as well, far from the horrors of war, or immediately after a return from leave? The physicians were therefore led to regard war neurotics in a similar light to the nervous subjects of peace-time.

What is known as the psycho-analytic school of psychiatry, which was brought into being by me, had taught for the last twenty-five years that the neuroses of peace could be traced back to disturbances of emotional life. This explanation was now applied quite generally to war neurotics. We had further asserted that neurotic patients suffered from mental conflicts and that the wishes and inclinations which were expressed in the symptoms were unknown to the patients themselves—were, that is to say, unconscious. It was therefore easy to infer that the immediate cause of all war neuroses was an unconscious inclination in the soldier to withdraw from the demands, dangerous or outrageous to his feelings, made upon him by active service. Fear of losing his own life, opposition to the command to kill other people, rebellion against the ruthless suppression of his own personality by his superiors—these were the most important

affective sources on which the inclination to escape from war was nourished.

A soldier in whom these affective motives were very powerful and clearly conscious would, if he was a healthy man, have been obliged to desert or pretend to be ill. Only the smallest proportion of war neurotics, however, were malingerers; the emotional impulses which rebelled in them against active service and drove them into illness were operative in them without becoming conscious to them. They remained unconscious because other motives, such as ambition, self-esteem, patriotism, the habit of obedience and the example of others, were to start with more powerful until, on some appropriate occasion, they were overwhelmed by the other, unconsciously-operating motives.

This insight into the causation of the war neuroses led to a method of treatment which seemed to be well-grounded and also proved highly effective in the first instance. It seemed expedient to treat the neurotic as a malingerer and to disregard the psychological distinction between conscious and unconscious intentions, although he was known not to be a malingerer. Since his illness served the purpose of withdrawing him from an intolerable situation, the roots of the illness would clearly be undermined if it was made even more intolerable to him than active service. Just as he had fled from the war into illness, means were now adopted which compelled him to flee back from illness into health, that is to say, into fitness for active service. For this purpose painful electrical treatment was employed, and with success. Physicians are glossing over the facts in retrospect when they assert that the strength of this electrical current was the same as had always been employed in functional disorders. This would only have been effective in the mildest cases; nor did it fit in with the underlying argument that a war neurotic's illness had to be made painful so that the balance of his motives would be tipped in favour of recovery.

This painful form of treatment introduced in the German army for therapeutic purposes could no doubt also be employed in a more moderate fashion. If it was used in the Vienna Clinics, I am personally convinced that it was never intensified to a cruel pitch by the initiative of Professor Wagner-Jauregg.¹

¹ [Julius von Wagner-Jauregg was Professor of Psychiatry at the University of Vienna from 1893 to 1928.]

I cannot vouch for other physicians whom I did not know. The psychological education of medical men is in general decidedly deficient and more than one of them may have forgotten that the patient whom he was seeking to treat as a malingerer was, after all, not one.

This therapeutic procedure, however, bore a stigma from the very first. It did not aim at the patient's recovery, or not in the first instance; it aimed, above all, at restoring his fitness for service. Here Medicine was serving purposes foreign to its essence. The physician himself was under military command and had his own personal dangers to fear—loss of seniority or a charge of neglecting his duty—if he allowed himself to be led by considerations other than those prescribed for him. The insoluble conflict between the claims of humanity, which normally carry decisive weight for a physician, and the demands of a national war was bound to confuse his activity.

Moreover, the successes of treatment by a strong electric current, which were brilliant to begin with, turned out afterwards not to be lasting. A patient who, having been restored to health by it, was sent back to the Front, could repeat the business afresh and have a relapse, by means of which he at least gained time and escaped the danger which was at the moment the immediate one. If he was once more under fire his fear of the electric current receded, just as during the treatment his fear of active service had faded. In the course of the war years, too, a rapidly increasing fatigue in the popular spirit made itself felt more and more, and a growing dislike of fighting, so that the treatment I have described began to fail in its effects. In these circumstances some of the army doctors gave way to the inclination, characteristic of Germans, to carry through their intentions regardless of all else—which should never have happened. The strength of the current, as well as the severity of the rest of the treatment, were increased to an unbearable point in order to deprive war neurotics of the advantage they gained from their illness. The fact has never been contradicted that in German hospitals there were deaths at that time during treatment and suicides as a result of it. I am quite unable to say, however, whether the Vienna Clinics, too, passed through this phase of therapy.

I am in a position to bring forward conclusive evidence of the final break-down of the electrical treatment of the war

neuroses. In 1918 Dr. Ernst Simmel, head of a hospital for war neuroses at Posen, published a pamphlet in which he reported the extraordinarily favourable results achieved in severe cases of war neurosis by the psychotherapeutic method introduced by me. As a result of this publication, the next Psycho-Analytical Congress, held in Budapest in September 1918,¹ was attended by official delegates of the German, Austrian and Hungarian Army Command, who promised that Centres should be set up for the purely psychological treatment of war neuroses. This promise was made although the delegates can have been left in no doubt that with this considerate, laborious and tedious kind of treatment it was impossible to count on the quickest restoration of these patients to fitness for service. Preparations for the establishment of Centres of this kind were actually under way, when the revolution broke out and put an end to the war and to the influence of the administrative offices which had hitherto been all-powerful. But with the end of the war the war neurotics, too, disappeared—a final but impressive proof of the psychical causation of their illnesses.

Vienna, 23.2.20.

¹ [In the original MS. this date is quite clearly written '1818'.]