

The provision now made for medical inspection in air raid shelters enables the visiting doctors to give helpful advice in many cases to the nervous and over-anxious and to put more serious cases in touch with hospital clinics or arrange for their special care and disposal.

All those in positions of responsibility will have a most valuable opportunity of helping these unfortunate people, and if they avail themselves of the facilities at their disposal many of them will not only be helped temporarily but enabled to develop permanently a more stable and better balanced personality. This is obviously a matter of the first importance not only to the individual but to the community.

Detailed notes for the guidance of those in charge of First Aid Posts, Air Raid Shelters and Rest Centres have been published by the National Council for Mental Hygiene from whom copies may be obtained on application to the Secretary, 76-77 Chandos House, Palmer Street, London, S.W.1.

A Psychologist's Contribution to Air Raid Problems

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In wartime the psychologist's work, like that of the greater proportion of workers in other fields, does not necessarily and suddenly become invested with opportunities for dramatic displays of talent, nor does the work lend itself easily to swell the flood of pictorial propaganda designed and displayed to forward the cultivation of that imponderable "morale". Nevertheless the work of a clinic psychologist, especially if employed by a Local Authority, is subject to a degree of change which affects even the more routine matters; and while, in the normal course, the work is concerned largely with the problems of children and adolescents, there are opportunities to use that experience in wider fields.

Changed living conditions in a heavily and frequently bombed city, disturbed rest and unsatisfactory sleeping arrangements in shelters, or with the family cramped into one small room or even into cupboards, frequently cause friction and irritation, and magnify to an insupportable degree problems which formerly were tolerated, though not necessarily actively faced or dealt with in home and school.

Wartime Causes of Mental Health Problems

Many new situations and additional problems, which would not have arisen but for the advent of war, increase considerably the work of those engaged in a psychological service. Changes in the economic conditions and personnel of families are also factors in aggravating symptoms of personality and behaviour disorders which can no longer be disregarded if the home or other social unit is not to be disrupted. High wages paid to young and unskilled workers provide spending power without a

necessary appreciation of values, and cause dissatisfaction and envy among companions of only very slightly younger age who are not yet earning. Opportunities to enter private and business premises, for instance, with the excuse of fire watching, or, without this authority, through damaged buildings, increase the temptations to pilfer, while the protection offered by shelters encourages others to stay away from their homes until the small hours. All these, and many other factors contribute to a heavier incidence of cases before the Juvenile Court and to a proportionate increase in consultation cases at psychological clinics which co-operate with them.

In schools working conditions are nowhere normal and where buildings have been demolished and seriously damaged and work must be carried on often precariously elsewhere, the insecurity of the maladjusted child is increased. Where there is no consistent home discipline and where, for any period, compulsory school attendance has been relaxed, the work of teachers, who are equally subject to the strain and anxieties of present living conditions, becomes increasingly arduous and calls for additional assistance in stabilizing the more difficult children.

The extra work entailed by an evacuation scheme is not without effect on a psychological service. In considering applications for evacuation, teachers are apt suddenly to become aware of problems on which they would like advice. Many children for instance with whom they have been struggling for years to inculcate the rudiments of elementary education they now hesitate to pass to a school under a different authority, when at last they allow themselves to face up to the lurking suspicion that a child may be mentally defective. As a direct consequence, agitated requests for immediate statutory examination begin to pour in to the psychologist in far larger numbers than can ever be dealt with in the short time available between application and evacuation. On the other hand many children who are already known to be defective and likely to need special placement and supervision, frequently manage to slip away with the main stream, and later cause difficulty in the reception area, unless information concerning them can be conveyed in time to the appropriate authorities.

The Place of the Child Guidance Clinics in the Evacuation Scheme

In the Child Guidance Clinic to which references in this article are made, the advent of an evacuation scheme resulted in a sudden increase of parents seeking advice and aid in matters which even the most explicit of Head Teachers had, in their patient explanations, often failed to cover or convince the parent, or had been unable to do so because the fundamental problem was being carefully "covered", for fear it should influence the child's chance of going away. This covering frequently had reference to neurotic traits, for which some children were already receiving treatment at the Clinic, or to delinquencies which had already brought the child to the notice of the Juvenile Court and Probation Officers.

In an area where only certain districts are offered the chance to evacuate and where residential boundaries are therefore drawn, dissatisfaction and anxiety on the part of both parents and children are to be expected. Where children living at one end of a street or on one side of a road are allowed to go, while those at the

other end or on the opposite side, though subject to the same dangers and attending the same schools, are ineligible, there needs to be someone with whom the parents can discuss their grievances and preferably someone who can, if necessary, take preliminary steps in arranging for certain cases to receive special consideration.

In the quieter and more private atmosphere of the Clinic it is possible to discuss these matters with parents and to allay, if not to dispel, their anxieties and concerns. In other cases a desire for continued contact with the Clinic and a fear that this might be broken, were the child allowed to go, led parents to rush to it immediately, often without appointment and on a busy day, and be prepared to wait any length of time if only they could be given a chance to ask advice about registering. Frequently it was necessary to discuss with these parents the desirability of facing up to the idea that they should not attempt to conceal sources of possible difficulty. Most parents are only too ready for a confidential note to be sent to the evacuating and reception authorities, if they can be assured that this will result in a more satisfactory billeting and the avoidance of possible future embarrassment to the child.

In order to cover this ground as adequately as possible and to ensure that the reception authorities were provided with an indication of any difficulties which might later give cause for concern, the staff of the Clinic undertook not only to indicate on the children's record cards those children known to the Child Guidance Clinic, but also those who had been attending Hospitals for treatment or who were under the supervision of Juvenile Probation Officers.

Incidence of Psychological Shock amongst Schoolchildren

Extra practical tasks such as these, which are time absorbing to an astonishing degree, make anything in the nature of research difficult to undertake, not for lack of material but solely for lack of time. However, while an evacuation scheme was still under discussion and when school attendance, following serious raids, was in a parlous state, an attempt was made to estimate the incidence among schoolchildren of symptoms attributable to psychological shock. In an area where the school population was at least 50,000 it was, of course, necessary to work only with a sample and observations were based on returns relative to 8,000 children drawn from a sufficient number of districts to ensure that they were, as far as possible, representative not only of those areas in which there had been considerable air raid damage, but of others more favourably situated in the same city. The sampling also took into consideration such factors as difference in social and economic levels.

Teachers were asked to report those children who presented symptoms of physical and psychological illness during or after raids, and information was also invited concerning those who were taken to rock or crypt shelters or who nightly evacuated to the surrounding country districts. As the observation could not be made personally by the psychologist and the reports were made by persons untrained in the differential diagnosis of psychological illness, many of the returns were difficult to classify and from subsequent discussions with many teachers it was obvious that many cases were overlooked because their symptoms were such as to attract little notice since they did not disturb their class or social group. That is to say

they were for instance subsequently reported as being "merely very depressed" or "quite unable to concentrate nowadays and used to be so bright"—but such symptoms, in spite of instructions given, were not necessarily perceived as having psychological significance.

The main conclusions which the evidence, inadequate though it may be, appeared to indicate were—

- (a) that latent adaptation was strongest among nursery children aged 2-5;
- (b) that while overt psychological symptoms were evident to a much greater degree among children 5-7 years,
- (c) there was a much heavier incidence of psycho-somatic disorder among senior children 11-14 years;
- (d) in all age groups the incidence of psychological disturbance among those remaining in the city was eight times as high as among those nightly evacuating to rock shelters on the outskirts.

Apart from the above work all of which is rather in the nature of an expansion of the normal psychological service—other fields of work have claimed attention.

While co-operating with Relieving Officers in the registration of people rendered homeless, it has been possible to relieve tension and solve many small practical problems causing anxiety, but of a nature which made them difficult to discuss with the various officers of other services who attended at centres with their own specialized job to perform, and who have no time or are otherwise unable, to attend to matters outside their particular department.

Practical Problems arising from Air Raids

Immediately following raids, a number of situations arise which it is no particular person's job to handle. They require more versatility than it is, on the whole, possible to expect from members of departments more closely confined by administrative departmentalism, but they are more familiar ground to persons trained and experienced in psychology and child guidance work. Relatives are traced, private doctors informed when their patients are in rest centres and needing attention; convalescence arranged for cases of physical and nervous debility; rambling and incoherent recitals of anxious and confused evacuees must be unravelled, so that the required information may be given, together with reassurance that an interest is being taken in each individual case and that help will be forthcoming.

Help is frequently required in filling up compensation forms which are the more confusing to people already in a state of bewilderment and are quite incomprehensible to many adult defectives who are scarcely able to sign their names and frequently find difficulty in recollecting their possessions or have only the vaguest notion of their comparative importance and value.

One feeble-minded young woman, who was in a rest centre with her child, had not bothered to notify her husband who was in the army that their home had been destroyed; was unaware that her child of two years needed the attention of a Health Visitor, since it was suffering from impetigo, could not yet walk or crawl and was still being breast fed, and although her demolished home had consisted almost

entirely of articles on which instalments were being paid, her only apparent concern, since it alone had been mentioned on her claim form and occupied her conversation to the exclusion of all else, was a "gift trinket set" which had been presented to her by the hire purchase firm when she paid her original deposit.

Besides such practical aids as these, members of the Clinic note cases who will probably require an occasional visit after they have been rehoused; for though the incidence of psychological symptoms in air raid victims is often relatively high, shock is frequently registered by apathy in the first stage, then by anxiety and irritability over the problems of rehousing, etc., and though this may, to some extent, be dissipated in their efforts to effect repairs, salvage furniture, and visit relief agencies, reactive depression is likely to set in after a period of from ten days to three or four weeks, when the more urgent material problems have as far as possible been solved.

Delay in Development of Symptoms

This same time lag in the development of symptoms was noted also in another investigation carried out by the Clinic staff. In a house-to-house enquiry covering over 100 persons in two roads where bombs had fallen, but from which few, if any, people had gone to rest centres, a considerable proportion of these people complained of symptoms which were undoubtedly anxiety effects. In about half of these cases the symptoms were somatic—including conversion hysterias while the rest consisted of general and specific anxiety neuroses and reactive depression. In some respects there is a more urgent necessity to make contact with such people whose homes, though badly damaged, are not entirely demolished and who frequently can be accommodated for a few nights with friends, or who manage to exist in such rooms as can temporarily be made weatherproof, since those admitting somatic symptoms do not necessarily realize any connection between their illness and the precipitating incident; while those whose shock is evident in more obvious psychological form are too ashamed of their weakness to consult a doctor, and instead take refuge in popular tonics from the chemist and absence from work, often to the extent of some weeks, on the grounds that they feel too tired.

These enquiries have shown that the problem which these people constitute is of an increasing magnitude and that where they are normally engaged on work of national importance, as is frequently the case in this area, facilities for psychological treatment require expansion.

Other enquiries of similar practical value have been undertaken into such matters as the psychological attitude to different types of shelter and the type of population resorting to each; the psychological effect of loss or diminution of normal recreations and sources of interest and security and other kindred subjects.

Since all these ventures have been undertaken in addition to the maintenance of the full function of Clinic and other psychological work there should remain little doubt, in spite of an opinion recently aired in an educational paper, that people with accredited psychological training and experience do not lack opportunity to contribute their mite towards the national effort and maintenance of civilian morale.