Section of Psychiatry.

President — R. Percy Smith, M.D.

(*December* 4, 1917.)

The Repression of War Experience.

By W. H. R. Rivers, M.D., F.R.S.

I do not attempt to deal in this paper with the whole problem of the part taken by repression in the production and maintenance of the war-neuroses. Repression is so closely bound up with the pathology and treatment of these states that the full consideration of its rôle would amount to a complete study of neurosis in relation to the war.

It is necessary at the outset to consider an ambiguity in the use of the term "repression" as it is now used by writers on the pathology of the mind and nervous system. The term is currently used in two senses which should be carefully distinguished from one another. It is used for the *process* whereby a person endeavours to thrust out of his memory some part of his mental content, and it is also used for the *state* which ensues when, either through this process or by some other means, part of the mental content has become inaccessible to manifest consciousness. In the second sense the word is used for a state which corresponds closely with that known as dissociation, but it is useful to distinguish mere inaccessibility to memory from the special kind of separation from the rest of the mental content which is denoted by the term dissociation. The state of inaccessibility may therefore be called

"suppression" in distinction from the process of repression. In this paper I use "repression" for the active or voluntary process by which it is attempted to remove some part of the mental content out of the field of attention with the aim of making it inaccessible to memory and producing the state of suppression.

Using the word in this sense, repression is not in itself a pathological process, nor is it necessarily the cause of pathological states. On the contrary, it is a necessary element in education and in all social progress. It is not repression in itself which is harmful, but repression under conditions in which it fails to adapt the individual to his environment.

It is in times of special stress that these failures of adaptation are especially liable to occur, and it is not difficult to see why disorders due to this lack of adaptation should be so frequent at the present time. There are few, if any, aspects of life in which repression plays so prominent and so necessary a part as in the preparation for war. The training of a soldier is designed to adapt him to act calmly and methodically in the presence of events naturally calculated to arouse disturbing emotions. His training should be such that the energy arising out of these emotions is partly damped by familiarity, partly diverted into other channels. The most important feature of the present war in its relation to the production of neurosis is that the training in repression normally spread over years has had to be carried out in short spaces of time, while those thus incompletely trained have had to face strains such as have never previously been known in the history of mankind. Small wonder that the failures of adaptation should have been so numerous and so severe.

I do not now propose to consider this primary and fundamental problem of the part played by repression in the original production of the war-neuroses. The process of repression does not cease when some shock or strain has removed the soldier from the scene of warfare, but it may take an active part in the maintenance of the neurosis. New symptoms often arise in hospital or at home which are not the immediate and necessary consequence of war experience, but are due to repression of painful memories and thoughts, or of unpleasant affective states arising out of reflection concerning this experience. It is with the repression of the hospital and of the home rather than with the repression of the trenches that I deal in this paper. I propose to illustrate by a few sample cases some of the effects which may be

produced by repression and the line of action by which these effects may be remedied. I hope to show that many of the most trying and distressing symptoms from which the subjects of war-neurosis suffer are not the necessary result of the strain and shocks to which they have been exposed in warfare, but are due to the attempt to banish from the mind distressing memories of warfare or painful affective states which have come into being as the result of their war experience.

Everyone who has had to treat cases of war-neurosis, and especially that form of neurosis dependent on anxiety, must have been faced by the problem what advice to give concerning the attitude the patient should adopt towards his war experience. It is natural to thrust aside painful memories just as it is natural to avoid dangerous or horrible scenes in actuality. This natural tendency to banish the distressing or the horrible is especially pronounced in those whose powers of resistance have been lowered by the long-continued strains of trench life, the shock of shell explosion, or other catastrophe of warfare. Even if patients were left to themselves, most would naturally strive to forget distressing memories and thoughts. They are, however, very far from being left to themselves, the natural tendency to repress being in my experience almost universally fostered by their relatives and friends, as well as by their medical advisers. Even when patients have themselves realized the impossibility of forgetting their war experiences and have recognized the hopeless and enervating character of the treatment by repression, they are often induced to attempt the task in obedience to medical orders. The advice which has usually been given to my patients in other hospitals is that they should endeavour to banish all thoughts of war from their minds. In some cases all conversation between patients, or with visitors, about the war is strictly forbidden, and the patients are instructed to lead their thoughts to other topics, to beautiful scenery and other pleasant aspects of experience.

To a certain extent this policy is perfectly sound. Nothing annoys a nervous patient more than the continual inquiries of his relatives and friends about his experiences of the Front, not only because it awakens painful memories, but also because of the obvious futility of most of the questions and the hopelessness of bringing the realities home to his hearers. Moreover, the assemblage together in a hospital of a number of men with little in common except their war experiences, naturally leads their conversation far too frequently to this topic, and even among those whose memories are not especially distressing it tends

to enhance the state for which the term "fed up" seems to be the universal designation.

It is, however, one thing that those who are suffering from the shocks and strains of warfare should dwell continually on their war experience or be subjected to importunate inquiries; it is quite another matter to attempt to banish such experience from their minds altogether. The cases I am about to record illustrate the evil influence of this latter course of action and the good effects which follow its cessation.

The first case is that of a young officer who was sent home from France on account of a wound received just as he was extricating himself from a mass of earth in which he had been buried. When he reached hospital in England he was nervous and suffered from disturbed sleep and loss of appetite. When his wound had healed he was sent home on leave, where his nervous symptoms became more pronounced so that at his next board his leave was extended. He was for a time an out-patient at a London hospital and was then sent to a convalescent home in the country. Here he continued to sleep badly, with disturbing dreams of warfare, and became very anxious about himself and his prospects of recovery. Thinking he might improve if he rejoined his battalion, he made so light of his condition at his next medical board that he was on the point of being returned to duty when special inquiries about his sleep led to his being sent to Craiglockhart War Hospital for further observation and treatment. On admission he reported that it always took him long to get to sleep at night and that when he succeeded he had vivid dreams of warfare. He could not sleep without a light in his room, because in the dark his attention was attracted by every sound. He had been advised by everyone he had consulted, whether medical or lay, that he ought to banish all unpleasant and disturbing thoughts from his mind. He had been occupying himself for every hour of the day in order to follow this advice and had succeeded in restraining his memories and anxieties during the day, but as soon as he went to bed they would crowd upon him and race through his mind hour after hour, so that every night he dreaded to go to bed.

When he had recounted his symptoms and told me about his method of dealing with his disturbing thoughts, I asked him to tell me candidly his own opinion concerning the possibility of keeping these obtrusive visitors from his mind. He said at once that it was obvious to him that memories such as those he had brought with him from the war could

never be forgotten. Nevertheless, since he had been told by everyone that it was his duty to forget them, he had done his utmost in this direction. I then told the patient my own views concerning the nature and treatment of his state. I agreed with him that such memories could not be expected to disappear from the mind and advised him no longer to try to banish them, but that he should see whether it was not possible to make them into tolerable, if not even pleasant, companions instead of evil influences which forced themselves upon his mind whenever the silence and inactivity of the night came round. The possibility of such a line of treatment had never previously occurred to him, but my plan seemed reasonable and he promised to give it a trial. We talked about his war experiences and his anxieties, and following this he had the best night he had had for five months. During the following week he had a good deal of difficulty in sleeping, but his sleeplessness no longer had the painful and distressing quality which had been previously given to it by the intrusion of painful thoughts of warfare. In so far as unpleasant thoughts came to him these were concerned with domestic anxieties rather than with the memories of war, and even these no longer gave rise to the dread which had previously troubled him. His general health improved; his power of sleeping gradually increased and he was able after a time to return to duty, not in the hope that this duty might help him to forget, but with some degree of confidence that he was really fit for it.

The case I have just narrated is a straightforward example of anxiety-neurosis which made no real progress as long as the patient tried to keep out of his mind the painful memories and anxieties which had been aroused in his mind by reflection on his past experience, his present state and the chance of his fitness for duty in the future. When in place of running away from these unpleasant thoughts he faced them boldly and allowed his mind to dwell upon them in the day, they no longer raced through his mind at night and disturbed his sleep by terrifying dreams of warfare.

The next case is that of an officer whose burial as the result of a shell explosion had been followed by symptoms pointing to some degree of cerebral concussion. In spite of severe headache, vomiting and disorder of micturition, he remained on duty for more than two months. He then collapsed altogether after a very trying experience in which he had gone out to seek a fellow officer and had found his body blown into pieces with head and limbs lying separated from the trunk. From

that time he had been haunted at night by the vision of his dead and mutilated friend. When he slept he had nightmares in which his friend appeared, sometimes as he had seem him mangled on the field, sometimes in the still more terrifying aspect of one whose limbs and features had been eaten away by leprosy. The mutilated or leprous officer of the dream would come nearer and nearer until the patient suddenly awoke pouring with sweat and in a state of the utmost terror. He dreaded to go to sleep, and spent each day looking forward in painful anticipation of the night. He had been advised to keep all thoughts of war from his mind, but the experience which recurred so often at night was so insistent that he could not keep it wholly from his thoughts, much as he tried to do so. Nevertheless, there is no question but that he was striving by day to dispel memories only to bring them upon him with redoubled force and horror when he slept.

The problem before me in this case was to find some aspect of the painful experience which would allow the patient to dwell upon it in such a way as to relieve its horrible and terrifying character. The aspect to which I drew his attention was that the mangled state of the body of his friend was conclusive evidence that he had been killed outright, and had been spared the prolonged suffering which is too often the fate of those who sustain mortal wounds. He brightened at once, and said that this aspect of the case had never occurred to him, nor had it been suggested by any of those to whom he had previously related his story. He saw at once that this was an aspect of his experience upon which he could allow his thoughts to dwell. He said he would no longer attempt to banish thoughts and memories of his friend from his mind, but would think of the pain and suffering he had been spared. For several nights he had no dreams at all, and then came a night in which he dreamt that he went out into No Man's Land to seek his friend, and saw his mangled body just as in other dreams, but without the horror which had always previously been present. He knelt beside his friend to save for the relatives any objects of value which were upon the body, a pious duty he had fulfilled in the actual scene, and as he was taking off the Sam Browne belt he woke, with none of the horror and terror of the past, but weeping gently, feeling only grief for the loss of a friend. Some nights later he had another dream in which he met his friend, still mangled, but no longer terrifying. They talked together, and the patient told the history of his illness and how he was now able to speak to him in comfort and without horror or

undue distress. Once only during his stay in hospital did he again experience horror in connexion with any dream of his friend. During the few days following his discharge from hospital the dream recurred once or twice with some degree of its former terrifying quality, but in his last report to me he had only had one unpleasant dream with a different content, and was regaining his normal health and strength.

In the two cases I have described there can be little question that the most distressing symptoms were being produced or kept in activity by reason of repression. The cessation of the repression was followed by the disappearance of the most distressing symptoms, and great improvement in the general health. It is not always, however, that the line of treatment adopted in these cases is so successful. Sometimes the experience which a patient is striving to forget is so utterly horrible or disgusting, so wholly free from any redeeming feature which can be used as a means of readjusting the attention, that it is difficult or impossible to find an aspect which will make its contemplation endurable. Such a case is that of a young officer who was flung down by the explosion of a shell so that his face struck the distended abdomen of a German several days dead, the impact of his fall rupturing the swollen corpse. Before he lost consciousness the patient had clearly realized his situation, and knew that the substance which filled his mouth and produced the most horrible sensations of taste and smell was derived from the decomposed entrails of an enemy. When he came to himself he vomited profusely, and was much shaken, but "carried on" for several days, vomiting frequently, and haunted by persistent images of taste and smell.

When he came under my care, several months later, suffering from horrible dreams, in which the events I have narrated were faithfully reproduced, he was striving by every means in his power to keep the disgusting and painful memory from his mind. His only period of relief had occurred when he had gone into the country, far from all that could remind him of the war. This experience, combined with the horrible nature of his memory and images, not only made it difficult for him to discontinue the repression, but also made me hesitate to advise this measure with any confidence. During his stay in hospital the dream became less frequent and less terrible, but it still recurred, and it was thought best that he should leave the Army and seek the conditions which had previously given him relief.

A more frequent cause of failure or slight extent of improvement is met with in cases in which the repression has been allowed to continue for so long that it has become a habit. Such a case is that of an officer above the average age who, while looking at the destruction wrought by a shell explosion, lost consciousness, probably as the result of a shock caused by a second shell. He was so ill in France that he could tell little about his state there. When admitted to hospital in England he had lost power and sensation in his legs, and was suffering from severe headache, sleeplessness and terrifying dreams. He was treated by hypnotism and hypnotic drugs, and was advised neither to read the papers nor talk with anyone about the war. After being about two months in hospital he was given three months' leave. On going home he was so disturbed by remarks about the war that he left his relatives and buried himself in the heart of the country, where he saw no one, read no papers, and resolutely kept his mind from all thoughts of war. With the aid of aspirin and bromides he slept better and had less headache, but when at the end of his period of leave he appeared before a medical board and the President asked a question about the trenches, he broke down completely and wept. He was given another two months' leave, and again repaired to the country to continue the treatment by isolation and repression. This went on until the order that all officers must be in hospital or on duty led to his being sent to an inland watering-place, where no inquiries were made about his anxieties or memories, but he was treated by baths, electricity and massage. He rapidly became worse; his sleep, which had improved, became as bad as ever, and he was transferred to Craiglockhart War Hospital. He was then very emaciated, with a constant expression of anxiety and dread. His legs were still weak, and he was able to take very little exercise or apply his mind for any time. His chief complaint was of sleeplessness and frequent dreams in which war scenes were reproduced, while all kinds of distressing thoughts connected with the war would crowd into his mind as he was trying to get to sleep.

He was advised to give up the practice of repression, to read the papers, talk occasionally about the war, and gradually accustom himself to thinking of, and hearing about, war experience. He did so, but in a half-hearted manner, being convinced that the ideal treatment was that he had so long followed. He was reluctant to admit that the success of a mode of treatment which led him to break down and weep when the

war was mentioned was of a very superficial kind. Nevertheless, he improved distinctly and slept better. The reproduction of scenes of war in his dreams became less frequent, and were replaced by images the material of which was provided by scenes of home-life. He became able to read the papers without disturbance, but was loth to acknowledge that his improvement was connected with this ability to face thoughts of war, saying that he had been as well when following his own treatment by isolation, and he evidently believed that he would have recovered if he had not been taken from his retreat and sent into hospital. It soon became obvious that the patient would be of no further service in the Army, and he relinquished his commission.

I cite this case not so much as an example of failure, or relative failure, of the treatment by removal of repression, for it is probable that such relaxation of repression as occurred was a definite factor in his improvement. I cite it rather as an example of the state produced by long continued repression and of the difficulties which arise when the repression has had such apparent success as to make the patient believe in it.

In the cases I have just narrated there was no evidence that the process of repression had produced the state of suppression or dissociation. The memories of other painful experience were at hand ready to be recalled or even to obtrude themselves upon consciousness at any moment. A state in which repressed elements of the mental content find their expression in dreams may perhaps be regarded as the first step towards suppression or dissociation, but if so, it forms a very early stage of the process.

There is no question that some people are more liable to become the subjects of dissociation or splitting of consciousness than others. In some persons there is probably an innate tendency in this direction; in others the liability arises through some shock or illness; while other persons become especially susceptible as the result of having been hypnotized.

Not only do shock and illness produce a liability to dissociation, but these factors may also act as its immediate precursors and exciting causes. How far the process of voluntary repression can produce this state is more doubtful. It is probable that it only has this effect in persons who are especially prone to the occurrence of dissociation. The great frequency of the process of voluntary repression in cases of war-neurosis might be expected to provide us with definite evidence

on this head and there is little doubt that such evidence is present. As an example I may cite the case of a young officer who had done well in France until he had been deprived of consciousness by a shell explosion. The next thing he remembered was being conducted by his servant towards the base, thoroughly broken down. On admission into hospital he suffered from fearful headaches and had hardly any sleep, and when he slept he had terrifying dreams of warfare. When he came under my care two months later his chief complaint was that whereas ordinarily he felt cheerful and keen on life, there would come upon him at times, with absolute suddenness, the most terrible depression, a state of a kind absolutely different from an ordinary fit of "the blues," having a quality which he could only describe as "something quite on its own."

For some time he had no attack and seemed as if he had not a care in the world. Ten days after admission he came to me one evening, pale and with a tense anxious expression which wholly altered his appearance. A few minutes earlier he had been writing a letter in his usual mood, when there descended upon him a state of deep depression and despair which seemed to have no reason. He had had a pleasant and not too tiring afternoon on some neighbouring hills, and there was nothing in the letter he was writing which could be supposed to have suggested anything painful or depressing. As we talked the depression cleared off and in about ten minutes he was nearly himself again. He had no further attack of depression for nine days, and then one afternoon, as he was standing looking idly from a window, there suddenly descended upon him the state of horrible dread. I happened to be away from the hospital and he had to fight it out alone. The attack was more severe than usual and lasted for several hours. It was so severe that he believed he would have shot himself if his revolver had been accessible. On my return to the hospital some hours after the onset of the attack he was better, but still looked pale and anxious. His state of reasonless dread had passed into one of depression and anxiety natural to one who recognizes that he has been through an experience which has put his life in danger and is liable to recur.

The gusts of depression to which this patient was subject were of the kind which I was then inclined to ascribe to the hidden working of some forgotten yet active experience, and it seemed natural at first to think of some incident during the time which elapsed between the shell

explosion which deprived him of consciousness and the moment when he came to himself walking back from the trenches. I considered whether this was not a case in which the lost memory might be recovered by means of hypnotism, but in the presence of the definite tendency to dissociation I did not like to employ this means of diagnosis, and less drastic methods of recovering any forgotten incident were without avail.

It occurred to me that the soldier who was accompanying the patient on his walk from the trenches might be able to supply a clue to some lost memory. While waiting for an answer to this inquiry I discovered that behind his apparent cheerfulness at ordinary times the patient was the subject of grave apprehensions about his fitness for further service in France, which he was not allowing himself to entertain owing to the idea that such thoughts were equivalent to cowardice, or might at any rate be so interpreted by others. It became evident that he had been practising a systematic process of repression of these thoughts and apprehensions, and the question arose whether this repression might not be the source of his attacks of depression rather than some forgotten experience. The patient had already become familiar with the idea that his gusts of depression might be due to the activity of some submerged experience and it was only necessary to consider whether we had not hitherto mistaken the repressed object. Disagreeable as was the situation in which he found himself, I advised him that it was one which it was best to face, and that it was of no avail to pretend that it did not exist. I pointed out that this procedure might produce some discomfort and unhappiness, but that it was far better to suffer so than continue in a course whereby painful thoughts were pushed into hidden recesses of his mind, only to accumulate such force as to make them well up and produce attacks of depression so severe as to put his life in danger from suicide. He agreed to face the situation and no longer to continue his attempt to banish his apprehensions. From this time he had only one transient attack of morbid depression following a minor surgical operation. He became less cheerful generally and his state acquired more closely the usual characters of anxiety-neurosis, and this was so persistent that he was finally passed by a medical board as unfit for military service.

In the cases I have recorded, the elements of the mental content which were the object of repression were chiefly distressing memories. In the case just quoted painful anticipations were prominent, and

probably had a place among the objects of repression in other cases. Many other kinds of mental experience may be similarly repressed. Thus, after one of my patients had for long baffled all attempts to discover the source of his trouble, it finally appeared that he was attempting to banish from his mind feelings of shame due to his having broken down. Great improvement rapidly followed a line of action in which he faced this shame and thereby came to see how little cause there was for this emotion. In another case an officer had carried the repression of grief concerning the general loss of life and happiness through the war to the point of suppression, the suppressed emotion finding vent in attacks of weeping, which came on suddenly with no apparent cause. In this case the treatment was less successful, and I cite it only to illustrate the variety of experience which may become the object of repression.

I will conclude my record by a brief account of a case which is interesting in that it might well have occurred in civil practice. A young officer after more than two years' service had failed to get to France, in spite of his urgent desires in that direction. Repeated disappointments in this respect, combined with anxieties connected with his work, had led to the development of a state in which he suffered from troubled sleep, with attacks of somnambulism by night and "fainting fits" by day. Some time after he came under my care I found that, acting under the advice of every doctor he had met, he had been systematically thrusting all thought of his work out of his mind, with the result that when he went to bed battalion orders and other features of his work as an adjutant raced in endless succession through his mind and kept him from sleeping. I advised him to think of his work by day, even to plan what he would do when he returned to his military duties. The troublesome night-thoughts soon went; he rapidly improved and returned to duty. When last he wrote his hopes of general service had at last been realized.

In the cases recorded in this paper the patients had been repressing certain painful elements of their mental content. They had been deliberately practising what we must regard as a definite course of treatment, in nearly every case adopted on medical advice, in which they were either deliberately thrusting certain unpleasant memories or thoughts from their minds or were occupying every moment of the day in some activity in order that these thoughts might not come into the focus of attention. At the same time they were suffering from certain

highly distressing symptoms which disappeared or altered in character when the process of repression ceased. Moreover, the symptoms by which they had been troubled were such as receive a natural, if not obvious, explanation as the result of the repression they had been practising. If a person voluntarily represses unpleasant thoughts during the day, it is natural that they should risé into activity when the control of the waking state is removed by sleep or lessened in the state which precedes or follows sleep or occupies its intervals. If the painful thoughts have been kept from the attention throughout the day by means of occupation, it is again natural that they should come into activity when the silence and isolation of the night make occupation no longer possible. It seems as if the thoughts repressed by day assume a painful quality when they come to the surface at night far more intense than is ever attained if they are allowed to occupy the attention during the day. It is as if the process of repression keeps the painful memories or thoughts under a kind of pressure during the day, accumulating such energy by the time night comes that they race through the mind with abnormal speed and violence when the patient is wakeful, or take the most vivid and painful forms when expressed by the imagery of dreams.

When such distressing, if not terrible, symptoms disappear or alter in character as soon as repression ceases, it is natural to conclude that the two processes stand to one another in the relation of cause and effect, but so great is the complexity of the conditions with which we are dealing in the medicine of the mind that it is necessary to consider certain alternative explanations.

The disappearance or improvement of symptoms on the cessation of voluntary repression may be regarded as due to the action of one form of the principle of catharsis. This term is generally used for the agency which is operative when a suppressed or dissociated body of experience is brought to the surface so that it again becomes reintegrated with the ordinary personality. It is no great step from this to the mode of action recorded in this paper, in which experience on its way towards suppression has undergone a similar, though necessarily less extensive, process of reintegration.

There is, however, another form of catharsis which may have been operative in some of the cases I have described. It often happens in cases of war-neurosis, as in neurosis in general, that the sufferers do not suppress their painful thoughts, but brood over them constantly

until their experience assumes vastly exaggerated and often distorted importance and significance. In such cases the greatest relief is afforded by the mere communication of these troubles to another. This form of catharsis may have been operative in relation to certain kinds of experience in some of my cases, and this complicates our estimation of the therapeutic value of the cessation of repression. I have, however, carefully chosen for record on this occasion cases in which the second form of catharsis, if present at all, formed an agency altogether subsidiary to that afforded by the cessation of repression.

Another complicating factor which may have entered into the therapeutic processs in some of the cases is re-education. This certainly came into play in the case of the patient who had the terrifying dreams of his mangled friend. In his case the cessation of repression was accompanied by the direction of the attention of the patient to an aspect of his painful memories which he had hitherto completely ignored. The process by which his attention was thus directed to a neglected aspect of his experience introduced a factor which must be distinguished from the removal of repression itself. The two processes are intimately associated, for it was largely, if not altogether, the new view of his experience which made it possible for the patient to dwell upon his painful memories. In some of the other cases this factor of re-education undoubtedly played a part, not merely in making possible the cessation of repression, but also in helping the patient to adjust himself to the situation with which he was faced, thus contributing positively to the recovery or improvement which followed the cessation of repression.

A more difficult and more contentious problem arises when we consider how far the success which attended the cessation of repression may have been, wholly or in part, due to faith and suggestion. Here, as in every branch of therapeutics, whether it be treatment by drugs, diet, baths, electricity, persuasion, re-education or psycho-analysis, we come up against the difficulty raised by the pervasive and subtle influence of these agencies working behind the scenes. In the subject before us, as in every other kind of medical treatment, we have to consider whether the changes which occurred may have been due, not to the agency which lay on the surface and was the motive of the treatment, but at any rate, in part, to the influence, so difficult to exclude, of faith and suggestion. In my later work I have come to believe so thoroughly in the injurious

action of repression, and have acquired so lively a faith in the efficacy of my mode of treatment, that this agency cannot be excluded as a factor in any success I may have. In my earlier work, however, I certainly had no such faith, and advised the discontinuance of repression with the utmost diffidence. Faith on the part of the patient may, however, be present even when the physician is diffident. It is of more importance that several of the patients had been under my care for some time without improvement until it was discovered that they were repressing painful experience. It was only when the repression ceased that improvement began.

Definite evidence against the influence of suggestion is provided by the case in which the dream of the mangled friend came to lose its horror, this state being replaced by the far more bearable emotion of grief. The change which followed the cessation of repression in this case could not have been suggested by me, for its possibility had not, so far as I am aware, entered my mind. So far as suggestions, witting or unwitting, were given, these would have had the form that the nightmares would cease altogether, and the change in the affective character of the dream, not having been anticipated by myself, can hardly have been communicated to the patient. It is, of course, possible that my own belief in the improvement which would follow the adoption of my advice acted in a general manner by bringing the agencies of faith and suggestion into action, but these agencies can hardly have produced the specific and definite form which the improvement took. In other of the cases I have recorded, faith and suggestion probably played some part, that of the officer with the sudden and overwhelming attacks of depression being especially open to the possibility of these influences.

Such complicating factors as I have just considered can no more be excluded in this than in any other branch of therapeutics, but I am confident that their part is small beside that due to stopping a course of action whereby patients were striving to carry out an impossible task. In some cases faith and suggestion, re-education and sharing troubles with another, undoubtedly form the chief agents in the removal or amendment of the symptoms of neurosis, but in the cases I have recorded there can be little doubt that they contributed only in a minor degree to the success which attended the giving up of repression.

Before I conclude, a few words must be said about an aspect of

my subject to which I have not so far referred. When treating officers or men suffering from war-neurosis, we have not only to think of the restoration of the patient to health, we have also to consider the question of fitness for military service. It is necessary to consider briefly the relation of the prescription of repression to this aspect of military medical practice.

When I find that a soldier is definitely practising repression, I am accustomed to ask him what he thinks is likely to happen if one who has sedulously kept his mind from all thoughts of war, or from special memories of warfare, should be confronted with the reality, or even with such continual reminders of its existence as must inevitably accompany any form of military service at home. If, as often happens in the case of officers, the patient is keenly anxious to remain in the Army, the question at once brings home to him the futility of the course of action he has been pursuing. The deliberate and systematic repression of all thoughts and memories of war by a soldier can have but one result when he is again faced by the realities of warfare.

Several of the officers whose cases I have described or mentioned in this paper were enabled to return to some form of military duty with a degree of success very unlikely if they had persisted in the process of repression. In other cases, either because the repression had been so long continued or for some other reason, return to military duty was deemed inexpedient. Except in one of these cases, no other result could have been expected with any form of treatment. The exception to which I refer is that of the patient who had the sudden attacks of reasonless depression. This officer had a healthy appearance, and would have made light of his disabilities at a Medical Board. He would certainly have been returned to duty and sent to France. The result of my line of treatment was to produce a state of anxiety which led to his leaving the Army. This result, regrettable though it be, is far better than that which would have followed his return to active service, for he would inevitably have broken down under the first stress of warfare, and might have produced some disaster by failure in a critical situation or lowered the morale of his unit by committing suicide.

In conclusion, I must again mention a point to which reference was made at the beginning of this paper. Because I advocate the facing of painful memories, and deprecate the ostrich-like policy of attempting to

banish them from the mind, it must not be thought that I recommend the concentration of the thoughts on such memories. On the contrary, in my opinion it is just as harmful to dwell persistently upon painful memories or anticipations, and brood upon feelings of regret and shame, as to attempt to banish them wholly from the mind. It is necessary to be explicit on this matter when dealing with patients. In a recent case in which I neglected to do so, the absence of any improvement led me to inquire into the patient's method of following my advice, and I found that, thinking he could not have too much of a good thing, he had substituted for the system of repression he had followed before coming under my care, one in which he spent the whole day talking, reading, and thinking of war. He even spent the interval between dinner and going to bed in reading a book dealing with warfare.

There are also some victims of neurosis, especially the very young, for whom the horrors of warfare seem to have a peculiar fascination, so that when the opportunity presents itself they cannot refrain from talking by the hour about war experiences, although they know quite well that it is bad for them to do so. Here, as in so many other aspects of the treatment of neurosis, we have to steer a middle course. Just as we prescribe moderation in exercise, moderation at work and play, moderation in eating, drinking, and smoking, so is moderation necessary in talking, reading, and thinking about war experience. Moreover, we must not be content merely to advise our patients to give up repression, we must help them by every means in our power to put this advice into practice. We must show them how to overcome the difficulties which are put in their way by enfeebled volition, and by the distortion of their experience due to its having for long been seen exclusively from some one point of view. It is often only by a process of prolonged re-education that it becomes possible for the patient to give up the practice of repressing war experience.

I am indebted to Major W. H. Bryce, R.A.M.C., for permission to publish the cases recorded in this paper, and for his never-failing support and interest while I was working under his command in Craiglockhart War Hospital.

DISCUSSION.

Dr. ERNEST JONES: It is gratifying and even novel to hear Dr. Rivers confirm Freud's views that repression, in spite of being a natural defence mechanism, can, in certain circumstances, be exaggerated when it fails in its purpose, and may be harmful. The other main point in Dr. Rivers' paper—namely, that the harmful effects of unsuccessful repression can be partly undone by inculcating an opposite attitude of mind, is practically identical with the cathartic abreaction that constituted the first stage in Freud's psycho-analytic method of treatment. The instinctive resistance mentioned by Dr. Rivers, which is displayed against this attitude both by the patient and by his medical advisers, is a manifestation of the repressive tendency itself. I wish to point out that, although the phenomenon of repression is more easily observed in relation to what may be called external experiences, grief, &c., it is nothing like so extensive or so important pathologically in this sphere as in that of what may be called internal experiences, desires, thoughts, &c., that arise from within, and, indeed, it needs the calamitous happenings of this great war to make the former very manifest at all. It is all the more important, therefore, that the latter group should not be overlooked. They provide the key to the understanding of the individual problems in connexion with the war-neuroses, why one man suffers more than, and differently, from another in the same situation, why particular symptoms appear, and why a case may resist treatment that deals only with the war experience. It is also these previously repressed impulses in the personality that lend the obviously dynamic character to the war traumata, and cause the memory of them to haunt the mind. The intimate relation of pleasure to pain in the primitive unconscious mind has to be remembered in this connexion.

Dr. MAURICE NICOLL: Does Dr. Rivers consider that repression of battle experiences fully accounts for war neuroses? In profound war shock there seems to be a collapse of the whole personality, and a return to a state of infantility of varying degree. The great conception of Freud of the importance of repression in causing neuroses is of immense value in treatment, but the conception of *regression* is also valuable. Regression is to be conceived as a retracing of the path of personal development, and a return to a mode of behaviour that belongs to the past. Dr. Jung, of Zürich, who regards the neurosis as the result of a failure in adaptation, teaches that when reality contains a task that is formidable, regression may occur away from the task, and an inferior mode of function substituted for the superior or adult mode of function. The psychic structure of the individual collapses, and its upper or most recently formed storeys pass into the unconscious. The battle dream—that is, the pure recapitulation of actual battle scenes—is pathognomonic of

regression, and once an individual has true battle dreams he is no longer wholly responsible, for regression has begun and part of his "growing fit" has been inverted into the unconscious. Spontaneous recovery is then unlikely on the battlefield. Treatment must now be directed towards finding a *way out* for that part of the personality that has collapsed into the unconscious. In this respect the dream, when it has passed from pure battle incidents, and begins to deal with other material, constitutes a valuable guide as regards the best "way out" for the individual. It must be remembered that Jung takes a view of the unconscious that differs essentially from that of Freud. Jung regards the unconscious in the neurotic as endeavouring to push the individual towards successful adaptation. When regression occurs the unconscious seeks to get rid of the regressed material, and shows the aim of its activity in the dream.

Dr. EDER: Suggestion can, I think, be ruled out in these cases because, as Dr. Rivers has shown, the patients had been long and unsuccessfully treated by suggestions from both medical and lay friends: being strongly urged to try to forget their war experiences. The power of suggestion is, I think, too much of a bugbear to many. In Dr. Rivers' cases the reasonable conclusion must surely be that the success was due to the "abreaction." I agree with Dr. Jones that in some war experiences, where a comrade who has been killed alongside the patient is the subject of painful dreams and reminiscences, there will be found links with earlier ideas or feelings relating to the patient's family. I have published some analyses of cases of this kind. It is noteworthy that in one of the dreams related by Dr. Rivers the mutilated body of the patient's friend became a leprous body. These are instances of regression in Jung's sense. In other cases regression expresses the wish for an earlier (infantile) adaptation or even for death; such wishes being more or less simulated by the symptoms. "Battle dreams" have, I agree with Dr. Nicoll, some diagnostic value. The patient continues to make the manifest content of his dream that of his painful war experiences so long as the symptoms are acute. The manifest content begins to take up its material from his ordinary daily surroundings, as do most dreams, as improvement sets in. This merely means that attention is now being directed to his daily surroundings. It has nothing to do, of course, with the latent content of the dream or its meaning.

Dr. W. H. B. STODDART: I suggest to Dr. Rivers that it would be better to reverse the meanings of the words "repression" and "suppression" as used in the paper, seeing that the present generally accepted meaning of "repression" is that which he has attached to the word "suppression." To continue to use these words in a new sense will lead to confusion. Are the cases diagnosed as "anxiety neurosis" really examples of that disorder, whose characteristic symptoms are such physical disturbances as palpitation, vomiting, diarrhœa, polyuria, difficulties of respiration, tremor, &c., while mental anxiety plays almost a subsidiary rôle?

Dr. C. M. TUKE: I am glad to hear that Dr. Rivers speaks of "moderation" as regards this treatment. I think that much depends on the special circumstances of each individual case, and the degrees of mental power and previous education and training of the patient. In one case seen, of a young officer invalided home for shell shock without a wound, it was found that he did nothing but talk of his experiences. On being asked if he thought of nothing else, he replied: No, he did not. A few weeks' trout-fishing in the country sufficed to put him right. In a second case, of a private soldier, whose appetite was unimpaired, but who woke shouting in the night frequently, dreaming that he was in the trenches, a few doses of suitable medicine did much to cure him. I think that much depends on the tact and discretion of the medical officer in charge, and that no hard and fast line of treatment can be laid down.

Dr. RIVERS (in reply): The object of my paper was to deal with a practical problem of psycho-therapeutics, and I avoided as far as possible reference to the theoretical side of the subject. I am glad that several speakers have called attention to the bearing of my results on the more fundamental part of Freud's theory of neurosis, a part which, in the heat engendered by the discussion of other aspects, has attracted little notice in this country.

I do not suppose that repression is the only cause of war-neurosis. In my opinion it is a mistake to regard repression and regression as in any way contradictory or mutually exclusive. As my paper shows, repression, in the sense in which I use the term, is a process which produces or aggravates neurosis, while regression is a character of the neurosis itself, a mode of reacting to the environment which is set up, not only by repression, but in other ways. Even when repression has proceeded to the length of suppression, we still have to do with a condition underlying the neurosis, and not with a character of the neurosis itself.

I hoped that I had made it clear that I believe faith and suggestion to have taken only a very small part in the improvement shown by my cases, and that only in some of them. I should have been neglecting an obvious duty if I had failed to draw attention to the possibility that these elusive agencies may have had more influence than I suppose.

When a term has been used for two quite different things, its limitation to one of the two meanings must always for a time produce a certain amount of confusion. When technical terms are taken from the language of every day, they should always be used in a sense approaching as nearly as possible their popular meaning. I believe that the sense in which I propose to use "repression" and "suppression" agrees more closely than the reverse with their ordinary meaning.

I believe that the experience arising out of the War has shown conclusively that the term "anxiety-neurosis" has hitherto been used by the followers of Freud in too narrow a sense. I follow a usage now coming widely into vogue according to which anxiety-neurosis is the most appropriate term for a syndrome of which the essential underlying condition is anxiety.