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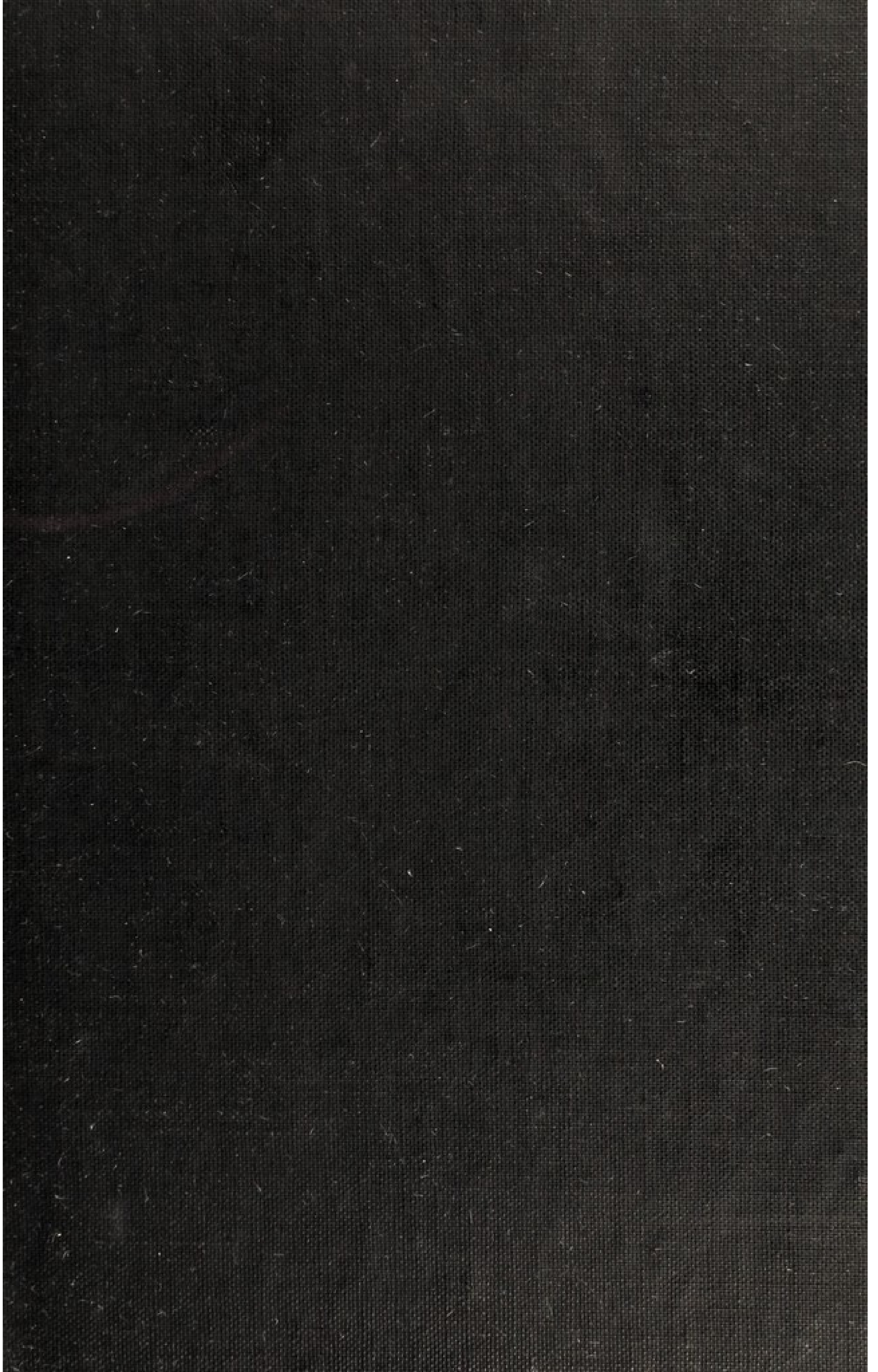

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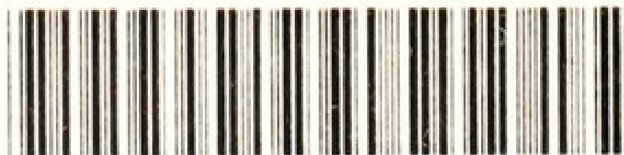

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PSYCHOLOGICAL EFFECTS OF WAR ON CITIZEN AND SOLDIER

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Psychological Effects of War On Citizen and Soldier

by

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FOREWORD

THERE is a special appropriateness that the lectures upon which this book is based, which are concerned mainly with the psychological problems of war, were delivered in memory of Dr. Thomas W. Salmon, who was a colonel in the United States Army in the War of 1914–1918. He was responsible for advising the United States government on the organization of psychological services in the Army. His papers on this topic are still cogent and what he said and wrote then can be used as a sound foundation for similar work in the necessity of today. There is a tendency for the lessons of previous times to be forgotten, but an appraisal of Colonel Salmon's writings can go far to forestall this ancient error.

The book concerns itself also with general principles and the issues that are raised by the occurrence of another world cataclysm, and refers especially to psychological aspects of its causation and to the question of what can be done to prevent in some fundamental fashion its repetition. This is largely a psychological problem and the experience of war itself, as it impinges on a

whole community as this one does in a way never before known, not only fills gaps in our sociological past on what happens in peacetime, but is relevant to the advice that psychologists may give for the planning of the kind of new world that is to emerge after the war.

The more general considerations here put forward are based in part on work done in the Department of Psychological Medicine at Guy's Hospital in the past twelve years or more, and we owe much to the exertions of a succession of colleagues, especially Dr., now Captain, C. P. Blacker, Dr. C. H. Rogerson, Squadron Leader A. M. Campbell, Dr. F. Warden Brown, Dr. C. W. Lambert, Dr. W. L. Neustatter, Miss E. M. Findlay, Miss MacFie, Miss Englebert (Mrs. Behrman), and my former secretary Miss McClellan. For the section entitled "Psychoneuroses among Civilians in War" I am indebted particularly to the Emergency Medical Health Committee and especially to Miss Evelyn Fox, C.B.E. and Mrs. D. H. Hardcastle, one of its organizers, and also to Miss Keir and Dr. Jean Durrant, and a number of other workers connected with the Emergency Health Committee.

For the greater part of the time the Department has owed much to the Rockefeller Foundation, whose generous financial assistance has not only made much of the work possible, but has served as a continuous stimulus to our efforts; to the Medical Research Council, which has subsidized the hereditary studies of Dr. Warden Brown; and especially to the York Trust, which over a long period of years has given financial support on a

generous scale and has enabled the organization to be maintained, thus allowing other funds to be used to the best advantage.

Nor should I willingly forget the voluntary workers, especially Miss Newton, Miss Duguid, and Mrs. Norman. It is upon such people that work of this sort has greatly depended in Great Britain.

I am obliged to the Air Council and to Sir Harold Whittingham, Air Chief of the Medical Service of the Royal Air Force, who allowed me to revert to the status of a private citizen for sufficient time to enable me to make a journey undertaken, in Sir Whittingham's words, "for the furtherance of mutual understanding and contacts between English-speaking peoples on either side of the Atlantic."

R. D. Gillespie

1

CHANGING CONCEPTS IN PSYCHO-NEUROSES

IN HIS book *Adventures of Ideas* Whitehead has traced down through the centuries the course of leading ideas, their first emergence (so far as their beginnings are known), their metamorphoses, and finally the ripening and diffusion of those that have stood the test of time, pruned of their superfluities and their misbegotten excrescences. The history of the theories that have been stimulated by observation of those states that are conventionally called psychoneuroses has followed this pattern. It is possible to discern, in the general notions that have been held about them from time to time, the germs of those modern concepts that can be regarded as scientific. These notions and concepts can be divided neatly into two classes, the physiological and the psychological, each of which has experienced several evolutionary stages.

The notion of demoniacal possession dates from ancient times and was accepted by Willis as late as 1695. It still lingers among the common people of many lands, and was the forerunner of the concept of psychogenesis. The humoral theory, the first of the physiological at-

tempts at explanation, flourished especially in the eighteenth century, when Sydenham, for example, attributed hysteria to irregularity in the distribution of animal spirits—a guess which, as Muncie rather indulgently suggests, may be regarded as an anticipation of the neurologizing theory of a disorder of innervation. Another kind of pseudo physiology flourished in the nineteenth century and in the twentieth, with the notions of nervous "tension" and nervous exhaustion which are especially identified with Janet's name. Janet speaks of the "fundamental phenomenon which plays a part in all disturbances of the mind, the decay, the lowering of the mind which passes from a higher activity to a lower form . . . hysteria . . . as a form of mental depression," and what brings about depression in Janet's opinion is fatigue, and phenomena analogous with it. These are but a re-echo of Hughlings Jackson's views of the law of dissolution of the nervous system, which Jackson himself was certainly willing to extend to delirium; and here, as the rest of this passage from Janet shows, were also the beginnings of the notion of regression.

The psychogenic hypothesis was first explicitly mooted by Brodie as long ago as 1837. This general hypothesis has at least two different aspects, which, as Dalbiez points out, it is important not to confuse. Its first exponents were concerned only with the pathogenic aspects of the psychological factors. Later these were recognized as determining also the content of the symptoms. Janet, for example, adopted the view that hysterical phenomena were the result of the very idea which the patient had of his symptoms; but he found it necessary to employ in

addition the concepts of fatigue, depression of activity to lower levels, and disassociation. Breuer also found it necessary to use a conjunction of psychological and physiological theories to cover the phenomena, so that while he recognized both a pathogenic and a pathoplastic function for trauma, he regarded the hypnoid state as fundamentally a physiological affair. Charcot, in his lectures in 1884 and 1885, when he had already suggested that hysterical paralysis was occasioned by representations, evidently had in mind a merely pathoplastic function for ideas, since he regarded the essence of hysteria as a hereditary and constitutional degeneracy.

Janet foreshadowed the advent of the concept of the unconscious by propounding the view that Charcot's representations were subconscious, while the beginning of the idea of interpersonal relationship as a determining factor in psychoneuroses was Bernheim's and Babinski's view that suggestion was a pervading cause. Finally there came the Freudian contribution in the shape of a hypothesis of mental conflict, as a starting point for a dynamic view of psychoneurotic phenomena. These notions, physiological, psychological, and constitutional, are not necessarily exclusive; some of them, although historically distinct, have much in common. Where an account of the actual mental contents is available from old records of the victims of demoniacal possession, a formulation, unwitting perhaps, but clearly in terms much resembling the most recent dynamic views, is plainly shown. For example, the life history of Sœur Jean des Anges contains passages like this: "At the commencement of my possession I was almost three months

in a continual disturbance of mind, so that I do not remember anything of what passed during that time. The demons acted with abounding force and the Church fought them day and night with exorcisms. . . . As I went up for Communion the devil took possession of my hand, and when I had received the Sacred Host and had half moistened it the devil flung it into the priest's face. I know full well that I did not do this action freely, but I am fully assured to my deep confusion that I gave the devil occasion to do it. I think he would not have had this power if I had not been in league with him. I have on several other occasions had similar experiences, for when I resisted them stoutly I found that all these furies and rages dispersed as they had come; but alas, it too often happened that I did not strongly constrain myself to resist, especially in matters where I saw no grievous sin." (Quoted by T. K. Oesterreich, *Possession Demonical and Other.)*

The description is so clear as to require but the replacement of one set of general notions by another more modern one; temptation could be reformulated as conflict, operation of the will as repression, and good and evil as the super-ego and the id. "Presbyter," said Milton, "is but old 'priest' writ large."

The old theory of a constitutional degenerative process of some kind for psychoneurotic forms of illness, which has been lost sight of in some quarters in the excitement of the discoveries of "dynamic" psychobiology, is being reverted to nowadays. It was only recently that Henderson, in his Salmon lectures, found it necessary to point out that psychotherapists in their one-sided enthu-

siasm for the dynamic view were apt to overlook the psychopathic, or constitutional, or at any rate not apparently psychologically determined, factor. It cannot be said, however, that recent studies have made much more accurate our conception of the constitutional inferiority which Charcot recognizes.

The newer physiological concepts bear less resemblance to the old than the newer psychological theories do to their predecessors. Our knowledge of physiology has changed much more than mankind's knowledge of his own nature. Explicitly physiological notions were naturally enough applied to states subjectively characterized by sensations of fatigue. Earlier writers had emphasized "irritability" in "neurasthenic" syndromes. Beard seems to have been the first to assign "neurasthenia" to exhaustion of the nervous system. Robert Whytt of Edinburgh first described the syndrome without naming it and spoke of the "delicateness" of the nervous system of its subjects. Beard's view endured in many quarters until at least the last war, and even after it in some cases. Thus, according to Burr, neurasthenia is a "really existing condition" of pathological weakness without discoverable lesion.

The influence of a traditional name in vitiating observation and in perpetuating error was shown even in Freud's original formulation of neurasthenia. His concept was still a physiological one, although his postulated "exhaustion" was of sexual origin. The concept of the nervous system as a storage battery which could run down colored the views of Freud and others, especially of Deschamps, but also to a more limited degree of

Déjerine and Gauckler, who, however, hypothecated a psychogenic type of neurasthenia occurring in the same way as Janet had conceived for hysteria, the idea or the memory of fatigue producing the latter.

Nevertheless there is still room in these days for something of the old notion of deficit of energy. People undoubtedly vary in the quality of their available energy. Some are so lacking in energy as to be popularly regarded as congenital neurasthenics. This is not a neurosis but a type of psychopathy in which the original energy endowment is low.

The most recent physiological conceptions of psychoneuroses are of a more dynamic nature than the old. The nervous and mental energy of the personality as a whole is still an ill-defined concept; but Hughlings Jackson's formulation of levels of the functional activity is still fundamental, and Janet's view that fatigue leads to the emergence of more primitive modes of thought—as, for example, in the fatigue which facilitates the obsessive-compulsive phenomena—still has a place. In the present war I have observed a hysterical attack with amnesia produced mainly by fatigue in at least two cases, and a fair number of people with an obsessional type of disposition who have developed a depression and an accentuation or the first appearance of obsessive-compulsive symptoms as the result of prolonged overwork.

The Freudian doctrine of conflict has suggested experiments with conditioned reflexes which have succeeded in finding striking parallels in the behavior of animals, with what we see in humans as the result of mental conflict; but homology is not identity, and a

conflict of responses demonstrates not so much the essence of the situation as the mechanism by which its effects are mediated. Conflict at the representative symbolic level, such as is implied in a psychoneurotic reaction, properly so called, may create similar symptoms. It is not the same thing as a conflict between responses to slightly different percepts. On the other hand, it is only by reference to an underlying mechanism of conditioned responses that some so-called psychoneurotic conditions that result from exposure to bombing could be explained. I suggest that fright neuroses should be called associative neuroses rather than classified as psychoneurotic reactions.

It seems, in fact, that a comprehensive account of our clinical experience would find room for nearly all the physiological concepts that have been advanced over the centuries, and that we should find them useful for distinguishing, for example: (1) congenital neurasthenia, better called asthenic psychopathy; (2) associative psychoneurosis, such as some fright neuroses; (3) hyperesthetic emotional states of weakness due to actual physical depletion of the system generally; (4) psychasthenic reactions—Janet's reduced-level neuroses—but only if occurring after a trying experience or on a constitutional and not a complex-determined basis. Not one of these in the sense in which I intend them is, properly speaking, a psychoneurosis; that is to say, the symptoms are not the expression of psychological occurrences but rather the result of physiological processes expressing themselves in psychological terms.

These mutations of theory have been accompanied by

something that is peculiar to psychoneurotic conditions. The symptomatology or the form of the disorder has changed to some extent, even to a considerable extent, as the theories have changed. As this, although previously recognized, has not usually been examined in detail, it seems worth while to give some attention to it.

When we consider the varieties of general psychological theory that exist today we cannot help remarking the different kinds of observation made by different observers. The various theoretical psychological systems are concerned with the same objects, that is, minds, but the differences in the observations made by adherents of each doctrine are so well known as not to need recapitulation. Again, one observer of a group which works with a common set of theories may seem to discover certain constellations of ideas or complexes in his patient's mind much more often than the others do—for example, anal-erotic manifestations. Again there is some evidence that dreams may be suggested to a patient as the result of discussion or hypnosis, as I think I have observed. Once again, therefore, we have evidence of the effect of the observer's thought on its objects. It follows that not only is the actual form of a psychoneurotic reaction often related to the mental content of the observer but that the content of the patient's thought may also be partially derived from this source. I am reminded of the famous passage of Eddington's, where he describes man's attempt to discover the real nature of the universe in formulating the laws of physics, of light and motion. When mankind has stumbled at last upon the footprints of the ultimate reality he discovers that in

the final analysis "the footprint is his own." These reflections on the partial dependence of the apparent mental content upon the thought of the observer are of some importance when we consider the fundamental pathology of psychoneurosis and the analysis of psychotherapeutic results. They have significance also for the scientific status of psychopathology. The psychologist's fallacy is traditionally known, but the psychiatrist's fallacy is more complex; not only may he distort the facts of observation by false intuition, but some of the facts both of form and content may have been put there unwittingly by himself.

Changes in the Form of Psychoneurotic Reactions

That there are changing fashions in diseases—or, more correctly, fashions in diagnosis—has often been observed. It is worth examining how this comes about. The doctor's share is sometimes fairly obvious. He discovers, or thinks he discovers, a new syndrome—forms a concept, in other words, of what the "disease" should be like—and proceeds to find it in a surprising number of patients. The new concept is usually seductive, and it is not long until other doctors are attracted by it and proceed to fit some of their patients into the new diagnostic framework.

Medical history in the past fifty years provides some good illustrations of this process. Who nowadays sees much of "mucous colitis"? Yet at one time it was, as the popular description of the season's fashions says, "all

the rage." One of the memorable passages in Axel Munthe's famous book *The Story of San Michele* is concerned with this complaint: "It soon became evident that a new complaint had to be discovered to meet the general demand. The Faculty was up to the mark—a new disease was dumped on the market, a new word was coined, a gold coin indeed, COLITIS! It was a neat complaint, safe from the surgeon's knife, always at hand when wanted, suitable to every man's taste. Nobody knew when it came; nobody knew when it went away. I know that several of my far-sighted colleagues had already tested it on their patients with great success, but so far my luck had been against me." But where is mucous colitis now? In our health statistics, or in our filing cabinets? *Ou sont les neiges d'antan?*

"Nervous exhaustion" was another idol of the market place. It is not sufficiently realized that to understand anything fully—whether it be a human being, a political movement, or a scientific term—one has to know its history. The concept of nervous exhaustion dates from a consultation with Dr. Weir Mitchell. Cushing tells the story of Dr. Mitchell's opportunism in his *Life of Osler:* "I have just walked home with Weir Mitchell from the Biological Club at Wm. Sellars, and he told me on the way of his discovery, if one may so call it, of the rest treatment. About 12–14 years ago a Mrs. S. from Bangor, Maine, came to consult him. . . . She was a bright intelligent woman who had as a girl attended a Boston school in which Agassiz and his wife were interested, and passed through the four years' curriculum in three years. She had then married, and within

as short a time as possible had had four children, with the result of a total breakdown of body and mind. Boston and New York physicians were tried for a year; then she went abroad, and in London and Paris saw the most eminent consultants, and spent months at various spas; but in vain. She returned a confirmed invalid—full of whims and fancies. Standing at the foot of her bed Mitchell felt that every suggestion he had to make as to treatment had been forestalled. Every physician had urged her to take exercise, to keep on her feet, to get about, and she felt that this was the best. Mitchell, on the inspiration of the moment, told her to remain in bed. The improvement persisted. She has since borne several more children, and has been the soul of many enterprises in her native town. An incident, post mortem so to speak, was a letter from Mrs. S.'s mother, a wealthy woman, a speaker at temperance meetings, full of 'isms,' etc. She wrote to Dr. Mitchell that bodily comfort and ease, health and enjoyment might be dearly bought if at the price of eternal peace. For he had recommended her daughter to take champagne and to have a maid to assist at her toilette. The former she considered not only unnecessary but hurtful; the latter, quite superfluous, as any well instructed New England husband was quite capable of helping his wife in her toilette."

The regime based on this diagnosis was destined, as we now know, to create as much nervous exhaustion as it cured. It is recorded that soldiers in the last war, fatigued by the Mons retreat and treated on Weir Mitchell's principles, remained fatigued until the end of the war or after it. Rest *in excelsis* was the keynote:

hardly a muscle was allowed to be moved, not even the more or less involuntary muscles if it could be avoided, and the bladder was even emptied by catheter. A colleague of mine, who had treated patients by this method long ago, was met by one of them twenty years later with these words, "Don't you remember? You treated me twenty years ago for nervous exhaustion, and I've been tired ever since." But where now, except in war, do we see cases of "nervous exhaustion"?

What is the explanation of the passing, or at any rate the great attenuation and circumscription, of two such revered "clinical entities" as "mucous colitis" and "nervous exhaustion"? Wilfred Trotter made a memorable remark in his oration celebrating the anniversary of the first recorded removal of a brain tumor. The occasion was one that medical men delight to embellish with banquet and toastings, seemingly forgetting the somber human foundation for their gratulatory feast. Trotter said, "Gentlemen . . . let us remember the patient. He was young, he was courageous—and he was about to die." Thereby he emphasized what the psychiatrist never forgets: that the patient's personality must always be remembered even in such an "objective" physical complaint as a brain tumor. But even a psychiatrist does not always remember how much greater must be the part played by the patient in conditions which are physically less tangible, and may even originate entirely in someone's mind—his mind or his physician's, or in the minds of both, acting in conjunction in a way not always suspected by one of them, and often not even by either.

It seems extremely likely that the rise and fall in the incidence of "mucous colitis" and "nervous exhaustion" depends on factors of this kind. The physician, having discerned a syndrome, or more often having conceived a theory and being anxious to fit clinical observation to it, inquires for the component symptoms deduced from this thesis rather than induced from a larger series of observations. The patient, who is both suggestible and anxious to please, ponders and obliges. But after a time the novelty wears off, especially when other physicians, not having the pride of paternity in the syndrome and the theory, do not get the same results. Interest wanes, both in the medical and the lay public. The "disease" once popular is now little more than a curiosity of medical literature. It would agree with this account that the only patients I have seen in the last ten years or more with the classical "nervous exhaustion" have been doctors of about fifty and over. In their medical youth nervous exhaustion had been a popular and even an honorable disability. Highly organized nervous systems, heaven-born instruments, were especially prone; and what was more likely to play havoc with the strings than the harsh discordances of long hours of work and little leisure, and harassing scenes of disease and death, especially when a private income or a pension was available with which the affliction could be comfortably sustained? And so the disease swept over its not altogether unwilling victim, and he retired to some quiet spot to pass his days in restless peace. These men were, so to speak, doctor and patient in one. Their minds were

primed by their teachers of the period with the etiology and with the symptoms, and their own inclination ("the wish to fall ill") supplied the rest.

Another syndrome, surgically inspired, and known as "dropped kidney," has disappeared altogether. The symptoms were vague ("neurasthenia") and the treatment was by nephropexy. One surgeon published a series of over one hundred cases of nephropexy performed for "neurasthenic" symptoms. But who performs nephropexy for this syndrome now? One can imagine these surgical forbears of ours returning to the scenes of their labors, and in quavering accents singing, "Where are the songs we sang?" The modern successors of their patients are less happy than those who preceded them. It is a disturbing thought that the more knowledgeable and the more precise medicine becomes, the greater (and not the less) becomes the scope of the quack. As the range of certainty widens so the scope for wishful thinking narrows, in medicine as everywhere else; and the patient who wants not a hair shirt of discipline, but slumber wear of the softest texture, must go more and more to the quack.

Hysteria, above all other psychogenic reactions, illustrates changes in medical fashions. Moreover the patient's share is not always unwitting. Indeed it is possible that the patient plays an active part in drawing the medical picture of the "disease," even, let it be admitted, hoaxing the doctor. The condition is commonly said to have a "protean" symptomatology—a description which should be suspect. It is one of the oldest "diseases," but for the present purpose it will be enough to consider the past sixty years, which is the time during which

modern medicine may be said to have flourished. The case records of Charcot, to whom hysteria was a physical and not a mental complaint, are replete with young women in strange attitudes and posturings. *Attitudes passionnelles* and other contortions were of daily occurrence in his wards. After describing a complicated aura which begins near a "spasmogenic point," Charcot describes an attack in a young male hysteric as follows: "It is divided into two periods, acute, distinct, and separate. In the first, the patient experiences a few epileptiform convulsions. Then comes the period of the great movement of salutation, movements of extreme violence, during which his body makes from time to time the characteristic arc of a circle; at one time forward (emprosthotonos), at another time backward (opisthotonos), the head and feet touching the bed, and the body making a bridge. All this time the patient gives utterance to savage cries." Another young man, following pressure on his hysterogenic zone, had a "painful aura" beginning in his right testicle and ending in the region of the head, followed by the "epileptoid" stage. "The patient assumes the strangest and most outrageous attitudes in a manner that fully justifies the designation of clownism. From time to time the contortions stop for a moment, and give place to the characteristic 'arc de cercle' with only the head and heels resting on the bed, or with the head and heels and only the buttocks resting on the bed; or the body is bent in a lateral 'arc of a circle'—or the 'illogical attitude' (sic) is assumed in which the patient rests only on his shoulders, with body and legs extended in the air."

Charcot's *grande hystérie* was world famous. But Charcot is dead these many years. Many of his ideas have been undermined or have passed away, and so also have his strangely performing patients. I remember a young man in a hysterical opisthotonos at out-patients ten or twelve years ago; and a young woman with convulsive movements that symbolized an erotic scene (recorded by Dr. Felix Brown in the Guy's Reports); but, apart from these, little that conformed to Charcot's descriptions has come under my observation. Young women (and young men) are still suggestible, and still prone to hero worship on the one hand and disappointments and dissatisfaction on the other. The only item in the situation that has altered is the medical one. Charcot and his ideas are no more.

Morton Prince's writings are another landmark in the history of hysteria. His distinctive contribution was the "multiple" of "dissociated" personality, and his most famous patient was "Miss B.," who had three selves, all more or less distinct, and each possessing Miss B.'s executive functions in turn. In Miss B. the personality known as B.1. was made up almost entirely of the religious and ethical ideas with corresponding instincts which formed one side of the original self: "In the personality known as 'Sally' we had for the most part the chronological and mood complexes of youth, representing the enjoyment of youthful pleasures and sports. . . . This was a resurrection of child life. In B.4. the complex represented the ambitions and activities of practical life." But in spite of the fact that her case furnished the basis for an elaborate and in fact lucid theory of unconscious mental processes,

she has had no successor. She seems indeed to have been Morton Prince's Pygmalion, the daydream of an artist rather than a scientist, come to life out of his imagination only. In other words, Sally played the part assigned to her. No multiple personalities are seen nowadays. With their better knowledge of the hysterical type of personality, doctors nowadays are on their guard against creating them.

A hysterical patient of mine once tentatively mentioned a few ideas which might have been used as the nucleus of another "personality"; but the tendency received no encouragement from me. No more was heard of these ideas, and the patient is now well. This is as near as I have ever come to witnessing the emergence of a secondary "personality." I have little doubt from her other achievements that the theme could have been elaborated, without much effort on my part, into another "Sally"; but we left it alone, and she is now a reasonably normal woman. I do not think that there is much reason to doubt that Charcot's *grande hystérie* was an artifact in which the hysteric's not sufficiently recognized histrionic capacity had a large share. I say "histrionic" capacity of set purpose, because while in most medical writings the capacity of the hysterical patient to produce symptoms is attributed to suggestibility—a primitive instinctive reaction which they are thought to possess in greater intensity than other people —I believe it often depends on a more positive contribution by the patient. The hysterical personality is one that enjoys the limelight, and when there is added actual histrionic ability there is a strong temptation to play

any part that medical groping for symptoms may suggest.

It is perhaps as well for the profession's reputation for sense and discernment that hysteria is a private affair, and that there exists no society of ex-hysterics eager to publish a book of reminiscences recording how they had duped their doctors. I remember a patient whose career as a hysteric had begun at fifteen, when, in order to evade something she disliked, she feigned a pain in her abdomen after eating fruit. A surgeon was summoned, which alarmed her at first, but she could not bring herself to say she actually felt no pain; instead she went on with the drama, even to the extent of allowing an appendicectomy to be performed. The etceteras —nursing home, doting mother, flowers—were nearly worth it.

The only part of the hysterical syndrome which has been popular of recent years is "loss of memory." Its popularity must be attributed partly to newspaper reports, since the press has been fond of featuring this particular affection. The case of someone or other who has been picked up somewhere by the police, suffering from "loss of memory," is a favorite theme. In peacetime most such cases I have seen of recent years were fleeing from justice in some sense or another, and all of them recovered their memory in a very short time, with varying degrees of gradualness and grudgingness. It is difficult to believe in most of them, perhaps in any of them, that memory was ever beyond the effort of voluntary recall. When I have asked them afterward whether they had really forgotten, some of them have replied

that they had not really forgotten but that they did not care to remember. Another, an intelligent woman, wrote some years afterward that her frequent "fugues" and subsequent amnesias were all a pretense. Recently I saw a young man who had wandered away from hospital and professed to have forgotten his name and all personal details. I explained that he was deceiving himself, and that he really knew his name, and after only a few moments he blurted it out.

The same thing holds for "fugues," for which patients profess amnesia. The ordinary view appeared to be that the patient first loses his memory, and then in consequence loses himself. Actually what appears to happen is that he wanders away, not knowing what to do to get out of his difficulties, and then, finding his troubles no less as the result of such an aimless tactic, he "forgets" where he has been. The woman patient I have mentioned had frequently indulged in fugues of this sort; she afterward confessed that she had been perfectly aware of what she was doing.

There are, I believe, some genuine amnesias of this kind, when the topic is so painful that the patient is deprived of the power of recall, just as a physical pain may deprive one of the power to move a limb to its full range, although the muscles may be intact. This is probably true of some of the amnesias from war experiences. Much was made of them in the psychological literature of the last war, and great importance attached to recovery of the repressed memory. Recovery of the memory is important for the patient's ultimate comfort, but not very important in other ways. It does not

make the soldier more likely to go back to duty. Those who deal with their impressions in this way are not likely to be able to assimilate subsequent impressions of a similar kind any more effectively. Moreover, those who react in this fashion are a small proportion even of those who react pathologically to war experiences. The great majority of those who develop psychoneurotic reactions remember their painful experiences with remarkable vividness. Those who forget are usually forgetting something of which they are ashamed—cowardice, or what they think has been cowardice, in the face of the enemy.

In peacetime, gross hysterical disabilities have become rare. Hysterical paraplegia, probably the commonest of the gross hysterical signs, might almost be said to have gone out of fashion as the result of Babinski's discovery of his famous reflex—called by Walshe "the most important single sign in clinical neurology." This "acid test"—so it is apt to be regarded by the medical mind—prevents doubt in the doctor. When the doctor has no doubts, scope for the patient's inventiveness is much less. I remember one paraplegic patient's response to treatment in hospital: "Don't make me well too quick, or what will my people say?" Like the girl who submitted to appendicectomy, having once adopted a sign or symptom he found it impossible in honor to abandon it. On this hangs the success of certain forms of psychotherapy in hysterics; they provide a tangible and honorable excuse for recovering.

It is remarkable how closely some hysterical patterns of disease conform to the disorders they imitate. Medical

examinations, often repeated, have suggested to the patient what he or she is expected to exhibit. A patient whom I recorded in the *Lancet* some years ago gave a remarkably accurate picture of hip disease, and received several prolonged courses of treatment based on this diagnosis. Another I recollect had a very complete and convincing set of symptoms that would have fitted well with the diagnosis of pyelonephritis, except that there were no abnormal urinary findings; and still another showed signs and suggestions of cerebellar disease, of the nature of which he himself could have had no previous knowledge.

These are examples of patients who accommodated themselves readily to the doctor's preconceptions, although the latter did not happen to be those of any fashionable complaint. In the commoner disabilities, it is the patient's preconceptions obtained from common talk, newspaper accounts, etc., that are more important.

There are two general factors responsible for fashions in disease: the state of medical knowledge and belief, and the popular medical folklore of the time. An age which no longer believes in being struck dumb, or blind, or paralyzed, or "poisoned," and which knows enough to look for tangible material causes behind natural effects, is not going to suffer much from psychogenic lameness or blindness, any more than it suffers from the "vapours" of Jane Austen's time. It is only in time of war, with its consequent revival of primitive thinking, as shown in the recent revival of interest in astrology and other types of magic, that such gross disabilities become more common.

The pattern of war neuroses is greatly influenced by doctors, and it is in war that the effect of medical suggestion in actually producing psychoneurotic reactions, at any rate in their chronic if not in their earlier stages, is most readily seen. Squadron Leader, now Air Vice Marshal Tyrell, remarked that "shell shock" was an "unfortunate and expensive error in nomenclature." The term became universally known, and the implications were deduced by those who had reason to develop symptoms, so that tremors and gross hysterical paralysis and the like became in some quarters almost fashionable. Tyrell remarked that later in the war, when the troops learned the signs and symptoms of shell shock, the percentage incidence among fresh troops undoubtedly increased. For these reasons the Shell Shock Commission in 1920 recommended that the term be dropped entirely.

"Reflex paralysis" was described by French neurologists as a condition of local muscular weakness, cyanosis, oedema, and trophic changes in limbs following gunshot wounds where there had been apparently no actual injury to the nerves. In their hospitals these conditions were fairly frequent and their course chronic. In England, under Hurst's influence, the pathology, which was supposed to be a kind of axonic reflex, was scouted; the condition was not regarded as a clinical entity distinct from hysteria and cases conforming to this type were cured by persuasion and suggestion.

"Disordered action of the heart" was another special type of war psychoneuroses which attained great prominence and notoriety. Where there is no recent history of infection and no organic lesion, symptoms of this

sort can be explained as the effects of anxiety upon the bodily system most in use at the time, usually the cardiovascular system in infantry. It was not seen much in the Air Force, and in this war it has been found but little in flying men. However, there have been a considerable number of cases among army recruits. This time the condition has been called "effort syndrome," which is, if anything, worse, since it is more obviously suggestive to even the most uninitiated mind. Special hospitals have been created for these conditions. As the late T. A. Ross remarked: "D.A.H. has now been officially abolished and the same symptoms are now labelled 'Effort syndrome.' I have met patients who believe this to be a serious disease, and I think we are back pretty well where we were."

All these are changes of form. The reactions are evidently related to the observer in a unique way. The reaction is not only an object of thought; it embodies some of the observer's concepts. In other words, the form of the illness is to be conceived as a product of inner factors in the patient, and of factors imposed by the environment. As the theories entertained by the observer are an important part of the environment, it follows that changes in theory and form will be closely related.

Historical Changes in the Apparent Content

There are historical changes even in the apparent content. The most systematic and, as A. Lewis has called it, "the most dialectically unassailable" system, or "explanation" of content, is the Freudian. The changes in

Freudian theory have aspects which have not usually been remarked upon. Sexual trauma, as everyone knows, was the starting point of the theory of the relation of the cause to both psychoneurotic content and form; then the trauma was found not to be real. In the light of the present discussion it becomes conceivable that the fantasy was often not even in the patient's mind, but in the observer's first of all. In this connection it is worth recollecting that at one time the psychotherapeutic method involved indicating to the patient what might be expected to be found behind certain manifest content. To the theory of sexual trauma as fantasy there succeeded a delineation of the Oedipus complex and of its occupancy of the central or "nuclear" position. There followed upon this a description of the super-ego and emphasis on the aggressive tendencies rather than on the erotic ones. Then the Oedipus situation was found to exist in a pregenital era, and finally, according to Klein, "the infantile depressive position" has been regarded as the nucleus of all future psychoneurotic developments. At each of these succeeding stages the content ascribed to psychoneuroses was in terms of the contemporary stage of discovery. Advances, or at any rate alterations, in theory were made in each case by the pioneering interpretative ability of one person; other observers then followed and found the same thing, as is well shown, for example, in Glover's account of the London Analytic Group's acceptance of Klein's newest formulations. The discovered content, in other words, has varied with the theory. This is not at variance with the progress of science; someone makes an original ob-

servation and others proceed to improve upon it. But the analogy with physics is not precise. The successive formulations of the nature of the atom have not been of different things but have consisted of different conceptualizations of the same thing, whereas changes in psychological theories have represented the discovery of different things behind the same phenomena. What is remarkable is that the phenomena, i. e., mental content, themselves seem to change with each refinement of theory, or, more accurately, since some analytic observers have followed Klein and others have not, the mental content undergoes a change in the hands of some therapists but not of others.

Changes in theory, changes in form, and changes in content dovetail into one another and make this science one in which the relative positions of observer and observed are of as much importance, in their way, as they are, in another sense, in Einsteinian physics.

2

CONSTITUTIONAL FACTORS IN PSYCHONEUROSES

PSYCHONEUROSES are in the ultimate analysis social disorders of individuals. They are symptomatic of a disturbance of social relationships mentally "introjected." These disturbed intrapsychic relationships may be either in regard to other persons or to oneself. They represent, in Adolf Meyer's phrase, "the interplay of personality functions and life experiences." Their social origin is the fundamental characteristic of the various syndromes to which the term is applied. In other words, the essential pathology of psychoneurotic reactions is a social psychopathology; and it is especially through the study of psychoneurotic reactions that psychiatry becomes a social science. Constitution, in the sense of innate predisposition, plays a part in some cases, but not in all; and in fact in this group of disorders the share of constitution in the strictest sense is not only less definitely explored and established than in the case of other reaction types, but is probably less important. The psychoneurotic reactions in this view are produced and sustained by psychological factors, and can be made to lapse by alterations in the psychological

conditions, either internal or external or both, brought about by *ad hoc* treatment, or by psychological self-rectification, or by the accidents of life.

It is remarkable that more emphasis has not been placed on distinguishing between symptoms psychologically produced, symptoms psychologically precipitated, and symptoms psychologically sustained and continued. Symptoms that are psychologically produced are explicable in terms of psychological factors (e. g., phobias), whereas symptoms only precipitated psychologically I would designate as symptoms depending on peculiarities of the patient's constitution which happen to have been released by a psychological pull on the presumably physiological trigger. Asthma is an example of the latter type, and so also may be manic excitement and constitutional depression. Symptoms psychologically sustained depend for their existence mainly or entirely on psychological causes, and lapse with the subsidence of the latter, such as, for example, the precordial and duodenal pain of anxiety, the phobias produced by mental conflict, and the depression of self-pity. Such symptoms are usually understandably connected with the psychological factors, and do not depend on a special reaction peculiarity or idiosyncrasy of the individual as do asthma and manic-depressive syndromes. Such idiosyncratic reactions as manic-depressive episodes are apt, although not always, to be self-perpetuating. The fundamentally psychoneurotic reaction in this view is one that is produced and sustained by psychological causes, and one that changes when these have changed. There are probably transitional symptoms also, in the sense that what

is psychologically sustained may become physiologically ingrained in some way—habit formation, in effect. These distinctions are worth making for the sake of clearness, even if they depend on a philosophical dualism. The dualism can be regarded as a temporary descriptive convenience.

There are rare exceptions to the rule that a psychologically precipitated but predominantly constitutionally determined form of reaction runs a self-regulating course, for sometimes psychoses precipitated by psychological factors disappear on their removal, and are possibly also sustained in their course predominantly by psychological influences. This is true of a few instances of manic-depressive reaction types and probably also of some schizophrenic psychoses as well. For example, I have seen a young man with a schizophrenic psychosis precipitated by a conflict over his marriage, which had taken place without his parents' knowledge; this psychosis disappeared when he had obtained their forgiveness, as he regarded it. T. A. Ross recorded the cure by explanatory psychotherapy of a young man who complained of genital paraesthesiae, and of voices ridiculing him, and of a feeling that there was an influence against him. The recorded recoveries in the rare "chronic manics" have followed, in a striking proportion, some kind of shock; but the psychological rather than the physiological significance of such events in the recorded cases is dubious.

A working definition (taken from an article in the *British Encyclopaedia of Medical Practice*) which endeavors to exclude the exceptional instance of a psychotic

reaction activated, sustained, and cured by psychological factors is this: "Psychoneurotic reactions are abnormal mental states exhibiting either mental or bodily symptoms or signs, or all of these, which are the result of persistent mental conflict over personal relationships, past or present, in regard to others or to oneself, and which are susceptible of cure by psychological means, the patient retaining the same view of the real world as the ordinary man; whereas in the types of reaction called psychotic the world is viewed in the light of delusional and hallucinatory experience, of disorder of thought, or of profound disturbances of feeling."

Differentiation from Psychoses

It is true that there are no exact boundaries in nature. Boundaries are in any event concepts, not external realities. Least of all in the study of human personalities is it possible to delimit differences exactly. As Meyer has constantly reminded us, we are not dealing with diseases but with reactions. When some writers speak of psychoneuroses as being but milder degrees of psychoses they are thinking in the sense of disease entities, which, as Allbutt pointed out, are what diseases never are: "There has been a tendency to regard disease as something imported into the system. A cancer is no more a disease than the hyssop on the wall. A cause of disease it may be, but the disease is the tissue which is irritated, invaded or choked by the growth."

It may be that what is meant is that the psychoneurotic and psychotic syndromes mark different degrees of

intensity of reaction of the same mind to stress. And it is true that the same individual may react at one time with psychoneurotic and at another with psychotic symptoms. For example: A young man who when I first saw him presented only morbid fear of heart disease later presented obsessive compulsive symptoms, especially hand washing and preoccupation with urination, and later, seen some years afterward, he presented a fully developed schizophrenic reaction, in which he attempted to murder his father. But this is an exceptional instance. There is little evidence that psychoneuroses and schizophrenia are significantly associated. For example: of 106 parents of patients with anxiety states of psychoneurotic form only one was found with a schizophrenic psychosis. (F. Warden Brown, personal communication.)

That there is some relationship of anxiety psychoneuroses with depressive psychoses (not specifically manic depressive) is suggested, however, by the same investigator's finding that of these 106 parents six had depressive psychoses, while, on the other hand, of 42 parents of hysterics none had depressive psychoses. Since there is evidence that disturbances symptomatically indistinguishable from anxiety psychoneuroses may occasionally be manifestations of a mental disturbance whose course is entirely like that of recurrent depression, it may be that this appearance of depressive psychoses among the parents results in part from the inclusion, among the propositi, of psychotic disturbances of the symptomatic form of anxiety. Ross, following up 1,186 cases of the anxiety and hysterical types after a period varying from

two to twelve years, found that fifty had become psychotic, i. e., between 4 and 5 per cent. This may mean only what is undoubtedly true, that some psychotic reactions start with symptoms of psychoneurotic form. The essential differentiating factor is one of pathology, the predominating pathology of psychoneurotic reactions being a psychopathology of personal relationships, while the essential pathology of other forms of reaction is a pathology of the body. It may be said aphoristically that whereas disturbed social relationships produce psychoneurotic reactions, the inverse case holds for psychoses, since psychotic attitudes produce disturbances of the social relationships.

Differentiation from Psychopathic Personalities

The relationship of psychoneurotic reactions to psychopathic personalities is one of considerable practical importance. As Henderson pointed out in his Salmon lectures, too often psychotherapy is undertaken without an appreciation of the fact that the psychoneurotic symptoms spring from a psychopathic background. The nature of the relationship becomes clearer when we decide how the two categories, psychoneurotic and psychopathic, vague as the latter is apt to be in its application, stand to one another theoretically: "Some mental constitutions resemble externally the metaplasia which the organs of the body occasionally exhibit; their development goes so far astray as to resemble a "disease" in itself, although in fact the condition is normal, *for that individual.* Hence, while most mental diseases are

departures from a previous normality for the individual, others *are* the individual, who may be subject at intervals, like any other person, to episodic disturbances, which for him are the only actual "disease." Such persons are described as having a "constitutional psychopathy" or a "psychopathic constitution," or a "constitutional psychopathic inferiority," and may have superadded episodes of a psychoneurotic, a manic-depressive, a paranoid, or some other type of reaction.

It follows that when the "constitutional psychopaths" are awarded a separate subdivision in classification this classification is made on a principle different from that of most of the subdivisions or "diseases." The latter belong to the series of reactions. The constitutional psychopaths are really a subdivision of a different series altogether—the series of personalities or constitutions, and not of diseases or reactions. The reactions of the psychopaths may belong in turn to any one of the subdivisions of the true reaction series.

There is another general consideration, which might lead us to include some psychopathic personalities among the reaction series. The complexity of an individual mind depends enormously on its history. One of the distinguishing characteristics of living matter, although not completely peculiar to it, as Bayliss pointed out, is that its state at any moment is always partly determined by its own life history. The condition at any moment of a bodily organ, such as the heart, depends considerably on antecedent events in which it has participated: for example, a diphtheritic or rheumatic infection. An individual mind has not only a similar kind of develop-

ment, but is to a large extent composed of its previous experiences. From this, two considerations follow: since an individual mind incorporates into itself many of the events in which it has participated, a kind of precipitate, as it were, of the environmental experience forms within it, and subsequent developments may depend largely on the mind's internal reactions to this precipitate. If development deviates from the normal course, the result is a "disease," which, although at first sight of entirely inner origin, is actually a reaction in Allbutt's and Adolf Meyer's sense. There are therefore theoretically two senses in which the word "constitution" may be applied to mental constitution: the congenital, probably inherited constitution, and the acquired—the latter being the result of persistent maladaptive reactions to experiences so early encountered that the individual's mental development is ever afterward biased by them, and is never known to have been different. The mental processes which produce this type of constitution, or habitual maladaptation, are apparently of the same sort as those that produce what we call, for convenience, psychoneuroses; so that if psychopathic personalities are defined symptomatically only as chronic, lifelong maladaptive mental states, then some psychopathic personalities are in fact nothing but chronic psychoneurotic reactions in which the past, very early, intrapsychic social maladaptation has persisted and colored all subsequent social relationships to an internally distressing or socially disabling degree (cf. Alexander's concept of the neurotic character given on p. 45 below). We have therefore the following possibilities:

(1) A psychoneurotic reaction in a personality previously normal, i. e., without previous subjective discomforts of an excessive kind, and with no history of having been a cause of disturbance or disappointment to the community.

(2) A psychoneurotic reaction in a psychopathic personality of the inherited constitutional type. Since psychopathic personalities find special difficulty in social adjustment it follows that frequently psychoneurotic symptoms will be found in them.

(3) A psychoneurotic reaction so chronic and severe and of such early origin as to merit the symptomatic description of psychopathic personality.

Pathology of Psychopathic Personality

A distinction I would make is that psychopathic personalities represent abnormalities in the energy endowment of the individual, while psychoneuroses involve defects only of its distribution as the result of maladjustments in the introjected social relationships. Psychopathic personalities other than those which are nothing more or less than the nearly lifelong aggregation of psychoneurotic symptoms are conceivably manifestations of an abnormality primarily at the physiological level, concerning especially the energy endowment but involving also the capacity for emotional resonance and the inhibitory functions of the central nervous system; while, on the other hand, in the psychoneurotic reactions these features are within normal limits, and it is only the direction of energy and the constellations of emotions that

are abnormal. Mental and nervous "energy" is a vague concept, but it stands for something that is real, the characteristics of which can be deduced to some extent. According to Murray: "Not only can the individual introspect at any moment and give an estimate to the degree to which he feels energetic, but his judgement will often be found to correspond with what an observer would say on the basis of external signs." Thus there are personalities in whom the amount of energy is much less than will enable them to make a successful struggle for existence; they are the inadequate psychopaths of Henderson, and some are the congenital neurasthenics of the older terminology.

Another kind of energy-defect leading to fatiguability may be responsible for the lack of sociability of the extreme schizoid, to whom social contacts may be distasteful ultimately because the constant reception of social stimuli is fatiguing. In other psychopaths the energy is not well sustained; in Spearman's phrase, they "lack persistence." These are the unstable changers of jobs, the chronically infirm of purpose. Their energy is usually of modest quantity. It should be added that it is not intended to suggest that all the infirm of purpose come into this category. The psychoanalytical conception of the neurotic character is given, for example, by F. Alexander, who describes "neurotic characters" as people who suffer from no very definite symptoms, but whose behavior is to the highest degree impulsive and frequently compulsive, and this behavior is held to be the result of unconscious guilt leading to self-punishment by repeated disappointments in life. But it would be

odd if uniformity of purpose had a uniform pathology.

The concepts of intensity and endurance as two measures of liberated vital energy are accepted by some authors. Some psychopaths show, as one would expect on such a hypothesis, these possible variants: low endurance and high intensity; or, the other possibility, low intensity and high endurance, which does not enforce notice as a rule. But it would be surprising if such personalities did not exist to complete the picture, and I have seen rare examples of this sort of pathological perseverator.

In another group the energy endowment appears to be ill balanced, so that, if it be considered that an instinctual pattern can be inherited, then one may suppose that one component in the pattern may be disproportionately endowed with energy in comparison with the normal balance. These are another kind of unstable psychopaths; if it happens that the energy endowment is not only ill distributed between the instinctual components, but in one direction is very excessive, then what Henderson has called a "creative psychopath" may be the result.

Although they are not generally labeled unless they form very pronounced examples of their type, it is conceivable that many obsessionals are people with defects of cerebral inhibition. Thought processes persist in them which in ordinary people would die spontaneously. That this is probably so is suggested by the influence of fatigue on them. It has been particularly noticeable under the conditions of war that the obsessional conscientious type of personality breaks down with depression and anxiety more rapidly than the average, especially if they are

consistently overworked. Moreover, they recover spontaneously with rest from their duties. Fatigue and inhibition are so closely connected physiologically that the susceptibility of obsessional personalities to fatigue suggests at once that in their case it is inhibition—which is already less than the average—that is further weakened by fatigue. The fact that obsessional compulsive symptoms may be released by brain damage, for example in postencephalitis, also points to failure of inhibitory processes in the cortex.

Thus it appears that the pathology of psychopathological personalities can be considered in terms of quantity of energy, its relative apportionment between inborn trends, the degree of persistence of cerebral process, and the degree to which inhibitory processes are developed in the subject's brain. Degrees of cerebral inhibition may be brought into the scheme, so that the explosive irritability of many psychopaths can be described as dependent on an excess of aggressiveness coupled with a defect of inhibition. Defect of inhibition might also explain the tendency of some to the accumulation of emotional tension, and the consequent inability to tolerate frustration.

This distinction between a pathology of social relationships and a pathology of energy-characteristics is worth making, since it is true, I believe, that the individual disorder is defined only when, along with the symptom group to which the individual instance is assigned, there is stated also the particular pathology and the course of the disorder. The pathology of the constitutional psychopath, other than the chronic psycho-

neurotic, is to be conceived ultimately in physiological terms; that of the psychoneurotic type, in psychological social terms. That the latter type of description is more detailed than the former is an accident of the present-day state of knowledge.

Terminology is an arid topic as a rule and is often the refuge of the uninspired. The scholiast and the acute observer are not usually the same person. Terminology is particularly confused with regard to hysteria, and I suggest that instead of overworking the term "hysteria" so that it refers alternatively to a type of personality, a collection of bodily signs or of bodily complaints, or of mental symptoms, and a particular type of psychopathological formation, that the hysterical personality should hereafter be called the "histrionic personality" (of which Lady Caroline Lamb in Cecil's book *The Young Melbourne* is the best description I know); that Meyer's term "dissociative dismnesic complex" should be used for the motor disabilities and the amnesias; that "hysterical hypochondria" should be used for the body complaints of this type; and that "anxiety psychoneurosis, phobic type," should be used for the morbid fears usually covered by the term "anxiety hysteria" in the Freudian terminology.

Relationship of Psychoneuroses to Constitution

It is not in accord with the facts to maintain hard-and-fast dividing lines between psychoneuroses as acquired, socially derived reactions on the one hand and constitutional disorders of any kind on the other. The

two are even especially likely to occur together in varying degrees of interpenetration. But it happens that the relationship of psychoneuroses to constitution is not nearly so fully documented as the relationship of psychotic reaction types to constitution. In particular, attempts at hereditary studies are few, for the very good reason that such studies are exceptionally difficult. The problem is complicated by the circumstance that certain mental attitudes are transmitted by imitation, suggestion and countersuggestion, and in the more complicated ways, the elucidation of which is mainly due to the psychoanalytic school. Remembering these difficulties I asked Dr. Warden Brown to undertake the study of the familial incidence, and, if possible, the heredity of psychoneurotic conditions. His data, obtained during the course of several years, had not yet been published, partly because of the great practical difficulties in obtaining reliable controls, but in a personal communication he has given me this summary:

Twenty-one per cent of the parents of patients diagnosed as having anxiety states (63 cases, 106 parents, 200 sibs) of psychoneurotic type have themselves anxiety states, while 5.6 per cent have depressive psychoses. When one parent is abnormal (with an anxiety or depressive state) 13 per cent of the sibs have psychoneurotic anxiety states, 10 per cent have anxious personalities, while 44 per cent are normal. With two normal parents only 6 per cent of the sibs have anxiety states, while 79 per cent of the sibs are normal.

Some calculations have suggested that as much as 5

per cent of the population at any one time are suffering from psychoneuroses of one kind or another. The figure is probably too high, but, if we utilize this very dubious figure as a control, then, with one parent abnormal, the incidence of anxiety states among the sibs of a psychoneurotic anxious patient is nearly three times the incidence among the ordinary population, and the incidence among their parents four times as great. It appears that there is at any rate a familial concentration of psychoneurotic anxiety states ("anxiety hysteria"). Whether these figures indicate anything of importance hereditarily is a matter for further investigation. They do not seem explicable on grounds of imitation only. The 6.1 per cent where neither parent is anxious is not significantly in excess of what has been guardedly assumed for the incidence among the normal population. The 5.6 per cent incidence of depressive psychoses of one kind or another among parents is considerably higher than among the general population, and suggests a hereditary connection between psychoneurotic anxiety states in general and depressive psychoses, but the considerations mentioned above regarding the problems of symptomatic distinction have to be remembered.

Nineteen per cent of the parents of patients with a hysterical syndrome (hysteria being confined here to the occurrence of somatic signs, and not merely symptoms) suffered also from hysteria, while 60 per cent were normal and 15 per cent were unstable psychopaths.

The proportions are virtually identical with those for anxiety psychoneuroses, and very much in excess of the incidence of gross hysterical reactions among the or-

dinary population in modern days at least. It is of considerable interest that the ratio of male to female births in these families of hysterics was found to be 60 to 100 (whereas in anxiety psychoneuroses the ratio was about even). The suggestion of a hereditary, or at any rate a congenital, factor for hysterical reactions is by that much stronger. Lange's finding in the families of male homosexuals is recalled by it, the ratio of male to female births in these being in the opposite direction—800 male to 600 female, or proportionately twice as many males in the families of male homosexuals as in the families of hysterics. But the results may only mean, as Warden Brown points out, that hysterical reactions are more common among large families of girls. A constitutional factor for hysteria in its grosser forms seems to be, on more general and admittedly vague grounds, not unlikely. It has always seemed to me that if we are to credit the existence of massive disassociations, such as gross paralysis, fugues, multiple personalities, and the like, they must be made possible by a constitutional make-up very different from the average. The conversion of mental excitation into bodily signs is a phenomenon that even Freud's ingenuity found mysterious.

Of the parents of obsessional patients only 7 per cent had obsessive-compulsive states while 20 per cent had obsessional personalities. A. Lewis, on the other hand, in a study of fifty patients with an obsessive-compulsive psychoneurosis, found nearly double this proportion (37 per cent) of parents with obsessional traits, while four of the parents had been psychotic and 44 per cent had

been treated for neurotic illness of some kind. Imitation and suggestion are far less likely here, since obsessive-compulsive ways of thinking are far less clamant than hysterical attitudes and demonstrations, and far less infectious than anxiety shown in ordinary ways. Lewis's 22 per cent of neurotically ill parents of obsessive-compulsive patients compares with the 21 per cent of anxiety states among the parents of those with anxiety reactions and with the 19 per cent of hysterical parents; this strengthens the hypothesis that, since imitation and suggestion are far less likely with the obsessional group, the approximate 20 per cent of neurotically ill individuals among parents of psychoneurotic patients, generally, represents the influence of hereditary factors.

All of us must have seen obsessional traits appear very early in the lives of children of parents with similar characteristics, and several other observations suggest some kind of physiological basis for this type of temperament. The obsessive-compulsive phenomena of epidemic encephalitis are well known, while this war has at least demonstrated that fatiguability, or at least fatiguability of inhibitions, is one of the disadvantages of the obsessional temperament. The need for completeness observed even in the young obsessional reminds one of the analogous observations of the Gestalt school, the need for perceptual closure, as if both involved a physiological tension of some kind.

The data which Warden Brown has collected with such painstaking zeal over a period of some years suggest that psychological reactions of all types have a familial concentration, that this is not wholly to be ex-

plained by transmission by example, and that hereditary factors exist. The rate of incidence among sibs seems to rule out the activity of a dominant gene. It is to be supposed that it is a capacity for anxiety, a capacity for dis-association and an obsessional mode of thought respectively that is transmitted; and that, for a psychoneurotic reaction to appear, a mental conflict involving socially introjected personal relationship is still necessary. In his analysis of "general traits" or "attributes," H. A. Murray distinguishes anxiety as a general trait, a conception which fortifies from more general considerations the clinical induction.

Another part of our search for evidence of the weight of constitutional factors has been concerned with early childhood, and the correlation of such habits, attitudes, and symptoms as may be observed there with the subsequent development of symptoms of a psychoneurotic type. In the study of the relationship of functional nervous disorder to rheumatism in childhood, Neustatter observed that 42 per cent of nervous children were nervous before the age of two, and that there was a significantly greater incidence of nervousness before the age of two in rheumatic children, and in children of bad physique, compared with a control group. "Nervous" connotes children described as nervous by the parents, who say they were timid, anxious, restless, reacting overmuch to stimuli, bad sleepers, fearful, tremulous, ill at ease, and, in the case of older children, addicted to fears and worries. Nervousness before the age of two might, of course, be due either to a constitutional factor or to causes appearing very early in life. These findings were

based on accounts obtained from the parents. The matter was carried further on a more satisfactory basis of evidence by C. H. and B. Rogerson, who, using the records of the Salamon's Infant Welfare Centre at Guy's Hospital, showed that children in whom feeding difficulties entailed their sooner or later being given artificial feeding exhibited in after years a pronounced contrast to a breast-fed group of children (reared in otherwise similar circumstances) as to quantity of appetite, sleep, incidence of enuresis, jealousy of a younger sibling, morbid fears and nervousness at elementary school age. The breast-fed group (A) is contrasted with Group B (infants with feeding difficulties) in the following table:

Main group	*Percentage with poor appetite*	*Percentage with poor sleep*	*Percentage with enuresis*	*Percentage with fears*	*Percentage with nervousness*
Group A 61 cases	29	15	18	21	32
Group B 47 cases	43	19	27	32	49
TOTAL	36	17	22	26	40

The school records of Group A, the breast-fed group, were significantly better than those for the artificially fed group. As the Rogersons point out, this aftermath may be due either to constitutional difficulties, not the effect of the early feeding difficulties but the cause of them, or it may be the effect of the feeding difficulties

themselves. Here is the old difficulty of distinguishing the effects of nature from those of nurture, carried nearly as far back as it is possible to go; but what is at least demonstrated is that disorders of the same symptomatic form as psychoneurotic disorders are correlated with very early events in the infant's life, and that the predisposition either already exists or is formed in that early period. Psychoanalytic theory in its interpretation of the effects of weaning would give its support to the preponderating importance of the early acquired factors in opposition to the constitutional ones; but this work on early feeding difficulties gives an objective demonstration of at any rate the early existence (from whatever source) of a predisposition to symptoms of psychoneurotic type.

The next step is to know what the relationship of such symptoms may be to the incidence of psychoneuroses in adolescent and adult life. The Rogersons' paper provides a standard of comparison with (a) the incidence of such symptoms among the normal child population and (b) the childhood of those who develop psychoneuroses in adult life.

In a group of young male adults who have developed anxiety psychoneuroses in the face of war conditions, 79 per cent had exhibited morbid fears in their childhood, or three times the proportionate incidence in the total 109 children in Groups A and B. Fifty-four per cent had exhibited "nervousness" in the sense of excessive timidity in their childhood and boyhood, and 59 per cent "nervousness" in the sense of instability of mood (depression, anxiety or irritability), obsessional char-

acteristics, inferiority feelings or solitary habits. Twenty-eight per cent gave a history of poor sleep, and only 14 per cent a history of enuresis. It appears therefore that those who develop war neuroses had been drawn disproportionately—I would go further and say almost but not quite entirely—from those who in childhood had exhibited morbid fears and "nervousness," and probably therefore also especially from those who had exhibited difficulties in adjustment in the first six months of life.

	Percentage with poor sleep	*Percentage with enuresis*	*Percentage with morbid fears*	*Percentage with nervousness*
Groups A and B Rogerson (109 mixed cases)	17	22	26	39
War neuroses previous history (56 cases)	28	14	79	54
Healthy young adults: previous history (50 cases)	8	4	20	20

Predisposition, Personality, and Psychoneuroses

How far personality traits are constitutional and how far acquired is a matter which can only be decided in individual cases, and then not finally; but their study is a tentative contribution to the constitution problem. Psychiatric study of the pre-existing traits of personality in people who develop psychoneurotic reactions has

been scanty, relative to the parallel studies of psychotic types. This is surprising, especially in view of Meyer's conception of mental disorder as habit deterioration, which is a view that appears to us, prima facie, as especially understandable in psychoneurotic reactions. Psychoanalytical studies in this field have focused around certain theoretical conceptions and have related groups of traits to nuclear complexes.

It is now a commonplace that the better acquainted one is with a psychoneurotic patient, the more likely is one to find traces of long-existing symptoms or of neurotic character traits. This is implied in Ross's broad contrast, for example, with manic-depressive patients who are well between attacks, while psychoneurotic patients have seldom been well. That there is truth in a general sense in this statement is shown in a follow-up study of 153 out-patients two years after their attendance at Guy's Hospital. Only those who replied (153 out of 500) are recorded here:

	50 Anxiety Psychoneuroses	*Ratio*	*103 Depressions*	*Ratio*
Symptoms	33 = 66 per cent	2	42 = 40 per cent (approx.)	2
No symptoms	17 = 34 per cent	1	61 = 60 per cent (approx.)	3

In the group of psychoneurotic anxiety-states the distinctions between symptoms and character trait are artificial in some respects, the more so as the underlying psychopathology may be almost identical.

A study of 37 patients with psychoneurotic states which I made at the Cassel Hospital many years ago, without attempting this differentiation of symptoms and character trait too closely, showed that the following characteristics were frequent in the group: concentration on work to the almost complete exclusion of recreation, yet often with actual dislike of the particular job; emotional instability with a strong bearing to the depressive side, with a pessimistic outlook and general tendency to worry, and some specific fears; a capacity for affection, of the dependent rather than of the protective type; a predominating feeling of inferiority and lack of confidence and initiative, yet with a considerable ambition and sensitiveness and shyness and reserve, with lack of inclination or of ability for social intercourse.

In a similar number of hysterical patients with gross hysterical signs these characteristics were much less frequent. The outstanding feature was the greater evidence of social maladaptation such as general ineffectiveness and the occurrence in their earlier history of small anti-social acts, such as lying, stealing, truancy, and the like, as if in fact they had by contrast with the anxiety-group a poorly developed social conscience. The development of the latter depends, as is now agreed, on the values of the earlier introjected personal relationships, but it may depend also on the constitutional capacity for emotional resonance. The difference between the two groups may represent in part a constitutional emotional difference, and this reminds us of the traditional view that the hysteric's emotional displays are compensatory for a lack of feeling. These observations coincide with those

of Kraulis (quoted by D. K. Henderson), who found among "socially abnormal personalities showing the hysterical type of reaction" 28 per cent mentally defective, 63 per cent who had been in conflict with the law, and 86 per cent who had shown abnormal character traits from childhood. Another group of "episodic hysterical reactions showed the same features to a lesser degree."

The traits enumerated for the anxiety-group suggest strongly that the outspoken psychoneurosis, when it comes, is only an accentuation of nearly lifelong habits. On the other hand, an analysis of the earlier personal relationships will show how presumably constitutionally anxious affectivity served as fuel for conflicts and consequent attitudes which, but for the quality of the emotional endowment, might not have taken shape.

Psychoneuroses and Physical Constitution

An attempt was made to assess the physical constitution of nervous as distinct from psychoneurotic children by anthropometric means, with a view, for example, to finding whether the concept of the "nervous child" described by Cameron (asthenic and lordotic with night terrors, restlessness, and fatiguability) could be given more than a clinical impressionistic basis; but the difficulty of establishing standards in growing children discouraged the effort. It was then decided to turn to types of physical illness, which from general experience were thought to be associated not only with simple psychological precipitating factors, but with habitual ones,

i. e., personality traits, in the hope of making a step toward the study of a constitutional basis for predisposition to psychoneurotic reactions. Asthmatic children were chosen for this purpose. It was found that so far as personality traits were concerned they belonged to a group showing more than average nervousness in the sense of restlessness, excitability, fidgetiness, and overactivity; lack of confidence, including overanxiety, fearfulness, and insecurity; and aggressiveness in the sense of irritable domineering and aggressive behavior, together with an I.Q. above the average.

It may be that this supports the hypothesis of a constitution (especially when one considers its connection with a higher than average I.Q. which must be constitutional) that is prone to asthma, on the one hand, and is predisposed to psychoneurotic reactions, on the other. In this connection Rogerson remarks that some of the children appear to be of such a nature as, even without external provocation, to be prone to make social adjustments difficult for themselves.

This illustrates once more the view that psychoneurotic reactions are a manifestation of disordered social relationships, naturally occurring more often in those whose temperaments predispose them to social dissatisfaction. It is conceivable that the same physiochemical organization that makes a child asthmatic, on the one hand, may make it aggressive and restlessly active on the other, with excessive anxiety—or, more simply, tension—as a consequence of thwarting or threatened thwarting of these two characteristics.

Electro-encephalography affords another clue to the

nature of the constitutional basis of certain temperaments. According to P. A. Davis, "we already have data which show the relationship of the E.E.G. and behavior. The stable person whose behavior is predictable, whether he be a normal person in society or a schizophrenic at a hospital, presents a stable pattern. The unstable person presents an unstable E.E.G." This lends some slight support to the conception I have advocated of the pathology of psychopathy as essentially one of the quantity and distribution of mental energy—assuming that mental energy and brain function are in some way connected.

There is some evidence that at a lower level of integration than that represented by the central nervous system there is a constitutional inadequacy in some individuals with psychoneurotic reactions. In an investigation of patients whose main symptom was fatigue, carried out at the Phipps Clinic many years ago, it appeared that it was especially the cardiovascular responses that showed inadequacy. This has been demonstrated in a much more satisfactory way since then by MacFarland, who found that in psychoneurotic patients there was, as a rule, a low Schneider index, indicating a significant degree of something—probably functional circulatory unfitness—together with abnormal sensitivity of the circulation to reduced oxygen pressures. Seventy per cent of them showed extreme variations in pulse rate and blood pressure before collapsing in an atmosphere of diminished oxygen tension, whereas only 14 per cent of controls suffered collapse.

3

SOCIAL FACTORS IN PSYCHONEUROSES

ALTHOUGH the general statement, as we shall see, is not true, namely, that a lower incidence of psychoneuroses means a more advanced cultural level, there is some reason to think that one measure of the success of a civilization may be the incidence of psychoneuroses among its people. This makes it desirable to study particular social conditions in relation to the incidence of psychoneuroses, while not forgetting to take account always of the situation as a whole. Mannheim has remarked that "for reasons which it is difficult to gauge there is already a tendency in everyday life either to concentrate almost exclusively on the individual and his character or on the outside world. . . . What we really need is a stubborn observation which never fails to perceive the social aspect of every psychological phenomenon and to interpret it in terms of a continual reaction between the individual and society."

Family Life

Social factors comprise mainly family life, education outside the family, and marital, economic, occupational, and social opportunities; but probably the greatest of these is the family. Quite apart from the antics of the

child's fantasy, gross faults of upbringing which appear time and again in the history of psychoneurotic patients are potent causes of subsequent psychoneuroses. I am referring here only to positive faults, the sins of commission; the negative things, the things that might have existed, or might have been done, are far more difficult to assess and control. There are two obvious criticisms of this now almost universally accepted conclusion that many of our psychoneurotic patients have suffered from, and their psychoneurotic illnesses apparently been generally created by, shortcomings in family life. One is that these shortcomings may appear clearly in the history of those who do not suffer from psychoneuroses. This argument can be met, if not entirely disposed of, by taking the grossest indications of the failure of family life and comparing them with the incidence of such failures among the normal population. The data for delinquency are suitable for this purpose since it may be maintained that delinquency is often the obverse of psychoneurosis, and that if a child or adolescent had not been delinquent it would have been neurotic.

The general trend of the data in delinquency is well known. One example is furnished by the recent Home Office report on the juvenile delinquency in England, which shows that more than 50 per cent of the cases came from "broken homes," while intensive case studies undertaken in conjunction with these mass results seem to put the matter beyond doubt. In a group of ninety-six families in which problem children had occurred that had been brought for advice to Guy's, in thirteen instances there was no father; in nine instances there was no

mother; and in seven instances there was no father or mother. (Thirty per cent of the whole.)

How does the "broken home" work to produce this effect? There are many possibilities, not only from the dissatisfactions and anxieties produced in the child's mind by the absence of one parent from his world, but from factors still operating in the parent's mind. One of the few mainly environmental psychoanalytic studies that exist suggests that the main operative factor found in what is generally entitled the "broken home" is separation from the mother, at least for a time. Out of twenty-two children who had experienced this separation arising from breaking up of the home Bowlby described fourteen as "affectionless thieves," whereas out of sixty-eight who had not experienced such a break only two were "affectionless thieves."

It has always to be remembered, of course, that what produces the "broken home" may also be largely responsible for the instability of the child. In other words, a common basis may be hereditary psychopathy.

As regards psychoneuroses in adult life and their relationship to "broken homes" in childhood, an analysis of eighty-seven consecutive cases of war neuroses has shown that twenty-seven, or 31 per cent, came from homes where the parents were either separated or divorced, or one of them was dead, or had deserted. In a control group of parents of similar age, generally with surgical conditions resulting from war service, only seven out of fifty had lost one or both parents by death in childhood or early adolescence (six by death and one by divorce). In the war neuroses group thirty, or 35 per

cent, of the mothers were described as "neurotic" (mainly overanxious or domineering), while three, or 4 per cent, were described as unstable. Of the fathers, eleven, or 12 per cent, were described as neurotic, and ten as unstable. It seems likely that the effect on the sons, who were as a group overanxious or lacking in enterprise, or both, was not simply or even mainly the effect of separation, but of contagion, as it were, from the remaining parent—usually the mother.

Such data meet the second objection that might be urged against the thesis that the incidence of psychoneuroses is one of the measures of the success of a culture and especially of its family life. The objection is one that could be based on the nature of the psychoanalytic evidence which emphasizes so much the role of fantasy rather than fact in the production of psychoneuroses, and that might suggest that psychoneurotic conditions have nothing to do with reality, whether social, cultural, or otherwise. There is no fantasy about these figures of death, divorce, and separation, and yet not necessarily a contradiction of psychoanalytic theory since ultimately such conditions must work intrapsychically, i. e., through fantasy stimulated by fact.

CONTRASTS BETWEEN THE EFFECTS OF TREATMENT IN (A) PREDOMINANTLY PSYCHONEUROTIC AND (B) PREDOMINANTLY PSYCHOPATHIC CONDITIONS

A more difficult criticism to rebut lies in the question: What causes this disruption of family life, or, more specifically, how far are delinquency and neuroses the

result of factors transmissible in the germ plasm rather than of the imperfect satisfactions of the child's needs and longings? The answer to this question could probably be given by considering the results of treatment of neuroses or delinquency in (a) children from broken homes and (b) children regarded as psychopathic, i. e., ill in a way depending not on an acquired but on a constitutionally and probably a hereditarily transmitted basis.

A group of the first type from broken homes has not been examined by me for this specific purpose, but a group of neurotic and delinquent children whose difficulties depended largely on the sort of dissatisfaction that is engendered by disrupted relationships of parents in general, and who were treated as it happened mainly by the method of environmental manipulation, i. e., by instruction and advice to the parents with some actual brief treatment of the latter, was contrasted with a control group of untreated children suffering from a miscellany of psychoneurotic symptoms and behavior disorders. The treatment, which was based, of course, on an appreciation of the child's emotional needs, appeared to bring about improvement in a considerable percentage in comparison with others not so treated. Thus the "recovery" or "improvement" rate in a group with behavior, personality, habit, and psychoneurotic disorders followed up two years later was 76 per cent. This contrasts favorably with the results observed by McFie some years earlier in an untreated group of school children in whom the "recovery" or "improvement" rate was 53 per cent in a group of 322 children. The method of

collecting figures, while it was the best that could be devised at the time, and was very conscientiously carried out, contained possibilities of error; but these are the only figures available to us of the spontaneous recovery rate in the types of disorder now under consideration.

TABLE 1

School Children Showing Various Types of Difficulty Classified According to Result of School Handling (McFie)

	Personality deviation			*Behavior disorders*			*Habit disorders*			*Scholastic difficulties*		
School	X	Y	Z	X	Y	Z	X	Y	Z	X	Y	Z
A	3	15	14	–	10	16	–	13	24	1	3	6
B	1	2	8	–	1	6	–	1	18	–	1	4
C	–	6	6	–	3	–	–	1	25	–	–	3
D	–	24	8	–	9	3	–	12	3	–	4	2
E	1	6	13	1	4	8	1	11	22	–	1	–
F	–	6	7	–	2	4	–	1	4	–	–	1
H	–	12	16	–	5	10	–	6	12	–	2	4
TOTAL	5	71	72	1	34	47	1	45	108	1	11	20

X . . . Difficulty cleared up completely
Y . . . Difficulty cleared up partially
Z . . . Difficulty persisted

Owing to the fact that some of the children presented more than one type of difficulty, an addition of the totals gives 416, while the actual number of the children concerned is 322.

It appears therefore that treatment based on the presumption of a pathology of disturbed social attitudes is appreciably effective, and it was remarked in the same paper that "cases of behavior disorder" depending on family disharmonies, "so gross as to suggest a diagnosis of moral imbecility, can clear up surprisingly well if properly handled"; and that "the more the behavior can be shown to be the outcome of environmental factors, including in that term the play of affection or the reverse around the child, the better the prognosis." While of psychoneurotic conditions it was remarked that "we have been surprised to find how readily psychoneurotic conditions in children subside on a mere change of environment; how they may stay away so long as the environment remains suitable, and how, if properly handled, they need not necessarily relapse on the return to the family."

It is not justifiable, however, to conclude that what is improved or cured by alterations in certain factors, in this case environmental ones, has been produced by correlated environmental factors of a noxious kind, unless it can be shown that similar disorders not judged to be reactions to environmental faults are not similarly affected by treatment of the same sort. I am, of course, purposely taking extreme cases, and am not at all unmindful that in nearly all instances there is an intermingling of the two types of factors in varying proportions. A step toward furnishing a proof of this case was made by Mrs. D. H. Hardcastle's inquiry into the results obtained in children sent from the Child Guidance

Clinic at Guy's Hospital to approved residential schools. The totals are too small to be reliable but the trend is apparent and is worth following up. Of sixteen cases whose psychoneurotic symptoms or behavior disorders were regarded by the doctor as mainly the outcome of environmental difficulties, fourteen were afterward found by the social worker to be making satisfactory adjustments, while out of sixteen cases with pronounced personality disorders regarded by the doctor as not mainly explicable as reactions to the environment, but as constitutional in origin, only five were making satisfactory adjustments. The material is not ideal for my purpose since 51 per cent of the second group had "broken homes" and 30 per cent of the first.

These results so far as they go, and I admit they are tentative, tend to support in a statistical fashion the thesis that that earliest cultural factor, the family, is of great significance in the genesis of psychoneurotic reactions and their equivalent, and that the constitutional factors already discussed are of much less importance in this group of conditions.

ECONOMIC STATUS

The a priori expectation is that the poorer the economic status of a section of a given population, the greater the incidence of psychoneurotic conditions. This assumption is made on the ground that the frustrations as well as the traumatic situations are likely to be greater in this group, but it is sometimes forgotten that desires and repressions are also apt to be less. A

study of the children at various economic levels of the population showed, in fact, that nervousness of nearly all kinds was actually less in children of the poor compared with children of the well to do. In a group of fifty poor families only 20 per cent of the children were nervous, and 56 per cent were not, compared with 38 per cent nervous and 36 per cent not nervous in fifty well-to-do families.

These data are for children, but they can be taken as reflecting the state of the corresponding adults since "there was a statistically significant relationship between the presence of a worrying disposition in the parents and of the presence of anxiety and a tendency to worry in the children irrespective of class." It was evident, in fact, that the psychological constitution of the family was the important matter, and not the economic status; "even very bad social conditions left the children unaffected psychologically provided the psychological home constitution was good." The preponderant difference in the parents of the three groups was the prevalence of an anxious disposition often combined with irritability in either or both parents in Group 2—the well to do. The likeliest general explanation is that "he that is down need fear no fall." The well-to-do parents may be supposed to be among other things the most competitive, as well as the most intelligent, which are the reasons why they are well to do. While the middle class may be less ambitious, and on the whole more secure, the poorest parents have either never been competitive or have become reconciled to their lot.

TABLE 2

Poor Social Conditions in the Production of Neuroses

(Neustatter. *Lancet.* June 25, 1938.)

Particulars of Children Obtained from Parents

	Groups— 1	2	3		*Groups—* 1	2	3
	PERCENTAGES				PERCENTAGES		
*Restless or irritable in first year of life	9	11	30	*Personality traits—*			
				Timidity	14	24	17
				Shyness	19	34	14
Difficulties at school age	4	6	8	*Aggressiveness	19	6	34
				Obstinacy	12	3	20
Anxiety symptoms							
Fears	21	25	32	*Behavior problems	10	0	27
*Night terrors	4	4	29				
*Restless sleep	14	10	35	Enuresis	14	11	11
*"Phobias"	0	3	8				
Mood:				*Listlessness	8	0	0
*Instability of mood	14	6	48				
*Depression	7	0	0				

Groups: 1 100 children; 2 and 3 70 each.

* = A "notable difference" between all or two of the groups. (See text.)

Table 3

Poor Social Conditions in the Production of Neuroses

(Neustatter. *Lancet.* June 25, 1938.)

Results of Questionnaire to Parents

	Groups—					
	1	2	3	1	2	3
Average income per head per week	11/-	19/-	?	11/-	19/-	?
Money for food per head per week	3/6	6/8	?	3/6	6/8	?
General Characteristics:		*Father*			*Mother*	
Unemployment (over six months)	21	0	2	–	–	–
Ill health	8	0	2	7	8	3
Insobriety	4	0	3	2	1	0
Unsteady	3	2	1	2	1	3
Unsociable	–	–	–	6	3	3
Bad tempered	8	0	17	15	3	13
*Anxious disposition	3	4	24	12	15	31
*Depressed disposition	4	0	9	7	4	8
Reaction to Social Factors:						
*Worried by social conditions	6	3	3	8	7	4
Depressed by social conditions	7	0	2	0	0	0
Resentful of social conditions	2	0	0	3	0	0
Worried about money	6	5	12	7	7	9
Worried about debts	0	4	0	0	0	0

Groups: 1 poor; 2 middle-class; 3 well-to-do.

* Defined in text.

APATHY

One observation that is not taken into account is the item "listlessness" in the children of Group 1: this is most easily attributed to the poorness in nutrition and relative poorness of physique compared with the others; but it is possible that it is mainly psychologically produced, and that it represents apathy as a result of frustration. What suggests this reflection is the occurrence of a cognate phenomenon in the long unemployed and in certain war neuroses after long and repeated exposure to danger. It is not a symptom of which the parent complains; it is rather something that is observed in him, and it is not necessarily the precursor of psychoneurotic symptoms of the usual kind, although it may be. It is an example of the kind of sign with which a preventive psychiatry would have to be acquainted.

EDUCATIONAL STATUS

Educational and economic status are closely connected, although matters are often arranged so that the abler children of poor parents may receive education in the scholastic sense that is equal to the best. It does not appear, however, that education has an immunizing effect on the liability to psychoneurotic and allied conditions, but rather the reverse, as if it were indeed true that "he who increaseth knowledge increaseth sorrow."

One measure of the effectiveness of an education is the type of interest possessed by its beneficiaries afterward. A study of the interests of the economically poorer class of patient, those attending hospitals as out-patients

and living mainly in the working class area around Guy's Hospital, showed how limited their cultural interests can be. Ready clues to them, as C. P. Blacker observed, are the columns of the popular press. "These are bought because they simultaneously reflect and guide the tastes of their readers. Among men, football matches and Test matches, horse, dog and dirt track racing, games, sports and politics are favorites. Of interest to women are dress, fashions, cosmetics, domestic economy, 'Home Chat' of various kinds, babies and children in their various aspects. Of more equal interest to both sexes are crimes and criminal trials; sensational and 'amazing' events such as scandals, accidents or catastrophes; 'health' subjects such as new diseases, treatments, cures, and health 'tips' by actresses and other people with reputations for vitality, beauty or youthfulness; sexual subjects such as birth control and the ways of modern youth; and religion as set forth by eminent divines, authors and 'scientists' who controvert with one another in the daily press on immortality and cognate topics."

Mr. Seebohm Rowntree's observations in his study of poverty and progress among the Yorkshire population are to a similar effect. In most cases the interest is weak; only a few have what Blacker calls "pivotal" values, i. e., values which in one way or another "can justify life and give it coherence and make it on the whole worth living in"; and these few "rarely become neurotic." "They are found more often among the sufferers from organic illness than among the psychoneurotics." It appears that education should attempt to provide pivotal values and that its failure is not less but in fact more pronounced

apparently among the well to do than among the poor. It may be that it provides too often a wrong kind of pivotal value—for example, the desire for power. The chief goal of life, as Blacker says, in people in whom this desire is the pivotal value "is to make money, to get promotion, to reach the head of their profession, to acquire influence; in short, to dominate a milieu." All these, of course, are on the whole values more of the well to do than of the poor. "What will it profit a man if he gain the whole world and lose his own soul?"

A certain kind of higher education is in this sense a vocational and not a cultural education; it is the means to materialistic ends, a provider of pivotal values which foster and do not prevent neuroses. These observations and reflections are especially apt at the present time, since for many people who have no pivotal values in times of peace the war provides one ready made.

Occupation

ACTIVITY AS INSTINCT AND WORK AS SENTIMENT

Occupational dissatisfaction as a cause of psychoneurotic reactions is more readily illustrated by individual case records than by statistical methods. The conditions that make for occupational satisfaction or the reverse are so complex that general impressions may be misleading; "what is one man's meat is another man's poison" in this respect, and two very different occupations might be clearly effective in producing neuroses for reasons that in one case lay with the occupation and in the other with susceptible individuals. There is reason, for ex-

ample, to believe that elementary school teachers are more likely to break down than secondary school teachers, but is this the result of the nature of the work or of the type of individual choosing it?

A given occupation can contain such diverse possibilities as to render its general name of little value as a category. Medicine, for example, covers many types of interest; it may be partly for this reason that psychoneurotic illnesses seem to be relatively rare in doctors once they are qualified, but it is probable that the realistic nature of their education and comparatively free choice of a particular career, the fact that in such a large proportion of cases they are their own masters, and their sense of responsibility to others, all act as preventives of the development of an occupational neurosis in them. A stern appreciation of the realities of their calling also plays a part; loss of health means loss of livelihood. There is much in medical life from which one might learn in the prevention of psychoneuroses so far as social factors are concerned. I suspect that the main preventive of neuroses in doctors and in professional men generally might be summed up in the phrase "professional attitude." The individual identifies himself with his job, which becomes a pivotal value for him. Psychoneurotic reactions to occupation are likely only when the job or employer or his surrogate has come to be regarded as an enemy. Where a man can say "I am a doctor" or a carpenter or a solicitor, rather than "I work in a bank" or in an office or in a factory, psychoneurosis on occupational grounds is less likely.

This also appears to be one of the reasons why psy-

choneuroses appear to be less frequent in the present war than in the last; for even among the infantry a man tends now to be more and more of a technician and less a foot slogger. The same thing may account for the remarkably low incidence of psychoneuroses among personnel of the R.A.F., for everyone who flies, and a large proportion of the ground staff, has what I have called "the professional attitude," whether he be a pilot or an air gunner, a mechanic or a rigger, so that his patriotic devotion is reinforced by his pride in his particular technique and his devotion to his job.

> . . . Whence comes this vein of flawless resolution?
> This wanton bravery?
> Some of it is the exultant lust
> To destroy and risk destruction
> Suddenly canonized by war.
> Some of it is the joy of flight
> And the consciousness of difficult achievement.
> Some of it is in the heady tingle of excitement
> Linked to the glow of adulation . . .
> In some it is a competent profession.
>
> ("Formation." From *Autumn Shadow and Other Poems.* By David Stafford-Clark, Squadron Leader of the R.A.F.)

The social framework in which a job is pursued is also of importance. It is possible that the greater acquaintance of German psychiatrists with querulents is due to the much greater prevalence of bureaucratic organizations there, so that grievances can be much more readily projected in that environment than in a system which allows much greater scope for individual enter-

prise and responsibility. It is a matter of two different solutions of the old problem of the reconciliation of the individual's interest with the interest of the community as a whole. The ideal solution would appear to be one that contains the maximum of freedom with the minimum of competitiveness. In such a framework the incidence not only of occupational neuroses but of psychoneurotic reactions in general should be minimized as far as modifications of mainly adult conditions can reduce it.

OCCUPATION AS ACTIVITY

It has been said that it is as bad to deprive a man of work as it is to deprive him of food. Activity is a function of all organs, and it is a function also of the total organism. The organism that is not active is halfway to death; still more is this the case with the mental part of it. Activity as such is not usually classed as one of the instincts, but it is an inseparable characteristic of them all. There is usually a failure to distinguish between work and activity, as in the following passage by Robbins: "To work for the sake of work itself, for the positive satisfaction derived from free activity, for love of it, is no idle myth, any more than playing for the mere sake of playing is. . . . We cannot fail to recognize it as an impulse of actual self-expression."

Work is not activity only; within the framework of a community it implies much more. It would be more accurate to speak of activity on the one hand and the "work sentiment" on the other. There is a much more accurate statement in Murray's *Explorations in Person-*

ality. "Every functional system assimilates and builds up a certain amount of energy which tends of its own accord, if nothing intervenes, to become kinetic. It does this . . . for its own satisfaction." This holds, therefore, not only for instincts in the usual hypothetical sense of that word but also for any system built up by habit.

It is possible that we have not paid enough attention to the simple importance of activity and the consequences of its continuous inhibition. Yet the medieval church had a word for it, the state of *accidie*—a state of lethargy and apathy induced by the cutting off of most of the ordinary satisfactions. According to Adam's *Handbook of Christian Ethics:* "Accidie was to the medieval churchman one of the cardinal sins. It was akin to 'tristitia' or depression of spirits on the one hand and sloth on the other. It was essentially the state of mind of the monk who had mistaken his vocation and in a monastery found himself cut off from the fulfillment of his desires. Other churchmen have seen it as a sin to which those are disposed who have grown weary in the hard battle of life and are getting into a state of sluggish despondency or spiritual torpor." Accidie represents a kind of acquiescence.

Psychiatric study has been almost limited to the consequences of the other alternative, which is rebellion, these consequences being either delinquency or neuroses. But I believe that there is a modern equivalent of the passive acceptance or state of accidie and that psychiatry has tended to overlook its existence, because the symptoms are of a negative rather than of a positive

nature. The already noticed listlessness of a child of poor parents, the apathy of the long unemployed, the more pronounced apathy of the civilian whose life has been disorganized by the war, and the loss of zest of the battle-worn soldier are modern parallels, all of them resulting from the constant thwarting of simple desires or even of simple activity, or of continual threats to thwart an instinct—in the case of the soldier, the instinct of self-preservation. It was noticed by W. H. Rivers in the last war that simple manipulative activity seemed to tend to prevent, or at any rate postpone, the development of neurosis; i. e., that having something to do or carrying out some simple task inhibited anxiety.

The description by St. John of Damascus of the state of accidie (quoted by MacCurdy) is very like the clinical condition observed in the unemployed or in the battle weary: ". . . a sorrowfulness so weighing down the mind that there is no good it likes to do. It has attached to it as its inseparable comrade, a distress and weariness of soul, and a sluggishness in all good works, which plunges the whole man into lazy languor and works in him a constant bitterness. And out of this vehement woe springs silence and a flagging of the voice, because the soul is so absorbed and taken up with its own indolent dejection that it has no energy for utterance but is cramped and hampered and imprisoned in its own confused bewilderment, and has not a word to say."

It has been well said that we must know what questions to ask in order to elicit the signs and symptoms which may be there, but which the patient himself does not know how to describe or express. The apathetic

tend to remain away from doctors and hospitals although the instances of this modern accidie are as much psychological maladies as something of which the patient complains. It is possible that if the psychiatrist extended his observation to the preclinical changes, as it were, he might have been more useful in warning politicians of the threat to civilization contained in the thwarting of the activity instinct in such large sections of the world's population, leading in one and the same country at one time to the acquiescent symptom of apathy and at another to delinquency on an international scale.

EFFECTS OF UNEMPLOYMENT

Let us examine the facts of unemployment in Great Britain before the war. It was my impression from working in a hospital among the poorer section of the population that in the production of actual psychoneuroses in the ordinary sense unemployment was less important in men than in their wives, who were made anxious by the financial hardships and uncertainties. For women who were themselves employed, however, these being mainly unmarried women, there is evidence that to be engaged in insurable employment, i. e., outside their own homes, is more productive of unhappiness than living at home unemployed in the insurable sense, as the following table of Halliday's (see p. 82) tends to show.

But among men also psychoneurotic symptoms tend to appear after a latent period. In the words of Beales and Lambert, there is "a progress from optimism to pessimism and from pessimism to a kind of fatalism." Halliday's investigation showed a recession in the in-

TABLE 4

Percentage Incidence of Psychoneurotic Disability in Employed and Unemployed (Halliday)

	Both Sexes	*Males*	*Females*
Employed	32.43	28.03	37.22
Unemployed	35.61	37.02	32.35

cidence of psychoneurotic symptoms following a change to idleness, and then a gradual rise in the incidence of psychoneuroses with the continuance of unemployment, followed again by a recession which presumably marks a fatalistic adaptation to the situation with apathy instead of anxiety.

The Pilgrim Trust Report on "Men without Work" presents some case records of this kind. "They suggest that after falling out of work there is a short period of a sense of release (a holiday freedom); gradually anxiety and depression set in with loss of mental equilibrium: finally after several years, adaptation takes place to a new and debased level of life, lacking hope as well as fear of the future.

"Case (1). Man, single, aged 40. In normal health until unemployed. After four years' unemployment complained of choking and pains in the head but specialist reported no lesion. Later developed alleged throat trouble, but again specialist found no physical signs. Finally had severe stomach pains, for which there was no organic explanation. Only psychological explanation adequate."

Another categorical word is required for the condition that arises from the direct thwarting of vital interests,

the signs of which are restlessness followed by apathy. I suggest "disorganization apathy." To quote the Pilgrim Trust Report again: "The depression and apathy which finally settles down in many of the homes of these long unemployed men lies at the root of most of the problems which are connected with unemployment. It is one of the reasons why they fail to get back to work. It is one of the reasons why the majority of them 'have not the heart' for clubs or activities of other kinds, and it is one of the reasons why their homes seem so poverty stricken. 'I don't know how it is,' said a young married woman in Blackburn, 'but these last few years since I have been out of the mills I don't seem able to take trouble somehow—I've got no spirit for anything. But I didn't used to be like that.' " Conversely in a study of neurasthenia and unemployment Miss Galloway remarked that a long-unemployed boot-laster "seemed to throw off his lethargy and depression while he explained the exact nature and processes of his trade."

There is also the effect on the children to be considered. In ninety-six families of problem children seen at Guy's Hospital, in sixteen instances the father was unemployed, and in twenty-three instances the father was casually employed.

Unemployment of the father appears to have a more harmful effect on the child than actual loss of the father, except where such loss is by separation or divorce. Unemployment appears to render the father ineffective from economic, social, and possibly disciplinary points of view. In numbers of cases where such ineffectiveness has called for dominance from the mother, such domi-

nance has been assessed as a cloak for anxiety and insecurity, and this again appears to be passed on to the children, some of whom are affected and some of whom are not. (Martin Dawson. Personal communications.)

The reasons why I call attention to these phenomena at the present time are twofold. Symptoms of this sort may:

(1) Precede symptoms of a psychoneurosis in war among those who have had repeated threats to self-preservation and are faced with the probability of many more.

(2) Occur also in those whose lives have been disorganized by having their homes destroyed, and in both cases may precede the appearance of psychoneurotic symptoms.

There is a further reason, since after the war we may expect either a dangerous restlessness or an equally dangerous apathy in a large section of the community unless we are as energetic in organizing for peace as we have to be in organizing for war.

What can happen in peacetime in the same direction where there are no vital interests to replace the need for activity and for the satisfaction of the work-sentiment was exhibited in the inhabitants, usually female inhabitants, of dormitory suburbs, who had no social life locally, whose husbands were away all day, returning in the evening little inclined for diversion or recreation and with little interest in the dullness of the lives led by their wives. The paralysis of interest is aided by the extreme limitation of families composed of one child or none at all. In a description of what he has called "the suburban neurosis," Taylor described the paralysis of

feeling and striving that resulted from these narrowing conditions as resembling in a small way what is seen in melancholia. "The lack of urge to strive is combined with a very reasonable appreciation of the hopelessness of striving." The contrast with the excitements of war will make the return to this kind of life all the more distasteful and depressing.

There are, of course, factors in unemployment, other than the frustration of the urge to activity, which make for the production of symptoms. Work within a community is a sentiment and not a designation of simple activity. The sentiment of self-esteem is thwarted. To quote some of the unemployed men interviewed by the Pilgrim Trust representatives: "When you go out you feel no one has any use for you"; "when you are in a job you feel that you are doing your bit." These men would not be happy filling their time with purely recreative activity, partly because they have been brought up to think of employment as one of the necessary marks of a person who would hold up his head in a community. But this is a cultural, and especially an educational, result; in other circumstances, with another kind of upbringing, activity of any integrated kind would have been equally satisfactory.

In *War and Peace* Tolstoy goes so far as to suggest that even activity is not necessary: "The Bible legend tells us that the absence of labor—idleness—was a condition of the first man's blessedness before the Fall. Fallen man has retained a love of idleness, but the curse weighs on the race not only because we have to seek our bread in the sweat of our brows, but because our moral

nature is such that we cannot be both idle and at ease. An inner voice tells us that we are in the wrong if we are idle. If man could find a state in which he felt that though idle he was fulfilling his duty, he would have found one of the conditions of man's primitive blessedness."

My thesis is that this irreproachable idleness would not be enough and that activity of some sort is a necessary condition of happiness and for many people a necessary preventive of psychoneurotic or antisocial behavior. By work-sentiment, therefore, I mean the activity instinct or tendency exercised within the framework of the community. Mannheim's account illustrates this conception. He says that "for man the catastrophe lies not merely in the disappearance of external opportunities for work . . . the petty aims towards which almost all his strivings are directed suddenly disappear. Not merely does he now lack a place of work and the opportunity of using the integrating labor attitudes formed through long training but his habitual desires and impulses remain ungratified." He adds that "even if the immediate things of life are satisfied by means of unemployment relief the whole life organization and the family hopes and expectations are annihilated."

In our culture the thesis that work in the full sense of co-ordinated activity within the community is at least as important as food is supported by the evidence presented also by the investigators of the Pilgrim Trust that "many workers, probably the great majority, prefer to work even if the financial gain from it is slight."

An example is also given which shows that irritability

as well as apathy and depression may result from thwarting of the work-sentiment. "In one family visited in Liverpool, though the lad who was the sample case was still unemployed, his brother aged 25 was also seen, and he was back in good employment after being out for two years. He appeared a fine normal type, and his mother said that while he had been out of work 'he was terribly surly. He used to go upstairs to his room and refuse to eat.'" The suggestion that the greater the number of skilled jobs there are in the modern combatant forces the smaller will be the incidence of psychoneuroses is supported also by the experience of peacetime.

The results of the thwarting of the work-sentiment appear to lie along two lines: depression followed by apathy and then sometimes by psychoneurosis, or restlessness and irritability followed by rebellion.

Mannheim says: "It used to be generally expected that enforced unemployment would create rebellious attitudes . . . but chronic or structural unemployment as we know it for the most part creates apathy rather than rebellion, the primary reason for this being that modern unemployment destroys the life-plan of the individual." By "life-plan" Mannheim means that "the prospect of continuous work and rational self-support has the same effect in the sphere of mental life that saving has in the economic sphere, leading to the repression of immediate satisfaction of impulses and wishes for the sake of the later social use of one's spiritual energies."

It is important for us in our sociological role to be able to recognize the apathy or restlessness that may

precede psychoneuroses on the one hand or antisocial acts on the other. The Pilgrim Trust data tend to show in various ways that especially for the skilled and the semiskilled their work is a stabilizing factor, and unemployment consequently more difficult to adapt to.

Competitiveness

Outside the family constellation the outstanding aspect of the social environment is its competitiveness. The following quotation from a young man of poorer middle-class origin, but of a sound—and even a few generations previous, distinguished—heredity, who developed an anxiety psychoneurosis during his war duty as a combatant, illustrates the effect that a common type of upbringing in our society has in favoring the incidence of anxious tension. In response to the question "What is your ideal?" he said, "I do not have any—just to get one step higher than now and so on. It means more money and more power, and at the top you control everything you have done before. One of the ideas is to beat the other chap." This same patient's further remarks in connection with this theme amplifies what I have said about the work-sentiment. He said, "The other ideal is security. Security seems to mean quite a lot to me. If I want to get married and the job tumbled down I would feel very unhappy, I would be letting my wife down." He added that he had always regarded life as a competition. He tried to do well at school to please his parents, especially his mother; he felt that he would

have to have a good deal in hand to make sure of success. He always had a feeling of not completely enjoying things; for example, if he were at the pictures he would ask: should he not be doing something more useful?

This competitiveness is essentially economic and is accepted by our economic system, as everyone knows, as a necessary thing and even as a socially desirable one. Biological justification for this view is sought in the Darwinian conceptions. It is not clear why Darwinism should be regarded as justifying a competitive view of life, including laissez-faire economics, unless it implies that because it is biological it is inescapable, and that what is "natural" is somehow sacrosanct; but, in fact, competition is probably no more "natural" than co-operation. Kropotkin in his *Mutual Aid* has related many instances among the lower evolutionary forms of social co-operation as opposed to competition. Nothing could be more co-operative than an ant heap.

It seems to follow that two contrasting types of social organization are equally possible. For example, among the Kwakiutl people the chief motive of the institutions they rely upon is rivalry. To quote Ruth Benedict: "Rivalry is notoriously wasteful. It ranks low in the scale of human values. It is a tyranny from which, once it is encouraged in any culture, no man may free himself. The wish for superiority is Gargantuan; it can never be satisfied. The contest goes on for ever. The more goods the community accumulates, the greater the counters with which men play, but the game is as far from being won as it was when the stakes were small. In Kwakiutl

institutions such rivalry reaches its final absurdity in equating investment with wholesale destruction of goods."

Among the Zunis, on the other hand, "the man who thirsts for power is likely to be persecuted for sorcery. Even in contests of skill if a man wins habitually he is disqualified." He may have office thrust upon him; he does not seek it. We have to go back in Western civilization to Fabius Cunctator for an example of this sort. Discouragement of power impulses is accompanied by disparagement of property. Membership in one of the numerous social groups with prerogatives attached outweighs wealth.

It is therefore possible to have a society in which power and position are not the main values. It may, however, be contended that although native aggression is not fostered there will always be those with sufficient inborn aggressiveness to produce either collision with the culture (crime) or neurosis. But this seems a safer policy than ours, for only the natively overaggressive will be thus affected, and not even all of them, since techniques can be developed for the management of such characteristics. For example, Miss Mead found that with the Arapesh people, in whom also aggressiveness is at a discount, and co-operation everywhere encouraged, the children are early trained to vent their anger in socially harmless ways.

Social Insecurity

The nosogenic effects of insecurity of affection have already been alluded to. Projected insecurity is the

name that might be given to the sense of uneasiness that arises from rivalry and competitiveness with its consequent projection of hostility onto the environment. But the possible effects of mere economic insecurity in contributing to the incidence of neurosis should not be excluded. I remember MacCurdy remarking that he had felt that anxiety was more obvious in the depressions occurring among the poorer classes than among the melancholias of those better circumstanced. Mention has been made of Neustatter's finding that neuroses are less obvious among the very poor and relatively commoner among the artisan (wage-earning) classes. It is interesting to find that in a working-class district in London, when a sample of the people was asked to vote on what they considered was most conducive to happiness for themselves, "security" received the most votes.

Security	129	
Knowledge	118	
Religion	104	(personal or organized)
Humor	80	
Equality	79	
Beauty	34	
Action	23	
Pleasure	10	
Leadership	8	
Politics	2	

(Britain. *Mass Observation.* London, 1941.)

It is to be presumed that in other social classes the ranking order might be different, but security is evidently a basic value for those people of the working classes. The correlate of this longing for security is prob-

ably found in the National Health Insurance statistics. Economic insecurity produces anxiety and anxiety produces somatic symptoms. While no one would attribute solely to this cause the 35 per cent of neurotic illnesses among the total recipients of sickness benefit over a certain length of time, the fact that there has been an increase over recent years between the two wars at a time of great economic insecurity, and that the increase has been among the younger people on the whole, suggests that the prevailing economic insecurity has been a factor.

The old paradox that a man may be willing to remain psychologically ill for about half the remuneration he would get if he were working could probably be explained in the same way. Sickness benefit represents security, even if it is at a very modest level, in comparison with the risks of unemployment. Perhaps economic security is never in itself sufficient, but anxiety is almost certainly a contributing factor in a great many instances. Moreover, what has been said previously, under the heading of "Unemployment," about work as a sentiment is closely connected with the financial aspect. Complete economic insecurity means a disorganization of the patterns of life, and disorganization, as we have seen, means apathy, and apathy ultimately predisposes to the emergence of anxiety. It is possible and even likely that the emphasis on security has increased in the last twenty-five years. Many circumstances have combined to make people long for safety, but in addition there has been some deliberate teaching of the community at large on the virtues of

safety first. Julian Duguid in his biography of *Tiger-man* remarked on the shortsightedness of the policy that for a while "slashed the motto 'Safety First' across the face of an Empire."

Isolation

There is a well-known observation of Galton's about the South African bison: "Although the ox has so little affection for, or individual interest in, his fellows, he cannot endure even a momentary separation from his herd. If he be separated from it by strategy or force, he exhibits every form of mental agony; he strives with all his might to get back again, and, when he succeeds, he plunges into its middle to bathe his whole body with the comfort of closest companionship. This passionate terror at segregation is a convenience to the herdsman who may rest assured in the darkness or in the mist that the whole herd is safe whenever he can get a glimpse of a single ox."

Isolation from one's fellows is productive of discomfort, and there is presumptive evidence of its contributory effect toward the production of psychoneurotic or even of psychotic conditions. Deafness, for example, involves social isolation, and the delusions of persons who are hard of hearing are a well-known psychiatric entity. It is, I suggest, the social implications of deafness in comparison with blindness that are responsible for the fact that the deaf are much more frequently seen at psychiatric clinics than the blind, although obviously this observation can only be validated by a statistical

study. Another extreme example of the effect of social isolation is found in the now infrequent "prison psychosis."

I believe that failures in our social organization are responsible for isolation effects on a much larger, although individually less obvious, scale. In time of peace I was impressed by the proportion of patients, especially those who came to our out-patient department at Guy's, who were lonely people. It is true that a number of them were instinctively so inclined, but in a considerable proportion the loneliness was produced, or at any rate reinforced, by the conditions under which they lived. The life of large cities, especially cosmopolitan cities, toward which so many people with their origins elsewhere move for mainly economic reasons, is for many of its inhabitants a paradox of want in the midst of plenty—of social rather than economic want in the midst of a multitude of social possibilities.

Common sense is a bad guide to scientific conclusions, and the evidence for a herd, or gregarious, instinct is largely common sense; but biological observation such as that of Galton supports it, while clinical experience suggests that the thwarting of this inborn need is a factor not only in social dissatisfaction, which is obvious enough, but in the production of psychoneurotic conditions, judging from the proportion of lonely people among one's patients that I have mentioned. It is true that in certain parts of England loneliness is fostered by the tradition that an Englishman's home is his castle and the strict discipline of his emotional expression, which is the Englishman's heritage, with the consequent inhi-

bition of that most social of functions, speech. As Kipling says, "The English—ah! the English don't say anything at all."

Social conditions and cultural factors reinforce this loneliness. Certain experiences of the new social conditions produced by the war supported these conclusions. Among probably the most successful institutions that have evolved in the last two years are two which are essentially social and which represent for many a reversal of the peacetime tendency to isolation. These are community centers and, paradoxically enough, shelter life. In regard to the former it has been found that the aggregation of half-a-dozen families consisting of mothers with their children in a large house taken over solely for this purpose works very well. It works better than separating children from their mothers and placing them under the care of other women. The anticipated frictions do not arise in any important way, and there are methods of dealing with them if they arise at all. These results will hardly be surprising to those whose impression of human nature is not confined to the observation of one traditional type of social organization. As Miss Mead has pointed out, the community house organization of such primitive people as the Tchambuli shows that there is nothing inherently antagonistic to such arrangements in human nature itself.

The other example, shelter life, carries also an important lesson for the future. The community life in them seems to fulfill a need that has been very acute in many of those who take part in it. It is not, of course, the simple matter merely of living together, although

there is some comfort in the physical proximity of other human beings in the face of danger. Professor Ryle remarked to me of the life in the shelters, even the very insecure shelters that originally had to be used by the population round Guy's Hospital, that the feeling of being together seemed to enable people to withstand the conditions of intensive air raiding better than if they remained relatively isolated in small groups in their own homes. Shelter life, of course, means, especially nowadays, much more than mere aggregation; there are organized games and entertainments.

One index of the attractiveness of shelter life and its social implications is afforded by the voluntary return of adult évacués from safe areas to the large cities. It is true that the safe areas, which are in the country, represent for townspeople an accentuated loneliness, but it is not only this fact but a positive appreciation of gregariousness which makes them say as they return to town: "We would rather be bombed than bored."

The same lesson was observed in the last war, although like many another it was made little use of afterward. Many men found themselves happier in the comradeship of an infantry battalion than they ever were before or since. It is clear that we should not have to resort to a war to produce for the first time the satisfaction for most people of a deep-seated longing, the thwarting of which facilitates depression or anxiety or a feeling of frustration in its victims. There are, of course, theorists who instead of following the sound philosophical principle that Adolf Meyer has always advocated, of taking account of all the factors, will try to subsume those ob-

servations in terms of erotic needs and satisfactions, and will see, as some writers in the last war did, the substitute or fulfillment of erotic and especially homosexual tendencies in these phenomena. To my mind this is an unreal difference. The translation of events at the social level into physiological terms—terms inadequate to describe the phenomena of a more complex level, as the Newtonian laws of physics, adequate enough for events within the terrestrial compass—is insufficient for occurrences of events of cosmic proportions.

Possessiveness

By the term "possessiveness" I mean to refer to all egoistic interests vested in other people or in things including other persons as well as property. As clinicians we have all observed the effects of parental possessiveness in children's behavior, and the consequent production of psychological morbidity on both sides of the relationship. We have observed its effects on the adult whose possessiveness is threatened; for example, the mother who develops hysterical symptoms when her daughter is about to leave home, and manages by this device to keep her there. But the effects of material ownership have never been studied except from the angle of the genesis of the desire for it.

The psychoanalytical theory that material possessiveness is mainly a sublimated expression of anal-erotism is well enough known. But there are two needs which are more widely accentuated throughout the population than this: namely, the needs for power and security. The

effects of the loss of either are seen in peacetime usually after middle age, and then more in depressions of involutional sort than in psychoneurotic reactions. War brings an opportunity of noticing the effects in younger individuals of the loss of possessions affecting their claims to power or security or both. For example, a lawyer, eminent in his district, finding himself deprived of his work and ultimately of his wife by the events of war, is forced to seek employment in a different capacity in a district which he had left long before. He gets commissioned rank but in a degree so modest that he is subordinate to nearly everyone he meets of his social group. Moreover, the loss of his money deprives him of any compensatory activity in his private life. He develops feelings of insecurity as well as resentment, becomes depressed and takes to alcohol. The contraction of his ego as a result of the loss of the things which he had valued is more than he could tolerate. An episode of this sort could naturally not be taken as evidence that there is inherent acquisitiveness whose frustration will produce some morbid psychological reaction, since it is the valuation of himself that has been impaired by the events of war.

Acquisitiveness has been ranked as a need by some authors, as, for example, Murray in his *Explorations in Personality*. It could therefore be expected that its frustration per se might produce dissatisfaction with tension and consequent symptoms. But it is dubious whether a tendency that appears so late in the evolutionary scale could have anything but a derivative origin. It has been pointed out that acquisitiveness per se is

unknown except in homo sapiens. The dung-beetles' acquisitiveness is for food value, not for the dung as a possession. It pleases Karl Kapek to use this biological example as an allegory of human life, but allegories are not science. We would also not expect the thwarting of acquisitive tendencies as such to produce psychoneurotic reactions; by our definition we would only expect this if acquisitiveness were linked with social aims. This theoretical view seems to be upheld by the reactions of those who through the results of air raids have lost everything they possess. There is not necessarily anxiety or profound dejection; on the contrary, there is even in some cases a sense of relief. One man, admittedly a clergyman, and therefore exceptional, after his rectory was ruined and everything he owned destroyed, confessed that "he felt better now." Such instances, of course, require investigation. It may be that possessions in certain personalities imply guilt and that their destruction by some external violence is a kind of enforced expiation.

It is difficult to see anything morbid, however, in the example of a man whose adventures were related to me by Dr. Vernon Lloyd of Chelsea. This man was bombed out of his residence three times and only after the third time did he present any psychoneurotic symptoms. On the first occasion, when his home was destroyed and everything else except what he stood up in, and some even of that, he rang up his office in the morning and apologized for being late, saying, "I shall have to buy a pair of trousers before I can come down." On the second occasion he rang up again, saying, "I am very sorry; I am sure you will not believe me, but I have

to get another pair of trousers." His chief anxiety, as in many such cases less dramatic than this, was to get to his work, and there was little evidence that he was affected by the loss of his material goods.

Once again references to simpler cultures support the view that possessions are important only in the social sense of relationship to oneself and others. The Eskimos, for example, are said to hold everything in common, and so also apparently do the Arapesh: "So far from being possessed by their things and feeling their possessions a burden the Eskimos are careless of them to the point of contempt . . . material possessions hardly enter their scale of values and the giving of presents is regarded as a perversion." (*Kabloona.* C. de Poncis. London. 1941.) It seems therefore possible that by providing social security, by discouraging the cultivation of power impulses, and by shifting the basis of self-esteem from power and material appearances to solid worth in the sense of co-operation in the community, we should not be violating at any rate any strong inherent need, and might eliminate the socially artifacted need for possessions, and so remove one cause for the anxious reactions of younger and the depressive reactions of older persons.

Fatigue

It is no longer fashionable to consider fatigue in the genesis of psychoneurotic condition. To some of our predecessors fatigue was the outstanding factor. The diagnosis of "nervous exhaustion" remained a popular one long after Weir Mitchell's time. My predecessor,

Sir Maurice Craig, treated a large percentage of his cases on the hypothesis that fatigue of some sort had been the principal cause. When the increasing knowledge of psychopathology made it obvious that such a deceptively simple-looking hypothesis as that of fatigue could hardly suffice, the pendulum swung in the opposite direction, so that in peacetime at least it is almost heretical to mention fatigue at all in the etiology of psychoneurotic conditions. No doubt the discovery that intellectual work does not produce fatigue has helped to dethrone nervous exhaustion from its place of pathogenic importance, but the fact that bodily fatigue either of mental origin or the result of continued physical exertion, and especially from lack of sleep, might act by releasing anxiety has been brought home again by the experiences of this war.

Perhaps fatigue fell into disfavor as an etiological factor because it bore most hard upon those who were not favored with investigation into their working hours, and protected by trade-union rules, namely, the women of the working classes and even to some extent of the professional classes. Dr. Seymour Price, speaking as a general practitioner in a clinical lecture at Guy's Hospital, once stressed the importance of fatigue resulting from ceaseless responsibilities in the women of the middle classes. T. B. Layton, in a clinical lecture in the same place, has recently given a very good pen picture of the state of affairs among the working-class women. He calls it "The Woman in the Little House":

"This woman gets up at about half-past six in the morning or even earlier, and even if she does not get

up at quite so early an hour, her mind is on duty from the moment she wakes. She has to get her husband off to work and the children off to school, and then she has to settle down to do the housework, both the day to day housework of clearing up after the husband and children —washing the breakfast things, making the beds, and so forth—and also that certain amount of work which the housewife does each day of the week in order to keep the house clean by the end of the fifth or sixth day. She then goes out and does her housekeeping, and then comes back in time to prepare or cook the children's mid-day meal. In they come without any thought for mother, ravenously demanding their food, and they gobble it up and are off again. Then she has to settle down and wash up the lunch things and clear up the children's untidiness. . . . The children get back from school at about half-past four. They are hungry; they want their tea. They gobble it up and go out with their friends to play. Then it is time to begin to get her husband's evening meal ready, and also to make preparations for getting the children to bed. They come in late for the stated time, but she gets them to bed and gives her husband his meal. He takes off his coat and boots, puts on a pair of slippers, takes out his pipe, rolls up his shirt sleeves and reads a book or paper in front of the fire. He has had a hard day's work and deserves his rest when the evening comes! And, what does she do? She washes up the evening meal, tidies up after the untidiness of the children as they swept through the house on their way to bed, and by the time she has finished it is time for her to go to bed herself. Any spare time she

may have she uses for mending. And she does this, not five days a week with half a day off on Saturday and a whole day on Sunday, but seven days a week. She never gets a week end off, and even when the family go to the sea-side, the children there are even hungrier, their clothes wear out more quickly, and she is at it as ever. She does this kind of thing year in and year out, and you are surprised when you cannot find anything to account for her symptoms, and even call her neurotic."

It is not surprising that I used to notice that the beds we kept in a general ward at Guy's Hospital for women patients with psychoneurotic symptoms were extremely useful in relieving the symptoms. These patients improved or recovered with very little treatment. A mere rest in bed in hospital meant freedom from responsibility and freedom from anxiety for a time, as well as physical rest.

The war has illustrated the importance of fatigue in an unexpected number of conditions. Fatigue appears to have been the main factor in a number of cases of anxiety and depression of spirits, especially in obsessional personalities—that is, those who convert work into overwork. It has also been a factor, for example, in the occurrence of hysterical amnesia.

In actual combatants who have ultimately developed anxiety symptoms it has been noticed that these symptoms appear to clear up more rapidly (provided the men concerned are of good psychological material) if steps are taken to see that the patient's state of physical training is attended to. We have noticed an improvement in the cardiovascular responses accompanying the loss of

anxiety symptoms and the return of keenness for action. It may be that the absence of fatigue works in more subtle ways where no symptoms in the ordinary sense declared themselves, but where perhaps it is only to begin with a matter of clouding of judgment, a stage even preceding that where the patient begins to doubt his own decisions.

For example, speaking of "the village laborer in the eighteenth century" the Hammonds remark: "If England were the only country where the ruling classes were fighting to make a stand against Napoleon, England was the only country where the ruling classes were fighting to make a stand for the ideas of the revolution. . . . If anything could exceed Grey's reluctance to leave his house in Northumberland for the uncertainties of Parliament it was Fox's reluctance to leave his little house in Surrey. The zest for country pleasures and for country sports was never lost and its presence explains the physical vitality of the aristocracy. No quantity of Burgundy and Port could kill off a race that was continually renewing its health by life in the open air. It did not matter that Squire Weston spent the night under the table if he generally spent the day in the saddle. . . . European aristocracy crumbled at once before Napoleon; the English aristocracy amidst all its blunders and errors kept its capacity for endurance and fortitude. Throughout that long struggle when Napoleon was strewing Europe with his triumphs England alone never broke a treaty or made a surrender at his bidding."

Lloyd George in the last war, although of quite exceptional vigor, the most energetic-looking man I happen

to have seen, owed much of his freshness to his habit of going away for several days if he found himself over-tired, and of being particular to do this even in the midst of crisis.

4

PSYCHONEUROSES AMONG CIVILIANS IN WAR

WARTIME psychoneuroses among civilians are divisible readily into classes according to their etiology: psychoneurotic reactions (a) following exposure to danger and (b) following disorganization of the life of the individual as a result either of conditions in a bombed area or of evacuation to a strange district. Adults and children are conveniently considered separately.

Bombed Areas

It can be said at once that one of the most striking things about the effects of the war on the civilian population has been the relative rarity of pathological mental disturbances among the civilians exposed to air raids. Guy's Hospital, which is situated in Southwark—the Southwark of the *Canterbury Tales* and of John Harvard—is in the middle of one of the most frequently bombed areas of London, and in the midst of a large population area of the poorer classes. Yet the psychiatric out-patient department which still functions there records very few cases of neuroses attributable to war con-

ditions. The patients who do come, with few exceptions, present mainly the same problems as in peacetime. There are only a few who exhibit the results of the terrifying experiences which so many of the population have had in that area.

In times of peace the hospital serves as a kind of social center for the surrounding population. Some of them are born in it, many of them are admitted to it during their lives, and it is a matter almost of pride on their part to be able to claim that a relative has breathed his last within its walls. If they have problems they tend naturally to resort to it, and it is not likely that if they become frightened or are having a struggle within themselves which showed in neurotic symptoms they would keep away from it in wartime.

Some weeks after the intensive bombing of London began, I had a letter from our senior psychiatric social worker at Guy's, from which the following are extracts: "The spirit of the people is simply amazing, and it is impossible to describe the bravery of the A.R.P. services —which really means to say the ordinary population. Tragedies and heartbreaks abound, and it is terrible here when relatives come searching for their missing in the hope that they may have been brought into hospital, or when practically whole families are wiped out. Just now I had to break the news to a man of the death of his wife last night—aged 52, and an air raid warden, who was brought in gravely wounded while on duty, and died almost at once. Another man, himself unhurt, had a wife and two children brought in here—four other children of his were buried and killed outright, and the

wife died later. . . . Actually there have been amazingly few psychiatric casualties."

One of the organizers of psychiatric social work appointed by the Mental Health Emergency Committee went to a rest center in the East End of London in the week beginning with the ninth of September, 1940, following the first big raids when that end of London suffered considerably, with instructions to maintain morale, a task which was expected to be very difficult as there were few shelters in existence at that time. "Actually there was no panic; alerts went continually and people were even machine gunned in a near-by street. One old lady threw an hysterical fit, but beyond that I saw no obvious cases of emotional disturbance. . . . Children seemed completely unaffected and were thoroughly enjoying the new adventure; they played bombing only too realistically."

A medical colleague who worked until February of this year in the West End of London, i. e., in a civilian practice of a very different social class, where there was also much bombing, could not recollect seeing a single case of "hysterics," or even of anyone weeping.

Absenteeism in an industrial concern is an indirect indication of the prevalence of psychological illness. Diagnoses such as anemia, rheumatism, and debility not infrequently cover conditions of this type. The chief welfare supervisor of a large concern employing several thousands of employees scattered throughout many of the large cities in England reported, for example, that at Coventry, "when the store was destroyed and tempo-

rary premises set up in an empty garage, without heat, and completely lacking in comfort, the absenteeism was as low as one would expect under normal working conditions." She added that: "Another interesting feature is that during the past week, when the temporary store was bombed, despite their experience the girls all reported the following morning, and worked during the Easter holiday salvaging stock. Seventy-five per cent of the girls are A.R.P. [Air Raid Protection] trained, and a great number of them are doing additional work in their own district at night." Absenteeism in this large multiple concern has in some of the bombed districts fallen in 1940 compared with 1939, and nowhere has it shown any considerable rise. I am indebted to Mrs. Solomon, chief social welfare worker of Marks and Spencer's, for these figures.

A South coast town had three heavy blitz attacks, and a fortnight on end of night raids on a wide scale. No one was away through illness from this store on this account, and though tired they seemed fit, and quite able to carry on. The store supervisor reported "Shelters (either at home or public) have been used very little at night, except during the early raids in stores near London (and at P– — during heavy raids), consequently there is no sign of health being affected by shelter conditions. . . . From personal observation I should say that the staff throughout the area are fitter than in previous years, owing partly to the shorter store operating hours, particularly on Fridays and Saturdays. It appears, too, that there may be some connection between

their minds being occupied with other things, and the fact that far less cold and throat infections are evident this winter than in previous years."

Another friend of mine with considerable psychiatric knowledge, now employed in a London business, writes as follows: "Our organisation has a headquarters staff of about twenty. At the beginning of the air raids every one went to the shelter and stayed there until the 'All clear.' We had one or two people who were quite scared, but no actual panic; the most scared was a middle-aged single woman who openly showed fear. There we had the really fierce bombing—some of our juniors were bombed out as many as three times in as many weeks. They turned up at work regularly, and showed no neurotic symptoms, although there were signs of physical distress consequent on lack of sleep and proper food. This cleared up after a couple of days' rest in the country. There has been a great change in the general attitude to bombs and raids. Instead of rushing for the shelter when the siren goes it is a hard job to get them downstairs when the Overhead Alarm goes. Trailing down to the shelters is a 'nuisance.' There have been two cases of neurotic breakdown, but, in my opinion, war stress was a precipitating rather than a causal factor."

The same general conclusion is supported most convincingly by the statistics of admission to the Sutton Emergency Hospital, which serves one of the most bombed sectors of the London area. Of 2,306 patients admitted between its opening on September 2, 1939, and August 31, 1941, 2,023 were Service patients and only 283 were civilian. The striking point is that of

these civilian patients only forty-one were air raid casualties. For these figures I am indebted to Dr. L. Minski, the Superintendent, and the London County Council.

As regards any sex difference in the development of psychological reactions to bombing, the difference seems to be in favor of women rather than men among the civilians. According to Dr. Brown, the male cases of emotional shock and psychoneuroses resulting from air raids in the Guy's sector outnumber the females in the ratio of thirty to eighteen. The Guy's sector comprises South East London and the whole of Kent, which has been the area probably of the greatest and most continuous exposure.

Psychological Reactions Among Children in War

In children the same kind of observation has been made. The following are extracts from the report of the senior psychiatric social worker at Guy's, written early in 1941: "Before the blitz it had been anticipated that many children who had remained in London would need special care after suffering the experience of being bombed, whether or not actual physical injury had been sustained. Arrangements were therefore made by the social worker, both within the hospital, and in co-operation with outside social agencies, for all such children coming within the purview of the hospital to be followed up with a view to treatment and disposal to suitable convalescent homes in safe areas. To this end, night raids being the deadliest, and immediate contact im-

portant, the social worker obtained permission to remain in the hospital for the first few months of the blitz. The relatively few casualties, compared with the numbers anticipated, and considering the numbers of shattered homes, was one of the remarkable features of this period of the war on the home front. The percentage of children suffering psychologically through their air raid experiences has yet to be computed—for, surprising though it may seem, the number passing through the hands of the Clinic has been negligible.

"With children, as with adults, it is not the physical danger or the prospect of it that matters most. The outstanding lesson for the Child Guidance Clinic, learnt not without some surprise during recent experience, is that, war or no war, the pressing needs of parents with problem children cannot be ignored. Increasing demands for help coming from parents during recent weeks (January, 1941) indicate that anxiety regarding their children's day-to-day difficulties takes precedence, even in these times, over the remoter fear of death and destruction."

The truth of the general conclusion is exemplified by taking a sample of the children referred to the Guy's Child Guidance Clinic, which has been in a much-bombed area since air raids began.

Case 81

A girl of eleven from the London area living with her mother in a house shared by the mother's relations. She was referred on account of bedwetting which had existed

since infancy but had become worse since she was evacuated to the country, so that she was returned home. She had been miserable when evacuated, and when seen, although she had been returned home, she was still unhappy and morbidly depressed. The background was of great parental discord, the father being unstable. The mother had been much in love with him until just before the patient was born, when she "found him out" and since then there had been constant quarrels and separations. The mother now wanted to get rid of the whole family. The conclusion was that the parental discord had been projected generally upon this child. There was no evidence that the child had been upset or made worse by air raids themselves.

Case 82

A boy of three living at home in a suburban area, who was referred on account of nightmares and difficulties with feeding and morbid fears. He was an only child who had always presented feeding difficulties. He clung very much to the mother, who pretended to resent the trouble he gave, and was in a state of conflict over her desire to work and have a good time on the one hand and her duty to the child on the other. The boy himself was shy and timid but had temper tantrums if thwarted. The conclusion was that the child suffered from a sense of insecurity on account of his rejection by his mother and in the absence of a father. The only connection with air-raid conditions was the father's prolonged absence on war service. As soon as the mother decided

to stay with the child rather than go out to work an immediate improvement was observed.

Case 83

A boy of twelve in the London area, who was brought by his mother because he was unmanageable since his father, an alien, had been interned. His mother had always given in to him, as her elder brother who had died had had fits when thwarted and the mother was afraid of the same sequence in this child. The boy was destructive, quick tempered, and aggressive, and evidently jealous of his sister, who seemed to be more favored than he. Part of the basis of the condition was thought to be a lifelong emotional insecurity accentuated by separation from his father. He improved when the latter returned home.

Case 84

A boy of six, living in the London area, who was referred because he was aggressive to other children and impossible at school. He had been known to be aggressive since he was a baby but the aggressiveness, which showed itself in knocking other children about and in general disobedience, was probably a reaction to the family situation, as they lived with the grandparents, one of whom intensely disliked the child, so that he was a bone of contention. Matters were made worse since the war, as relations-in-law had come to live with the family—already sufficiently diverse in its composition and congested in its surroundings—after being bombed out.

Case 85

A boy of five years who was difficult at home and at school, being aggressive and disobedient. He had been adopted as a companion for a boy aged eight and had been compared unfavorably with the adopted brother at every turn. He did not appear to be affected by air raids but may have been indirectly disturbed, as his adopted mother was very nervous and worried about the safety of her own parents.

Case 86

A boy of sixteen, who had suffered from persistent enuresis since he was five, and was now refusing to go to work. His father was in bad health and had been diagnosed elsewhere as suffering from neurasthenia and duodenal ulcer. The mother was also said to have a duodenal ulcer and to be apt to worry. The boy was very reserved, had no friends; at home he was sullen and aggressive, and sometimes he stayed in bed all day. His personality was distinctly abnormal, schizoid, and perhaps preschizophrenic. The only relation to the war was that he was definitely afraid of air raids.

Case 87

A boy of fifteen, who was unable to keep his jobs. He had always been reserved, had difficulty in making friends, difficulty in learning, so that at one time he was in a special class at school for backward children. This must have been a result of his personality difficulties. His I.Q. was 99, which was rather above the average

for that district. The parents did not conceal their disappointment with him, and this may have accounted for some of his diffidence and anxiety and fear of criticism and making mistakes. He showed no fear of air raids.

Case 88

A boy of seven, who had been sent home from a reception area where he had been in the hands of the police on account of sexual difficulties. This had been stimulated by the behavior of his parents.

Case 89

A boy of ten, who was disobedient and out of hand and had been housebreaking with other boys. At home his sister, who was several years older, had been constantly held up in favorable comparison with him. He had been weaned abruptly when his mother went into hospital when he was seven months old, and had been "faddy" about food ever since. The relationship between his parents was unsatisfactory, and his father had been called up, so that home discipline was divided and ultimately lacking. There was evidence of his feeling that he did not have his mother's affection, not only on account of the abrupt weaning but on account of her attitude toward him since.

Case 90

A dull child with an intelligence quotient of 80, who was referred on account of having been sexually assaulted by a man. The relationships to his mother were

unsatisfactory as she resented his birth. He was disobedient with her and exhibited tempers when she tried to control him. He appeared to take no special notice of air raids.

These ten cases were random samples. Only one is recorded as being disturbed by air raids. The others represent a sample of the ordinary run of problems that are seen at any child guidance clinic, accentuated in some cases by the conditions produced by the war, i. e., the presence of newcomers in the home or the absence of one or both parents.

A further ten cases of one of our most bombed ports, chosen as a sample from the clientele of the Child Guidance Clinic, showed again that bombing and the fear of it were infrequent causes of psychological conditions in children. Two cases were recorded as being very apprehensive in raids, but in neither case were the symptoms for which the child was referred connected with air raids. In three of the cases evacuation had played a part, but only a small part.

The third sample of ten cases was from another heavily bombed city. Two cases were recorded in which fear of air raids had added itself to, or aggravated, a previously existing condition. One was a boy of two, another was a boy of twelve. In three cases the absence of parents owing to the war, the father being in the army and the mother in munitions, played a part. (All these cases were collected on behalf of the Mental Health Emergency Committee, and the results compiled and analyzed by Mrs. D. H. Hardcastle.)

Dr. Bodman, Director of the Child Guidance Clinic

in Bristol, which, as everyone knows, has been frequently subjected to bombing, records that of 8,000 Bristol school children 4 per cent exhibited symptoms after air raids. These symptoms included general nervousness, trembling and general aggressive behavior, and among the somatic symptoms and signs were headaches, indigestion, anorexia, enuresis, pallor, and epistaxis. Symptoms with a partly psychological reference occurred as often in the five to seven group as in the eleven to fourteen group, while somatic disorders were most common in the eleven to fourteen group. Dr. Bodman's own group were fifty-four in-patients of the Children's Hospital at Bristol, in residence there when the hospital was bombed by several high-explosive bombs. Of fifty-one children traced some months afterward forty-four were alive, and of these five, or 11 per cent, have symptoms attributable to their experiences. All these are between the ages of one and five and a half. It was noticed that it was not until three-year-olds were reached that any attempt was made by the child to describe the incident. In the group three to seven an earlier phase was noticed, when the child attempted to reject or deny the experience, either by not talking about it, or by talking only to her dolls about it, as in the case of one child who was overheard telling her dolls how the bombs fell. The age seven to eleven tended to regard the raid as an adventure, and those above eleven showed a sense of responsibility for the younger ones. No persistent symptoms have occurred for children under seventeen or over five and a half. The reaction to subsequent raids is recorded as remarkably slight.

Children, then, are remarkably unaffected by fear of air raids, and this is undoubtedly connected with the behavior of the adults around them. It is recorded, for example, that "in a children's ward of a general hospital nurses set an example of cool courage by carrying little patients to shelter, and sitting up with them all night. None of the children whimpered; some fell asleep in the middle of the bombardment." (*Daily Telegraph,* March 3, 1941.) Some of them indulge in games representing an air raid, and may work off whatever anxiety they have in this way.

I have had difficulty in collecting instances of "bomb fright" among children. No acute emotional reactions among children have been seen in Guy's Hospital. From Miss Keir, working in a Child Guidance Clinic in Surrey, an evacuation area, I have a record of two children suffering from so-called "siren fright," i. e., from symptoms associated with the sound of sirens, but in these particular cases occurring in children who had not actually been subjected to bombing itself. This is from a clinic sample of some hundreds, none of the rest of whom had been affected in this way. Both cases showed considerable pre-existing evidence of psychoneurotic tendencies. The first is interesting by contrast with his brother, who furnishes a valuable control experiment in that having shown no pre-existing symptoms he did not develop bomb or siren fright although exposed to the same conditions. This apparent importance of predisposition tallies with my experience of war neuroses in adults who have been subjected to experiences of battle.

CASES OF "SIREN FRIGHT" (OR "ASSOCIATED ANXIETY" PSYCHONEUROSES)

Case 1

This boy was billeted in a very large, well-built house with two other évacués, boys of the same age, who had come down at the same time. The hostess was a middle-aged lady, herself inclined to overfussiness, living with an old father of about eighty. She reported that for the first two or three nights all the children had slept downstairs, but that they had all said that they did not mind sleeping upstairs, and so for the next few nights they had occupied bedrooms on the first floor. This boy shared a room with one of the others. At this time the sirens went regularly every night, about seven-thirty, very often after the first German planes had already gone over and the nights were noisy with planes going over most of the time. The hostess reported that as soon as he heard a plane, or the siren, he would turn ashen, tremble violently, become quite cold and look terrified. He would not say anything, but thereafter would sit listening for fresh sounds. When he went upstairs to bed he would lie awake for a very long time, and waken frequently in the night, going over to the window to look out. He disturbed the other boy's sleep, but she did not like to put him to sleep alone when he seemed so frightened. His fear disturbed the old gentleman in the billet. During the day when he heard the sirens, which were then very frequent, these symptoms came on, but in a less degree, due to the fact that the warnings were neither

as prolonged nor with as much aerial activity as during the night. Following is the history of the case.

Both father and mother are living. He is the sixth of seven sibs. The boy admitted his nervousness quite frankly and said he was evacuated on that account. He is the only one in the family who is nervous, the brother only one year older than himself being even foolhardy about going out to watch the airplanes. This brother also helped to fight incendiaries the night of the first big fire in London. The patient has been afraid of air raids since that night. They were not actually in the most dangerous area at that time, but the noise of planes, of antiaircraft fire, and the glare, all frightened him very much. A night or two later incendiaries fell about their house, and they have had oil bombs, incendiaries, and high explosives all round, though their house was not damaged.

He tried to control his fear and was under the impression that no one in the billet here knew that he was nervous. He had a previous history of certain fears and some anxiety. He used to be frightened of the dark, though he said that he was now better. He was not afraid of the dark outside but only inside of the house. He got over this fear when he was about seven. He also used to wet the bed, but was apparently cured from the time he was eight. He made a determined effort to cure himself, but thinks he was helped by his mother's annoyance once or twice over the bedwetting. About two years ago he walked downstairs in his sleep. He sometimes dreams that people have been murdered, but seems a little confused on this point, for though he says he

does not like to dream of murders, and that most of his dreams were about this, he yet says that on the whole his dreams were pleasant. He reads a great many detective stories. During the first interview an air-raid warning sounded and part of the interview was conducted in an air-raid shelter. He grew a little pale and his face twitched slightly, while he became rather cold. He showed excellent insight, and discussed the whole subject of his fear with considerable intelligence. He was seen again later, when he seemed a great deal better. He said that he had slept better for the last three or four nights and his face had a less strained and anxious expression. It was felt that he would make good progress, but that the billet he was in was not very suitable. It was arranged to transfer him to another billet, but the parents came down and arranged for the boy to go farther into the country, and so the case was lost.

Case 2, aged nine

This is a case where siren fright was superimposed upon an already grave degree of fear and anxiety. The case was known to the Child Guidance Clinic long before this particular condition of siren fright made itself evident.

This child was referred originally on December 3, 1939, for fear of dogs. She was then billeted with a young couple with three children, a boy of nine, a girl of seven, and a girl of three, who live on a housing estate. The billet mother complained that she would not go out to play in the road because of dogs, and that she was

wild with terror whenever she saw one. She was found to be extremely inhibited, and suffering from a marked degree of anxiety. She would speak only in whispers. On the second visit a history of an encounter with a dog was obtained, and a slight subsidence of the fear was obtained. The billet was felt to be unsuitable as the billet mother was extremely unsympathetic, and she was thereupon moved to another very suitable billet. This billet consisted of a father and mother and three girls, fourteen, ten, and three, all living in a Council house. Following is the history of the child.

She had been evacuated along with a residential school, where she had lived since she was three. She had a mother in London who very occasionally wrote her a letter. No mention was made of the father, and she appeared to have neither brothers nor sisters. The child did not remember anything very much about her mother. The second billet mother reported that she had a long and ugly scar on her thigh which looked as if it had been made at a very early age. The school reported that she was always a little difficult, very silent and suspicious, and unable to concentrate on her lessons. She did not mix well with other children. The child continued to attend the Clinic regularly, and very frequent visits were paid to the billet. During the next few months it was found that she very frequently spoke of blood and murder and that she apparently delighted in frightening the youngest child in the billet. Her mind was full of fears of various kinds, and these she tried to communicate to this child. She was also very aggressive with her

dolls and in play generally. She was very easy to manage, however. The billet mother showed good insight into the situation and realized that fear and jealousy were playing a very large part in determining the behavior of the child. Fear of dogs by the end of the next three months had almost disappeared and a very great general improvement took place in the child's general condition. This improvement was maintained from April until September, 1940. She was not completely cured during this period, and would still occasionally make some remark denoting latent fear, but progress had been steadily maintained.

At this time the blitz started and sirens were very frequent, particularly during the day. In the first few weeks of the blitz deterioration took place. The billet mother reported that the girl would no longer play in the garden—that she found every kind of good excuse for coming in. She would send the small girl into the house to say that it was very cold outside, or that the rain was coming on, or that she thought she heard a siren, never, however, coming in herself to tell this. It transpired that the boy she sat opposite to in school had heard tales of the blitz from his billet mother. She was seen again at the Clinic for treatment, but during the next two months, as the blitz—particularly at night—got worse, her general anxiety increased and she began to terrify the younger child with tales of horror. This was undoubtedly a case where the extra strain of a blitz revived and strengthened her own particular fears and anxieties, and reintroduced that sense of insecurity from which she had been suffering when she was first seen.

Types of Disorder

There is a variety of psychological reactions to bombing in air raids, which may be divided for convenience into immediate and remote.

IMMEDIATE REACTIONS

Immediate results include *acute panic,* with or without more or less disorientation at the time; there may or may not be amnesia afterward. If there is disorientation, amnesia for the period following the traumatic experience will be more or less complete. Acute panic, not involving actual confusion, is apt to be followed by amnesia, if during it the individual has left his post of duty. In that event recollection under hypnosis is apt to be associated with much emotional discharge. Fugue, in the case of confused panic, is blind. In other cases it is directed to some safe place, usually some building, to avoid being a mark to enemy bombers. Acute panic with directed fugue, and with or without defensive amnesia afterward, occurs, according to my observations, only in the predisposed, and especially in the habitually timid and anxious, and it seems to be rarer in civilians than among Service personnel.

The second type of immediate reaction to bombing is the *immobility* or *passive reaction.* For example, a young married woman of twenty-five, who had always been timid and shy, and inclined to tremble in talking to strangers, heard the warning siren and made for a shelter; some bombs dropped before she reached it, and she hesitated before entering, and then apparently be-

came unconscious. She was brought to the hospital in this state. On recovering in hospital she said that she had lost the use of her legs, but a little persuasion abolished the weakness in her lower limbs. A week later she complained of pain down the spine to the bottom of the back, and of noises in the head, followed by pains. Stupor with mutism but with persistent consciousness is occasionally seen.

A third type of immediate reaction consists in the *direct bodily manifestations of fear*—tremor, dilated pupils, staring eyes, and tachycardia, and such transient reactions as the weakness of the legs described above in the case of the young woman.

These last two reactions, stupor and immobility and "crystallized fear," correspond, as Professor J. A. Ryle has pointed out to me, to the "sham death" and the paralytic fear reactions of animals.

REMOTE REACTIONS

These may be perpetuations of symptoms developed at the time of the original experience, or more usually they may develop after a latent period of rumination. For example: A young woman who had been in a building which had been smashed in a bomb raid showed hysterical aphonia for a week afterward. The reason for the "choice" of this reaction is that her mouth became filled with brick dust immediately after the explosion and she had found difficulty in speaking. All such conditions occur as a rule only in the predisposed. Exceptions to this rule are: (a) those who have been repeatedly exposed to frightening experiences, and (b) those

who have undergone even more than usually terrifying experiences. Civilians or soldiers who have stood up well to dangers in the past may ultimately develop symptoms and even dissociated states under bombing.

Dr. F. Warden Brown gives a vivid example in a forty-four-year-old civilian who had served in the last war in Mesopotamia, and who exhibited a hysterical paralysis of the left arm, after he had been in a shelter while it was bombed, when he felt his left shoulder jammed, and saw his wife's feet sticking out of the debris. He tried to pull her out, but his left arm had no strength. Under Evipan he recollected the incident as a whole, and also another incident of the last war which he had deliberately repressed ever since. In the narcotized state he spoke as follows: "I'll get you out, Dolly—I can't use my left arm—say something—I'll pull you out—someone will come soon—let me catch hold of your feet—Dolly, I want you so—oh, if I only had a spade—I can't shift this concrete. Don't show a light or they will see you. I don't want to go in no car—I must get the others out or they'll die. My back hurts—oh my shoulder—oh my knee—come on, old girl. (At this point he waved his right arm about and continued for about ten minutes.) If my left arm was right I could do it. Damn old Hitler—if only I could get at the swine. Why can't I fit wings on my car? I'll teach them to bomb the girls and the kids. House, car, all the damn lot's gone—never mind, we can sleep in the tent. Thank God I've got my Dolly. Poor little Betty, she's covered with blood. I don't want no doctor. Never mind about me, I can take it. Blimey if they gave me a plane. Oh, Dolly, I thought you was a gonner.

Damn the house, let it blow to hell as long as you're safe. I'll be late for the office, but they'll have to wait. Never mind, old girl, we'll take you up to the wilds of Scotland and we'll fish for some trout—never mind the 'Trespassers will be Prosecuted.'" The arm returned to normal after six narcoses, during which he was reassured. In this example it was the peculiar horror of the incident which led to the repression.

On the whole, however, I have been surprised how rarely the unpleasant experiences have been repressed. They are usually remembered with painful vividness. When repression occurs, at least in Service personnel, it is more often not because of the horror, but because of some self-reproach about one's conduct at the time. It is, however, necessary to look for amnesias not complained of by the patient, and not evident prima facie from the history.

Occasionally the hysterical symptoms represent a dramatic perpetuation of the items of some experience, as in the young woman with hysterical aphonia, alluded to previously. But occasionally, as might be expected, such symptoms represent an experience which has become entirely repressed. For example, Dr. Brown describes another man who had been buried by a bomb explosion, who complained of cramp in bed at night, and bedwetting. Under Evipan narcosis he remembered that he wanted to pass water at the time while he was buried, but that he did not want to wet himself, and that he had severe cramp in his legs, which were pinned down. Ultimately he was forced to micturate, much

against his will, and "this gave him as much displeasure as anything."

It is only to be expected that previously existing mental conditions should be accentuated by experiences of air raids. For example, a single woman of forty, a domestic servant, had always lived a narrow and unsatisfied life, and suffered from depression of spirits, constant tiredness, and headaches. These were greatly accentuated by air raids, of which she was terrified. A woman of thirty with an obsessional type of temperament, who had suffered from enuresis until she was fourteen, developed it again when she was on night duty, and had to fetch dead from among debris. A man of forty-nine, who had been pensioned for neurasthenia and disordered action of the heart in the last war, developed constant insomnia after air raids began.

But what is less expected is the symptomatic recovery of some individuals with chronic psychoneurotic conditions as the result of living and working under a blitz. C.W., aged twenty-four, a dental mechanic, had first attended Guy's Hospital in 1937 at the age of twenty. He was classified as suffering from a depression in a timid personality, and had been excessively attached to his mother. He dated his condition of "nerves," as he called it, to an air raid when aged four in the last war. He was very diminutive in stature and had always been self-conscious about his size. He had found the greatest difficulty in making any impression anywhere on anyone. Unsuccessful attempts to learn dancing, for example, and other social failures, aggravated his depression of

spirits. He dreaded being handed a rifle, and before the attack on London began he dreaded having to face work with casualties. At the beginning of this war he was considered unfit for the fighting services, and marked C.3., but as he had had some training in First Aid he was allotted for A.R.P. work. Anyone who saw him would have marked him as a miserable little shrimp, and no future hero, but he became extremely successful as an A.R.P. warden. He has had at least three remarkable escapes, and received a bomb splinter in one hand. He remarked that in critical moments "girls turned to him." He liked to see the planes coming. "It is my quickness," he said, "against theirs." In October, 1940, he was bombed out of his own home; his mother and father were cut up and shocked. Following this he was bombed again twice, and found that his new abode had also been destroyed. After that he had a week's sick leave but he went back to duty, and when last heard of was in full activity, and rather aggressively critical about conditions in shelters. It is clear that he has found an opportunity which completely relieves his sense of failure and inferiority.

Similarly, a man who had suffered for many years from an array of psychoneurotic conditions, and who, although not without ability, had made little success of life, proved to be efficient and courageous in a repeatedly bombed area. He developed more acute signs of anxiety again only when released from his duties and posted to a quiet place. Others with chronic psychoneurotic states, and too absorbed in them to do useful work, are completely unaffected by bombing. Their headaches or their bodily

paraesthesia are far more interesting to them than any danger.

Although this book is concerned with psychoneurotic reactions, it would not be out of place to mention here the still greater indifference of psychotics to risks during a bombardment. Thus, an involutional melancholic patient insisted on going about in London in the middle of a raid and was very annoyed when she found it hard to get a taxi. When she had recovered, following three electrically induced convulsions, she began to take more interest in the war, and said that she felt that in the previous six months covering the fall of France and the autumn air battles she had been "spared a great deal."

A psychotic attack can be precipitated by air-raid experiences, as is only to be expected. For example: A married man aged thirty had been engaged on roof-spotting duties. To pass the time, a game resembling Planchette was played and the patient rather suddenly began to believe that he was psychic. He felt that he had very special gifts and that he could beat night bombing and clear up all spies. For this reason he wanted to get in touch with the War Office. "The people I am in touch with have no sense of time. I hear them. They come through my subconscious mind. I get into contact with them through my Guide. I get into contact with them—the only one I want is my mother." The attack was mild and of short duration. About a week later he managed to start work again.

Acute paranoid psychoses with a great deal of panic have been described in Dr. Brown's paper on his experiences at Guy's. A fifty-three-year-old married woman

had violently attacked a neighbor and was brought into hospital by four A.R.P. men, one of whom she had severely mauled. "She had been well until three days before admission, when some bombs dropped in the neighborhood. She rushed under the stairs with a gas mask, and said, 'Here the Germans come.' She did not, however, seem exceptionally frightened. The next night she saw a light, which she reported, and then began saying that the neighbors were in league with the Gestapo. She met one of the neighbors, and chased her down the street with wild yells."

There was no family history of mental disease, but she had had a rigid Victorian upbringing, with a probably consequent frigidity in marriage, so that the latter had never been consummated, although with apparently happy relationships with her husband. For a year before admission she had had a skin eruption diagnosed as dermatitis artefacta. On admission "she was fighting wildly and shouted 'Oh help! it's the Gestapo—go away —I am a gas mask!' Here she inhaled through her blanket, and said, 'What's that on the bed? It's poison gas.' " She was quite disoriented and confused. She was given 0.5 gram. of sodium amytal intramuscularly, and she slept deeply. The next morning she made a serious homicidal attempt on the ward sister, saying that she was a Gestapo agent. She was kept narcotized with 0.5 gram. of sodium amytal every six hours for three days. Every effort was made to reassure her about her surroundings, and her husband was allowed to sit with her all day. After ten days she regained her normal person-

ality. She remembered her experience, and said it was due to fright. She was discharged, and has remained well. The dermatitis artefacta recovered completely during the psychosis.

There is a tendency for the habitués of the deeper, or at least relatively safer, shelters to select themselves, so that a sample of such a population shows a greater proportion of individuals affected by fear of air raids than any other. For example, in ten cases chosen at random from a deep shelter in a certain area nine were considerably affected in this way—either they could not sleep except in a deep shelter, or they showed some other somatic reaction at the sound of the sirens, or they "could not stand" an Anderson shelter, or they had particularly bad experiences in a previous raid. Three had had a previous history of psychoneurotic anxiety. Of fifty families frequenting this deep shelter, 82 per cent included one or more members suffering from psychological illness. (Emergency Mental Health Committee's data.)

In a sense, some of the hysterical symptoms described, whether they are perpetuations of fear reactions experienced at the time, or dramatizations of repressed experiences, are remote aftereffects, in that not only do they tend to persist if untreated, but they may not appear until an interval has elapsed, perhaps of only twenty-four hours, but more often of several days. This latent period is, of course, familiar in psychoneurotic conditions among the armed forces. The interval seems to be filled by ruminations which are sometimes of a compulsive

character. Thoughts of the terrifying experience keep recurring, although the individual tries not to think of them.

It was noted in a survey of 119 persons in a bombed area by Miss Wigan, of the Mental Health Emergency Committee, that two to three weeks after bombing about 30 per cent complained of symptoms of one sort or another, usually of a somatic type, but without evidence of physical disease. This observation emphasizes the importance of occupation in the prevention of psychoneurotic aftereffects. It was only after the individuals concerned had finished rearranging themselves and their affairs, and had time to sit down and consider the situation, that the symptoms appeared. It is disorganization rather than fright that is the causal factor here.

How anxiety results from disorganization is made clear by Mannheim's remarks: "The average person surrenders part of his cultural individuality with every new act of integration into a functionally rationalized complex of activities. He becomes increasingly accustomed to being led by others, and gradually gives up his own interpretation of events for those which others give him. When the rationalized mechanism of social life collapses in times of crisis the individual cannot repair it by his own insight. Instead, his own impotence reduces him to a state of terrifying helplessness. Just as nature was unintelligible to primitive man and his deepest feeling of anxiety arose from the incalculability of the forces of nature, so for modern industrialised man the incalculability of the forces at work in the social system in which he lives, with its economic crises, infla-

tion, and so on, has become a source of equally pervading fears. One has only to look at pictures like those of Bosch and Grunevald in order to see that the disorganisation of the mediaeval order expressed itself in a general fear and anxiety, the symbolic expression of which was the attention given to the underworld with its demons and the widespread fear of the devil."

In our time these fears are activated by the conditions of war, especially of war upon civilians. It seems to me that the more slavishly subjected to the will of the State the individual has been, the greater the collapse is likely to be either into panic or into apathy.

Disorganization Apathy

The extreme form of aftereffect resulting from disorganization of the individual's life belongs to the general type of passive reaction; not, however, the passive immobility of acute fear in the face of immediate danger, as described above, but a reaction more akin to the apathy resulting from the various forms of frustration which I have alluded to in describing the psychoneurotic reactions of peacetime. The apathy displayed by such individuals appears to be a retreat, and was seen as thus by an intelligent observer who does not profess psychiatric training or experience. Mr. Tom Harrison, whose name is linked with "mass observation" in Britain, says: "In widely separated areas we have come across several cases of persons who, after a heavy bombardment, have left next morning, found a billet with friends or relatives or strangers, and then caved in. In some cases they

have simply taken to bed and stayed in bed for weeks at a time."

It has also been observed that shelter life (unless well organized) can produce a major problem—apathy arising from boredom—among people of all ages. Shelter life by its nature can be a dangerous instrument for turning the young industrialist into the "spiritual and mental antithesis of his brother in the Spitfire." (Mr. Basil Henriques in a report on "Shelter and Youth Enquiries.")

CONDITIONED OR ASSOCIATIVE RESPONSES

There is a well-known psychological reaction which may be described as a conditioned or associated anxiety response. It is usually found in predisposed people and is exemplified by the case of the two children recorded previously. This consists in symptoms which are roused by anything which reminds the individual of his air-raid experiences. A car backfiring makes the patient jump, the wail of the siren produces palpitation or epigastric uneasiness, the approach of nightfall brings a headache and loss of appetite for the evening meal—evening nausea, in fact, instead of the morning nausea of the constitutional depression. Insomnia, as a rule, follows if airplanes have been overhead during the evening, or sirens have sounded toward nightfall. Loss of weight, as much as four stones, has been noted, which is sometimes but not by any means always rapidly regained on removal to localities where the patient feels more secure, e. g., in a deep shelter.

COMPLEX-DETERMINED REACTIONS TO AIR RAIDS

It is conceivable that some persistent anxiety psychoneuroses perpetuated by bombing, and taking largely this conditioned form, are in fact complex-determined, the noise having a symbolic meaning for the individual concerned, but this so far has seldom been proved to exist. For example, I saw a young woman with symptoms of this "conditioned" or association type, although with symptoms in the interval as well; she emphasized that it was especially the noise of bombing that disturbed her. She had a very unhappy childhood and adolescence at the hands of an unsympathetic and sometimes sadistic mother, and there was much evidence of overcompensation in the daughter's filial sentiments. Her first association with noise that she can recollect was the noise of a butcher's chopper. There did not, however, appear during her treatment any clear-cut aggressive fantasies, although evidence of fantastic attachment to the image of her father who died when she was an infant was definite enough; for example, she called her favorite doll by her father's name. In one case which I have seen in a young man, not a civilian, however, there was a very strong feeling of guilt which had attached itself to his own actions against the enemy, and had given him the idea that when he was bombed in several places in succession this was a retribution for his own actions.

T. A. Ross, in his *Lectures on War Neuroses,* said: "I saw recently an officer who in England had become terrified of bombs. There were some bombs dropped near him in England, and be became so frightened that he

was sent to hospital. This at first sight does not seem to be a phobia, but he added that he was quite certain he would not get like this if he were being fired on by an enemy on the ground. He had been in the last war for a year, from 1917–18, and had stood fire quite well. It was therefore for him an unexpected and really irrational fear. There is no sense in horizontal fire being safer than vertical fire. He also had a fear of looking down on water from a height. One day, lying relaxed on the couch, he was asked to think of himself looking down on water. He could see ships, the Tower Bridge, and other river things. He was quiet for a time. Then he said there was a Zeppelin hanging in the sky. Again he was quiet. Suddenly he leapt off the couch shouting: 'My God! there's a bomb!' After quieting down he said that he now remembered in the first year of the last war he had actually seen this happen, but that it had been wholly forgotten. He had been greatly terrified; he was then between fifteen and sixteen years old."

Psychoneuroses and Allied Conditions in Reception Areas

ADULTS

Psychiatric data about adults in reception areas are scanty. There are reports, naturally enough, of individual instances of unhappiness, of discontent in the new surroundings, a sense of loneliness, of missing the familiar things, the shops and the local pub; but so far there is little news of actual psychoneurotic distress arising on account of evacuation. Some of the most conscientious

sort of évacués become depressed and uneasy at having left the place of danger. They feel unhappy because their conscience tells them, usually mistakenly, that they ought to be back there. A sample of twenty cases, mainly adults but a few adolescents, from an out-patient clinic in a reception area showed only one case that had been aggravated by air raids. The other cases were depressions of various types, schizophrenics, paranoid states, delinquency, hysteria, anorexia, psychopathic anxiety states.

CHILDREN

The number of neurotic cases has increased but slightly among children from four to five, or 6 per cent, according to Professor Burt. The conclusion that children adapt themselves far more readily to new persons and new environments than had been generally predicted seems justified. It has to be remembered that although the removal of many of the outlets that ordinarily exist in a city plays a considerable part in sending up the juvenile delinquency rate, on the other hand those who move to the country find new interests and probably better ones than they ever did in town. One schoolmaster has observed that his boys evacuated from the London area to the country have actually lost their interest in cricket to a large extent and become enthusiastic about haymaking and work on the farm, as well as country pursuits. It is an interesting object lesson for the future use of the energy of the young and also suggests possible lines of reorientation of their values.

Other general conclusions arrived at by Professor Burt

are that it is the young children under eight and over twelve who are most affected by evacuation, that younger children do better when older children go with them, and that those over eleven do better if the unity of the school is preserved rather than the unity of the family.

Among children data have been collected from all over the country by the Emergency Mental Health Committee. The general impression is that there has been no great increase in psychological disturbances, and that the majority of those who exhibited them had presented problems also before the war. The Behavior Sub-Committee of the Mental Health Emergency Committee has collected returns from "child guidance clinics in Bradford, Bristol, Liverpool, Manchester, and Guy's Hospital; from six out-patient clinics in Berkshire, County Mental Hospital, clinics in Reading and in Newbury, Manchester Royal Infirmary, and the L.C.C. Clinics at St. Charles', St. Mary's, and Mile End; two Hostels, Cherry-hinton, Cambridge, and Flax Bourton, from Sutton Emergency Hospital In-Patients Department; from the Case Work Department of the Mental Health Emergency Committee," and from a Deep Shelter Investigation in Bristol. From all these returns there are particulars upon 166 cases.

15 cases, or 9.4 per cent, gave war experiences, resulting from air raids, as a cause of the condition.

44 cases, or 26.5 per cent, gave war conditions as a contributory cause of the condition.

107 cases, or 64.1 per cent, were unrelated to war conditions.

In only one case out of sixty children brought to a child guidance clinic are raids mentioned as a cause of the difficulty—"upset by raids, sleep-walking." And even this case gives a previous history of never having slept well, always having been a crybaby and being overattached to the mother.

In one group of this series war conditions are noted as a contributory factor in eighteen cases. These cases all have a previous history of difficulties, bad environment, etc., but problems have been accentuated by evacuation, or by fathers serving with the forces, by both parents working and the consequent lack of discipline, or by irregular schooling.

The six Out-Patient Clinics (fifty-six cases; thirty-two males and twenty-four females), from which samples were taken, show patients referred from all types of areas—evacuation, neutral, and reception. In five cases the condition was attributed to war experiences. Two of these cases were men who had been at Dunkirk; one case was feeble minded; and one case was gassed in the last war and boarded out of the army on account of nervousness. In five other cases war was considered to be a contributory factor.

In two hostels for difficult evacuated children (twenty cases; fifteen males and five females) evacuation or unsuitable billets were a contributory cause in eight cases. But, according to the Emergency Mental Health Committee, all of these cases have a history of either environmental or innate difficulty before evacuation.

Immediately Outstanding Problems of Evacuated Children

It is natural that those conditions which give most obvious trouble in their new homes should figure more prominently in the statistics of clinics in evacuation areas. Samples of the types of problems encountered in evacuation areas are given in the following tables, representative of widely separated parts of the country.

TABLE 5

Northampton 1939–1940

Types of Cases	*Number*
Unmanageable	87
Unhappy or neglected	73
Pilfering	59
Sex difficulties	38
Health questions	33
Backward	27
Bedwetting	17
Solitary and unhappy	15
Soiling	14
Other causes	13
Fears	12
Truanting	8
Temper tantrums	4
Sleep disturbances	2
Speech disturbances	3
TOTAL	405

Cases Sent by:	*Number*
Schools	133
Billet-holders	93
Parents	37

Cases Sent by: (cont.)	*Number (cont.)*
Hostels	35
Official helpers	31
Clinics and social agencies	21
Police	17
Local authorities	20
Doctors	12
Neighbors, etc.	6
TOTAL	405

TABLE 6

Reigate

Reason for Referral

Principal Symptom	*Number*
Enuresis	61
Pilfering	20
Backwardness	18
Sex difficulties	17
Disobedient and unmanageable	13
Overaggressive	8
Temper tantrums	7
Soiling	7
Depressed	7
Sullen	6
Fears and terrors	6
Lying	6
Truanting	5
Nervous habits	5
Sleepwalking	2
Vocational guidance	1
Egotism	1
TOTAL	190

ENURESIS

Enuresis is the outstanding example. Thus of 421 cases out of a population of child évacués of 15,000, one hundred, or nearly 25 per cent, of the cases were of this nature. "A large number of the children have told me," says Dr. Gill, "that they do the same thing at home. The parents did not seem to bother about it." In a few cases only was it attributed by this observer to the child's desire to return home, and in an occasional case one child probably suggested it to another as a means of getting home.

Social conditions have much to do with the prevalence of enuresis. Lack of home training, even in the desirability of cleanly habits, is the most obvious factor. It has been observed by Miss MacDowell that even defective children coming from good-class families are more restless when wet than those of a poor social class. Gill noticed both indifference to discomfort and a lack of a sense of shame in the evacuated enuretic. The parents often do not expect the children to be clean until they are five or six or even later. One mother of three children—eleven, eight, and six and a half years of age respectively—who were habitually wet at night, said, "Poor little things, they are only babies after all." The evacuation has revealed a low social standard of cleanliness among a larger section of the population than had been suspected. Probably the enuretics seen at hospital in peacetime came on the whole from the more careful families among the poorer population group. The parents of these évacués were poor, but not poverty

stricken, nor was there any apparent correlation with the size of the house they occupied. Two thirds of the children were below the average in intelligence, which probably reflects the intellectual level of the parents also.

Dr. Jean Durrant, in a personal communication, has the following to say with regard to enuresis: "Where the symptom has arisen since evacuation, it may, certainly, be due to emotional disturbance, but is often due to inability on the part of the billet mother to realise a child's needs; for example, the lavatory is often outside the house or on another floor, and the child is frightened to go so far in the dark in a strange place; often no chamber-pot is provided. Again, the child is often not got up last thing at night, because none of the billet mother's own children has ever needed to do so, and she therefore feels that no one need. Or a drink is given too late at night. And once the symptom has shown itself, it is, of course, often treated quite wrongly."

Dr. Durrant goes on to say that "one of the general effects of billeting on the children appears to be that they become very detached, and take things as they come without displaying much emotion of any kind." This is similar to the observation of Bowlby's quoted in a previous chapter on the effect of a broken home in producing "affectionless thieves."

GENERAL ETIOLOGY

An analysis of the reasons for referral to a parents' advice bureau of children who had been evacuated from a city which had suffered severe bombing showed that in 10 per cent of the cases the billet was unsuitable, in

19 per cent the parents constituted the chief difficulty, and in 71 per cent of the cases the immediate difficulty lay with the child. Little importance should be attached to this ratio, however, for if the parents are determined to have the child back they often act before the case can be investigated. Even when the immediate difficulty lies with the child the primary cause of the maladjustment is often to be found in the faulty parental attitude.

Difficult parents range from the purely selfish, through those who are emotionally dependent on their children and cannot bear to be long separated from them, to the ignorant ones who may bring home their children impulsively and then regret it. For example, sisters of twelve and eleven, the elder a Special M.D. schoolchild, and the younger delicate and previously attending an open-air school, were taken back home by their parents. After considerable difficulty arrangements were made for the children to be re-evacuated to their original billet, but they were then found to be dirty and so did not pass their medical examination! The householder, however, nobly rose to the occasion and wired: "Will expect these children dirty; they were last time." And so they went.

It has been calculated that 2 per cent of the children evacuated are unsuitable for foster homes on account of nervous symptoms or difficulties in behavior. About half of these problems are seen to be related to evacuation, but few of them imply more than the discovery of pre-existing weaknesses and liabilities. What is so far established, as might be expected, is that it is behavior

of the aggressive and delinquent types, as compared with signs of anxiety, that cause children to be brought by foster mothers for advice.

Straker and Thouless divided the problems of évacués into four types: actively anxious, aggressive, passively anxious, and delinquent. The actively anxious syndrome was commoner among boys and the passively anxious among girls. There was no significant sex difference between the aggressive and the delinquent types. In the majority of cases the relationship to the foster mother was found to be satisfactory, but less so with older children of thirteen to fifteen. A more satisfactory adjustment is found by keeping together a family group of brothers and sisters. It is interesting to note that a group of two children was the optimum number—an observation which has significance beyond the present situation and which seems simply to confirm the truth of the old saying that "two's company and three's none." It is also interesting that the presence of another child was more important for girls than for boys, boys being less disturbed by complete isolation from other children.

Powerful psychological factors at work are the feelings of insecurity resulting from separation from the parents and from familiar surroundings, rebellion against the new conditions, and general disorganization of the child's life. Feelings of guilt about leaving the mother are probably comparatively rare causes of uneasiness. Symptoms in many instances are due simply to uneasiness until the new surroundings are adapted to; others

are rebellious in origin. For example, a case of incontinence in a child was reported by Mrs. D. H. Hardcastle in a personal communication: "Two little girls from a poor home, one aged eight and the other five, went to two maiden ladies in a good position. They were anxious to do everything possible for the children; they were petted, bathed regularly, and taught good manners. The elder one managed to survive this regime, but the younger one reacted by most blatant soiling, and the situation was so acute that all the furniture was being ruined."

Dr. Jean Durrant has described some of the factors as follows: "Apart from the children who have been difficult even before the War, and whose problems exist irrespective of evacuation, problems often arise:

1. Where the parents are at fault.

a. There is lack of support on the part of the parents. Some parents tell their children on being evacuated that they must stand up for their rights, and not be put upon. Others, more commonly, pay no attention to requests for clothes, etc., or complain that the billet mother is not mending the clothes as she should. When the parents come to visit the children, there is quarreling between them and the billet mother; gratitude is expected and not given.

b. There is active neglect of the child on the part of the parents, who neither write nor visit. Lack of parents' letters is a frequent cause of trouble.

c. The home has been broken, often since the War. It will be seen that problems are fewer where the parents

are regular visitors and correspondents, and where they back up the authority of the billeters.

2. Where the billet mothers or organizations in the reception areas are at fault.

Many billet mothers do not feel it a duty to provide occupation and entertainment for the children out of school hours. They therefore either sit about and get disgruntled, noisy and aggressive, or go out and get into mischief. There are not nearly enough organized occupations, such as Boy Scouts and other clubs. Even in districts where these have previously existed they are often either curtailed in wartime, or run by insufficiently experienced people, thus failing to supply a need which is now at its greatest."

DISORGANIZATION AS A FACTOR

Mere disorganization is probably the most widespread agent, and this occurs also in children who have not been evacuated but whose school hours are curtailed, and in the adolescent whose recreational clubs, etc., are no longer open as the result of the devastation produced by air raids.

(a) *In producing dissatisfaction.*

M. D. Vernon's study of the effects of evacuation on adolescent girls illustrates the effect of disorganization on evacuated school populations: "The deprivation of amusements and leisure occupations were much more strongly felt, and aroused greater discomfort, than any of the school difficulties." There was resentment at the restrictions imposed by living in someone else's house,

and in certain girls billeted with people of a social class less well circumstanced than their own parents there was, instead of a sense of insecurity, rather an attitude of superiority, and even of snobbish contempt. This class difficulty is a real one, dependent not only on differences in background and tradition, but on obvious differences in wealth. Children can be the greatest of snobs. The most successful billets are those of approximately the same social class as the billeted children.

The effects of separation from home upon adolescent girls were shown in the occurrence of definite homesickness in 29 per cent. Some of this was due, of course, to parental pressure, and this was much more marked in the schools drawing their pupils from the less well-to-do classes of the population, who seldom, if ever before, had been accustomed to separation of parents and children. One effect of this was to make many of the children want to leave school and start work earlier than would otherwise have been the case. The work chosen was of a sort that did not entail going away from home; but this was simply in accord with the experiences of peacetime, when the same general timidity and fear of standing alone were observed by Miss Vernon. The difference in wartime was one of degree, due to loss of the home background.

(b) *In producing benefits.*

On the positive side there were two benefits from evacuation. A number of these adolescent girls, the minority it is true (22 per cent), welcomed the adventure and newness of their experiences, and those who remained with the evacuated school instead of returning

home again had a feeling of increasing solidarity, a heightened community sense, expressed in a remark of one of them, "It is a jolly fine set of girls in this school, and we are all together."

(c) *In producing delinquency.*

The most serious result so far of the disorganization of children's lives appears in the increase in juvenile delinquency. Fifty-five per cent of the offenses in recent months in one police area were committed by boys. More than three quarters consisted in theft, and a not inconsiderable proportion consisted in wanton destruction. The factors at work are principally disturbances in family life produced especially by the absence of the father in the forces, the closing of the schools for long periods, or for part of each day, and the closing of clubs and playing fields. In bombed areas also the time spent in billets in winter is harmful unless it is combated by well-organized social arrangements. Shelters can form places for planning adventures to replace those no longer available, so that serious offenses, such as housebreaking, may be planned to be executed later in the blackout. These enterprises are, of course, the outcome of the spirit of adventure in many instances, but it is quite probable that a diffuse excitement arising out of the novel conditions plays a part. For example, sudden access to high wages seems to favor rather than diminish juvenile crime: a sixteen-year-old boy who was earning 3 pounds a week as a laborer was charged at Lambeth Juvenile Court with larceny. Obviously there may be individual factors at work which are independent of any external stimulation.

The following are some typical cases in evacuated children which illustrate that the so-called evacuation problems are often continuations of pre-existing difficulties. They also illustrate that evacuation may have its blessings in that problems come to expert notice which otherwise might never have been brought to their attention. These cases, among many others, were tackled by a clinic of the Mental Health Emergency Committee, with the result that considerable improvement was effected. It is notable that in each case this result was attained largely by producing a solid background of secure affection.

Egbert D. (Referred for truanting and pilfering.) The child had not attended school for the past four weeks. The billet mother, who was upset about the boy's mischievous behavior, revealed that he had been bringing in small articles which he said had been given to him by friends of his. The billet mother seemed to be of a very simple type, and, as the boy's behavior seemed to demand a stricter supervision, he was transferred to a hostel for younger boys.

His previous history revealed that his father is now in the army. His mother is a big, easy-going woman with little idea of discipline. Egbert is the eldest child, and was evacuated with his younger brother. There are three younger children, who were evacuated to different parts of the country. Egbert and his younger brother often truanted at home, and, according to the younger brother, the mother used to send them out to "bring back what they could." Before he had been a month evacuated he

was sent into one of the earlier hostels for training. He was sent out to a billet, where he remained until he was sent to ———. He was seen at the clinic, and an intelligence test was done. His I.Q. was 77, but he displayed a good deal of coherence in the tissue of lies which he wove about his truanting and suspected pilfering. He was again seen at the clinic, and it was decided to take him on for treatment regularly. Early in June matters became more serious when he admitted to taking things from Woolworths, and when he brought in a bicycle to the hostel which he said a friend had lent him. When this was proved to be false he tried various other lines. He also brought in fancy dresses and false beards, and now admitted to having stolen the articles which he had brought in to the previous billet. He was the eldest child in the hostel, and unfortunately the younger children tended to make him a hero. Finally he ran away, and was brought back by the police from near Brighton. He was no sooner in the hostel than he ran away again, this time to Croydon, where he lived in his mother's house for four days and four nights without her knowledge, taking things to pawn so that he could buy food for himself. He was at last discovered with the help of neighbors, and brought back to Reigate.

A special billet was found for him in a household consisting of another évacué boy of thirteen and three sons of the house ranging from eleven to seventeen. They were interested in the only hobby in which Egbert appears to have any keenness—model airplane construction. He has been transferred to a new school, where he is doing better. He has improved greatly in every way,

but visits are still paid to the billet and occasionally the child visits the clinic.

Rufus B. This boy was referred for fits of disobedience, aggressive behavior in play, lying, teasing, and general unmanageableness.

Billet History: He was at that time billeted with a young married woman with a small girl of three, and had been with them since the beginning. The house was working class, but of a superior type. The woman said she could put up with him no longer. He would get into rages, though she did say that he got over them quickly and did not bear malice. He would find out a person's weak points and systematically tease them in a way that was unbearable. She could not get him to own up to wrong-doing, and he brought home small articles which he had picked up in the fields. She never knew where he really got them from. He was very disobedient and destructive in his play. He soiled occasionally, bit his fingernails, and seemed to the billet mother to be unpopular with other children. To use her own words: "He seems to ask for trouble and plays upon your kindness."

School Report: At school he is quite good in his lessons. He owns up at once when he is in the wrong, and is not sulky. He has a very strong personality in the class, but it depends on the person he is with; "unless they were in harmony, he could make it hell." He takes a fiendish delight in tormenting other children, though not in a bullying way. In general he gets on well with boys of his own age. He entirely lacks training and dis-

cipline, though in school he is not destructive. He is destructive out of school, and has never been trained to respect property.

History: Both the parents are very negligent about seeing him or writing to him. He was removed to a hostel, but this arrangement proved unsatisfactory, and efforts were again made to secure him another billet. One was found, but it depended on another boy's removal to hospital. This was unfortunately delayed for some two months. During the period of waiting the boy's behavior deteriorated steadily. He soiled, stole, lied, truanted, and was always in trouble. As the punishment for everything consisted in being sent to bed he used to retire there about five o'clock every day. Then complaints were made that he played havoc in the dormitory. Just before he was finally removed, he set fire to some coke in an outhouse, and both the warden and the hostel committee wanted him charged, but as the billet was ready to take him within a week it was left to his new hostess to decide whether she wished the matter to proceed. As the new hostess is herself a psychologist and used to dealing with difficult boys, she did not wish him charged. For the first two months after removal to his new billet he was very troublesome. He became very jealous of the other évacué in the billet, who had an affectionate family background, and there were constant quarrels. He was very disobedient, lazy, lying, and generally against the world. He also soiled at intervals.

But the worst is now over; he gets a good school report, in settling down well with the other évacué, seems to have stopped pilfering, is much more truthful, and

less suspicious and reserved. He has joined the Scouts, and is mixing much better, both with other children and with adults. He has been told that his stepfather is not his real father, and is under the impression that his mother was married before. This seems to have eased his mind somewhat, and given him a partial explanation of the unkindness which was meted out to him.

John P. This boy had pilfered 3 pounds in all from savings which his billeter had concealed in the house. On examination he was found to be a boy of dull intelligence, his I.Q. being 81; he was rather anxious and insecure. Family history was as follows:

The father was a traveler in peacetime, and was always away from home a good deal. The family consisted of an elder brother, now dead, John, and two younger sisters. The older boy had been an active open-air child, keen on sports and on the Scouts. He had contracted pneumonia while in a Boy Scout camp, and had died of this. In consequence of this the mother had discouraged John in every way from any activity which might possibly harm him; had discouraged him from the society of other boys, and mollycoddled him generally. On talking to her later it was obvious that she had no real idea of discipline, and had never allowed the boy to suffer the consequences of his own actions.

It was felt at the first interview that he was not the type who would do well in a hostel, but owing to difficulties in billeting he had to go there. There were complaints about his behavior from practically the first day. He lied, tried to throw the blame for any wrong he did

onto other boys, he was disobedient, he was suspected of pilfering, and he was generally felt to be unreliable and untrustworthy. He was implicated in various foolish scrapes. During this time he attended the clinic. He returned home for a short visit at Whitsun. His behavior took a steady turn for the worse. He stole a bicycle belonging to an older boy, which was outside a picture house. Later he was implicated with two other boys in stealing a Bell Tent, and in running away to Brighton. They were found by the police and brought back to Broadmead. Of the three, only John was readmitted to the hostel, the others being sent back to their homes. He appeared at the Juvenile Court on a charge of stealing a bicycle and was put on probation, with a suitable foster home to be found for him.

A foster home was found for him with a motherly woman and a firm man who knew about the boy and were determined to do what they could to help him. His school was changed to a local one where he would not meet any of the other boys from Broadmead. He attended the clinic regularly for five weeks; since then visits have been paid to his billet at frequent intervals, for he had made so much improvement that continued attendance was not thought necessary. His school work has improved, no pilfering has occurred, and his lying has decreased considerably. For the first time he is beginning to form a friendship with another boy.

Treatment

Since the methods of treatment in adults are essentially the same in civilians and the fighting forces, their discussion can be postponed until the psychiatric reactions in combatant troops have been described.

In children the methods are those usually used in child guidance clinics, adapted to special circumstances of war, especially of evacuation. What has been particularly brought out by the war experience is the value of psychiatrically trained social workers. A demand for their services as well as for psychiatrists has sprung up in districts where their employment was never before contemplated by the local authorities. It has been realized from bitter experience that much might have been done by some educational preparation of billet mothers. Take, for example, a child who is not a success in the house where it is billeted. This child "should be seen by a psychiatric social worker in the billet. All too often, it is simply moved to the next available house on the list, from which it is again rapidly ejected, and so on, so that it may go through five or six billets in quite a short time. This has obviously an unsettling effect on the child, leading to a strong sense of insecurity, and also, especially in a small community, gets it such a bad name that each prospective billet is suspicious of it before it ever arrives.

"When seen by a trained worker, she can decide:

"a. Whether or not the situation between the billeter and the child can be adjusted so that the child need not move.

"b. If a move is advisable, what sort of billet will suit the particular child, so that the constant moving described above may be avoided.

"c. Whether or not the child is of the type which will do best in a hostel.

"d. Whether the child is suitable for referral to the child guidance clinic.

"This often helps also by softening the attitude of the billet mother." (Dr. Jean Durrant. Personal communication.)

HOSTELS IN EVACUATION AREAS

An important practical point is the necessity for providing hostels in evacuation areas for the more difficult children. They do not fit in ordinary billets as a rule, and require experienced supervisors. The discovery of a competent staff is not an easy matter. These are not problems specifically connected with the war; they are problems which have come to light or been brought to a head because of it. The war may even be a blessing in disguise to such children, whose problems may have to be dealt with at an earlier date than would otherwise have been the case.

Sometimes the defect is less in the child than in the billet. For example, a billet of different social status from that of the child's home, or separation from the mother with consequent resentment, has played a part in some cases, and the general unsettling effect of frequent changes of billet in others. The backward child experiences special difficulties to which he may react with sullenness. The usual reasons for the billet mother's de-

mand that the child should be removed have been delinquency, spoiling, aggressiveness, bedwetting, and general lack of cleanliness in habits.

One of the outstanding difficulties is the number of children that have to be accommodated in one house, and the number of staff available. There is no doubt that in some instances the aggregate of numerous children with insufficient adult supervision has created important, perhaps even serious, problems. For example, in one evacuated nursery school, which has been known to the Mental Health Emergency Committee, it has been observed that among the eighty children with an insufficient number of supervisors and helpers there is incessant crying, some of it of the tantrum type and the rest of it a continuous whining.

The behavior of the children on arrival of visitors has been noticed to be quite remarkable: "The reaction of some ten children was to rush at me and pull my clothes up. This was such an assault that I fell down; then they pulled up my clothes and touched my legs. When I could get up this was continued in getting under my skirt, which was a wide one, picking up the tail of the skirt to look. At last I said, 'Do you want to see underneath?' I showed my petticoat and they said, 'No, further.' I showed my stockings and suspenders, and a patch of leg which they immediately touched. Then they said in a group, 'But where are your knickers?' Satisfied about this, they went away.

"On and off during the rest of the day, individual children came up to see me, both in this group and in

the younger one, which had not seen the episode, and put their hands under my skirt, or turned up my skirt to touch my leg. In the evening, putting the babies to bed, one child said as I put on his garment, 'Why are you all covered up? Haven't you any bones?' I had a long-sleeved and high-necked jumper on; this I undid and showed the bones. Then another child came in and said, 'Yes, but I want to put my hand down and get your petticoat.' This he immediately did.

"A man and his wife and baby in pram visited us in the afternoon. Screams of delight came from the group of children playing in the garden. This was at the father. Later, having touched the baby and inspected the family, some of the children withdrew to the top of the climbing frame and made a song about 'Mummy and Daddy.' This was the only time during the day when I heard any concerted outburst of a group nature from the children."

The longing for parental relationships seems obvious enough, quite apart from the marked sexual curiosity, and there is some evidence that a more effective method of billeting is to place a number of families in a similarly large house in charge of their own mothers. Where this has been arranged it has so far worked very well, as, for example, in the houses run by the Friends' War Victims Committee and those organized by the International Committee for Refugees in Great Britain.

A hostel is not the method of choice even of difficult children in most instances. A good billet would usually do as well or better.

Organization of Psychiatric Services in War

The organization that has coped with the pathological problems of war so far has been a dual one: the Government Department on the one hand—the Ministry of Health; and on the other hand voluntary organizations, most of them co-operating with the Mental Health Emergency Committee, which is composed of representatives of the Central Association for Mental Welfare, the Child Guidance Clinic, the National Committee for Mental Hygiene, and the Association of Mental Workers and the Association of Psychiatric Social Workers. The Ministry of Health is responsible mainly for the provision of hospitals and out-patient clinics; the Mental Health Emergency Committee have provided all the hostels, all social workers—full-time and part-time and voluntary for the clinics and hospitals, and so on. They have also been responsible for compiling all the registers of foster parents, foster homes, as well as all semitrained workers. They have given advice to parents and lectures to ordinary citizens, A.R.P. workers, and others.

The Ministry of Health hospital system is of sector form, each sector radiating to the outlying district from a center constituted by one segment of each town. Each sector therefore contains a large number of hospitals. In the central city area are first-aid posts working in connection with the city hospitals, which are, so to speak, first-line hospitals, where cases of acute psychiatric disturbance are treated either as out-patients or in-patients. So far as possible the acute cases are treated there and then

returned to their homes, and only patients requiring very prolonged treatment are sent to hospitals farther out. Each sector has several psychiatrists who each have districts of their own, and have the responsibility of establishing out-patient departments and of deciding on the general disposal of cases in their area. Four special psychiatric hospitals staffed entirely by psychiatrists and neurologists are available in the London district—for example, the Sutton Emergency Hospital alluded to previously. Arrangements in all parts of the country follow a similar pattern. The hospitals also have mobile psychiatric units which can be moved to any district at need.

As the conditions developed gaps were naturally discovered. The evacuation problems of children would have been greatly simplified if information had gone out with them to their new homes, or if they had always been able to be accompanied by adults who knew them. The nature of their first welcome to their new quarters was found to be very important, and the need for a systematic registration for the qualifications of foster mothers soon became evident. Unbilletable children demanded special hostels. Experience clearly shows the number of children too difficult for ordinary billets was far greater than had been anticipated. By the spring of 1940 hostels had sprung up in every Civil Defence region under the auspices of billeting committees and the demand for workers with knowledge and experience with difficult children continued to outrun the supply. The following suggestions for hostels established in a regional basis have been made:

(a) Sick bays for children suffering from minor physical complaints and disorders.

(b) Clearing and observation homes where difficult children can be under observation for a period. In connection with these it is recommended:

1. That a person with special training in psychological methods should examine the children, and that the time of stay should be limited.

2. That the warden in charge should be able to give reliable observation and that the home should therefore be adequately staffed. (Note: this home could also accommodate children temporarily out of billets because of illness or absence of the householder.)

(c) Homes for children suffering from temporary emotional disturbances, e. g., spasmodic enuresis, behavior difficulties due to mishandling, wrong environment, etc.

(d) Homes for children with persistent psychological difficulties—persistent enuresis, stealing, truanting, etc.; also those of backward intelligence and educational retardation from causes other than lack of intelligence.

The value of information bureaus both in bombed cities and reception areas in the country for parents and foster parents has become clear. In bombed areas where adults have possibly to be catered to the attendance of psychiatric social personnel at Rest Centers is found to be of great value. Priscilla Norman has shown that there is a type of neurotic who so completely adapts himself to the environment in which he receives food, safety, and

protection without personal effort that he manifests no desire ever to leave it. This is one example of the type of problem received at such centers. Only an experienced worker can sort out the miscellany of people, an important proportion of them mentally unfit at the best of times, especially the epileptic and the senile, and the chronic neurotic.

It would be fatuous to consider psychiatric problems of this sort without reference to the physical aspects—rest, sleep, food, and warmth. Most bombed-out people are very tired when they reach shelters; some excessively so, especially in the early days before the organization for the disposal of this floating population was properly carried out. It has been noticed among other things that bombed-out people tend to take more food than they really need, and that when deep shelters are available the people in them sleep better and put on weight.

It has been discovered that to sustain morale, community amusements and diversions are of great value. This is true especially of bombed areas, though equally true but less conspicuous in "safe" areas. A fairly elaborate organization has developed in some of the larger shelters. There are concerts, plays, debates, and the like, in addition to small libraries and other means of sparetime amusement. It is found to be a very wise move to have the shelter habitués themselves form committees to manage the shelter and its social life.

Social activities need not in suitable weather be confined indoors. Community dancing in the open has become a very popular feature, attended by thousands of people in one blitzed town.

5

PSYCHONEUROSES IN THE FIGHTING FORCES

THERE are three main headings under which war neuroses in the fighting Services may be considered: the constitutional predisposition; environmental stress; and the inner psychological factors, of which the wish to escape is usually the preponderant although by no means the only one.

Predisposition

The factor of predisposition appears to have had less attention paid to it in the last war than would have been expected, although those predisposed to psychotic reaction received attention. Hurst spoke of "martial misfits" without entering into details, except to say that most of those who broke down had a tainted heredity. Laudenheimer found signs of predisposition in 75 per cent of the neurotic cases which he saw among soldiers. He regarded patients of an anxious-depressive type as unsuitable for war duty. "They are mostly nice, decent people, unobtrusive or shy, and self-conscious, but irresolute, easily put out, and inclined to hypochondriac

fears and other phobias. . . . A great number of them were to be found in medical wards with a variety of diagnoses, such as stomach trouble, bladder trouble, rheumatism or asthma." He thinks that the prognosis in these men is good if they do not return to the front line; and that they made up about 30 per cent of the neurotic cases seen early in the war.

Mott declared that the symptoms of shock were especially apt to supervene in those of "a timorous disposition and anxious temperament," or of a "neuropathic or psychopathic inheritance." Gaupp said: "In the congenital psychophysical make-up of a soldier is to be sought the most important cause of neurotic disorders. The psychiatric analysis points to a psychopathic basis in most of the war neuroses, often indeed where the amnesis reveals nothing." Birnbaum thought that soldiers developing nervous and mental disorders show in the great majority of cases a predisposition; by which is understood not only a congenital but also an acquired disposition such as may be observed following a chronic abuse of alcohol, earlier head injuries with concussion.

On the other hand, according to Wittkower and Spillane, "the majority of psychiatric authors believe that given sufficient emotional stress, neurotic symptoms may appear in any one." Nonne said that "the war has shown that persons with a previously sound nervous system can acquire a neurasthenic complex," and "hysteria is no rarity in war, even in persons hitherto quite healthy." Alfred Gordon emphasized the need for closer inspection of the family and personal history of recruits, and the very great importance of the early recognition of the

neurotic. Wolfson in one hundred cases of war psychoneuroses found in 14 per cent a family history of neurotic or psychotic stigmata and a previous neuropathic constitution in the patient himself in 72 per cent.

It will be seen that authors varied only in the frequency with which they discerned predisposition, and that they were agreed that even those not apparently predisposed could break down sooner or later under stress of war; but detailed studies of predisposition were apparently seldom made. M. Culpin remarked that with increasing experience he was able to find signs of predisposition in a greater proportion of men (57 per cent) who ultimately broke down than he was able to do at first. Even after excluding the psychasthenics from the predisposed group, "especially the obsessional self-drivers," which "although they had nervous symptoms were often capable of excellent work," he concluded that about 50 per cent of hospitalized mental patients "were the country's bad bargains and should not have been selected." The average period of service in the predisposed was only half the general average.

The psychoanalytic writers thought that they discerned in the neuroses of war a group characterized by self-centeredness, overconscientiousness, lack of sociability, lack of affection, feelings of inferiority, and an effeminate disposition, overdependence on their wives, and weak potency, with latent homosexual tendencies. Such people found it especially difficult to adjust themselves to community life, to the danger of death, and to the adoption of an aggressive attitude.

In Chapter 20 of the statistical volume of the *British*

Official Medical History of the War the analysis of the "average neurasthenic" in a group of 58,000 "neurasthenic" pensioners, i. e., the type of man in receipt of a pension after the war for psychoneurotic disability, showed that "the average patient in receipt of a pension for neurasthenia on enlistment was older, taller, and heavier than the control with equal chest measurement; he was more often married before enlistment, or if not, more often married during service; he was more often skilled or clerical than the control. On service he had other illnesses—not neurasthenia—more often. He was more likely to be promoted. His records of misconduct were less frequent, and his medals more rare."

A similar analysis of the average "other rank" with "Home Service only" who was eventually pensioned for neurasthenia showed that "he was nearly 31 on enlistment, relatively thin and narrow chested for his height, and of poor general physique." He had probably married before service, and had frequently been in some clerical or skilled occupation. He was likely to have had physical defects and a record of illness before service, and perhaps because of these he would not usually have joined or been taken into the Army until the middle or later years of the war. His total war service averaged two years and four months, of which only two months would have been in hospital. During service his ailments were not always labeled "neurasthenia," but quite frequently disordered action of the heart or debility. On being taken into hospital for such a condition he was speedily discharged from further active service. During service he was generally attached to departmental or labor units,

but despite his short service he had more than the normal share of promotion to sergeant, and his conduct was mainly exemplary. The chances were even that he had at some time been able to claim a pension for some other diseases.

Certain physical factors appear from these figures to favor the development of some form of psychoneurotic reaction in war; such as, age over thirty, height and weight above average, generally poor physique, and a record of illnesses other than "neurasthenia" before service. The general psychological factors favoring breakdown, at any rate in these people, were marriage, skilled or clerical occupations, and exemplary conduct; or, in other words, if you are unmarried, unskilled, and rather a "bad egg," you are less likely to develop a war neurosis, at any rate of the chronic sort.

Studies with even as much detail as this are not common in the literature of the last war, which seldom went into details of the personality of those who broke down. In the present war Curran and Mallinson have analyzed the incidence of four factors. Their study concerns psychotic as well as psychoneurotic types of breakdown. They found that a positive family history, a positive past history, a psychopathic personality, high-grade mental defect, and physical factors, like influenza and arteriosclerosis, were more frequent in one hundred psychotic and psychoneurotic cases than in a control group of fifty cases.

An examination of fifty-six cases of war neuroses was made for the following facts in their history: pronounced morbid fears; traits pointing to timidity and lack of

aggressiveness; "nervousness" in the form of depression of spirits, habitual anxiety, frequent irritability, obsessional characteristics, inferiority feelings, and a-social habits; and "physiological instability" in the shape of habitual restless sleep, sleepwalking, stammering, nail-biting, bedwetting, fainting at the sight of blood, and excessive visceral reaction to emotion. The results compared with control groups were as follows:

TABLE 7

Incidence of Traits in Early History

	Percentage with poor sleep	*Percentage with enuresis*	*Percentage with morbid fears*	*Percentage with "nervousness"*
Group A & B (Mixed group of nervous and average children) Rogerson—109 cases	17	22	26	39
War neuroses (56 cases) *	28	14	79	54
Healthy young male adults (48 cases)	8	4	20	20

"Nervousness"—excessive timidity, instability of mood, depression, anxiety, irritability, obsessional characteristics, inferiority feelings, solitary habits.

* This number has subsequently been increased to over 300 with similar results.

TABLE 8

Total Early Traits in Each Group

Group	*Morbid fears*	*Physiological instability*	*Timidity and lack of aggressiveness*
War neuroses (56)	44	44	74
Surgical casualties	15	10	4

The differences in the incidence of the four groups of characteristics—morbid fears, "nervousness," physiological instability, and timidity and lack of aggressiveness—are all significant. The results suggested that a point-scale constructed by awarding marks according to a prearranged schedule might be useful for prediction of the future of such patients when they had broken down, and possibly for prediction at the time of recruitment.

As regards the etiology of such predisposition there was evidence that much could be attributed to the parents, although whether through heredity or upbringing or both could be decided only in the individual case, and often not even then. Of eighty-seven war neuroses 31 per cent came from broken homes, as compared with 13 per cent of forty-four surgical casualties; 37.5 per cent had neurotic or unstable mothers and 25 per cent had neurotic or unstable fathers. It is noteworthy that only one parent was admitted to be actually psychotic.

A previous history of breakdown in the sense of psychological illness of some kind or another was rarely admitted in this group of trained personnel. In un-

TABLE 9

Distribution of Traits

	No. of Traits	*War Neuroses* (55)	*Surgical casualties* (48)	*Fit experienced personnel* (20)
Cases with	0			11
"	1	1	1111111111111111111	111111
"	2	1	111111111111111	1111
"	3	1111	111111	111
"	4	11111	1111111	11 (1)
"	5	111111111111	1	(1)
"	6	11111111111	1	(1)
"	7	111111		
"	8	111111		
"	9	1111		
"	10	1		
"	11	1111		
"	12	1		

Two out of the three cases in brackets were ultimately removed from combatant duties. The third was constantly endeavoring to avoid them.

trained or half-trained personnel, who broke down soon after mobilization, a previous history of gross hysterical symptoms or of chronic psychoneurotic symptoms of the anxiety type appears fairly often. A mild or brief depression or anxious reaction in the face of stress when the individual is still adolescent is not necessarily in-

TABLE 10

	87 War Neuroses	44 Surgical Casualties
Broken Homes		
Death	19	5
Divorce	3	1
Separation	1	
Desertion	4	
	27, or 31 per cent	6, or 13 per cent
Mother		
"Neurotic"	30	
Unstable	3	
	33, or 37.5 per cent	
Father		
"Neurotic"	11	
Unstable	10	
Psychotic	1	
	22, or 25 per cent	

dicative of breakdown under war conditions. I know of instances of this sort where people have successfully sustained at least an average amount of war stress.

Vocational Misfits

Apart from the temperamental aspects of predisposition there is the question of aptitude for specific jobs in the armed forces, which are nowadays composed so much more of technicians than formerly. For example, it has been noticed that headaches and similar symptoms are not infrequent in those who are being trained for work for which their general education does not fit them. In an ideal system where time is not so pressing as after war has started, it should be possible by a system of in-

telligence and vocational tests to eliminate a considerable proportion of this type of difficulty. Failures in connection with the actual flying of an airplane, however, appear to be much more closely connected with temperamental factors than with aptitude of the more mechanical sort. In peacetime Air Commodore H. L. Burton noticed that 80 per cent of the failures in flying training were attributable to temperamental factors. These are naturally still more important in war. An occasional individual may have survived peacetime training, or have flown successfully as a civil pilot as long as 4,000 hours, only to break down under the more difficult conditions of wartime flying, apart from the ordeal of facing the enemy.

MOBILIZATION AS A PRECIPITATING FACTOR

Some persons are so highly predisposed that mobilization alone is enough to precipitate a psychoneurosis. Mobilization means for many a more or less complete disorganization of their peacetime "design for living," financial anxiety, separation from the family and its influence, and submission—often for the first time—to ordered discipline, to physical dangers, and to community life. Among the younger men the results were particularly evident in some mental defectives, in psychopaths of the unstable or irritable or solitary types, and dependent personalities separated from parents or wife.

DULL OR DEFECTIVE INTELLIGENCE

The precipitation of psychoneurotic symptoms in dull or feeble-minded individuals (morons) on being given

a job in a Service which is beyond their capacity is almost too banal to need exemplification; but here is one illustrative example: A single man of thirty-four developed headaches, forgetfulness, and thoughts of suicide soon after joining a Service and being given a heavy lorry to drive. He had reached only grade four at school, and, like many people of dull intelligence, recorded numerous previous injuries to his head. His family history was ominous. Of his six siblings one sister had epilepsy and another suffered from severe headaches; the brother had headaches and giddiness, the father had committed suicide, and the mother was a worrier. The patient had three accidents with his lorry in quick succession before his inadequacy was recognized.

AGE

Older men, those of about forty or over, who in many cases were Reservists called back from steady jobs to duties which they had last undergone ten or twenty years ago, and to a lower rate of pay with unchanged financial responsibilities, constituted the most usual problem.

PSYCHOPATHIC PERSONALITIES

A number of these were chronic psychopaths who had managed to pursue their peacetime employment in a "marginal" way, i. e., their anxiety about themselves was such that any additional load acted as the last straw. The hope that some of us had entertained for some of our psychopathic patients that a disciplined life might achieve for them what ordinary times could not give them was

certainly disappointed in most cases, but fulfilled in others. Those in which it has been fulfilled, however, in my experience were mainly the type of psychopath which I have previously described as having an aggregation of anxiety symptoms.

Thus, one young man who had for several years past suffered from anxiety which became acute at times to the extent of disabling him from ordinary life and causing him to go into a nursing home, and who had been unable to follow any one job for more than a few months, has in the Services succeeded after a struggle in being an efficient although not yet a self-assured soldier. In his case a high family ideal of duty, which had acted tyrannically in his mind before the war, became reconcilable with what was imposed on him by the country's need, i. e., by sanctions which were imposed by a more palatable authority than his family, but one whose wishes nevertheless coincided with those of the family conscience.

By contrast, the *sociopathic type of psychopath* is apt to be as troublesome inside a Service as he is in civil life. It looks as if the Germans had had a similar experience. Bumke's remark that "Many do well in military service, either in the S.A. or in the Labour Corps," seems to apply chiefly to the type classified under "nervositat," characterized by overanxiety and weakness of will.

Other psychopathic types are difficult not only because of their inherent instability, but on account of the motives that some of them have for serving. Thus, one emotional, unstable, aggressive man with a communistic

political outlook had joined with the hope of sabotaging the army from within. He developed subsequently a depression, and committed suicide.

DEPENDENT TYPES

The dependent type tends to develop hysterical symptoms: for example, a young married man, by trade a butcher, mild in manner, solitary by nature, and limited in outlook, developed soon after a visit home a few months after he enlisted a dramatic picture of depression of spirits, with whispered voice and tremor of the right hand. His wife, he said, had lost three stones in weight since he joined up. She had developed a "nervous breakdown" during their engagement, which had lasted eight years. Her doctor advised marriage, so she got her way. His long hesitation had ostensibly been about money.

HYSTERICAL REACTIONS IN DEPENDENT PERSONALITIES

Another recent young recruit developed fainting turns, weakness, and depression of spirits. He had a hysterical type of anesthesia and hysterical past-pointing in each upper limb. He was very much attached to his mother, but had been on bad terms with his father. During his father's last illness he had a headache which disappeared on his father's actual demise. He had no interest in marriageable women. His aim was to earn enough money to retire and be a painter. This young man was a hysteric, probably on a nearly classical Oedipus basis, and presumably the separation from his mother enforced

by army life, and the intrusion on his narcissism, or both, precipitated his symptoms.

Preformed hysterical symptoms are probably a bad omen in a recruit, although there is no way of knowing what proportion of those who had already exhibited gross hysterical symptoms in peacetime break down under war conditions. It is natural when escape from a situation is desired that a preformed mode of reaction should be shown, and the following is an example: A man of twenty, while on embarkation leave, called at the office of his former employer, where he collapsed unconscious for two hours, and is recorded as having talked in a strange manner. He had amnesia for this episode, and weakness of the legs afterward. He had recently had nightmares and had walked in his sleep. He was an only child, and had been engaged for some months to a girl he had known for four years. Two years previously he had been treated in a psychiatric hospital, where he had been admitted for trancelike states occurring over a period of eighteen months. His history seemed to show a rather unusually strong bond of affection between father and son. After leaving school he was, according to his father, given a perfectly free hand in deciding on his career, and decided on a branch of the engineering industry.

Just after he started his course, it was reported that when walking the patient suddenly went into a form of sleep and began speaking in a foreign language. His friends tried to awaken him, but could not, though eventually he came round and was quite unconscious of what had happened. He had these attacks only at

college and never at home. He was hypnotized several times after this episode. During his trances he always imagined himself going to Australia on a grain ship. He was inwardly against going on with engineering and working with his father, but out of loyalty to his father never became conscious of this. On the latest occasion under light hypnosis he relived the occasion of loss of consciousness at the office. There was a picture of his fiancée on a river bank beckoning to him, and a ship was taking him away from her. The suggestion of a double conflict is obvious, but the episode fulfilled one probable desire in that it raised the question of his relegation to civil life.

IMMEDIATE FACTORS IN THE CAUSATION OF WAR NEUROSES

The outstanding cause, apart from predisposition, under actual Service conditions is undoubtedly the fear of death or disablement. The symptoms exist because the patient is afraid, and they persist so long as there is any conflict between his desire for self-preservation and his sense of duty. If he is removed from duty permanently, or if he himself refuses pointblank to face danger again, even to the extent of saying that he will take any disciplinary consequences that may be in store for him, he loses his symptoms, sometimes in the most dramatic fashion, in a few hours. Other factors that have been alleged, such as guilt over killing, are infinitely rarer. Separation from home will not produce neurosis in a man who is not highly predisposed, although discontent from long lack of leave may ultimately produce

symptoms, especially if the patient feels that there is something arbitrary in the prohibition of leave.

Special Forms of Reaction

PSYCHOSOMATIC ILLNESS

As might be expected, the upheaval of mobilization and the anxieties attached to army life have produced a crop of those conditions which in peacetime so often pass in the eyes of the uninitiated for diseases essentially somatic. One of the most numerous of these is the dyspeptic group; "rheumatism" also appears not infrequently, and army service produces a category not much known in peacetime in the condition known as D.A.H. (disordered action of the heart), or more recently as "effort syndrome." Wood remarks that it is possible that the curious lack of this syndrome (Da Costa's) in civil life is due to the fact that it is commoner in women. Enuresis is frequent enough among recent recruits to be a source of considerable trouble to medical officers.

DYSPEPSIA

It is inevitable that psychosomatic types of reaction should appear, since army service demands both physical and mental adaptations. Of the dyspepsias there have been two opinions expressed, as might have been expected: one attributing them to physical causes, such as change of diet affecting an old gastric or duodenal ulcer, and the other regarding psychological factors as of predominating importance. Thus, of the total army sick invalided from France 12.5 per cent had a primary diag-

nosis of gastric or duodenal disease. In nearly every one of 287 army cases the man had had an ulcer before the war, and the recurrence of symptoms was attributed to army food. Hartfall criticized R. T. Paine and C. Newman for stating that only 3 per cent of the cases with gastric symptoms were neurotic, and asserted that in civil life only one in four of dyspeptics had organic disease. There can be little doubt that any estimate as low as 3 per cent for those of preponderatingly psychological origin in a series of dyspeptics in the younger age groups is too small.

D.A.H. OR EFFORT SYNDROME

D.A.H., or "effort syndrome," is mainly, although not by any means exclusively, an army category, presumably because long-sustained physical effort in marching is almost an army prerogative. It was current in all armies in the last war, being least in the Anzacs and commonest among the Jewish troops. Some light on its greater prevalence in infantry is shown by Colonel Rogers's evidence before the Shell Shock Commission:

"It was always an anxiety to the younger lads to have to march ten or fifteen miles carrying a load of eighty to one hundred pounds, and a good bulk of that pressing on the chest. These boys used to dread the march, and I prevented these men developing neurosis by getting hold of them and carrying their packs. I prevented it by seeing the mental distress of these boys when they marched along the road. I made it a point to march with the battalion; I never rode. I wandered up and

down watching each man as he marched, singling out the men suffering from stress."

The reason that circulatory functions are picked out sometimes by people who have hitherto shown no evidence of circulatory susceptibility is partly that the transition from their previous mode of life to Service routine draws their attention to a function which is out of training, and is now being used to something approaching its full extent for the first time. There is also the more general law that different people have different patterns of emotional visceral reaction; and that a proportion of them react cardiacally either for congenital reasons or because of some small lesion due to an old infection which has predisposed the organ to react to emotional stimuli. The position is much more scientifically put from the psychiatric point of view in the terms which A. Lewis has stated when he found that his series of patients fell into the following categories:

	Per cent
Anxiety state, acute	17
chronic	14
Depressive state	12
Psychopathic personality	18
Hysteria	11
Postinfective neurasthenic	11
High-grade mental defect	4
Schizophrenia	1
The remaining 12 per cent had organic disease	

The reason for the choice of cardiovascular manifestations for an emotional disturbance was probably

in some cases constitutional and in others accidental. Lewis's opinion also is to the effect that a good deal of harm is done by attaching this label to people, many of whom got along perfectly well in civilian life without going to a doctor about it. Many of them will probably get along fairly well in army life if they do not have their attention drawn to the fact that their cardiovascular responses were more irritable than the average. All of us must have known adolescents made neurotic invalids for years by mistaken emphasis of this sort even in peacetime, especially while the stethoscope still held pride of place in cardiac diagnosis. The seductiveness of the stethoscope is now widely recognized, but it is only to fall into a similar mistake if cardiovascular responses which are normal for a particular person are exalted into a disease.

There are *loci minoris resistentiae* for emotional as there are for physical stimuli. Apart from this it is very doubtful whether cardiac factors play a part in effort syndrome at all. Cases which follow shortly after a debilitating illness should not be labeled "effort syndrome" but simply "postinfluenzal," and so on. Symptoms of effort syndrome are all of the sort that can be produced by emotion. Exercise tolerance tests can be misleading, because they do not exclude the emotional factor, as Wood points out. I have observed in a condition of this sort that when an individual is in training the heart rate returns to normal after ordinary exercise in a normal time, whereas after exercise combined with excitement the pulse rate takes much longer to subside. This suggests that unsatisfactory response to exercise

tolerance tests in this condition may be entirely emotional in origin. Moreover, even the poor diaphragmatic excursion described by Wood in such cases as leading to local muscular fatigue, and so to inframammary pain, may be due to muscular spasm of psychological origin. Hurst has described hysterical diaphragmatic spasm cured by persuasion and re-education.

"Effort syndrome" is probably, in fact, one of those iatrogenic symptom complexes already alluded to. In modern days its mass manufacture has been reinforced by the setting aside of special hospitals for its reception. It was said by Mira of the Spanish War that if you provide beds for psychological disorders you will get them filled. It may be that this syndrome which was first delineated in the American Civil War, and as D.A.H. was widely diagnosed in all combatant countries in the last war, may not survive this one as a clinical entity.

"RHEUMATISM"

Some cases given this diagnosis should be considered in conjunction with effort syndrome, since similar factors are at work in the making of the diagnosis. It is apt to be attached to any diffuse obscure pains in young people which have no demonstrable physical cause, and which may or may not follow upon rheumatic fever many years before. There is a kind of prevailing expectation that exposure to weather will produce pain in such people. For example, a married man of twenty-nine recently recruited complained of pains in arms and shoulders and shooting pains in the back, breathlessness and pains around the heart, which he said had occurred in-

termittently for ten years ever since an attack of "rheumatic fever." He had been advised at that time to give up his job, which was an outdoor one, and to get one indoors. He presented no physical signs of disease, but he had always been nervous and worrying, with various morbid fears. He had been regarded as delicate since childhood, when he had attended hospital three or four days a week for four years for "curvature of the spine" (another condition which, if not mythical, has been given a mythical importance). He was an only child, his mother was very nervous, and his father had had two "nervous breakdowns."

Another example was a married man of twenty-six, who soon after entry in the Forces complained of pain in the shoulder, knee, and head, all on the left-hand side—almost certainly a hysterical distribution. This subsided for a time; then a pain in the back occurred, with breathlessness, palpitation, and dizziness. There were no physical signs, but he was very "low in spirit." He was always excitable, inclined to worry, timid, with several morbid fears. Guard duties upset him because he was—as he put it—"scared stiff" of being a sentry. In both these cases, which are samples of many collected by Squadron Leader J. Flind and Squadron Leader Barbour, the absence of physical signs, the distribution of pain, the anxious timid temperament, and the consequent distaste for military duties, all point to a diagnosis of psychoneurosis and not of rheumatism. Some such cases have cardiovascular symptoms as well, of the class usually listed under effort syndrome.

REFLEX PARALYSIS

There is a risk that the mistake initiated by Babinski and Froment in the last war, and exposed by Hurst, may be repeated in this. I have already seen a few cases where a hysterical locomotor disability with local cyanosis, following a gun-shot wound of the limb, had been regarded as a direct physical consequence of the latter.

"CONDITIONED" OR ASSOCIATED PSYCHONEUROTIC REACTIONS

There are some types of reaction which are produced by war conditions, and which, although not new in war, repay renewed attention. One of these has already been referred to as a "conditioned reflex" or "associated anxiety syndrome." In this, as the name indicates, any repetition or reminder of a traumatic event reproduces symptoms and signs of anxiety, even if no danger is present, and even if in the interval there are no symptoms. The Hon. John Fortescue, the historian of the British Army, mentions a striking case from his experience. He says: "I knew a lady who had gone through the siege of Lucknow, and lost her husband and child there. She remarried and was a happy wife and mother when I knew her, but turned white and trembled when I mentioned Lucknow."

In this war the condition is seen especially, although by no means exclusively, in connection with bombing from the air. Even the approach of nightfall may become a "conditioned" stimulus; and, instead of the morning

anorexia which is familiar in connection with other syndromes, there may be an evening anorexia and nausea, so that there is no inclination for the last meal of the day. More frequently there is insomnia, especially if an air-raid warning has just sounded, or an airplane has passed overhead toward dusk. It is, of course, the meaning of the sound that is all important. It is noticeable that the significant sound when first heard produces an anxious reaction—general muscular tension, palpitation, and a sinking feeling—but almost as rapidly, if it is realized that the sound does not mean an enemy airplane, the visceral reaction dies away. The quick establishment of such reflex responses in adults throws some light on the formation of morbid fears in the more plastic minds of young children who are usually not in a position to decipher the meaning of the sound, which on Watson's observation only requires to be loud enough to be terrifying in itself without definite content. This may explain why some morbid fears of children are not reducible by analysis since they have no imaginal content awaiting discovery.

Such "conditioned" or associated psychoneurotic reactions are more easily established in the predisposed, but they have been encountered also in people with no previous record of predisposition. For example, an officer aged twenty-nine, with much active service, including considerable fighting in which he had done well, noticed some weeks after enduring a heavy bombing attack that he began to dwell on the narrow escapes he had had. On being subjected to further bombing he grew anxious, especially in the evenings, lost his ap-

petite for his evening meal, did not fall asleep as a rule until 2 A. M., and found himself listening for air-raid warnings, airplanes, and bombs. The latent interval between his first experience of being bombed and his anxiety symptoms is notable. It was a period when he was much more idle than he had previously been.

Another officer of thirty-nine, who had been commended for his conduct in air raids, developed a fear of enclosed spaces at any time of the day and uneasiness in the evenings, both of which developed so that he could no longer concentrate on his work. He had been in his office during his first bombing attack, when he had been commended for his bravery, and enclosed spaces served as reminders of this situation. His personal characteristics suggested some predisposition. He was a quiet, industrious, overconscientious, unadventurous type of man, without hobbies, who had supported an invalid mother for many years and married only after her death. A rest away from reminders of air raids, in the hope that if the reactions were not revived by repetition of the stimulus it would die out, was not effective.

In neither of these cases was there any question of lack of courage. Both had done well previously; only one exhibited discoverable signs of possible predisposition; and both had been in severe air raids.

Two cases in which the response to bombs may have been complex-determined have been alluded to previously (page 137), and one has been quoted from T. A. Ross's experience, in which the complex-determination was proved. In one of the two cases described the "conditioned" or associated reaction to bombing was ex-

plained by the existence of a guilt feeling, but the genesis of the guilt feeling remained unexplained in detail. There was evidence presumptive of its origin in his family relationships and in the peculiar education he had received from the stepfather.

Other analogies to the behavior of "conditioned" responses in animals are seen in humans in war. In neurotic behavior in animals developing through the establishment of "conditioned" reflexes the animal's nervousness is aggravated by the laboratory environment, although the same environment had previously left it quite calm. Similarly it does not appear to be a good thing to return individuals who once suffered from an "associated" psychoneurotic condition, following air raids, to the environment in which the air raid had been first experienced. Furthermore, in animals it has been noticed that where alternative behavior is possible in the face of conflict of choice over two possible reactions, as in maze experiments, no neurosis develops, whereas if evasive behavior is prevented, as it is in the conditioned-reflex laboratory, neurosis sooner or later supervenes.

This is analogous to Rivers's observation in the last war that pilots were less apt to develop neuroses than air crews. He attributed this to the fact that the former had access to "manipulative activity." In Anderson and Liddell's formulation with regard to neurotic animals, this is because alternative activity diminishes tension. This may even have a bearing on the human organism in the difference in the incidence of neuroses among civilians and among troops under the restraint of dis-

cipline. The amount of restraint in troops is greater; to the civilian more alternatives are open. It is possible that in humans the mere knowledge of this is enough to diminish tension without resorting to evasive behavior. There is probably a period in the earlier training of troops where the advantages of restraint by complete discipline, in other words, the reinforcement of inhibitions, is not yet strong enough to counterbalance the loss of freedom to adopt some sort of evasive action.

FATIGUE SYNDROMES

Fatigue syndromes have occurred in men not much exposed to physical exertion but undergoing long spells of duty in war conditions under fairly constant tension in the face of danger. This is, of course, not a new observation. Thus, the Hon. John Fortescue records that his brother, Brigadier General Charles Fortescue, had in his column in South Africa, "a Canadian officer who was a proverb for daring, but even this officer broke down for a time after every enterprise of any continuance, and needed a fortnight's rest from fire to restore him." The conditions that produce fatigue of this type are mainly of a psychological nature: long-continued tension, repeated expectancy, terrifying experiences, especially if multiplied, and sometimes depression of spirits from the loss of comrades in arms; but there is a definite physical factor at work also, especially continued insufficiency of sleep.

Objectively, there is a diminution in initiative and keenness and a tendency to shun others and to sit alone while off duty, irritability, quarrelsomeness, tendency

to criticize—everything from the High Command downward is wrong—restlessness, increasing consumption of alcohol or tobacco, drowsiness, a certain mechanical quality in movement, and loss in weight. Subjectively there is a loss of zest, a feeling of fatigue and restlessness, loss of confidence in one's abilities, coupled with recklessness calculated to restore confidence, or else arising from an utter carelessness about death, which if the condition has gone far enough would be almost welcome. Sleep, which has hitherto been quite sound, becomes broken by dreams, usually of battle. In the daytime he may begin to be troubled by the memory of some hitherto forgotten war incident of a lurid kind. J. L. Birley gave a vivid description of fatigue of this sort in pilots in the last war, although he emphasized anxiety rather than apathy. In most cases the prominent feature is apathy rather than anxiety and its consequences. The apathy, which is certainly more apt to occur after there has been physical fatigue, but which may furnish vivid reminders of the possibility of death, seems to play a considerable part.

The cardiovascular system may or may not show abnormalities in its responses. Where fatigue and not anxiety has been the main factor in producing the condition it is easily restored by rest. The justification for calling this a fatigue syndrome lies partly in the fact that it always follows a considerable period of arduous service, although directly acting physical factors are less important, at any rate in some instances, than those such as anxious tension, which are mediated psychologically, even if they ultimately translate themselves into

physical fatigue through their action on the bodily musculature.

EXHAUSTION SYNDROMES

These were noted after the Dunkirk evacuation. The clinical picture has been best described by W. Sargant and E. Slater. Thinness of faces, pallor or sallowness of complexion, and loss of weight are the commonest physical aspects. They had lacked not only sleep for a number of days, but food, which had been scanty in many cases for a week or more, and they had marched long distances. Mentally some were tense and others apathetic. Those who were tense were apt to talk very readily about their experiences. Sleeplessness and terrifying dreams of battle experiences were common; the former were usually easily countered by hypnotics, and normal habits of sleep were soon resumed in most cases. Sargant and Slater described cases of irregular tremor of the hands, and in one case a pill-rolling tremor, which, however, was not controllable by voluntary movements. They noted also occasional true nystagmus, and one case of hysterical twilight state with disorientation and subsequent amnesia. Stuporous reactions occurred occasionally during the fighting in France. These were usually catatonic stupors in schizoid personalities, or reaction stupors in mental defectives; but few instances were recorded of stupors in personalities apparently previously normal, with rapid recovery. A similar picture has been occasionally recorded in civilians after a raid, also with rapid recovery.

TRAUMATIC PSYCHONEUROSES

This type follows some terrifying experience without physical injury and falls into two classes: (a) those occurring in the obviously predisposed and (b) those in whom no predisposition can be found. Predisposition is of the same sort as we have found to exist for psychoneuroses in general (timidity, lack of aggression, proneness to anxiety, etc.). Some are obviously overattached to their homes, and a few not necessarily distinct from them have a kind of emotional overimpressibility demonstrable in some, I suspect, by the color-shock type of response in the Rorschach test. In this connection Freud's pronouncement on traumatic neuroses seems to require revision where he says: "In the traumatic neurosis the anxiety preparation is lacking. Anxiety has therefore a special preventive significance against neurosis. The organism has to protect itself against being overwhelmed and crushed by the multitude of impressions continually pushing in from outside. . . ." Clinical observation suggests that it is just those cases in which the anxiety preparation appears most intense that are apt to break down.

In those in whom no sign of predisposition is discoverable, and yet a traumatic psychoneurosis exists, it is usually found that some particularly severe experience has been encountered. Sometimes neither of these two factors can be demonstrated, and a man without evidence of predisposition and with apparent courage develops a distaste for a particular job, e. g., flying, although he is willing to undertake almost anything else.

A feature which has often been noted in the past is

the existence of a latent period of hours or days, or even occasionally months, before the appearance of symptoms. In the shorter instances the interval has usually been filled with rumination over the dramatic occurrence. The rumination appears to give additional meaning to events which were experienced rather than perceived at the time. These events then become invested with the full significance of the threat to self-preservation contained in them. It is noticeable that so long as the man is kept busy no symptoms may appear. Sometimes it is only after a set of severe experiences which lower the threshold for the entry of fear and anxiety, as it were, that psychoneurotic symptoms occur. Suggestion, either from within or without, seems to play a part in determining the actual time of the outbreak of symptoms afterward, and possibly determines their actual occurrence. Thus, one man who was knocked unconscious when a bomb dropped near him when he was emerging from a restaurant was told in hospital that he would probably be all right for about ten days but would then begin to suffer, and it was after that interval that symptoms appeared. Similarly after a severe experience a man said, "I am all right today but I shall be suffering from nerves tomorrow," and he did.

AMNESIA

Amnesia for distressing experiences is the exception even among patients showing a psychoneurotic type of reaction. In most instances the events are remembered with great clearness. Amnesia suggests shame, i. e., a blow to self-esteem, and less often means that the experience

has been repressed because it was intolerable in itself. In other cases amnesia is a device intended to facilitate escape from the consequences of evasion of duty, and is often nothing more than malingering. This is in accord with some observations made by the author in peacetime. In cases where some intolerable experience is involved there may be so little desire to make use of amnesia as a means of escape from anything that it may not be mentioned unless it is inquired for. Amnesia of the type involving some shattering memory has been distinguished as "affective" in contrast with the hysterical type where the amnesia is usually for something that involves self-esteem. Slater, in a recent paper on over 140 cases of wartime amnesia, has shown that the majority have occurred in previously emotionally unstable people.

DEPRESSION OR STATES OF ANXIETY

These have been strikingly more frequent among obsessional or "anancastic" types of personality as the result of exposure to continued stress, and more commonly among administrative officers who have had genuine overwork, often with long hours, with little or no leave, and unfamiliar jobs in uncomfortable surroundings. They have been well called the obsessional self-drivers (Culpin), and tend to produce their own conditions of overwork just because of this characteristic. Recovery is almost invariable with time and rest from duties.

It has been one of the striking psychiatric observations of the war that the tendency of obsessive types of personality is to break down after long stress, usually with

a depressive syndrome. A proportion of them have given exceptionally good service but they have a lower threshold for fatigue of whatever origin than the average person. Their type of breakdown has often nothing to do with courage. Some of them, in my experience, have had distinguished combatant careers.

It is, of course, important to know what is obsessional and what is not. There seems to be a tendency in some quarters to find obsessional characteristics in nearly everybody, but, like the timid and unaggressive and overanxious types that I have described as being prone to psychoneurotic breakdown under fighting conditions, and like the cases of so-called "effort syndrome" which, as Lewis points out, would often carry on perfectly well in peacetime, the obsessional self-driver type has come under psychiatric observation under war conditions far more often, it seems to me, than it ever does in peacetime. These three groups of people are outstanding samples of a variety of personalities who come under psychiatric observation far more often in war than in peace. It is almost only in war that the male has to undergo the long stress of continued overwork. This is a privilege which in peacetime is reserved for the mothers of families who cannot afford to obtain domestic help.

Treatment

Prevention is obviously the ideal at which to aim, since probably between one half and two thirds of those who break down under active Service conditions are predisposed people. How many of these could have been eliminated beforehand is another question, and, with-

out the opportunity to experiment on a large scale with an assessment of candidates for the Services before they have broken down, any opinion in this connection lacks the sounder type of basis.

Henderson, among a number of others, as a result of the experience of the last war, felt that defectives in general could be eliminated by adequate psychiatric examination. Probably a proportion of the psychopathic group would also be eliminated, although here the discrimination about the kind of psychopath likely to be useful, and the type likely to be worse than useless, would require much care. The hardest task of all would probably be the elimination of those prone to psychoneurotic types of breakdown from temperamental unsuitability. Curran and Mallinson thought that one half of their mixed psychotic and psychoneurotic group might have been detected on enlistment.

In an ideal arrangement there should be a specialist in psychological medicine available to the recruiting board for consultation, just as there are specialists available for other branches, but in the opinion of some it would be still better if the specialist in psychological medicine sat as a member of the board on all cases. Similarly a specialist should be attached to each large training center. The issue of instructions to officers concerned with training regarding those who from their observation are suspected of being unsatisfactory would be a necessary part of this organization. The lines along which preliminary diagnostic supervision might be exercised are suggested by the observations recorded above on predisposition to psychoneurotic reactions as well as

by clinical experience with defectives and psychopaths. Inquiries along these lines would probably best be incorporated in a general psychiatric history taking. The correct place for the specialist in psychological medicine is preponderatingly at these early stages in recruitment and training. His work, once the man has broken down, is apt to consist in "repair operations," which at the most can hope to make the man useful again in civil life, but in the majority of instances is not likely to get him back to fighting duties. This holds for treatment in hospital.

Treatment nearer the front line and still more or less on the field of battle is a different matter, and some officers in the last war claimed to get 70 to 80 per cent of the so-called shell-shocked soldiers back to front-line duties from casualty clearing stations in a very short time. Such treatment, however, is perhaps even more the province of the battalion medical officer before the patient has left the line than of the specialist even a little way back. A good battalion medical officer has very few casualties of this kind. But these results were obtained with infantry battalions. The often highly skilled jobs which are so much more numerous in modern warfare offer a different problem. The individual has got to be able not only to stand alongside his comrades, but he may also have to remain efficient even when he is entirely alone, without the moral support of their presence. Or he may have to carry out a complicated technical job, or he may have to meet both demands, as in flying an airplane. The medical officer has a very different task in such cases from the battalion

medical officer of the last war. He cannot send a man back on duty of this sort without being pretty certain that the man left entirely to himself will be able to respond to all the demands made upon him.

For a similar reason in the R.A.F. an endeavor has been made to provide treatment as near the operational units as possible, and station medical officers have been coached by lectures and pamphlets as well as by direct teaching in the detection both of fatigue and neurosis in flying crews, at the earliest possible stage. They are encouraged to mix with the flying personnel in every way, and they have the benefit of access to psychiatric specialists for the area where they feel their advice is required.

ACUTE REACTIONS

The primary things are rest and nourishment. Enough rest may be obtained by keeping the patient in bed for a time and by giving a hypnotic at bedtime, but in cases of acute panic and in anxious agitation continuous narcosis is indicated. In cases of acute panic forty-eight hours' continuous narcosis either with nembutal or sodium amytal may be quite sufficient. In the anxious, agitated group narcosis for about a week is indicated, and this may be carried out by any of the usual methods —somnifaine (2 cubic centimeters twice a day) supplemented by furaldehyde, or sodium amytal, 5 grains every four or six hours or at such other intervals as may be judged safe. Sargant and Slater have found the former most generally useful and recommend, in addition, that up to 100 ounces of fluid a day be given, especially, of

course, in cases showing any evidence of dehydration, as was the case, for example, in a considerable number of those who were treated in this fashion after the retreat from Dunkirk. Care should be taken to arrange the timing of the dosage so that ample nourishment can be taken.

Amnesias should always be cleared up as quickly as possible. They should be carefully looked for, not, of course, in such a way as to suggest their existence, as patients do not always know they are there or mention their presence. Nearly all amnesias can be relieved by persistent persuasion or under hypnosis, but these methods are sometimes time consuming, and the quickest method and the one most certain of immediate success is the intravenous use of a barbiturate such as pentothal in a 10 per cent solution.

Loss of memory can usually be regained in this way, sometimes with emotional display but with less display of this sort than under hypnosis. It has, of course, to be remembered that entirely fantastic events may be recounted during the narcosis. I have always had pentothal used for this purpose, but some prefer sodium amytal. The injection must be made slowly and it is convenient to have the patient count; it is unnecessary to produce deeper narcosis than that signaled by the patient ceasing to count, even when urged to do so, and without suspension of the conjunctival reflex.

CHRONIC STAGES OF WAR NEUROSIS

The treatment depends to a considerable extent on how far fatigue and trying experiences have played a

part and how far the condition is to be ascribed to internal factors, usually unstable temperament with consequent persistent conflict between duty and inclination. It is in this last class that difficult problems can arise of a disciplinary kind from the military point of view, and the psychiatrist has to acquire a skill in assessing how far the individual has struggled against his own inner difficulties, and how intense these may have been, and especially how far these inner difficulties can be related to inherent or very early acquired neurotic characteristics.

The psychotherapy of war neurosis is simple but not easy; it resembles in some ways the compensation neurosis of peacetime in that there is often, although not always, a very definite vested interest vis-à-vis the actual situation in retaining the symptoms. This is a problem that arises comparatively rarely in a Force with high morale, but it is seen less infrequently among raw troops with no sense of the tradition of the Service in which they have been enlisted, or whose upbringing has been such as to give them no particular tradition of any kind. Psychotherapy consists in explanation, careful history taking, and then lucid explanation on the basis of that of the origin of their symptoms. The patient is sooner or later confronted with the need to drop his symptoms or his interest in them and face the prospect of return to duty.

It is, of course, relatively simple to cure a number of these cases by promising them relief from the tasks that confront them, and there are people in whom no other course seems possible in the long run. Such a

decision, to recommend removal from the particular type of combatant duty in which the symptoms have begun, is naturally a very serious one to make, not only for the individual but for the general group to which he belongs. The medical task is made easier if alternatives to duty of a combatant kind are not too easy, but it has to be recognized that a certain proportion of people are constitutionally unable to stand prolonged exposure to battle conditions, just as there is a certain proportion of the population who cannot be invited back into bombed cities to make their abode there while the war lasts. This percentage has proved remarkably smaller than anyone had expected.

Reverting to the actual psychotherapy—when the position has been made clear to the patient he may exhibit the feeling that he is bound in honor to make the best of the situation, and not infrequently in the long run he decides to face it again. His willingness to do this is proportionate to his general standards of conscientiousness and tradition, etc. Again it has to be recognized that even where a man with a heavy neurotic load goes back the amount that can be expected of him is less than in the majority because he is, as it were, fighting on two fronts, against the enemy and against himself, even more than the average person has to do.

PHYSICAL METHODS

Physical methods alone will not restore a person with an actual war neurosis to complete efficiency, but they can be very valuable adjuncts and they are, in the fatigued types, all important.

In those in whom physical fatigue from long exposure to combatant duties has been the principal factor, it is found especially that general physical measures are of real value. It is very noticeable how zest and inclination for duty return as the physical condition improves, as a result of physical training, artificial sunlight, organized games, etc.

As regards hysterias, the classically brief method of explanation followed by vigorous persuasion is best, but here especially the element of gain from persisting illness is a very serious hindrance to effective results. It is possible, however, to sting a number of the better types—and it is not, as a rule, the better type of man who suffers a hysterical reaction—into a determination to play their part again. In both anxiety neuroses and hysterias the presence of tempting factors outside the Service, such as a well-paid job to go back to or the possibility of a pension, can be serious therapeutic obstacles, and in fact, where they exist, usually fatal ones. But again it depends on the general level of the personality of the man developing the reaction.

LOSS OF WEIGHT

Loss of weight, usually taking place over a considerable period, is one of the few physical signs in war neuroses, and can be observed as a relatively early sign of stress. Sargant and Slater have adopted a modified insulin technique for fattening the patient. By this method a large proportion of patients, up to twenty, can be treated simultaneously.

"A dose of insulin (20 to 100 units) is given fasting at 7 A. M., just insufficient to produce a light coma or hypoglycaemic excitement. The interruption, at 10 A. M., is by giving a cup of tea containing two ounces of sugar, the rest of the carbohydrate being made up by 12 ounces or more of potatoes. The aim is to produce a state of drowsiness for as long as possible between injection and interruption. Nasal interruption is no longer necessary. If the patient shows signs of slipping into light coma, he is at once aroused by a cup of sweet tea and thereby brought round sufficiently to eat the potatoes. The dose of insulin is then reduced slightly the next day. Extra supplies of sugar, and the means of nasal or intravenous interruption, are constantly to hand for use as an emergency measure, but are very seldom required; careful and experienced nursing should do much to obviate their use. This method is almost entirely without danger, and by it as many as 20 patients can be treated in a ward simultaneously if desired. Appetite is often enormously increased, and second and third helpings of potatoes are urged on the patient. A full lunch is provided at 12.15 P. M., and the patients have physical training in the afternoon. So far, no after-shocks have been experienced, but the patients are not allowed out of the hospital grounds on treatment days except under supervision, and their diet is watched. Treatment is given every day except Sunday; on Saturday half doses of insulin are given. In successful cases it is continued until physique, appearance, and behavior return to normal or weight increase stops after an initial steady gain."

The results are summarized as follows:

"1. Rapid gains in weight and improvement in appetite may often be obtained in neurotic subjects whose general physique has deteriorated under stress.

"2. Long-standing neurotic traits, innate in the personality, are not altered. The somatic symptoms accompanying recent 'conditioned' fears may sometimes be lessened but the fears themselves rarely abolished.

"3. Generalized neurotic anxiety, and hysterical and depressive symptoms in a reactive setting, sometimes improve rapidly. The improvement is mainly in the associated symptoms of nervous exhaustion—lethargy, loss of appetite, despondency, inability to think clearly, and general feelings of tension.

"4. The greatest improvements do not necessarily coincide with the largest gains in weight. Other factors seem to play a part.

"5. Severe cases of depression, especially of the endogenous type, were less helped by the methods used. In other cases convulsion therapy or continuous narcosis has been a useful alternative treatment.

"6. The treatment is ineffective against strong psychological resistance to recovery.

"7. In practice, its main value will be for speeding up normal processes of recovery in patients to be boarded out of the Army, fit to do civilian work, or before they are returned to readjusted duties."

At Professor Golla's Clinic at Bristol some chronic hysterical reactions and anxiety reactions after air raids have been treated by means of electric convulsion ther-

apy with apparently satisfactory results. If this should be confirmed by future experience it would be of some importance, because the psychotherapy of the chronic psychoneurotic anxiety following exposure to air raids is not particularly successful.

An attempt has been made to decondition what I have called the associated anxiety response by two methods: (1) By bringing the patient gradually back to a relatively exposed position, which, however, he knows he can leave if he wants to. (Major G. Budolph. Personal communication.) After a preliminary rest period in a relatively unexposed position the patient is brought to an ordinary ward in the hospital in a bombed area, with permission to go to the basement in air raids if he desires. In addition he is provided with a certain amount of occupation, and with psychotherapeutic persuasion. (2) Tackling the same type of problem by playing records of air-raid noises to the patients with the notion in some way of deconditioning them, as it were. It is difficult to believe that this method will have much success, since it is essentially the meaning of the sound that matters. There may be some value in applying this method as a prophylactic in those who have not yet been exposed to air raids, but this is dubious.

The fundamental truth remains that in a fighting force the elimination of the unsuitable man—and he is more often unsuitable for temperamental reasons than by intellectual defect—at the earliest possible stage is all important. If this proves impossible to do adequately by examination at the time of enlistment, then it should

in most cases be possible to accomplish it during the period of training, provided there is an adequate number of psychiatrically trained medical personnel.

Psychotherapy and treatment generally are of little value for restoration to full fighting capacity after a breakdown has occurred in the vast majority of cases in whom temperamental unsuitability has played a main part. A certain number of temperamentally or intellectually subnormal people can be fitted into special corps, but they should not be recruited for this purpose.

6

MORALE—INDIVIDUAL AND NATIONAL

WHAT lessons are to be gathered from the small incidence of psychoneurotic reactions in response to air raids? In other words, what inference may be drawn from the usually successful outcome of the conflict with fear that must be aroused in almost everyone in some degree in war? The most general conclusion is one that can best be couched in terms not my own; it was E. M. Foster who remarked some years ago of the struggling peoples of Europe: "They all believe in courage." Two thousand years before this the same thing was expressed by Sophocles: "Many are the marvels; but the most marvelous of all is man."

As scientific observers, however, we have to think in more particular terms. We have to consider among other things the possibility that there is a certain contrast between free citizens and disciplined troops, since our expectations of psychoneurotic breakdown were based upon the experiences of all armies in the last war. They have not been fulfilled in this one among those so far most frequently and consistently exposed to danger, namely, the ordinary citizen, man, woman, and child. This contrast suggests that civilians may be less subject to war neuroses than troops, and for this a variety of

practical explanations can be offered. A citizen is free, a soldier is under obedience; the civilian is responsible to his own conscience, the soldier to a superior officer; nor is it a justifiable assumption from the last war that the latter is a superior kind of discipline. Officers, it will be remembered, were more apt to develop psychoneurotic anxiety; and other ranks, hysterical reactions. It is already apparent from our observations that hysterical reactions are associated with a lower kind of social conscience, and with a more primitive variety of responses than anxiety reactions. In other words, the greater the individual responsibility, the less likelihood of resort to primitive or at least socially inadequate reactions.

It is notable in the present war that while anxiety neuroses have very occasionally occurred among flying personnel, hysterical reactions are so rare among flying crews as to be a medical curiosity. These observations in association with the superb morale of the R.A.F. support the thesis that the greater the sense of individual responsibility the less the likelihood of neuroses, and that the more widely this sense of responsibility can be spread without impairing the cohesion of the group the rarer are psychoneurotic illnesses going to be. In this connection a remark made to me by a German évacué some years after arrival in England is worth remembering: he said, to my surprise, that the British in his opinion were a more disciplined people than the Germans. I asked him what he meant and he said that he meant the strong inner discipline of the British people, whereas the German had to have his discipline enforced on him by authority from without. This recalls an ob-

servation of Herodotus: "It is indeed clear that political equality is in every way a valuable thing, if we recollect that the Athenians when they were governed by a tyrant in no way outstripped their neighbors in courage, but when they got rid of their tyrants they shot far ahead. It is clear that when held in subjection they played the coward, for their efforts would only have served the interests of their master, but when they got free every man was eager to strive in his own interests." Herodotus evidently understood the value of individual freedom.

The inner discipline is greater in an individual left to his own devices and taking responsibility, not only for himself, but for his dependents. This is the lot of the ordinary civilian in a city subjected to the destruction of modern war. Moreover he is among those whose respect he most values. It was remarked to me by an officer of the 51st Highland (Territorial) Division of the British Army, which in the last war, according to Crutwell, stood for the greater part of it at the head of the Germans' list of the most formidable formations opposed to them, that one of the reasons for their exceptional and consistent bravery was probably that every man came from the little towns and villages of Scotland where his behavior under fire was apt sooner or later to be known to the whole community. This kind of pride operates less in the large, anonymous community of a city, but in a city an individual is among his family and friends and is seen by them; and his responsibility to them is also at its maximum.

There is, however, something wider and deeper than this behind the national morale of a people like the

British. To be British or English, or Scotch or Welsh or Irish stands for certain special characteristics. The meaning that lies behind this kind of pride is nowhere better illustrated than in Rupert Brooke's lines so hackneyed now, because they are so true: ". . . there's some corner of a foreign field that is for ever England. There shall be

> In that rich earth a richer dust concealed;
> A dust whom England bore, shaped, made aware,
> Gave, once, her flowers to love, her ways to roam,
> A body of England's, breathing English air,
> Washed by the rivers, blessed by suns of home.
>
> And think, this heart, all evil shed away,
> A pulse in the eternal mind, no less,
> Gives somewhere back the thoughts by England given;
> Her sights and sounds; dreams happy as her day;
> And laughter, learnt of friends; and gentleness,
> In hearts at peace, under an English Heaven."
>
> (Rupert Brooke, "The Soldier")

Such fragments of memory are common to most men in most countries. Here they are set against a background of all that Britain has stood for at its best. Reminders of this tradition and its numberless associations are found scattered here and there through English literature. There is this of Clutton-Brock's, for example, in his *Thoughts on War:*

"On Sunday, in a remote valley in the West of England, where the people are few and scattered and placid, there was no more sign among them than among the quiet hills of the anxiety that holds the world. They had

no news and seemed to want none. The postmaster had been ordered to stay all day in his little post office, and that was something unusual that interested them, but only because it affected the postmaster.

"It rained in the morning, but the afternoon was clear and glorious and shining, with all the distances revealed far into the heart of Wales and to the high ridges of the Welsh mountains. The cottages of that valley are not gathered into villages, but two or three together or lonely among their fruit trees on the hillside; and the cottagers, who are always courteous and friendly, said a word or two as one went by, but just what they would have said on any other day and without any question about the war. Indeed, they seemed to know, or to wish to know, as little about that as the earth itself, which, beautiful there at any time, seemed that afternoon to wear an extreme and pathetic beauty. That country, more than any other in England, has the secret of peace. It is not wild, though it looks into the wildness of Wales; but all its cultivation, its orchards and hop-yards and fields of golden wheat, seem to have the beauty of time upon them, as if men there had long lived happily on the earth with no desire for change or fear of decay. It is not the sad beauty of a past cut off from the present, but a mellowness that the present inherits from the past; and in this mellowness all the hillside seems a garden to the spacious farm-houses and the little cottages, each led up to by its own narrow, flowery lane.

"And all this peace, one knew, was threatened; and the threat came into one's mind as if it were a soundless message from over the great eastward plain; and with it the

beauty seemed unsubstantial and strange, as if it were sinking away into the past, as if it were only a memory of childhood."

In war two emotions that are characteristic of the British as a whole stand out prominently: infinite patience, and pity that only slowly turns to anger. Chesterton was a typical English character, and has enshrined the patience of the people of England in words that come to the mind as one watches them under repeated bombing:

> Smile at us, pay us, pass us; but do not quite forget,
> For we are the people of England, that never has spoken yet.
>
> You laugh at us and love us, both mugs and eyes are wet;
> Only you do not know us. For we have not spoken yet.
>
> It may be we shall rise the last as Frenchmen rose the first,
> Our wrath come after Russia's wrath and our wrath be the worst.
>
> But we are the people of England; and we have not spoken yet.
>
> (G. K. Chesterton, "The Secret People")

About their slowness to anger, the Hon. John Fortescue, the principal historian of the British Army in recent times, once observed: "The British soldier does not hate his enemies. It was not that he lacked opportunity or would submit to anything, but it was not in him to bear malice towards a foe in the field." It is very difficult to get the British citizen to bear malice even toward a foe who comes to him, not in the field, but to destroy

his home and to murder his wife and children. "He that is slow to anger is better than the mighty."

No account of the devices by which the British meet their dangers could be complete without an allusion to their humor, whether it is the Cockney humor of the South or the detached philosophical attitude of the North. These two kinds of detachment are, in fact, among the principal weapons in the armamentarium of civilian morale, and two stories which are characteristic of each will illustrate the contrast.

It is recorded of a little girl aged five who was buried under some masonry in a Scottish town, but who was not hurt, that when her rescuers saw her peering through some slabs of cement and asked her if she was all right, she replied, "Och aye, but isn't it awful times we're living in, the noo!"

The other was of a little Cockney évacué who was not much acquainted with the ritual of the nightly bath. On the first evening at his new home he took kindly enough to it when he was led upstairs, but on being invited to have a bath on the second night he seemed to go less cheerfully, and on the third night when the hour came round he refused altogether, remarking, "It is not an évacué you want, it is a bloody duck!"

But the mainspring of the quiet endurance of the ordinary man in Britain is his pride and the knowledge that he is free, so far as freedom is possible in a community at war, and that he is determined whatever happens to preserve that freedom, which, in the words of an old Scottish covenant made some hundreds of years ago, "no good man loses save with his life."

Here is the same thought in the verses written by a member of the Royal Air Force:

> We should be better killed than conquered—far,
> And if we were not free to think our thoughts
> Laugh without dread, speak from our hearts,
> And, choosing our beliefs, hold up our heads
> With our pursuit of truth unchallenged yet,
> We'd ask no kinder fate than to have died
> Still with our hopes untarnished in our hearts:
> Our finest memories of life—or love
> Uncrushed by sullen conquest——
>
> (David Stafford-Clark, "Formation," in *Autumn Shadow and Other Poems*)

Finally, the last and noblest ingredient of them all: the British, like the Americans, are idealists, and they have a positive aim.

"There is a fate, coming from the beast in our own past, that the present man in us has not yet mastered; and for the moment that fate seems a malignity in the nature of the universe that mocks us even in the beauty of these lonely hills. But it is not so, for we are not separate and indifferent like the beasts; and if one nation for the moment forgets our common humanity and its future, then another must take over that sacred charge and guard it without hatred or fear until the madness is passed. May that be our task now, so that we may wage war only for the future peace of the world and with the lasting courage that needs no stimulant of hate."

(Arthur Clutton-Brock, *Thoughts on War*)

7

HUMAN RELATIONSHIPS IN THE POSTWAR WORLD

THE war has given a great stimulus in England to thinking about the conditions of life in our time. Education, general character training, planning for town and country, the future of social services, including the medical services, access to art—whether of the theater or music—all these things are being discussed here more widely than ever before in our generation. It is a good sign that the country is not so preoccupied with the war that it cannot find energy to think in terms of the postwar world. In fact, if one thing is more obvious than another, it is the fact that the war has not only stimulated thought but prodded the consciences of many people in many directions. This time it almost looks as if the ideals that were stimulated by the last war, only to be lost again in the peace, will this time be enshrined in practical measures in many ways. Even now the beginnings are visible; the Council for the Encouragement of Music and the Arts, which is a wartime innovation under the auspices of the Pilgrim Trust, but —what is more remarkable for England in this sphere— subsidized £1 for £1 by the Treasury, has brought

music and painting into places where performances of a first-class order have seldom if ever been seen previously. Not only concert halls, but churches and chapels and factories have been brought into the organization for the production of concerts, while plays by Shakespeare and Goldsmith, as well as more modern pieces, have been performed in such unlikely places as miners' halls. This is an example of the paradoxical kind of acceleration that war can produce in the cultural development of a people.

If the outline of the postwar world in general has not finally emerged it is partly because it is the British habit to discuss and debate and let something develop from the consensus of public opinion rather than to arrange it schematically and then impose it on the people. But one immediate result of all this stirring is already visible; as a young officer wrote to me: "People are finding out all over again the value and importance of human relationships."

The question for us as psychiatrists is how far can we expect to see helpful modifications in social relationships in our communities and in what ways can we help to bring them about? Contemplation of our clinical material in the kind of life history, not only of the individual, but of families, that we encounter in practice might well generate pessimism about human nature, which in these days is only too readily reinforced by international events. But just as contemplation of human nature in other cultural settings makes us feel that pessimism about the future of mankind as a whole and of international relationships is not altogether justified, so

a similar survey in connection with the social conditions favoring neurosis prompts us to be more hopeful about neurosis also; and this implies a more hopeful outlook about human relationships in general.

In the meantime our society experiences cultural conflicts for which it has so far presented no solution, either for the individual or for nations. It is therefore reassuring to find that in some sections of human society not yet tainted by Western civilization the idea of warfare does not exist. Among the Eskimos, for example, according to Ruth Benedict, tribal warfare is unknown. It is impossible to talk to a certain Indian tribe on the western American seaboard about warfare for they do not have even the conceptual basis to enable them to understand it. It is this kind of observation that enables Mannheim to say: "One must bear in mind that anger, hatred, and sadistic urges are by no means identical with warlike attitudes. There is a big gap between simple and spontaneous hatred, and what has been called 'trained hatred.' I would venture to say that it costs a social organisation at least as much energy deliberately to build up warlike attitudes as peaceful ones. . . . It is more unnatural for us to behave like soldiers than like citizens because peaceful attitudes are more in accordance with the ways of an industrialised society."

From the latest example of organized hatred it is possible to derive some positive encouragement. It appears that Hitlerism has accentuated the aggressive impulses of the German people in a kind of cultural forcinghouse for the last fifteen years. If such nation-wide accentuations of undesirable traits can be produced in

less than two decades, it is possible to hope that changes of a beneficial kind may also be produced in a much shorter time than we had dared to expect. Mannheim remarks that "in times of slow transformation there is a tendency to regard human nature as constant in its essentials, for everyone involuntarily regards the historical form of human nature which is current in his own epoch as eternal. In revolutionary times therefore the problem of the variability of human nature always appears in a new light."

It is therefore worth while asking what differences in social environment, and especially what differences in cultural values, can be observed in other societies, and how these differences seem to affect values that are pathogenic for neurosis in our society. Moreover, in different social settings, what differences appear in "human nature"? Are there apparent differences in the temperament and character of individuals in these societies corresponding to the differences in the values imposed by their culture? Ruth Benedict has no hesitation in answering these questions. She says: "The vast proportion of all individuals who are born into any society always and whatever the idiosyncracies of its institutions, assume, as we have seen, the behavior dictated by that society. This fact is always interpreted by the carriers of that culture as being due to the fact that their institutions reflect an ultimate and universal sanity. The actual reason is quite different. Most people are shaped to the form of their culture because of the enormous malleability of their original endowment. They are plastic to the moulding force of the society into which they

are born. It does not matter whether, with the North West Coast it requires delusions of self-reference, or with our own civilisation, the amassing of possessions; in any case the great mass of individuals take to the form that is presented to them."

How do these specific observations justify Benedict's conclusions, and our hopes that alteration in social ideals might alter the ostensible nature of individuals in such a way that neurosis would be far less prevalent? In particular, the dominant themes of our culture—those which appear to be most productive of neurosis, namely, competitiveness and aggressiveness and the search for power in one group, and conventional Puritanism in the other, which furnish the main themes of different systems of modern psychopathology—what fate do they undergo?

Cultural Selection versus Biological Transmission of Traits

The Freudian pessimism, which is probably itself a complex-determined matter, has as its theoretical justification the supposed biological determination of human nature, as we see it, in the form of congenital traits and inevitable stages of development and more or less invariable situations, especially the family constellation. Like Karen Horney, I believe this conception overemphasizes the inner factors in development, and by comparison neglects the educational aspects in the broad sense. It is probably not the family situation as such that is responsible for neurosis, but, as I have pointed out,

only the chance accentuation of one or other of these component relationships or the inheritance of a predisposition. The conditions that favor this accentuation may be described as aberrations of our culture, although they may not completely determine it—for example, "that self-contradictory institution," as Wertham styles it, "the patriarchal family without a father."

The anthropological evidence is strong in favor of cultural selection of traits as being at least as important as biological transmission. Benedict points out that according to the notion of biological transmission "the Plains Indians seek visions because this necessity is transmitted in the chromosomes of the race," but in fact only those "who live within the geographical limits of the plains seek vision as an essential part of the equipment of every normal able-bodied man." Alterations in the behavior of some racial stock through the course of its history is further evidence in favor of cultural accentuations. European civilization was as prone to misbehavior, to epidemics of psychic phenomena, in the Middle Ages as it was in the nineteenth century to the most hard-headed materialism. The culture has changed its bias without a corresponding change in the racial constitution of the group.

Margaret Mead's anthropological field work exhibits one of the best arrays of evidence in favor of cultural as opposed to biological influence in determining the predominance of certain characteristics. The contrast between the Arapesh and the Mungdumor cultures is an experiment of nature which is almost ideal. Mead sought to show that the sex characteristics of the phys-

iological males and females are not fundamentally either male or female, and that by a course of education from birth men as well as women can be trained to be co-operative, unaggressive, and responsive to the needs of others, as the Arapesh appear predominantly to be; while among the Mungdumor, both men and women develop into ruthless, aggressive, positively sexed individuals with the maternal, kindly aspect of personalities at a discount. In other words, there are no necessary connections between femaleness and the characteristics we dub as feminine, or between maleness and the characteristics we associate with that.

We know this in a sense already from observations of the aberrants in our own culture. Our homosexuals are often excessively sensitive to beauty, with artistic interest in the theater, in ballet, in household arts, in interior decorating and music; they are often passive in their attitude toward others, and when they quarrel they do so as women are characteristically supposed to do. These traits are so frequent a state of concomitance of homosexuality that I have felt that they must have some kind of biological determination. Mead's third study of her series, however, among the Tchambuli people suggests a different interpretation. Tchambuli man is an artist and most men are skilled in dancing, carving, painting, and so on. Each man is chiefly concerned with his role on the stage of society, the beauty of his costume, the elaboration of the masks that he owns, and the skill of his own flute playing. The Tchambuli man is described as having elaborately arranged curls, a mincing step, and a self-conscious mien, and he does no work.

The woman does the work and produces wealth and correspondingly holds the power. Each man may have two or three wives. Such characteristics can therefore be combined with a male sexual role, and it appears that the combination of these attributes with a homosexual attitude in our culture may not after all be biologically determined.

It seems, in fact, that homosexuality in our culture may be either (1) constitutional, i. e., inherent; (2) accidental—the result of an early seduction; (3) educational—the result of parental prohibition in sex education; (4) social—the result of the aggregation of the same sex, as in schools and camps and prisons. (See *Walls Have Mouths*.); (5) cultural—as among the Lacedaemonians. The mental characteristics are largely independent variables.

The point of main interest for my present purpose is not, however, the one that Mead sought to emphasize. It is the varying fate of the aggressive impulses in these cultures that is significant. The Arapesh, by contrast with the Mungdumor culture, is a social order that substitutes "responsiveness to the concerns of others and attentiveness to the needs of others, for aggressiveness and competitiveness."

There are several techniques of social arrangement which make this possible, although the characteristics of the people employing such techniques are so interpenetrably related with their culture that it is at first difficult to say whether their social institutions brought about their mildness, or their mildness brought about their social institutions. Thus the Arapesh do not speak

of themselves as owning their ancestral land, but as being related to it. There is no sense of ownership, only of being owned—"No man is at all particular where he lives." Their work is also communal, or at any rate co-operative. "Each man plants not one garden but several, each one in co-operation with a different group of his relations. In one of these groups he is the host, in others he is the guest." Everyone digs, as it were, at one or another time in everyone else's garden. Leadership is conventionally not sought, but, on the contrary, is thrust upon an individual and is accepted unwillingly. The essential need of this group is not to curb aggressiveness, but to force a few of the capable and gifted men into taking leadership and responsibility. There is no warfare, and the violent individual is regarded with a kind of amazed awe. He is socially and biologically a "sport," a monstrosity.

The source of this state of affairs is found in the security which the infant and young child is accorded. "It is never left long alone; comforting human skin and comforting human voices are always beside it." Weaning is long delayed. At the age of three or even later the child will sometimes be given "a whole day's nursing, the mother sitting all day holding the child in her lap, letting it suckle as it wishes." There is a good deal of mutual caressing, so that "the whole matter of nourishment is made into an occasion of high affectivity." There is no "taboo in tenderness" here. As regards anger, little children are allowed to play with one another so long as they do not quarrel. The moment there is the slightest altercation the adult steps in and "the aggressor is

dragged off the scene of trouble . . . and allowed to kick and scream and to throw stones around, but is not allowed to harm the other children." The whole training of little children is "to teach them, not to control this emotion, but to see that it harms no one but themselves." No games that encourage aggressiveness or competition are allowed.

Training about possessions is closely allied to training about power. The Arapesh are encouraged to respect the property of others rather than to indulge in possessiveness about their own. The adult attitude is highly parental, the chief object in life being to see that the children grow. This society "gives a good deal of scope to violence but gives no meaning to it"; hence the violent and aggressive find themselves treated almost as insane, and they are described as being sullen, with blunted intelligence, and they experience a kind of mute ostracism.

Miss Mead found that the contrast with the Mungdumor society in upbringing, in aggressive characteristics, and in the attitude to property is very complete. Mungdumor society is organized as if it were based on a theory of natural hostility between all members of the same sex: fathers and sons, mothers and daughters, are rivals. The sons are jealous and aggressive. Inheritance is alternate from father to daughter and from mother to son, and the children are born into a hostile world, because the unborn child is a potential rival. Children are kept in stiff carrying baskets. Their cries are ignored until the very last minute, and the mother suckles the child while standing up. As soon as he stops suckling for a moment the child is returned to his basket. Children

therefore develop a purposive fighting attitude, "holding on to the nipple and sucking as rapidly and vigorously as possible." Children are weaned by being progressively pushed away by the mother. When they become adults both sexes are aggressive and given to violence. Their upbringing from their very earliest days, their initiation ceremonies, and their social arrangements regarding inheritance and property, all in different ways foster the aggressive side of human endowment. The result is a coarse, aggressive type of human being, living in a competitive society. The contrast with the Arapesh individual is very sharp, yet the raw material is presumably the same. Abnormals of the one society are successful members in the other.

The total inference which can be drawn is one of the cultural malleability of human nature and of the possibilities of the accentuation of native characteristics by social demands and usages. Miss Benedict's supposition appears to be justified: "It is as if human temperament were fairly constant in the world, as if in every society a roughly similar distribution were potentially available, and as if the culture selected from these according to its traditional patterns moulded the vast majority of individuals into conformity. . . . In the study of leaders there proved to be no uniform type that could be set down as standard, even in our own society. The role developed the leader, and his qualities were those that the situation emphasized. If we are interested in human behaviour we need first of all to understand the institutions that are provided in any society."

Social organizations therefore are a kind of medium

in which human nature is one of the reagents turning red or black or green as the other ingredients act upon it. What favors neurosis in one culture may even be normal for the other. The question is: shall we aim for a minimum of neuroses or the maximum of social efficiency, or can we achieve both?

Social Psychotherapy

That there are possibilities of at least influencing the incidence of psychoneurotic maladaptations by social means, and thus of diminishing the amount of social dissatisfaction, is evident enough. From these anthropological studies hope beyond our expectations from a narrower field of reference can be drawn of good results from better systems of education, from more enlightened parents, greater social security, and a less competitive social ethos. As Mannheim observes: "Originally the psychoanalytic approach was purely individualistic; the sociological approach was followed to the extent that only early childhood experience was dealt with . . . without taking into account the social distinctions between the various families, e. g., the proletarian family, the bourgeois family, and so on. What was lacking for thorough-going planning was a pragmatic insight. . . . But the human being can be changed only when together with the resolution of his customary maladaptations and injuries a new environment is created in which the adjusted and enlightened individual will be able to stay on the right track."

These studies of Mead and Benedict make the poten-

tialities of a new framework of education and social standards appear not at all chimerical or fantastic.

Eugenics and Psychoneuroses

The prevention of psychoneurotic conditions cannot be looked for much from the genetic side for reasons that follow from their pathology, if my theoretical formulation is correct that they are primarily the outcome of faulty interpersonal and social relationships, and because the share of the constitutional factor is probably considerably less in them than it is in other modes of reaction. A considerable part of such genetic remedy as is possible clearly depends on remembering that a psychopathic basis often exists and that we should try by social means to encourage the birth rate in the sounder families—sound in a sense not simply of intellectual attainment but of determination and steadiness of character.

FAMILY LIFE

Since some psychoneuroses at least have their beginning in relationships within the family, and since there is some evidence from social anthropology that this may be avoided by varying the family arrangements, it is only natural to ask whether Western civilization should face, among its other problems, some reorganization of its traditional family structure.

There is one inescapable relationship, that of mother and child. It is true that even this has been envisaged as not inescapable. Haldane has pictured a society in which

ectogenesis might be the rule. If this were coupled with an organization for the institutional rearing of babies, then children might indeed not know their own mothers. Such an arrangement would not be likely to appeal to many people, even to theorists, except those who regard the trauma of birth as a foundation for all later anxieties of whatever sort.

Experience with some children who by the accidents of life are brought up from an early age under institutional conditions supports the view that far more would be lost than gained by the absence of the possibility of close relationship of the parent-child variety. It does not seem that we need be so afraid of the Oedipus situation. If it is normal, then most people surmount it. It is the first and most universal of the eternal triangles, and the evidence on the whole is that the absence of the family relationships, which in the case of the individual children are primarily triangular, is more productive of future instability than its presence. A recent study of Miss Keir's on the characteristics of the behavior of an evacuated residential school of orphan children demonstrates well the social handicaps of the institutional child.

There is much evidence to suggest that one of the most important factors for insurance against psychoneuroses is security in family relationships, and that while the presence of both parents may produce at times an Oedipus situation too lopsided to be overcome spontaneously, the presence of both maternal and paternal aspects of parenthood are desirable for the formation of the child's character. It has always been supposed, and with probable truth, that the rise in de-

linquency under conditions of warfare is related to the absence of the male parent. The general conclusion from a study of the share of the family in the production of neurosis both in peace and in war is that as an institution it depends for its success on the efficiency of its parental components, and for its failures occasionally on inevitable accidents, but more often on deficiency in the parental emotional organization both individual and interindividual.

Education

It is a psychiatric axiom that the approach to life should be realistic; much education at present tends to exalt the secondhand and the bookish, usually at the expense of direct observation and experience. Children are notoriously acute observers, while so many adults seem stupid in this way. It is not the fading of some function in the way that eidetic imagery fades, but rather the dulling of observation, the exaltation of authority in place of fact, the promotion of secondhand knowledge induced by emphasis on bookwork, that produces this atrophy. Biology and general science well taught should be part of every child's education. We knew this before, and had we applied it then our community at large might have had a more realistic appreciation of the perils that might confront it from the devices of technical science and the failure of economic organizations.

Firsthand knowledge of the development of the butterfly is possibly of greater value for life than academic acquaintance with the dialogues of Plato. To be able to

identify the song of a particular bird may be of more value than the nice appreciation of a Latin quotation. Our children who have gone to live in the country, year in year out, since our cities were bombed are not likely to return to schools in town, if they *do* return, with the same attitude to bookwork as they had before. They have had firsthand field experience of simple biology, and many of them have developed a quickened sense of wonder and a new set of values, however unconscious, including an appreciation of beauty and usefulness. Education along these lines, coupled with instruction in the elements of scientific method, should give a better basis for judgment on all sorts of topics in which many individuals in our community are apt to err in an extravagant way. It is notorious that people with the most expensive sort of education are most apt to run after false gods in medicine and religion. This is not confined to any one country. Some of my readers may have heard of the blue glass craze that followed the Civil War.

But, above all, education should aim at character building, and character building, if the evidence of psychotherapy is to be believed, should concern itself at least as much with the structure of the ego as with the nature of the instinctive impulses. The evidence from cases of war neuroses shows that tradition counts considerably. Even those who are temperamentally not very suitable for front-line service endure hardships and dangers much longer if they have been brought up in the tradition of service. Tradition implies a debt to one's ancestors and a tendency to minimize the importance of

one's own ego. Education of recent years had emphasized less than formerly that present comforts and privileges are inherited from those who brave all kinds of dangers to secure them for their children and their children's children. It had allowed people to forget to praise "famous men and our fathers that begat us." The influence of the kind of upbringing which surrounds us with security, and gives us what we want only apparently because we want it, makes us forget that the liberty we enjoy our fathers had fought for, nay more, had died for. Our ego becomes inflated in proportion as we take these comforts for granted. From the Victorian attitude that the child owes everything to the parent, we have swung to the opposite attitude that the parent owes everything to the child. Is it not time that we struck a balance and our children be taught again what they and we owe to the self-sacrifice of the soldiers and the patient artisans of the past? It seems to me that this kind of tradition makes egotism less likely, and neurosis less possible. It certainly makes war neurosis less likely. The history of recent years shows that it would make war itself less likely since aggressors do not readily attack those who appear to be ready to defend themselves to the utmost.

SEX EDUCATION

More has been written about sex education than on any other topic in the domain of preventive psychiatry, partly because it is so much easier to write about than some less concrete topics. With psychiatrists it has been less popular because they feel themselves obliged to look

at the more esoteric causes of breakdown, but I sometimes wonder whether they do not even now underestimate the amount of psychoneurotic anxiety that is fostered by misguided or ill-digested information. They are so apt to be concerned in these days with unconscious sources of guilt that the guilt that even nowadays arises from faulty sex information is apt to be regarded as comparatively unimportant. Yet a great deal of morbid anxiety and some impotence and frigidity and homosexuality occurs on this basis. Whatever is dealt with by silent veto is apt to gain additional interest from its forbidden quality. Moreover, sex, divorced from reproduction, becomes an interest in itself totally apart from the latter.

The remedy is to give a realistic view of life as a whole, to include biological studies and the study of reproduction as part of the educational curriculum. It is better to give the young adolescent a book on biology with a chapter on sex than to give him a book devoted wholly to sex problems. I do not see how the whole matter can satisfactorily be dealt with without a change in social ideals and values, such that instead of possession and power what most communities respect, along with character, comes once again to be parenthood.

It is of interest that the war has stimulated earlier marriage, with apparently a considerable proportion of these marriages already fertile, and that in spite of the social and economic instability the demand for children to adopt, which is always considerable, continues unabated in England. It is as if consciously, as well as unconsciously, there was a desire to conserve the race. The

last war probably helped to accelerate the trend toward smaller families; at any rate it was often pleaded subsequently as a reason for limiting fertility. But even the economists were beginning to realize that a policy of reduction of the population was not a sound one after all, and had begun to sound notes of alarm some years before the war. It may be that this war will accelerate the value of children in a different way from the last war, which made the individual child more precious. This war, which is stimulating latent energies in so many ways, may have the result not only of making the individual child more precious, but of making numbers more precious too, so that the survival of the good things in each way of life may be assured.

A realistic type of education can contribute toward the rapprochement between the ideas of sex and the ideas about reproduction in the mind of the individual at an early age. At present in the adolescent these ideas are often so intellectually disconnected that they are about as distant emotionally as they were in the case of people so primitive that they did not even guess that a connection existed.

Conscience

Most psychotherapists probably find that a large proportion of their effort is concerned with problems of conscience, conscience at any rate in some sense. Conscience is par excellence an example of the introjection of social relationships. Attention has mainly been given to early infantile sources of conscience, and opinion has

varied, principally round the relative importance to be attached to Oedipus wishes, aggressive impulses, and nursery training, unspoken family taboos, and social prohibitions generally. But is it certain that this alone is worthy of the psychopathologist's attention?

I suggest that more general social attitudes and beliefs are also important, such as those that can be summed up under the heading "Puritan tradition." This tradition tried to deal with the problems of natural impulses, especially the erotic impulse, in an all-or-none fashion, and so succeeded in making pleasure itself an evil. The Puritan tradition is a very tough one; not long ago I advised a man to change his job, for which he was temperamentally entirely unfitted, and he asked if that could possibly be right, because it was what he would like to do. It was the same thing that recently in a blitzed city caused the local authorities to turn down an offer to have the local cinemas thrown open on Sundays for the exhibition of films to the population gratis. Since so many of our patients, at any rate in Britain and in many parts of America, have grown up in an atmosphere of this kind, it is worth considering whether it is not this just as much, or even more in some cases, as the operation of unconscious infantile survivals that makes so many of our patients find relief in the mere ventilation of their feelings of guilt, since sharing their knowledge of this with a representative of society at large serves to mitigate the feeling of social censorship.

It is, of course, clear that a muddled sexual morality has much to do with creating the diluted Puritanism of our time. If anyone doubts the influence of social tradi-

tion alone on the guilt feeling in an individual let him compare our attitude with the ancient Greeks. To quote Lowes Dickenson: "The stain [of antisocial acts] is conceived to be rather physical than moral, analogous to disease both in its character and in the methods of its cure. . . . As was the evil, so was the remedy, external acts and observances might cleanse away what was regarded as an external affliction of the soul. . . . How far is all this from the Puritan view of sin! In the one case the fact that a man was under the taint of crime would be borne in on him by actual misfortune from without. . . . He would ease his mind and recover the spring of hope by performing certain ceremonies and rites. In the other case his problem is all inward . . . and the only thing that can relieve him is the certainty that he has been forgiven, assured somehow or other from within."

I am not suggesting that we should revert to the Greek view, but it is much less calculated to produce or perpetuate the sense of guilt so frequent in our patients; and, as their family structure was very much the same as ours, it seems that the Puritan view is not the necessary sequel to infantile guilt. Lest the Greeks be suspected of amorality, let us remind ourselves that—to quote Dickenson again—"the first realisation to which they aspired was not an anarchy of passion but an ordered evolution of the natural faculties under the strict control of a balanced mind."

Competitiveness versus Co-operativeness

A less competitive community than ours would find the task of inculcating pivotal values easier since there would be so much less temptation to look for commercial success. Knowledge and skill would then more often be the sort that belongs to the craftsman, rather than to the individual on the make. The sentiment surrounding work of this sort could be such as to generate a sense of co-operation toward the community and not of competitive hostility, because the feeling of contribution, of giving something to the common cause, implies consciously or unconsciously affection in some sense.

With our present arrangement of society this sense of communal contribution is available to a considerable number of people only in time of war. They find a usefulness they have never before been allowed to have, and they are apt to be thrown back into uselessness when the war is over. The suburban dissatisfaction of the woman who has perhaps only one child and no social life disappears when she is absorbed in total war. She may find herself the focus of a group of people who look to her for leadership. Bridge gives way to organizing a fire service, cocktail parties to shelter marshaling. I have in mind, for example, a middle-aged woman of my acquaintance who from being a quiet and retiring and vaguely dissatisfied individual has emerged as the leader of a local group of fire watchers, who rely upon her for many things outside their orders in that domain.

Here is a young man speaking: "War is not so bad, the sense of adventure is a real and worthy appetite, not

an invention of cheap novelists. . . . It is a mistake to protect the young rather than to allow them to grasp the opportunity of tempering their souls in the fire of a uniquely righteous cause."

War, in fact, has given us patterns of co-operation; how can we perpetuate this in some cognate form afterward? That is the question for social planning to be put into execution after hostilities are over. The other aspect, the minimization of competition, is a problem like all the others of individual education and of social organization. Dr. Johnson observed long ago: "By exciting emulation and comparisons of superiority, you lay the foundations of lasting mischief: you make brothers and sisters hate each other." Team games from this point of view are probably preferable to individual games where prowess counts much. In individual games we might imitate the Arapesh and disqualify after a time the too consistently successful. In adult life competition is linked with possessiveness.

Possessiveness we have discovered to be not an inherent need, and war seems to confirm this. The assimilation of values of which the hardships of war cannot deprive a man, of which the world "can give but cannot take away," makes possessiveness less likely and competitiveness less strong. We can teach people to cultivate the famous motto, a "passion for anonymity." This is the custom of the R.A.F., and it is not a bad precedent. There are many other reasons for the scarcity of neuroses among the R.A.F., but the merger of the individual ego of the fighting man with the Service as a whole is one of the factors in breeding the modest courage of the

British pilot. Anonymity within a community to which one belongs, to which one owes something; the acquisition of skill and the development of gifts and abilities rather than material possessions; co-operativeness rather than competitiveness; realistic acceptance of the foundations of freedom which implies the taking of risks for freedom's sake; and the acceptance of self-sacrifice to the point of death if need be—these are the foundations of that type of character which alone would make a better society possible and minimize the occurrence of those social dissatisfactions which produce the neurotic.

As psychologists, some of us will be skeptical of building a structure such as this unless the foundations are laid in infancy. This is a view which commands much respect; but let us remember that just as important as the management (if that be possible) of libidinous forces there are educational possibilities even in the nursery which may be of equal value—learning to share, to want less, to give more; in a nutshell to love rather than to hate. This should be the pattern of education from the beginning to the end.

It is curious that it should have been almost necessary for a war to bring to so many of us the realization of the truth of these old, time-worn ideas. We give them technical names but they are fundamentally the same as those whose importance has been recognized for at least two thousand years. We push them back further into childhood, almost even to the hour of birth; we realize that the constitutional material is not in every case the same upon which these educational influences have to work, but the fundamental sameness of such notions

throughout the centuries is one of those recurring discoveries of the human race which it seems were destined to be perpetually forgotten and perpetually found again. One young officer of the British Army wrote early this year as follows: "I quite frankly believe that to me this war so far from being a great disaster and a final catastrophe, as we believe it is, is a not quite unmixed blessing in fairly transparent guise. First, it has given everybody a common unselfish aim; secondly has made them realise that there are other matters more important than the pursuit of profit; thirdly for a large number of people it has meant a hard physical effort with a reduction of two inches round the stomach; lastly it has given many who joined the Services their first glimpse of comradeship. . . . This may be the reason why Christian nations have triumphed so long in war: they derive sudden strength from the new force that war gives to their faith."

It may be that as psychopathologists we may want to add something to the concepts of theology, but as sociologists we would be foolish to forget the sense of a great deal of the Christian ethic.

It is interesting to look back to the Middle Ages, when the theory of the structure of society was of hierarchal values embodying all known interests and activities in a system of which the apex was religion. As R. H. Tawney adds: "A typical controversy was carried on in terms of morality and religion as regularly and inevitably as two centuries further on it was conducted in terms of economic expediency. This was in time replaced and the conception of a moral rule as binding in Chris-

tians in their economic organization was revised by the science of political arithmetic which asserted, first with hesitation and then with confidence, that no moral rule beyond the letter of the law exists. The result was that whole systems of appetites and values with their deification of the life of snatching to hoard, and hoarding to snatch, which now, in the hour of its triumph, while the plaudits of the crowd still ring in the ears of the gladiators, and the laurels are still unfaded on their brows, seems sometimes to leave a taste as of ashes on the lips of a civilisation which has brought to the conquest of its material environment researches unknown in earlier ages, but which it has not yet learnt to master itself."

In the thoughts of the younger generation in Britain we can discern possibilities of a future civilization which may at last turn the conquest of the material environment successfully to the conquest both of social and international disharmonies.

Psychopathology, social science, religions, and moral philosophy agree in asserting that the harmony of human relationships is the highest good. As Moore says in his *Principia Ethica:* "By far the most valuable things which we know or can imagine are certain states of consciousness, which may be roughly described as the pleasures of human intercourse and the enjoyment of beautiful objects. . . . It is only for the sake of these things —in order that as much of them as possible may at some time exist—that anyone can be justified in performing any public or private duty; that they are the raison d'être of virtue; that it is they—these complex wholes themselves, and not any constituent or characteristic of them

—that form the rational ultimate end of human action, and the sole criterion of social progress."

As technicians in human relationships, psychiatrists can help the suffering people of the world toward this rational end. The common people of England in their patient endurance, their tolerance and their sense of fair play and their readiness to forgive and forget, are such an embodiment as there is anywhere of a national will to the same goal.

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THE THOMAS WILLIAM SALMON MEMORIAL LECTURES

THE Salmon Lectures of the New York Academy of Medicine were established in 1931, as a memorial to Thomas William Salmon, M.D., and for the advancement of the objects to which his professional career had been wholly devoted.

Dr. Salmon died in 1927, at the age of 51, after a career of extraordinary service in psychiatric practice and education, and in the development of a world-wide movement for the better treatment and prevention of mental disorders, and for the promotion of mental health.

Following his death, a group of his many friends organized a committee for the purpose of establishing one or more memorials that might serve to preserve and pass on to future generations some of the spirit and purpose of his supremely noble and useful life. Five hundred and ninety-six subscriptions were received, three hundred and nineteen from physicians.

Of the amount thus obtained, $100,000 was, on January 10, 1931, given to the New York Academy of Medicine, as a fund to provide an income for the support of an annual series of lectures and for other projects for the advancement of psychiatry and mental hygiene. For the purpose of giving lasting quality to the lectures as a memorial to Dr. Salmon, and of extending their usefulness, it was stipulated that each series should be published in a bound volume of which this volume is one.