THE UNCONSCIOUS MOTIVE IN THE PSYCHONEUROSES OF WAR.

ALTHOUGH active interest in the psychoneuroses of the War has naturally waned with the cessation of the conditions which produced them, these disorders still provide an extremely important and fertile field for study. The editorial in the last number of the Journal dealt with certain organic aspects of the subject which have been overlooked owing to the concentration of attention upon the psychological factors involved. In the present number we propose to deal with one of these psychological factors which, though by no means overlooked, has not received the attention it deserves.

The comparative simplicity of the causal factors concerned in the war psychoneuroses, the number of cases involved, and the rapidity of their development, made it possible to discern without difficulty the working of psychological mechanisms which had only been elucidated after long and patient research in the more complex and slowly developing cases met with in civil practice. Of these mechanisms, one of the most important and far-reaching was found in the action of the 'unconscious motive'.

It had long been known that in certain of the psychoneuroses phenomena were occasionally to be observed which could only be explained by the action of a factor akin to 'purpose'. The attacks of the hysterical girl only developed when her desires were thwarted or when their occurrence would obviously influence the conduct of others in consonance with the patient’s wants, so that it could be said that the patient ruled the household by means of her disorder. The symptoms in cases of traumatic neurasthenia did not improve so long as litigation was pending, but rapidly cleared up when the question of compensation had been finally and satisfactorily settled. In both instances the possibility of deliberate malingering could easily be excluded by competent observers, but no satisfactory explanation of these curious phenomena was forthcoming until the advent of Freud. Freud held that the manifestations of purpose observed were only more obvious examples of a principle which held sway throughout the whole sphere of the psychoneuroses. A psychoneurosis was
the result of intrapsychic conflicts, struggles between mentally incompatible forces in the mind, each of which was striving to obtain expression; and the symptoms of the disease were to be regarded as representing a partial satisfaction of, or compromise between, the warring opponents. Hence each such symptom served a purpose in that it provided an outlet for forces in the patient's mind, and a solution of the state of conflict which would otherwise exist. Moreover, this capacity to serve a purpose or, as it might more properly be expressed, to fulfil a biological end, not only played a part in the inception of the disorder, but could attach itself to various aims in the course of subsequent development, as, for example, in the case of the hysterical girl cited above. Freud held that this 'motive', although of course the patient was not in any sense consciously aware of its existence and action, could be discerned in all the psychoneuroses and invariably played a part therein. The generalization was only reached after patient and detailed analysis of many individual cases, and naturally gave rise to considerable adverse criticisms. Investigation of the psychoneuroses of the war, however, has greatly strengthened and confirmed it.

It is generally considered that, amongst the multiplicity of factors which no doubt play a part in the production of war psychoneuroses, psychological factors hold the chief place. These consist essentially in intrapsychic conflicts in which certain of the great instinctive forces of the organism, notably the instinct of self-preservation, are involved. In ordinary civilian life the instinct of self-preservation, whenever an occasion arises in which it is stimulated to activity, is allowed comparatively free play. In warfare, however, its action is constantly inhibited by a group of opposing forces, among which may be mentioned duty, discipline, and self-respect. That is to say, the normal action of the self-preservation instinct, which would if unhindered cause the soldier to remove himself from the place of danger, is checked by these latter forces, and a state of intrapsychic conflict is thereby produced. Under certain circumstances this conflict becomes acute, and it is then necessary that some solution should occur. The solution may come from without, by the soldier being wounded or taken prisoner. If either of these events should happen the conflict is solved, because both the opposing forces involved therein are satisfied, the self-preservation instinct by the consequent removal of the soldier from danger, while the forces of duty, discipline, and so forth are equally satisfied because this removal is necessary and inevitable. But the conflict may also be solved from within by the development of a psychoneurosis, the solution being efficient in precisely the same way as it is efficient in the wounded and the prisoner. Hence the psychoneurosis serves a biological purpose, the removal of
an intolerable conflict, and the fact that it will so serve a purpose constitutes one of the factors responsible for its appearance. In other words, an ‘unconscious motive’ plays a part in the production of the psychoneurosis.

Although the ‘unconscious motive’ is only one among the many psychological and physical factors co-operating in the causation of the war psychoneuroses, its importance can hardly be exaggerated. Its existence explains many of the curious facts observed during the War; for example, the rarity of psychoneuroses amongst the wounded and prisoners, because clearly, if a solution of the conflict has been provided from without, there is no need for a solution to develop from within. Its influence could be observed throughout the development and course of the illness, constantly retarding recovery, because recovery would mean the possibility of the resumption of the intrapsychic conflict. If the continuance of a psychoneurosis meant that the soldier would ultimately be invalided from the Army, then the unconscious motive would tend to ensure that continuance. It is clear that any efficient prophylaxis of the psychoneuroses in future wars must take these facts into consideration, and see to it that the aims to which the unconscious motive might attach itself are limited to the utmost possible extent.

Among these aims there is one which probably plays a considerable part in a medical problem still with us, the problem of the neurasthenic pensioner. It should have been apparent from our former experience of traumatic neurasthenias in civilian practice that the mechanism of the unconscious motive would easily transfer itself from its original aim to the pension itself, and that to give to psychoneurotics discharged from the Army a pension fluctuating with the severity of the symptoms, liable to reduction when improvement occurred, and to removal if recovery took place, was a course inevitably leading to unfortunate results. There can be little doubt that this method is at least in some part responsible for the intractability and difficulty of treatment experienced by all those who have to deal with neurasthenic pensioners.
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