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Editorial: Neuroses and Psychoses of War, the Originator Model

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Editorial

Many discoveries about psychic trauma come from caring for soldiers during and after armed conflicts. The earliest writings on trauma date from Antiquity, proposed by Herodotus and Lucretius. In France, during the modern era, in their clinical narratives, the surgeons of the armies gave precise descriptions of post-traumatic syndromes. Among them Boissier de Sauvage, Larrey and his *Memoirs of military surgery*, Dupuytren which describes the “nervous delirium of the wounded” and their mental exhaustion. In his *Treatise on Army Surgery*, Legouest, professor of surgical clinic, finds the same signs.

“A certain number of soldiers who have attended bloody battles, without having been wounded, are caught, a short time later, with delirious conceptions relating to the dangers they have run, furious delirium, and sometimes dementia” [1].

As the military arsenal is enriched by the technical discoveries and production possibilities offered by industrial development, the wars of recent times will bring new puzzles to psychiatrists, both in North America and in Europe.

Page in 1885 and Charcot in 1888 took part in the debates of the time on the psychopathology of trauma. Both believe that traumatic neurosis is a psychological entity, although the symptoms that characterize it may be those of hysteria and neurasthenia combined [2].

In 1910, the British psychiatrist Glynn makes an important contribution to this study in an article entitled “The traumatic neuroses”. According to him, the post-traumatic disorders stem above all from the intensity of the emotional shock. The observation of a “lag time” had already been specified by Oppenheim in 1889 and 1892.

Glynn presents an evolutionary diagram of the post-traumatic affection according to two possibilities. A serious traumatic component causes acute neurasthenia, with excitement, insomnia, nightmares, tremors, emotional and digestive disorders. This phase can lead to a rapid resolution or, on the contrary, to a severe deterioration. On the other hand, a seemingly benign traumatic component may result in mild neurasthenia, followed, after few days or weeks, by a real traumatic neurosis.

“This latency period, called by Charcot period of meditation, could go up to several years (Guion and others reported cases of

soldiers with troubles, 15 years after the Franco-Prussian War of 1870).” [2]

Glynn identifies two main clinical forms of traumatic neurosis: -Neurasthenia with depressive, functional and psychosomatic disorders, irritability, loss of intellectual potential (memory, attention), poor verbalization and phobic disorders. -Neurasthenic hysteria, which, in addition to the preceding disorders, often presents insomnia, repetitive nightmares, night terrors, amnesia, excitability [2].

Russian psychiatrists during the Russo-Japanese war of 1905 also find “lasting emotions” following violent shocks. These emotions immediately follow the fear. They can provoke the appearance of mental confusion, inhibited form depressions, hysterical or phobic neuroses, epileptic seizures and chorea, or even “neurasthenic psychosis” (irritability, night repetition syndrome and daytime with nightmares and hallucinations). Moreover, the psychic trauma of war is presented as a set of signs such as isolation, anguish, the fear of an invisible enemy, the despondency after the death of a comrade, the sensory deformation of perceptions.

Nevertheless, these doctors neglect the utmost importance of the brutal surprise and the impossibility to prepare oneself to face such shocks.

“Even if the battle is expected and the troops trained and prepared, the art of strategy is to create a surprise. Moreover, there is never any conceivable preparation for the real, imminent possibility of one's own death” [2].

If unpredictability exists inexorably before the occurrence of the accident, it also exists about the duration of the “meditation period” or latency. In his “Leçons du mardi” (Tuesday's Lessons), Charcot gives a very instructive example, following a train collision. He recalls that the circumstances of the accidents are often forgotten and that the patients appeal to the testimonies of witnesses to construct a legend in place of reality, in replacement of the event fallen into oblivion [3].

In March 1915, the German psychoanalyst Karl Abraham was appointed as a war psychiatrist at the Allenstein hospital after having practiced in a military surgery department at the Grünwald hospital in the Berlin suburbs [4]. In 1918, he mentioned the considerable increase of neuroses of war from the years 1916. Reader of Ferenczi work, he repeatedly emphasizes that the traumatized person operates a “psychic

regression" following an injury. These "neuroses of war" include, in fact, neurotic as well as psychotic phenomena [5].

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