WAR WOUNDS AND AIR RAID CASUALTIES

The following article is a supplement to the series of lectures on war wounds and air raid casualties printed in these columns

THE MENTAL ASPECTS OF A.R.P.

BY

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The mental aspects of A.R.P. are important, because if there is panic or "loss of nerve" all other A.R.P. will be unavailing. The more general aspect will be stated here.

Modern warfare is waged on two fronts—military and civilian (Langdon-Davies, 1938). On the military front men must, in the face of death, work like parts of a machine; their emotional life must be centred on their regiment, and their every action must be shaped to continue the activity of that well-recognized group of fellow-men. If this loyalty is enough to prevent demoralization the task of the attack is to pound the men themselves to bits physically. On the civilian front, on the other hand, the task of both the attack and the defence is different. The civilian population is not organized into regiments which, by special training and tradition, claim and inspire the self-forgetful devotion of individuals. Group-feeling is divided between the family, workmates, and to a varying extent the nation itself (represented by the King and by political and social institutions). Further, the kind of response required of the civilian population is different from that required in the Army. "Business as usual," "Keep the home fires burning," are war-time slogans which have an important military significance, standing for the normality of life for which the struggle is being waged. The task of the attack is to disorganize the morale of the civilian population of the enemy, a thing which can be achieved by arousing so much nervous apprehension that the slogan "Safety first" will be spontaneously in everybody's mind. The object of the attack must be to make the population give up trying to live a normal life or thinking of a normal day's work: the weapon is fear. For the defence to be effective the population must feel that they are being well and resolutely led, that their liberties are being protected, and that protection from danger for individuals is fairly distributed.

Panic

The term "panic" is used loosely to describe a number of conditions: it may be defined as a condition in which the individual experiences the highest degree of dread, in which his social ties are temporarily severed to a greater or less degree, and in which he loses self-control. The degree of actual danger is not the sole causal factor; indeed, no one factor causes it. A predisposition to nervous states plays a large part: there is something in the mind of the predisposed which goes out to meet the danger half-way, and thus in the imagination reinforces it. In dealing with panic the difficulty is to control the imaginative or phantasy element, which is influenced by the unconscious part of the mind.

The anxiety conditions associated with acute war danger found in normal people may be divided into four stages:

1. *The prodromal symptoms* lasting from a matter of seconds to hours or longer, characterized by the feeling that one will not be able to maintain self-control much longer. If the

danger goes off, or if "moral reinforcements" turn up, this may end the manifest trouble.

2. *The acute stage*, characterized by motor overactivity (occasionally paralysis) of the voluntary or involuntary muscular systems, more rarely by stupor or a wish to sleep. During this stage the person may still be accessible to "moral reinforcement," the power of response to leadership is not lost, and the answer to command may be prompt. It should never be assumed that because a person looks "jittery" nothing can be done to steady him. Failing such reinforcement this is the stage where individuals scatter, break formation, and run from their friends and duty.

3. *The chronic stage*, in which there is diminution of motor activity and return of sphincter control, but appetite is disturbed and there is insomnia. Above all, the return of "social sense" is slow, the response to command is feeble or lacking, and the individual has lost his sense of belonging to a group.

4. *The stage of resolution* consists in a resumption of social contact, response to command, realization of responsibility, and return of self-respect. To repeat: it must not be assumed that because a person is "all jittery" nothing can be done for him: his need of help is obvious, and in many cases can be effectively met.

The effects of high explosive fortunately do not bring fundamentally new problems for the psychologist to deal with; the aetiology of this kind of neurosis is basically the same as that of the more familiar peace-time varieties (Jones, 1918). The strain of war conditions leads to the reactivation of latent neurotic conflicts which originate in infancy, and since these are literally unconscious the subject is unprepared for them and cannot control himself when faced with what is to him an intolerable danger. The aetiology and prophylaxis of panic has been discussed at some length elsewhere (Rickman, 1938), but something more must be said of the part played by "moral reinforcements" in overcoming an attack of "nerves."

Effect of "Moral Reinforcements"

Though an anxiety attack in adult life may be precipitated by a present danger, the character it takes will depend not so much on the nature of the danger as on the individual's own mental make-up, which in turn is based on the way in which he managed to overcome his anxieties at a time before his character became consolidated—namely, in infancy. As an emergency therapeutic technique we may employ in the case of the adult those measures which were effective in overcoming the early anxiety attacks. What were the "moral reinforcements" then used? Three main ones may be singled out: (a) manipulative activities; (b) work for others; and (c) membership of a group.

The performance of purposeful acts ("manipulative activities"; Rivers, 1920) helps the individual to get command of his "nerves" and to allay his fears. The military objective of returning a man or woman to duty has therefore a therapeutic value if the individual's mental co-operation can be obtained. This co-operation is best achieved if the person can be got to feel that he is doing something for those with whom he has close ties—that is, he can "make good" damage done in phantasy under the influence of aggressive impulses. It must be re-

membered that panic, and anxiety states generally, are a mixture of apprehension on account of *external* danger, and of anxiety and guilt on account of *internal* unsocial and egoistic impulses—that is to say, there is a mental conflict in the unconscious part of the mind in which both tender and hostile thoughts directed to the same person are trying to find outlet. This conflict produces guilt as well as anxiety, and for a proper understanding of the anxiety reaction the guilt element must be appreciated as well as the influence of the external danger. It is the guilt component which makes the return of the individual to his place in the group a difficult step. (On the other hand, Authority, for its part, must show leadership and capacity to realize the needs of the people, mental as well as physical: to *govern*—that is, to keep order and dispense justice fairly; and to *protect*—that is, supply essential needs of physical and sanitary protection and provide food and distribute all impartially.)

The Social Need

These considerations have practical bearings. The individual must be regarded not only as being a neurological entity, so to speak, but also a human creature with a strong, social need. His dependence on the good will of his fellows and his need to give help to them are as much a part of his mental make-up as his upright posture and developed cortex are of his physical make-up.

The strain of war conditions in the direction of disturbing morale will affect a small proportion of civilian population seriously and a larger proportion subliminally. The aggressive impulses, inevitably mobilized, do not find adequate and immediate outlet, and the individual when dealing with the increased mental tension dreads unconsciously that he will become aggressive to his friends instead of his foes. He does not in these circumstances trust himself with his friends, and therefore his social bonds and his self-confidence are impaired.

Restoration of Self-confidence

The handling of the individual in the early stages of panic, and indeed the whole question of morale in a group if one of its members "gives way," turns upon the "moral reinforcements" which can be mobilized. In an emergency the question is, What short cut can be taken to restore self-confidence? The physician cannot, of course, rely on the patient being reasonable any more than a child in a fit of terror can be reasoned with, so he must deal with the irrational apprehensions which rob the patient of his self-possession. To deal with such a situation the physician should try to discover or guess what sort of thing the patient is anxious about, rather than to discourse to him about what he should do or think. Diagnosis and subsequent handling depend in a large measure on making the right guess as to the nature of the anxieties at the back of the patient's mind. Just as a child in these circumstances needs assurance, so does a panic-stricken adult; the patient desires something to make the fear less, and, speaking generally, that something is a person who will seem to the patient to be stronger than the horrors which haunt him. It is not a case of making the patient invulnerable to external danger. (Physical protection is a help, but to be effective must be recognized as such: fears often blur the judgment badly even on this point.) The important anti-panic measure (other than providing for physical security and an adequate outlet for the aggressive and constructive impulses of the population—which, after all, is the duty of the Government) is to eliminate fears of "internal danger," or going

mad, or of running amuck, and to do this the helper must appear in the patient's phantasy as a steady and kindly parent figure, a reassuring representative of a good or respected authority.

The Doctor as a "Moral Reinforcement"

The doctor, in virtue of the role he is assigned in his patient's phantasy (as well as because of his actions), is fitted to play the part of a "moral reinforcement" to distracted people; but if the profession is going to take responsibility for the quieting of emotional crises it is desirable that those who are interested in this should prepare themselves in advance for this trying duty. Every qualified man knows when he is called to accident what to put in his bag, or when he gets to the scene what he can do in the way of first aid. First-aid posts are being established for physical injuries and are being equipped with appliances that experience has shown to be necessary. First aid in psychotherapy does not require much in the way of outfit, but calls for every bit as much training of personnel and as much foresight in administration. The knowledge that such provision is being arranged would itself be a reassurance. To give only one instance of the reassuring nature of medical knowledge, it is important for doctors to know that the last war did not in fact increase the amount of insanity in the community, or in the Army. If people say that the war danger will drive men mad they can be told with truth that generally it does not have such effects. In this work the medical profession will co-operate with the police (allies experienced in dealing with a distracted populace) and also with the air wardens. These enthusiastic but generally less experienced men will need the help of doctors, who will sooner or later have to take over responsibility for teaching the psychological as well as the physical first aid.

Summary

The mental aspects of A.R.P. cover a wide field—namely, the morale of the population and the reasons for the breakdown of morale in the individual. The progress made in the field of mental pathology since the last war should enable us, by a deeper understanding of the role of anxiety and guilt in the mental make-up of the normal as well as the neurotic subject, to see in advance better than formerly where trouble will arise, and how to meet it. The medical profession should take seriously the responsibility for training themselves and auxiliary personnel in the handling of anxiety or panic cases, and should not delay in beginning preparations.

REFERENCES

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Langdon-Davies, John (1938). *Air Raid*, London.
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Rivers, W. H. R. (1920). Report to Air Medical Investigation Committee.

A leaflet of instructions for the correct application of the Schafer method of artificial respiration has been issued by the Royal Life Saving Society, from the offices of which society, 8, Bayley Street, Bedford Square, W.C.1, it may be obtained free of charge. Envelopes should be marked "Artificial Respiration." These instructions are taken from the actual manuscript (1931) of the late Sir Edward Sharpey Schafer, F.R.S., which was specially written for, and is still in the possession of, the Royal Life Saving Society. The instructions have been adopted by the St. John Ambulance Association, and it is announced that any tuition in this method of artificial respiration which varies from that in the leaflet is contrary to the teaching of the author of the method.