

# Effects of War on the Mental Health of Civilians

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It is a common belief that the upheaval of war is responsible for a greater incidence of psychiatric illnesses among civilians than are bound to occur in peacetime. Such factors as fear, worry about the fate of relatives and sudden bereavements, are thought to act as precipitants of mental illness. It is understandable, therefore, that at the outbreak of war (1939) it was envisaged that a certain proportion of civilian casualties would be of a psychiatric nature.

In a letter to the *Lancet* some years ago (3rd February 1945), I made a few preliminary observations on the psychological reactions of the civilian population to war conditions during the siege of Malta in World War II. I laid stress upon the diminished rate of admissions of psychotics to the mental hospital during the war years. I, however, refrained from commenting on this occurrence as I considered it premature to reach any conclusions before I could undertake a careful study of the experiences of other psychiatrists. It is now thought that enough time has elapsed to justify an attempt to study this seemingly paradoxical phenomenon and to offer tentative explanations for its occurrence.

## STATISTICAL CONSIDERATIONS.

It appears that the first physician to study the influence of war on the mental health of civilians was Dr. L. Lunier who carried out an exhaustive investigation on this subject in France following the end of the Franco-Prussian war (1). While he came to the conclusion that the events of 1870-71 had caused the occurrence of 1700 to 1800 cases of insanity (roughly 16% of all admis-

sions), he discovered that between the 1st July, 1870 and the 31st December, 1871, French asylums received 1300 patients less than in the corresponding period of 1869-70. The number of insane under care which should have been, in ordinary circumstances, 40,056 on the 1st January, 1872 was only 37,451 — a difference of 2,605. During the height of the Commune in Paris, there were fewer insane people than there had been for years (2). Lunier concluded that the immediate results of the events of 1870-71 had been to diminish considerably the number of admissions to mental hospitals and consequently the total number of patients under care at the end of the year. From the end of 1871, the total number of admissions tended to resume its gradual increase and after reaching an exceptional level in 1872, it again went down, in 1873, to the usual average; so that the events of 1870-71 moderated temporarily, but did not cause an arrest in the progressive increase of the number of patients admitted to hospital.

Lunier expressed the opinion that "the excitement of war, the rousing influence it exerted on many minds was to some extent a set-off against its baneful effects on the mind", and that "the war acted as a powerful diversion to avert the outbreaks of insanity" in persons predisposed to mental disorder (3).

Legrand de Saulle is quoted as saying that the war of 1870 proved that "the gravest political events, although they may give at the moment a colour to the particular form of insanity, do not produce, as is commonly supposed, an increase in the number of lunatics" (4).

Passing to World War I, we find a similar diminution in the United Kingdom in the number of cases of mental disorder among civilians. Dr. J. Keay stated in October, 1918 that "the official records of the Board of Control and the reports of asylums show that during the present conflict, which has now lasted four years, the number of cases of insanity occurring in this country has diminished"(5). In fact, a total decrease of 23,763 in the number of notified insane was registered between 1914 and 1918, instead of an increase of 32,767 as would have been expected to occur under ordinary conditions(6).

Dr. J. V. Auglin, in an address delivered in June, 1918 to the American Medico-Psychological Association, said that there "was no evidence, in Great Britain at least, that since the outbreak of war the amount of insanity has increased. There has actually been a decrease in hospital admissions."(7)

During World War II, the Minister for Health, Mr. Ernest Brown, declared on the 29th October, 1943, that the stress of war in the United Kingdom had not led to any increase in the incidence of the more serious mental disorders and that war stresses in themselves did not increase the incidence of the psychoses (8).

Dr. J. S. I. Skottowe, who made a statistical study of the mental health of the population of Buckinghamshire during the war years; Sir Laurence Brock, chairman of the Board of Control, and other workers came independently to the same conclusion (9).

According to its report for 1943, the Board of Control found no evidence that the war had brought about any increase in serious cases of mental breakdown. Even in the severely bombed areas there were relatively few cases in which mental illness could be attributed with certainty to the effects of war and especially of air-raids. In cases where mental breakdown appears to have been precipitated by air-raids, features in the patient's history suggested that mental trouble would have developed in any event, though possibly at a later date.

"Looking at the situation as a whole", the Board declared, "we feel that it may fairly be claimed that the war has demonstrated the mental stability of the nation"(10).

Dr. F. Hopkins, who investigated the incidence of mental disorder in Liverpool during the first three years of the war, recorded a decrease in the number of admissions to mental hospitals during this period and concluded that, there was a decrease in the incidence of mental disorder (11).

Subsequent war years confirmed the findings of previous years, so that in 1945 it was established with certainty that there had been no increase in the incidence of the psychoses (12).

The incidence of neuroses among civilians was also surprisingly low — lower than in the Forces and, perhaps, little greater than in peacetime (13). This incidence was not attributed directly to the effects of war but to the fact that many persons, who previously led a sheltered life, found themselves forced into industry often in unfamiliar and trying conditions (14).

Guy's Hospital, which is situated in the middle of one of the most frequently bombed areas of London, recorded very few cases of neuroses attributable to war conditions. Dr. R. D. Gillespie, who was the physician for psychological medicine at this hospital, was struck by the relative rarity of mental disturbances among civilians exposed to air-raids. The Sutton Emergency Hospital, which served another severely bombed sector of London, received only forty-one civilian neurotic air-raid casualties in two years (2nd September, 1939 to 31st August, 1941). (15).

Dr. F. Hopkins, basing himself on the Liverpool material, concluded that there was little or no increase of neuroses even among populations that were subjected to the heaviest enemy action (16).

#### INCIDENCE IN MALTA.

At the outbreak of World War II, it was expected that psychiatric casualties in Malta would be high (17), and beds for cases of war neuroses and psychoses were pre-

pared in special wards at the Hospital for Mental Diseases in 1939 (18). These expectations, however, were not fulfilled. The Medical Superintendent of the mental hospital, Prof. V. Vassallo, stated in 1940: "In Malta, air-raids and the conditions resulting from same, such as mass evacuations and the resulting over-crowding in certain areas, constant apprehension and fear of impending danger, violent deaths of relatives etc., did not react unfavourably on the mental health of the population. Panic and hysteria, mass and individual, were markedly absent...Only certain psychopathic individuals, so easily prone to mental disorder, reacted unfavourably" (19).

The number of admissions in 1939 was 169, and in 1940 it was 178. An analysis of the case material admitted to hospital in 1940 revealed that only 18 cases (10 males and 8 females) out of a total of 178 admissions, showed a history of having been affected by air-raids and other war conditions. Of this number, 9 had already suffered from a previous mental illness, while in 7 other cases such factors as heredity, involuntional period, influenza and avitaminosis had contributed to the onset of the illness. In only the remaining 2 cases could war-time conditions be blamed as causative factors. The form of mental disorder shown by these cases was: Manic Depressive Psychoses 7, Involutional Melancholia 5, Anxiety States 3, Confusional States 2, and Hysteria 1 (20).

Admissions fell to 167 in 1941. There were 17 cases in which war conditions were aduced as contributory factors in the causation of their illness, but in all these cases other predisposing or exciting factors, or a history of previous attacks of mental illness were also present. In 3 of them avitaminosis played a part. These cases were diagnosed as: Manic Depressive Psychoses 6, Involutional Melancholia 5, Confusional States 4, Scizophrenia 2 (21).

A still more marked decrease in the number of admissions occurred in 1942, when only 138 patients were admitted to hospital. It must be remembered that 1942, the third

year of the war, was the worst period of the siege yet in spite of the continuous and intensive air-attacks, admissions were the lowest in thirty years, while cases "directly attributable to war conditions were again practically absent" (22).

The number of admissions in 1943 was 147. It is significant that as the war situation became easier in Malta in 1944, there was a rise in the number of admissions during subsequent years. Thus, the number of admissions was 232 in 1944, and 250 in 1945, which was the highest figure recorded in the history of the hospital. This increase was attributed partly to a higher incidence of mental disorder and partly to increased use of the hospital by patients (23). In the following years, the admission rate returned to the expected level in proportion to the natural increase of the population of these Islands.

#### EXPLANATORY THEORIES.

Various views regarding the causes of this decreased incidence of mental disorder among civilians during war-time have been advanced. Lunier attributed the diminution in the number of admissions to French hospitals in 1870 to (a) the disorganization of the psychiatric services during the war, (b) the parsimony of some departmental administrations, and (c) the suspension of certain aetiological influences which cause mental disorder in peacetime (24).

In a review of the Fourth and Fifth Annual Reports of the Board of Control for 1917-18, it was stated that the decreased admission rate to mental hospitals in England during World War I did not indicate that fewer people became insane during the war. It was suggested that, apart from the beneficial effects of less unemployment and higher wages and of diminished consumption of alcohol, the decrease in the number of admissions was due to the fact that, owing to the moral and social dissolution resulting from war conditions, the people became less sensitive to abnormalities and vagaries of conduct, and thus certification

was resorted to on fewer occasions than in peacetime (25). Another observer stated that "many who had nothing to do previous to the war have forgotten self by throwing their energies into active work for others. Rich and poor alike are now busy all the time. The result is a vast improvement in the nation's mental stability. People whose lives were empty are interested from morning till night. Work is the surest consolation for the grievous sorrow of war" (26).

Mr. Ernest Brown, Minister for Health in 1943, attributed the decrease in the incidence of serious mental disorder in World War II, to the improvement in employment (27). Apart from this increased opportunity of employment, Dr. F. Hopkins attributed the decrease in insanity to the strengthening of the community spirit and to a lessening of mental isolation which, according to him, favours the development of psychological abnormalities (28).

Such factors as better standards of nutrition and the provision of a real aim in life were also held responsible for the diminution in the number of cases of mental disorder during the war (29).

E. Glover attributed the low incidence of mental disorder in World War II to the fact that (a) a number of cases of mental illness remained unobserved and unrecorded, (b) many psychosomatic reactions were treated for "organic" illness, (c) only a very small proportion of the population in any raided area experienced severe traumatic conditions (30).

In Malta it was held that "sudden preoccupation about realities proved beneficial in those cases where preoccupation upon purely neurotic complaints was rife" (31).

## DISCUSSION.

Explanations that seek to account for the diminished extent of mental illness in wartime by ascribing it to lack of facilities for the detection and treatment of psychiatric disorders cannot be taken seriously. The mental health services of belligerent countries were well organised during the two

world wars, and any cases that needed psychiatric treatment could not have escaped observation. Disorganisation of mental health services, which according to Lunier may have accounted in part for the decrease in mental illness in France during the 1870-71 conflict, cannot therefore be considered as a factor responsible for the diminished rate of admissions to mental hospitals during the last two world wars. Apart from a more efficient organisation of psychiatric services, the knowledge of mental disorder has made a notable advance since Lunier's time, so that the chances of a mental illness remaining undetected have also become considerably less.

The contention that the lower incidence of mental disorder during wartime is only apparent and that it is due to increased tolerance of abnormal behaviour on the part of the population, has nothing to support it. The disruption of families, destruction of homes, loss of relatives, the impossibility of looking after mental patients at home in severely bombed areas, and the added burden of obtaining the necessary nourishment for them in time of scarcity, rather tends to bring about an increased intolerance of mental patients than the opposite effect. Under such conditions far from an eschewing of the mental hospital, there is a tendency to make a greater use of institutional treatment, as relatives, who previously nursed the sick members of their families at home, could no longer do so under war conditions.

E. Glover's explanation that a number of psychiatric casualties went unobserved or were misdiagnosed as organic cases is quite possible. But as the same thing had been happening (as it still does) in peacetime, the group of mental cases that may have escaped the psychiatrist's attention or may have masqueraded under an organic diagnosis, is cancelled by the equally numerous group that suffers the same fate in peacetime.

The other theories fall roughly into two groups: (a) those that attribute the decrease in mental illness to the influence of material conditions such as full employment,

higher wages, and better standards of nutrition, and (b) those that are based on psychological factors such as the discovery of a purpose in life where previously there was none, increased sociability, and the concentration of attention on real dangers rather than on subjective sources of anxiety.

It cannot be denied that such factors have contributed to the diminished incidence of mental disorder, but it seems to me that a very important cause has been overlooked — that is, the emotional opportunities provided by the war for the working off of aggressive urges, both masochistic and sadistic, to which we are all subject and which, when suppressed, as is bound to happen in peacetime, may give rise in certain individuals to various forms of mental abnormalities.

A little introspection will easily make us aware that we possess destructive and aggressive tendencies. These aspects of the personality have been receiving attention from psychologists and psychiatrists ever since Freud and others pointed out the important part that aggressive feelings play in determining our behaviour. It is now recognised that aggression is a fundamental component of the structure of our personality. It first manifests itself in infancy and gradually unfolds itself as we grow up. Parallel with this development, however, there is also a process of suppression and repression which results from the imposition upon us of the social and moral standards of the community. Consequently, as we grow older, our outward behaviour tends to assume a dignified and refined pattern, though our aggressive urges and the stimuli that call them forth become stronger in proportion to the intensification of personal and social frustrations. From this clash between our aggressive feelings and the claims of the community, there results a sense of guilt which in its turn gives rise to a certain amount of anxiety. The majority of us succeed in controlling our aggressiveness, more or less satisfactorily, in accordance with the requirements of society. Our

aggressive urges are not, however, extinguished thereby. As social life becomes more complex and "civilised", the pressure on the individual to forgo the satisfaction of his desires is increased, with the result that he has to endure more frustration than in the past. The greater the frustration to be endured, the stronger our aggressiveness becomes and therefore the more pressing are the personal and social needs to devise ways and means of keeping it within bounds. A state of tension is thus set up. The majority of us manage to maintain equilibrium by giving vent to our destructive tendencies in a harmless and guiltless way and thus succeed in diminishing our anxieties. But some of us are not able to avail themselves of the opportunities that peacetime offers for the elimination of aggressive urges.

In these individuals, therefore, the tension arising from unsatisfied destructive urges accumulates until it breaks through in the form of mental disorder. In this type of individual the war acted as a cathartic and thus served to avert a mental breakdown. It appears, however, that the emotional cathartic effect of war only occurs when civilians feel that the enemy is really near and dangerous. When such is not the case, our personal aggressive urges are not brought into play with the result that no release of tension occurs. Thus in World War I, when Maltese civilians did not experience a direct contact with the enemy, the rate of admissions to the mental hospital did not undergo any change in its natural increment. From the emotional standpoint, the enemy was too far away to be formidable and to stimulate the aggressive tendencies of civilians, with the consequence, that masochistic and sadistic tendencies were not projected on to the enemy, but remained attached to one's own personality which they continued to harass as in peacetime.

On the other hand, the front line conditions to which civilians in Malta were exposed during World War II, afforded those with repressed aggression and anxiety a direct outlet for their destructiveness which

had been denied them in peacetime. The war provided them with a legitimate object (a near and powerful enemy) on which to vent their hatred and their sadistic desires, which previously were held in check by the ethical standards of the community. Added to this opportunity, there was also the very important fact that their tension was relieved in a socially approved way, for in war the group not only accepted the manifestation of hatred but expected them to do so, as a sign of loyalty to the group. In these individuals, therefore, the war served as a means of satisfying suppressed destructiveness and

hate, and the elimination of guilt and anxiety thus effected, had the beneficial result of preventing the occurrence of mental disorder, which might have otherwise manifested itself under peacetime conditions.

If this interpretation is true, it puts us in a position in which we can understand, and perhaps remedy, many of the disruptive forces that tend to wreck our social structure today. It is evident that such an understanding into the psychology of our aggressive urges assumes at the present time an urgency which it has never had before.

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