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FRUSTRATION AND AGGRESSION
(A STUDY OF FRUSTRATION IN RELATION TO ARMY LIFE).

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Army psychiatrists are often perplexed when they attempt to fit individual cases into the descriptions of the official nomenclature; for a large number of their patients are suffering not so much from neurotic illness as from neurotic behaviour, in which the environment plays a much larger part than the endogenous factor. It is generally accepted that neurosis is based on mental conflict, but one can distinguish between a group of cases in which the conflict is internal, that is between the individual's desires and his moral beliefs, and a second group in which the conflict is between his desires and a thwarting environment. The former group corresponds to what one might call true or classic neurosis; the latter, in which the individual is frustrated by his environment, is the type of case which will be dealt with here.

It need hardly be said that no hard and fast line can be drawn between the two types, for the classical case of neurosis is responding to environmental difficulties, and in the other type there are endogenous factors causing the intolerance of frustration. The main point, however, is that there is a vast difference between the man whose desires are in conflict with his own moral code, and the other who feels that his reasonable desires are being thwarted by an unjust society.

It is a matter of everyday experience that frustration results in aggression. This has been referred to by many writers, but the classical description of its results is due to Sigmund Freud. Freud considered that frustration was produced when the pleasure-seeking, pain-avoiding mechanism was blocked and that aggression was the "primordial reaction" to this state of affairs. In addition, he pointed out the two methods of dealing with this aggression (other than frank expression), namely, turning inward under a threat of punishment.
and displacement on to a substitute object. Cyril Burt in "The Subnormal Mind" describes these two forms of response as the inhibitive and aggressive respectively. An example from everyday life is the man who, when "told off" by his employer whom he fears, responds either by a state of sullen resentment (inhibitive response) or by coming home and "taking it out of" his wife (aggressive response). The direct response would, of course, be to tell his employer what he thinks of him but this desire is frustrated by fear of losing his job or perhaps by his own temperament.

Frustration may be somewhat artificially divided into the type induced during early training to enable the child to conform to the usages of civilized life and the later thwarting incidental to human existence. The former is characterized by control of bowel, bladder, and sexual functions, and the elimination of inappropriate emotional responses. Its commands are finally accepted by the individual and become part of his moral beliefs (in Freudian terminology, they become introjected as the super-ego). The other type, on the contrary, is often felt by the individual to be irksome and unnecessary and is not willingly accepted by him. For instance, the frustration of the man who wishes to get married and cannot afford to, or the above example of the employee who has to submit to the anger of his employer.

A state of war produces considerable modifications in the latter group; for there is a considerable number of people who for the first time, perhaps, find, their energies appropriately directed and their work considered important to society. Restrictions may increase, but their purpose is usually evident and the blame can be placed on a common enemy rather than the State. On the other hand, for the soldier, new sources of frustration arise, the main ones being the conditions of Army life and separation from home. In front-line service the aggression produced can be directed against a visible enemy and, in any case, less frustration exists, because the reasons for restrictions are apparent. At the Base, however, where the reasons are less evident and the opportunities for direct release of aggression do not exist, it is more liable to be directed along the lines of least resistance; against substitute objects or against the soldier himself. Paradoxically as it may seem, the Base area soldier has, for this very reason, often a more difficult psychological problem to face than the man in the front-line. Where there is no danger to share, the tendency is for group spirit to dissipate rather than increase, and the powerful help of morale is thus lost.

It is in this atmosphere that states of frustration (or, in ordinary language, demoralization) arise and may appear before the psychiatrist. They are not true neuroses or anxiety states for: (1) they show, in the pure form, no endopsychic conflict; (2) they show no true depression; (3) they can only be "treated" by altering the environment.

Although these states are due to frustration, it would be wrong to think that they are conditioned by that alone. The additional factors are numerous and may be divided into endogenous and exogenous. Taking the endogenous factors first, the impression is that intolerance to thwarting, though it may be due partly to an inherently inadequate constitution, is largely due to developmental causes. Many of the cases seen have been spoilt children who were "fussed over" in childhood and too readily got their own way. Such individuals naturally retain a dislike of not having their desires satisfied. On the other hand it is, in my opinion, quite incorrect to label all these cases as chronic or constitutional neurotics; many of them are, but a large number show no sign whatever of previous neurotic symptoms in the narrower sense of the word. In a series of 100 recorded cases, 46 men considered that they had never previously been neurotic or nervous in the sense of having specific symptoms such as phobias, anxiety, sleep-walking, or bed-wetting. In other words, a large number show traits which are rather psychopathic than neurotic, that is, traits which show in the sphere of social relations rather than in discomfort to the patient himself. Incidentally, in a psychiatric hospital, one is perhaps too prone to accept the fact of a neurotic constitution as being, in itself, an adequate explanation of a patient's breakdown in Army life. Some of us who have been R.M.O.s cannot help feeling that this has become somewhat of a myth. Nobody would deny that there are certain inadequate people who are hardly able to stand
up to any stress, however slight, but on the other hand few men would be found to be entirely free from neurotic symptoms. To assume that these are the main causes of neurotic breakdown in the Army is unjustifiable. When the psychiatrist goes out and studies men in their units he finds large numbers with fairly severe symptoms who carry on with their work and never report sick at all. Not only that, but an appreciable number admit that they have improved or have even lost original symptoms while in the Army. One of the neurotic’s main needs, the need for certainty, and security in the group, is, indeed, found par excellence in the Army.

After this brief digression, we come to the exogenous factors causing frustration to develop into demoralization. There are many; but the main ones are: home worries, lack of education, bad unit morale and the existence of the possibility of escape. The effect of home worry need hardly be discussed as its effect is evident. Lack of education, on the other hand, may be felt to be a rather academic point. But education is of the utmost importance, for without it men lack a sense of purpose. It is tiresome to be on a detachment in the desert under any circumstances, but if the soldier does not know why he is there, how this particular job fits into the scheme of things and how it aids the conduct of the war in general, it soon becomes intolerable.

Morale, too, is of fundamental importance. It may be defined as the feeling that others are fighting or tolerating difficulties along with oneself; that one’s own weakness is capable of being controlled by the group of which one is a member. Strict discipline, if intelligently applied, is helpful, because it produces this feeling; slack discipline, on the other hand, throws the individual on his own resources. The existence of a psychiatrist, with knowledge and desire to help and give advice, is excellent, but the existence of a psychiatrist, thought of as someone who can send a worried man home, is not only not helpful but even unkind. To the worried but conscientious soldier it is like eating a sumptuous meal before a starving man. The attitude of some men with home worries, “If my application for compassionate posting is turned down, I can go to a psychiatrist and he will send me home,” is bad for morale, for it puts undue strain on the man who tries to do his bit in the face of difficulties. He is being tarlatalized. In addition, it creates in the man who is being sent home the impression that he is ill, which is not true. Thirdly, though of less importance, it leads the psychiatrist to give false diagnoses and use indiscriminately such terms as “Psychopathic personality,” “Anxiety state,” and “Depression.”

The existence of the possibility of escape is of immense importance. It has been said that the neurotic requires certainty. If he is told “You will stay three years in this station and that is that,” he will not like it (who does?), but he will not be perplexed and he will submit to the inevitable.

Corresponding to the two types of response described by Burt as aggressive and inhibitive, we have two clinical types already labelled and recognized by the soldier under the titles of “bloody-minded” and “browned-off.” The former is resentful, intolerant of discipline, and aggressive to his superiors in rank. Nothing done for him is satisfactory, and education schemes or entertainment are just “propaganda.” When there has been some repression of aggressive feeling, the condition may develop into the psychiatrically more serious one where there are outbursts of rage over trivial causes, lack of sociability, and very commonly the man may get really alarmed by his internal tension producing a feeling of “something going to burst inside.” This latter state, where insight into the true cause of his state is being lost, is obviously approaching the true neurosis. In the inhibitive or “browned-off” type, the well-known picture is produced of lack of interest, apathy and sullenness. This type, again, if not taken in hand early, may develop into a more pathological state. The man becomes withdrawn, loses interest in his appearance, and sullenly repeats his request to be sent home. No discussion or argument makes the slightest impression when a man has regressed to this level.

It is of interest to note that primitive peoples may, by frustration of the above type, regress to almost incredible degrees, and appear to be actually psychotic. The Arab illiterate may be in a state of frenzy, and apparently maniacal when thwarted, for instance by being
locked in a detention cell. Or he may lose all social behaviour, crawl on the ground, smear himself with faces or drink urine. When asked questions, he will give absurd answers or be completely mute. Many such cases were initially diagnosed as mania or schizophrenia, but removal from the thwarting environment results in almost immediate recovery. The same naturally applies to all states due to pure frustration.

The treatment and prophylaxis of the frustration-syndrome has already been inferred in the discussion above. When the state has proceeded for any length of time or has attained any depth, it is doubtful if anything can be done other than disposal through psychiatric channels. Unless they are in this hopeless stage when first seen such cases should never be sent to a psychiatric hospital. The prophylaxis as suggested consists in attention to the man's personal worries, good unit education, facilities for sport and recreation and firm but just unit discipline. By the unit M.O. the subject should be treated as a human rather than a medical problem and, if a psychiatrist is to be consulted, it should be as far as possible from the atmosphere of a hospital, and with the understanding that the man is sent purely for advice. It should be emphasized that the treatment is to stop conflict by making it clear that no evasion is possible. Home worries must be referred to S.S.A.F.A. and the question of compassionate posting considered, if at all, as purely a welfare one, the decision of which is to be accepted as final. It must be remembered that the main thing is to avoid opening avenues of escape unless it is intended to go all the way. Such an avenue, once opened, can never be closed, and is demoralizing to the soldier if not implemented. Essentially, however, the problem is a unit one and such cases rarely occur in an atmosphere of good morale.

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