

Freud on the First World War (Part 1)

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Abstract: The article analysis the birth of psychoanalysis as Austro-Hungarian legacy, the role of the Austrian psychoanalytic Sigmund Freud in the events of the First World War (1914–1918), as well as the questions of traumas, war neurosis, shell shock, faradization, the intimacy and gender in the trenches, as well as the war torture and the roles of these events and concepts in today’s understanding of human psyche.

Key words: Sigmund Freud, psychoanalysis, Fist World War, trauma, the Rat Man case, torture, faradization, fast and slow cure, schell shock, neurosis.

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I. The Birth of Psychoanalysis as an Austro-Hungarian Legacy

Despite its many shortcomings, from the regressive political system of governance to the refusal to recognize the basic human freedoms and political participation, the Austro-Hungarian Empire (1867–1918) left several important *international legacies* behind: the nineteenth century idea of cosmopolitanism, the mixture of ethnicities and cultures, innovations in the arts and sciences, the promotion of new ideas, the entrepreneurial spirit, the encouragement of equality for Jews at a time of rising anti-Semitism across Europe, etc. And among them, one important legacy of the Austro-Hungarian Empire is the *birth of psychoanalysis*.

Born between 1895 and 1900, psychoanalysis provided a radical insight into human nature, explaining that humans are torn between two paradoxical calls: a) The will for total (self-) annihilation, and for the brutal destruction of everything which exists (the Thanatos principle); b) At the same time, this destructive impulse is never fully realizable, because it constantly gets blocked by the human urge to stick to what psychoanalysis calls ‘a partial, lost object’, which could translate to *desire* for objects (the Eros principle). The search for the ‘lost object’ is not performed out of a belief that there exists such a ‘lost object’, nor that it will satisfy the actual *needs* of people. Instead, the ‘lost object’ serves as a reminder that there exists a ‘primordial lack’ in humans. Humans are not capable of bypassing the radical antagonism between the finite and the infinite. Due to the radical chasm, people endlessly repeat their obsession with their ‘lost objects’, creating what psychoanalysis recognized as the ‘surplus excess of life’, and humans are beings explained by their *excessive nature*. Psychoanalysis explains that humans are torn between two contradictory principles: the pleasure principle and the reality principle, between Eros and Thanatos. For Freud, Thanatos is the *primary drive*, and it is more fundamental than the Eros.

Freud’s explanation of Thanatos as the more fundamental drive strangely overlapped with the devastating outcomes of the First World War. The last European experience of war dated back to 1870 and most parties expected the Great War of 1914 to be a brief conflict, but the war lasted for four years, and it took the lives of 20 million and wounded many more. It was the first war fought with the industrial means of modern warfare, and it set new standards for destructiveness and for the ‘passionate surplus of life’. Although Freud’s discipline was originally intended to treat individuals, it soon became useful in ex-

plaining the attitudes of collective entities, and offered multiple insights into human capacities for destruction, aggression and brutality. Freud wrote that contrary to common knowledge, humans are not more reflexive than animals. What ‘humanizes’ people is never just what moral norms preach. People appear more ‘human’ than animals mainly because they are inherently caught up into the closed loop of repetition of the same gestures and rituals, much of them connected to destruction or self-destruction. Two years after the end of World War I, in his study *Beyond the Pleasure Principle* (1920) Freud (1961, p. 46) writes:

If we are to take it as truth that knows no exception that everything living dies for internal reasons becomes inorganic once again — then we shall be compelled to say that ‘the aim of all life is death’ and, looking backwards, that ‘inanimate things existed before living ones.

Freud often explained the emergence of life from the inorganic as error, or divergence. Although the drive to return to inorganic is inoperative, in a state of inactivity, for Freud death is the fundament of life. The function of the endless search for the ‘lost object’, for the *excessive pleasure*, [the Slovenian psychoanalyst, Slavoj Žižek, interpreting the two principles, writes: “The human life is never “just life”: humans are not simply alive, they are possessed by the strange drive to enjoy life in excess’ (Žižek 2006, p. 62)], Freud explained by two needs: the need for people to be bound together into groups and to enforce the moral group norms, but also by the need to ‘forget’ the chasm between the finite and the infinite. The function of the pleasure principle is to negate, to nullify the obviousness of death as the fundament of life.

II. Psychoanalysis on the Horseback:

‘Healing the Soul while Serving the War’

Contrary to popular belief that the Great War interfered and obstructed the rise of psychoanalysis (a subject of multiple complaints in the letters between Freud and his pupils), the evidence proves that World War I was the single most important historical event for the triumph of psychoanalysis. During the war various psychiatric approaches developed regarding the treatment of traumatized soldiers. The new discipline was seen as a source of valid methods for curing patients and war pathologies. Perhaps the best illustration is the huge success of the *Fifth Psychoanalytical Congress* held in the Hungarian Academy of Science in September 1918, organized with the support of the Hun-

garian patron of psychoanalysis, Anton von Freund. 42 analysts took part, and the congress was attended by representatives of Austrian, German and Hungarian governments, as well as the ministers from the Royal Ministry of War. The key address was delivered by a Hungarian psychoanalyst and Freud's pupil, Sándor Ferenczi, under the title *Psychoanalysis of War Neurosis* (a version of this text had already been published in 1916). In his address, Ferenczi even commented ironically:

You see, ladies and gentlemen: the experience with war neurotics led finally even further than just to the discovery of the soul — it led the neurologists almost to the discovery of psychoanalysis (Brunner 2001, p. 114).

In the published version of the address, *Two Types of War Neuroses*, praising the importance of the psychoanalytical discovery of unconscious impulses, Ferenczi, distinguished two types of war neurosis: a) Tendencies to escape anxiety by *avoiding* any activity that would lead to repetition of the trauma; or b) Tendencies to *repeat* the traumatizing situation as the body tends to self-heal (the opposite mechanism) (Ferenczi 2008, pp. 169–194). Freud was delighted with the success of the Congress. In 1918, pleased with the rising status of his discipline, Freud declared in the letter to Karl Abraham that Budapest is becoming the 'headquarters [Zentrale] of our movement' (Falzeder 2002, p. 382), and in the letter to Ferenczi, he wrote: 'I am swimming in satisfaction, I am lighthearted, knowing that my problem child [*Sorgenkind*], my life's work, is protected and preserved for the future by your participation and that of others' (Falzeder, & Brabant 1996, p. 296). The birth of psychoanalysis was the legacy of the Austro-Hungarian Empire, but its institutionalization was a direct result of the growing need to find efficient treatments for the traumas caused by the Great War. But this meant that psychoanalysis was facing the paradox of simultaneously 'healing the soul, while serving the war', or as Agata Schwartz (2010, p. 198) writes:

From a historical perspective, the medical treatment of soldiers afflicted by shell shock or war neurosis was one of the most exciting and, at the same time, darkest chapters in the history of modern warfare and of modern psychiatry. The First World War can be regarded as an experimental laboratory for the application of modern psychiatric theories and principles.

The strange ‘partnership’ and ‘cooperation’ between psychoanalysis and war was not just contextual, contingent and provisional. It was quite literally a matter of fact, as some of the most prominent psychoanalysts in the Freudian circle worked for the Central Powers: Abraham and Ferenczi served as army doctors (Ferenczi was awarded the Hungarian Golden Cross of Honour for his army service), Rank was temporarily rejected by the army, Victor Tausk served as a psychiatric expert for the Austrian army, while Sachs was excused for health reasons and remained close to Freud. At least in the first few years of the war, Freud and his pupils exploited and utilized the war as a source for their hypotheses and theories, but also for experimenting with various new methods. One example is the famous case of so-called *hippic psychoanalysis*, psychoanalysis on horseback, performed by Sándor Ferenczi in 1915 while he was serving as an army psychiatrist. In a letter to Freud he proudly confessed that he had conducted an analysis with his commandant while riding together on horseback:

Since today I have been having an analytic hour on horseback: I am analyzing my commandant, who has been neurotic since suffering a head wound in Galicia, but who in reality suffers from libido difficulties. So, the first hippic analysis in the history of the world! What by-products the war brings about! — Incidentally, the analysis is going very well; the transference has already been brought finished into the treatment (Falzeder, & Brabant 1996, p. 50).

Ferenczi enjoyed the possibility of inventing a new version of psychoanalysis: the ‘happy hour’ on horseback. He saw the ‘hour of healing’ as a magnificent little *by-product of the war*. It offered the possibility of restructuring the psychoanalytical experiences. War was overcoming the division between the subject and the object of analysis. War offered a possibility of new attachments: the analysis *within* rather than against the trauma. The distance is annihilated, a first-hand practical insight is introduced, an insight which is not affordable for the master Freud, who did not participate in the war at the front. Ferenczi was fast to suggest that since distance is abolished, he can see clearly where the problem resides: the past is inscribed on the commandant’s body and what appears to be a trauma from a head wound, in the psychological reality is suffering ‘from libido difficulties’. The ‘happy hour’ offers the possibility of understanding the trauma, the closeness on horseback marks the moment after leaving, but before arriving; it is the experience of instability, the moment when all positions tremble, and Ferenczi is being offered a moment of epiphany,

of poetic creativeness, which is not to be found during a visit to Freud's analytic room, it is not found by staying at home, but while travelling, in the transitions from life to death 'offered' by the war.

III. Intimacy and Gender in the Trenches

During the Great War there was a significant proliferation of new psychiatric diagnoses and terms. The two most frequently used terms were *war neurosis* and *shell shock*. The contemporary names for military-related symptoms from the sections on psychological and behavioural disorders from the International Statistical Classification of Diseases and Related Health Problems by the World Health Organization were described and coined for the first time in and around World War I. For example, what is today categorized as *combat stress reaction* (for shorter duration of symptoms), or *posttraumatic stress disorder* (for duration of symptoms over one month) was known as *war neurosis* during World War I. The term *war neurosis* was coined in 1907, seven years before World War I, by the German physician Honigman (Malabou 2012, p. 227). He joined the Russian psychiatrists and military commanders in the war hospital in Northeast China where fifty war casualties from the Russian-Japanese War (1904–1905) were being treated for significant somatic disturbances. To explain the post-battle symptoms, the German physician Honigman used the term *Kriegsneurose* (war neurosis) for what was previously known as 'combat hysteria' (Crocq 2000, p. 47). Its first widespread mention was in the *New York Times* article from February 1915 which reported on the tendency to send traumatized soldiers to special wards. The term was used in Austro-Hungarian and the French neurology and psychiatry.

The term *shell shock* originated in British psychiatry and was first used by Charles Myers for the emotional shock suffered by patients during the Great War. Myers described three patients who suffered from symptoms after surviving the explosions of a grenade (Myers 1915, pp. 316–320). The term was praised as a good equivalent to the actual combat circumstances, since the term 'shell' has two meanings, that of an armour or a protective shield, and that of a weapon (shell also means a bullet, a grenade). Somewhat outdated today, the term was mainly used in Anglo-Saxon military medicine, and was ignored in Austrian psychoanalysis and in French psychiatry and neurology.

Shell shock had an interesting post-war history related mainly to gender and sexuality. Although military psychiatrists insisted on re-

fraining from using it, the term became of increasing interest outside military circles, and was met with widespread cultural usage. In her book *Hysteria Beyond Freud*, Elaine Showalter offers a profound explanation for the appeal of shell shock, partly due to the *sexual etiology* of its meaning. The term was suitable for explaining the tactics to strengthen the masculinity of soldiers, the way military propaganda used it, and how it 'created' the desired erotization of the image of a soldier by the political elites. The military psychiatrists, however, wanted to discontinue its use for two reasons: on the one hand, the term invoked implicit *anal eroticism*, which military clearly wanted to submerge, fearing that it would be understood as undesired 'male closeness' in the army and the possible gay connotations, and on the other hand, it indicated that soldiers were suffering from traumas because they had become 'too feminized'. An obvious paradoxical reverse polarization of the term meant that on the one hand it legitimized male complaints about the masculinization of war, while at the same time it was used precisely to legitimize male closeness (Showalter, Gilman, King, Porter, & Rousseau 1993, pp. 323–324). Intimacy and tactile contacts between men in the trenches of World War I were documented in various war testimonies. Terror, fear, loneliness, boredom, the sense of alienation from home led to a new level of intimacy and the constructed codes of civilian society broke down easily. In the article *The Dying Kiss* regarding intimacy and gender in the trenches of the Great War, Santanu Das (2005, pp. 188–192) writes:

Men nursed and fed their friends when ill; they bathed together; they held each other as they danced, and during the long winter months, wrapped blankets around each other <...> Each of these relationships had its particular nuance and value, though it is difficult to straitjacket human relationships and feelings, especially in times of physical and emotional extremity <...> In the military, bodily contact is often the primary means of fostering loyalty, trust, and unity within the army unit. In the trenches <...> where life expectancy could be as short as a couple of weeks, same-sex ardour, bodily contact, and in some cases eroticism should not be understood solely in the contrast to heterosexuality, nor viewed only through the lenses of gender and sexuality. Such intimacy must also be understood in opposition to and as a triumph over death.

Despite these elements of intimacy, in the trenches the male body became an instrument of pain rather than of desire, as we shall see in the next paragraphs.

IV. Freud's Theory of the Stimulus Shield

In all 24 volumes of the *Standard Edition of the Complete Psychological Works of Sigmund Freud*, Freud never mentions the term *shell shock*. However, in his study *Beyond the Pleasure Principle*, published just two years after the Great War, Freud wrote about two aspects related to the term: 'the protective shield against stimuli' and the 'theory of shock'. Freud (1961, p. 36) writes:

We may, I think, tentatively venture to regard the common traumatic neurosis as a consequence of an extensive breach being made in the protective shield against stimuli. This would seem to reinstate the old, naïve theory of shock, in apparent contrast to the later and psychologically more ambitious theory which attributes aetiological importance not to the effects of mechanical violence but to fright and the threat to life. These opposing views are not, however, irreconcilable; nor is the psycho-analytic view of the traumatic neurosis identical with the shock theory in its crudest form. The latter regards the essence of the shock as being the direct damage to the molecular structure or even to the histological structure of the elements of the nervous system; whereas what we seek to understand are the effects produced on the organ of the mind by the breach in the shield against stimuli and by the problems that follow in its train.

These lines are today dubbed as 'Freud's theory of the stimulus shield'. Some of the most stubborn attacks on Freud over many decades are directed precisely at the assumption implied here by Freud that there exists an 'organic instance' which serves as a 'shell shock protector', situated somewhere in or near the cortex of the brain ('the organ of the mind'), the aim being to 'shield against stimuli'. Freud himself cautiously explained that here he talks with 'the highest possible degree of abstraction' and that these lines are a 'far-fetched speculation'. And the truth is that indeed Freud never wrote about the *brain substantialization* of a shield against trauma. He never talked about it as the 'organ of the mind'; instead he was preoccupied with the idea that the unconscious somehow 'learns' to protect the subject from the traumatic experiences by developing the 'splitting of consciousness' (the consciousness is split into two instances in order to protect itself). Freud understood the idea of the 'shield against stimuli' in the metaphorical sense, and not in the sense of a physical entity. He talked about the protective mechanisms against the brutality of war. Yet it is interesting that even Jacques Lacan, decades later, was obsessed with the possibility

that Freud might have conceptualized the idea of the external organ of the mind, and in many lectures Lacan defended Freud saying that when he talked about the ‘shield against stimuli’, in Lacan’s interpretation Freud was talking about the *libido*!

The actual reason for writing about the protection shield against traumas in Freud was the need to investigate the impact of *industrialization* on the human body and psyche. World War I was the first war fought with modern industrial means of warfare. The war was fought with motorized transport of troops, trench warfare, the use of barbed wire, weapons such as bayonets, grenades, flamethrowers, long-range guns, tanks, poison gas, rifles, trench mortars, etc. The soldiers were often forced to fight in close combat, where one person had to kill another by using blade, bayonet, improvised clubs, etc. Soldiers were instructed to direct the blades at the vulnerable points in the enemy’s body: the throat, the breast, or the groins. Aiming the bayonet blade at the breast risked hitting the breastbone, which in turn made the removal of the blade problematic; aiming the blade at the groin resulted in severe pains to the victim, etc. The use of chlorine and phosgene gases was equally cruel: the victim’s respiratory organs were destroyed within a short time, the gases caused external and internal serious blisters, etc. Soldiers had a difficult time coping with these forms of warfare.

The soldier’s diaries and letters offer an insight into the extraordinarily difficult circumstances in experiencing the death of others, or the intense feeling of terror experienced by those under fire. Soldiers suffered not only from the traumas of direct combat, but also from the long stretches of anxious waiting or even boredom, the wakeful nights; they suffered from the inefficiency of most of the weaponry used in the war; and from spending days, weeks and even months in the trenches, etc. Soldiers responded differently to traumas: some experienced mental breakdowns, some developed a general lack of aggression in combat, suicides were not rare, and in some cases, soldiers simply walked into enemy fire as a way out of the suffering, and those who survived clearly had difficulties readjusting to civilian life, while millions of people had to cope with the loss of family members and friends.

V. Freud about Torture (*The Rat Man Case*)

In a letter to Freud from July 1915, Ferenczi gives the following description of torture from the frontline:

The Cherkessians (they carried out the attack) cut off a young cadet's penis and put it in his mouth. I think to myself: this strange and very widespread act of vengeance can be traced back to ambivalence (Falzeder, & Brabant 1996, p. 63).

In the trenches, the male body became an instrument of pain. The punishments were oriented to the body. But how to interpret the case described by Ferenczi where the initial sadism is finished with symbolic erotization of the pain inflicted on the victim? Building on Freud's earliest thesis from his Ur-book on psychoanalysis *Studies on Hysteria* (1895) that 'Hysterics suffer mainly from reminiscences' (Freud, & Breuer 2000, p. 7) in the same letter Ferenczi says that the attitude of Cherkessians, who put the cadet's penis into his mouth, could be understood only if we take into account the soldiers' childhood suppressed sexual sadisms which came to light in the war. Ferenczi coined the term *penile paralysis* to explain that while soldiers were inflicting the pain, at the same time, in Ferenczi's words, the pain triggered the infantile memories of the suffering from small sadistic misdeeds committed in childhood. Freud's pre-war studies offered various insights into how torture operates and why it always possesses elements of eroticism. Here are two notes about sadism and torture taken from Freud's analysis of the famous clinical study *The Rat Man: Notes upon a Case of Obsessional Neurosis* (1909), published five years before the Great War. For Freud: a) Sadism means not only to inflict pain, but also to humiliate and master the victim; b) A person who sadistically causes pain retrogressively enjoys it in the masochistic manner through his or her identification with the suffering victim.

If we apply the Freudian doctrine to the 1915 case of torture described by Ferenczi, the Cherkessians could not be satisfied only by the pure sadism (cutting off of the cadet's penis). They have to 'prolong' the sadism until the pleasure of inducing pain is transformed into erotic symbolism (the mouth-penis axis). What we notice here is a well investigated phenomenon of intertwined connection between pain and pleasure. Constance Classen writes that 'both pain and pleasure are only different excitations of the nervous system', and 'the body, no matter how deeply probed, cannot supply any ultimate answers, (so) the search [for pleasures – JK] becomes endless' (Classen 2005, p. 112).

Freud's clinical case *The Rat Man: Notes upon a Case of Obsessional Neurosis* (1909) provided deeper insights into the links between torture, pain and military circumstances. In it Freud talked about the case of a patient he called *The Rat Man* (the 29-year-old

Austrian lawyer Ernst Lanzer) who developed obsessive fantasies of rats. His obsession with rats started while he was on military manoeuvres during August 1907, when he heard from a fellow officer about the 'Eastern' military method of torture, where rats would eat their way into the anal cavity of the victim. Freud (2000a, p. 2135) gives voice to his patient in the sub-chapter entitled *The Great Obsessive Fear* of his study, and the description is as follows:

I think I will begin to-day with the experience which was the immediate occasion of my coming to you. It was in August, during the manoeuvres <...> I was keen to show the regular officers that people like me had not only learnt a good deal but could stand a good deal too. One day we started on a short march <...> During that same halt I sat between two officers, one of whom, a captain with a Czech name, was to be of no small importance to me. I had a kind of dread of him, for he was obviously fond of cruelty. I do not say he was a bad man, but at the officers' mess he had repeatedly defended the introduction of corporal punishment, so that I had been obliged to disagree with him very sharply. Well, during this halt we got into conversation, and the captain told me he had read of a specially horrible punishment used in the East <...> The criminal was tied up... — he expressed himself so indistinctly that I could not immediately guess in what position — 'a pot was turned upside down on his buttocks... some rats were put into it... and they...' — he had again got up, and was showing every sign of horror and resistance — '...gnaw their way out through the anus'.

The Rat Man developed a fear that he would lose his father and his fiancée (although, his father had actually been dead for some years before the Rat Man started his analysis with Freud). Freud described the Rat Man telling his story with a composite expression of horror and pleasure of which he himself was unaware. The fear consisted of the fact that the Eastern cruelty could happen to people very dear to him: his father and his fiancée. He did not contemplate the possibility that he would carry out the punishment, but that it would be carried out as if the punishment 'were impersonal'. Freud offered an interpretation that the Rat Man developed obsessive ideas due to his conflicting feelings of both love and aggression towards his father and the woman he loved, in what Freud called *ambivalence*. The same word 'ambivalence' was used by Ferenczi when he explained to Freud that the strange torture performed by the Cherkessians, 'can be traced back to ambivalence'. Freud write that the symptoms of the Rat Man had their origin in his sexual experiences and sexual curiosity in his infan-

cy, and Ferenczi also applied Freud's theory that the Cherkessians' attitude could be explained by their 'small sadistic misdeeds committed in childhood'. And in the strange turn of events, the Rat Man (Ernst Lanzer) actually died during the First World War, after he was drafted for active military service in August 1914 and taken prisoner by the Russians in November 1914, where he died.

In his study *Instincts and Their Vicissitudes* written in 1915 during the war, Freud speaks about the phenomenon of *ripped up* bodies in sadism and torture. The torture is never aimed at the physical damage of the whole body of the enemy. The torture must 'give up' the whole object of torture and turn the instinct for destruction 'towards a part' of the body, in what Freud in his study *Instincts and Their Vicissitudes* (1915) called the 'object of pleasure' (as in cutting off the cadet's penis), so the search for pleasure of punishment becomes endless precisely by directing the punishment to one part of the body at a time. Freud also speaks about the instinct which is 'led by a process of comparison', that means the torturer exchanges the pleasure connected to his or her body 'for an analogous part of someone else's body'. And Freud equates 'oneself looking at a sexual organ' with 'a sexual organ being looked at by oneself' and 'oneself looking at an extraneous object' with 'an object which is oneself or part of oneself being looked at by an extraneous person'. While punishing the cadet by cutting off his penis and putting it into his mouth, Freud would suggest, the soldier who performs the torture is also the one who unconsciously transforms the sadism into masochism. He 'needs' the external object, the penis of the cadet, with whom he will narcissistically identify. In the ambivalent atmosphere of the war trenches, the person experiences two pairs of opposite instincts. One pair is sadism — masochism, and the other pair is scopophilia (pleasure from looking) — exhibitionism (Freud 2000b, p. 2966) as evident in the scene described by Ferenczi.

VI. Fast or Slow Cure?

Hospitals (the so-called *Nerve Stations*) were already opened for the treatment of traumatized patients in 1914. They were filled with large numbers of soldiers with mental disturbances who were suffering from anxiety caused by explosions, or from seeing dead comrades. The symptoms varied from muteness, deafness, tremor, emotional shock, loss of memory, inability to stand or to walk, the splitting of consciousness, convulsions, etc. (Crocq 2000, pp. 47–55) Hospitals were mainly using electrical currents, and in some cases water cures, hyp-

nosis, bed rest, special diets, etc. According to various data, the total proportion of troops who were killed or wounded during the First World War was more than 50 per cent. Some data from the end of 1918 suggest that 180,000 war neurotics were reported in Vienna alone (Schwartz 2010, p. 196).

Although psychoanalysis was welcomed by the war ministers, it was not a pioneer in healing traumas. The main trend in Austro-Hungarian (also German and French) psychiatry was to cure soldiers as *quickly* as possible so that they could be sent back to the battlefields. When in 1917 the Austro-Hungarian conference was held near Vienna, the military doctors discussed the importance of immediate action against widespread war traumas, and they advocated electrotherapy (as we will see later in the so-called Wagner Jauregg hearing), as the most effective way for a *quick cure*. The 'propaganda of success' (Schwartz 2010, p. 195) soon became fully effective with doctors reporting that the electrotherapy helped them cure between 4,000 and 56,000 patients per doctor! The propaganda of success was part of the military strategy to preserve and accumulate 'usable' soldiers, and to keep recycling the 'human material' in the total war. The military psychiatrists preferred fast recovery.

The army doctors noticed that the traumatized soldiers who were evacuated to distant hospitals and a peaceful atmosphere were no longer willing to go back to the battlefield and were often discharged from military service, while the soldiers who were treated in the front-line hospitals, within hearing distance of the frontline guns, were more likely to return to their units. The military authorities soon issued a statement that if the doctor combined suggestion, authority and steadfast application of electricity the war neuroses could be treated sometimes in one single session. And by the end of 1916, evacuations to civil hospitals were very rare. In 1917 the American physician Thomas W. Salmon proposed the so-called 'standard treatment', which consisted of five key principles: *immediacy*, *proximity*, *expectancy*, *simplicity*, and *centrality*. His standard procedure was adopted by all the parties to the war (Crocq 2000, pp. 44–55). Salmon's methods meant that the patient should be treated near the frontline, the treatment should last as short a time as possible, psychotherapy should avoid the Freudian insistence on civilian and/or childhood traumas, and the psychotherapy should be as simple as possible: electrotherapy combined with rest and sleep. The 'quick cure' was in direct collision with the very foundation of psychoanalysis. In a letter to

Freud from 1916, Ferenczi, who served as an army doctor, expressed his opinion of the widespread use of electrical currents as megalomaniac, dangerous and ineffective:

Colleagues report brilliant successes by means of strong electrical currents. I have no desire to participate in this therapy; it goes against my grain just like hypnosis and suggestion (Falzeder, & Brabant 1996, p. 139).

This had already been stated two decades previously, in the Ur-book of psychoanalysis *Studies on Hysteria* (1895), where Freud wrote that what troubles the traumatized person cannot be treated in a matter of days. In order to help repair the pathologies, the healing process must be performed by methods which involve *slowness*. Faced with traumatic experiences, a person escapes into what Freud and Breuer called 'the splitting of consciousness' (Freud, & Breuer 2000, p. 10). The traumatic experiences twist the senses; the senses can still register the harsh events, but the mind can no longer process the information, and it escapes into dizziness, into a vertigo-like state: *the splitting of consciousness*. Freud positioned his discipline as a way to slowly cultivate past experiences; psychoanalysis was a movement for the *slow cure*: the precise opposite of the military demands for fast recovery. Ten years after the war, in his book *The Question of Lay Analysis* (1926), addressing the attacks that psychoanalysis is just a form of magic, Freud (1990, p. 6) responded:

Quite true. It *would* be magic if it worked rather quicker. An essential attribute of a magician is speed — one might say suddenness — of success. But analytic treatments take months and even years: magic that is so slow.

Freud's response suggests that psychoanalysis is an authentic medical technique precisely because it works in the realm of *slowness*; slowness guarantees its scientific character. Magic is connected to urgency, and army military is performing magic (by means of war propaganda) when they claim that pathologies could be cured in one single treatment. And psychoanalysis is not magic, nor propaganda because it works slowly. How to orchestrate slow-healing, how to help a traumatized person stand on his/her feet again? The answer was again offered two decades before the war, in the 1890s, in the much-discussed paper *The Aetiology of Hysteria* (1896) where Freud wrote that the psychoanalyst should adopt the methodology of the archaeologist. It can happen, Freud tells us, that a patient cannot immediately

recall the traumatic scene. How to arrive to that scene? Freud answers: The psychoanalyst should follow the chains of associations. One chain will not always elegantly lead to another chain, trauma is not arranged 'like a string of pearls', chains ramify, and are interconnected like genealogical trees, one chain of associations always has more than two links, but which traumatic chain should the psychoanalyst follow? Do these chains have some logical ending? Yes they do, Freud responds. One has to follow a reverse chronology, that of an archaeologist, who also moves in the reverse manner, from the present into the past. Once the patient recognizes the traumatic scene, only then can the patient truly recover the lost chains of events past, and slowly rebuild psychological health. Freud imagined the process of slow-healing precisely as the reverse process of the hysteric's falling into horizontal. Since the hysteric fell into horizontal, the process of recovery should be a lifting procedure, progressively standing on one's feet again (Freud 1995, pp. 96–111). While the application of electric currents was the most common way of treatment during the First World War, it was almost totally abandoned during the Second World War. There are three reasons for the shift in treatments: the motor symptoms (tremor, paralysis, contractions, limping) were rare in the Second World War, the neurology significantly advanced in the post-war years and pharmacology overtook the field of dealing with traumas.

The question of swiftness of the war traumas, as well as the question of Freud's role in the events of the Great War will be further analyzed in the second part of this article, forthcoming for the next issue of the journal *Researcher*.

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