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Psychodynamics of war neuroses

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PSYCHODYNAMICS OF WAR NEUROSES

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FOREWARD

War has forced the problem on war neuroses, into the world of medicine. Although psychiatric casualties have occurred in all human endeavor, modern warfare conditions impose themselves more dynamically into the life situations of man. Until the first World War these neuroses received little attention, but with the impetus of the Spanish War and World War II the inadequate attempt at classification and therapy of past conflicts have required extensive research into this particular psychiatric field.

The National Committee for Mental Hygiene, Incorporation in New York report in 1945 estimated that "the additional civilian psychiatric services required for the psychiatric treatment of neuropsychiatric conditions from the war are brought to light by the war, eliminating from consideration the treatment to be done by military units", must be able to treat rather astounding numbers considering such conditions may number considerably over 2,000,000; roughly 1,500,000 neuro-psychiatric rejectees, 600,000 neuropsychiatric discharges, and 200,000 not so disabled but in whom neurotic illness underlies or seriously complicates organic illness. This not only demand attention of psychiatrists and related psychiatric services, but the ad-

ditional resources of medical men with an increased understanding of dynamic psychiatry. It will also be necessary for other persons and agencies in the community, such as ministers, employment managers and personnel workers in industry, vocational advisors and teachers, and others concerned with civilian reintegration of the ex-soldier to be reached and in some measures educated to helpful attitudes through the activities of veteran's advisory services or other comparable agencies.

Thus it would seem that this problem not only has a great economic factor but permeates the entire future of human endeavor. Therefore, it required a vital and intensive educational program to all. This vital need for therapy for War Neuroses has demanded a study of the etiology with special emphasis on the psychodynamics.

My interest in How and Why people react lifes' situations was directed to this problem of human reactivity by numerous current periodicals. My curiosity cumulated into motivation when numerous friends and acquaintances related experiences and reactions to the War situation.

I have borrowed heavily upon the literature, because of my limited knowledge in this field. Therefore, this paper is a review of current literature;

with an attempt at correlation of fact and theory of a large group of authors. The short bibliography is no indication of the extent of my indebtedness to other writers on the subject. I have included in bibliography only those references of which I have been able to make positive use.

For the consummation of this work I am indebted to Dr. Richard Young, through whom I received the opportunity to study these neuroses.

INTRODUCTION

The purpose in this paper is search into the psychodynamics of what external internal conflicts the ego must endure, and how it responds to them. There will be no attempt at classification since a descriptive classification is not satisfactory and gives little lead into therapy; and unfortunately not enough is known about neuroses to justify an etiological classification.

By psychodynamics I mean all the forces affecting the psychic structure of an individual. These psychodynamic processes are difficult to isolate, to measure and describe, owing to the complex and intangible nature of psychological mechanisms, even a lucid description is difficult, because so many processes involving separate parts of the personality at various levels of consciousness take place at the same time. (Grinker and Spiegel, 1945)

War Neuroses differ in few ways of peacetime following any catastrophe in mans' life. They are an adjustment by an individual integrating capacity between the external conscious conflicts and internal unconscious conflicts. These represent of reaction characterized by a great variety of symptoms (subjective or objective), without any constant

organic basis; and generally traceable to some disturbance in the psychologic processes of the afflicted person. (Yaskin '43) War Neuroses are not a specific entity but rather a pattern of adjustment that an individual makes to the problem of living to a specific environment. In the psychoneurotic there is a failure to make this adaptation within the personality. (Moersch 1943)

In this paper I will use psychoneuroses interchangeably with the term neuroses. A psychoneuroses is a symptom complex, which is caused by mental conflict, it exhibits no organic pathology, and manifests itself by disturbances in the thinking process; but with little change in the objective behavior of the patient. (Selling) The derivation from the Greek is "psyche" (mind or soul); neuron (nerve); and osis (condition or state). Hence liberally interpreted as "a soul-nerve state". (Wigton 1945). These psychoneuroses are illnesses characterized by "nervous" and emotional upset, and result in various associated bodily symptoms. Thus, they are reactive illnesses. That is disturbances of normal function due to adverse environmental influences; plus the reaction of the body to these influences. Neuroses are differentiated from psychoses in that psychoses constitutes a group of mental disorders or symptom complexes

of physical disorders, characterized pathologically, by abnormalities in the brain or endocrine structure in the organic reaction types, and no pathological processes of demonstrable functional types.

All neuroses and neurotic symptoms arise from conflicts; often long term conflicts resulting from chronic frustrations of erotic, dependency or security needs differ little from most war neuroses which often arise on a reaction to an acute conflict based on life preservation needs and the ego distress by fear, (Murray 1944) which threatens the individual and to destroy the egos ability to maintain its integrity.

Study organization will follow a course of discussion including:

I General Psychodynamics of War Neuroses

1. Constitutional Factors
2. Physical States
3. Previous Neurotic Trends
4. Sociological Factors
5. Psychological Factors

II Anxiety Problem

1. Factors Augmenting Anxiety
2. Factors Protective Against Anxiety
3. Conditions Breaking down Capacity for handling Anxiety
4. Psychobiological Mechanisms

III Specific Psychodynamics of War Neuroses

1. Psychodynamics of War Neuroses in Training
2. Psychodynamics of War Neuroses in Combat
3. Psychodynamics of War Neuroses in Non-Combat Situations
4. Psychodynamics of Neuroses in Civilian Adjustment from Military Life.

IV Summary & Conclusions

PSYCHODYNAMICS OF WAR NEUROSES

General Psychodynamics of War Neuroses

The study organization of this paper will follow a course of discussion of general psychodynamics common to all War Neuroses. These General Psychodynamics are predisposing factors (basic) and are included by most authors in part. They include:

- (1) Constitutional backgrounds
- (2) Physical states
- (3) Previous neurotic trends
- (4) Sociological factors
- (5) Psychological factors,

and will be discussed under these headings.

Constitutional Background

The constitutional background is very difficult to evaluate in all psychoneuroses, especially so with the volume factor of War Neuroses. To attempt to evaluate this factor I will consider personality and family history of nervousness, since all other individualistic tendencies as body build, state of health, age and imprint of training and combat activity are similar and seem to reduce all individuals to a common denominator a combat personality. (Grinker and Spiegel 1945)

The personality types encountered include:
(Wilson 1944)

- (a) The immature, dependent types, whom are usually

querulously hypochondriacal.

(b) The aggressive, resentful subject, who speak defiantly of "my leaking Valve", "my heart murmur" and resents and resists all reasoned reassurance.

(c) The patient of inherently unstable temperament with actual history or predisposition of psychiatric illness.

(d) The artistic, "highly strung" man with little liking or desire for adaptability to service life.

(e) The constitutionally stable type, who develops cardiac symptoms as an isolated manifestation after gross physical or emotional stress, or strong intrinsic direction to the heart. This is more often seen in older men in training with young men.

The "normal" soldier often sought amusement in large groups, drank to excess with exuberant celebration; and often sought his women and subsequent prophylactic treatment entirely unabashed. This showing decidedly extrovert personality tendencies, while the neurotic showed introvert characteristics, and often in his proplexy withdrew into himself. Vander Veer (1944) classifies this group as "constitutional inferior persons, chronic invalids, emotionally unstable persons of asthentic habits. Many were sensitive, querulous or depressed and an unusually large proportion eschewed the use of alcohol for conscientious reasons. Often

unable and incapable of handling in any satisfactory way the dilemma of how to be brave and be safe, with its conflicting desires of safety and duty.

Physical States

The physical state of a soldier plays an enormous role in precipitation of war neuroses, since battle conditions and even training are notoriously destructive to health. Even when it is considered that selection of men for military duty are the best physical specimens, the fatigue, hunger and thirst, exposure to elements of weather, and constant exposure to danger of injury or death seriously deplete the ego's ability "to take it", and are detrimental to the physical structure of man. Actual wounds and illness play small role, because their development usually leads to removal from the danger area.

Previous Neurotic Trends

Previous neurotic trends are among the easiest factors to recognize, and the most difficult to evaluate. Since men who develop war neuroses have their attention diverted to nervousness and "remember more of similar events" in their past than normal soldiers, who are unconcerned with the problem at moment, and even have a tendency to deny all previous anxieties or phobias. Their pasts are too healthy to be true. (Grinker and Spiegel 1943) It is also a known fact that some indi-

viduals with a history of previous anxiety, collapse at little stimulation of military life; while others with a similar history, struggle to control their anxiety, and manage to stick it out with remarkable tenacity, and outlast many individuals without a previous anxiety history.

There are however certain personality traits which are considered predisposed to neurotic breakdown under battle conditions. The most obvious are the passive, dependent characters, who have little tolerance for exposure to any sort of danger. Also true of overcompensated "tough" individuals who have strong dependent needs. The schizoid personalities, who have managed to get along fairly well in stable conditions of civilian life, are apt to develop paranoid reactions when involved in the intensely hostile combat situation. Obsessive compulsive individuals tend to develop anxiety and depression, and when the strain of battle overwhelms this deepens.

It is considered the neurotic is as concerned with his own internal problems and conflicts that there will always be a sharp limit to the amount of attention he can devote or spare to winning a war. The psychotic either has lost his will to fight or is entirely incapable of using his will in any constructive manner.

Sociological Factors

Sociological factors in general are those that have influenced the youth of this generation as related to societies feeling about war. This socio-psychological character is often overlooked because it is so remote from a social conception basis of communal thinking. It is necessary to keep us aware of what is affecting us mentally, and also a chief factor of most War Neuroses (Harms 1945). The inevitable attitude of many people on this continent is profoundly opposed to war. The young people, who are chiefly concerned with fighting wars, were brought up in a spirit which is essentially opposed to the militaristic idea of individual sacrifices demanded by war. This conflict between totalitarian and democratic concepts is the fundamental problem of our youth in wartime. This produced great psychic strain on the American Soldier. (Harms 1945)

Our educational system has become broadened and intensified with results of greater social security and greater opportunities to all for the benefits of a land of plenty; and have gradually replaced the aggressive, rugged individualism so characteristic of our forefathers. (Grinker and Spiegel 1943) The suddenness with which youth were asked to release their life long repressed and sublimated aggressions; and to give up their safety and comforts to, death, danger, fear and discomforts; is surely to result with internal repercussions within the individual.

Background of all psychoneuroses is found highly influential environment of infancy, childhood and young adulthood, (Carter 1944) were the patient develops insecurity. The home environment includes: (1) The Mother, often a "nervous" woman, easily excitable under stress. She worried particularly about children, and was overly concerned about them. (Henderson and Moore 1944) This type of mother was often an immature person, who felt herself insecure in her marriage and tends to establish a childish dependence to her husband. Often this is not successful; especially if the husband attempts to establish a similar reaction (failure indicated by frequency of alcoholism). Therefore, the mother must make many compromises; but remain insecure and therefore identifies herself strongly with the children. She believes the world is hostile and can make no attachments to it; thus, forming a doubly strong attachment to her children. (2) The father, seemed little interested in children, and 50% drank excessively which resulted in outbursts with verbal and physical abuse to the mother; and she reacted with fearfulness and anxiety at intervals.

These situations make a child immature, insecure, and dependent, and he does not acquire self security unless he rebels against his mother. This produces pain and suffering for mother, and he feels insecurity and

anxiety (even if overseas and receiving letters from mother). So he enters the service with the fundamentals of an interdependent relationship still existant, and life is chiefly receptive; and in battle he is concerned more with what is coming from the enemy than with what he is sending to the enemy. (Henderson and Moore 1944)

This is a vicious emotional cycle with mutually dependent emotional relations existing between mother and child. This is complicated by sibling rivalry and jealousy with repressed aggression and hostility, or a domineering parent who was intolerable to helplessness. (Polick 1945) Other important factors included: (a) A home broken by separation, divorce or death, (b) A child forced prematurely into independency by economic conditions or loss of home by separation, divorce or death of parents. (Farber 1945)

Disturbance of home environment in two hundred cases (Henderson and Moore 1944) of war neuroses, found 4% of parents from normal homes 25% from slightly disturbed homes, 42% from moderately disturbed homes and 29% from severly disturbed homes. Henderson and Moore believe that War Neuroses are predetermined before service. "Made in America", but only come to light or labeled in combat. They consider this most a significant fact since most normal combat personalities do not break in combat.

Ability plus Will to Fight is the formula of warfare. The destruction of will to fight is important since if warfare was just an ability to fight against ability to fight all would be killed off. This will to fight must include willingness to kill and the willingness to be killed, and to be effective the will to fight must be stronger than the will to live. The will to fight includes factors of behavior as determined by personality forces. These are (1) the conscience, the shoulds, the oughts and the standards and goals.. (2) the sense of importance, that of being somebody (3) the feelings and emotions; fear, anger, love.

In civilian life the energy of his anger is dissipated widely in fighting all the various objects of life and its' conflicts (conscious and unconscious). All this aggression must be gathered together and directed to the single objective of winning the war. This is the sociopsychiatric necessity.

The soldier will have the Will to Fight when he has:

(1) Reason to fight which satisfies his conscience. Whether this is to protect his country, his family, to survive, to do his duty, to preserve freedom, to follow the will of his leader, and all depends upon the individual.

(2) Anger at the enemy. It is not necessary to hate the enemy but the soldier must feel like fighting and

this feeling is anger.

(3) Fear of not fighting. Fear of the consequences of defeat, fear of what his buddies will say if he doesn't fight or do his share.

(4) Confidence in himself, in his ability to fight, his weapons, his skill, his strength, and his importance.

(5) Love for his fellows and confidence that they will do their part if he does his.

(6) Love for his leader and confidence in the leaders ability and to the oneness of their goal.

The determination to preserve at all costs, for the sake of our people and those to come, a freedom that is worth while is the goal of democracy. This goal acts as a emergency mechanism to stimulate peace loving people to fight. It must be a uniform spirit, a country wide determination and not just a matter of the soldier fighting because he is forced too, and wishing he were out, back home making money. In this situation he is able to fight, but his morale and mental health are poor because he has not shaken the effects of the cynicism, the pacifism, the isolationist ideas so instilled by life in the U.S.A. An extreme case of this is the conscientious objector who wishes to fight no one.

Psychological Factors

Psychological factors are the most compelling psychodynamic factors since many of these factors con-

tribute to inability to "take it". The cumulative effect of threat of injury and death, repeated narrow escapes, with the insistent, relentless, intermentable repetition without hope of relief or opportunity for recuperation. (Grinker and Spiegel 1945) The intensity of the reaction depends on the external precipitating situation: The nature, derivation, suddenness and opportunity for action. Plus the internal makeup of the individual; the intensity of his hostility reaction, severity of his conscience, inhibitions. (Sand 1945) And the control depends on the external situation living conditions, boredom, training, war goal education, and conflicts; and the internal factors of adaptability, strength of will, tolerance for hostility and anxiety.

The fundamental conflict which binds and disrupts the extra individual life is also responsible for all intra individual disturbances. It is an eternal conflict between constructive and destructive principles. The ambivalent conflict between love and hate. (Simmel 1944) The natural reaction is anxiety, which is a specific phenomena of this quantitative disturbance, of the narcissistic libido equilibrium. Its function is to alert the ego, causing it to see in motion either the adequate instinctual autonomic and outer motor discharges or, instead the necessary psychic defense mechanisms.

The perception of anxiety constitutes the danger

situation for the ego. Which is helplessly exposed to driving energies of the instinct needs of the individual. Fear of annihilation or death results from the concomitant preception that there is either an object which opposes the release of tension, or that there is no friendly object available to bring about release from tension which has become unbearable.

Other factors contribute to the inability to "take it" and include: the loss of morale within the combat outfit. This is one of the principal forces destroying resistance of the individual. Morale is high when victory is eminent, when good leadership and faith in commanding officers exists. But any deterioration of these factors by defeat, retreat, or even stalemate; or by lack of faith or trust in leadership or ability of officers leads to degradation of morale. Loss of morale also results from confused situations, loss of communications, and isolation, due to faulty leadership or simply turn in tide of battle. If situation forces prolonged periods of inactivity while still exposed to danger or continuous auditory initiation of constant explosions, drone of aircraft or other mechanical noises this serves to wear down resistance. Visual stimuli of seeing friends or allies injured or killed, or the vast destructive forces of war; with the intense grief over loss of good buddies have powerfully destructive effect

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on individual resistance.(Grinker and Spiegel 1943)

The ego, which means the total personality, includes the development from direct experience, and is denoted by the pronoun "I". Since the ego is a product of experience all constellations established on the basis of the pain-pleasure principle qualify all subsequent adaptations.

By adaptation I meant a series of maneuvers in response to changes in the external environment, or changes within the organism, which compel some activity in the outer world to the end of continuing existence, to remaining intact or free from harm, and to maintain controlled contact with it. (Kardiner 1941) Thus giving meaning to the outer world by means of receptor and effector apparatus. The effective exploitation of the meaning of the outer world through the function of organs can be designated as mastery.

1. Active mastery is that situation when the activity of an object is fully exploited, such as in successful combat, eating, and motion.

2. Passive mastery is that situation when utility of object cannot fully be exploited, and mechanisms of flight, escape or avoidance through immobilization must exist.

Motility and manipulation play a decisive role in that both add much to adaptation possibilities, but they also increase the complicity of the outer world,

that is they alter meaning of objects in the outer world, their utility and pleasure possibilities. Motility and manipulation greatly increase opportunities for experimentation, choice, and failure and for success or gratification.

In the process of growth and development, the character of the outer world and the adaptive mechanisms are constantly undergoing change. Transitions are very gradual and little anxiety is created; (Figure I) If sudden, shock reactions to ego occur and take the form of inhibition of either:

1. The individual sensory motor organs.
2. Specific completed functions or,
3. Comprromise between inhibition and activity, and called partial inhibitions.

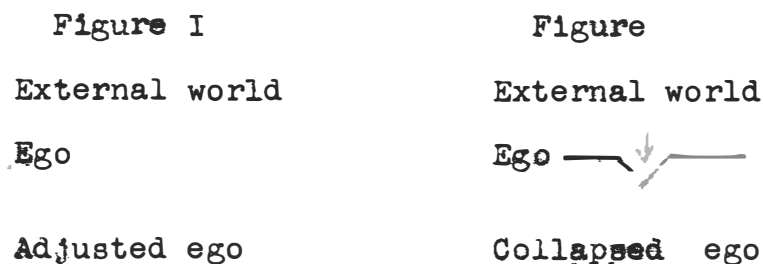
The ego cannot "repress" the outer world, or the demands of the organism; but it can contract itself; shrink and withdraw. Repression is a technique effective almost excludsively on ideas, impulses and affects with abundant ideational representability. Thus shrinkage of the ego can take place partially at single organs or sites (loss of vision, orability to hear) or totally, with periodic extinction of consciousness. (most universal manifestation is sleep). Thus if the ego becomes disorganized by any situation that is traumatic and a state of infantile adaption is reproduced in the ego then hypen-

sensitivity to all stimuli and a persistent effort to keep the outer world away, for all its meaning is lost. (Figure II) Sense organs, usually continue to function quite the same, but they may become episodically blurred and confused. But because mastery or manipulative elements are no longer effectual, the meaning of the external world is seriously impaired or lost. Hence former interest and curiosity is replaced by an attitude of vigilance, anxiety and irritability.

This results in reduction of effectiveness of musculomotor system, with clinical display of awkwardness, tremors, and vertigo. The autonomic nervous system is active, but not in consonance with the demands of reality. Thus an altered organism exists and self confidence is gone; the individual pictures himself as helpless and cannot conjure up a picture of completed action or get satisfaction from his ineffectual efforts.

This requires new reorganization of ego with modality to passivity, and contraction of the ego.

(Ego Reaction)



Another force is introduced as the guiding force or control mechanism of the ego and is termed super ego. (conscience) The pre-super ego is the first stage of maturity, and exists at a very early age. The child thinks and acts under the guidance of his parents, and does not react mentally to all the destruction and tragedy they hear about or even witness personally; unless the security of the relationship with their parents is disturbed.

At the adolescent level the child "internalizes the parental power within his mental system by developing a super ego" which guides the ego in its conflict between instinctual aim and the environmental world.

If there is weakness in the super ego development, a regression to the pre-super ego level will occur when society decides to wage war and aggressive tendencies are released. This release must be guided and directed by an officer parent, and if any insecurity arises because of leadership in ability to direct the pre-super ego, the individual transfers aggression to own leader.

The conflict of fighting the external real danger of the enemy is complicated with the internal mental danger to the super ego. (conscience) If the super ego is so weak it cannot adjust and adapt to solve the conflict the ego will be forced to surrender.

Anxiety Problem

The nuclear problem of all war neuroses seems thus to be anxiety. Anxiety may be explained as the anticipation of danger. The signal of anxiety reminds the ego of previous traumatic experiences; and ego reacts as if danger were present by starting defensive maneuvers. The ego reacts in a sensitized manner although the interpretation of these symbolic significances are unconscious. The feeling of anxiety may become conscious and defensive maneuvers on symptoms may be expressed in conscious thought or behavior, although their connections with the evoking stimuli are lost. Yet anxiety is rarely accepted as a feeling without being attributed to some real outward source (projection). (Grinker and Spiegel 1943)

Anxiety stimulates fear; since fear may be described as an emotion in response to a stimulus in reality; and either threatens the individual at the moment or pretends actual danger. The signal of fear is experienced consciously by the organism.

1. Feeling tone and the psychological concomitants in anxiety and fear are identical.

2. There are no pure fears inasmuch as all external dangers also have symbolic significance. So how much is apprehension anxiety and not fear?

Fears have one thing in common. That is fear

in loss of something that is intensely loved or highly prized and held very dear. This may include:

1. Ones own person
2. Another person
3. An inanimate object or
4. An abstract idea

Factors Augmenting Anxiety

Anxiety or apprehension is related to what is most loved. Such love, affection, interest or attachment is the psychological aspect of a force which derives its energy from certain inner biological sources. The total quantity of this force and its objects are variable in the life history.

1. In infancy and childhood the individual is concerned with his own somatic and psychological trends. Which are manifested by passive intake of food, drink, love and attention.

2. This narcissism is gradually altered as the child grows older, more secure, and after he has had sufficient gratification. He is then able to spill excess love, energy and disattention toward objects other than himself (parents, and increasing range of interests) without demanding an equal return in kind.

3. Satiation approached, he becomes more altruistic and less selfish and less self centered. The degree to which he can love and give to others depends on his own

inner security, based on having had enough for himself. If his security is precarious, love of others depletes him and he feels humility and inferiority. This is no consequence, however, if he receives a return of interest and affection through possession of the loved object or by identification with it, thereby loving another as he loves himself.

(a) Through the loss of loved objects (increase adolescent identity) a return to frank self interest often results.

(b) Loss of object of affection, however, is depleting to the ego and anxiety ensues. The more mature and secure men are less disturbed, although not unaffected because their inner resources are greater and capable of withstanding more depletion, but every object has some degree of identification; hence overevaluation cannot lightly be given up and results in a severe emotional reaction. Loss of love invested or love object cannot be tolerated.

Emotional reactions aroused undifferentiated as a combination of fear and anger, subjectively felt as increased tension, alertness or awareness of danger. Processes of psychological components includes:

1. Loss averted on threat dealt with in active ways by being driven off or destroyed an aggressive activity. accompanied by anger is called forth. This appraisal of

situation requires mental activity involving judgment, discrimination with choice of activity, based largely on past experience.

2. Loss cannot be averted on a mental activity basis. The situation is hopeless and nothing can be done, then anxiety develops. However, only in case of threat to ones own life is strong fear an emotionally appropriate reaction, inasmuch as only activity which fear had leads to withdrawal with escape.

Signals of anxiety components:

1. The emotional, threatened loss of something loved
2. The mental is predicated on probability that the loss cannot be avoided.

A soldier is strongly attached to group if affection invested in a group is not lost; therefore his emotional economy is not disturbed if:

(a) The contact with group is a continuously maintained conversely it is a painful necessity if they must leave the group because of illness or transfer.

(b) The super ego is strongly identified with the group and loves the group and self as a member of group, part of the love is narcissistically reinfested in himself through the identification with the group.

Every soldier engaged in any form of combat is apprehensive before action and fearful during combat. There is no mathematical relationship between the intensity

of the stimuli of war and the resultant anxiety. It is the stimulus of that situation of action, that determines the quantity of resulting anxiety. Pathologic anxiety states are those that persist in some form, free floating or symptomatic, after stimulus has subsided, and which prevent the soldier from enduring further contact with the combat situation.

Factors Augmenting Anxiety

"A large share of anxiety results from the effect of the stimuli of war on the interpretive functions of the ego." (Grinker & Speigel 1943) There exists a strong realization of the possibility of injury or even death, thus the meaning of the situation is clear, and every emergency biological mechanism is stimulated to its fullest possibility in preparation for the anticipated dangers.

Concomittant to these heightened innervations of the sympathetic nervous system and endocrine glands and changes in distribution and constituents of the blood; there develops the subjective sense of impending catastrophe. Man must either fight or die. The significance of the situation force into action powerful biological desires, which, in turn, flood the ego with large quantities of emotions.

Feelings of helplessness in the face of the over-

whelmingly hostile situation further increase anxiety. Enemy is hostile, clever, wanting to hurt and kill with purpose and intent with determination. Attack is coming and there exists agony of anguish expectation. Intent to kill is everywhere manifest but there is no protection. Who is safe? The normal environmental provides safeguards: laws, rules, regulations, are all protective to individuals. His life is as uncertain as the bug he has crushed and there is little he can do to alter the situation; except, the uncertain protection of fox hole, etc. He sweats it out in a continuously hostile environment, completely helpless, seeing friends killed but powerless to help them, or to prevent it. A rarity is the soldier who does not develop anxiety yet few develop pathologic states. The rest develop a tolerance for this abnormal hostile environment. The battle situation is completely foreign.

The former environment called to inhibit to a reasonably minimum their hostile and aggressive drives, they are now required to release an unheard of quantity of destructive energy. Taught to respect, admire and care for machines; He is now forced in mass to destroy great machines. From earliest childhood, the strongest forces within the family, school and society, had impressed upon them the value of human life and now they must kill in large numbers. Men, young men, like themselves.

Necessity to kill shakes to the roots the complex intrapsychic balance: thus a disturbed balance within his own personality, evokes anxiety.

There are certain automatic reflexes which are concerned with ego function. These include reactions to noise, sight and smell of danger on battle field, and then evoke reflex responses in diencephalon, which effect biological charges significant for the emotional expression. Primitive reflex cannot be inhibited and results in subjective sensations of anxiety.

It is a postulate that war evokes anxieties from the recognition of the dangerous meaning of the situation to the ego, the persons feelings of helplessness, his lifelong reaction pattern toward his own hostilities, and the biological emergency, and protective reflexes. Psychodynamically we see that the ego is best with anxieties from the dangerous forces of reality, from its own powerful instinctual drives, and from the reaction of its own conscience.

Factors Protective Against Anxiety

His identification with the group is powerfully protective to the individual. Among men who have worked, trained and lived together for a long time, there arise a complicated mutual identifications with in the most successful instances. This is the formation of a group ego. Especially true in highly mechanized offensive arms, such as

tank crews, crews of heavy bombardment groups, and on warships. The group ego is invested with a sense of power and indestructibility, becoming the inheritant of the infantile feelings of omnipotence and immortality, long since discarded or repressed by the individual ego. When the group is successful in battle these feelings become immensely reinforced by objective reality. Thus the soldier exchanges the normal protective figures of institutions of his home environment for the protection of the powerful group of which he is a part.

The group becomes the object of considerable love and affection on the part of members. They are proud of the group, and resent newcomers. They are jealous of other groups, and strive to achieve perfection for their own. In battle active group ego is more important than the individual's ego; and what happens to the group is the dominant concern. Injury or death is insignificant compared to the fate of the group. Through his identification with the group, the individual shares in the achievement and victory of battle, and even if he should be injured or killed a part of him lives gloriously as a group member. This alteration in disposition of the narcissitic libido by virtue of identification with the group contributes immensely to the capacity of the ego to ward off anxiety.

With group identification there is a drive toward a fixed goal. The goal of the group is, of course, victory. Victory in the battle of the moment, in the campaign, and in the war as a whole. Yet, to the extent to which this goal can be broadened to include definite war aims, the individual ego will derive further strength. Due to current inability of the United Nations to state their aims clearly and concisely the soldiers have not had the advantages of such a weapon. They knew that they were fighting for victory over the evil coalition of axis powers; but beyond that, what? Victory is not enough. The axis nations knew what they were fighting for and thus had this advantage. Our soldiers are puzzled, doubtful and slightly suspicious. Will it end in a war again? Will the net gains have justified the sacrifices? Will we win the war to lose the peace? This and other doubts assailed them to the extent that the final goal is limited to the proposition: We must win the war quickly, so that we can get home. This is an incentive powerful enough, yet, were the goal capable of being enlarged to include a positive aim, the individual ego would be further fortified. If the soldier could feel that the gain, the sacrifices, and death were dedicated to a larger purpose with which he was identified, his capacity to ward off anxiety would be thereby increased. In effect, the

greater the span of identification, the greater the ego span. From such identification the ego absorbs strength with which to deal with the anxiety of the moment. Other factors include early battle experience of being detached from actual scene. Inability to identify themselves with reality of situation or because of a skillful use of capacity for detachment remain thus. But battle usually becomes personal "It might happen to me" and the defense passes and anxiety is present.

At its disposal the ego has a corollary defense embodied in the thought "but it won't happen to me; it may happen to others but not to me". This conviction of personal invulnerability is valuable, but difficult to maintain over a long period. When this defense fails and is replaced with the opposite feeling my luck has run out, my number is up; then anxiety or depression accumulates in even larger units.

The ego may have ability to externalize its own hostile reaction but this is a tremendous variation in persons time factor. Some may react immediately with cool anger and hatred for the enemy. Others react similarly with anger, but because of previous neurotic patterns the anger itself produces anxiety. That is why propoganda for hatred of the enemy should not be employed, since such hatreds eventually become self destructive. If this anxiety then produced is dispossessed,

the ego may carry on for long periods only to be suddenly overwhelmed with accumulated anxiety.

Conditions Breaking Down Capacity For Handling Anxiety

Largely, they are the sustaining factors mentioned above, plus the physiological factors discussed under previous sections. Everything which reduces the ego span or which weakens the ego makes more difficult the task which the ego faces in the disposal of anxiety.

The ability of fatigue, exhaustion, hunger, and physical pain to weaken ego are well known the soldier has little opportunity for rest recuperation. The constant auditory irritation of the battle field, and frequent physical trauma of concussion further weaken the tired ego. There is no place to go to get away from it. The soldiers living conditions on the battlefield afford a minimum of instinctual gratification. Both dependent and libidinal needs must go begging, and the ego must endure the strain maintained by the unsatisfied needs. Repeated narrow escapes from injury or death make the egos attempt to feel invulnerable; undermining its confidence until it becomes convinced that the next time is the last.

The deterioration of the factors involved in morale imposes an excessive strain on the ego. While some individuals are never able to achieve identification with the group and have no goal in battle and are thus deprived of this protection under certain circum-

stances, the most stable egos break. This is especially true in defeat, disorderly retreat under constant enemy pressure. Ego suffers loss of group identification and may be further impaired by a traumatic identification. Group is no longer powerful and protective. It is "weak" probably "jinxed", it is an unlucky outfit. The leaders are incapable or inefficient, the group feels there is nothing to expect but probability of injury or death. Such traumatic identifications are reinforced by identification with dead or wounded friends. A secondary, more unconscious ego reaction, is the thought, "I'm glad it was Bill and not me". This reaction however, produces a result that weakens the ego.

Internal factors weakening ego include: apparently a constitutionally low threshold for production of anxiety (shows in infants). A past traumatic history to the ego such as, traumatic, libidinal conflicts of childhood and also past physical trauma (accidents, previous bombing etc.). Previous neurotic trends (predisposition) most vulnerable on the passive, dependent individuals. Anxiety over possible injury, feel destructive force designed especially to get them by magical omniscient avenging power. Thus no safe place and only feeling of protection is to keep moving and thus run aimlessly about.

Psychobiological Mechanisms

War neuroses must be considered as psychosomatic problem since effects are both psychic and a Physiological function. Predisposing factors that weaken resistance, plus the actual war experience, are stimuli that impinge upon his organism. No matter whether they are physical in the nature of cold, wet, noise, sights and odors; or psychological, such as meaningful interpretation of sounds and acts of battle. They constitute stimuli which set into action powerful physiological effects. Some effects are physical, resulting in change of posture, tremor, rigidity and overaction of sympathetic nervous system. Some are psychic such as subjective feelings of error, sensitivity to noise, lack of concentration, or various defects of memory. The effects, like the causes, are found in disturbances of entire psychophysical apparatus.

Stimuli of war are productive of conscious reactions of fear. Somatic components of tachycardia, dyspnea, perspiration, dilated pupils, tremors, weakness, and probably, alterations in blood distribution and composition are also present. Such violent internal alterations are appropriate to the stimulus and constitute changes in the internal milieu of the organism preparatory to fight, flight or paralysis; from equal quantities of both, depending on the psychological pattern of the individual and the varying external reality. The battle

ends or when the soldier leaves scene the stimuli cease. The psychiatric casualty, however, does not show evidence of reduction in his fight reaction; after a latent period it may even be augmented. The internal process continues result is a severe confusion, amnesia, stupor or psychiatric like fugue.

These abnormal degrees of emergency mobilization of internal functions or their lack of subsidence, are due to factors in that person's constitutional and psychological patterns, or in temporary loss of control by structures which inhibit such excessive reactions. The relationship between the diencephalon and cerebral cortex (complex phasic relationship) is necessary. The hypothalamus is a central regulating apparatus which effects a coordination of responses, within the sympathetic nervous system and endocrines, that characterize emotional expression. It receives its different stimulation from the cerebral cortex directly or indirectly. More crude sensory impressions of pain with noxious odors, sounds and sights; evolve purely diencephalic reflexes, which may be termed biological. They reverberate to the cortex causing secondary feelings of anxiety.

The hypothalamus also receives stimuli from the cerebral cortex, which are in the nature of requests for reactions of preparedness, based on cortical interpretations of dangerous environment signal (ego anxiety).

The diencephalon mechanism not only stimulate the peripheral sympathetic nervous system, but the cerebral cortex as well. In driving effect has been well demonstrated. All these would be carried on to excessiveness, if there were no inhibitory processes. The cortex itself inhibits the hypothalamus.

Accordingly pathological states of anxiety may be due to disturbances of each or both components of the phasic diencephalic cortical relationship. The cortex may be weakened by fatigue, physical stress or other factors which we have discussed under ego strength. This may increase its summons on the hypothalamus for emergency responses, or lessens its inhibition on the structure. The diencephalon mechanism may become excited to the extent that inhibitory mechanisms are too feeble to control it. In either event, a breakdown of the phasic relationship results in a perpetual action, increasing in crescendo.

The sources of anxiety of the sympathetic discharges accompanying the emergency mechanism, and the relationship between them must be understood dynamically; (1) the biological responses to the stimuli of battle evoke a concomitant subjective experience of anxiety which in turn has a tendency to evoke further mobilization of emergency energy and constitute a vicious circle. (2) the signals of danger to the outside of the organism

cause subjective anxiety which starts into action the identical trains of events as above. (3) Mobilization of repressed hostility, never hetherto accepted by the ego, evokes the signal of anxiety which again originates sympathetic processes which reverberate more anxiety in the same manner. (4) Failure to live up to one's ego ideal causes anxiety within the ego and similar repercussions; but often in addition a depression anxiety with emergency mechanisms are concomitants with each causing the other; and imitation of either leads to vicious circle, so that influencing of either factor in the direction of decrement leads to a benign circle, which is fundamentally therapeutic.

In severe anxiety the physiological process in the diencephalon seems to persist as a continuous neural excitation. The stimuli are no longer present but the reactions persist with sudden violent exacerbations due to mild external excitement or symptoms of discharge may break through spontaneously.

As long as the excitation persists, diencephalic expressions of emotion with driving effects on the cortex persist, augmented by new external stimuli in the form of noises, gunshots or anything conducive to apprehension. The resulting constant tension is evidenced by restlessness, insomnia and terrifying dreams. More severe driving affects result in continual breakdowns with

concomitant evidence of ego disintegration. The effects are:

1. The negative; in that finely coordinated voluntary movements are lost, intelligence is dulled and concentrations becomes impossible and discreminatory functions are lost.

2. The positive; lower level functions are released from inhibitions, thus excessive hypothalamic activity is augmented, old motion system postures and movements are released in the form of extrapyramidal syndomes.. Infantile attitudes behavior, reflexes and emotions become prominent. (Grinker & Spiegel '1943)

Specific Psychodynamics of War Neuroses

In preparation and execution of war there occur many seeming specific psychodynamic factors that continuously predispose to neuroses in the process of training, combat, and readjustment to post war era by military personnel. Although many of the psychodynamic factors causing neuroses, whether it be in training, combat, or return to civil life are very definitely closely related or even inseparable as specific entities. With this consideration in mind I shall attempt to demonstrate how these psychodynamic factors predispose to neuroses in specific situations of training, combat and readjustment of post war era whether post war era means return to civilian life or as a physical casualty.

In this discussion the conflict of the internal (unconscious) factors and the external (conscious) factors are of dynamic importance in the struggle of the integrating capacity of the ego.

Psychodynamics of War Neuroses in Training

The disorganizing aspects of military life, or the transition from civilian to soldier, presents many psychological stresses. Again the formula for production of a neuroses exists: The inherited constitution as modified by the early environment and acted upon by the existing stresses. (Kraines 1934)

The internal (unconscious) elements of in-

herited constitution as modified by the early environment exists here again as a vital but difficult problem to evaluate. The personality makeup balanced against the environmental stress of military life, where life and needs of individual are less protected than in civil life; unless the individual has a strong sense of being a member of a group or sense of idealism of service.

These personality inadequacies were reflected in:

(1) Many who disliked the military services and thus had poor motivation, but because they were unemployed, or relatives thought it would make a man of him, or because others were joining the service he was forced to become a part of the service he disliked by selective service "drafting".

(2) Many whom had a persistence of an exaggerated degree of the emotional dependence of early life, and also many who showed true homesickness.

(3) Many showed the inability to cope with new situations and intolerance of barrack room life, discipline, unpalatable duties, separation from families and the boredom of army life.

(4) Some displayed predisposition including life long timidity, mental deficiency, physical weakness, insecurity and inferiority resulting from up bringing in homes with parents who were incompatible, divorced,

temperamental, unstable and alcoholic.

The majority of cases considered personality inadequacies as the predisposing factors of psychodynamics and the major cause of neurotic illness; and that precipitating psychic trauma was relatively of small importance.

Another psychodynamic aspect to include is environmental stress. This sociopsychiatric field has vague boundaries but I include:

A period of rapid alteration of daily living habits and of forcible abandonment of many personal goals and thus thwarted ambitions. Thus entirely new demands from the social environment. It is in reality a new subculture with a premium on rapid and efficient acculturation. The concept of discipline pervades every aspect of daily life; and may reactivate infant attitudes of resentment if deprived of many normal opportunities of self expression and impulse gratification. Barrack life is unusually frustrating, and penalties of misconduct seem especially severe. So the individual develops strong resentment and restraint of the ego which produces anxiety. (Janis 1945)

The pattern of authority and subordination is basic and inflexible in a military organization. Democracy has little training for this since education and training have been individualistic, conoting assetiveness with decision without recourse to authority.

Authority like submission may be traumatic and officer promotions may cause breakdown, or an inordinate craving for power may be disastrous. If the individual is narcissistic and isolated from interpersonal contacts, with tremendous fear of people, and the tactic employed as subjugating others so they are never a threat to the individual. Hostility is provoked by this attitude and only reinforce his antecedent fear of rejection and this precipitates a neuroses. (Maskin 1945)

Americans are "Masters of their fate"; therefore, when they find themselves at the bottom of the power hierarchy and aggression toward superiors is blocked; he then adapts self aggression attitudes and perceives himself as a weak and a worthless man. But he adopts mimicry of superior functions by adopting the behaviors that symbolize their power and status. The recruit is thus a person of authority and dispels doubts as to his own capacity to wear the mantle of authority. (Janis 1945)

The recruit has had little experience with life of authoritative behavior and derives a distorted picture of superiors. He regards them as aggressive personalities with strong dominance strivings and are thus dangerous. Therefore the recruit may have reactivated irrational fears, a sense of danger, or an

awareness of vague sense of omnipresent threat. Thus mimicry of superiors helps to relieve this fear.

With submission dominance, or loss of individuality the individual may in resigning himself to superiors (Maskin 1945) also delegate his psychological defense techniques as well. He gives up individualistic demands and does without them and is more or less content to do without them; on a provisional and temporary basis. That is gives up immediate satisfactions and demands for larger interests and enjoyment in the future. If he is mature is satisfied by the group, temporarily; if an immature, dependent person he must be under strict authority, and forever have needs gratified so he is aggressively demanding.

The individual must develop self discipline, self sacrifice and cooperation to become a combat personality and must be thus mature to be a group member. He receives from the group constant care and affection and thus his super ego is identified with the group and a state of harmony exists until he fails to do his part and is forced to become an individual without group support.

The obsessive repetitions of preordained schedules, rigid bearing, impeccable neatness and same mode of dress prove the very confining. Ingenuity and initiative are undermined and dull automatic responses substituted.

Socio sexual frustration has the nuclear problem of loneliness. It is characterized by the separation from family, friends, familiar scenes and previous cultured goals. Symbols or representation of culture has exaggerated value on thus with the idealization of home, loved ones, or ideals. My disruption of this idealism of loved objects, such as wife or sweetheart being untrue, puts severe emotional stress on fighting man. Adaptation to army involves capacity to achieve new friendships rapidly, any defect in social aptitude becomes apparent in ability to get along with the group. Awareness of this fact is traumatic.

The sexual frustrations is increased by prevailing taboos reinforced in army lectures, movies, and inspections in venereal disease and morals. The individual is repeatedly exposed to desire for feminine company by movies, U.S.O. shows etc.; but training schedules and physical stress prevent him from accomplishing his desires. With syphilophobia and hyperesthetic sexual attitude development any variation of moral code cause individual severe anxiety.

Ego frustration with loss of personal identity and awareness of self by the institution of the uniform, serial number and group feeding, housing etc. Anonymity is enhanced by obliterating activities as waiting in lines, marching to cadence, and mass calisthenics.

The person loses significance and merges imperceptibly into the background of platoon or company. Ego is severely frustrated by assignment to duties below skill or station, thus personnel trained to accomplish special highly skilled positions doing K.P. duty. Inforced idleness at post with no possibility to escape is especially traumatic to individual who has high ideals and standards of ambition. Lack of promotion after long service or any other long sustained states of dissatisfaction associated with army life also result in tension.

Training to kill by rifle, bayonet, hand to hand combat and the realization that he cannot be inhibited by past attitudes regarding "dirty" fighting. Other prohibitions against extreme forms of avert aggression established in childhood are continually reinforced during maturity. Thus new and continued source of conflict between guilt feelings arising from violations of internalized standards. This results in anticipating fear from external punishment and anxiety exist.

Ethico-moral degradation exists since war is a cultural revolution with code of hate, destruction, deception or any manner which is advantageous to kill. Peace values with the emphasis on kindness, charity, sensitivity, decency, and sportmanship take an inevitable remarkable metamorphosis to a war code. The in-

violability and dignity of the human body is negated. The sanctity of life no longer exists. A person who cannot shift in process to a war code becomes confused, perturbed and anxious. A person in coping with such an anxiety has alternatives of repressing conflict in an effort to deny it, or openly exposing his latent sadistic trends to mitigate his guilt by renouncing all super ego limitations.

Repression of the conflict results development of strong fatalistic proclivity; and leads to automatism and subservience, which is the antithesis of democratic personality.

Super ego (conscience) dissolution leads to unbridled license, the loss of all values, and moral anarchism with profound cynicism. Disillusionment is imminent in military life; and military organization itself has inevitable antagonisms which promote cynicism: Such as schism between officers and enlisted men, front line and rear, soldier and civilian, lack coincidence between actual combat experiences and accounts published. Most soldiers feel they are owed something for their sacrifices, and wars are dangerous and uncomfortable with great fear exhausting capacity resulting in breaks in security techniques of the ego. War eclipses liberal and cultural pursuits to turn to opposite of destruction, which is impossible for some to comprehend.

Separation from families, friends, and especially if the family has economic threat which applies great stress on the family who relays it to the burdens of soldiers.

The dull, dragging monotony of army life because of lack of healthy recreation when "off duty", or after training is completed, while waiting for action.

There exist some compensating aspects in military life which may be enumerated as:

1. Relinquish civilian anxiety; giving up the "every man for himself" idea for group security.
2. Excitement, change for a few that desire a great amount of action or drama.
3. New meaningfulness for those who desire an opportunity and freedom in cases they have failed to receive^v previously.
4. Prestige of the uniform and its advantages.
The feeling of belonging.
5. Maturation ideas of "become a man" for the immature mind and physic.
6. Vicarious revenge and masochism and desire for injury or pain for relief of psychic burden. (Maskin & Altman 1945)

It is suggested that these training problems could be alleviated somewhat if military service would:

1. Maintain an active physical life, every phase

of which is directed toward making the individual and the unit more efficient in combat. The individual must have reasons for activity to gain a purpose.

2. Provide an effective personal relations officer, who has the power of intelligence and willingness to aid men who are distressed over personal problems.

3. Provide well directed recreational outlets suited for different types of personalities.

4. Formulation of objectives of war to soldiers not just old attitude "theirs is not to reason why, theirs is just to do or die", since this is no long term morale builder of men. It is easy enough to arouse men to a pitch of excitement for individual engagements by all the usual psychological "stunts" which appeal to patriotism, to the man's ego, to the adventurous spirit, or hope for personal reward. But the solid basis for fighting is not chivalrous charging into battle, not "the best man win" of hand to hand combat; but the restraint, calculated, planned coordinated activity. The subordination of ones' own role for the total picture, the dogged determination to fight long after a possible chance of winning is past. The unit of the armies is the man, and to the extent that he is convinced of the righteousness of his cause, and is aware of the personal stake that he and his have in the fight, to that extent will his

morale be persistent.

Formulation of objectives must have elements of sincerity and honesty of statement. The American has much political experience and not "taken in" by idle phrases. The Best Education is: "these are our faults, and this is what we are going to do about them." The individual is flattered by appeal to his reason and adds more spirit to his effort. Finally, he actually visualizes the real values and virtues of his liberty and freedom and having a practical demonstration the intelligent man has something to fight for consciously. (Raines 1943)

Psychodynamics of War Neuroses in Combat

Modern warfare imposes a situation which is highly exciting, rapidly moving, very terrifying and traumatic; but also has a large proportion of filth, vermin, and other physical trials with the added factors of fear and dread. (Moersch 1943) It seems logical to ask why do not all individuals exposed to these factors break down; rather than why does man react with anxiety to such situations?

It is certain that constitutional predisposition is a vital factor in the threshold level of reactions to war situation. The most important factor found was disturbance of family background. Henderson and Moore found that in psychoneurotic persons 42%

were from moderately disturbed homes, 29% from severely disturbed homes, 25% from slightly disturbed homes and 4% from normal home situation. The disturbance in home life ranged from homes broken by divorce, death, or distorted by parents of neurotic tendencies.

The individuals constitutional predisposition also included not easily detected latent psychoneuroses or personality trends which include: (Grinker 1945)

1. Psychosomatic disturbance with chronic history of functional visceral troubles.

2. Compulsive obsessive characters whom if a break occurred in their ritualistic defenses they became very upset.

3. Depressive characters whom reacted strongly to loss of comrades and succumb to long lasting melancholia.

4. General personality types which includes extreme passive and dependent immature persons who continually expected injury.

5. Overcompensated tough individuals who had never experienced subjective anxiety and failed to have only ability to handle anxiety.

6. The schizoid person who was seclusive and difficult to get along with and escaped from all close interpersonal relationships. (Grinker 1945)

Henderson and Moore in 200 cases found all

their cases to be young men. (70% between 17-25 years) 6% had entered college and over 34% had completed high school; and 15% more had completed the 8th grade. It was found in this group of cases 30% gave positive history of head injury associated with unconsciousness lasting 15 minutes or longer, prior to service. These episodes bore no etiological relation to later developing psychological reaction; but might be a contributing factor in lowering patients resistance an adaptive capacity; or possible, by making him more susceptible to fatigue and impairing his repressive powers. (Henderson and Moore 1944)

In this group of cases it was noted 35% had previously experienced psychic trauma of a sudden overwhelming nature comparable to that of the combat situation. The commonest form of trauma was automobile accidents, while in combat 85% had been exposed to exploding bombs or heavy shelling. Nearly 50% experienced unconsciousness, 22% were dazed; 10% went to pieces; 8% bounced; 5% experienced amnesia after event; 3% experienced hysterical blindness and only 2% experienced hysterical "freezing".

All those psychodynamic factors left some residual effect upon the life experience of the patient and his adaptial capacity. In addition the powerful factor of environmental stress must be considered,

since it is dynamic in the war situation.

It is certain that the actual combat environment is most difficult and traumatic. In this situation the danger of death and mutilation are omnipresent, and the cumulative effect of exposure to heat, cold and disease; lack of rest; confusion isolation and hunger all play a role (Appel). The present war has subjected men to unaccustomed stresses for prolonged periods without adequate rest and relaxation. (Belanke 1945) Neuropsychiatric casualties rise in direct proportion to length of combat duty. (Farrell and Appel 1944) The difficulties in sleeping under shellfire in foxholes, extremes of temperature, wet, mud and filth. With the constant demands for physical exertion produces physical and mental fatigue which precipitates neuropsychoses.

The change from comparatively simple and routine tasks without risks; to sudden contact with the control of complicated and dangerous machinery, which often involves confinement in small working and living space, loss of sleep, noise, vibration and abnormal motion with monotony of long cruising periods of submarines and small ships or planes. (Belanke 1945)

Prevalent precipitating episodes in combat include:

1. Retreat even in strategic

2. Isolation from group or relief
3. Subjugation to shell or mortar fire seemed a more severe situation than bombing.
4. Comparative helplessness due to a jammed gun, loss of weapon, or aggressive or defensive death of friends.
5. Physical and emotional exhaustion preceding an terrifying life threatening episode, unendurable to the psychic structure.
6. Inactivity under harassing fire, with prolonged uncertainty as ground mine danger etc.

These precipitating factors are not the usual threat to life in accustomed or expected combat situations; but are the unusual or especially harrowing and ego thwarting situations. (Henninger 1945)

Factor of fatigue and the intensity of repetition of traumatic stimuli are indicated by the number of weeks the individual was able to carry on in combat zone before developing of a manifest neuroses. 35% break in two to three weeks. 10% 35% between 10-12 weeks more 16-17 weeks in Hendersons and Moores cases. They tabulated weight loss as an indication of effect of stress of battle conditions (physical fatigue factor measurement); and found out loss average 22 pounds in 1-20 weeks. It was observed that in island warfare vitamin deficient diet, infectious and toxic

factors, malaria and drugs greatly complicated the stress factor. (Henderson and Moore 1944)

Guilt over killing since normally our aggressive and sadistic tendencies are repressed by our civilization and expressed in sublimated form of physical exertion and dangerous exploits. In war a premium is put upon blood thirstiness, and the community extols the individual who is most effective in inflicting injuries upon the bodies and lives of the members of opposing groups. Thus a conflict between early teaching and demands of war exists.

Increased responsibility to all in command from noncommissioned grades to commissioned officers. Especially if strained by needs to keep up the appearance of courage, or new position with unfamiliarity to the situation with the feeling of inadequacy, caused severe mental unrest. Increased responsibility in married men to family was also a precipitating factor, or technicians working under extreme hazards such as engineers, machine gunners etc.

Incidence is higher in fresh troop especially if rapidly, or inadequately trained personnel or individual going into combat with a different group so that he lacks a great amount in group relationship and acts only as an individual.

The super ego (conscience) must be identified with group, and only small portions to himself,

so he is willing to live or die for the group. As long as the individuals' chief concern is the fate of his group he will develop no strong anxiety, but if any factors develop which break down his heavy investment of interest in the group an anxiety develops. These factors include:

1. The loss of men in combat, especially if they are close friends. The group and party become an abstract idea, a symbolic object of attachment composed of individuals. Love and affection to dead comrades must be transferred to newcomers in the group for a return to a group ego. Usually latter results persist with survivors since it can't be lightly transferred to new untired men.

2. The length of time in combat. The longer the time the more the personell of the group changes. Through attention unrecognizable as his original group and his original affection is withdrawn.

3. The time passes and affection and interest in famil, and home have remained unsatisfied but are demanding for gratification which can't be denied forever. The combat group is an enemy which stands in the way of achieving this gratification, and more affection is withdrawn from the group. Motivation by establishing tour of duty and reward of a trip home, appeases and gives continued devotion to the group. These factors not so

important to other allied soldiers because homes are disrupted and the care is transferred to the group. Also the enemy have long glorified the ideal way of life in war and combat units and Jap's death does not deprive individual of anything of great value but initiated his entry into a new super group in warriors heaven.

4. Mounting fatigue combined with effects of repeated physical illness or injury enforces interest in the body and its wellbeing. Demands restitution by rest camps, furloughs etc., but limit to rehabilitation effect to the group.

5. Return of self interest and individual fate concern if there is poor leadership with in the group. The combat personality wants what few needs he permits himself handled with justice and dispatch, and:

(a) Strong resentment to favoritism, absence of merited promotions, neglected or unnecessarily harsh discipline causes resentment. It is astounding what severe and revolting physical conditions combat men can live through more or less cheerfully as long as group is a worthy object of affection. They go through anything for the group they love. If leadership is incompetent or unfair the group is no longer worthy of their love, and develops self interest. Good leadership is so intimately connected with good

morale.

6. Continued exposure to combat self depletion process:

(a) A long drawn out, or with

(b) Dramatic suddenness

It is largely unconscious, the most important large portion is reinvested in self but considerable amount is attached to the combat group.

Psychodynamics of War Neuroses in Non-Combat Situations

A close second in difficult environment is non-combat areas, especially incertain arctic or tropical islands were inactivity, isolation, boredom, lack of mail, the suspicion that promotion is more rapid elsewhere, alcohol, and native women are all factors to produce a very great strain on the psychological adaptability of the G. I. The isolation and loneliness of the jungle and island outposts without relief from heat, cold, insects and monotony of activity and scenery are very oppressing; and greatly increase sense of injustice and maladjustment due to the assignment. The latter factor causes great unhappiness because abilities are not put to the best use and thwarted ambitions exist in a relatively stable organization where promotions are uncommon. The ambitious men become depressed and dissatisfied because of the lack of opportunity for advancement.

In this case the neurotics are often more egotistical and overrate their own abilities. Increased irritability of a few soon spreads to many and aggressive or depressive attitudes develop.

Additional factors existing with the conquest and victory, and the formation of noncombat areas is the reaction of liberated or conquered people. Intolerance to conquered people often stirs up more smouldering resentments. This encourages his dependence since persistent resentment is always associated with persistent dependent trends and the converse is also true. This is a neurotic adjustment and an unhealthy compensation of these two resentments, and may result in object depression or panic. (Fox 1945)

Stress increases with distance and time away from home especially in married or very young persons. The situation present assumes prisonlike atmosphere and homesickness increases until the individual is no longer interested in duties which results in a reprimand by authorities. If there is a great amount of home front trouble as family conflict, economic problems or even national or community socio-political problems (strikes especially in shipping etc.), which directly affects the soldier and his supply the psychic stress is increased to the point that neurotic reactions will result.

After release from combat even with furloughs home resulted in some neurotic reactions. A few of the evident factors included:

1. Anxiety controlled as long as situation demanded it for individuals safety.

2. Anticipation of returning to combat after furloughs and in many cases to new theatres, new groups etc.

3. Home situation unsettled or conflictual, or even;

4. Soldier changed by combat experience and difficulty in adjustment to new situation.

Thus in the Traumatic period there is an abrupt transitory stoppage of the individual efficient personality operations, resulting in inability to meet the demands of a new situation. (Rado 1942)

In this incapacitation he finds relief from the mounting tension of his inhibited affects and motor impulses. These unconscious operations of his emergency control also inhibit the very forces that otherwise would bring recovery, and thereby perpetuate to operational failure.

This is as if the ego is shocked and found helpless and is unable to appraise each new situation when the stimulus recurs, but only reacts automatically

on the basis of its experience with a traumatic experience. This process is largely unconscious since no new learning processes exist; there is no testing of reality or its interpretation, but only experiences of past. This is liable to result in a defect in discrimination with unrealistic reactions based on ego exhaustion. The ego is actually helpless to face a dangerous situation so an undifferentiated combination of hostility and anxiety results with a degree of emotional reaction depending upon the seriousness of the threat. The ego attempts to master the threat by counteractivity, deception, persuasion or destruction and maybe little anxiety. Or the ego may be entirely helpless with ultimate emotional reaction of anxiety.

The ego attempts at protective mechanisms against anxiety include:

1. A personal invulnerability attitude due to good previous experience with reality. Thus individual has a past history of security; or one of insecurity but so well mastered he has large reserve of confidence. This is often based on God and Group, etc., and can be broken.

2. A fatalistic notion that life is predetermined by providence and that such incidentals as enemy action can have no bearing on outcome. Or type that individual expresses feeling as "I'll probably get it but don't give a darn".

3. A reliance upon superstition devices often gives ego support to some of bravest and most competent combat men. These lucky, charmed objects vary from pictures, mementos, charms to animals or a magic formula. The intense need for help and protection become concentrated and fixed upon it and the person gets much protective benevolence from object even through deserted by other material aid.

4. Some are unable to place their confidence in protective mechanism and accept the likelihood of death with fatalistic and bitter resignation and the past and future loses meaning to them. They may have a temporary psychopathic personality with destruction of moral and ethical values. Their consumption of alcohol is limited only by source of supply, and it serves to numb their loneliness and despair and afford substitute relief for their dependent cravings. They often become aggressive and quarrelsome in relations with others, taking out resentment on a scapegoat. If women are available they frequently satisfy much of their dependent need as well as hostility in furious sexual activity. This reaction is like a masked depression and the protection it gives is unstable and often breaks if the situation is difficult or dangerous.

In choice American troops in this war there are many who tolerate a large part of their emotions by

free floating anxiety mechanism.

1. The ego attempts consciously by every effort to repress and control anxiety; and thrust thoughts of dangers and death firmly away.

2. The ego attempts to inhibit the symptomatic signs of anxiety from developing or at least use them externally and keep calm as possible internally. The ego has recognized the relation of the anxiety to the dangers of combat and thus has good insight and is determined not to let anxiety interfere. With this cultural attitude the good insight of men in the group admit their anxiety and continue to make firm effort to control it. Thus the ego is actually in a stronger position if it can freely admit its anxiety and deal with it as a reality, than if it is forced to misrepresent the situation out of the need to feel itself like others. Any repressive or hostile attitude of commanding officers do not cure anxiety but only leads to less efficient techniques of dealing with it. Varying amounts of free floating anxiety but with a dynamic equilibrium seldom interferes with efficient performance of combat duties; unless the ego is seriously depleted and weakened by many strains.

(Grinker and Spiegel 1943)

In the Early Post Traumatic Period of War Neuroses there may be a brief period of apathy then a state of general excitement punctuated by outbursts of anxiety. Shortly there is the likelihood of appearing

disturbances of personality function, concerned with exploring, planning and effecting reactions; also of physiological organ functions.

The psychodynamics of the symptomatology are only the previous strain or both the affect and the outward executive apparatuses of emergency control. After the breakdown the personality relaxes its efforts to squash the operations of emergency control, and from deadlock these systems swing into phase of overactivity.

Anxiety perpetuates itself by creating the unconscious illusion that the patient is still in his critical experience. As in any aberration there is the problem of self esteem. Driven by anxiety into a state of submission, the patient tends to blame himself for his failure and runs the risk of serious depression.

The wide array of disturbances created by the overactive state of emergency control finds its central psychological representation in the dread of being exposed to further injury or death. (traumaphobia) (Rado 1942) This situation is greatly relieved by removal from the traumatic situation which in this case is often combat experiences. This is not so easy in civilian practice since the patient must live in relatively the same world as produced the neuroses, but in both cases an educative process for the ego and the superego adjustment are essential.

In the Late Post Traumatic period in War Neuroses there often occurs a gradual relaxation of overactive components of emergency control and their symptomatology will disappear unless traumatophobia is so strong that the ego is completely ruptured and continues to be helpless. The individual then automatically reaches for support, which appears as the patient wanting to be treated with respect for his sacrifice and compensated for the wrecking of his life. Ridden by fear he retreats more and more from the risks involved in any enterprise or pleasure and dedicates himself to protection against imaginary menaces. This prospect of far reaching deterioration is one of the most malignant of war neuroses.

Psychodynamics of Neuroses in Civilian Adjustment From Military Life

This study is very vital to all medical men since no practice will be spared the problems that exist in these neuroses. The implications of these neuroses are widespread from social economic problems to that of individual happiness and value. Each neurotic means a great socioeconomic loss in that not only do we lose his productive capacity, but use others' productive capacity to care for him. It is essential that these individuals be treated early and adequately.

The better soldier a man has become the harder

it is to readjust to the normalcy of civil life. The abnormalities of war have produced a chronic state of tension and hair trigger reactions to threatening or seemingly threatening situations, which have been greatly overdeveloped for peacetime needs.

On return to civil life if men were able to substitute competitive sports and business, professional activities for the release of fighting instincts no stresses or anxiety developed. Others had no normal outlets for fighting instinct energy or tended to cling forcibly to methods of wresting theirs from the community. Here community education and cooperation is necessary to help these individuals to adjust to less aggressive situations.

There often exists disillusions and resentments to find that the same old human defects in family and community still exist. This resentment is greatly increased if it directly effects those idealistic dreams that the individual developed while away in combat.

He may feel insufficient credit has been given for his part in the war. This passive dependent reaction varies greatly in degree. The typical neurotic is oversensitive and preoccupied with themselves, and bothered by feelings of inferiority. They are given to reacting to difficulties with all kinds of nervous complaints, and are not able to work or lead a normal life. The majority

have rather a querulous attitude and tend to stress that they have not been given a chance in the army, or stress the horrors of war. They usually exhibit psychodynamics of:

1. Experience of failure, particularly of failure to succeed in the army.

2. A kind of compensatory reaction, a feeling of justification for being neurotic, and unable to work and compete in civilian life. A medical discharge from the services tends to sanction this neurotic condition. (Kant 1945)

These patients resemble small children and are unable to withstand privation and complain even of best care. They lack the self respecting remnant to their egos that can cooperate therapeutically. Some seek relief from repressed dependency by excessive drinking, or a few overcompensate and attempt to deny dependency by aggressive tactics. Many may attempt comfort of Mother substitutes through marriage, usually rapidly contracted and this in itself creates anxiety.

This passive dependent type by an educational program must be shown that if he does not solve his problem he is doomed to a life of evading responsibility and receiving security through compensation; and that he can never be happy, and his attitude of disappointment and resentment makes him alone suffer. He must help by

taking a constructive, positive attitude; and with aid of understanding his dynamics he can solve the problem.

With return to a civilian life with a pass word of "every man for himself" the group life he has so depended upon is shattered and this may cause anxiety. He may seek companionship of other service men to retain his "group life" ideal. To solve his problem he must learn to seek new friends and discuss his problems with others. (Miller 1945)

The return to the home situation where he was always treated as an "immature child" and Mother was very dependent on child for psychological support may produce a conflict and cause anxiety to result in aggressive or depressive reactions. Another home situation difficult to solve is one of infidelity of service man while away from home. This anxiety may be greatly increased if wife is very sincere and the love of the husband is great factor of her life.

Special problems exist in readjustment of repatriated prisoners of war. Here the sense of having been out of touch with home and army and absence of group contact is very trying. Their morale was often sustained by a negative attitude to authority and the danger is it might persist. Soldiers abroad for considerable periods often have suspensions concerning the home front and have anger at strikes, resentments of war profiteers, doubts

about politicians and fears about the fidelity of their women at home. They may react with depression on feelings of guilt for having deserted their families so long. Or there may be degeneration of suspicions into paranoid reactions, or translate their cynicism about disarming German and Japanese into distrust and resentment for the army and other national authorities.

In mutilated men 50% show neurotic reactions bad enough to be troublesome later on in civilian life. Those deprived of arm often show reactions of resentment, depression and anxiety. Those losing a leg often displayed morbid euphoria or defiance. Only 8% of these leg cases showed normal response of resignation and acceptance. Blindness victims show reactions of jealousy and suspicion, as well as helplessness. This stimulates aggressivity, which is externalized as bitterness or internalized as a depression. Feelings of not being wanted were common to prisoners of war, soldiers far from home and the crippled and often exhibited in feelings toward female society. This feeling was not purely erotic but often a craving for sympathetic companionship of a "nice" girl because of feeling of being deprived of Mother was at least important as desire for sexual partner. (Jones 1945)

On the whole, the attitude of neuropsychiatric / dischargee seemed satisfactory, but it was frequently

found that men resented having been discharged even when they understood that they could not be even general service soldiers. Few resented their military experience and a few thought that army service had aggravated their conditions, and most of these did not realize that their disabilities were nervous or mental but referred to them as physical discharges. Post service vocational records were good usually; showing that with eighty-six discharges 23 were with same employers, 54 working for new employers and 41 of these at new type jobs, and most all were earning more money. (Owens 1945) Twenty-five of these eighty-six men had filed claims of disability compensation with the Veterans Administration of these 13 adjudicated to date, 6 had been allowed..

SUMMARY AND CONCLUSION

In this paper I have given an approach to the study of war neuroses. It is evident that in the study of war neuroses that the success in classification and therapy can be solved only by an understanding of the psychodynamic factors that cause or precipitate war neuroses.

In this study I have approached the problem of psychodynamics of war neuroses by dealing with the general psychodynamics, or those dynamic factors which influence the psychic structure of an individual in solving the problems in the life situation. The crucial point is whether the individual can withstand the forces of the life situation by successfully using his integrating capacity to solve the conflicts of life, both the conscious and unconscious factors.

If the individual integrating capacity is inadequate to cope with the life situation, the individual will develop a stress on the psychic structure that results in an anxiety state. In this study I have shown how the anxiety state is produced and the psychodynamic factors that augment or help to prevent anxiety states and their manifestations in war neuroses.

There are a group of specific psychodynamic factors involved in the various phases of military life. In this study I have characterized these specific psycho-

dynamic factors under situations of training, noncombat, combat and readjustment to civilian life; and have illustrated how the conflict of conscious and unconscious elements of each of these specific situations may precipitate a reaction in the psychic constitution of an individual.

I have included in this study many suggestions as to the prevention and therapy of these anxiety states and their manifestations. I have also indicated the importance of this problem of war neuroses in the socio-economic structure of this nation and in the world.

Psychobiological doctrine which will give us the best and most convincing account of psychodynamics of the mind in health and disease, and how the normal mind makes adjustment to emergencies is not completely or satisfactorily solved; but these prewar personality psychodynamic factors seem basic in this study.

When the individual makes an adjustment to environmental requirements, the whole past history of the individual is involved. In this consideration of war Neuroses it seems that prewar personality predisposition is very basic. In fact Henderson and Moore say War Neuroses are predetermined before service "made in America"; but only come to light or are labeled in military situations. This seems to be the conclusion of opinion in most authorities including Strecker, Farrell,

Owens, Kant and many others.

The highest mental functions are reflex patterns which are the result of learning through conditioning from environment. This is the product of innate endowment or inherited characteristics working through the influence of the external world or conscious factors, and from the unconscious stimuli arising from within the organism.

The integrating capacity of the individual is determined by the previous experience or the environment and hereditary characteristics. The resultant reaction to the conflict of external conscious factors and the internal unconscious drives depends upon this integrating capacity of the ego. In war neuroses it is demonstrated that the conflict of internal and external stimuli is great in precipitating the neurotic symptomology; but it seems evident that the internal, unconscious interpretation of the external conscious stimuli are most important psychodynamic factors of war neuroses.

Every individual soldier is an individual problem as to the resultant reactions to the conflict of the external and internal stimuli; since each individual comes into a war with his own personal peculiarities and individual integrating capacity to his conflicts. The natural self is usually able to solve his conflict by a variety of means whether it be by free floating anxiety or sup-

pression of anxiety; or less laudable means of conversion etc.

The neurotic individual has lost or has a weakened integrating capacity for controlling forces and is unable to withstand or solve the conflict of conscious and unconscious factors; and the insistent demands of instinct of self preservation become the guiding principle of life. The roots of this guiding principle of life are quite outside of the consciousness of the individual but serve the purpose of the conscious organism. In all these cases there is a biological adaptation in every war neuroses. It is an adaptation which is closely interwoven with some of the highest characteristics men can exhibit. This is the resultant of the integrating capacity of the conscience on the one hand and instinct on the other; and is the central motive around which clinical manifestations seem to collect.

This study does, however, indicate that there is a potentially large war induced, or war aggravated psychiatric problem that will require a solution. It seems many of the war neuroses will not spontaneously improve when returned to civilian life. This may be result of facing saving while war was on; but, also for secondary gains of illness, such as pensions, or other compensations may be responsible.

This economic sociological problem demands the

coordination of the endeavors of medical groups with other civilian agencies, such as business groups and federal agencies; in the formulation of a uniform program designed to give the veteran something to help him help himself, in a coordination of plans toward rehabilitation of the men.

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