

MENTAL HEALTH OF THE CIVILIAN POPULATION EMERGENCY

REPORT ON THE WORK OF A
SUB-COMMITTEE OF THE MENTAL HEALTH
ADVISORY COMMITTEE

1965-1966



DIRECTORATE GENERAL OF HEALTH SERVICES
MINISTRY OF HEALTH & FAMILY PLANNING
NEW DELHI

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No. F. 16-6/66-MPT(C)
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY PLANNING
New Delhi, the 10th May, 1966.

To

The Director General of Health Services, (with two spare copies), New Delhi.

Subject.—Constitution of a Sub-Committee of the Mental Health Advisory Committee to consider matters relating to mental health of the Civilian population in emergency.

Sir,

With reference to your Memo. No. 12-2/66-MG, dated the 4th April, 1966, I am directed to say that in pursuance of a recommendation made in the second meeting of the Mental Health Advisory Committee held at Ranchi on the 8th November, 1965 under the Chairmanship of the Union Minister for Health, the Government of India are pleased to constitute a Sub-Committee consisting of the following to consider matters relating to mental health of the Civilian population in emergency :—

1. Dr. M. M. S. Siddhu, Member of Parliament, 17, North Avenue, New Delhi.
2. Lt. Col. S. S. Syalee, Psychiatrist, Psychiatric Wing, Military Hospital, Lucknow.
3. Dr. Vidya Sagar, Superintendent, Mental Hospital, Amritsar.
4. Dr. E. M. Hoch, Mental Health Adviser, Dte. G.H.S., New Delhi.

5. Dr. R. V. Shirvaikar, Superintendent, Central Mental Hospital, Yaravda, Poona
6. Col. Kirpal Singh, Adviser in Psychiatry, Military Hospital, Delhi Cantt.
7. Dr. J. S. Neki, Associate Prof. of Psychiatry, Medical College, Rohtak. Member-Secretary Convenor.

2. The terms of reference of the Sub-Committee will be as follows :—

“Mental Health of the civilian population under extraordinary stress and may also include such topics as : First aid in psychiatric emergencies, student indiscipline and group dynamics. The question of drawing up a syllabus for training and formulating instructions for dealing with critical situations, including first-aid in psychiatry, be also examined by the Sub-Committee.”

3. The Sub-Committee may meet as often as necessary and submit their recommendations to the Government of India, by the 15th June, 1966.

4. The grant of T.A. and D.A. to the non-official members will be regulated in accordance with the Ministry of Finance O.M. No. F. 6(26)-E IV/59, dated the 5th September, 1960, as amended from time to time. The official members will draw their T.A. & D.A. from the source from which their pay is drawn. The expenditure involved should be met from within the sanctioned budget grant of the Directorate General of Health Services for the year 1966-67. The Head of account to which the expenditure is debitible will be intimated separately.

Yours Faithfully,
Sd/- K. M. L. GUPTA, Under Secy.

No. F. 16-6/66-MPT(D)

Copy forwarded for information to :—

1. All members of the Sub-Committee as per addresses given under para. 1 above.

2. The A.G.C.R., New Delhi.
3. The Director General, Armed Forces Medical Service,
New Delhi.

It is requested that Lt. Col. Syalee and Lt. Col. Kirpal Singh may kindly be permitted to attend the meetings of the Sub-Committee as and when convened. The expenditure on their T.A. and D.A. for attending the meetings of the Sub-Committee may also be borne from the same source from which their pay is met.

4. The Secretary to the Government of Punjab, Medical and
Public Health Department, Chandigarh.

It is requested that Dr. Vidya Sagar and Dr. J. S. Neki may kindly be permitted to attend the meetings of the Sub-Committee as and when convened. The State Government may also kindly bear the expenditure on T.A. and D.A. of these officers for attending the meetings of the Sub-Committee.

5. The Secretary to the Government of Maharashtra, Urban
Development and Public Health Department, Sachivalaya, Bombay.

It is requested that Dr. R. V. Shirvaikar may kindly be permitted to attend the meetings of the Sub-Committee as and when convened. The State Government may also kindly bear the expenditure on his T.A. and D.A. for attending the meetings of the Sub-Committee.

Sd/- K. M. L. GUPTA, Under Secy.

Meeting of the Sub-Committee of the Mental Health Advisory Committee on 'Mental Health of the Civilian Population in Emergency' to be held at Amritsar Mental Hospital on 18th/19th August, 1966.

AGENDA

1. Election of Chairman.
2. Introduction by Convener.
3. Discussion of Report submitted by the Sub-Conveners—
 - (a) Civilian Mental Health under Extraordinary Stress.
 - (b) First Aid in Psychiatric Emergencies.
 - (c) Mental Hospital in the Zone of Action.
 - (d) Civilian Morale during War.
 - (e) Public Cooperation in Civil Defence
 - (f) Psychiatric Breakdown in the Zone of Action.
 - (g) Mental Health Problems during War.
 - (h) Mental Health Problems after a War.
 - (i) The Role of Aggression & the Problem of Discipline.
 - (j) The Refugee Problem.
4. Drawing up of recommendations.
5. Any other item with the permission of the Chair.

*Meeting of the Sub-Committee on "Mental Health of the
Civilian Population in Emergency" held in Amritsar on
18-19th August, 1966.*

Introductory remarks by convener—Dr. J. S. Neki.

In 1962, the Northern frontiers of our sacred motherland were outraged by the Chinese invasion. At that time, the Indian Psychiatric Society, the organization concerned with Mental Health problems, exhibited a keen concern over the preservation of civilian mental health and morale during the national emergency. It set up a sub-committee to discuss the role of Indian Psychiatrists for preserving public morale and mental health. The report was, later, published in the Indian Journal of Psychiatry in April 1964. Inter alia the report observed that "the Indian Psychiatric Society can be of vital assistance to the Government in matters appertaining to the maintenance of Mental Health of the Public, combating of subversive indoctrination and rumours, fighting of superstitions and prejudices, and in planning programmes for public education with regard to the role of the people during the National Emergency".

However, the emergency ended very soon after and the occasion to take action on the recommendations of this report happily passed off.

It is worth recording here that during the Chinese invasion, Dr. N. C. Bordoloi, Superintendent of the Mental Hospital Tezpur, set up an example of high morale and conscientious leadership by sticking to his post when all other officers had deserted the city of Tezpur. As a matter of due recognition of the high sense of duty exhibited by him, the government awarded him the Padam Shri.

In 1965, when the Pakistan Govt. forced on our people armed warfare, a great challenge to civilian mental health and morale was felt a second time since independence.

Certain problems in the field of mental health which could never have arisen during peace-time, began to cause tremendous concern. One example of such a problem is the question of evacuation of mental hospitals from the zone of action.

The upkeep of civilian morale at the home-front appeared as important as the upkeep of high morale among the armed forces. Certain problems that showed up on the psychological front included public superstitions, spread of rumours, parochial interests, and, in certain quarters, political dishonesty and apathy. Fortunately again, the emergency ended soon. However, the problems that it raised demanded serious rethinking.

In November 1965, when the second meeting of the Mental Health Advisory Committee of the Union Ministry of Health was held in Ranchi, the matter was taken up at official levels and the setting up of the present sub-committee was the outcome.

The Government of India *vide* letter No. F. 16-6/66-MPT(C), dated 10-5-66, then set up this sub-committee with the following terms of reference :

“Mental Health of the civilian population under extraordinary stress ; and (the deliberations) may also include such topics as : First Aid in Psychiatric Emergencies, Student indiscipline and group dynamics. The question of drawing up of a syllabus for training and formulating instructions for dealing with critical situations, including first-aid in psychiatry be also examined by the sub-committee.”

Certain precise topics were defined for facilitating deliberations (Appendix I).

A number of eminent workers from fields related to these topics were coopted, and each topic allotted to a sub-convenor (Appendix II)—other members being required to forward their

ideas and suggestions to the sub-conveners who in turn were to work-out consolidated reports incorporating their own views into them.

Certain aspects of the problem "CIVILIAN COOPERATION IN CIVIL DEFENCE" has found coverage in other topics. Certain others may be covered during our present deliberations.

One of our members, Lt. Col. S. S. Syalee has not been able to come to take part in these deliberations of this meeting since the Directorate General of Armed Forces Medical Services have permitted only one officer namely Col. Kirpal Singh to attend this meeting.

I am personally grateful to the various members who have taken much pains to shape the various sub-reports.

I am confident, the consideration of these reports soon to follow will lead to fruitful deliberations. I hope, the first draft of the report can be prepared during this session.

I thank you once again for your whole hearted cooperation.

APPENDIX I TO NO. I/3

List of topics to be covered by the Sub-committee on "Mental Health of the Civilian Population Under *Extraordinary Stress*"

1. *Civilian Mental Health Under Extraordinary Stress.*

Different types of extraordinary stress, War, famine, riots, flood, etc. Threat to mental health during such emergencies. General principles to meet such threats and prevent mental health catastrophies in civilian population.

2. *First Aid in Psychiatric Emergencies*

Recognizing a psychiatric emergency. Types of psychiatric emergency. First-aid methods. A syllabus in Psychiatric First-aid.

3. *Mental Hospital in the Zone of Action*

Problems relating to Morale of staff and patients; Number of Admission/Discharges; Evacuation etc.

4. *Civilian Morale During War*

Factors making for high/low morale. Suggestions particularly based on the experience gained during the conflict with China and with Pakistan.

5. *Public Cooperation in Civil Defence* : (not covered)

The role of Civil Defence and similar organisations in channelizing and coordinating human energies during emergency. Means to enlist public participation & cooperation in such activities.

6. *Psychiatric Breakdown in the Zone of Action*

Military and Civilian Breakdown in the Zone action. Problems of service at high altitude and sensory isolation during long flights. Combat neurosis.

7. *Mental Health Problems During War*

Emergence of new values, shift in social dynamics. Shifts in populations. Shifts in family dynamics. Prisoners of war.

8. *Mental Health Problems after a War*

Post-war depression. Shift in Social dynamics to prewar pattern. New adjustments. Post-war increase in mental health problems.

9. *The Role of Agression & the Problem of Discipline*

Pattern of aggression in adults & adolescents. Socially approved aggression. Unleashing of aggression during war.

Indiscipline as a form of aggression. Student indiscipline. Indiscipline in services.

Springs of discipline in a democratic regime.

10. *The Refugee Problems*

Forced migration of population. Refugees and war destitutes. Concentration camps. Morale and mental health of refugees and inmates of concentration camps.

APPENDIX II

List of Participants

I. Civilian Mental Health under extraordinary stress

1. Dr. J. S. Neki, Rohtak (Subconvener)
2. Dr. N. C. Surya, Bangalore (Coopted)
3. Dr. Ajita Chakraborty, Calcutta (Coopted)

II. First aid in Psychiatric emergencies

1. Col. Kirpal Singh, New Delhi (Subconvener)
2. Dr. R. V. Shirvaiker, Poona (Coopted)
3. Major R. B. Davis, Ranchi (Coopted)

III. The Mental Hospital in the zone of action

1. Dr. Vidya Sagar, Amritsar (Subconvener)
2. Dr. B. N. Khushu, Srinagar (Coopted)
3. Dr. N. C. Bardoloi, Tezpur (Coopted)
4. Dr. Baldev Kishore, Amritsar (Coopted)

IV. Civilian morale during war

1. Dr. E. M. Hoch, New Delhi (Subconvener)
2. Dr. J. S. Neki, Rohtak
3. Dr. K. Bhaskaran, Ranchi (Coopted)

V. Public Cooperation in Civil Defence

1. Dr. M. M. Sidhu, M.P. N. Delhi (Subconvener)
2. Lt. Col. S. S. Syalee, Lucknow.
3. Mr. G. G. Prabhu, New Delhi (Coopted)
4. An officer of Civil Defence Organization.

VI. Psychiatric breakdown in the zone of action

1. Col. Kirpal Singh (Subconvener)
2. Surgeon Cdr. T. B. D'Netto, Bombay (Coopted)
3. Wing Cdr. Lakshminarayanan, Bangalore (Coopted)
4. Dr. N. C. Bardoloi, Tezpur (Coopted)
5. Lt. Col. S. K. Jetley, Poona (Coopted)

VII. Mental Health problems during war

1. Dr. J. S. Neki, Rohtak (Subconvener)
2. Dr. E. M. Hoch, N. Delhi
3. Dr. M. M. Sidhu, M.P., N. Delhi
4. Prof. Kuppuswamy, N. Delhi (Coopted)
5. Mr. G. G. Prabhu, N. Delhi (Coopted)

VIII. Mental Health problem after a war

1. Dr. R. V. Shirvalkar, Poona (Subconvener)
2. Dr. Narayana Murthy, Bangalore (Coopted)
3. Prof. Kuppuswamy, N. Delhi (Coopted).

IX. The role of aggression & the problem of discipline with special reference to student indiscipline

1. Dr. Miss E. M. Hoch, N. Delhi (Subconvener)
2. Dr. J. C. Marfatia, Bombay (Coopted)
3. Mr. Bharat Raj, Ranchi (Coopted)

X. The refugee problem

1. Dr. Vidya Sagar, Amritsar (Subconvener)
2. Dr. B. N. Khushu, Srinagar (Coopted)
3. Dr. N. C. Bardoloi, Tezpur (Coopted)
4. Major R. B. Davis, Ranchi (Coopted)

CIVILIAN MENTAL HEALTH
UNDER EXTRAORDINARY STRESS

Dr. J. S. NEKI

“If men, working together, can solve the mysteries of the Universe, they can also solve the problems of human relations on the planet. Not only in Science, but now in all human relations, we must work together with free minds.”

—Prof. Henry de W. Smyth
(in War Deptt's report on the atomic bomb).

CIVILIAN MENTAL HEALTH UNDER EXTRAORDINARY STRESS

Item No. 1 of the Sub-Committee on "Mental Health of the Civilian Population under Extraordinary Stress"

Convener : Dr. J. S. Neki, Associate Professor of Psychiatry, Medical College, Rohtak.

What is Stress ?

Originally a concept of physical sciences, STRESS has come to acquire common usage in the biological and human sciences. The word, probably derived from 'distress' is employed generally for any kind of hardship, burden, pressure or compulsion inflicted on a person or persons. A stress, characteristically produces a state of tension in the individual or the group concerned.

'Stress' denotes a state in which the vital organismic functioning of the individual or the group is threatened. It involves a sufficiently potent danger to psychological or physical well-being so as to necessitate extraordinary measures for the maintenance of organised behaviour or, if these fail, it may lead to disorganised behaviour or emotional disturbance.

The word, however, is used loosely in the common language in several different senses : 'The stress of modern living', for example means the sum total of irksome obligations, duties and social conventions along with any other worry-generating, conflict-producing, anxiety-giving or frustration-creating conditions of life. Psychological stress is generally produced by a conflict of incentives or of basic drives to which the individual is compelled to adapt. A threat to self-esteem or security-personal communal or national-often constitutes a condition of psychic stress.

Mental stress may be chronic as for example in unhappy human relationships or long-standing conflicts over religious or racial beliefs or it may be acute as the stress of an examination or a bereavement.

Stress may be experienced at the conscious level, or it may be unconscious and known only by its after-effects. Thus an individual may, without being aware of it, push oneself beyond the limits of endurance. Thus one may impose upon oneself a burden from which it may become difficult to recover.

Physical stress, emotional stress, social stress and similar phrases denote different loci of threat to organismic well-being.

In psychological parlance, the term 'Stress' is commonly applied to the stimulus or the condition acting upon the organism. However, it should more properly be used to describe a total state which includes the stimulus-aspects, the motivation and values of the person concerned as also the responses made by him. Application of the word stress in the fields of psychology, psychiatry and mental health is rather recent and dates back perhaps to the end of the second World War. Experimental work on animals—especially that on experimental neurosis, and the study of physiological response-patterns to physiological stressors—seems to have stimulated the growth of the concept. Also, perhaps, the great upheavals in personal living and the stresses which came to many people in civilian as well as military life as a consequence of war made for the further semantic evolution of the term.

Ordinary life is full of ordinary stresses. Whether acute or chronic, these stresses generally have more restricted loci and involve either individuals or groups in conflict or frustration. Extraordinary stresses which have relatively unrestricted loci, involve large sectors of populations at one sweep and inflict extraordinary strains upon them.

The word 'tension' or 'anxiety' may be considered the psychological equivalent of the term 'stress' taken at the biological level. Likewise, the words 'challenge' and 'crisis' represent at the psychological level what the word 'stressor' denotes at the biological level. Many psychosocial factors are known to be stressors: bereavement, financial loss, injury to reputation, and the like are well known stressors of ordinary life.

During natural calamities like flood and famine, or epidemic and earthquake, and social calamities like riots and war, large groups of people are exposed to extra-ordinary stress. War—particularly a modern war—is perhaps the most formidable stressor to which humanity has been exposed and by which humanity still stands threatened more formidably than ever before.

Any stressful situation, ordinary or extra-ordinary, makes the individual or groups try new responses. These "stress-reactions" are of three types : defensive, adaptive, or disorganised. If stress is intensive and long-lived and if the adaptive mechanisms of the individual or group concerned are weak or their capacity is exceeded, disturbed behaviour is likely to result. Under other conditions, stress is likely to lead to more effective functioning.

Stress and Mental Health :

Is stress a major factor in the causation of mental disease ? This question is difficult to answer categorically. One way of looking for an answer is to probe for the presence of casually related stressors in the life-histories of severely disturbed psychiatric patients. However, there is little substantial evidence that psychiatric patients in general have more traumatic histories. On the contrary, any persons who have had stressful lives, have remained mentally health. There is also evidence that often the occurrence of an acute stress has pulled a patient out of his mental ailment.

However, under extreme stress of combat or disaster, many have required psychiatric treatment—although it is true that others with the same experience have not. Perhaps breakdown occurs more commonly where combat or disaster-stress is coupled with pre-existing personality weaknesses as borne out by the studies of Grinker and Spiegel.* Therefore, the early history of stress-adaptation and the resulting level of ego-competence should be of considerable importance for understanding subsequent stress-resistance and mental health. However, it is well known that calamities reveal facts which in normal times escape attention. The last great war brought to acute focus an awareness of the high incidence of mental and emotional disorders in the western countries. It is believed that the war added to the more or less constant group of incipient or overt psychotics and neurotics, another set of people who broke down as a direct result of their experience of war. The effects of long-separation on men and their wives and families have been witnessed on a mass scale. The upsurge of delinquent trends among war-time adolescents is another well-known fact. The turmoil of veteran-civilian adjustment and the problems of psychiatric rehabilitation of the disabled veterans are also among the pangs of war—though they do not swell the figures of mental hospital statistics. war does not only mutilate physically, it can also maim the minds.

Civilian morale and mental health are also exposed to tremendous stress during a war, and attention to them is a community responsibility. During war aggression finds a social approval. This might, if the aggression not properly channelised against the enemy, also lit up in group conflicts and thus undermine the social organisation of the group. So, during the extraordinary stress of war one potential danger arises from the unleashing of previously sublimated or inhibited urges.

Calamities like war bring with them physical privations, family separations, population migrations and occupational shifts and

*Grinker, Roy P. & Spiegel, John P.
Men Under Stress.
McGraw Hill. London New York.

necessitate a hundred other adjustments. A failure of adjustment at any level may undermine individual or societal health or lower public morale.

Every 'threat' leads to arousal of energy as well as anxiety. Excessive arousal leads to panic and, on a mass-scale to stampede—phenomena which have been witnessed now and then.

In fact, every calamity is a threat not only to physical existence but also to mental integration. But this threat is pregnant with opportunity—of heroism, of sacrifice, of solidarity in suffering. Whether the threat undermines the individual and social well-being or whether it enables them to act beyond their ordinary selves depends very much on the state of preparedness in which it finds them.

Prevention of Civilian Breakdown :

In order to prevent breakdown of mental health and morale during an acute catastrophe mental and social health need to be built during normal times. This is a matter of constant vigilance, of continuing effort. In this country, however, it has been much neglected partly on account of the magnitude of its challenge to our mental and material resources. "Those who are concerned with mental health will have to deal with ignorance, superstition, unhealthy cultural patterns, as well as with social conditions which foster the development of neuroses and maladjustments. Family living and a sound system of education are of basic importance. Attention must also be given to the development of philosophy of life, and a society which will make for health and stability." This is how Rennie and Woodward enunciate the task.*

There is thus the need for a vigorous programme of public education in the principles and dynamics of individual and society of emotional well-being and happiness.

*Rennie, T. A. C. & Woodward, L. E.
Mental Health in Modern Society,
New York. The Commonwealth Pound. (1948)

It is true that the factors that threaten mental health are more difficult to isolate in peace-time than during war it is also true that the stresses of ordinary civilian life are not as acute as those to which the armed forces are exposed ; yet it may be possible to extend to our population as a whole an orientation in mental hygiene similar to that which need be provided to men and officers in the army. Of course, there are differences. While in the army, a man's interest in himself and his immediate unit stands out all the time and occupies his energies throughout, in civilian life other criss-cross inter-personal relations and influences involve the various roles of people as workers, parents, mates, union-members and citizens. As a result, the task of educating the civil population in the mental hygiene of everyday living is more complex. Even more complex would the task of educating them in mental hygiene of a war-time orientation particularly when our pacifistic values contradict such an approach.

Nonetheless, so long as conflicts and calamities continue to befall human societies, being mentally prepared for the suffering unleashed by them and being forearmed to meet the acute demands made by them on human endurance goes a long way to prevent individuals and groups from breaking down.

Public education in mental health and hygiene is thus of paramount importance. In its promotive and preventive aspects, mental hygiene education should :

1. provide an understanding of the concept of "healthy-mindedness" as it evolves through the various stages of life.
2. provide a knowledge of danger-signs that threaten mental health and human happiness.
3. develop a broad understanding of what can be done to prevent psychological liabilities from becoming various impediments to health.
4. bring about an appreciation of the stabilising influence of family life, more particularly happy relations during childhood.

5. develop a fuller recognition of the steadying effect of satisfying work and economic security—bringing out particularly the threat to mental health that lies in neglecting the ethics of a job.
6. acquaint the public with the available psychiatric and other mental health aids.
7. awaken the physician, the nurse, the social worker, the teacher, and other professional persons to their respective roles in the field of mental health.
8. delineate the direction of social change required for creating a healthier society—bringing out in relief the next stage to be taken by citizens.
9. prepare the people for the exceptionally excessive demands that natural or social calamities may make on their endurance.

Steps during an Emergency:

An emergency state is a state of extraordinary stress, a state of fundamental threat to existence. Hence it generates tremendous amount of anxiety. Anxiety, initially, unleashes energy—it is an arousal reaction. It is, therefore, essential to channelise aroused energies, into constructive and useful avenues of action, otherwise they can easily turn into panic, indiscipline, confusion, frustration demoralisation and disorderly behaviour.

We may briefly indicate factors that make for order, good mental health and high morale in a situation of emergency.

The first important factor is **RIGHT KNOWLEDGE**. This includes on the positive side a right knowledge of the ends and aims, a judicious knowledge of events, and a proper knowledge of means and on the negative side, combating rumours and other distortions of factual information. Instructions may be worked out beforehand for meeting such emergencies as can be foreseen. It is even more important to foster the confidence to face even

the unforeseen which entails the use of one's nascent insight, reason and resourcefulness rather than an obedient carrying out of ready-made instructions.

The second important factor is **RIGHT CHANNELS OF ACTION**. A state of emergency may arouse surplus energies which can get accumulated during a time of inaction. These must be channelized into disciplined discharge — even if the activity is not directly connected with the threatening situation (like drill and exercise in the army off the battle ground). Such activities as Civil defence home-guards and work in refugee camps are directly related to the threatening condition but work in the forms and factories which strengthens the 'home-fronts' also provide legitimate and no less useful outlet to public enthusiasm and energy 'JAI JAWAN JAI KISAN' epitomises the spirit of this statement.

The third important factor is **RIGHT LEADERSHIP** with means a competent and effective leadership, that can stand unruffled even during trying conditions; that which is quick in taking action, inspires faith among the people and leads them to constructive activity through this faith.

A fuller discussion of these factors will follow in the succeeding papers.

ACKNOWLEDGEMENTS

I acknowledge the contribution by Dr. Miss E. M. Hoch M. D. whose 'Notes for a talk on Mental Health in Emergency' provided material for the concluding part of this article.

MEMORANDUM ON FIRST AID IN PSYCHIATRIC EMERGENCIES

by

Colonel KIRPAL SINGH M.B.B.S. (Madras), DPM (Eng)
M.Sc. (Harvard), F.A.P.A. Senior Adviser in Psychiatry Research and Development Organisation,
Ministry of Defence.

&

Member W. H. O. Expert Advisory Panel on Mental Health.

1. The word 'Emergency' means a sudden juncture demanding immediate attention or a sudden or unexpected event or a pressing necessity. It is difficult to give a precise definition of a psychiatric emergency, since psychiatry infiltrates all branches of medicine, and in that sense, all emergencies met with in medical practice may be held to be psychiatric emergencies at least in part. But for the purpose of this memorandum, the term psychiatric emergency may be defined as follows :—

A psychiatric condition—symptom complex of disease— which threatens life or future well-being of the patient or his attendants and calls for urgent and effective treatment. It should also include any psychiatric condition which threatens damage to property or renders the patient a danger or a nuisance to the public.

2. A psychiatric emergency, besides exposing the patient to the risk of coming to harm by his own actions, for which he may not be fully responsible, is usually a source of anguish to his family and a nuisance to his neighbours. In many such cases, those close to the patient are liable to be misunderstood by

him and may even be assaulted. When destructive tendencies are present, he may attempt to destroy his own property or the property of others. It is, therefore, clear that an immediate action is called for in such cases, both in the interest of the patient himself as well as in the interest of his relatives and the community in general. This can be done only if people who are called upon to help in these cases are aware of the nature of such emergencies and know how to manage them.

3. Some of the psychiatric emergencies are listed below :—

- (a) Acute excitement, aggressive and violent behaviour. The patient may be noisy, boisterous and abusive or may assault people without any provocation. The conditions in which such states may occur are :—
 - (i) Acute mania—a phase of Manic Depressive psychosis.
 - (ii) Schizophrenic excitement
 - (iii) Delirium Tremens
 - (iv) Delirious states in organic psychosis
 - (v) Paranoid states including paranoid schizophrenia, paranoid reaction due to organic causes and transient paranoid episodes associated with hypoxia such as that found at high altitude.
 - (vi) Psychopathic states with catathymic episodes.
- (b) Depressive states associated with marked suicidal tendencies.

These states may be due to .—

- (i) Depressive phase of Manic Depressive Psychosis
- (ii) Neurotic Depressive Reaction
- (iii) Involutional depression
- (iv) Prolonged use of drugs like reserpine

- (v) During convalescence from a virus infection like influenza.
- (c) Refusal of food and drink, endangering the patient's life.

This may occur in .—

- (i) Depressive states
 - (ii) Manic phase of Manic Depressive Psychosis
 - (iii) Catatonic stupor (schizophrenic)
 - (iv) Anorexia Nervosa
 - (v) Hysterical Reaction
- (d) Crisis situations such as those associated with the loss of a love object, e.g. bereavement.

4. *Management*

As a doctor is not always readily available, it becomes necessary that training in first aid in such emergencies should be given to all those who are being trained in first aid procedures by organisations such as St. John's Ambulance. First Aid procedures in psychiatric emergencies by Dr. R. V. Shirvaiker Appendix A.

General practitioners should also be trained in the management of psychiatric emergencies, because the public will not excuse a family doctor for his lack of proficiency in handling such cases and his reputation will go down abruptly if he is unable to deal with such an emergency with confidence.

The management of each of the above emergencies will now be described briefly under two headings viz :

- (a) First aid by lay people.
- (b) Treatment by general practitioner.

5. Management of various psychiatric emergencies :—
Acute excitement and aggressive behaviour.

(a) *First Aid*

- (i) The family should be reassured.
- (ii) The patient will first require to be restrained. But to be able to do so, one requires presence of mind, self confidence and ability to improvise. It is no use approaching such patients single-handed. One should have four or five able bodied assistants. It is better to have too many rather than too few assistants. The help of the police may be enlisted. The assistants should be told what they are expected to do.
- (iii) It might be useful to throw a bucket of water or gush of water through a low pressure hose over the patient or throw a blanket over him. One assistant should aim at holding each limb, in order to control the patient.
- (iv) His hands and feet may now be tied in the manner explained in Appendix 'A'.
- (v) A doctor should be sent for or the patient taken to the nearest hospital.

(b) *Management by the medical practitioner*

- (i) A reliable history should be obtained from a relative or a friend. If necessary, this could be done in the doctor's car.
- (ii) However bizarre and confused the situation, the doctor should create the impression that he knows what to do
- (iii) A complete physical examination should be done to exclude organic causes. If the patient has already been restrained this may not be too difficult. If he has

not been restrained, he should be laid down on the floor with face downward and held down by two or more assistants. An intramuscular injection of an injectable sedative should then be given. If necessary, this may be given through the clothes. A 4¹ needle is very useful for this purpose. Chlorpromazine hydrochloride 50 to 100 mgm or Paraldehyde 8 to 10 ml may be given intramuscularly for this purpose.

- (iv) The patient should then be removed to the psychiatric department of a general hospital or to a mental hospital or consultation with a practicing psychiatrist arranged immediately.
- (v) The medication given should be recorded in a note, where detailed history should also be given. It should then be sent to the hospital concerned.

Depressive States

(a) *First Aid*

- (i) All cases of depressive states should be considered as potentially suicidal and precautions against such attempts rigorously enforced.
- (ii) The patient should be watched constantly and should not be allowed out of sight even for a moment.
- (iii) All articles which may be used for harming himself e.g. razor blade, knives, glass, rope, match box, drugs, should be taken away from him.
- (iv) If a patient has already made a suicidal attempt, the first aid will depend on the method employed for the attempt, e.g. drowning, hanging, causing injuries with sharp instruments, setting fire to oneself, poisoning etc. Artificial respiration, control of bleeding, sterile dressing and treatment of shock and promoting vomiting may be used whenever applicable.

- (v) The patient should be taken to hospital. This step will be required immediately in case of an unsuccessful suicidal attempt. If a doctor is available in the vicinity, he should be called.

(b) *Management by medical practitioner.*

- (i) It should be remembered that suicide risk is greater in cases of agitated depression and it is more when the patient is recovering from a depressive reaction. A majority of suicides are attempted early in the morning.
- (ii) Owing to the suicidal risk, the safe procedure will be to treat all such patients in an institution or a hospital.
- (iii) If this is not practicable, it should be ensured that the patient is watched carefully around the clock.
- (iv) In cases where the patient has had no sleep for more than one night, a dose of a barbiturate like Amylobarbitone gr 3 may be given.
- (v) Antidepressant agents like Imipramine hydrochloride or Tofranil, are effective remedies, but take several days to act. In urgent cases it is therefore necessary to give electro-convulsive treatment. This should be given by a qualified psychiatrist, who should always be consulted, if the patient has not been admitted to hospital.
- (vi) If a suicide attempt has already been made, the patient should be removed immediately to the emergency clinic of the nearest hospital for appropriate treatment.

Refusal of food or drink

(a) *First Aid*

- (i) Attempts should be made to feed the patient by persuasion.

- (ii) Administration of fluids is extremely important, especially in hot weather.
- (iii) A doctor should be sent for.

(b) *Management by medical practitioner*

- (i) A careful history should be taken and systemic examination made to determine the cause.
- (ii) If refusal of food is due to a psychotic reaction, a psychiatrist should be consulted or the patient admitted to a hospital.
- (iii) If it is due to anorexia nervosa, the treatment cannot be successful in the home environment; the patient should therefore be admitted to a hospital under the care of a psychiatrist.
- (iv) If signs of dehydration are present, administration of fluids intravenously or through nasal drip will be absolutely necessary.
- (v) If the cause of refusal of food or drink is a hysterical reaction, removal of visitors and a firm but sympathetic handling may meet the situation. Psychiatric consultation should be arranged later.

Crisis Situation

First Aid

Encourage the patient to do the grief work by dwelling upon the image of the deceased and by talking about him.

(b) *Management by medical practitioner*

- Frequent contacts, if necessary by telephone.
- (ii) If there is no grieving or if the mourning reaction continues for more than 4 to 6 weeks, a psychiatric consultation should be arranged.
- (iii) Indiscriminate use of tranquilisers should be avoided.

Future Planning

It is recommended that:

- (a) First aid in psychiatric emergencies should be included in the syllabi of all first aid courses.
- (b) Panel discussions and symposia should be arranged in all districts on this subject for orientation of general practitioners.
- (c) All large hospitals should have a psychiatrist on call.
- (d) In large centres, psychiatric emergency clinics should be provided, the telephone number of which should be listed on the front page of the telephone directory.
- (e) Emergency arrangements for resuscitation and treatment of cases of poisoning should be available in such clinics as well as in the casualty departments of all hospitals.
- (f) All cases of attempted suicide should be seen by a psychiatrist after they have had the necessary emergency treatment.
- (g) Indian Psychiatric Society should arrange a multi-disciplinary symposium on the problem of suicidal poisoning in which anaesthiologists, toxicologists, pharmacologists, physicians, forensic medicine specialists, psychologists and psychiatrists should participate. We may then be able to determine the common patterns of suicidal poisoning in this country. The information could then be publicised.

Note : Suggestions under (d) and (g) above were received from Dr. R. B. Davis.

Acknowledgements

I am thankful to Dr. R. B. Davis for his valuable suggestions given above and to Dr. R. V. Shrivaiakar for his note on first aid to the mentally ill, which is reproduced as No. II/3, incorporating modifications suggested by the Sub-Committee.

FIRST AID TO MENTALLY ILL.

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Psychiatric emergencies are common; yet very little first aid is given to such patients. Generally, violent or boisterous patients are left to themselves till they are handed over to the police, and are seldom taken to a doctor. Moreover, an actually disturbed mental patient is likely to suffer at the hands of ignorant and unsympathetic persons in the street, if left to wander about.

So, knowledge of the common psychiatric emergencies and first aid techniques would be of great help not only to the patient, but also to society, which sometimes suffers because of the dangerous and destructive activities of such persons.

1. Common Types of Psychiatric Emergencies.

1. Acute Psychotic Excitement.

Acute behaviour disorder found in severe mental illness or psychosis is very common in young adults and the middle-aged. It generally starts with insomnia, restlessness and talkativeness. The persons are excited, boisterous, destructive and sometimes violent, especially if intercepted. They can be dangerous, if highly excited. They generally either ignore or refuse food and drink and tend to wander away from home.

Management.—Nowadays psychiatrists and even general practitioners have at their disposal powerful drugs that can calm

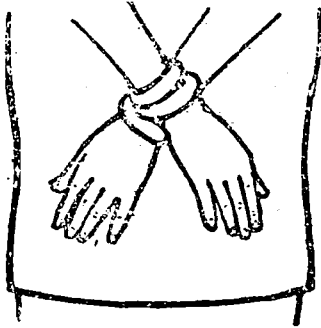
excitement quickly and that can therefore act as "chemical restraint". Until a doctor arrives on the scene, however, those present may have to use force to control the patient. In recognition of this possibility of an emergency situation, the following instructions also include methods of physical restraint. It is, however, desirable that, as far as possible, calm persuasion and a gentle approach should be applied; any forceful means of controlling the patient should only be utilized as a last resort, if they are absolutely necessary to prevent the patient from causing harm to himself and to others or damage or property.

First of all, attempts should be made to persuade the patient to come to a quiet and secluded place or a room where there is not much breakable material, and an attempt should be made to keep him engaged in a pleasant conversation on topics of his own choice. Care should be taken to see that his point of view is not argued against or challenged. He should also be persuaded to take food and drink. He should then be persuaded to come to a doctor or a hospital.

If, however, in the meantime he becomes aggressive and unmanageable, then a well dressed or well built person with a stance and tone of authority, but a friendly approach, might be able to get the cooperation of the patient, by giving him stern, but not threatening commands. If this fails, the person will have to be physically controlled with the help of at least 2 male adults. (Occasionally, female patients also may have to be controlled in this manner; then, of course, it would be preferable that women should deal with them as far as possible.

The first attempt should be to catch the wrists of the patient, one wrist by one person, from the respective side, and then to force the patient to sit down on a cot in between the two helpers, until medical help arrives or an ambulance or a closed vehicle is brought to take the patient to a doctor or a hospital. If, how-

ever, the patient is too strong and cannot be managed in this fashion, then both the wrists should be tied separately, first, each with a piece of long cloth rolled into a band or a thick tape or cord (care should be taken place cotton wool or a piece of soft cloth between the rope and the wrist to avoid abrasions of skin). The two wrists should then be tied together. The person should then



be taken to a doctor or a hospital, If it is apprehended that the person may start kicking, both his legs may also be held and tied together, again with the same material as detailed above. The hands should be tied together in front. The person should then be lifted and placed on a stretcher and taken to the doctor or a hospital. Care should be taken to see that the person does not fall out from the stretcher.



If taking the patient to a doctor or hospital is not possible, then he should be kept in the house on a bed and the doctor or police informed as the case may be. (Police should be informed, if the person is dangerous to himself or others and is unmanageable so that he can be apprehended under Section 13 of Indian Lunacy Act, 1912, and subsequently produced before the Judicial Magistrate, or commitment to a Mental Hospital).

Sometimes a violent patient may be too strong or wild to be managed by two persons. In such cases, four or more persons should be called in. Each of the four persons should first decide and then approach each of his four limbs and catch each limb with both the hands, thus precluding his committing any serious mischief. The hands and legs should then be tied up in

the same manner as already described. If he has some weapon in his hands, then two persons should take a blanket or thick "chaddar" and advance with the blanket spread out between them, each corner held by one hand. These two persons should then rush to the patient and envelope him in the blanket by closing in on either side. Alternatively, a bucketful of water may be thrown on the patient's face, so as to stun him momentarily. The other two persons should then secure the arms and legs. The person thus secured can then be tied in the manner already described.

Once this is done, the person should be kept on a bed awaiting treatment by a doctor or removal by police. Attempts should be made to feed him with sweetened milk and water by a feeding cup or a tablespoon. If he tries to fall out of the bed, he should be held down to the bed by means of pressure on the shoulders and legs. A blanket may also be used for the same purpose by covering his whole body with it and pressing it down pulling the sides under the bed and fastening them there. The head must remain free.

2. *Suicidal Patients:*

These patients generally do not give any *warning of their suicidal attempts* and so must be recognised by other *signs* they may show of such a tendency. Such a patient will present either of the following two pictures:

- The person will be sitting aloof with head bent down and a careworn and sad expression on his face. He may express ideas of gloom and disaster and occasionally may say "Life is not worth living". He generally refuses food, because he feels he does not deserve any.
- (ii) The person may be restless, agitated, tearful or crying and wringing his hands. He may also express ideas of having committed a sin or crime and may even say he deserves punishment or that he should die for the same.

The commonest methods of suicidal attempts are :

1. hanging with a rope or piece of cloth or garment.
2. jumping out of a window or from a high place.
3. ingestion of poisonous material.
4. burning oneself with kerosene oil.
5. cutting one's throat or wrist with a razor blade or knife.
6. lying in front of a running vehicle.
7. jumping into water (wells) or other methods of drowning.
8. taking a heavy dose of a sleeping drug or tranquilizer.
9. electrocution by catching hold of live electric wires.
10. killing oneself with a fire-arm.

So the following *precautions* should be taken to *prevent suicidal attempts* :

1. Close and continuous watch, especially at night time.
2. The person should not be left alone, especially in the bath-room, where such attempts are often made. He should not be allowed to bolt or lock the bath-room door from inside.
3. No articles like ropes, wires, dhoties, sarees, bedsheets, poisonous materials, (including drugs), sharp instruments, guns, pistols, match-boxes and incendiary materials should be left in his vicinity.
4. The patient should be kept on the ground-floor. All the windows and doors should be secured.
5. Steps should be immediately taken, either to get his treated by a doctor or to admit him in a hospital with the help of police under Section 13 of Indian Lunacy Act.

6. He should be put to sleep, especially at night, by calling a doctor to give an injection, if necessary.
7. Food and drink in an acceptable form should be offered to him at regular intervals.

Rescue and first aid to persons caught in the midst of a suicidal attempt :

The precautions and first-aid treatment of a suicidal attempt will be the same as detailed in the first aid to injured under the respective headings, e.g. hanging and strangulation; poisoning; injury to head or bones due to a fall; burning; bleeding due to cuts, drowning and electric shock.

3. Acute nervous breakdown.

Such an emergency is likely to occur particularly in frightening situations, e.g. riots or calamities in which there is an accident with injuries or even deaths, e.g. after air attacks during a war or after earthquakes or sudden floods. It may occur in nervous individuals when they are under great stress, e.g. during examinations.

During an air-raid or any other situation of disaster, some persons, generally women and children, show extreme fear amounting to panic. They shriek or run around desperately in an attempt to avoid danger. Sometimes they may show a different picture: of muteness and collapse (shock) due to fright, in which they would appear dazed, pale, weak, trembling, sweating and passing urine frequently.

Treatment : Such persons should be first of all removed from the scene and taken to a quiet place, where they should be made to relax, lie down, be comforted and reassured. They should be kept warm and given a stimulating drink of hot tea or coffee or even 2-3 teaspoons of wine in a cupful of warm water.

They should then be taken to a doctor for treatment with sedatives. Some of the hysterical patients who keep screaming in spite of all the attempts mentioned above, might have to be handled firmly, so as to bring them round. This, however,

should not be done to children, who will have to be embraced and comforted by patting them on the back and speaking gently and reassuringly for as long a time as possible until a doctor sees them. Efforts should be made to take the children to their parents or relatives as early as possible.

II. *General Instructions for Management of Mental Disorders.*

1. First of all, regard mental disorder with the same sympathy as given to physical disorder.
2. Be patient and tolerant with a mentally deranged person and show your friendliness towards him explicitly. Remember he does not know what he is doing.
3. Be confident and firm while facing the mentally ill. Do not show fear under any circumstances.
4. Be tactful and persuasive in giving directions to such a person. Keep the tone gentle and level.
5. Do not argue with such a person. It would be wiser to agree with him rather than to argue, when he is excited.
6. Keep him under close observation until he is properly treated or removed to a hospital.
7. Do not allow him to get out of sight or out into the street. He might even have to be locked in a room, if necessary.
8. Do not give him access to weapons, dangerous materials like match-boxes, chemicals including drugs, sharp instruments, heavy article etc.
9. Supervise his cleanliness and nourishment. Give him plenty of fluids to drink.
10. Persuade him to pass urine periodically as otherwise he tends to retain urine.
11. Persuade him to see a doctor, even if he does not agree to it.

“THE MENTAL HOSPITAL IN THE ZONE OF ACTION”

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It would be worthwhile describing the condition of Punjab Mental Hospital, Amritsar, located 17 miles from the front line during the Indo-Pak war of September, 1965.

Since our Armed Forces were on the offensive, the land battle kept raging in Pakistan territory and the enemy bombers did not hit the city area till the last day of battle. As A. A. Gunner Subedar Raju had brought down half a dozen enemy planes in as many days, the moral of the population was high.

There was some consternation in the staff of the mental hospital on the day of opening of hostilities and a few of the staff took their families across the river Beas and returned by the evening or the next morning. Almost all the men and women staff stayed at their post of duty.

The in-patients were not perturbed in any way and were getting their food and other necessities regularly. The outpatients' camp was completely evacuated and the tents were removed, lest enemy air-craft might consider the hospital to be a military camp. A few out-patients who remained behind stayed in the outpatients' wards.

Outpatient attendance was greatly thinned, as only the local patients kept coming. No acute civilian psychiatric casualties were brought to the Hospital during war days, nor were military casualties sent to us. The services of the doctors of this hospital were not requisitioned anywhere else nor were the specialists consulted for psychological build-up of the morale of the local population, chiefly because their morale was quite high already.

The problems relating to the mental hospital in the zone of action are the following:—

1. Is the mental hospital to be evacuated ?
2. Staffing of the hospital;
3. Supplies of food, medicines, clothing, bedding and misc. necessities.
4. The out-patient service;
5. The administrative problems.

1. *IS THE MENTAL HOSPITAL TO BE EVACUATED*

A Mental Hospital of 500 inmates or more is so a complex an institution that it can only be evacuated to a big place. I, therefore, think that the acutely ill and the convalescent patients only should be evacuated to a school building in the rear areas.

Mental Hospitals are usually placed on the outskirts of towns and the residential wards are surrounded by big lawns. The air-raid defence precautions of moving to the trenches need not be enforced with the chronic mentally ill, as they cannot keep themselves clothed and look after themselves adequately.

The families of the staff will have to be evacuated, and in the event of the locality falling into the hands of the enemy, absolutely minimum staff (medical and para-medical) will have to be left behind, preferably volunteers and single persons.

2. *STAFFING OF THE HOSPITAL*

The very experienced and the young members of the technical staff may be required by the fighting forces or by the civilian authorities for working in General Hospitals and, therefore, a Mental Hospital may have to be run with the help of senior Medical Students and Dispensers who would need in-service training, which would not be difficult. It would not be possible to have private practitioners in the Mental Hospital for want of their availability, or if available, they would not be interested in this type of work.

The ancillary staff, a part of which might be new recruits would likewise need in-service training.

Above all, the staff would be expected to work hard and for long hours in the spirit of the need of a period of stress and shortages.

3. *SUPPLIES*

Supplies would be a big problem, and some of these may not be available in sufficient quantity in the local markets. Apart from utmost economy in expenditure, items like medicines must be stock-piled in each Mental Hospital as a reserve for emergency. The Central Government may accumulate a reserve stock of essential medicines for 6 months, for the purpose of emergency periods out of special grants from the Centre. This can be used during the following year and the annual budget allotment for that year would be used for replacing this reserve.

A small sub-group may be asked to give a list of absolutely essential medicines for use as an Emergency stock-pile and to give detailed instructions regarding their use, for publication in local medical journals. Stock-piling of such items as mattresses, quilts, blankets, bed-sheets and patients' clothing would be necessary too for an additional 50 per cent of the actual strength of inmates. Over-crowding shall have to be put up with as best as possible.

The supply of articles of food will have to be arranged with the help of the local civil authorities. But it would be advisable to have a stock of dried milk.

4. *THE OUTPATIENT SERVICE*

The out-patient service of the Mental Hospital should be made available all the twenty-four hours at the hospital itself, where the medical officer on duty should attend to the patients, the disturbed and the very ill persons should be detained in the out-patient wards within the hospital, if the family is willing to take care of the patient, or admitted for a few days in anticipation of

sanction of the appropriate authority. The hospital ambulance or bus could be sent to bring difficult patients to the hospital, but provision of mobile service would not be possible.

In view of our experience during the short Indo-Pak war, when very few actually disturbed patients were brought to the Amritsar Mental Hospital out-patient service, I recommend that the education of the Central Practitioner and of the hospital medical officers in Psychiatric disease, which they did not have during their undergraduate training period, be started at an early date. A beginning can be made by getting lecture notes of the Refresher Courses in Psychiatry organised by the Indian Medical Association in New Delhi published in book form and requesting the editor of all non-specialist medical Journals to publish the same, chapter by chapter.

For those families who do not like to leave their wards to the care of hospital authorities, out-patient ward accommodation of a very elementary kind can be organized in each Mental Hospital. As a hospital, the Mental Hospital shall have to organise a well-equipped and staffed First-aid post, not for the injured, but for the seriously ill as well.

5. THE ADMINISTRATIVE PROBLEMS

The full authority of administration of the Mental Hospital in the Zone of Action during the period of hostilities be delegated to the Medical Superintendent of the hospital, in respect of purchases of supplies, leave, new recruitment of all categories of staff. For additional grant for the hospital, he would have direct approach to the Deputy Commissioner who represents the State Government on such occasions. He shall keep the State Health Department informed about important events, by sending to them a copy of all his orders. He shall of course maintain close contact with the other concerned departments, particularly the civil supplies, the medical and health, police and the P.W.D. departments.

Admission to the mental hospital would be facilitated by taking in the seriously ill and disturbed patients in anticipation of the permission of the legally competent authority after completion of all documents. The said authority shall visit the hospital every week to write the required orders after seeing the patients.

The patient would likewise be discharged by the Medical Superintendent in the presence of at least one member of the Visitors' Committee, instead of three, as required by the Indian Lunacy Act, or the Government may appoint substitute members, so that it may not be difficult to get the minimum number of three, as required by law.

SUMMARY

1. A brief description of the work situation at the Mental Hospital Amritsar during the Indo-Pak War is given.

The problems of Medical Hospitals in the Zone of Action are considered under the following sub-headings:

- (a) Desirability or otherwise of evacuation of Mental Hospitals;
- (b) Staffing of the hospital.
- (c) Supplies for the hospital.
- (d) The outpatient service.
- (e) The administrative problems.

THE MENTAL HOSPITAL IN THE ZONE OF ACTION

BY

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Mental Hospital, Amritsar is situated at a distance of 20 miles from the Indo-Pak border and 2 miles from the city of Amritsar between the two roads that lead to the aerdrome and to Dera Baba Nanak. Thus from the point of view of war the hospital is located near certain strategic positions. This hospital has a wide spread area and sprawl wing buildings with many canvas tents to house outpatients, with the result that, from the air or to a raiding enemy aircraft. This place may look like an army or para-army establishment, making it vulnerable to air raids. The population of the mental hospital consists of the following:—

- (a) *INDOOR PATIENTS*.—1150 in number of which 700 are males and 450 females.
- (b) *OUTPATIENTS*.—Community participation programme in treatment which consists of
 - (i) *OUTPATIENT CAMPS*.—approximately 50-70 patients in tents.
 - (ii) *OUTPATIENT ROOMS*.—30 patients.
 - (iii) *OUTPATIENT WARD*.—50 patients.

This outpatient population of approximately 150 patients stays within the campus of the mental hospital. With each such patient,

there are on an average 2 attendants or relatives of the patient to look after him i.e. another 300 people. Thus, the number of out-patients and their relatives staying within the campus of the hospital is approximately 450 people.

(c) Hospitals staff population consisting of Medical officer Clerical staff, nurses, dispensers, and Class III and IV servants. Around the mental hospital, but within the area of the institution are located approximately 93 staff quarters of various categories. On an average of 5 for a family, the staff quarters have a population of $93 \times 5 = 465$ persons including men, women and children.

Thus this Mental Hospital has a population of $1150 + 450 + 405 = 2060$ people Living within its area.

Keeping in view the above facts, our problems during the time of hostilities, can be seen in better perspective and some of these are detailed below :—

1. MORALE OF HOSPITAL POPULATION

(a) *MORALE OF IN-PATIENTS.*—Most of the mentally sick inmates of this hospital are chronic patients. They are unaware or unconcerned with what is happening outside their immediate environment. 10-15% of these patients do understand the implications of war but even these patients did not show any panic or stress, feeling secure within the environment of the hospital and under the care of their medical and para-medical staff.

(b) *MORALE OF OUT-PATIENTS RELATIVES.*—these people come from all parts of Punjab and even from beyond to this hospital to seek treatment for their sick ones. During stress of war, invariably all of them desired to return to their homes suspending all treatment for various reasons. e.g. :—

(i) worry about their families back home.—Quite a few of them have come from border areas and do not know what is happening there. These people prefer to move

to their border villages to provide security to the rest of the family, to evacuate them if necessary and to look after their moveable property.

- (ii) Worry of being stranded with a sick patient on hand in an unfamiliar town with feeding and last minute evacuation problems confronting them.
- (iii) Consideration of the intense anxiety of their relatives at home about them with news of air-raids and bombing at Amritsar and poor postal communications.

During the recent Indo-Pak conflict this population of 450 people left for their homes within a week of the onset of hostilities, and they had to face the problem of transportation to their homes. Some of them took any mode of transport going in any direction out of the Amritsar area to reach their homes by devious routes.

(c) *MORALE OF THE HOSPITAL STAFF POPULATION.*—Govt. servants were not allowed any leave during the period of hostilities. The morale of the hospital staff was high and no member of the staff deserted his duty ; but there were a few factors that were a constant source of worry to them :—

- (i) They were not allowed any leave and hence found it difficult to evacuate their families.
- (ii) with their poor economic condition, it was difficult for most of them to evacuate their families.
- (iii) no provisions were made for their evacuation, in case of compulsory evacuation of the town.
- (iv) From the rest of the town, people from the higher economic state or better placed officials had started evacuating their ladies and children in earnest. It was considered fool hardy to expose them to hazards of air raid bombing. Moreover, the ladies and children would have been impediments in case evacuation of the town had to occur.

Under these circumstances the hospital staff, esp. of the class III and IV had to suffer a great economic hardships and to undergo mental conflict regarding evacuation of their families their duty when they were not allowed to leave the place of posting. Their devotion to duty necessary suffered with their attention focussed on the problem of their ladies and children.

(2) *THE OUTPATIENT ATTENDANCE DURING HOSTILITIES.*—Out Patient attendance was greatly thinned as only the local patients were attending. No acute civilian Psychiatric emergencies were brought to the hospital during these days, nor were any army psychiatric emergencies sent to us.

During the period of hostilities a great number of persons who were suspected to be spies and handed over to the police were brought to the outpatient clinic for opinion about their mental state. A very large majority of the people were found to be mental defectives, deaf and dumb persons or Chronic schizophrenics who were vagrants, but came to the picked up as suspected spies. The disposal of these persons was another problem.

(3) *DANGERS OF BEING BOMBED AND ASSOCIATED PROBLEMS IN THIS HOSPITALS.*—There was a constant threat of bombing by air because of the strategic location of the hospital, *i.e.* Its peculiar construction already mentioned, and the fact that this town is only 20 miles by road from the border.

- (i) The Out patients camp had to be removed so that the hospital may not give the appearance of an army or para army establishment.
- (ii) The hospital is surrounded by a wide area of open space and fields on its 3 sides. The danger of infiltrators coming into the hospital at night and making trouble was always there. To prevent this occurrence constant vigilance was kept at night and a home guards picket was also requested for such use.

- (iii) Another difficulty we had to face was about air raid precautions. The patients at the time of air raids had to be kept inside the buildings since most of our patients were unable to understand the use of trenches. Moreover, taking the patients to the trenches, making them lie down, bringing them back after the raid was over and repeating the procedure many times a day was not only impossible but also imposed a risk of causing excitement in these patients and a great danger of escape of some of them. Another PRACTICAL DIFFICULTY WAS THE IMPOSIBILITY OF having so many trenches for such a large number of patients. The most that could be done was to ask these patients to lie down under the beds during the air raids.
- (iv) Under the above circumstances if a building had been hit by bombing of its effects we would have had a maximum number of casualties since every ward building is overcrowded with patients.
- (v) We felt the need for a ward to which patients could be removed in case such a contingency of War casualties should arise. Fortunately for us no such incident happened, otherwise other problem in this respect would have been serious. Removal of mentally ill patients who had suffered injuries to the Civil Hospital, their treatment there or asking the college hospital team of surgeons to come and attend to our patients in this hospital at a time when these surgeons were already helping the army in their treatment and care of wounded Jawans. The Mental Hospitals is ill equipped for such an emergency to be handed within its premises.
- (4) *Problem of feeding the hospital population during the time of hostilities.*

OF THE IN-PATIENTS.—For the feeding of 1150 patients of the hospital the supplies of food materials like milk, vegetables meat, eggs and fruit etc. are provided by contractors. During

the period of hostilities, these supplies were always at a critical level and on the verge of break-down. The difficulties of the contractors was genuine e.g. :—

- (i) lack of incoming supplies into the town.
- (ii) difficult of collecting milk from various sources.
- (iii) transport difficulty for the collection of these supplies, as all available transports in the town with requisitioned by the authorities for various other uses.

We also had acute kerosene oil shortage during the hostilities. The hospital management had to apply various means like persuading the contractors to keep up their supplies, appealing to their humanitarian spirit requesting the civil authorities for co-operation for availability of essentials like wheat etc, to fulfill the duty of adequately feeding our patients.

(b) *OF THE OUT-PATIENT POPULATION.*— Since this outpatient population of 450 people make their own arrangements for food, they were the worst affected with scarcity of rations, vegetables, etc. But since most of them left the town themselves for reasons already outlined, their problem did not impose on us seriously. Had they not left the hospital management would have been morally bound to look after their needs in this respect, and it would have posed another big problem to us.

(4) *EVACUATION OF THE MENTAL HOSPITAL.*— During hostilities, we have to make arrangements for evacuation of the patients in case such a contingency arises. Evacuation of the hospital is a big task it has to be properly planned and needs the co-ordination of the Civil authorities without whom nothing much can be done. These patients are under custodial care and, unlike the physically ill patients, cannot be discharged by the hospital. For most of these patients, their relatives are not desirous to accept them back. During the period of hostilities, hardly a dozen letters were received from these patients relatives asking about their welfare or showing concern about

their evacuation. Even in these cases, these letters mostly expressed the inability of their relatives to reach here. In fact, they were unwilling to face the hazards of coming to this border town for the sake of their mentally sick wards.

The difficulties that would have to be faced in their evacuation are :—

- (i) The large Number of patients.—700 Male+450 Females, which requires not less than 30 buses to evacuate them, along with the hospital staff to look after them, feed them, supervise and manage them.
- (ii) These patients include about 100 criminals who have to be specially guarded against escape and need adequate police guard.
- (iii) The record of these patients and the hospital files have to be specially taken care of, because of the legal complications involved.
- (iv) The linen for the patients, their clothing, bedding and same utensils have also to be evacuated along with the patients.
- (v) An adequate place, (buildings and sanitation facilities) or places like a Jail or another mental hospital somewhere in Punjab in the interior, has to be earmarked where such a large number of patients could be housed with adequate separate arrangement for male and female patients.
- (vi) The feedings of these patients, their supplies of food material in a new town have to be arranged.
- (vii) The expenditure for all this has to be earmarked or at least allocated as to from where it has to be met.

In case the evacuation of such a large group of people appears impracticable, the moral responsibility for abandoning these patients and the hospital staff who looks after them to their fate

has to be borne by us. Alternately if evacuation is agreed to in principle, it is our duty to realise this responsibility, be aware of this huge problem, excute blue prints well in advance to avoid last minute incapacibilities, so that, if needed evacuation of the patients can be done smoothly. It would also give confidence to the medical and para medical staff to stay on at their places of duty as long as it can be done.

CIVILIAN MORALE DURING WAR

(Item IV for Sub-Committee of Mental Health Advisory Committee on "Mental Health of the Civilian Population in Emergency". Contribution received from Dr. J. S. Neki ; consolidated report worked out by Sub-Convener Dr. E. M. Hoch. Visiting Prof. for Psychiatry, Lady Harding Medical College, New Delhi and Hony. Advisor on Mental Health, D.G.H.S.

1. Introduction.

The statement that modern warfare is no longer restricted in its effect to military personnel risks to strike one as a mere platitude. One knows only too well that the civilian population is likely to be almost as actively engaged in any war as are the armies of a people. Maintenance of morale at the homefront is therefore of as great importance as keeping it up at the battlefront or possibility even more so.

Certain distinctions may, however, have to be made between situations in which a country acts as an aggressor intruding into other territories, possibly far away from the home base and, on the other hand, the predicament of a country that finds itself invaded by enemy activity. Furthermore, the question of civilian morale may present slightly different aspects in countries that entertain powerful professional armed forces and, on the other hand, those that have to take recourse to more or less universal conscription, either customarily or only during emergencies. (See also under "Mental Health Problems during War", I/2 a-c and II/2 a-c).

"Morale" is a term that has been used very loosely, so that it now almost defies practise definition. In a general way, however, it may be considered to represent the resultant of the psychological forces within a group engaged in actual combat or at any rate

aspiring for a common aim. It signifies the collective motivational state of that group, by virtue of which it pulls together consistently and persistently for a common purpose.

The following elements can be said to constitute a state of high public morale

1. A persistently high tempo and pitch of motivation, consistent with the demands of the situation ;
2. The perceiving of a purpose in the collective endeavour, a purpose which has a personal significance for each individual and for the group as a whole. (In this situation, even death may assume a purposeful meaning. The person, however, who is free from fear of death, is also more ready to face life in all its aspects and to enter into threatening situations.)
3. Actual identification with the combat experience and active empathy and enthusiastic sympathy with the combatant wing of the community.
4. Willingness to endure hardships and privations in order to vindicate the greater purpose for which the group is at war.

Those of the contributors to this Sub-Committee who were involved in writing both on "Civilian Morale" and on "Mental Health Problems during War", has some difficulty in keeping up a neat distinction between the two concepts. It seems fairly obvious that sound mental health also will guarantee good morale in times of emergency, whereas the maintaining of a high level of public morale again will have its beneficial effects on mental health of the population. One can, however, imagine or actually observe in history situations in which high national morale during a war obviously cannot be equated with ideals of mental health. This is the case when ruthless, fanatic leadership succeeds in whipping up a misguided war frenzy amongst the majority of a people. The more thoughtful and discriminating minority is then steamrolled over by the impact of national delusion, either only

ideologically or even physically, by such measures as forced labour, transportation to concentration camps or even attempts at extermination or, as an alternative, furtive emigration to other countries.

Under such conditions, mental health and public morale evidently do not go together, and the distorted values may have to be sorted out in a bitter phase of awakening after the mass psychosis has ebbed down.

Here in India, fortunately, the two armed conflicts through which the country had to pass in recent years, found us in the position of the rightful defender of our own soil which had been violated by aggressive neighbours. Even the countries which kept up doubts about the legitimacy of India's position with regard to some of the underlying disputes in the Pakistani conflict, at least had to condemn the methods with which the the aggressor had sought to establish his "rights." For our present purpose of discussing "Civilian Morale" and "Mental Health" with reference to the specific Indian situation, we may therefore assume that civilian morale and mental health go hand in hand. This means that with regard to certain factors and situations, the two aspects cannot always be neatly separated. Nevertheless, an attempt is made at presenting them in separate Chapters, linking them up, wherever desirable, by cross references.

II. *Factors that make for high or low morale.*

1. *Factors that make for high public morale.*

(a) *Faith in the common purpose.*—The group or the country must have a firm conviction in the justness of the cause for which they are fighting a war.

During the Chinese aggression, the entire Indian nation was aware that the integrity of the sacred boundaries of the motherland was being outraged and that the hard-won independence was once again in peril. This threat urged the population to make all sacrifices to defend the country.

The people must be able to perceive clearly that the ideals for which they are fighting embody values which must be defended and preserved at all costs. In other words, morale should be rooted in commonly accepted cultural values. As already mentioned, wherever values are artificially fostered that cannot be shared by all, and which the discrimination of those with a delicate conscience recognizes as fallacious and as offending against human rights and dignity, the frenzied mass morale which is whipped up bears no positive relation to true mental health is likely to collapse sooner or later.

(b) *Faith in leadership*.—Even with the best machinery for public propaganda and information, it is possible to educate the public only vaguely regarding the political, economic or even military justifications of a war and the necessity for its tactical and strategic moves. The public, by and large, just has to remain satisfied with the confident belief : “If our leaders were not able to keep us out, then we have to fight. They will know best”.

The strength of public morale, thus, rests not so much on intellectual discrimination as on more or less blindly trusting identification with leaders. Clearly, then, the morale of the people stands in direct proportion to the strength and prominence of the public image of its leadership.

During the days of the Chinese aggression in India, Jawaharlal Nehru provided the public with a powerful and popular image of leadership, with which it had long identified during the protracted struggle for Independence. During the Pakistani aggression, Lal Bahadur Shastri filled the gap by rising to the occasion and by raising his own image in public estimation by measuring up to or even beyond what was expected of him.

It is not necessary in all cases that only one outstanding figure should symbolize leadership. Even collective leadership can easily carry a nation along with it, particularly if it has the virtue of representing all sectors of the population. Countries

which normally entrust their government to one leading party, will, in times of emergency, take recourse to a "coalition government".

If leadership is to display strength of character and ability to take decisions, if it is to inspire courage and to act as an impartial and just father figure that commands the loyalty of the people, it has to be not only generally acceptable, but also technically sound. People should be able to become so completely identified with it, that they will imbibe its courage and its determination. If, therefore, the leadership falters in courage or conviction, but also if it fumbles with regard to the technical means and methods it employs, the morale of the people is immediately bound to stagger.

The leadership should not merely show and inspire courage; it must be able to enthuse men into excelling themselves, into achieving greatness. In order to reach this, it must also make the same high demands on itself and exhibit its own superior performance. Such high expectations from the people, however must always be tempered by a watchful sensitivity to their tolerance-limits. The leadership, therefore, should not be over-demanding and it must exercise keen judgment with regard to demands and hardships to be imposed on the people.

If the leadership measures up to its own ideal standards, people will endure all types of privations cheerfully. But if the public comes to know that their own insecure and poor living conditions are not being shared by those in power or that they are the result of someone's lack of discrimination and foresight, perhaps of inefficiency, carelessness or even dishonesty, intense resentment is likely to grip them and to shatter their morale. At no stage should the people therefore feel betrayed by the leadership.

(c) *Faith in each other.*—The existence of mutual faith between the various social groups and communities and even amongst individuals at all levels is a primary requirement for high public morale. There ought to exist, most basically, a feeling of national

solidarity. In particular, one must find a spirit of closeness and identification between armed forces and civilian population. This may be more easily achieved, where at least some measure of conscription enables most families to experience events at the front through a close relative, friend or neighbour who has been recruited. Where the fighting of wars is merely the business of a professional army, the same degree of identification may not be achieved. (See also under "Mental Health" I/2c and II/2c).

Where communal or other differences exist within a country, the conflicting groups must lay aside their disputes and suspend their narrow interests, so as to present closed ranks and unity of purpose to the common enemy.

There is evidence that the various linguistic, religious and cultural sub-groups of the Indian nation were able to forget about their differences, to suspend pursuit of all conflicting interests and to close their ranks more firmly during the two recent aggressions on Indian soil. It has, however, yet to be evaluated, how much of this seeming unity was genuine and essential, and how much of it was only a secondary result of fear evoked by aggression against the common interests. Only if it was a primary, basic unity that emerged, it would spell continuing mutual faith and trust amongst the people. If it was only a temporary measure dictated by considerations of sheer utility during an emergency, the harmony achieved is likely to be disrupted again, once the common danger becomes more remote.

Responsibility for keeping up high morale must be allowed to percolate down to each single individual in the community. This can happen only, if faith exists at all levels. Conditions ought to be created for the cultivating of such faith and, therefore, for the dispelling of any misgivings, prejudices or suspicions between any of the sub-groups. Only if this can be achieved down to a certain depth of genuine mutual understanding and acceptance, it will ensure the participation of every citizen in the nation's war effort and, even beyond the period of emergency, mobilize everyone's resources into one great movement of "pulling together".

With regard to national solidarity here in India, one may have to mention a problem that is partly due to the enormous size of the country, partly perhaps to a somewhat precipitated venture into democracy, at a time when the necessary educational and social background was still lacking in many people. Up to now, the individual human being had been mostly existing in close identification, or rather a primary state of being merged with his family and, on a wider level, perhaps with his caste or village community. The present-day social changes, on one hand, force more and more people to experience themselves as independent individuals who can seek their own fortune or that of a small, relatively mobile family, while, on the other hand, people who previously could not see the world beyond their village are suddenly required to identify with fellow-countrymen thousands of kilometers away, whose language and way of life may be more foreign and incomprehensible to them than those of the potential or actual enemy across the border. This simultaneous pull towards individualism and identification with a huge nation that can only be grasped in the abstract, tends to have an unbalancing effect.

The chances are often that the person concerned snatches the best of both worlds: he seeks his own individual advantage, wherever it seems most favourable to him, and, at the same time, he takes care to have himself covered in this endeavour through the protection of as powerful and far-reaching a group as possible, from which he expects the same benefits as previously from the joint family or the caste brotherhood. Political parties, factions etc., often are such "half-way houses" on the way toward individualism and, at the same time, towards nationalism.

To counter these disruptive tendencies, it would be necessary to strengthen local autonomy, while at the same time engaging the local authorities, in the form of panchayats, municipal councils, etc. in close cohesion and mutual exchange with parallel organisations and also subordinating them in a well-planned hierarchical order to more inclusive authorities. The aim should be

to promote the insight that each individual's and each small group's welfare at the same time contributes towards the flourishing of the nation and that, *vice versa*, measures taken for the benefit of the whole country are also likely to have their positive effect on the individual citizen. Only this certainty will allow a true sense of democratic national identification to develop.

(d) *The role of correct and relevant information.*—Being supplied with correct knowledge about the events that are going on during a war, is of high importance, if public morale is to be kept at an efficient level. The often necessary choice between keeping certain developments secret for strategic reasons and, on the other hand, keeping the public well informed and counter-acting false propaganda, has to be made with discriminating wisdom. Available information must be interpreted and explained in suitable terms to the public. The citizen must know, how the emergency is likely to affect him, and what he can do to contribute to his own protection and quite generally to any constructive solution of difficulties. Any calamity is easier to bear, if one can meet it with some activity than if one is doomed to being passively delivered to it.

Powerful means of mass communication, and particularly those that are alarm signals, should be used sparingly, so as to avoid unnecessary arousal of anxiety. Loud-speakers and sirens should be exclusively reserved for legitimate use by the authorities in situations of emergency.

During the Pakistani conflict, for instance, when tension was at its height, one could find loudspeaker vans racing through New Delhi streets, announcing something at high pitch and apparently with great urgency. All they had to proclaim, however, was an invitation for a meeting of a political party. Occasionally one also heard children using "noise instruments" that imitated the sound of a siren!

Misuse of powerful means of mass communication on one hand dulls the senses and general watchfulness to the really re-

levant alarms or, on the other hand, produces unnecessary excitement and anxiety; at any rate it disturbs the "conditioning" of the people to the decisive signals.

The role of rumours and the efforts needed to fight them, will be discussed under a later section of this memorandum. (1/2 d)

"Correct information", if one wants to go more into detail, should perhaps not only relate to actual war events and risks, including detailed and relevant information about precautions to be taken during air raids etc., but it might be carried deeper into giving the citizen some "mental health education" with regard to some of the reactions which he himself may be likely to experience in a situation of emergency. Knowledge about the constructive possibilities that lie in arousal of anxiety and other stress reactions, can be disseminated by mental health specialists. People should, for instance, be taught that it is not absolutely wrong, shameful or even pathological to feel anxiety, apprehension and their physical concomitants. Such experiences can be valuable warning signals. They indicate that extra resources are being mobilized and that the organism is alert to some danger. If taken in the right spirit, they can convey reassurance instead of causing panic and thus contribute significantly towards the morale of the individual or the group.

(e) *The need for adequate channels and outlets for roused energies and enthusiasm.*—"A persistently high pitch and tempo of motivation", which was claimed to be an essential element for keeping up a state of high public morale, may be relatively easy to maintain if news from the war theatres keeps the public on its toes and particularly if enthusiasm is being fed by favourable reports. One may, however, even during a modern war, have to pass through periods of inaction and waiting, during which nothing significant appears to be happening, while readiness has to be kept up in the face of continued potential danger. During such periods of uncertain waiting, public and individual morale tend to slacken and crumble or accumulated energies risk to explode in an untimely and misguided manner.

It is therefore important that an efficient organisation on the national, provincial and local level, down to the individual "defence wards", mohallas or villages, sees to it that all offers for voluntary services are not only systematically registered, but that they are actually channelled into some kind of activity that can be regarded as a contribution towards the national effort. Inactivity, indefinite waiting, lack of use for roused energies, can be amongst the worst enemies of good morale. It is therefore important to create channels which guarantee a disciplined discharge of energy, even if such activities are not in immediate connection with the threatening situation. Tasks like drill and practice for civil defence, first aid squads, growing more food, collecting and utilizing wastage, collecting, packing and dispatching gifts to members of armed forces etc, are still close enough to the national effort to provide an outlet for enthusiasm even during periods of relative inactivity on the actual war fronts.

Such activities are not only conducive towards keeping up public morale through giving an outlet for the stimulated enthusiasm and energy and the satisfaction of being "in it", but they also create and entertain services which, in their turn, can give reassurance to the citizen that all available resources are being utilized to the utmost and that adequate preparations are being made for any emergency that might hit the civilian population.

2. Factors that tend to shatter public morale.

(a) *Absence of factors that make for high public morale.*— It is almost needless to say that the absence of any one of the factors mentioned in the preceding section, i.e. lack of common purpose, lack of faith in leadership and in each other, an ineffective or misleading system of information, absence of channels for the outlet of surplus energies and enthusiasm, will either stand in the way of building up high public morale or tend to shatter it, wherever it may have existed at a certain stage of a war. In addition, however, a few more specific negative factors may have to be mentioned.

(b) *Pacifist and Anti-War Propaganda.*—Peace and non-violence hold a high place amongst values cherished internationally, and here in India quite particularly. A nation, however, that adopts non-violence (ahimsa) as its creed, may find it difficult to make the necessary ideological adjustments to a situation of war that has been forced upon it. Indiscriminate pacifist propaganda during a war, therefore, tends to prevent public morale from attaining a high pitch, by causing confusion regarding the justification of violent methods of warfare. One may of course, distinguish between “ultimate ideals” and imperfect means that have to be utilized for achieving them. Even some of the prophets of non-violence here in India have acknowledged situations in which at least a brisk display of aggressivity and capacity to defend oneself only serves the ultimate purpose of attaining “ahimsa”.

One may for instance think of Shri Ramakrishna’s popular story about the snake which, when admonished not to bite, also forgot to hiss and thus exposed itself to being runied by its torturers. Above all, even Gandhiji admitted that non-violence which proceeds from weakness and cowardice and which does not rest on perfect inner control, is worse than violence. He also taught, that one’s own non-violence should not lead the adversary into temptation to use violence on his part.

On an international level one may perhaps mention such slogans as “The war to end all wars.”

Still, one may have to admit that, during emergencies as India had to experience them twice in recent years, the gospel of a Buddha or Gandhiji may be less effective to meet the immediate situation than the more martial admonitions and examples of Shri Krishna, Guru Gobind Singh, Shivaji or Rana Pratap, and that it may be more expedient to invoke the honour of Kshatriya tradition in order to challenge and spur the nation into war efforts than to dwell all too philosophically on the doctrines of “ahimsa”. At any rate, if a nation is pacifistically oriented by its religion, it will find more difficulty than other nations in learning to kill and

in yet being able to manage the guilt feelings engendered by the use of violence. It becomes, therefore necessary to invoke religious sanction for killing and destruction in some form or other.

This does not prevent, however, that even while violence has to be resorted to in order to save the nation for a better future, ways and means can be pondered upon that may avoid such necessities more effectively in future. Even while hostilities last, one can endeavour to keep destruction and aggression restrained within the strictest limits necessary for self-defence of the country. (See also "Mental Health", I/3, para before last and II/3.)

Generally, however, one will have to concede that, once the use of violent methods has become unavoidable in the interest of certain values, even those who have their ideological doubts about their justification, should recognize the need for solidarity with the ongoing effort and keep discrete silence or at least voice their ideas in a manner that can make a constructive contribution towards the joint effort instead of sowing doubt and disparagement. Those who are serious in their own pursuit of "ahimsa" will certainly be aware that humble contrition about one's own lack of perfection in this respect, according to Gandhiji's example, may be more befitting than condemnation of others.

(c) *Social addictions and national ailments.*—Addiction to habits of inertia, laziness and procrastination in a people may preclude the building up of morale. Belief in "karma", misunderstood as an inescapable power to which one is helplessly delivered instead of seeing it as a principle of action, can turn a people into fatalists instead of spurring them into action. Misfortune is then merely regarded and expected passively as the result of past karma and not seen in terms of immediate results of present effort. This attitude can breed indolence, and it is this very type of indolence which appears to be one of our national ailments and which imposes a slow course on social change and at times leads us into indecision and passive inertia.

Another social flaw in this country is "communalism", which leads to internal tensions. It is true that, when an "out-group" conflict arises, "in-group" tensions tend to slacken. But unless such tensions are fundamentally resolved or overcome, they may show a recrudescence during reverses in national fortune and thus cause a breach in national solidarity and, at the same time, undermine public morale.

It may be appropriate to express this problem in the language of Prof. Erik Erikson, a well-known psychiatrist in USA, who has made a special study of aggression and of relationships between mental health and historical and political phenomena: The tendency of humanity to divide itself up into "pseudo-species" which mutually are made to represent each other's negative identity" and therefore to serve as a legitimate but for aggressive projections, can only be transcended by the merging of these groups into a higher, more inclusive identity. While a war lasts, this higher identity is given by the common interest of opposing the enemy outside the country. But this joint aim may only serve temporarily. Ultimately, the task remains of finding, on a deeper and more permanent level, the more inclusive identity that allows to reconcile the differences and to integrate the "shadow" or the "negative identity", for which the rival or opposing community, party or other group had been utilized as a convenient scapegoat.

(d) *The role of rumours.*—The demoralizing role of rumours is actually just the "reverse of the medal" with regard to what was said under II/1d about the need for correct and relevant information.

Even when information is spread with the best of intentions, there is always a tendency towards distortion in transmission. The various persons through whom it passes, may understand or hand it on wrongly, perhaps due to wishful thinking or fear. Often one only catches of a message what immediately concerns or interests oneself and one then "goes off at a tangent" without stopping to listen, what was actually being conveyed.

One can easily make an experiment in this respect with the so-called "whispering game", in which a word or a sentence is passed around a circle of people by whispering into the ear of the neighbour on the left, whatever one has understood of the whispered message of the neighbour on the right. The result will not only teach the fact of distortion by transmission as such, but one may perhaps also be able to discover factors that determine a particular distortion in its contents. One will see, that distortion often follows the preoccupations of the person who transmits the message.

In a way, in times of tension, one wishes for something to happen, so as to release tension in action. There is therefore, a risk that trifles may be magnified, so as to justify release and excitement. A dynamite load can be set off by a small spark or even just a vibration.

There is also a risk of jumping to quick conclusions in a suspect situation. One may accuse, seize or even attack the wrong person without properly examining the situation which one immediately supposes to be suspect. If there is any communal tension present even latently, such mishaps can easily lead to awkward incidents or even to riots. One has to learn to contain aggressive energies and excitement that wants to press out or to explode at the slightest spark of a rumour or suspicion. One has to cultivate the habit of carefully examining and reflecting upon any hear-say-information, before rushing into precipitated action.

If even correct and authentic information risks to be distorted and misinterpreted during a period of tension, the rumours spread by those who are addicted to thrill-seeking and superstitious attitudes unwittingly can cause even greater havoc. Persons of this type eagerly absorb stray rumours, amplify or modify them and hand them on to others who may be similarly minded, so that the initial rumour "snowballs" to its multiple size and importance.

Rumours, however, may not always be only due to thoughtless or sensation-seeking distortion of initially valid information. They may be "planted" deliberately by the enemy into the ears of the credulous and the gullible. Such enemy machinations, if they take root, have great capacity to undermine public morale. Constant watchfulness and sharp discrimination on the part of all: authorities and individual citizens, are needed to counteract such manoeuvres.

People who are superstitious and credulous by nature, those who are given to loose talk or desirous of provoking sensations and of enjoying vicarious thrills, those who lack a sense of responsibility, are always a fertile ground for the sprouting and propagation of rumours. People of this kind can be a local, national or even international danger and ought to be kept strictly in check.

(e) *Confusion of the citizen with regard to his role.*—Insufficient education of the citizens about their role during an emergency and lack of organized channels for their activities can cause confusion, and confusion, in its turn, undermines morale. Quite often, the citizen remains unaware or uncertain, whether initiative in a certain situation is to be assumed by him or by some administrative authority. Self-help by voluntary activity can come into conflict with organized governmental measures in planning as well as in execution.

One example one may perhaps mention; is the nightly activity of self-appointed traffic-and black-out-control squads (or perhaps one had better call them gangs) in New Delhi streets during the Pakistani emergency. Instead of rendering circulation at night easier and safer, these young people became a positive menace that scared people off the roads at night.

Such role conflicts and duplicities can cause frustration not only amongst the rejected or criticized volunteers, but also amongst those who have been assigned to regular tasks in the particular field of action.

At times, public enthusiasm outbids the administrative machinery. For example, during the Chinese and Pakistani invasions, the readiness of the public to contribute to the National Defence Fund temporarily outstripped the facilities set up for receiving the contributions. Likewise, a radio announcement asking for donations of night-suits for hospitalized jawans, flooded the originators of the appeal with articles far beyond the requirements.

If public philanthropy goes waste, this creates a feeling of having been wronged or at least ill-used. The consequent resentment once again threatens public morale.

Care also has to be taken, not to allow public or even official generosity to exhaust itself too quickly in indiscriminate outbursts of magnanimity with regard to individual heroes or victims of war. Even in this respect, one may have to learn to contain and to plan for a long duration and for the welfare of all concerned instead of giving vent to one's momentary enthusiasm in a few impressive initial situations, which at a later stage may become mere routine. (See also under "Mental Health", II/2C).

The demoralizing effect of long periods of inactive waiting during which the roused energies find no satisfactory outlet, has already been mentioned under II/Ie of this report. In Civil Defence and first aid courses, stress may not only have to be laid on instructing the citizen about: "What to do, if something happens", but also to give explanations about the nervous tension that can be accumulated "if nothing happens" and about the various channels and substitute activities through which such energies can be released in a way that ultimately also benefits the war efforts.

(f) *Displaced hostility*.—A war situation stimulates and unleashes aggressive and destructive tendencies. If these do not find a ready outlet in an actual confrontation with enemy activity, they risk to be displaced onto other objects or simply to explode at the slightest provocation. Destructive criticism of one's

own leaders or of other classes or groups in one's own nation, hostile resentment and rivalry with regard to the country's allies or international mediating authorities, are example of such displaced hostility. Any such manifestation of displaced or unspecifically erupting aggression breeds distrust, which in its turn thwarts morale.

During the Pakistani aggression, the Muslim community was occasionally considered as suspect by a misguided section of the majority community, though the former, by its own patriotic demeanour, dispelled all suspicions. In view of the close linkage between the official enemy and the representatives of the same religion and culture within Indian territory, it is, however, remarkable that such internal manifestations of hostility did not come out more distinctly and grossly.

The displaced emotions may occasionally also burst out within smaller groups, e.g. within a military unit, particularly where a small platoon has been living together cramped up in narrow quarters for a long time, without communication with other units or the outside world in general. The same might happen to people cooped up for a long time in air-raid shelters or hide-outs. (See also under "Mental Health" 1/5, concerning the so-called "Festungskoller".)

(g) *Misapplied allegiance*.—In every country one can find psychopaths who are born traitors. They easily become enemy agents and function as spies and fifth columnists. They actively undertake and catalyze activities that may subvert public morale.

Sometimes a group or class of people, individually or collectively, may secretly or openly accept the values of the enemy.

During the Chinese aggression, the pro-Chinese communists in India seemed to pose a threat of this kind.

Unless patriotic feelings the already mentioned "more inclusive identity", succeed in carrying off victory over the enemy values, groups of this type remain a potential danger.

It is needless to say that the presence of groups of enemy personnel in the form of infiltrators or occupation forces multiplies the risk of such misguided allegiance and often manages to spread a universal spirit of mistrust and terrorism. (See also "Mental Health" 1/2b and II/2b).

Opposition to war on religious or moral grounds (discussed above under II/2b, and see also "Mental Health" 1/2c, last para on "conscientious objectors") can also be an example of misapplied allegiance.

(h) *Economic disturbances.*—Industrial strikes, black-marketing, hoarding, profiteering, inflation of currency and other similar economic problems and disturbances also undermine public morale.

Necessary restrictions in consumption and increased efforts in production should be distributed as equally and universally as possible amongst the whole population. Each new step and requirement in this respect is to be explained thoroughly with regard to its reasons and its practical implications. Refusal to cooperate with economic measures imposed as essential for the national interest during an emergency, should be dealt with strictly. (See also under "Mental Health", 1/2c; parts of I/3 and II/2c).

III. *Practical Suggestions for Preparatory Action during Non-Emergency Periods.*

The amount and intensity of effort needed during an emergency for keeping up morale can be considerably reduced, if certain preparatory measures are already taken during a non-emergency period or, as one might call it, in view of the fact that a renewed emergency cannot be excluded, an "inter-emergency phase".

1. The first essential step is *observation, assessment and anticipation of problems*. The two recent conflicts with our neighbours have provided good opportunity for recognizing certain

aspects of our morale problems. Some of them can now be anticipated on the basis of the experience gained. Further research to validate the observations already made and to amplify them further, and wherever possible, a quantification of the results, would be called for.

It is important to study the relevant socio-psychological problems beforehand, and to do so in an organized manner. One stumbling block is the tendency amongst some sectors of the population or even authorities to deny the very existence of certain problems. Communal tension, for instance, may be mentioned as an outstanding example. A political party committed to the idea of secularism as one of its primary principles, if carried off by its own sentiments, may totally deny the presence of communal tensions or may prefer to adopt an attitude of hushing up with regard to them. These would be morbid or at least unrealistic attitudes. Now that the recent conflicts with our neighbours have amply demonstrated that all communities, major and minor, can stand like one man with strong national feelings during times of external aggression, it would appear to be quite safe to deal with the dynamics of this problem during non-emergency time.

Research into such problems should provide us with facts about the real, as against the wishfully imagined, situation and forewarn us about any ominous trends.

2. The second major step to be taken during an inter-emergency period would be *to create a climate of mutual trust and faith between the various communities and political parties and amity amongst the people in general*. Satisfied minorities and other groups prove to be a great asset, while dissatisfaction and frustration amongst them is a potential threat to morale.

Racial, cultural and caste prejudices should therefore be recognized and dealt with during non-emergency times. Repression of minority groups may succeed for some time; but the repressed aspirations may not die, but may assume dangerous dimensions during an emergency, if the attraction of the higher, "more

inclusive identity" for some reason should not succeed in achieving the merging of all differences.

Likewise, factors making for class-struggle need to be investigated and remedied. Social and economic ills like black-marketing, profiteering and corrupt practices need to be curbed during non-emergency periods. If they cannot be subdued during peace-time, they have every chance of becoming cancerous out-growths during an emergency with its usual temptations of profiting by the urgent needs of others. Tendencies to extreme individualism need to be checked and a spirit of readiness to make sacrifices for the larger national interests is to be fostered.

All this, however, should not be misunderstood in terms of expecting a uniform levelling out of all differences within the country. The example of a country like Switzerland for instance, shows that pride in differences within a country and tolerance for a variety of languages, customs and ways of life, perhaps spiced with a playful mood of mutual teasing and rivalry, as one may find it amongst siblings, can be a very good guarantee for keeping a country not only balanced within, but even immune to engaging in hostilities from without.

3. The third major essential requirement is *to foster a spirit of public confidence and preparedness* and to create a feeling of being able to rely on adequate resources, both with regard to armed forces and provisions for the needs of civilians. The absence of such feelings of confidence in some quarters appears to be responsible for the clamour in favour of India's possessing nuclear weapons.

Readiness, however, is not only to be understood in terms of well equipped armed forces; it also applies to Civil Defence measures. Already in peace-time, every citizen should have some idea about what will be expected of him in times of emergency with regard to air-raid precautions; black-out, fire-fighting, first-aid outfit, storage of water and foodstuffs etc. Suitable division of cities into defence-wards and registration of volunteers according to their special abilities and interests, collection of data about

inhabitants that can facilitate rescuing activities etc. can already be undertaken, and that at greater leisure and with more thoroughness:—before an emergency forces one to do so.

4. A further measure would be *education of the population with regard to public affairs, national aims and policies and India's role within the international world*, so as to provide social vision to the people. Conviction must be fostered that the country stands for a worthy cause, that it has a respected position in the world, that there is reason to be confident of victory in a fight for a just cause and hope that the achievements bought with many sacrifices will be of true and permanent benefit to all citizens.

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MEMORANDUM ON PSYCHIATRIC BREAKDOWN IN
THE ZONE OF ACTION

by

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A. MILITARY

1. Psychiatric casualties were responsible for a large loss in effective manpower in world wars I & II. During the last world war, the proportion of the psychiatric casualties in the field varied between 5 to 30 per cent of total casualties in different theatres of war. It was also found that in addition to the psychiatric cases occurring among the troops engaged in actual combat, there was a large number of such cases among those stationed in communication zones and base camps. The boredom of a stale and static existence appeared to result in stress of a prolonged nature which is more harmful than a short lived intense battle stress.

2. *Causation*

In addition to the personality make-up of the individual, the following factors play a significant role in the causation of combat neurosis :—

- (a) Conflict between the individual's conscious and unconscious desires to perform creditable duty and his cons-

cious and unconscious desires to preserve his life, preferably with honour.

- (b) Environmental factors such as physical exhaustion, loss of sleep persistent or overwhelming noise, non-availability of wholesome or adequate food and drinking water, uncongenial climatic conditions.
- (c) The incidence of psychiatric casualties varies directly with the intensity of combat and with the number of surgical casualties occurring in respective units and formations.
- (d) Factors promoting morale, such as motivation, adequate training and skill in the use of weapons, good leadership and discipline, group identification and spirit, corps self respect and self confidence, faith in the higher leadership of the nation and conviction about the righteousness of the cause for which the country is fighting, sense of security about the family and regular mail from home a fatalistic attitude and efficient medical services, help in lowering the incidence of psychiatric breakdown.
- (e) The capacity to withstand stress varies from person to person; but it should be remembered that everybody has a breaking point although the threshold is different in different persons. Many soldiers who have been decorated for gallantry in action have been known to suffer from psychiatric breakdown in a subsequent action.
- (f) A study of psychiatric cases occurring during the recent Indo-Pak conflict showed that the incidence was extremely low. The morale of the troops engaged in fighting was very high. A clinical study of surgical battle casualties confirmed that their morale too was extremely high.

Normal Battle Reaction.

Everyone experiences fear under stress such as that found in,

combat; and it is not a thing to be ashamed of. Normal battle reaction should be distinguished from pathological reactions. The normal battle reaction may manifest itself by symptoms like muscular tension as evidenced by statements such as "I can't relax"; tension headaches of moderate degrees, tremulousness under the impact of battle stress, excessive perspiration especially on the hands and under axillae. Some soldiers feel chilly under combat stress, while others feel too warm, sometimes these sensations may alternate; vague abdominal distress, nausea and mild diarrhoea are not infrequent, urinary frequency is one of the commonest normal responses to combat stress. Tachycardia and palpitation are frequent and so also is some disturbance of sleep. But all soldiers do not experience these symptoms to the same degree.

4. Types of psychiatric reaction

Acute conditions

- (a) **Battel Exhaustion**—Due to environmental conditions, physical discomforts, fatigue, lack of sleep, some soldiers may become weary, apathetic, markedly tremulous; their speech may become incoherent; and they may complain of generalised aches and pains. A majority of them are individuals with good personality who have tolerated anxiety in distressing circumstances for long periods, but have eventually broken down under excessive physical and emotional stress.
- (b) **Anxiety reactions**—A small proportion of cases of anxiety reactions develop symptoms of *acute terror reaction*. The onset is sudden and the condition generally affects immature youths in their first battle. The individual may about or scream, run about aimlessly and show typical signs of acute panic, or he may appear dazed confused or even semi-stuporous. In the majority of cases, however, the symptoms consist of excessive sweating, trembling, insomnia, battle dreams, startle reaction and anxious expectation, i.e. an exaggeration

of normal battle reaction. In other cases, the symptoms are severer; coarse tremors affect the limbs and there are sudden bouts of crying. Somatic signs of anxiety in the form of palpitation, giddiness, dyspnoea, precordial pain, hyperhidrosis frequency of micturition etc. are also seen. Anxiety states may last for weeks or longer and may take the form of phobias, lack of concentration memory defect, headache, depression, gross tremors, cardiovascular or gastro-intestinal symptoms.

Confusional or stuporous states :—

In some cases, prolonged and severe anxiety leads to confusion. This may vary from inability to recall the day or the exact circumstances of a battle to a complete disorientation and resistive stupor. The patient ignores food, is inattentive and resists attempts to help him.

Hysterical reactions are quite common. They may be characterised by paralysis of various parts of the body, sensory disturbances, deafness, amblyopia, aphonia, amnesia, or hysterical seizures.

Reactive depression resembling mourning reaction following the death of a relative, may follow when a comrade or a popular officer has been killed in battle. Strong feelings of guilt usually play a part in the genesis of this condition.

Mixed reactions

A combination of two or more of the above syndromes is not uncommon.

Psychotic reactions

There is no psychotic reaction peculiar to war, but a manic depressive reaction or a schizophrenic reaction, of sudden onset, may be precipitated by stress and strain of battle, in predisposed individuals. Usually such reactions have a favourable prognosis,

Psychosomatic disorders

These disorders, the commonest of which is battle exhaustion, are the somatic manifestations of unrelieved anxiety in the battle field. The visceral symptoms may be referred to the heart, in the form of "Effort Syndrome", to the respiratory tract as dyspnoea and air hunger or more commonly to the gastro-intestinal tract as varying degrees of dyspepsia.

(ii) *Chronic conditions*

Depression—some individuals, as a result of a long campaign and cumulative stress of battle, become depressed, quit, unsociable, inactive and cease to take interest in unit activities. In severe cases, long standing insomnia, fits of crying and excessive smoking and drinking are commonly found.

Paranoid reaction

Such patients become unduly suspicious, disgruntled, cynical and bitter, and not easily amenable to discipline.

5. *Prognosis*

Approximately 50 to 60 per cent of psychiatric casualties, if treated early, can be sent back to their units within a period of one week. The secret of success lies in treating them *as early and as far forward as possible*. In those individuals who are evacuated beyond the corps level, the prognosis of a permanent recovery becomes poorer.

6. *Treatment*

mainly consists of:—

- (a) Careful history taking
- (b) Complete physical examination
- (c) Reassurance followed by a firm and definite statement that the patient will be fit to return to his unit within 3-4 days.
- (d) Rest with or without sedation

- (e) Provision of wholesome food
- (f) Facilities for bathing and writing letters home.

7. *Evacuation*

Discomfort must not be regarded as synonymous with disability. and soldiers with minor, but unprogressive complaints and should be made to perform their duties and must not be evacuated from the combat zone. The main aim of army psychiatry is conservation of trained manpower, and this has to be borne in mind constantly. Those cases who do not improve within a week, require evacuation. All cases of psychotic reaction also need evacuation.

8. *Troops stationed at high altitudes*

Some of our troops have to be stationed at heights of 10,000 ft. to 18,000 ft. for periods varying from two to three years and have to withstand the effects of hypoxia which reduce one's physical capacity. Unless men have undergone gradual acclimatization, besides developing the physical ill effects of hypoxia, psychiatric symptoms are also likely to set in. They consist of inability to concentrate, headache, insomnia, disordered perception as characterised by illusions and hallucinations, impaired auditory acuity. There are marked changes in mood, and the individual may show lethargy, irritability euphoria, hilarity, pugnacity or uncontrolled laughter. It is difficult for him to do simple calculations; there is impairment of judgment and insight, and disregard for danger may be prominent. He may show irresponsible behaviour and resent discipline, or he may gradually lose interest and become markedly depressed. The psychological ill effects, like the physiological ones, due to high altitude are sudden in onset when the individual is suddenly taken to such heights by air. A planned acclimatization in phases prevents many of these ill effects from appearing. A prolonged stay at high altitude however promotes the onset of some of the psychological manifestations mentioned above. Such manifestations are not entirely due to the effect of the altitude and the associated hypoxia. The contribution of other factors such as low temperature, isolation, sensory deprivation, separation from near and

dear ones, battle stress, if involved in fighting, and other conditions causing physical stress and lowering of morale, must not be forgotten. All types of psychiatric reactions described under para 4 above may also be found in the troops employed at high altitude. A well planned and phased acclimatization process, promotion of morale and regular turnover of the troops employed at high altitude after a fixed tenure, say 2 years, are important prophylactic measures.

B. CIVILIAN POPULATION IN A COMBAT ZONE

1. Modern warfare does not make much distinction between the combatants and non combatants, and between the military and civilian populations. Even the latter are exposed to air raids and artillery shelling. In many cases, the civilian population has to be evacuated from the fighting zone and this brings in the psychological problems of the uprooted people, who become refugees away from their own homes. Those who choose to stay in the battle zone and are allowed to do so, are exposed to the danger of being killed, maimed or captured by the enemy in the same way as the troops involved in actual fighting, with the disadvantage of not being able to retaliate at the enemy themselves. In addition, they are under the constant threat of losing their homes and hearths. The risk of some harm coming to their families, if they have not been evacuated, and uncertainty and feeling of insecurity about their safety, if they have been evacuated, are very real.

2. The identification of the civilian population of the border areas in the Punjab with the army, during the recent Indo-Pakistan conflict, and the willing sacrifices made by them are too well known to need to be restated. The morale of the civilian population as well as that of the troops was extremely high throughout the hostilities.

3. Although the incidence of psychiatric casualties among the civilian population during the Indo-Pak conflict is not known, it

could not have been high, because the morale remained at a very high level.

4. The types of psychiatric breakdown in the civilian population cannot be different from those found in the troops except that the psychosomatic manifestations are likely to be more common than overt psychiatric syndromes.

5. The incidence of psychiatric reactions in any civilian population during a war would depend mainly upon its morale which in its turn is related to many factors, some of which are given below:—

- (a) Faith in the leadership of the nation.
- (b) Faith in the righteousness of the cause for which the country is fighting.
- (c) Efficiency of the communication system and availability of reliable information.
- (d) Sense of belonging together as a social group as useful members who can contribute effectively towards the achievement of the objective.
- (e) Confidence in the air raid alarm system and provision of adequate air raid shelters.
- (f) Faith in the superiority of the own armed forces as fighting men and in adequacy of the fighting equipment.
- (g) Energy propaganda and measures adopted to counteract the same.
- (h) Active participation in some form by the civilian population in the activities which are known to help in the achievement of an ultimate victory, e.g. by joining organisations such as homeguards, civil defence, industries responsible for supplying the defence needs, agencies looking after the welfare of servicemen and their families etc. etc.

MENTAL HEALTH PROBLEMS DURING WAR

Item No. 7 of sub-committee on "Mental Health of the Civilian population in Emergency". Contribution received from Dr. E.M. Hoch, Consolidated report worked out by Subconvener : Dr. J. S. Neki, Associate Professor for Psychiatry, Medical College, Rohtak.

I. *General considerations* :

1. *Incidence of mental illness in civilian population during war* :

It is by no means easy to determine the total effects of war on civilian mental health. Various statistics on incidence or prevalence of mental illness in the Western countries during both world wars have shown that there is hardly any significant increase in the number of those seeking admission or ambulatory treatment *for the type of mental illness and emotional problems one is accustomed to encounter during peace-time*. In fact many investigators have reported even lower incidence than during peace-time. For example, an American enquiry in three representative states (all of which have well-organized departments of mental health) revealed little if any tendency towards increase in the number of patients in mental hospitals during the war years. In 1943, the last year for which figures are available, the number of fresh admissions declined slightly for the first time in 10 years.* A similar observation has been made by Frankli with regard to rates of suicide and mental illnesses : ". . . . In so far as suicide figures show fluctuations at all, they seem to go down during periods of economic misery and of political crisis. This fact,—also pointed out by such authors as

*Renni, T.A.C. & Woodward, L.E. *Mental Health in Modern Society* New York, The Commonwealth Fund, 1948.

DURKHEIM and HOFFDING,—has been confirmed again and again. It is not only that, for many decades, Switzerland and Sweden show record figures of frequently of suicide, i.e. the very countries which have enjoyed the longest periods of undisturbed peace.—; but it is known that in the North of Germany suicide figures during the year 1946 are lower than during the time of Emperor William. And from some other statistics, published by ZIGEUNER, it is to be seen that in Graze, *i.e.* in Steiermark (Austria), the suicide curve reached a minimum during the years 1946-47, *i.e.* during a period of definite lowering of the standard of living of the population”.

Johannes HIRSCHMANN says : “The experience of two world-wars has shown that, under the extraordinary load of stress, deprivations and fighting, the number of psychotics, in particular of schizophrenics, has not increased. Measured by investigations on our own patient material, this also seems to hold good for chronic neuroses (as far as such neurotic disturbances are considered, which can be traced during examinations for insurance claims). Apart from acute anxiety and fear syndrome, one cannot, on the whole, attribute any particular or specific “neurotogenic” effect to the particular environmental factors which are active in severe periods of crisis. If this were the case, the figure of neuroses would have had to show a distinct and measurable increase. The example of prisoners’ camps even makes one suspect that compelling circumstances, threats, lack of freedom, brutal force are rather apt to inhibit the development of neuroses. Such environmental factors as material frustration, lack of the most essential necessities, loss of economic foundations, misery of refugees, uprooting etc., cannot be attributed any decisive significance for the development of neuroses”.

“H. SCHULTE too speaks of “the generally known lesser frequency of divorce, suicide, addictions and neuroses that are in need of treatment, which is a phenomenon that accompanies all sociological emergencies”. Analogous remarks can be found in

E. MENNINGER—LERCHENTHAL's work with regard to suicide in politically unstable times. It is my view that this can be most aptly explained by a metaphor. I was once told that a vault which has become defective and crumbling, can be supported and made firm,—quite paradoxically,—by putting weight on it. In similar manner it seems to be the case with human beings : With external difficulties, apparently the inner power of resistance increases".*

Various other reasons have also been advanced for this decline in incidence of mental disorders. Existence can be more easily justified, which may dissolve guilt complexes and neurotic solution attempted for them; waste energies that were turned inward in self-destruction find an outward outlet; the general atmosphere of solidarity in common disaster and suffering gives support and breaks down isolating barriers.

Some investigators have maintained that this decline is not necessarily an indication of a decline in the incidence of mental illness. It may only mean that some patients, who in normal times would have been in civilian hospitals, were being cared for in military hospitals or that with the postponement of expansion programmes, facilities were not available to make care of more patients. It is thought too that labour shortage and greater opportunities for the aged and other marginal groups to obtain employment gave some people a newer lease on life and increased their stability.

Bossard** has pointed out that, in some instances, the war actually affected better family relationships and improved mental health and Levy† has shown that the war, which had both positive and negative results, led in some instances to families being

*Frankl Viktor B. "Theorie and Therapic der Nenrosen" (Berlin, 1956). Passage taken (and translated) from chapter on "Collective Neurosis" Pages. 178-179.

**Bossard, J. H. S. : Family prodloms in wartime. Psychiatry 7 : 65-72 Feb. 1944.

†Levy, D. M. : The war and family life : reference for war Emergency committee, 1944. Amer. J. Orthopschiat. 15 : 140-152. Jan.1945.

drawn together with a new sense of loyalty and solidarity. Increased opportunities for the very young and the aged were helpful to these groups. Family heads who had lost status during depression regained their positions. Opportunities for *volunteer service enriched family life* on an altruistic basis and broadened the contact of many who had formerly led rather ordinary lives. Mothers who had made household slaves of themselves or whose nerves were frayed by the noisy activity of children in many cases found relief from tension or guilt in war work.

However, these positive values of the war are to a great degree balanced by the disadvantages that it brings. "Privation in some cases has become a liability and increased income has become a basis of demoralization for those unable to deal wisely with abundance. Emancipation has been unduly accelerated in the case of some adolescents and children have been frequently neglected because mothers have been drawn off into war work. The spiritual impoverishment of the home through the loss of members in this way has deprived growing children of the sort of contact with parents that is so essential to full development. And parents have found children running wild on this account." (Stevenson, 1945).*

Many authorities view the higher incidence of juvenile delinquency, at least in many places, as an expression of the rapid effect on mental health that is more apt to show itself in statistics than are the gross psychopathological disorders. It appears that the type of mental disturbances that go up during a war are somewhat different from the usual "nosological entities".

It also appears that the type of population affected also is somewhat different—constituted by the groups that are emotionally hitherdest during a war. Olkon** reported an increased

*Stevenson, G. S. : Civilian mental health in wartime. *Dis-Nerv. Syst.*, 6 : 173-178. June, 1945i.

**Olkon, D.M. : Effects of war and army life contingencies on the behaviour and breakdown of the inductee and soldier. *Dis. Nerv. System* 5 : 243-249. August 1944.

rate of commitment of females—"wives, mothers, grandmothers, sisters and sweethearts of soldiers"—at the Cook Country Psychopathic Hospital since the world War II began up to its end. Many of those breakdowns, he thought, were traceable to fears and apprehensions for the safety of son, husband, sweetheart or brother. This fact impresses one with the possible *remote* effects of war on the population at large. Since some of the disturbances caused by war are disturbances of growth that incapacitate the individual for future functions, it may be expected that the role of war will have to be reckoned in years to come.

Apart from such remote after-effects of war, there are certain *acute emotional reactions that can come about as a result of special events and situations during a war*. If we went to consider these, and also in examining problems of mental health during war quite generally, we have to *discriminate between certain conditions under which war is brought about and also between methods with which it is being fought*.

2. *Different war settings in which factors conducive and harmful to mental health operate.*

(a) *Degree of identification of the nation with the war aim.*

This is likely to be higher and more universal in a country which has become the victim of aggression and which is entirely engaged in defence of its own integrity. In a country, on the other hand, where a war mentality or even frenzy has been whipped up by ruthless propaganda, usually by a Government that has assumed dictatorial powers, there will of course be faratic identification with the war aim in all those who have been persuaded by the prevailing propaganda methods. They will thrive, ride on top of the wave, as long as success continues; the untoward reactions may come later. One will, however, have to count with the presence of a suffering minority that cannot go along with the proclaimed reasons and aims of war. This minority may be put to a hard test: Individuals may succumb against the call of their own conscience to methods of pressure or, if they do not find any means for hiding "underground" or

for emigrating, they may have to go through periods of intense suffering, *e.g.* in concentration camps or in other humilitation and insecure situations. This, as the excerpt from V. E. FRANKL's book suggests, need not necessarily lead to any clinically obvious symptoms of neurosis or psychosis. At any rate, even if such symptoms of neurosis or psychosis. At any rate, even if such are not likely to figure in any official mental health statistics, as they will have to be borne in discrete hiding or they may simply be rated as instances of "indiscipline and non-cooperation" in the setting of a concentration camp, where the consequences may well be "extermination" of those who dare to rebel.

(b) *Presence of an occupying enemy or of traitor groups of the same nation within a war territory.*

Similarly suppressive circumstances as described under (a) for a country under dictatorship, may prevail, even to a higher degree, in a country under foreign occupation or where (as for instance in Norway during World War II) a sector of the country's own population cooperates with the enemy under the guidance of some "Quisling". There, the element of suspicion, the need for secretiveness, the lack of mutual trust even within one and the same family, can create an atmosphere of great insecurity that adds considerably to the stress of any war situation.

In a country which is fighting on its own ground without having suffered large-scale invasion by an enemy or division within its own ranks, these factors will play no role, and morale and mental health can therefore be more easily kept up by wise leadership.

(c) *Degree of active participation of the population in Armed Forces.*

Factors and situations that affect mental health, to a certain degree, also depend on the system of Armed Forces which prevails in a country. In Switzerland, a country which, even in peace time, relies entirely on an army formed through universal conscription amongst the healthy male population, one of us

(EMH) has experienced during World War II (as a Voluntary member of the Medical Corps of the Swiss Army)* the hardships, but also the advantages inherent in this particular system.

One advantage is that sudden mobilisation is not likely to cause great anxiety and confusion in those who have to join the Armed Forces, as they have, often for years, had their regular periods of military training. Each man knows, where he has to go and, once he joins his unit, he will immediately find himself amongst his familiar officers and comrades with whom he has already been cooperative in a good team spirit on previous occasions. Of course, some "weeding out" may be necessary of those who have reached higher age brackets, those who have been assigned to auxiliary formations and who have had little opportunity of bearing actual stress during short training courses.

Naturally, personal hardships, worry about family, farm, business, etc. will be weighing on the minds not only those who have to join the Armed Forces, but perhaps even more on those who remain back at home: often only women, children and old people. Their problems, however, in Switzerland have led during World War II to schemes of mutual aid which mobilized and channelised enormous funds of good-will enthusiasm and which have continued in some form or other even beyond the period of immediate emergency. Amongst these, one may mention the creation of a "Lohneausgleichsfonds", *i.e.*, a national fund ("salary equalisation fund") to which every earning person contributed a small fraction (perhaps 1-2%) of his income and from which the regular pay of all mobilized personnel was supplemented, if possible up to the rate which a soldier or officer would have earned in civilian life. This measure contributed to a great extent to smoothing out economic and social problems in the families of the mobilized and made for better morale and mental health of those actually called up for periods of service.

*Though Switzerland was not actively involved in warfare during the two world wars, a constant state of readiness and watchfulness, including total or partial mobilisation of the conscript army, had to be kept up all the time.

At the same time, young students, from the age of 14 or 15 upward, and those of the older age groups who for some health reasons had been rejected from military service, were encouraged, during certain periods -even compulsorily called up, to go to the aid of peasant families during their holidays. This scheme, which was welcomed with enthusiasm by most of the young people and which brought about a lot of valuable understanding between city youth and rural population, stood at the same time in the service of an energetic campaign for growing more food .

Out of need, therefore, at least two fine schemes of national solidarity grew during the war. The "salary equalisation fund", in some parts of the country at least, continued to exist in the modified form of an "unemployment fund"; the tradition of sending young people for periods of voluntary work amongst peasants or in factories is also carried on to a certain degree.

Furthermore, in a country with universal or close to universal conscription, the fact that practically every family experiences the happenings of the war so-to-speak in an intimate way through one of their near and dear ones, probably facilitates a spirit of solidarity and identification with war effort, which cannot become so vivid, if only "second-hand", anonymous experience through media of mass communication is involved. The letters which are exchanged, the food parcels that are sent, often even the laundry bag that is despatched backward and forward periodically between military station and home, keeps up close contact between family and front. People who have their own sons and fathers mobilized, will be inclined to treat other members of the Armed Forces with friendly sympathy, in the expectation that somewhere someone may do the same for their relatives.

In a country where wars are waged predominantly by a professional Army, there may be a more obvious "division of labour" involved. Where identification is not so close, there is also more risk of criticism and blame, if things do not go smoothly. Furthermore, if the war is considered to be the job of a professional

group of specialists, the rest of the population may feel more inclined "to sit back" and to which the "theatres of war" passively. Where this system prevails, one may also have to question the motivation of those who do join the professional Armed Forces or who take emergency entry once a war is threatening or has actually broken out. Decisions of young people for joining may be made as an act of spitefulness or rebellion against the family, which means that, during their period of service they may lack the full sympathy of their home environment and, on the other hand, that parents etc., after opposing a son's joining the Forces, may be kept worried by guilt feelings and ambivalence with regard to giving full support to the venture.

Further more, those who join will first have to be trained for some period before they are fit for action. This can create an awkward time-lag in readiness, and the initial enthusiasm of the new recruits may be blunted by dull routine drill and periods of inactivity, against which they inwardly fret.

The question of conscientious objectors only comes up, where conscription in emergency becomes compulsory one may doubt, whether anywhere it would be of sufficient dimensions to kick up much official dust or cause general unrest. In some countries, conscientious objectors can be accommodated in the Medical Corps or auxiliary Red Cross units.

(d) *The turning fortunes of war.*

It is almost needless to say that morale and mental health will also depend to a great extent on the turns toward victory or defeat which the war takes. Retreat of armies with all the resulting confusion and panic, big style bombing of civilians, rumours about or actual use of high power weapons (gas, napalm, atom-bomb, chemical or microbiological warfare) will certainly exert a demoralising effect. Again, however, the common stream of misfortune, in which all swim, may disguise more individual reactions and, furthermore, during such times, even the resources for attending to cases of breakdown or at least

for keeping careful statistics, may also be wiped out or at least greatly reduced. So one may never know very much about what happens with regard to mental illness in such periods of stress.

Where, on the other hand, war action takes place far away from the core or even beyond the frontiers of the country, where civilian life is relatively undisturbed and where good news keeps coming in from the front, the factors of "common emergency" that reduce individual misery may be operating less strongly; but at the same time, no acute panic reactions are to be expected.

3. *Emergency of new values.*

In what has been said up to now, the subject of values has necessarily already been touched upon. One can again point out that the values likely to emerge will depend to a high degree on the nature of the war, in particular whether it is an aggressive campaign of invasion and conquest or whether it is a defensive war which a country fights for its rightful integrity. In both cases, of course, propaganda will lead to a certain blinding of discrimination; but this is more likely to be the case in the camp of the aggressor. The values we find emerging there, tend to be *negative* one : Senction of aggressive attitudes and parctices, contempt for human life and integrity, national or racial self-righteousness, amounting often to megalomania, extensive use of scapegoat mechansms, dissolution of lawfulness and establishment of opportunist criteria for behaviour, a tendency to point everything in black and while and, of course, to exempt oneself and one's cause from all appearances of wrong, a hardening of the heart with regard to all human suffering, may be counted amongst the foremost of them. Modern developments in warfare, through which the fighting personnel is hardly brought into man-to-man contact with the enemy, and by which gigantic destruction can be achieved by one single man through the mere touch of a button, tend to reduce or eliminate doubts, inhibitions and compuncions which a human being might experience. if faced with the necessity for naked aggression and its consequences at a closer range.

Not only in the country of the aggressor, but also in that of the attacked, some additional negative values are likely to emerge: lack of trust in the future, consequently carelessness, improvidence, an opportunism that is merely out for momentary advantage, the attitude of "eat, drink and be merry, for to-morrow we may be dead", can easily take hold of certain sectors of the population, not only due to despair about having suffered losses, but also as a consequence of the intoxication through victory. In the Panjab, a province which has always been exposed to invasions, there is a folk-saying "That alone which you have eaten or drunk has been turned to good account—the rest will become Ahmad Shah's booty".

It is needless to say, that, from the point of view of truly human mental health, all these negative values are very detrimental. But this need not necessarily mean that changes in this direction will always be associated with open manifestations of mental ill-health. Where such attitudes are covered by official policies and propaganda campaigns, where everyone, or at least the majority, shares them, the call of the individual conscience can be so effectively stifled that no open conflict arises. The individual has, at least temporarily, suspended his personal discrimination for the values according to which he acts, and finds his justification in trends of collective behaviour for which he need not assume responsibility. The reversal may come, once the soap bubble of false propaganda bursts. The trials of "war criminals" which are still continuing even 20 years after the end of World War II and on a minor scale, the discomfort and embarrassment one still finds amongst those who passively participated in the "mass psychosis" (e.g. amongst German psychiatric colleagues who were involved in the elimination of undescrivable life" in gas-chambers!) are ample proof that, some time, the price for this deviation from

the call of one's own conscience has to be paid for, either in terms of condemnation by a sobered up society or by the re-emergence of one's own sane standards.

Values likely to develop during war time, which we can consider as *positive*, may be: the courage to opt voluntarily for a "vivere pericolosamente", *i.e.* to accept dangerous, marginal situations as tests for inner maturity, and to commit oneself wholeheartedly to a cause which one has recognized as right and in harmony with one's inner beliefs. The uncertainty about material possessions and about survival of relatives can bring about a genuine spirit of detachment and sacrifice. In Switzerland, the necessity for restricting intake of food led to healthier nutritional habits which, at least in some families, are still persisting long after the war. Being faced with so many atrocities, horrors, perhaps experiencing at times, how easily one might, in certain situations, be carried away into mass frenzy oneself, can lead to healthy selfscrutiny, to an active dealing with one's "shadow" and the emergence of a more integrated and consciously directed personality.

Quite generally, one can say, as also certain proverbs and quotations express it (for instance in German "Where the need is greatest there God is closest" or: "Where there is danger, there that which saves also will grow.") that emergency, a situation of need, has always a challenge in it for mobilizing that which is best in man. (See also paragraphs on the positive values of "emergency") in the Report of the IPS Subcommittee. One may only think as an example, of the human compassion that has been stirred up and channelized by such organisations as the Red Cross, which was born out of the concern of a thoughtful man, Henri Dunant, at the sight of the inhuman carnage and neglect of the wounded on the battlefield of Solferino. Similar resources of human sympathy and helpfulness have been brought out by the misery of refugees. Finally, the insight into the ineffectiveness and futility of war, particularly in its universally destructive modern form

may be one of the best forces to guide man to some really constructive thinking about true peace and the methods for achieving it.

These few hints, of course, do not exhaust the theme of "change of values" in war time. But they may at least serve to point out that we have to seek the changes in both, the negative and the positive direction and that, further more, we may have to distinguish between broadly proclaimed values and those, perhaps only the small seeds of future values, that can arise in the silence of the individual heart as a counter-reaction against what is valid for the broad masses.

4. *Shifts in social and family dynamics.*

Again, we will have to distinguish between countries that are active aggressors and those that defend their territories and, amongst these, again between those in which wars are waged by a professional army and those in which defence becomes or always has been the concern of a conscript army in which every fit citizen has to take part.

Where we have a professional army or even where, in the event of an emergency conscription, the drafting of common ranks and officers takes different lines, one risks to build up a military hierarchy, which may keep its importance even in subsequent peacetimes, occasionally in the form of a military coup and following dictatorship, that can affect the social structure of a whole country. In the conscript army, as we find it in Switzerland, where every officer has to serve his way up from the ranks, and where military achievement often bears no relation to a person's educational and social status in civilian society, already the short periods of military training, but even more prolonged service during a war, has a strongly democratizing effect. Individual differences are levelled out and social cohesion is strengthened by the fact, that, as warp and woof in a tissue, a person's level at one time, in civilian life, may be "above", whereas in his military rank he may remain "below"

his neighbour or vice versa. Human values, irrespective of social position, but directly related to merit in the actual functional situation, are given their due, and the insight grows that there is hardly any human being so weak and insignificant that, in some particular situation, he does not have it in him to excel or even to guide others. Intrinsic worth, that which is acquired through one's own achievement, is recognised as more important than any birth right or ascribed rank.

With regard to the significance of the various age groups, we may also have some shifts in a population during war. Where many of the men are away in service, perhaps with very rare periods of leave, we may expect a lowering of birth rate that may have its effects on the structure of the population even years later. On the other hand, under the influence of certain ideologies, as for instance in Nazi Germany, there may be encouragement to produce "cannon fodder" or to increase the strength of the glorified race even through deliberate provocation of illegitimate motherhood.

Necessity of evacuation of children and invalids from cities or other threatened areas brings about changes in family dynamics. Some of the most valuable studies on maternal deprivation* issued from situation caused by wars in the form of evacuation of children, bringing up of orphans of exterminated parents in poorly staffed homes etc. The deep reaching effects on mental development which early separation or rather deprivation of a child from true motherly affection can have, are by now well known at least in professional circles, if not amongst the lay public yet. In general, one has to say that evacuation or migration in itself probably is not so traumatic to a child. Where the child moves into different surroundings, even quite precarious ones, within the shelter of his accustomed family or where due

*See in particular WHO publication by John BOMLBY: "Maternal Care and Mental Health", WHO Monograph Series No. 2, 1951 and "Deprivation Maternal Care. A reassessment of its Effects", also published by WHO, Public Health Papers 14, 1963, Also the work of Rene SPITZ and others.

precautions are taken to provide persons with a motherly interest for looking after the child, even if his own parents are not there, no great harm is to be expected. The most critical phase, during which maternal deprivation is most likely to produce severe consequences, according to the authors named in the footnote, is that between the age of 6 months and one year.

Babies born during war have difficult childhoods. They may suffer not only from parental deprivation and instability of family life, but may also find poorer facilities for schooling in an unsettled life exposed to misery and calamity. Many among them may be full or half-orphaned children or children of divorced or separated parents. If in their future lives they show up in their behaviour the signs of a scarred childhood, would it be any wonder?

For older children, translocation to the country-side for purposes of evacuation of bombed or threatened cities, often had its very positive aspects, in so far as these children, particularly the ones from slums, often found much healthier conditions for growing up with their foster parents or in camps in rural areas.

One problem one may have to consider is that prolonged absence of fathers in military service may shift the role of "head of the family" on to women. This may be a phenomenon that could probably persist to a certain extent even after a war. One of its consequences can be lack of proper identification models, at least in close proximity, for young boys. This may at times result either in their building up a feminine identification and perhaps becoming homosexually inclined or, on the contrary, in rebelling against the feminine domination in some form of anarchy, e.g. in the type of delinquency called "the proving offence", by which the young man wants to prove his masculine autonomy. Such tendencies can of course be promoted by the necessity for closing schools, the general turmoil that may be prevailing in a frequently bombed city, the attraction of "war games" in vacant bombed lots in cities, which present a fruitful ground for the formation of "delinquent subcultures" amongst the young.

The older adolescent often finds his life disrupted by the necessity for joining the Armed Forces. He may have to give up his planned line of studies and may have to fight against resentment and frustration on this account. In other cases, no difficulties may arise at the moment; the young person even engages in military service with enthusiasm, regarding it as a welcome escape from the dreariness and monotony of civilian life and as a hopeful shortcut to glory. But the problem has to be faced on return to civilian life after a war has ended ! One then can find all kinds of delayed puberty reactions, frustrations about having missed one's career, inability to settle back to quiet study after a life of adventure etc. If any injury has been sustained during active service, this may easily be taken as a permanent excuse for retiring from the demands of life and as an argument for claiming compensation and continued support.

For the middle-aged man, military service can sometimes provide a welcome escape from all sorts of family problems. A craving for adventure, left over from boyhood, can be satisfied. For others again, the well regulated life of army discipline, in which, to a great extent, one is dispensed from the necessity of taking own decisions, satisfies some need for dependency. In these cases too, return to civilian life has its difficulties. The young and middle-aged women, meanwhile, may have to bear a bigger share of the loads of civilian life. This may bring about significant changes in the status of women, not only in the family, but also in the employment market, which may persist in some form or other even in peace-time.

As to the members of the older generations, they too, as far as they are still physically and mentally fit, may have to bear an increased share of work and responsibility. For some of them, this can be life-giving and rejuvenating. For others, who have already become rigid, the burden may prove too heavy. The conflict between generations may in some cases be wiped out by the common feeling of solidarity, particularly where young soldiers serve along with elder companions. On the other hand,

resentment can be increased, if the young generation blames its elders for having run the country into a mess, while the elder people may watch with bitter feelings all the social changes brought about by war.

Perhaps the group that is hit hardest in a war are the young war wives. Kasanin* studied a group of war wives in San Francisco, most of them displaced from mid-western areas, who had been stranded by their husbands' departure for the Pacific. Fortunately, a great many of these women had the sense to go back to their home-communities. A considerable number of them became outstanding workers in defence plants. A small percentage drifted into semiprostitution and alcoholism. Some of them developed severe psychoneurotic problems including reactive depressions, psychosomatic disorders, reactivated compulsive states and marital maladjustments. Most of this group were dependent immature women who had marked, unrecognised hostility towards their husbands and who reacted to separation with depression, frigidity, a sense of unreality regarding their husbands, and, in a few instances, with unconscious denial of their marriages.

Probably, in any country at war, those who are sick or chronically incapacitated may have to experience a certain lowering of the standards of care for them. In some hospitals or institutions, volunteers may have to be substituted for professional personnel. The feeling of uselessness of handicapped people may be increased in contrast to the extra efforts which everyone else puts up; but ways can often be found for giving even the weak and handicapped extra tasks which can provide them with a sense of participation in the common venture. They can for instance cut and roll bandages, prepare parcels for those in the field, cooperate in the collection and utilisation of waste material or quite generally, may find a better chance of occupation in a depleted labour market. It is probably rare in human history that a country at war will, like Germany, draw the conclusion that the national effort can best be served by extermination of

*Kasanin, J. S. quoted in Rennie and Woodward (q.v.)

any form of life that is not thought to be coming up to a certain ideal standard of physical and mental fitness or even of racial purity !

A particular situation that can lead to changes in values and social dynamics arises of course, wherever an occupation army is stationed in a defeated country or even where foreign armed forces come to the rescue of a country engaged in a war. The presence of the American "GIs" or the British "Tommies" in most European countries, either in the form of allies, of occupation personnel, of prisoners of war, refugees or even holiday-making globetrotters, has certainly done a lot to change values and practices amongst the younger generation ! As far as we know, certain influences of this type have also been at work here in India. Occupation armies and "aid corps" can also conjure up changes in sex morality, as it is usually an entirely or at least predominantly male foreign contingent that mixes with the indigenous population and that, of course, tries to compensate itself for some of the deprivations of service in a foreign country. As a consequence, one may not only find a shift in sexual attitudes and practices, but one may also have to face a problem of a spread of VD and of having to take care of illegitimate children of mixed origin.

5. Prisoners of War

This is a problem which one could only competently write about with some experience to one's credit. Only one of us (EMH) has had fleeting contacts with prison camps or individual prisoners in Europe during World War II. As to refugees or interned military personnel, she had occasion to study the problems a little more closely. Again, we may turn to the excerpt from V. E. FRANKL's book, in which he maintains, supported by the witness of other authors and in particular by his own experience in concentration camps, that even conditions of extreme restriction of human freedom, as one finds them amongst prisoners of war and inmates of concentration camps,

“are rather apt to inhibit the development of neurosis” and that “such environmental factors as material frustration, lack of the most essential necessities, loss of economic foundations, misery of refugees, uprooting etc. cannot be attributed any decisive significance for the development of neurosis” or, as he sums it up that: “With external difficulties, apparently, his (man’s) inner power of resistance increases.” This, of course, may not be the case in every instance. We have, in particular, to think of the effects of prolonged sexual deprivation that can lead to homosexual or autoerotic practices, the need for holding back aggression and resentment, often also the lack of motor outlet. All these are factors that can cause acute disturbances in the sense of a “situational neurosis”, as we, for instance, find it in horses that have been kept in stable too long. Furthermore, the monotony of having to remain cooped up in a relatively small place with the same few people for long periods without provision of new interests, can lead to what in German is called “Festungskoller” (“fortress rage”). *i.e.* a sudden, senseless and often destructive rage as a reaction against the restricting environment. Worry about having no news from relatives and uncertainty about the future may play their role, even where treatment is humane and living conditions reasonably sanitary or even comfortable. In this respect, of course, the activities of the Red Cross organisation, with the support of international conventions concerning prisoners of war etc. are likely to prevent many situations that might be conducive to mental ill health amongst prisoners, refugees etc.

II. *Particular features of the recent Indian emergency situations.*

The two armed conflicts into which India has been forced to enter during the past 4 years have probably been too short-lived and too localized to produce much relevant material with regard to mental health aspects, except to those who have been “In the midst of it” in the respective border areas. Still certain observations could be made and conclusions drawn, even in a place far inland.

The following aspects and observations seem to have special relevance to our subject of Mental Health Problems during War Time, viewed with particular reference to the Indian scene:

1. *Incidence of Mental Illness in the Civilian Population during War.*

In places far inland like New Delhi, no significant change in attendance at psychiatric out-patient clinics has been noted. At any rate, the number of patients was not noticeably increased. In some of the old cases, however, some degree of improvement which could be attributed to identification with the general situation and consequent dwindling of the importance of personal problems was noted by some colleagues. However, in places in the actual Zone of Action like Amritsar or Tezpur, the admission rate for outpatients as well as in-patients at the Mental Hospitals is reported to have fallen considerably.

2. *The setting in which the wars took place.*

(a) *Degree of identification of the nation with the war aim.*

In both armed conflicts, India was on the defensive side, having been attacked without provocation by expansive minded neighbours. Identification of the nation with the war aim was therefore very high, to the extent even of obliterating communal differences which, particularly during the Pakistani conflict, could easily have acted as a disintegrating and confusing element. There was hardly any question of any minority that would have been forced to march along with the war effort against better insight and inclination. This certainly produced strong national cohesion and an atmosphere conducive to the emergence of positive features concerning mental health.

(b) *Presence of an occupying enemy or of traitor groups of the own nation within the war territory.*

The main problem in this regard in both conflicts was enemy infiltration. On the whole, however, it appears that the infiltrators, though often in disguise, were little successful in upsetting

public morale. In places like New Delhi rumours about dropping of parachutists in the neighbourhood of the city tended to create a tense atmosphere of suspicion. Strangers were eyed a bit more scrupulously, and Government offices and essential public undertakings tightened their security measures. Though these latter, as evidence of the risk, may have had an alarming effect, they at the same time gave the public a certain reassurance that the situation was well in hand. Reporting on the developments in this respect might occasionally have been clearer. Rumours about the dropping of parachutists in the Ghaziabad region, for instance, were neither confirmed nor denied later, though the public had been able to witness, how police and other armed patrols were sent out to comb the neighbourhood !

(c) *Degree of active participation of the population in Armed Forces.*

Though India has its professional Armed Forces, additional personnel had to be mobilized, and in certain limited sectors of the population a certain pressure was even applied for gaining recruits. The addition of a great number of emergency recruits probably helped to strengthen the identification of the general public with its Armed Forces. In spite of the hierarchical organisation of the professional Army, the excellent leadership appears to have managed to keep up a high level of democratic understanding and mutual aid between officers and common soldiers. This probably did not only contribute to good mental health within the Armed Forces, but also, through improving the somewhat battered image of the Armed Forces, created a spirit of confidence and pride in the general public.

Whether the necessity of newly recruiting and training armed personnel at a time when hostilities were already in full swing created any critical time-lag or awkward stress on resources, can only be told by the military experts. The question of introducing conscription, at least to a certain extent, even in peace-time, has been ventilated at times, but seems to have lost importance again. At least organisations like NCC, Civil Defence etc. have

been emergized into some additional degree of efficiency. We feel, however, that more resources could have been mobilized in certain areas.

In the Almora region, for instance, fairly close to the Middle Sector of the Northern border, no attempt at all was made during the Chinese conflict at imparting even the most rudimentary instructions about defence needs to the local village population. Only at the beginning of 1966, when even the Pakistani conflict was over, village men and youths were given some rifle training. In mountainous regions, there are excellent natural opportunities for defence, which can be utilized even by women and children. During the early wars in the Swiss Confederation, for instance, an often used method consisted in accumulating racks, tree trunks etc. on top of slopes above narrow stretches of road leading along a precipice or passing through deep cut banks. At the approach of an enemy, all that had to be done was to release these "avalanches" of stones and other material, so that they would rush down the slope, cut off the line of communication, send the enemy forces hurtling down the slopes, perhaps into a river, and, at any rate to create considerable confusion in enemy ranks and thus give time for regular forces to take over control. May be today, in the age of mechanical warfare, such devices would not be so effective. But giving the local population instruction in such techniques of defence can create a sense of confidence, preparedness and participation even if no modern arms can be distributed. At the same time, people might be taught something about how to recognize the enemy, his spies and his methods of warfare, and about the proper channels of signalling any suspect individual or situation to the authorities.

As to any compensation scheme for loss of civilian earnings, in a largely professional Army this question did not arise. On the other hand, soldiers and ex-servicemen are eligible for certain benefits which an Army based on universal conscription may not be able to afford.

One question which one may bring up in this connection is, whether the rather lavish sums that were offered for compensation to families of war victims and the rewards given to certain members of Armed Forces who performed special feats of skill or heroism, were always really wise and judicious! As both armed conflicts were of short duration, the moment was perhaps never reached, when opportunities for such distinction became a matter of routine. But one may have to curb one's enthusiasm a bit in this respect, if one risks to face a war of long duration. Otherwise the nation might find that it is erring in the same manner as injudicious parents who lavish all their affection and care on a first child and then have nothing left for further off spring. Furthermore, the opportunities for such heroic deeds naturally only come to a few, while the qualities displayed in them may be present in many. Also, the soldier or even the civilian who are doomed to long periods of inactive waiting in uncertainty, often have to muster much more of emotional resources than the hero who, in a conspicuous position, by quick action, perhaps by almost reflectory response to his mechanized weapons, can score a spectacular success in a single moment. A little more restraint and universal justice in this respect, a reduction of the worship of individual heroes in favour of sympathetic support for the Armed Forces as a whole might be recommended for the future.

Participation in the war effort by the civilians could probably have been intensified. Restraint with regard to intake of food and efforts to grow more food were recommended, but not very universally followed. Practically nothing was done about collection and utilisation of waste materials, such as paper, empty tins, cloth etc. Efficient organisation in this respect not only saves waste and provides raw materials to an economy stretched to its limits. but it also offers a welcome outlet for energy and enthusiasm to young people. Quite generally, the utilisation of good will and energies amongst children and adolescents could have been more efficiently organized.

3. *Emergence of new values.*

Again, as both conflicts were of short duration and localized in extent, any universal and considerable change in values was not to be expected. On the whole, at least during the recent Pakistani conflict, the values that emerged seem to have been of a positive rather than of a negative type: Increased confidence in the unity of the nation and the strength of the Armed Forces have to be mentioned in first line. But, what is perhaps even a more valuable result, is the disciplined restraint with regard to fomenting hostility and resentment, which came about as a result of the Tashkent agreement. One realized only then, how essential and often poisonous a role the newspapers and other media of mass communication had previously been playing in boosting up and perhaps even distorting news about action on the fronts, all with the purpose of inciting public feelings against the enemy! But even during the period of hostilities itself, one could sense a certain spirit of decency and restraint in which attempts were made to keep action really only on a defensive level. Such attitudes, probably largely due to the influence of the peace-loving personality of the late Prime Minister, Shri Lal Bahadur Shastri, if not going the whole length of Gandhian ideals of non-violence, seemed at least to prove that additional resources of wisdom and strength might be found in this direction. People like Shri Pyare Lal have been inspired by these happenings into undertaking a deepened analysis of the nature of non-violence and an examination of its applicability as a future method of national defence.*

4. *Shifts in social and family dynamics.*

These again are problems that would only concern the area in which actual hostilities went on, and we have to rely on the observations of those who were witnesses and who may be contributing material to one or the other sections of this report.

*See a Series of lectures delivered by him at Institute of International Studies, New Delhi, Nov. 1965.

5. *Prisoners of War.*

During the Chinese conflict, one could hear tales of "brain-washing" of Indian prisoners during their captivity in China. During the Pakistani conflict, relatively little was reported in this respect. The exchange of prisoners came about fairly rapidly.

Greater problems seem to have been created by the displacement of sectors of the population in the border areas and their subsequent resettlement.

III. *Practical suggestions for dealing with the problems mentioned.*

1. *Incidence of Mental Illness in the Civilian Population and facilities for Psychiatric First Aid and Subsequent Management.*

If we are to believe the reports from Europe, we need not fear a significant increase in the number of mental patients who will claim help during a period of war or other emergency. One will, however, have to see that an adequate number of psychiatrists and psychiatric nursing staff remain assigned to civilian tasks and that the mental hospitals will not be requisitioned for Army purposes. Where mental hospitals are situated in areas of enemy action, evacuation of patients and staff may have to be considered.

As far as acute shock and panic reactions are concerned, emergency services in mental hospitals, psychiatric out-patient clinics and first-aid stations should be available. The existence of such services should be made known to the population and advertised and explained in such fashion that the "stigma" still often attached to mental illness need not be feared by those wanting to consult them. Possibly some kind of "first aid" of this kind can also be given by lay volunteers who have received some training through psychiatrists. The more serious cases, which need more than just human reassurance, can be referred to the specialists during ordinary consulting hours.*

*See contribution to report on sub-committee of IPS:

All this presupposes that adequate treatment facilities are available ordinarily in our civilian psychiatric centres and that the number of such centres adequately matches our national requirements. Unfortunately, however, this does not seem to obtain.

Every humane and responsible society strives to make ample provision for the treatment of its citizens who are ill. In the field of mental health, however, it is doubtful if anything like adequate provisions for treatment have ever been made in any country at any time. The situation in India particularly, is almost deplorable in spite of the recent increase in training facilities in psychiatry in the country. How many psychiatrists the country needs has been worked out by one of us (J.S.N.): That the actual number is not even a small fraction of the "minimum requirement" speaks volumes for our inadequacy in this matter. What is worse is that at our present pace, there is hardly any prospect of coming anywhere near the "minimum requirement" even in ten decades. It is, therefore, necessary to mobilize our general medical practitioners towards meeting this challenge. Unfortunately, however, the state of undergraduate teaching in psychiatry ill-prepares an ordinary medical practitioner to deal even with psychiatric emergencies. It is, therefore, necessary to organize Orientation Courses in Psychiatry for mature physicians and to provide for inservice training of G.P.'s and industrial physicians in psychiatry and mental health. Needless to add that this training as well as the Orientation Courses should have a live bias towards psychiatric first aid problems of war and other types of extraordinary stress in civilian life.

While making our General Practitioners alive to mental health problems, it would also be necessary to step up the recruitment and training of psychiatrists—a large number of whom will be required for the veteran group alone if our country ever found itself engaged in a protected war.

Mental Health Services in the country also need to be organized more effectively. The long-since talked about scheme of opening psychiatric clinics in every District headquarter has missed incorporation in our plans a number of times. But this seems to be the key step in the organization of an effective mental health service.

Paucity of properly trained personnel is one of the main causes of lack of research. Vast areas of professional and technical ignorance exist due to lack of research in the preventive and therapeutic aspects of mental disorders—especially those caused or precipitated by extraordinary stress.

Perhaps, we may have to create a cadre of “graded specialists” of the type that were created in the Army during the World War II out of the general physicians after a short intensive training. This step would be necessary at least during periods when the demands on the existing specialist cadre outstrips their capacity.

2. Identification with and active participation in the war effort by civilians.

(a) The question of universal conscription of young people, either for a period of training in Armed Forces or for some social service or other practical activity that sustains the national effort and that corresponds to the candidate's training, gifts and interest, is to be considered. The aim would be to intensify a feeling of national solidarity, to create a nucleus for a variety of national services that could be drawn upon in any emergency, to impart skill and knowledge in specific fields to young people, to give them a healthy experience of disciplined effort and to make them better acquainted with the demands of practical life. In some of these respects, such training and service would at the same time have an important function in dealing with problems of aggression and indiscipline. (See also report on item 9 of this Sub-Committee.)

(b) Instruction of the population in border areas in various methods of defence, recognition of presence and moves of enemy, correct signalling of suspect findings, is to be promoted.

(c) As far as this is compatible with the need for secrecy, the population should be kept well informed about the possible presence of enemy infiltrators or agitators and, at the same time, assured that the necessary measures to deal with such activities are being taken. The spreading of rumours is to be discouraged.

(d) An active interest of the general public in Armed Forces as a whole and individual members of it in particular can be stimulated. Families who do not have one of their members in active service, can be encouraged to "adopt" a soldier who, in his turn, has little or no connection with a family. Wise discrimination is, however, to be used in restraining and channeling excessive enthusiasm and generosity, so as to guarantee an even distribution of it during the whole period of hostilities instead of letting it all burst out on the first few opportunities. Contributions received should perhaps rather be used to build up funds for offering some degree of social security to all soldiers instead of allowing them to be lavished on a few individual heroes.

(e) A democratic spirit of mutual respect and helpfulness between officers and ranks in the Armed Forces, but beyond this, in all spheres of life, is to be encouraged.

(f) Civilians are to be encouraged to promote, in their turn, the national war effort by restraining their intake of food and quite generally by keeping up "austerity standards" in their consumption, by growing food, wherever land is available, by saving waste materials and by giving their services to voluntary organisations for defence, first aid etc.

3. *Emergence of new values*

India may have a quite particular role in the present day world in investing and interpreting in action some of the

ideals of non-violence as rooted in her Ancient Scriptures and re-formulated by her great leader Mahatma Gandhi. Research on the role of aggression and possibilities of non-violent behaviour, including the suggestion of socially tolerable outlets for psychomotor energies, in particularly for the young, is to be encouraged. Peaceful solutions to any conflict are to be attempted to the extreme extent possible. If armed conflict cannot be avoided, a spirit of fairness and of restraint, as it could to a certain extent be observed during and after the recent Pakistani conflict, is to be kept up to the utmost.

4. Shifts in social and family dynamics

If possible, research concerning effects on mental health of displacement of population sectors during the recent Pakistani conflict is to be undertaken, and any results obtained should be utilized for formulating policies and making practical preparations for further emergencies.

5. Prisoners of War

Armed Forces personnel are to be given clear instructions about their rights and duties in case they should be taken prisoners and enlightened about the dangers of "brain-washing" and other techniques of indoctrination. On the other hand, any prisoners of war kept by India, should be treated according to the highest standards of respect for human dignity. Their presence should be utilised to influence them with a spirit of reconciliation, forgiveness and universal brotherhood, which they may take back to their countries after being released.

MENTAL HEALTH PROBLEMS AFTER A WAR

Dr. R. V. Shirvaikar, *Superintendent, Central Mental Hospital,
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We had two brief wars in recent years and these were our wars as against the Second World War in which the Indian nation did not participate, though our army did. Even though they were brief wars, they did help us to gain better insight into the social and national problems brought by a war.

The first war against China made us discard our complacency and become alert to our responsibilities and gigantic tasks of building our own defence. The second war with Pakistan united us and gave us new courage and strength to face aggression.

Even though we did not face post war depression of the type seen by the Western World after the Second World War. Some of our outstanding problems have aggravated after the war *viz.*—

1. The political agitations.
2. Labour struggles.
3. Crowd Hysterias.
4. Student indiscipline.

Such problems are almost inevitable in a developing nation; and the strain of expensive wars makes them worse. Perhaps the energies that were aroused and channelised into the war-effort have been suddenly unleashed after the cease fire and the peace moves.

This is manifest in the perceptible rise in mass demonstrations, wide spread and paralysing strikes (“Bandh”), violent political agitations, and rowdyism by crowds.

The explosive and violent demonstrations by crowds as well as the persistent indiscipline in employees and students definitely indicate a troubled mind. The recent examples of such manifestations of social disruption are the violent behaviour by commuters after the Suburban Railway accidents in Bombay and the violent agitations of Mysoreans against the proposed one man boundary commission. Whereas one can understand the display of genuine anger at the repeated Railway disasters one cannot understand the mob arisen and looting done at Ghatkopar Railway Station in Bombay. So also the strong feelings of Mysoreans against a possible revision of its boundary with Maharashtra is understandable but we cannot understand their mass efforts to disrupt Railway services and Road traffic in their own state causing unnecessary suffering to their own people using the transport.

These incidents definitely warrant a detailed study of the causative factors in order to determine how far unhealthy attitudes and patterns of social behaviour were responsible.

However, in spite of such periodic disturbances the basic social behaviour has not changed after the war. The crowds continue to behave themselves as a rule, and are still amenable to a social control through traditions group ideals and public education. As there was no social disorganisation due to the wars, the strains on Mental Health manifested in increase in crime and delinquency as well as neuroses and a loosening of value systems (mores) which are seen as an aftermath of war; was absent. Some of the problems mentioned earlier are examined more closely below.

1. It is noteworthy that most of the disturbances were caused in Urban areas by a mobile and poor section of the population and this emphasizes the need to focus our attention on the problem of migration to the cities. There are lakhs of such people in all major cities and they are sulking under the awareness of the contrast of their living conditions with that

of the better class of people in the city. Again they aspire to achieve a standard in living conditions which they cannot do easily and thus become more resentful. Their deprivation and frustration is further exploited by lawless elements as well as political workers for their own ends, in order to whip up a class hatred. This ultimately erupts into violence and destruction on the slightest pretext. So the attention to the needs of the slum areas in cities must be improved both in the economic as well as educative spheres, in order to prevent this social conflict.

2. The other problems which have become more vivid after the war though not caused by it, are the wide scale strikes and "Bandh" agitations leading very often to violence of no rhyme or reason. The only motivating force, for such hostility is the defiant awareness of the might of united labour.

Political exploitation again has made this problem worse, as most of the labour is otherwise well behaved which is proved by their cooperation and response to new activities such as incentive schemes for increased production.

One of the ways to control this situation is to improve our methods of approach to the mind of the labourers and make them learnt to identify themselves with the whole community. This is possible only when the employers are prepared for some sacrifice of their position and profits.

3. Political disturbances based on language issues, border disputes are not new to our national scene. However, we have seen violent agitations in recent times which have threatened the national solidarity.

Very often a lot of emotion, energy and at times blood is wasted over comparatively minor issues like revision of interstate boundary by people who otherwise do not show any mental ill health. Is this entirely due to political exploitation or are we becoming more selfish and narrow minded ?

I believe it is the former and not the latter. I also believe this problem can be controlled by better political and social education of the laī public through responsible press, radio propaganda as well as documentary films. I feel that we have neglected this important aspect of national life and must improve our campaign for enlisting solid support to the issues which are of national importance as against local issues.

Psychiatrists and Psychologists can join hands with Educationists and Sociologists in order to acquaint the politicians, having a parochial outlook, with their real responsibilities in solving such problems and help to broaden their outlook to serve the national cause.

MENTAL HEALTH PROBLEMS AFTER A WAR

Dr. H. N. Murthy, *Associate Prof. of Psychology, All India Institute of Mental Health, Bangalore*

Preamble.—The problems in the post-war period are no fewer than the ones that exist during war. Some even view them as being more during the post-war period. Melville Jacob, reviewing the current problems immediately after World War II opines that, "Regional warfare patterns present fewer difficulties than do other features of the post-war period."

Post-war depression.—The outstanding and the most manifest is the economic depression following a depletion of resources, as all efforts were channelised towards the war-effort. Money is devalued, productivity of goods is poor, new industrial undertakings are difficult to start, unemployment looms as a huge problem with the added poser subsequent to the retrenchment of personnel from services, the plans for rehabilitation of the affected population in active areas, and many such problems. Naturally, the taxes increase, (Connel). The economic stress is a great problem in the post-war period. The efforts at economic reconstruction are intertwined with social and psychological problems.

Shift in social dynamics to pre-war pattern.—War disrupts whatever social and psychological stability that existed, and makes heavy demands on human resources for an enlightened, meaningful adaptation to the situation. Though this may not produce panic-behaviour in general, there is a tendency for mob behaviour...to manifest itself. There is an unhooking of the value systems that held society together at different levels: the family, the neighbourhood, the immediate community, or the larger community that the nation is. This comes about with conscription, deaths, economic scarcity, insecurity,

separation etc. The problem is one of the severe blows dealt to the various ways in which identity was able to give security to the human being. This is so well expressed by Virginia Wolf: "Further, the war has taken away the outer wall of security. No echo comes back. I have no surroundings. . . . Those familiar circumvolutions—those standards—which have for so many years given back an echo, and so thickened my identity, are all wide and wild as the desert now. . . .". Lynd in a searching analysis says that one has to have "a sure sense of oneself. . . . finding aspects of social situation with which one can clearly identify. . . . family, neighbourhood, or immediate community, larger community such as nation. . . . Clear identifications are difficult, when a country that describes itself as a nation of democracy, freedom and peace, practices ruthlessness toward less powerful people, supports fascism to fight communism and atomic warfare". And similarly, the unhinging of identity at the national level also is affected as voiced by Freud: "The individual citizen can prove with dismay in this war that the state forbids him to do wrong not because it wishes to do away with wrong doing, but because it wishes to monopolise it, like salt and tobacco. . . .". With the loosening of the value system at different levels the war situation, as put forth ironically by Galbraith, seems to be an "almost casual and pleasant experience. . . several million found jobs hundreds of thousands escaped. . . their boredom".

Such a situation incidentally unleashes forces from within especially triggered by the inevitable frustrations of war time living. The release of tremendous aggressive impulses and hostility, no doubt finds approved outlet in the military personnel with the enemy as the target. But it is a severe problem for the civilian. Langner and Michael attribute the outbreaks in civilian population of physical violence, delinquency, crime, alcoholism to it. Harriman indicates that there would be attacks on radical groups, on industrial leaders, or on racial minorities. There is elemental pleasure in destruction, exhibitionism, relaxed sexual mores, and satisfaction of homosexual tendencies.

Thus the social dynamics seem to emphasize two dimensions, the loosening of the value system, and the unleashing of the hostility or aggression triggered off by the frustrating situation. A shift to the pre-war pattern has to take both these aspects into detailed consideration. The general level of frustration is to be decreased coupled with the reinstatement or reinforcement of supporting value systems at different levels. The first, as suggested by Harriman, should look after a minimum standard of living, with consumer cooperatives and employment possibilities (industrial democracy). The second aspect deals with education through various media of communication and prestige points for the development of an emotionally mature population that has better insight and avoids the build up of pathological attitudes. This implies reforms in economic as well as political areas.

New Adjustments.—Along with the war, the patterns of living conditions have changed, and it is not merely a matter of going back to the pre-war pattern. There are the problems of depletion of population, the nature of division of labour with more industrialisation due to impact which institutes changed patterns of production and distribution, the arts and crafts indigenous to the pattern of family life being influenced and religion facing many challenges.

These require meaningful and positive adjustments, that shall give greater security, satisfaction and a move towards more positive creative human living.

Post-war increase in mental health problems.—Mental health problems, in this area, may be viewed from two aspects and an interaction between the two also. Persons may differ at the weightage given to each of the aspects. Firstly, it is the serviceman who returns to society. In this we may consider those who had a breakdown during service and those who were previously resourceful but suffer a breakdown at coming back. There have been reports about suicidal soldiers in the European theatre after the V-E day. An examination indicates

factors that deal with familiar situations like an unfaithful wife, friction with family, failure in ambitions, or other domestic troubles. Beside this are the problems of occupational adjustment of the ex-serviceman.

Just like this, there are problems of adjustments in the civilian population which we have noted earlier. Crime, delinquency, alcoholism, disruption of family ties, social non-conformity, occupational mal-adjustments, and further complete mental breakdown under the stressful conditions of the post-war period appear to increase, unless drastic efforts are made to turn the tide.

Post-script.—Of course, with the traumatic war experiences, as Erikson has pointed out, there crop up distrust and a devaluation of language. There are incidents that show positive contributions also. To cite an instance, Martin Buber, who was unable to write his novel for 25 years, said that as a result of the second world war. . . 'the novel wrote itself'. It only indicates that the release of energies could be geared up too. Good may be harvested also. As Toynbee puts it "war is another ancient and anachronistic institution which is condemned on moral grounds as widely as slavery has been. Just as the *intensification of slavery through the impact of industrialization* led to the launching of the *anti-slavery movement*, so the *intensification of war through the impact of Democracy* and subsequently, of course, through the impact of industrialization as well, *has led to an anti-war movement*". It may be hoped that democratisation of our pattern and its spirit into education, though in the beginning it may intensify wars, will lead to a world democrate, industrialized, free from slavery and free from war.

THE ROLE OF AGGRESSION AND THE PROBLEM OF DISCIPLINE

Item 9 of Sub-Committee on "Mental Health of the Civilian Population in Emergency" Contribution received from Dr. J.C. Marfatia. Consolidated report worked out by Sub-Convener Dr. E.M. Hoch, Visiting Prof. for Psychiatry, Lady Hardinge Medical College, New Delhi and Hony. Adviser on Mental Health, D.G.H.S.

I. *General considerations about the nature of aggression.*

1. *The meaning of the word "aggression".*

The term "aggression" comes from Latin "agredi", which simply means "to go towards", implying a determined, purposeful move, usually one that takes the initiative, towards an object or a partner. The exact equivalent in Sanskrit would presumably be "akrama".

The corresponding term in German, "Angriff", does not refer so much to the forward movement of the feet or the whole body, but to the action of grasping or seizing. In Sanskrit, the equivalent would be "agraha". Some of the derivations of this German word, as for instance "anriffig", simply signify that a person has lively initiative and skill in handling some tool or work.

Nowadays, however, in psychological as well as in sociological and political literature and even in everyday language, the meaning of "aggression" has been narrowed down to becoming an equivalent of hostile attack or assault, a movement towards something with a definitely hostile and destructive intention.

While, therefore, aggression in its original broad meaning is a fundamental characteristic of all living organisms, a necessity

for survival and a source of initiative, spontaneous action and vitality, in contrast to the inertia of inanimate matter, stricter,—or if we like the distorted!—meaning tends to turn “aggression” into some thing merely negative, that is generally condemned and sought to be avoided.

2 *Aggression in the animal world.*

Certain modern schools of behaviourism tend to regard all possibilities of human action only as responses to stimuli. The consequence has therefore been drawn that certain behaviour patterns can be made to disappear simply by eliminating the relevant stimuli. With regard to aggression, this has produced, in certain quarters, the view that, if one wants to bring children up without provoking aggression in them, one will simply have to avoid facing them with frustration. Experience with specimens of children and young people of recent generations has shown that this assumption is quite erroneous and that it is often the most permissively brought up child who becomes the greatest menace to society. It is not only that lack of exposure to frustration and opposition does not prepare the child for later life, so that, once he leaves his home, even normal everyday situations in a wider, less permissive society assume the character of frustration; but there is a deeper lesson implied in the failure of such “non-frustration” education.

Animal behaviour physiologists, in particular Konrad Lorenz, from whose book “Das sogenannte Böse”^{*} a good amount of material for this report has been drawn, have to conclude from their observations that aggression, far from just being only a response to a stimulus, is a primary instinct that can seek its spontaneous outlet. It is not tied rigidly to provocation in particular situations. Just like the sex instinct, or if like the “libido”, which can make itself felt in the absence of any relevant outward stimulus, it is a force that is inherent in an animal. If, for a long time, it finds no adequate stimulus that justifies its discharge in the accustomed or “conventionalized” manner, the animal will show, what is called “appetence behaviour”, i.e. it

^{*} Das Sogenannte Böse (The so-called Evil). A contribution to the natural history of aggression Borotha, Vienna 1963

actively seeks out a situation that will allow an outlet to aggression and, for this purpose, it will possibly accept a substitute object which may only have a remote resemblance or connection with the customary stimulus or situation. Failing even this, *i.e.* the finding of an acceptable substitute, the accumulated aggression may simply erupt in an apparently unmotivated, unspecific outburst.

The application of these observations in the animal world to human behaviour is quite plausible. "Appetence behaviour", *i. e.* the deliberate seeking out of a situation that will justify aggression, is not only familiar on the individual level in what is sometimes called a "fellow with a chip on his shoulder", but also plays a considerable role in international situations, where it has occasionally been likened to the fable of the wolf who wrongly accuses the lamb down-stream of having polluted the water where he stands, *i.e.* upstream etc. While, probably, in the animal world outside the fables, such substitute aggression does not have to be particularly justified even camouflaged, we hypocritical human being have a need to make the substitute situation appear, as if it had been a legitimate stimulus not simply for aggression, but for defensive action ! The "mechanisms" of "substitution" and "displacement" with regard to accumulated aggression are also too well known. LORENZ points out that, in this respect, animals appear to be almost more "human" than men: While men often save up their anger and rage with regard to outsiders for an opportunity when they can ventilate them on their near and dear ones within the closest family circle, animals on the contrary, have a tendency to avoid all aggression within the family, and to direct it against outsiders!

Furthermore, such "re-directed" behaviour with regard to aggression in animals tends to develop gradually into a firm ritual, which becomes so well organized and conventionalized that it practically assumes the role of a secondary instinct.

One may perhaps have to mention that "aggression" in animals, at least as far as its observation is to supply parallels for

human aggressive behaviour, does not refer to the usual techniques of attack and killing which carnivorous animals have to utilize in the process of providing nourishment for themselves and their young, but only to situations of attack and fighting between members of the same species, i.e. to "intraspecific aggression". That "aggression" of the former type is a sheer natural necessity for the animal concerned, and that it has nothing to do with any moral principle, is something which already King Shibi in the famous fable of the pigeon and the kite, had to realize.

It now is a strange fact, to which animal behaviour physiologists point, that intraspecific aggression is most pronounced in those animals which also are capable of recognizing individual members of their species and of developing more or less permanent ties of friendship with selected mates or companions. Animals who live in anonymous herds or crowds, and who often cannot distinguish individual members from each other, may display aggressiveness or at least some kind of threatening or defensive behaviour on a collective level when faced with a common enemy or possibly with a different "clan of the same species, but, hardly ever attack each other. LORENZ goes so far to say that: "The formation of an anonymous crowd and personal friendship exclude each other for the very reason that the later, rather strangely, always is coupled with aggressive behaviour. We do not know of any single creature which is capable of personal friendship, but which at the same time lacks aggression." It appears that a capacity for a selective relationship, a mutual attraction between two poles, is necessary not only to produce the positive phenomenon of friendship, but also the negative one of hatred and aggression. Perhaps this observation may justify one in being hopeful that we need not only pessimistically state that, where friendship is possible, we are also likely to find aggression, but, on the contrary, where one finds aggression, there is also a potential for friendship!

Animal behaviour physiologists actually tell us that much of what appears to be courting behaviour or some other sign of

close harmony in animals is derived from original aggressive moves that have been modified by so-called "redirected activity". The feathery, scaly or hairy coating of birds, fish and mammals often bears signals which, in certain challenging positions, automatically stimulate the aggressive instincts of another animal of the same species who feels threatened in its territorial claims by a neighbour or stranger. "Redirected behaviour" now sees to it, in the literal sense of the word "redirected", that the animal who is in the process of seeking friendly approach to a mate, or companion, will turn towards the partner in such a way that the provoking signal is hidden or at least reduced in size. In some cases even, as for instance in animals of opposite sex during the mating season or in the young offspring of animals, i.e. whenever animals of the same species have to live in close contact in order to assure the functions of mating, nesting and breeding, nature sees to it that the usual integument with its provoking signal value is replaced by a neutral coat. The female partner and the young offspring of animals are often far more secure from the aggression of male animals of the same species than human woman and children are with regard to their partners and elders !

It is probable that the inhibitions that make animals spare their sex mates and their young from aggression may be at the root of what is called "placating" or "pacifying" behaviour, a rather remarkable phenomenon which can at times, be observed during fights between members of the same species. The one of the two fighting rivals who begins to realize his inferiority, may suddenly assume a position of humble appeal, which occasionally may be reminiscent of the female posture of subjection in the mating ritual or of the playfully appealing pranks of a young animal. At any rate, surprising as it may be, considering that the victor often finds one of the most vulnerable parts of his opponent's body exposed close to his teeth or claws,—such postures seem to have their recognized signal value and make the victor magnanimously spare the partner who thus humiliates himself in a placating gesture. In view of the fact that the aim of

intraspecific aggression in animals is not the extermination of the opponent or rival, but only his subjection. the fight that ends in a pacifying ritual perfectly serves its purpose.

We may stress once more that, wherever the original possibility of aggression is thus inhibited, we are likely to find a strictly conventionalized ritual which the partners involved seem to know and respect instinctively. If there is the slightest deviation in direction of movements or in simultaneouness of timing, the inhibitory purpose of the ritual may be missed, and an actual fight unto death may result, occasionally even between animals who are linked by ties of friendship. There is evidence that, amongst human being, too, many of our customary rituals, for instance various fashions of greeting or even, as LORENZ points out, a friendly smile or a hearty laugh, can be likened to such "redirected" behaviour that diverts an originally aggressive move against an unknown potential enemy into a friendly gesture of recognition of a well-known partner. The fact of being acquainted appears to promote "redirected activity", while lack of acquaintance, anonymousness, tends to release aggression.

More similar to certain inhibitory animal rituals are such human conventions as tournaments, duels, fencing bouts with their strict rules and then, of course, the various sportive games and competitions.

Finally, animal behaviour physiologists point out that inhibition against intraspecific aggression, e.g. in the form of redirected activity or ritualisation, is strictly proportionate to the amount of aggressive energy and the dangerousness of the aggressive tools, such as teech, claws, horns, antlers, with which an animal is fitted out.

3. Some applications of the insights gained from animal behaviour to the problems of human aggression.

If we speak of aggression in humans, at least whenever the term is used in its strict sense, expressing a hostile move, we always mean "intraspecific" aggression. Within the total species

of man, one can, however, distinguish groups within which members spare each other from aggression, or in other words, within which inhibitory factors operate, whereas the same group, with regard to other groups or individuals outside the own group, may display a considerable amount of aggression. Such group can be called "pseudo-species". According to animal behaviour physiologists, so-called "pseudo-species" within a natural species provide a stimulus situation necessary for the abreaction of aggression which might otherwise endanger the survival of the pseudo-species itself. Or we may say, if members of the same species, who recognize and acknowledge each other personally are to live together in peaceful and friendly manner, they must have some object outside their community against which they can direct all the aggressive drives which are inhibited from finding their outlet within the group.

In studying human patterns of aggression, one therefore has to take into account phenomena that run parallel to interspecific aggression in the animal world, with all its rituals of redirection and placation and, on the other hand, hostile and aggressive manifestations between groups, so-called "pseudo-species". These latter bear more less the characteristics of the behaviour of a whole animal species with regard to an enemy from another species who threatens the survival of the species in question as a whole. It is in his respect that the proverb "home homini lupus", *i.e.* "man becomes a wolf to his fellow-man", can be applied. Man does to his fellow-men, what a wolf would only do to an outsider from another species.

In the animal world, such "pseudo-species" usually originate from common ancestors, *i.e.* they are a kind of family-clan linked by kinship. One can, however, also find examples in which individual animals are linked through other ties, *i.e.* something that looks like friendship, a spontaneous mutual attraction, of individual members of a species who are not particularly linked through kinship or through bonds of mating.

In human beings, as ERIKSON* in particular has pointed out, this formation of groups which we can call "pseudo-species", is closely linked with what we call "identification" or formation of an identity. In the process of personality formation, a human being is out to incorporate certain characteristics as desirable, whereas others are discarded as undesirable. A "positive identity" that fits in with the demands of the family or a wider cultural setting, is built up. But at the same time the rejected material somehow integrates into an image of a negative identity or, as C.G. JUNG would term it, the "shadow". Though this "negative identity" consists of features which originally belong to the individual who rejects them, they are frequently not recognized as his own. He does not only "reject" them, but also "projects" them. Some other individuals or a group of individuals with allegiance to a different identity become the representatives of the "negative identity" and all the opposition, hostility, suspicion and condemnation which are directed towards the negative features, which are unacceptable within oneself, are then turned against the individual or group who thus stand for them. Inner cohesion and self-respect, be it in an individual or in a group with a common identity, are thus saved at the expense of hostility with regard to a group that displays different features. As C.G. JUNG has pointed out, the "shadow", i.e. the representative of the rejected features, if it assumes a shape in the imagery of dreams or phantasies, often bears the characteristics of a person of a different race, i.e. for Western man it often assumes the shape of a man of a coloured race. Antagonism between races of different skin colour may be drawing a good amount of vehemence from this tendency to "denigrate" someone who is to represent one's "negative identity". In the absence of any obvious racial difference, characteristics of caste or of religious or political allegiance, or, on the individual level, any contrast in physical features, habits or character structure, may

*Erik H. ERIKSON : See for instance a recent paper: "The concept of identity in Race Relations: Notes and Queries. Published in "Deadalus" Journal of the American Academy of Art and Sciences, Vol.95, No.1, Proceedings of the American Academy of Art and Sciences, winter 1966.

serve as a convenient fixing point for the projection of the "negative identity". Release of aggression with regard to this effigy which represents all that which one has rejected in oneself, then does not only become a convenient possibility, but may assume the character of a sacred task.

One would therefore have to conclude that, in order to eliminate the ruthless ventilation of aggression amongst humans sub-divided into pseudo-species, it is not sufficient to eliminate differences and to promote acceptance and reconciliation between different groups; but one of the essential problems would be to reduce the primary instinctual level of aggression which, in order to find its outlet, feeds the process of division, discrimination and projection that leads to hostile tension between "pseudo-species".

The two avenues that promise to be most successful in this respect, according to LORENZ, and ERIKSON would be provision of opportunities for redirected activities and valid rituals that can tie down aggression and, on the other hand, a deepening of self-knowledge and a widening of educational aims and cultural ideals, so as to include more and more features in positive identities on individual and group level and thereby to reduce the tendency to seek "scapegoats" for accommodating the negative identity. In other words, the positive possibility of friendship and close personal ties, which, according to animal observations, is inherent in any relationship that also includes the risk of aggression it to be fostered and encouraged and possibly reinforced by certain binding rituals to an extent that inhibits aggression effectively. Sub-division into "pseudo-species" has to be transcended by what ERIKSON calls the establishment of higher, "more inclusive identities".

This need is all the greater as, unlike in animals, where the inhibitions closely correspond to the degree of aggressive energy and tools, the proportion between natural inhibitions on one side and means and methods of aggression on the other, has become

dangerously unbalanced in man through the invention of deadlier and deadlier weapons. Already the perhaps casual discovery of a first cave-dweller that one can enhance one's own physical power in aggression by utilizing a sharp stone or, at a later stage, some purposefully shaped weapon, upset this natural balance considerably. Moral forces had to be developed to re-establish the equilibrium. Nowadays, however, the proportion between destructive power at the disposition of a single human being and his natural inhibitions, even if reinforced by moral considerations, is not only unbalanced by the gigantic killing potential of modern weapons, but, additionally, by the fact that these can be applied from a safe distance and with a minimum of physical effort. This means that the factor of personal acquaintance with the potential partner or enemy, which even in the animal world makes for re-direction of aggression, is eliminated and, together with it, also the opportunity for inhibiting aggression by what has been described as "placating" or "pacifying" ritual in the animal world. (See also mental Health Problems during War, under 1/3, para. 1) Anonymity impossibility of getting close enough to each other to distinguish and correctly interpret the perhaps subtle signs of non-hostility or readiness for subjection, promote intraspecific aggression between animals and, we have to suppose, also work in this direction amongst humans.

This would have its particular implications with regard to development of non-violent methods of international negotiation, which may bear some resemblance to "pacifying" behaviour of animals* : Unless there is an opportunity of bringing the influence, perhaps some kind of spiritual emanation, of the representative of non-violence into close proximity of the opponent, there is hardly any chance for success of a non-violent approach.

4. *Individual Identity Formation.*

It has already been casually mentioned that the phenomenon of "Identity formation", which in humans can lead to division into

See also PYARELAL NAYAR, 3 lectures delivered at Institute of International studies, New Delhi, In November, 1965.

“pseudo-species”, does not only operate at group level, but, probably primarily, on an individual level. In this respect, some observations from the field of developmental psychology and clinical psychiatry may provide some further enlightenment. We have to assume that human consciousness, in the first months or even years of life, is of a very diffuse and impersonal character. The small human being, so-to-speak, lives in empathy, in a state of being merged, with his immediate emotional, and in the beginning perhaps even his physical, environment. It is a gradual process of gaining distance, of recognizing himself as separate and autonomous, that allows the child to identify himself with an “I” that experiences itself as separate from the environment.

The critical phases in this development are the so-called “apiteful age” at 3-5 years and then again the period of rebellion which we expect to find during puberty and early adolescence. While, during the former of these phases, it is his physical separateness and the possibility of pitting his will-power and his physical energy against resistance of an “outside world” that the child has to discover and to learn to master, the second phase of rebellion is more concerned with the world of ideas and values, of individual more responsibility, of recognizing one’s own inner voice in contrast to remaining sheltered within blind obedience to parental authority and general convention.

In both phases, the process of delimiting and accepting one’s own identity needs the experience of coming up against some resistance. Only friction, the recognition of one’s own limits against something that offers a hard, resistant surface, can make one aware of one’s individual separateness and identity. It is easier to realize that one is thinking or doing something on one’s own initiative and account, if one finds oneself in opposition to the environment. When one’s exploratory and tentative moves and initiatives (which are “aggression” in the widest sense of the word) strike into a vacuum or immediately succeed in displacing a yielding, soft mass, the limits that would help to constitute one’s own identity, cannot be recognized. The result may be that one remains simply merged in the original indiscriminate

empathy or that one inflates oneself into an unrealistic sense of omnipotence, which, at a later stage, may fret in rage at any opposition that dares to obstruct its triumphant way. This is the case, where parents and other educators assume a policy of "non-frustration", of complete permissiveness, and where, consequently on coming out into a wider society, young people are unprepared to accept anything that resists their pampered arrogance. On the other hand, the necessity of coming up against excessive frustration and resistance too early, can break the capacity and the desire for establishing individual limits and for experiencing one's identity as different from the environment.

The consequences to be drawn from these reflections for educational guidance to parents and teachers have been described by Dr. MARFATIA, contributor to this Sub-Section of the Sub-Committee's work. His paper, as far as parts of it have not already been integrated in this consolidated report, is given as an Appendix, as it might serve as valuable source material for mental health education lectures to parents and teachers.

A finding of one's own identity, a knowing of oneself, is in its turn again the necessary prerequisite for forming true friendships and for recognizing others as what they are. A healthy sense of identity, an awareness of an innermost own core, that cannot be essentially altered by any influence, is also the basis for venturing out into more and more experience that may contribute towards widening and enriching this identity into an ever more inclusive one. The person, however, who feels insecure within himself, who has reason to doubt the genuineness and strength of his inner "identity", will avoid close relationships that might exert a modifying influence on his own suggestibility and he will react with suspicion and ready hostility to new and strange values. The fight against the "negative identity" often in the form of extreme negativism and withdrawal, becomes an almost compulsive substitute for a healthy awareness of a genuine, deep founded positive identity.

II. *Special applications to the present-day Indian situation.*

1. *On the national level.*

The problem of hostility between "pseudo-species" in the sense of enmity and risk of aggressive action between-neighbouring countries has been discussed in other sections of this Sub-Committee's Work. One may perhaps remind that this problem of "positive" and "negative" identity and of the need to set oneself off in one's identity against something different rather than risking to merge with something similar, already figures to a certain extent in the ancient theory of the "mandala" of nations, which we find in some portions of the Arthashastra. This political theory maintains that it is practically always possible to sketch the relationships between a country and its neighbours in the form of concentric rings, of which the one immediately surrounding the country in question tends to be coloured by hostility, rivalry and aggressive tendencies, while the next outer ring consists of countries with which one entertains friendly relationships.

With regard to India in its present situation, one may have to consider the fact that a negative identity that allowed Indians to set themselves off against something different, has been provided until the moment of Independence, by the foreign rulers. The Independence struggle, which one might almost liken to a rebellious adolescent crisis, through friction with a "negative identity", served to mould and strengthen India's own identity. Whether the formation of a neighbouring Pakistan was a wise move for providing this new "identity" with a kind of substitute for the withdrawal of the previous powerful "negative identity" of the foreign ruler, is not for us to say in this context. At any rate it appears that, during the armed conflicts of the past 4 years, the need for the country to direct its aggressive forces against an enemy outside its confines, had succeeded in temporarily toning down or even eliminating certain tensions and conflicts between "pseudo-species" within the country. India literally had to become aware of her limits, her frontiers, which previously had been taken for granted or possibly even neglected. One cannot

help comparing this process to certain phenomena of recognition of one's own "ego-boundaries" that occur during individual development, and which often also are rendered possible only through experience of friction or clash or perhaps a threat of being "invaded".

The acceptance of this need for delimitation and presentation of a firm identity, —not only on the national level but also on the levels to be discussed later: with regard to groups within the country and with regard to individual development,—naturally was not quite easy for a country with a religious and philosophical tradition that has tended to condemn any type of "ego-identification" ("ahamkaran") and to promote, on the contrary, the merging of all differences and individual limits in a highest, all inclusive identity, the Universal Self ! The stressing of the universal oneness of all human beings or even of all creatures in the world and the theory that individual differences and limits are just due to the illusionary play of "maya", has provided a powerful basis for the teaching of non-violence and tolerance, but also carries within itself a temptation towards passivity and lethargy. There is, however, plenty of evidence in the Ancient Scriptures that the task of attaining union with the Universal Self is not to be confounded with an indiscriminate primary merging, i.e. regression to or fixation at an embryonal stage of being one with the mother, but that it has to be developed as a secondary result of transcending a fully experienced individual separateness. We also find evidence that this ultimate oneness comes through facing resistance and through developing an inner firmness and self-discipline that can hold and contain its own until it becomes mature to give it up.

With regard to non-violence in particular, we know that its greatest advocates, above all Mahatma GANDHI, have pointed out that non-violence that stems from weakness and cowardice is worse than violence and that true "ahimsa" never consists in passive inertia and avoidance, but that it represents a highly

condensed power that has to be contained and controlled as strictly as raw, unmodified aggression, if it is not be released at the wrong moment in the wrong context and in the wrong measure.

One may therefore perhaps have to consider the present phase, in which India has been challenged twice and may again be challenged into realizing her identity through opposition with regard to an outside enemy, as a necessary phase of "passing through fire", so as to be purified and strengthened. Concern should, then perhaps be given to reflection in which manner these challenges can best be utilized to promote the building up of a genuine and deeply founded identity of the country which later perhaps can be transcended in favour of a more inclusive identity of a brotherhood of nations. (See also under "Mental Health Problems during War, II|3)

2'. The problem of aggression amongst group within the country.

In the report on "Civilian Morale during War", Item 4 of this Sub-Committee's work, we had pointed to a particular difficulty in which India finds herself at the present moment with regard to establishing what one might call "national solidarity". (See under II/1c of that report) We may perhaps quote the relevant paragraph in this context:

"With regard to national solidarity here in India, one may have to mention a problem that is partly due to the enormous size of the country, partly perhaps to a somewhat precipitated venture into democracy, at a time when the necessary educational and social background was still lacking in many people. Up to now, the individual human being had been mostly existing in close identification, or rather a primary state of being merged, with his family and, on a wider level, perhaps with his caste or village community. The present-day social changes, on one hand, force more and more people to experience themselves as independent individuals who can seek their own fortune or that of a small, relatively mobile family, while, on the other hand people who previously could not see the world beyond their village, are suddenly required to identify with fellow-countrymen thousands

of kilometers away, whose language and way of life may be more foreign and incomprehensible to them than those of the potential or actual enemy across the border. This simultaneous pull towards individualism and identification with a huge nation that can only be grasped in the abstract, tends to have an unbalancing effect."

"The chances are often that the person concerned snatches the best of both worlds: he seeks his own individual advantage, wherever it seems most favourable to him, and, at the same time, he takes care to have himself covered in this endeavour through the protection of as powerful and far-reaching a group as possible, from which he expects the same benefits as previously from the joint family or the caste brotherhood. Political parties, factions etc., often are such "half-way houses" on the way towards individualism and, at the same time, towards nationalism."

"To counter these disruptive tendencies, it would be necessary to strengthen local autonomy, while, at the same time, engaging the local authorities, in the form of panchayats, municipal councils, etc., in close cohesion and mutual exchange with parallel organisations and also subordinating them in a well-planned hierarchical order to more inclusive authorities. The aim should be to promote the insight that each individual's and each small group's welfare at the same time contributes towards the flourishing of the nation and that, vice versa, measures taken for the benefit of the whole country are also likely to have their positive effect on the individual citizen. Only this certainty will allow a true sense of democratic national identification to develop."

Summing up, we may say that, simultaneously, two identities have to be experienced and consolidated: the national identity, which previously could exist merely in contrast to the foreign ruler, as a kind of shadow, now has to become an independent, self-relying one, based on positive characteristics and not merely on denial of foreign standards. At the same time, due to the wave of rapid social and economic change that is sweeping over the country many individual persons who previously were safely enfolded in the collective identity of small traditionally sacred

groups, have to experience their separate personal identity. As mentioned previously, identity, whether within a group or on an individual level, can often only be experienced and durably established by going through a phase of aggressive resistance, in which one can pit one's substance and define one's limits against something that does not give way and that offers friction. The courage to venture into such aggression on a level of individual responsibility, often also the initiative or the possibilities for doing it in a situation that carries in it neither harm to self-respect nor risk of offending society, is often lacking. The half-way solution of seeking identification with a "pseudo-species", perhaps on a somewhat more emancipated and conscious level than previously with the family clan or caste, is therefore a convenient solution.

These new groupings, however lack some of the essential characteristics of the original family cohesion: The commonness of interests is usually limited to certain areas, whereas within the old family unit it was practically total. As the newly emerging groups have come together more or less fortuitously, without being able to claim any natural or sacred roots, they can also be conveniently dissolved or abandoned, when they have served a limited purpose. Allegiance therefore, is not so absolute as within the previous, more organically grown groups. Furthermore, the degree of acquaintance amongst the group members is never as high as within the original natural group of kinship or caste. Lack of acquaintance, however, as we have heard from animal behaviour physiologists, promotes outlet of aggression. An anonymous gathering, moreover, quite generally tends to act according to the patterns of crowd behaviour with the well know reduction of mental level to the lowest common denominator.

Furthermore, the present-day mobility of society, enhanced through official policies of frequent transfers, actively prevents the formation of solid allegiance and durable acquaintances even within groups that have certain interests in common. The ephemeral nature of these new "pseudo-species" with regard to their aims and with regard to their actual composition, and the general

rapid change of values also prevent the establishment of recognized and tradition-bound rituals that could tie down aggressive energies in some form of sanctioned "re-directed activity". At the same time, many of the old rituals, in which Indian culture abounds, have lost their universally binding value. Even with regard to simple gestures of greeting, one may now a days be in doubt, whether to raise both hands to a traditional "namaste" or to engage in a Western handshake or perhaps to exercise restraint in a mere polite bow. Uncertainty about the partner's intentions, however, which probably these forms of greeting were out to avoid, can create apprehension of aggression and, just as a fight can result in animals, if a ritual is not absolutely synchronized, a hesitant or ambivalent gesture of greeting or verbal approach can be misinterpreted by the partner and release hostility.

This is an observation which one can at times make in mental patients, in particular amongst schizophrenics, who are known for their lack of understanding of common symbols and rituals. A gesture of approach, which is meant in a friendly manner, but which is not quite unequivocal in its motor performance, is easily mistaken for an aggressive challenge and, probably providing a welcome signal for release of accumulated aggression, is readily responded to with what the unsuspecting partner then considers as an "unprovoked attack". In similar manner, one can provoke anxiety or aggression by approaching an animal, a child or a little educated villager in an unexpected or unfamiliar manner, through the intention may be entirely friendly.

The existence of "pseudo-species" within the country therefore appears to be a necessity, if a certain outlet for aggression is to be provided. Remedies for avoiding all too violent clashes and an exhaustion of energies in fruitless group rivalries and disputes would have to consist in first line in a strengthening of the more inclusive national identity, *i.e.* an increasing direct and democratic identification of each single citizen with the unity of the nation as a whole. At the same time, as is to be discussed in the following section, we have to find means for rendering the

process of individual identity formation more adequate and smooth, so that the seeking of collective identities as a substitute for individual responsibility loses some of its attractions. Furthermore, one may have to aim at constituting groups or "pseudo-species" in such a way that their size allows close mutual acquaintance between members, that the interests shared are not too casual and ephemeral and that memberships is maintained with a certain constancy. This would be more likely if such groups are constituted on a local basis, than if they attempt to hold together members who live far away from each other and who hardly know each other personally. In addition, such groups, whether political, cultural, occupational or educational, will have to develop their own forms of ritual which help members to identify with the group and to recognize other members easily, and which, if we are to believe animal behaviour physiologists, tie down latent aggression to a high degree. Beyond this, one would have to attempt more and more to direct any enthusiasm that can be roused within such groups into a movement "*for*" something, *i.e.* for some cultural or humanitarian aim, instead of allowing aggressive energies to spend themselves in "re-directed activity" merely *against* something or some other group.

It would appear that such movements : as "Rotary Clubs", "Lions' Club", Boy Scouts, Girl Guides etc., with their intimate local organisation, their well established ritual, their outlets for initiative and energy, their humanitarian aims and their hierarchical organisation that rises from small local units to a widely embracing international level, are particularly apt to fulfill all these requirements in a practical manner.

In the political sphere, as already mentioned, a democratic organisation that delegates its powers largely to autonomous local bodies, as for instance panchayats, municipal councils, district authorities etc., where mutual acquaintance and concern for common needs can help to form positive ties, would appear to be an appropriate measure. At the same time, identification with the greater issues of the country as a whole could be promoted by fostering a sense of participant citizenships in the young,

through some ritualized ceremony. Indian tradition, of course, knows on a religious basis certain rites of initiation, as for instance the thread ceremony. Nowadays, however, as the timing for these ceremonies probably no longer corresponds to the rate of physical maturation and attainment of social responsibility, and as the religious and cultural values on which they are based are themselves under doubt, such rites have lost their deeper meaning. In the West, a similar reduction to the level of a mere formality has occurred to a certain extent with regard to the Christian religious ceremonies of confirmation and first communion for young adolescents. New forms of allegiance and commitment in identification with a group or with the nation as a whole, may therefore, have to be created.

In Switzerland, for instance, the compulsory military service for young men with its atmosphere of solidarity and devotion to the common aim of protecting the country, creates a high degree of identification. In addition, however, in recent years, many of the municipalities or provincial governments have introduced a public "coming of age ceremony": Once a year, all young men (the women are not voting citizens!) who have reached the age of 20, at which they become fully responsible citizens, are called together on a public square or in some hall or even church. In a solemn atmosphere, some highly respected personage, usually a representative of the government, addresses them with a patriotic speech. Sometimes, as far as I know, the young citizens are asked to pledge themselves to the welfare of their country by an oath of allegiance. Usually, a copy of the Swiss Constitution and some other literature about the history of the country and its political organisation, is given to each participant. The presence of older citizens who by this ceremony receive the young ones in their midst, helps to create a sense of belonging and of identification with regard to the older generation and promotes the willingness to leave behind childish and juvenile forms of rebellious and irresponsible behaviour.

The promotion of equal justice for all and in particular an equitable distribution of the national product, without however

tying individual initiative and enterprise down too much, would be further factors that could contribute towards eliminating some aggressive tendencies. It is almost needless to say that, in this respect, population control through family planning also has its significance, as overcrowding, the rush of too many after too few commodities, are known to create aggression even within animal species or pseudo-species.

3. *The problem of aggression and discipline on the individual level, with particular reference to student indiscipline.*

The fact that man is "evil" right from birth, that the famous dark powers of lust, anger and greed are always lurking around the corner, has been common knowledge for ages. But apparently it needed the observations of animal behaviour physiologists to convince us again even on a scientific level, that aggression cannot simply be regarded as a "response to a stimulus" that can be safely ignored or even eliminated, if only one sees to it that no situation of frustration acts as a stimulus. We may have to learn again that aggression is an innate power with which we always have to count and which has its positive value, not only for raw survival, but also as a powerful source of energies for all human initiative, persistence and enthusiasm.

Upbringing of children, as this has been described in detail by Dr. Marfatia in his paper, which is attached, must therefore, keep account of the necessity for teaching adequate control over aggression and of providing socially acceptable opportunities for its release and sublimation. The phases of stubborn resistance and rebellion at the ages of 3-5 and again during puberty, have their important function in identity formation. The growing child or adolescent must experience his limits and his own energy against some resistance. Physical and mental effort in conquering new areas that do not yield too easily can make him aware of his own power and teach him to control and modulate it effectively. An "identity" that is merely "ascribed", a label that was stuck onto one right from birth, irrespective of any merit or effort, is not likely to hold good in to-day's open and mobile

society with its stress on achievement and individual merit. In this respect, India, and particularly its youth, which may still have been sheltered by all too permissive traditional customs of early upbringing before emerging into a harsh, competitive society, has to realize that an enormous change has come about.

In many Indian families, methods of upbringing have been and still are, for too permissive. The parents' motivation for granting every wish of the child immediately, moreover, does not always spring from genuine consideration for the child's welfare, but merely stems from fear of one's own aggression and from a strong empathic identification which makes one refrain from creating situations that would mean vicarious or empathic suffering of the parent along with a frustrated child. The adoption of methods of upbringing that keep account of the child's need to face resistance and frustration, would have to start right with the discarding of the custom of breastfeeding on demand which is still practiced by many Indian mothers! While, in the old system, in which a person spent his whole life in the same permissive family environment, this method may have had its justification, it is now-a-days a very inadequate preparation of a child for his later struggle of life in a society that offers many frustrations and resistances.

A kind of pampering, or at least a choice of the path of least resistance, is also implied in the ambition of many parents to push their children as early as possible into an all too one-sided intellectual career. The mechanical type of studies required by most schools, does not offer much resistance to a bright pupil. Many intellectually gifted children manage to skid through their early school years without ever having to experience the frustration of failure or the necessity of tackling something with real effort and persistence. Later, more difficult tasks find them completely unequipped for facing hardships and exertion, and the frustration resulting from a first failure often upsets their precarious equilibrium completely. It is a fact that gives food for thought that a considerable proportion of the children and young people who are brought to psychiatrists in more or less serious

states of emotional tension or even breakdown, are not those who have had to face hardships and to struggle along tenaciously for even an average position in a class, but those who have been consistently spared from bearing frustration by an overindulgent upbringing and who, in addition, up to a certain age, never had to face difficulties in their school work. In children and adolescents of this type, the urges of sex and aggression which naturally are experienced with increased force during puberty, and which offer a resistance that cannot be avoided, can become a threat that leads to complete disintegration.

The need for early specialisation in studies does not only increase the chances that a young person, while sticking to the subjects in which he gets on with greatest ease, will never have to face serious effort, but in addition, such narrow orientation of education promotes the forming of a one-sided "positive identity". This means that the young person will only consider as right and desirable a very narrow sphere of life or of knowledge, and that everything else outside it risks to become incorporated in a powerful "negative identity". This, then, can be "projected" onto some other individual or social group, which thus provides a convenient scapegoat for aggressive urges.

A remedy against excessive and ill-placed manifestations of juvenile aggression would therefore consist in keeping the curriculum sufficiently broad, so as to give every student a chance of coming up against at least one subject that offers him some tough nuts to crack. In particular, one would have to include plenty of physical training in the form of drill, athletics, games, and sports and also manual hobbies that allow the young person to experience his own energy against the resistance of some unyielding material. Passive forms of recreation, such as cinema going, reading of comics etc. which stimulate aggression without providing an active outlet for it, are to be discouraged in favour of more active pursuits.

Apart from what we could call "re-directed activities" we can take some further clues from observations in the animal realm,

as described under section I of this report. The aggression-binding power of rituals also has its particular application in the situation of Indian youth. We find ourselves in a period of rapidly changing values, in which nothing seems to last sufficiently long to find its precipitation in stable, traditional forms. The old values and rituals have lost their validity and may even have become a matter of contempt and ridicule ; new values are shifting and varied, so that they allow characterless opportunism, a ruthless picking out and grabbing for one's own advantage, *whatever appears best in any available system of values, either old or new.* The elder generation no longer cares to be the guardian of traditions which appear outmoded, if not superstitious, in comparison to the scientific knowledge which the young generation boasts of.

In old times, student life had its time-honoured rituals, which in some Western countries are still held in great esteem. The custom of fencing, which mainly prevailed in the German speaking areas of Continental Europe, the great stress laid on "debating" in British universities, and more recently the interest devoted to students' sportive championships, are all to be understood as "rituals" that on one hand release, on the other hand tie down, a good deal of aggression. Now-a-days, here in India, the rapid expansion of higher education has led to a traditionless crowd of students, amongst whom only few have already imbibed some academic values and corresponding forms of dignified behaviour in their own families. This means that this meagre leaven of the "initiated" is insufficient to penetrate the huge mass of raw "dough" of those who come from little educated or even illiterate families.

The one-sided aspirations for intellectual achievement, to be crowned ultimately by some degree, which one finds in present-day India prevents many a student from taking advantage even of the existing opportunities for such healthy outlets as sports and other extracurricular activities. Particularly before examinations, when a clearing of the system of any surplus aggressive

energies would be especially conducive to sharpness of concentration and peace of mind, even those students who usually show an interest in physical exercise, abstain from it and devote themselves completely to sedentary cramming,—very often with the result the concentration gets blocked and that all sorts of suspicions and anxieties are aroused. In some educational institutions, however, in particular in rural areas, but also in crowded city regions, facilities for a physical outlet in the form of sports or handicrafts are completely lacking. Young villagers, of course, may have a physical outlet in farm-work or help in a family craft, as long as they remain at home. Later, however, when they join colleges for higher education, they cannot take advantage of existing facilities for sports, as they have never had a chance of practicing and therefore feel shy of exposing their clumsiness before more agile comrades.

Sports, games and other physical activities, particularly if they imply some social service, such as flood-relief, help in refugee camps, participation in a "grow more food campaign" etc., do not only provide a useful and socially acceptable outlet for aggression in the form of "redirected activity", but, in addition, imply various other features that can reduce or tie down aggression. LORENZ mentions the following beneficial effects :

The culturally ritualized form of sportive fight and competition fulfills the task of educating man to a conscious and responsible control over his fighting instincts. The element of "fairness" and chivalrousness, which is to be kept up in sports and games even under the influence of stimuli that are apt to incite strong aggression, is a valuable cultural acquisition of man. Sports and games furthermore allow a really enthusiastic competition between supra-individual teams. In its more gross, individualistic forms, sport simply allows an outlet for accumulated aggressive energies. But in team-fight, more highly differentiated collective outlets for aggressive urges are provided. Fight for rank within the group, common effort for an inspiring aim, courageous facing of great danger and mutual help at the risk of one's own safety,

are all patterns of behaviour that allow the discharge of aggressive energies in a disciplined form and that tend to increase the capacity for resisting aggressive urges in a crude form. In addition, the meeting of teams from different localities and organisations, possibly even on an international level, promotes personal friendly ties, which, in their turn, again tend to inhibit aggression.

Overcrowding and anonymousness of educational institutions, with regard to relationships amongst students themselves as well as with regard to contacts between teachers and students, are further factors that can act as stimuli to latent accumulated aggression. Division into smaller units, cultivation of a closer relationship between teacher and taught, e.g., by tutorials in small groups, might meet this need for closer acquaintance. Beyond this, promotion of friendships between students and other sections of youth, e.g. between city and countryside, various language areas or even on an international level, can also help to ban the aggression provoking threat of anonymousness.

That revival and new creation of valid rituals is a necessity, if aggression is to be successfully tied down, has already been mentioned. The usefulness and adequacy of old forms of Indian rituals and ceremonies should by no means be considered as exhausted and antiquated. But old forms may have to be filled with new content. The tying of the "raki" for instance, might serve to revive a sense of chivalrousness, which is badly needed in our age of co-education and of general slackening of sex taboos. Epics like the Ramayana might be re-interpreted in terms of a quest for individual existence and for emancipation from the anonymous crowd. Various festivals with their mythological significance could be utilized to symbolize psychic processes that have been recognized as vital by modern psychology. If the students can be taught that interest in symbolism, folklore and myths will not brand them as old-fashioned and reactionary, but that it takes them right into the midst of respected areas of modern psychology, sociology, anthropology and philosophy, pride in their ancient heritage can be revived. This, in its turn,

can make for a closer identification with the older generation and for acceptance of traditional patterns of ritual that still have got in them the power to bind down aggression. In addition, as this was sketched out with regard to a modern version of a "coming of age ceremony" under II/2 of this report, now rituals that fit in with the needs of modern life may have to be created.

Propagation of psychological insights with regard to the nature of aggression can form part of various courses at college level. But more important than this is perhaps the provision of counselling services, where students can unburden themselves and learn to understand the strange and devious workings of their minds.

One question that may deserve discussion, particularly in view of some observations with regard to animals, is, whether youthful rebels, especially students who engage in aggressive activities, should be exempted from police action and from the normal course of Justice. It was mentioned earlier, under I/2, that in the animal world one finds a definite inhibition of aggression with regard to the young offspring of animals. This inhibition appears to be so strong, that at times, at least with regard to domestic and zoo animals, it does not only operate within the animal's own species, but even with regard to the young animals from a different species. It may well be that our modern students and those who wish to spare them trouble, base their claims for special treatment on some instinctive knowledge about this fact. One may, however, argue as follows: Animal children are only protected from the aggressive tendencies of their elders as long as they wear the distinctive childhood coat that does not bear the aggression provoking markings. Also, they can only claim such exemption as long as they still live under the protection, but also under the authority, of their parents or other elders, and as long as they have not become the rivals of their elders with regard to sexual pursuits. If one wishes to draw a parallel with the claims of our students, one would have to point out that, with their insistence on exchanging their comfortable boys clothes for super-smart fashionable

adult suits, they can also be considered as forfeiting their right to be considered as children against whom the inhibition of adult aggression operates. Furthermore, students might do well occasionally to remember that: "He who plays the piper, orders the tune". Along with the advantages of the freedom and independence for which they are clamouring so impetuously, they also ought to be ready to face the corresponding duties and responsibilities. What happens, however, is that—as this is fairly generally the case in this phase of confusion of values—they try to pick the best of two worlds. This lack of straightforward allegiance, however, this ambivalent fluctuating between a claim to be regarded as an irresponsible child and yet to be recognized as a competent adult with his pride and rights, and the corresponding risk of having battles of childish petulance and immature temper tantrums fought out with the dangerous means of adults, are in their extreme caricature a salient feature of the form of mental illness which we call schizophrenia. May be that once again, as this is still the case in tribal cultures, we may have to set a definite limit between childhood and the age of responsibility by some initiation rite that is binding for all concerned.

What is valid for the student population in particular, of course also has its significance for the population in general. In particular wherever rapid industrialisation and urbanisation risk to break up old patterns of grouping and ancient rituals, where the well ordered structure of society with its strictly regulated degrees of kinship, friendship and acquaintance and its universally recognized hierarchy of generations, castes and occupations, is about to be obliterated by the levelling steam-roller action of the anonymous crowd, aggressive urges tend to get loosened from their traditional moorings and risk to burst out at the slightest provocation. Overcrowding with the corresponding increase in irrelevant or meaningless, yet suspect stimuli, the temptation of not being held responsible in one's anti-social actions, if these take place without known witness, in an anonymous situation, lead to a ventilation of aggression that no longer respects any ritualized code for "re-directed activity".

Again promoting insight into psychological truths about aggression, providing ample legitimate facilities for "re-directed activity", preservation of ancient ritual, as far as it still can be effective, and creation of new forms of ritual, wherever necessary, forming of new groups within which friendship, acquaintance or at least mutual interest and enthusiasm for a common aim can flourish, attempts at building up stable neighbourhoods—perhaps at the risk of sacrificing some of the official transfer policies—intensified adult education, ranging over a wide field of interests, so as to fight ignorance and to promote more and more positive identifications, would be some of the measures that might help to meet the threat in these quarters.

III. *Summary and recommendations.*

1. A review of aggression and patterns for its outlet, taking into account the findings of modern animal behaviour physiology, makes it clear that aggressive behaviour is not simply a "response to a stimulus", which can be abolished, if the relevant stimuli are reduced or eliminated. We have to count with aggression as an ever present instinctual force in man, that has to be subjected to disciplined control.

2. The natural inhibitions which we find in the animal world in the form of re-directed activity, ritualisation and pacifying behaviour in certain institutions, are no longer likely to succeed in tying down man's aggressions, as the natural balance between these inhibitions and the aggressive energies and tools at man's disposition has been completely upset by the invention of more and more deadly weapons. In this situation, control has to be taken over by conscious moral efforts. These, however, in many situations, have proved to fail.

3. Here in India in particular, the crumbling of tradition, the confusion of values, the increasing anonymousness of society, the lack of preparation for the demands of a competitive society by an adequate type of early upbringing, tend to stimulate aggressive energies which previously were safely tied down. These

risk to seek an outlet in indiscriminate, unregulated “re-directed activities” or in sudden unspecific outbursts, but in particular in the form of uncontrolled rebellious behaviour within the safe protection of the anonymous crowd.

4. It is, therefore, necessary, if the nation is to present a unified front to the outside world, and if it is to command the respect of its own citizens, its friends and its neighbours, that ways and means should be found to control these aggressive forces, be it by reviving and filling with new meaning old forms of “re-directed activity” and inhibitory rituals, be it by creating new patterns of sanctioned behaviour which are apt either to tie down aggressive or to allow its outlet in a disciplined and socially acceptable form.

5. The following practical methods for this purpose are recommended :

- (a) Parents, teachers and all those who are dealing with the upbringing of children, should be instructed in principles of mental hygiene and in particular about their children’s need for firm and consistent discipline and for opportunities to grow in inner control by facing adequately dosed frustration and resistance already at a young age. Teachers, in particular, should get orientation courses in mental health during their training.
- (b) Sufficient counselling facilities and child guidance clinics are to be set up to give advice and help to children and adolescents and their parents and guardians. Methods for psychoanalytically oriented abreaction of aggression and at the same time for gaining insight into one’s own instinctual and psychological needs, are to be developed and propagated.
- (c) All too one-sided intellectual education is to be abandoned in favour of a more broad-based curriculum

- which makes children face a variety of challenges and which allows even the highly gifted student to find at least some field in which success does not come too easily. In particular, compulsory physical training, sports, games and handicrafts are to be added to the school programme. Such activities are to be continued up to college level.
- (d) Passive forms of recreation, such as cinema-going, reading or comics and other highly exciting literature are to be reduced in favour of more active pursuits.
- (e) The introduction of a compulsory period of national service, either in the Armed Forces, in agriculture, industry or in some social activity, for all young people of both sexes is to be considered.
- (f) The transition from irresponsible childhood to an age at which the desired rights and liberties have to be paid for by shouldering the corresponding responsibilities and duties, should be clearly marked by some coming-of-age ceremony. This could possibly form the solemn conclusion of the period of national service suggested under (e) above. After this ritual, possibly already earlier, (according to the legal formulations in Children Acts etc. students and other young people should not be exempted from facing the legal consequences of any rowdy and undisciplined behaviour, but should assume full responsibility for their actions on an individual as well as on a group level.
- (g) Wherever possible, school and college classes should be reduced to a size which allows friendly relations or at least close acquaintance between all its members. At the same time, contact between teachers and their students is to be intensified by all possible means.

- (h) Similar efforts at avoiding anonymousness and at re-constituting on a new level small groups of people who are tied together by personal regard, by common needs, interest and aims, and who can evolve their own rituals and ceremonies, are to be made quite generally, in the whole population, but in particular where rapid urbanisation and industrialisation have torn people loose from their traditional moorings in joint family, village community, recognized values and binding rituals. This can be attempted by forming neighbourhood clubs, recreational centres and other opportunities for group activities. In some cases, such groups can be linked with similar ones on the national or possibly even international level, through incorporation in more embracing units. These, at the same time, will offer a chance for transcending narrow local, social, communal, regional and perhaps even national identifications by allegiance to a "more inclusive identity". A similar hierarchical organisation is to be attempted in the political and economic field.
- (i) The same purpose of avoiding the formation of all too narrow a positive identity with its risk of projection of the "negative identity" on to some kind of a scapegoat can also be achieved by widening the basis of education for young students, by intensifying adult education and by promoting world-wide ideals and international friendships. National leaders, in particular, should take all opportunities for meeting their counter-parts in other countries in a spirit of friendly co-operation and personal regard.
- (j) Enthusiasm, which is a "re-directed" form of aggression, must be channelized so as to operate *for* some desirable social value, instead of being only directed *against* "negative identities".

- (k) Wherever possible, old rituals likely to tie down aggression are to be revived or to be filled with new meaning, and the creation and stabilisation of new forms of ritual is to be encouraged.
- (l) Research concerning the nature of non-violence and its application to peaceful methods of negotiation and understanding on the individual, national and international level, is to be promoted.

THE ROLE OF AGGRESSION AND THE PROBLEM OF DISCIPLINE WITH SPECIAL REFERENCE TO STUDENT INDISCIPLINE

(By Dr. J. C. Marfatia)

An important feature of juvenile delinquency in India today consists, in student indiscipline, which is posing serious problem to society. It occurs in various forms, such as hooliganism at places of education, arson and looting stoning vehicles and other property, molesting girls and eye-teasing, strikes, walking out of examination halls if the papers are thought to be too stiff, taking out fish-plates from the rails and destructiveness in general.

Some of the important causes of the problem are:—

1. Overcrowding of class-rooms in schools and colleges with consequent lack of control and individual attention.
2. Poor teaching by persons who evoke no respect.
3. Boredom during holidays.
4. Introduction of the study of regional languages and lack of books.
5. Indulgence of the public and official timidity.
6. Helplessness of judiciary without any evidence.
7. Collapse of values and general decline in standards.
8. Removal of students from the control and influence of parents.
9. Poor upbringing.

It is with the last cause, viz., poor upbringing, that the rest of the paper will be concerned.

Aggression is a basic or fundamental characteristic of all living organisms. It literally means "going toward" but any reference to the world aggression in psychological literature equates it with attack, hostility and destruction. At birth it is an un-organised, undifferentiated force which, if not modified by social and environmental requirements, may manifest itself later in life in the form of pathological activities. Aggression as far as it means self-assertion and bold initiative, is to a certain extent necessary for the normal development of the child. Without it, the child cannot effectively relate to the outside world.

"The word "aggression" conveys a concept of action and vitality and differentiates between animate and inanimate material. This elementary quality enables the living organism to utilise its environment for the satisfaction of needs essential for sustaining life. As this quality emerges into action from the un-organised and undifferentiated potential characteristic of the new born infant, relationships essential for the physical and emotional growth of the individual start. Thus the child is brought under the influence of the more established and purposeful aggression of the culture necessary for organising and helping the developing child to utilise the life force inherent in him. Out of the dynamic interaction between living related individuals, activated by the responses and feelings he arouses in others, emerge the child's potentials for constructive or destructive aggressive action and feeling. This process determines how the child can become an individual, separate and unique in himself, while at the same time relinquishing part of his individuality in order to become a member of the group. This is the ever-recurring drama of human growth—the created being directed by the creator, each equipped with capacity for aggressive action, each yielding and asserting—a process uniquely individual and yet always social. Only in such a setting can aggression in all its various manifestations be understood". "Aggression as an expression of the individual's vitality is translated into action and then into feeling towards the limiting impact of an organising force represented by the parent.

Frustration in some degree is always associated with this impact and is an essential factor in a child's waking up and bears an integral relation to the organisation of his aggressive action and feeling. Without some frustration there could be no awakening of the will to assert and to test out capacity to deal with external forces".*

Thus in order that aggression in its undifferentiated form at birth should become an asset rather than a hindrance to the child's growth and development of the personality, it should be channelised into constructive and useful activities acceptable to society. This can be brought about by healthy parent-child relationship.

Experience in child guidance work has taught us that certain patterns of behaviour, normal or abnormal, are firmly established in childhood. Patterns of behaviour relating to discipline and aggression are no exceptions. These patterns of behaviour are continued and reflected in the behaviour of adults. A child who always has had his way by throwing temper tantrums will continue this neurotic behaviour to get what he wants in adult life. As a college student, the same child, when he finds an examination paper not to his liking, stages a walk-out from the examination hall, which we can regard as a repetition or fixation of his childhood behaviour pattern of throwing temper tantrums.

Aggressive and ill-disciplined behaviour has its roots in the home—in the early parent-child relationship. A child who is ill-disciplined at home is bound to exhibit the same behaviour outside the home. Healthy parent-child relationship assures a healthy personality development. If the parent-child relationship is to be normal, certain basic emotional needs of the child have to be satisfied, viz., need for security in the form of parental love, need for approbation, need for emotional growth, need for companionship and play, need for having a concrete ideal in the home

*Frederick H. Allen : "Aggression in relation to Emotional Development, Normal and Pathological". Paper read at International conference on Child Psychiatry, London. 11th Aug. 1948

after whom a child can mould his own personality, and lastly need for discipline. It is not sufficiently realised, even by psychologists and psychiatrists, that discipline is one of the fundamental emotional needs of the child. Why should there be a general belief among people that psychiatrists and psychologists advocate complete freedom for the child even if he repeatedly misbehaves? There is also a notion among people that psychiatrists in their child guidance work pamper and spoil the child.

By discipline one does not mean rigid dictatorial discipline, overstrictness and harshness, but a gentle and yet firm guidance and direction to the child as to what is wrong and what is right. A child *needs* to know whether what he is doing is right or wrong. If his abnormal conduct is not corrected, he may feel that it is a behaviour which is expected of him and which is acceptable to the parents. Parents should also be consistent in their ideas as to what really constitutes discipline.

If a child is not corrected, or even applauded, for a particular behaviour, and on another occasion he is punished for the same behaviour, he gets confused about what is expected of him and as to what is right or what is wrong.

Hence, for a well-integrated personality development, which depends on healthy parent-child relationship, discipline in the form of certain essential "dos" and "don'ts" must be inculcated in the child's mind during the first six formative years of life. This must be carried out with understanding and kindness combined with firmness.

Overstrictness can do considerable harm to the growth of the personality. An all too critical attitude and frequent punishment create in the child's mind a feeling of unworthiness for parental love and also feelings of inferiority and inadequacy. He may feel unwanted and rejected. An over-disciplinary attitude may cause bitterness and even hatred for the strict parent. This may even lead to frank rebellion against the parents which may be manifested not only by aggressive

behaviour but such anti-social behaviour as truancy, lying, stealing, joining gangs, destructiveness, gambling etc. The young person then rebels against anything that stands for power and authority, e.g. teachers, professors, law and the police.

Lack of love or rejection by parents has been found to be one of the outstanding causes of delinquency among children, and student in-discipline, which is a form of delinquency, is no exception. The primary or basic need—need for stable and secure affection—cannot be overemphasised. The child adopts the values of those whom he loves and admires. On the other hand, too much of love resulting in pampering, over-protective and over-sheltering attitude, may make the child feel stifled, resulting in open authority-rejection, bullying and aggressiveness.

A study of the facts mentioned above shows that a healthy parents-child relationship is necessary for proper upbringing and for well-integrated personality development. Discipline is an emotional need which must be satisfied, if proper physical and emotional growth is to result. Where there is no discipline or where authority is divided or inconsistent, the result is nothing but chaos in the home. Authority alone is not enough to keep order; it may be ineffective and harmful if it is not understanding, reasonable and just. The child needs to learn that certain things are not done. It is constructive discipline to direct the child's activity, thus teaching him that he can satisfy his urges in socially acceptable ways.*

Suggestions.—A glance at the causes of student indiscipline will at once suggest to us the preventive and remedial measures.

The important role of the police cannot be over-stressed. The police represents law and order and respect for it is or at least should be found in the attitudes of the public. The

*J. C. Marfatia, "Psychitric Problems of Children", Popular Prakashan, Bombay, 1963, p.9.

police is the bulwark between the citizen and the criminal world. One expects from it strict-enforcement of the law. It is not generally realised that police officers by themselves, without the co-operation of the public, cannot effectively deal with crime. Their training should include lectures on psychology and psychiatry, or at least elementary knowledge of human relationships.

Since the emphasis has been on poor upbringing of the child as one of the causes of student indiscipline, the following measures pertaining to it are mentioned :

1. Instructions in the principles of mental hygiene, should be given to young people as a part of their school or college education.
2. People contemplating marriage or those who are newly married may be made the focus of mental hygiene instructions.
3. Propagation of knowledge of the psychology of parent-child relationship and principles of child upbringing in antenatal clinics, well-baby clinics and postnatal clinics.
4. Teachers of primary and secondary schools should receive adequate training in the principles of child psychology and mental hygiene during their years in teacher training college.
5. Establishment of more child guidance clinics.
6. Every school have a parent-teacher association.
7. Employment of a qualified psychologist on the staff of schools.

REPORT OF THE CONVENOR OF THE SUB-COMMITTEE ON THE REFUGEE PROBLEM

by Dr. Vidya Sagar.

As no other contributions were received, the following lines represent the views of the writer only.

The psychiatric problems of refugees are mainly preventive and to a small extent ameliorative.

The prevention of Psychiatric illness amongst the refugees.— Refugees, generally, are in a distressed state of mind having left behind their hearth and home, most valuable property, cattle and standing crops, and sometimes one or more near and dear ones behind. They need sympathy, guidance, shelter and protection, which can be given by the officials of the Government detailed to look after their migration and by the residents of habitations, villages and towns enroute. Finding so many fellow-villagers and townsmen in the same boat, lessens the sting of their anxiety in the case of most of the refugees. But lack of sympathy from their fellow countrymen and a callous attitude on the part of Government officials, disturb them a great deal. It is therefore incumbent on the civil authorities to plan their evacuation and give them due guidance and assistance in respect of essential necessities enroute. The authorities have to stimulate the people in the neighbourhood of the encampment to organize help to the refugees and not to flock there as mere spectators. The refugees need to be given correct news of the situation that led to their evacuation from home and the plan of the authorities for keeping them. Any other guidance, such as time of distribution of food, milk for the children and for the aged, postal services, police services etc. have to be adequately conveyed to them either through loudspeakers or through tent-

to-tent visits. The camp incharge should be sympathetic and a patient listener and have the initiative to help the refugees instead of pushing them off from pillar to post.

The medical aid post has to be under a competent doctor, who should be equally sympathetic and earnest in his efforts to ease off their additional anxiety about ill-health. The doctor and camp commandant should organize energetic and intelligent persons from amongst the refugees into social service squads who would go to each camp, listen to the difficulties of the inmates and try to lighten their anxieties, for instance, by writing letters and applications for them, giving them correct news and information. A well organised camp will provide a morale boosting climate, which is the strongest antidote to mental breakdown.

Another factor that is responsible for creating suspense and uneasiness in the minds of refugees, is the late announcement of the Government policy regarding the quantum of help and compensation that they propose to give to these distressed people. The Government should make their firm decisions along with plans for the reception and rehabilitation of refugees, so that suspense, which promotes neurosis, is avoided. Instead of making such destitute persons run to another town to file their petitions and claims, the authorized officer should visit the camp, to collect such applications and make enquiries on the spot to save the refugees from further economic stress and harrasment.

The Government needs to appreciate, as will be evident from the reports of the main sub-committee on Mental Health and Morale of the civilian population in Emergency, that the Administration and their policies can go a long way in maintaining the mental health and morale of the population and, in consequence, reducing mental ill-health. The Government may, therefore, be well advised to associate psychiatrists in an advisory capacity with their public relations services, as the former have had the unique opportunity of understanding the real distress of the individuals whom the Government aims to serve.

The Problems of Treatment of the mentally ill.

Most medical officers, for want of adequate training during their under-graduate studies, would not be able to recognize and treat the psychiatric patients satisfactorily amongst the refugees. Hence it is important that a psychiatrist from a Mental Hospital or psychiatric clinic in the neighbourhood be appointed to visit the camps and the hospitals catering to the refugee patients, at least twice weekly, to see the psychiatric patients and to instruct the doctors there in adequate treatment methods. Most of the people in Punjab do not like to part with a mentally sick family member, as long as he is manageable at home. Hence pressure on hospital beds would be saved, if attention is given to psychiatric patients soon after the beginning of their illness. The acutely disturbed psychiatric patient would lower the morale of the family and the camp and, therefore, the psychiatrist should be authorised to bring such a patient to the Mental Hospital with the permission of the guardian, whom he should persuade skilfully. Then, under the modified procedure recommended by the undersigned for admission of patients in the Mental Hospital in the Zone of Action, the patient can be detained there.

SUMMARY

The problems of the refugees, so far as the psychiatric services are concerned, stem from their distress, not so much from their losses in leaving their hearths and homes (as these have been reduced by the knowledge that this has been the lot of many), but from lack of guidance and help from Government in getting shelter and bare necessities for sustenance, till they get rehabilitated.

Sympathy and help given by the Government officials, social service groups from within the refugees themselves and from amongst the people of the neighbourhood, combined with adequate and correct information on happenings in the country and in the zone of fighting, will go a long way in reducing emotional ill health.

A clear policy of rehabilitation for refugees need to be decided upon before-hand by the Central Government and put into practice simultaneously with the opening of refugee camps.

Psychiatric Consultant services (at least twice weekly) need to be provided in the refugee camps and refugee hospitals, and quicker admission of the very disturbed ones to mental hospitals arranged through Government officials, so that the distressed guardian does not have to knock at various doors in the courts for getting the orders of admission for his sick ward.

REPORT ON MEETING OF THE SUB-COMMITTEE OF THE MENTAL ADVISORY COMMITTEE ON "MENTAL HEALTH OF THE CIVILIAN POPULATION IN EMERGENCY" HELD AT AMRITSAR MENTAL HOSPITAL, 18/19-8-1966

The following were present :—

- | | | |
|---------------------------|--|----------|
| 1. Col. Kirpal Singh, | Senior Adviser in Psychiatry and Deputy Director, Directorate of Psychological Research, Ministry of Defence, New Delhi. | Chairman |
| 2. Dr. R.V. Shirvaikar, | Superintendent, Central Mental Hospital, Yerwada, Poona | |
| 3. Dr. Vidya Sagar, | Professor for Psychiatry, Medical College, Amritsar. | |
| 4. Dr. (Miss) E.M. Hoch, | Hon'y Adviser in Mental Health, Directorate General of Health Services, New Delhi. | |
| 5. Dr. (Mrs.) Golok Nath, | Superintendent, Punjab Mental Hospital, Amritsar. | Co-opted |
| 6. Dr. Baldev Kishore, | Deputy Superintendent, Punjab Mental Hospital, Amritsar. | Co-opted |
| 7. Dr. J. S. Neki, | Associate professor of Psychiatry, Medical College, Rohtak. | Convener |

Regrets about inability to attend had been received from Dr. Siddhu, who was ill and from Dr. Writer, D.G.H.S., who was prevented from attending through illness in his family. Lt. Col. Syalle was not given permission to attend the meeting by the Director General, Armed Forces Medical Services, who decided that only one representative of Armed Forces (Col. Kirpal Singh) should attend.

1. *Morning Session 18-8-1966 11.30—13.30*

Dr. Hoch first welcomed the members on behalf of the Directorate General of Health Services. She pointed out that Amritsar had been chosen as the venue for the meeting of this Sub-Committee, as the city had distinguished itself during last year's emergency and, at the same time, Punjab Mental Hospital in Amritsar has been doing pioneer work in the field of mental health.

Agenda Item No. 1 : Election of Chairman.

Col. Kirpal Singh was proposed by Dr. Vidya Sagar and seconded by Dr. Neki. Unanimously elected, he took the Chair.

Agenda Item No. 2: Introduction by Convener.

Dr. Neki read his "Introductory Remarks" a copy of which had been distributed to the members. He summed up the work already done on the subject of this Sub-Committee by an earlier Sub-Committee, which had been set up by Indian Psychiatric Society, when the country was under the threat of the Chinese invasion in 1962. He also pointed to the fine example of high morale and conscientious leadership displayed by one of the members of Indian Psychiatric Society, Dr. N. C. Bordoloi, Superintendent of Mental Hospital, Tezpur, during that critical phase.

During the more recent armed conflict with Pakistan, certain problems in the field of mental health, such as evacuation of mental hospitals, upkeep of civilian morale at the home-front etc. began to cause concern. The Second Meeting of the Mental Health Advisory Committee of the Union Ministry of Health had therefore constituted this present Sub-Committee to discuss, as the terms of reference express it : "Mental Health of the civilian population under extraordinary stress"....."first aid in psychiatric emergencies, student indiscipline and group dynamics". The Sub-Committee also was to examine the question of "drawing up a syllabus for training" and of "formulating instructions for dealing with critical situations, including first-aid in psychiatry".

Dr. Neki then gave a few explanations about the procedure that had been followed for the deliberations of the Sub-Committee; as the terms of reference were broad, certain precise topics were formulated and distributed amongst the members. A number of eminent workers from fields related to these topics were co-opted. Their contributions were to be integrated by the members, who were to function as "Sub-Conveners" for each topic, into consolidated reports. Unfortunately, few of the co-opted members had responded. Even then, the material that had been assembled was found to cover about 150 pages. Only one Chapter, the one on "Civilian Co-operation in Civil Defence" had not been received at all. A paper by Lt. Col. Syalee was received only after the meeting, could therefore not be included. Its contents have been covered almost completely by the contributions submitted in time. Some aspects of the problems to be covered by it, had, however, been included under other topics.

The Convener then thanked the various members for their efforts in shaping the various sub-reports.

Dr. Hoch then added a few remarks about the procedure to be followed by the Sub-Committee. As, during the preparatory work, it became obvious, that the material to be collected would exceed the usual frame of a Sub-Committee Report, she had asked the Hon. Minister for Health and Family Planning for permission to plan for the publication of all papers and to submit, in the report on the Sub-Committee's meeting, only a short summary of the papers and discussions and, in particular, all recommendations about practical measure to be taken.

As, unfortunately, the papers did not reach the Convener early enough to allow for circulation before the meeting, it was proposed to deal, in the first day's session, primarily with the shorter papers and with those that contained largely factual information. The longer papers, which at the same time are those that deal with controversial questions of values and ideology, should be read by the members overnight and then be taken up for discussion during the next day's meeting. This procedure was unanimously agreed to.

Agenda Item No. 3 : Reading and discussion of the Reports submitted by the Sub-Conveners.

(Note.—The order given in this report is that in which the various subjects were taken up during the meeting and does not quite follow the sequence of the agenda items.)

Agenda Item No. (3a) : Civilian Mental Health under Extraordinary Stress.

Dr. Neki read his paper, also incorporating a contribution by Dr. Hoch, which had been distributed to the members. In it, he deals with the correlations between stress and mental health, with problems of prevention of civilian breakdown during emergencies that can already be dealt with in undisturbed times and finally with steps that can be taken during an actual emergency.

With regard to precautionary measures that can already be taken before any emergency, the paper stresses that : "Public education in mental health and hygiene is of paramount importance." The preventive and promotive aspects to be covered by such mental health education are enumerated as follows :

- (1) To provide an understanding of the concept of "healthy-mindedness" as it evolves through the various stages of life.
- (2) To provide knowledge of danger signs that threaten mental health and human happiness.
- (3) To develop a broad understanding of what can be done to prevent psychological liabilities from becoming serious impediments to health.
- (4) To bring about an appreciation of the stabilizing influence of family life, more particularly happy relations during childhood.
- (5) To develop a fuller recognition of the steadying effect of satisfying work and economic security—bringing

out particularly the threat to mental health that lies in neglecting the ethics of a job.

- (6) To acquaint the public with the available psychiatric and other mental health aids.
- (7) To awaken the physician, the nurse, the social worker, the teacher, and other professional persons to their respective roles in the field of mental health.
- (8) To delineate the direction of social change required for creating a healthier society—bringing out in relief the next steps to be taken by citizens.
- (9) To prepare the people for the exceptional and excessive demands that natural or social calamities may make on their endurance.

With regard to steps to be taken during an emergency, the important role of right knowledge, right leadership and right channelling of action were stressed,—aspects which have also found their place in some of the other papers in more details.

During the following *discussion*, Dr. Vidya Sagar pointed out the need for concrete, practical formulations. Against this, it was again explained that the Sub-Committee had two tasks before it : One was to assemble some material that could be utilized for information of the general public, possibly as resource material for those who may have to impart courses in mental health. The other one was to arrive at some practical recommendations. Both, theoretical aspects and practical propositions, therefore had their justification in the deliberations of the Sub-Committee.

Dr. Golak Nath, drawing on her experiences during last year's Pakistani emergency, in Amritsar, mentioned a few of the outstanding problems, such as the circulation of rumours, the rush for evacuation and the need for formulating reasonable policies with regard to admission and discharge of mental patients during an emergency.

It was agreed, that all detailed aspects could be taken up under other headings, when discussing the other papers.

Agenda Item No. 3(b) : First Aid in Psychiatric Emergencies.

Col. Kirpal Singh first read out his paper on general aspects of first aid in psychiatric emergencies. In a first section, he gave a definition of psychiatric emergency, then a description of the risks implied to the patient and his environment and finally a list of particular situations that can be considered as psychiatric emergencies. These were divided up into : (a) situations involving acute excitement, aggressive and violent behaviour, (b) Depressive states associated with marked suicidal tendencies, (c) Refusal of food and drink, endangering the patient's life, and (d) Crisis situations as those associated with the loss of a love object, e.g. bereavement.

He then gave practical suggestions for management in all these situations, specifying in each case the measures that can be taken by lay-people in the patient's environment and what the general practitioner can contribute.

He expressed his thanks to Dr. R.B. Davis and Dr. R.V. Shirvaikar for their contributions on the subject. The former's suggestions were included in Col. Kirpal Singh's paper and Dr. Shirvaikar's paper was attached as an appendix to the paper.

The second paper dealt mainly with practical instructions to be given to lay-people who may have to render first aid in cases of psychotically disturbed behaviour, of suicidal risk and of acute nervous breakdown ; it was read by Dr. R. V. Shirvaikar. The following "Instructions for Management of Mental Disorders" sum up most of the contents of the paper.

- (1) First of all regard mental disorders with the same sympathy as given to physical disorders.
- (2) Be patient and tolerant with a mentally deranged person and show your friendliness towards him explicitly. Remember he does not know, what he is doing.

- (3) Be confident and firm while facing the mentally ill. Do not show fear under any circumstances.
- (4) Be tactful and persuasive in giving directions to such a person. Keep the tone gentle and level.
- (5) Do not argue with such a person. It would be wiser to agree with him rather than argue, when he is excited.
- (6) Keep him under close observation until he is properly treated or removed to a Hospital.
- (7) Do not allow him to get out of sight or out into the street. He might even have to be locked in a room, if necessary.
- (8) Do not give him access to weapons, dangerous material like match boxes, chemicals, including drugs, sharp instruments, heavy articles etc.
- (9) Supervise his leanliness. food and drink give him plenty fluid to drink.
- (10) Persuade him to pass urine periodically, as otherwise he tends to retain urine.

During the following *discussion*, while the two papers were appreciated, some of the members, in particular Dr. Vidya Sagar, objected to the prominent place given to methods of physical restraint in the second paper, which is also to form a Chapter in the St. John's Ambulance Handbook. It was pointed out, that it was not only essential first to try all means of friendly approach and persuasion in dealing with a mental patient, but that, even if the application of force was necessary, there were other methods known which were less brutal. Against this, some other members argued that the instructions given were not considering an ideal situation, but were merely offered in the knowledge that in certain situations the lay public is likely to use means of forceful coercion at any rate and in the hope of minimizing the awkwardness and cruelty often displayed in such instances. The members, however, finally agreed that some portions of the paper might

be reformulated including more subtle techniques of restraint and specifying procedure in various situations and, above all, stressing the need for first trying out all peaceful means of gentleness and persuasion in dealing with excited mental patients. The role of tranquilizers as so-called "chemical splints" in calming down excitement was also pointed out. The paper included in this publication as No. is the modified version conceded according to the suggestions of the Sub-Committee.

With the modifications suggested, the papers could then be recommended for use in St. John's Ambulance Handbook, for first aid-courses, for manuals for auxiliary psychiatric staff, psychiatric orientation courses to general practitioners and other similar occasions.

Agenda Item No. (3c) : Mental Hospital in the Zone of Action.

Dr. Vidya Sagar until recently Medical Superintendent of Punjab Mental Hospital and *Dr. Baldev Kishore*, Deputy Superintendent of the same institution, both read papers on this subject, drawing from their own personal experience during last year's armed conflict with Pakistan in this hospital situated close to the border and at that time exposed to enemy action. Some of the salient features mentioned in these papers were:—

The in-patients of the Mental Hospital were not perturbed and continued to get their food and other necessities. It was, however, realized, that, in the long run, to keep up supplies might present some difficulties.

The out-patient camp which, with its many tents lined up, could easily be mistaken for a military conglomeration, had to be removed. Most of the patients were taken home by their relatives. A few stayed on in the out-patient wards. Attendance at the out-patient clinic declined. No acute civilian psychiatric casualties were brought, nor did the military authorities make use of the psychiatric facilities for any emergencies of

their own. The help of the psychiatric staff was not solicited for contributing towards public morale, which was very high without any particular measures to improve it.

Some lessons that could be drawn from this experience for future similar occasions: A decision and suitable plans with regard to evacuation of mental hospitals already have to be taken in peace time. Difficulties may arise with regard to staffing of the hospital and keeping up the morale of those who may have to work for long hours and may not have a chance of bringing their families into safety. Supplies would have to be assured ahead and kept in reserve for an emergency. Out-patient facilities should offer a round-the-clock emergency service. The mental hospital Superintendent should be given special powers to admit and discharge patients in cases of emergency without waiting for official formalities, such as magistrate's orders or decision of a Visitors' Board. Similar emergency powers should be granted to him with regard to expenditure for supplies, equipment for surgical emergencies etc. Care should be taken, already in peace-time, to enhance psychiatric education at Under-graduate level and through orientation and refresher courses to medical practitioners.

Most of these problems were taken up one by one during the following *discussion*, during which Dr. Golak Nath, the present Superintendent of Punjab Mental Hospital, Amritsar, also added her experiences and suggestions, corroborating and emphasizing what her colleagues had already expressed in their papers. Some further problems were pointed out by other members: Care will have to be taken to prevent the requisitioning of mental hospitals by military authorities. The population must rest assured that adequate facilities for receiving mental patient continue to exist and that there is no risk that dangerous or even criminal mental patients may be let loose during an emergency. Patients whose relatives insist on taking them away, should be discharged. The remaining patients should be either evacuated or accommodated as safely as possible within the hospital, if necessary by marking the roofs of the buildings with distinctly

visible Red Cross signs. Mental Hospitals to be newly constructed, should be located away from border areas and at a suitable distance from any military objective; the buildings should be loosely scattered, if possible hidden between trees. The policy of dispersal of mental health services and of not planning mental hospitals beyond a bedstrength of 500 also has its special advantages from the point of view of management during an emergency.

Dr. Neki read out a paragraph from a letter from *Dr. Kushu*, Superintendent of Srinagar Mental Hospital, who had been asked to contribute his ideas on the subject of "Mental Hospital in Zone of action". Apparently assuming that the title concerned the establishment of emergency facilities rather than the management of already existing mental hospitals, he suggests that "A mobile mental hospital may be established, if one is not in existence in the vicinity; or at least one already established hospital should leave open a wing for psychiatric casualties in an emergency on reservation basis with an ambulance at the disposal of the Superintendent purely for the transport of such persons to and from the hospital, where a nucleus staff, like psychiatrist, a psychiatrically trained nurse, one social worker and a few assistants and equipment like ECT machine, oxygen cylinder, anaesthesia—arrangements and a free bumper supply of tranquilising drugs is available".

Some discussion then followed about the question, whether and in what way mental hospitals should be evacuated. It was realized, that no universal rules can be given, and that each hospital must keep ready its own plans, taking into consideration the total local situation and priorities arising from it. At any rate, the evacuation of patients from mental hospitals, and in particular also facilities for evacuating the families of staff-members, should form an integral part of general evacuation plans drawn up by local authorities. For this purpose, and quite generally in order to keep up liaison, the mental hospital authorities should remain in close contract with the district authorities. Places suitable for receiving patients from mental hospitals would be, in first line other mental hospitals and jails, in second line school buildings,

perhaps also hotels in holiday resorts or, if a splitting up into small groups is possible, words of rural dispensaries.

The outcome of the discussion can be summed up as follows:

- (1) The question of evacuation of mental hospitals cannot be solved generally, but, only with regard to each individual institution, taking into account all local factors. Plans for such eventualities should be made well ahead of any emergency.
- (2) In the event of general evacuation of the area, evacuation of the mental hospital, including early evacuation of the families of staff-members, should find their due place in the list of priorities to be established by the authorities in consultation with the mental hospital staff.
- (3) If evacuation is necessary, one should aim at making it a total one. It can be carried out in phases, and acute patients are to be given preference over chronic patients.
- (4) Evacuation should preferably take place to the nearest mental hospital or alternatively a jail or, if the mental hospital population can be split up into several groups with sufficient staff for each, rural dispensaries, school or college buildings or hotels in holiday resorts or other suitable buildings may be utilized for accommodating the patients.
- (5) Peace time Planning of Mental Health hospital should keep in mind the need for avoiding dangerous locations near the border or near military objectives, and for suitable dispersal and camouflage of hospital buildings. The policy recommended by the Mental Health Advisory Committee and its various Sub-Committees with regard to keeping mental hospitals at a moderate size (not more than 500 beds) and evenly distributed all over the States is to be emphatically endorsed also in

- view of possible needs for evacuation in times of emergency.
- (6) Where mental hospitals cannot be evacuated and where the buildings are exposed, the roofs are to be marked with distinctly visible Red Cross signs.
 - (7) Those patients who can appreciate the gravity of a war situation and whose relatives are willing to take them home, should be discharged. The Superintendent is to be given powers to effect such discharges immediately without waiting for the consent of a Visitor's Board.
 - (8) In order to promote the morale of the staff of mental hospitals, adequate facilities are to be given to staff members for bringing their families into safety. Where this cannot be included in a general programme for evacuation of the whole locality, possibilities should exist for granting short-term leave to staff members for this purpose.
 - (9) The staff members themselves should rest assured that equal opportunities for evacuation will also be given to all of them, if the need should arise. Meanwhile, they should be kept engaged in civil defence activities within the hospital area.
 - (10) Care is to be taken to exempt mental hospitals from requisition by military authorities for other purposes. The population must rest assured that adequate facilities exist for the reception and treatment of psychiatric casualties and that no dangerous mental patients will be let loose.
 - (11) Wherever staff members are recruited for civil defence, home-guards etc., they should be assigned to the hospital area itself, which can form a self-contained Defence Ward.

- (12) Mental Hospitals, already in peace time, should be encouraged or even ordered to keep, at any time, stocks of essential goods, such as food-stuffs, linen, medical and surgical equipment, drugs, fuel etc. sufficient to last for at least 6 months. These stocks should be kept replenished continuously. Wherever a special investment has to be made to bring present stocks up to the proposed level of stock-piling State Governments provide the necessary funds.
- (13) Mental Hospital should have some emergency equipment for surgical first aid, resuscitation etc., so that in emergencies at least one wing can function as a first aid unit.
- (14) During an emergency, the Medical Superintendent should be given powers to :—
- (a) incur extra expenditure for the purchase of supplies upto a fixed ceiling and, beyond this in consultation with the District Authorities;
 - (b) to grant short leave to the staff at his discretion;
 - (c) to recruit on an emergency basis all categories of staff to replace casualties or those drafted for defence services ; and
 - (d) to admit new patients and discharge old patients without waiting for completion of the regular formalities.
- (15) Care is to be taken to establish and keep up close liaison between the mental hospital Superintendent and the District Authorities. They should consult each other with regard to such matters as priorities for evacuation, establishment of mental health first aid posts, cooperation in promoting high morale and mental health of the civilian population, dealing with problems of refugees etc.

- (16) Out-patient services should run 24 hour emergency service and be provided with a vehicle and mobile team which can attend to emergencies on call.
- (17) Any special powers and orders mentioned in these recommendations should be explicitly laid down in the "emergency codes" of individual States.
- (18) State Governments should make adequate financial provisions with regard to any expenditure arising from the carrying out of the planned emergency measures.

Agenda Item No. 3(d) : Civilian Morale during War

As the paper on this item is a long one, its reading was postponed for the afternoon session.

Agenda Item No. 3(e) : Public Cooperation in Civil Defence

Due to illness of the Sub-Convener for this subject (Dr. M. M. S. Siddhu), no contributions had been received. Part of the relevant questions have, however, been covered under other topics.

II. *Afternoon Session 14.30—17.00 18-8-1966*

Agenda Item No. 3(f) Psychiatric Breakdown in the Zone of Action

Col. Kirpal Singh read out his paper on this subject. It deals with the incidence of psychiatric casualties, their main causes and types, their prognosis, and treatment. A particular paragraph has been devoted to problems of troops stationed at high altitudes.

A section on "Civilian Population in a Combat Zone" deals with problems that have been discussed in greater detail, but in a quite similar spirit, in the paper on "Civilian Morale during War".

During the following *discussions* Dr. Golak Nath pointed to the problem of noise as such and the tension created by unfamiliar noises. As a remedy, it was suggested to expose the civilian population to documentary films so as to get them acquainted with the various sounds and types of vehicles, planes, missiles, etc. they may have to learn to distinguish, all of course subject to security needs for secrecy.

Dr. Vidya Sagar suggested that we might profit from the experiences made in other countries during war time. Visitors to Russia had reported, that practically no psychiatric casualties had been occurring there during the last war. It might be useful, to find out, what factors there made for good morale and mental health. He also stressed the importance of assuring soldiers in active service that due care and consideration was being taken for their families behind the front and, on the other hand, to give families extra facilities for visiting wounded soldiers or at any rate those who are in a dangerous condition. He further more advocated the imparting of some kind of special instruction to soldiers, so as to give them a healthy and confident attitude with regard to accepting fear as something normal. One might also find out what in the most powerful motivation for stimulating high morale and combating fear of death in military personnel from various cultural backgrounds.

It was agreed that a secular state, unlike for instance Pakistan, could not draw on religious arguments for this purpose. Enthusiasm for the country and its culture would have to be stimulated instead. In view of the fact that domestic problems play a great role in psychiatric breakdowns on the battle front, attention and patient hearing should be given to any problems brought forward by soldiers, so as to relieve them from any unnecessary worry and to give them the reassurance that they are fighting for a just cause and that they can rely on the Government and on society to take care of their families, should they fall in battle.

Col. Kirpal Singh informed the members of measures already being taken in the Armed Forces with regard to the points raised

by Dr. Vidya Sagar. He admitted that there still was scope for doing more than is already being attempted now. Dr. Golak Nath drew attention to the need for allowing military personnel in isolated areas to keep up contact with the rest of the world by means of transistors and other media of communication.

Another problem that brought on a lengthy discussion was the fate of soldier who were discharged from the Armed Forces because of mental disabilities. It was felt that the present procedure, according to which they are simply sent home to their relatives, even if they are still in need of treatment, is inadequate and may even be dangerous, Mental Hospitals, either in the area where the Armed Forces are stationed or in the neighbourhood of the soldiers' home should take it upon themselves to admit such cases on a priority basis. The relatives should be relieved from dealing with the necessary formalities either by providing the soldiers with a reception order or petition procured by the military authorities or by being assisted in completing these formalities by the mental hospital staff. State Governments should be responsible for maintenance of such cases in their mental hospitals. This procedure too should be laid down in emergency codes in the sections concerning the functioning of mental hospitals during emergencies. Central Government should instruct the State Governments to pass the necessary orders e.g. by changing Section 99 of the Lunacy Rules and to provide the finances. An objection was raised that, if the Armed Forces did not assume responsibility beyond a certain period for mental disabilities that had arisen during service with the argument that such disorders were not entirely due to service conditions, they should intensify their selection procedures with regard to mental health. Col. Kirpal Singh assured the members that this was being more and more introduced now.

As the main aspects of this topic do not relate to the civilian population but to military problems, and as many of the questions discussed are already covered by some of the other papers, no special recommendations were formulated concerning the discussion on "Mental Breakdown in the Zone of Action".

Agenda Item No. 3 (d) : Civilian Morale during War

Only one contribution had been received from Dr. J. S. Neki. Dr. Hoch read out the lengthy paper she had worked out on the basis of this by adding her own experiences and reflections.

A first section of the paper deals with questions of definition of "morale" and its distinction from the concept of mental health" and with the elements that can be said to constitute a state of high public morale. A second part discusses the individual factors that make for high public morale, such as faith in the common purpose, faith in leadership, faith in each other, correct and relevant information, adequate channels and outlets for roused energies and enthusiasm, and those which, on the contrary, tend to undermine morale, such as absence of factors that make for high morale, pacifist and anti-war propaganda, various social "addictions" and ailments, uncontrolled rumours, confusion of citizens with regard to their role, displaced hostility, misapplied allegiance, and economic disturbances. In a third section, *suggestions for preparatory action during non-emergency periods are given* : What is needed, already in peace time, is *observation, assessment and anticipation of problems*, for which the recent armed conflicts have provided valuable material that should be thoroughly studied and faced with the necessary courage and discrimination. In addition to this, one can attempt, during an inter-emergency period, *to create a climate of mutual trust and faith between the various communities and political parties, and unity amongst people in general*. Racial, cultural and caste prejudices have to be recognized and dealt with; factors making for class struggle and social evils such as black-marketing, profiteering, corrupt practices must be subdued. Tendencies to extreme individualism must be checked, and a spirit of readiness to make sacrifices for the larger national interest must be cultivated.

The third major step would consist in *fostering a spirit of public confidence and preparedness* and to create a feeling of being able to rely on adequate resources, both with regard to armed forces and provisions for the need of civilians. Already

in peace-time, every citizen should have some idea about what will be expected of him in times of emergency with regard to air-raid precautions, black-out, fire-fighting, first-aid outfit, storage of water and foodstuffs etc. Suitable division of cities into defence-wards and registration of data about inhabitants that can facilitate rescuing activities etc., can already be undertaken, and that at greater leisure and with more thoroughness before any emergency forces one to do so.

Finally, another measure would be the *education of the population with regard to public affairs, national aims and policies and India's role within the international world*, so as to provide social vision to the people. Conviction must be fostered that the country stands for a worthy cause, that it has a respected position in the world, that there is reason to be confident of victory in a fight for a just cause and hope that the achievements bought with many sacrifices will be of true and permanent value to all citizens.

As the paper overlapped in many respects with the subjects of other papers still to be taken up, it was decided not to engage in discussion now, but to discuss all closely related papers together in next day's session. No special recommendations were, therefore, formulated at this point.

Agenda Item No. 3(h) : Mental Health Problems after War

A short paper contributed by Dr. H. Narayan Murthy (Associate Professor of Psychology at A.I.I.M.H. Bangalore), dealing with general aspects and drawing from experiences made by various authors during the two World Wars, was read out by Dr. Neki. Dr. Shirvaikar then read his own paper which takes into account more specifically the problems that have resulted here in India from the two recent armed conflicts. He took up in particular the problem of *political agitations, labour struggles, crowd hysteria and student indiscipline*.

As, again, the issues raised in these two papers are closely related to the subject matter of other papers still to be taken up, discussion was postponed for the moment.

Agenda Item No. 3(j): The Refugee Problem

Dr. Bordoloi (Tezpur) and Dr. Davis (Ranchi) who had been co-opted for this Sub-Section, had not sent any contributions. Dr. Khushu (Srinagar) had only sent a short note. Dr. Vidya Sagar, therefore, had to cover the whole subject alone in his paper, which he read out.

During the discussion, Dr. Neki added some of his experiences in a refugee camp during Partition. He touched, in particular, the need for disciplined sanitary measures, effective control of criminal elements, and readily available medical services. He described the two types of refugees one generally finds : those who are overready to become dependent and who cultivate a "martyr complex" and the others who prefer to rely on their own resources as long as possible. He pointed out that these groups achieve a quite different level of adjustment, in the camps as well as later during the rehabilitation period. One must take care not to pamper the first category too much. Lump sums may be better in this respect than the doling out of weekly or monthly allowances. Others added that adequate concern must be given to keeping the refugees informed about plans for their future. Employment facilities should be created by Govt. at the earliest opportunity. Facilities for schooling should be provided for the children, and recreational activities should be available for all refugees.

Dr. Hoch mentioned some of her experiences in a refugee camp in Switzerland during World War II and distinguished different categories of refugees which may present different problems. Those who have been displaced within their own country, with hope of returning to their homes and those who have had to leave for a foreign country without hope for return; short-term and long-term refugees; people who have been displaced with

their whole families and others who are isolated; camps in which we have people from one particular area or others in which we have mixed groups, possibly from different countries. In the case of long-term political refugees, as e.g. here in India the Tibetans and in Europe the Hungarians during the political crisis a few years ago, special facilities may even have to be created with regard to admission to colleges and to the practice of certain professions.

The members agreed that it would be conducive to good morale, if people from the same area or village could be kept together in one block and if, furthermore, families could be allowed to remain together and given a minimum of privacy.

The points brought forward in Dr. Vidya Sagar's paper and during the discussion were summed up in the following set of recommendations :

- (1) When *planning* to receive refugees, the authorities might seek the *help of a Psychiatrist* who can interpret to them the needs and problems of refugees and help in promoting mental health amongst them. There should be proper planning for reception, administration and rehabilitation of refugees.
- (2) *Information* with regard to all services for refugees should be disseminated by all possible means. An information or *public Relations-Officer* should be attached to each camp. He should be readily accessible and distribute information freely to all inmates of the camp. He should also serve as a liaison officer between the refugees, the Government authorities and the local population. Information about rules and available services like schools, medical facilities, places for religious worship, news etc., should be made known to all inmates.
- (3) There should be, in each camp or group of camps, an efficient *medical aid post or a dispensary*. Medical Officers must visit the camps regularly and keep

up liaison with hospitals and health authorities. He may also establish liaison with a psychiatric in the neighbourhood who should visit the camp periodically, as and when called for. Alternatively a psychiatrist may be specially attached to a group of camps. *Psychiatrically trained social workers should be allotted each camp.*

- (4) As far as possible, *families* should be allowed to *remain together* and some means of privacy should be provided for them. Families and individuals from the *same region* or the *same ethnic group* should be *kept together* in one block, as far as possible.
- (5) Instead of weekly or monthly allowances, relief should be paid *in lump sums*. Emphasis should be laid on *rehabilitation by way of employment* at the earliest possible moment.
- (6) Adequate facilities for *education* of the children and for *recreation* for all refugees should be made available.
- (7) *Rehabilitation and resettlement programmes* should be planned as early as possible and *communicated* to the refugees, so as to give them as much certainty as possible about their future.

When the afternoon session was closed, Dr. Vidya Sagar invited the members *to meet a group of prominent citizens* of Amritsar, most of them members of the Mental Hospital's visitors Board. Over a cup of tea, these prominent citizens recalled their experiences during last year's emergency. They unanimously expressed their pride and satisfaction with the valiant spirit of courage and devotion which the citizens of Amritsar had displayed during those critical 3 weeks. They praised the high level of morale the readiness for sacrifice, even at the risk of one's own life, the lack of fear and apprehension which one

could find in all sectors of the population. They admitted, however, that about 40 per cent of the population, in particular those who had business interests elsewhere, but also the very poor and vagrant population, fled from the city at the first sign of danger.

While appreciating the noble example that had been set to the whole country by the courageous citizen of Amritsar, the members of the Sub-Committee put forward the question, what might have happened in a more prolonged emergency and in a situation in which luck would have been less on the side of India, and also, whether the exuberant enthusiasm of that short period would not have had to be tempered with more discipline in the long run. The question was also raised as to what factors were responsible for the high level of morale. The guests suggested that, ever since partition, the people of this border area have been irritated by repeated small raids and invasions of their territory and they had got used to the idea that, sooner or later, some clash on a bigger scale might occur. The phase of hostilities last year gave them an almost welcome opportunity for showing to the enemy their determination and for letting out some of their pent-up emotions. Local traditions of martial courage, but also of generous hospitality, contributed towards the venture some spirit in which everyone including women and children, contributed their best, even at the risk of own safety, towards feeding and entertaining the Armed Forces and helping with regard to carrying supplies, organizing transport etc.

Finally, the guests insisted that the members of the Sub-Committee should get a "close-up" view of last year's zone of action and an opportunity of talking to people who had been displaced. Unfortunately, the proposed visit to Khem Karan could not be organized due to lack of time. But, instead of it, the members of the Sub-Committee were at least taken for a *trip to the India Pakistāni Border at Atari* in the early part of the morning of 19-8-1966.

Morning Session, 19-8-1966, 11.00—12.30

Agenda Item No. 3(i): The Role of Aggression and the Problem of Discipline.

It was assumed that this long paper, prepared by Dr. Hoch, integrating parts of a smaller paper by Dr. Marfatia, had been read by the members overnight. Dr. Hoch, therefore, only read out the *Summary and Recommendations* reproduced below :

1. A review of aggression and patterns for its outlet, taking into account the findings of modern animal behaviour physiology, makes it clear that aggressive behaviour is not simply a "response to a stimulus", which can be abolished, if the relevant stimuli are reduced or eliminated. We have to count with aggression as an ever present instinctual force in man, that has to be subjected to disciplined control.
2. The natural inhibitions which we find in the animal world in the form of re-directed activity, ritualisation and pacifying behaviour in certain situations, are no longer likely to succeed in tying down man's aggressions, as the natural balance between these inhibitions and the aggressive energies and tools at man's disposition has been completely upset by the invention of more and more deadly weapons. In this situation, control has to be taken over by conscious moral efforts. These, however, in many situations, have proved to fail.
3. Here in India, in particular, the crumbling of tradition, the confusion of values, the increasing anonymity of society, the lack of preparation for the demands of a competitive society by an adequate type of early upbringing, tend to stimulate aggressive energies which previously were safely tied down.

These risk to seek an outlet in indiscriminate, unregulated "re-directed activities" or in sudden un-specific outbursts, but in particular in the form of uncontrolled rebellious behaviour within the safe protection of the anonymous crowd.

4. It is, therefore, necessary, if the nation is to present a unified front to the outside world, and if it is to command the respect of its own citizens, its friends and its neighbours, that ways and means should be found to control these aggressive forces, be it by reviving and filling with new meaning old forms of "re-directed activity" and inhibitory rituals, be it by creating new patterns of sanctioned behaviour which are apt either to tie down aggression or to allow its outlet in a disciplined and socially acceptable form.
5. The following practical methods for this purpose are recommended :
 - (a) Parents, teachers and all those who are dealing with the upbringing of children, should be instructed in principles of mental hygiene and in particular about their children's need for firm and consistent discipline and for opportunities to grow in inner control by facing adequately dosed frustration and resistance already at a young age. Teachers, in particular, should get orientation courses in mental health during their training.
 - (b) Sufficient counselling facilities and child guidance clinics are to be set up to give advice and help to children and adolescents and their parents and guardians. Methods for psychoanalytically oriented abreaction of aggression and at the same time for gaining insight into one's own instinctual and psychological needs, are to be developed and propagated.

- (c) All too onesided intellectual education is to be abandoned in favour of a more broad-based curriculum which makes children face a variety of challenges and which allows even the highly gifted student to find at least some field in which success does not come too easily. In particular, compulsory physical training, sports, games and handicrafts are to be added to the school programme. Such activities are to be continued up to college level.
- (d) Passive forms of recreation, such as cinema-going, reading of comics and other highly exciting literature, is to be reduced in favour of more active pursuits.
- (e) The introduction of a compulsory period of national service, either in the Armed Forces, in agriculture, industry or in some social activity, for all young people of both sexes is to be considered.
- (f) The transition from irresponsible childhood to an age at which the desired rights and liberties have to be paid for by shouldering the corresponding responsibilities and duties, should be clearly marked by some coming-of-age ceremony. This could possibly form the solemn conclusion of the period of national service suggested under (e) above. After this ritual, possibly already earlier, (according to the legal formulations in Children Acts etc.) students and other young people should not be exempted from facing the legal consequences of any rowdy and undisciplined behaviour, but should assume full responsibility for their actions on an individual as well as on a group level.
- (g) Wherever possible, school and college classes should be reduced to a size which allows friendly relations

or at least close acquaintance between all its members. At the same time, contact between teachers and their students is to be intensified by all possible means.

- (h) Similar efforts at avoiding anonymousness and at re-constituting on a new level small groups of people who are tied together by personal regard, by common needs, interest and aims, and who can evolve their own rituals and ceremonies, are to be made quite generally, in the whole population, but in particular where rapid urbanisation and industrialisation have torn people loose from their traditional moorings in joint family, village community, recognized values and binding rituals. This can be attempted by forming neighbourhood clubs, recreational centres and other opportunities for group activities. In some cases, such groups can be linked with similar ones on the national or possibly even international level, through incorporation in more embracing units. These, at the same time, will offer a chance for transcending narrow local, social, communal, regional and perhaps even national identifications by allegiance to a "more inclusive identity". A similar hierarchical organisation is to be attempted in the political and economic field.
- (i) The same purpose of avoiding the formation of all too narrow a positive identity with its risk of projection of the "negative identity" onto some kind of a scapegoat can also be achieved by widening the basis of education for young students, by intensifying adult education and by promoting world-wide ideas and international friendship. National leaders, in particular, should take all opportunities for meeting their counterparts in other countries in a spirit of friendly cooperation and personal regard.

- (j) Enthusiasm, which is a "redirected" form of aggression, must be channelized so as to perate for some desirable social value, instead of being directed against "negative identities".
- (k) Wherever possible, old rituals likely to tie down aggression are to be received to or be filled with new meaning, and the creation and stabilisation of new forms of rituals is to be encouraged.
- (l) Research concerning the nature of non-violence and its application to peaceful methods of negotiation and understanding on the individual, national and international level, is to be promoted.

She then read out the paper contributed by *Dr. Marfatia* which deals with *problems of upbringing of children*, so as to promote control of aggression and avoiding of student indiscipline. He recommends the followings measures :

1. Instruction in the principles of mental hygiene should be given to young people as part of their high school or college education.
2. People contemplating marriage or those who are newly married may be made the focus of mental hygiene instructions.
3. Propagation of knowledge of the psychology of parent-child relationships and principles of child upbringing is to be organized in antenatal clinics, well baby clinics and postnatal clinics.
4. Teachers of primary and secondary schools should receive adequate training in the principles of child psychology and mental hygiene during their years in teacher training college.
5. More child guidance clinics should be established.

6. Every school should have a parent-teacher association.
7. Qualified psychologists should be employed on the staff of schools.

The recommendations issuing from these two papers were integrated with those arising from the other papers that dealt with similar subjects.

Agenda Item No. 3(g) : Mental Health Problems during War

It was assumed that the 29 page paper, compiled by Dr. Neki and incorporating a contribution from Dr. Hoch, had been read by the members overnight.

Agenda Item No. 4 : Drawing up of Recommendations

The recommendations concerning papers 3 b, c, f and j had already been formulated during the corresponding discussion. What remained to be done now, was to draw up recommendations concerning the more general and closely related subject matter of the papers 3 a : "Civilian Mental Health under Extraordinary Stress", 3 d : "Civilian Morale during War", 3 g : "Mental Health Problems during War", 3 h : "Mental Health Problems after a War" and 3 i : "The Role of Aggression and the Problems of Discipline".

The following discussion arose, out of which finally the recommendations to be found in the separate Section have been formulated.

Dr. Neki, from his paper on "*Mental Health of the Civilian Population in Emergency and on Mental Health Problems during War*" had distilled the following recommendations :

- (a) *Measures to be taken in an "inter-emergency period" :*
 - (i) There should be enlistment of a greater number of psychiatrists to meet the military needs of the country.
 - (ii) For general practitioners, there should be refresher courses in psychiatry.

- (iii) There should be more extensive and intensive Undergraduate teaching in Psychiatry.
- (b) *Measures to be taken during emergency :*
- (i) There should be a category of graded specialists in Psychiatry to meet the greater demand during the acute stress.
 - (ii) Psychiatric first aid training should be given and centres for imparting such training should be established.
 - (iii) The population in the border areas should be instructed in methods of defence and in recognition of enemy moves.
 - (iv) The degree of solidarity and identification between civilian population and Armed Forces should be strengthened by schemes for "adoption" of a soldier by families or by children in a school-class.
 - (v) Armed Forces personnel should be instructed about methods of brain washing etc. to which they may be exposed on becoming prisoners.
 - (vi) Various methods for utilizing waste material and otherwise economizing on the country's resources should be propagated.
 - (vii) Plans for services by voluntary organisations should be drawn up.
 - (viii) Mohallas or Defence Wards should prepare registers containing all information about the number of family members, so as to facilitate rescue operations.

Dr. Vidya Sagar remarked that it was not enough just to pass pious resolutions, but that something more practical had to be undertaken. The Indian Psychiatric Society and the Directorate General of Health Services, which was the only Directorate that had already set up a "mental health cell", should organize a system of disseminating information to parents, teachers, policemen.

medical practitioners, medical auxiliaries etc. They should encourage the writing of papers, see that they are of adequate standard and arrange for their publication through the press, radio and other means of communication.

This suggestion was generally approved of and it was decided to *request the Ministry of Health to take up*, in some way of other, and with the help of Indian Psychiatric Society, a *publicity campaign about mental health*. It was, however, suggested that sufficient material might not be coming forward, unless some monetary incentive was offered to prospective authors. The Secretary of the Indian Psychiatric Society was reminded that the Second Meeting of the Mental Health Advisory Committee had requested the Indian Psychiatric Society to draw up some "talking points" for mental health talks to various categories of people. Dr. Neki assured the members that this was being done and that the result of the work of the Sub-Committee entrusted with this would soon be communicated to the Directorate General of Health Services.

It was also recommended that *increased use* should be made of *audio-visual aids* for propagation of mental health information. *A documentary film* might be produced, possibly with the help of one of the drug firms which is showing interest in this direction.

Dr. Neki pointed out that the following "bottlenecks" have to be overcome, if an efficient system of publishing mental health information is to be created : Only a few enthusiastic and hard-working colleagues have up to now been active with regard to providing papers. Furthermore, being able to write a scientific paper, does not necessarily render a psychiatrist fit to write something for lay people. We must either learn from publicity people or enlist their help for adapting our products to the level of the common man. The third difficulty consists in finding the necessary finances for publishing such papers and pamphlets. Even Indian Psychiatric Society, which has been doing quite a bit of work in this field, has been frustrated by the lack of funds and has not been able to carry out all its plans.

It was decided that *the Ministry of Health and Directorate General of Health Services of Central Government should be requested to approach All India Radio, asking their various stations to invite good psychiatrists of the respective areas to deliver mental health talks and to participate in "brain trust sessions"* concerning problems of mental health. Furthermore, the DGHS might encourage its Central Bureau of Health Education to promote the publication of mental health pamphlets and articles. The work of Sub-Committees, as this present one, which are not simply to produce recommendations, but also regard it as their task to put out some suitable literature on the subject under discussion, *should be given facilities for publication, if necessary by Government grants or by including the proceedings in some Government publication.* In short Central Government should provide some funds for publishing valuable literature on mental health problems and should encourage the State Governments also to set aside some funds for such publications, possibly in their own local languages. The Ministry of Information and Broadcasting should be requested by the Ministry of Health to encourage radio stations to include programmes on mental health and possibly to undertake the production of films concerning mental health problems and mental health services. The Indian Psychiatric Society should also devote further activities to the publication of mental health papers, pamphlets etc.

The question of monetary incentives was again brought up and it was pointed out that the recent advertisement of an award for the best psychiatric article of the year by one of the drug firms already seemed to have stimulated the research and writing activities of some colleagues.

Dr. Hoch reminded the members that, recently, a grant from the Health Minister's Discretionary Fund had been given to the Indian Psychiatric Society for the publication of the papers read during the special session on "Mental Health in Administration" held during the last annual meeting. If this special number of the Indian Psychiatric Journal could be brought out promptly and the formalities with regard to submitting audited ac-

counts complied with satisfactorily, this might supply a valuable precedent for some such cooperation *between the Ministry of Health and the Indian Psychiatric Society in organizing and financing the publication of mental health material.*

Dr. Vidya Sagar again stressed the need for offering practical solutions and for propagating these through articles in the press, documentary films, radio talks, etc.

With regard to the recommendations suggested by Dr. Neki, concerning intensification of training of mental health staff etc., it was decided simply to endorse the efforts already made by the *Government of India and the recommendations put forward by other Sub-Committees of the Mental Health Advisory Committee.* In particular it was stressed that *lecturers held during orientation and refresher courses for general practitioners should be published and suitably disseminated* by printing them in local journals. The Chairman announced that the Indian Medical Association, which now has taken up the matter of such orientation courses, will undertake the publication of all lectures and supply the Indian Psychiatric Society with 100 copies for its fellows. Journals were free to reprint such papers, subject of course to due acknowledgement.

The question of recommending the training of "graded specialists" during emergency was also taken up. It was, however, felt that this would go against the decision of various Committees and Sub-Committees on Post-graduate education, that psychiatric training should not be shortened. Further more, during emergency, no teachers for such purposes would be available. One may, instead, recruit additional staff from amongst medical students and give them concentrated in-the-job training.

The recommendation concerning training of the population of border area in various defence methods and recognition of signs of enemy activity was accepted. With regard to "adoption of soldiers", it had to be clarified, that this would be a kind of "pen friendship" through which families or individuals who had

no relatives or friends in the armed forces, would keep up contact with soldiers who, on their part, had no or few family connections. This was a task that could possibly be taken by *Citizens' Councils* or by some organisation "*Army and Home*" which might be created to promote solidarity between civilians and members of Armed Forces. *Citizens' Councils* might also take in hand the formation of neighbourhood clubs.

The Sub-Committee recommended strongly that a compulsory period of national service for young people of both sexes should be introduced. This could be absolved either in the Armed Forces, in agriculture, industry or some form of special work. This would serve as a precautionary measure against student indiscipline and create additional resources of manpower for the country. At the end of this period of national service, some kind of a "*passing out ceremony*" might serve to impress on the young people their responsibility as adult citizens and to make them pledge their allegiance and loyalty to the country and its constitution.

Dr. Hoch's suggestion that *physical training, games and sports should be made compulsory in all schools and colleges* and that, quite general, the *curricula of studies should be more broad based*, so as to provide some difficulties even to brilliant students, was also accepted. It was, however, pointed out that a simple declaration to make such activities compulsory would be futile, unless its implementation was also strictly enforced. *The reducing of classes to a size that would allow personal contact* between all students and students and teachers, was thought to be very desirable ; but it was realized that this would hardly be practicable at a time when many schools and colleges actually have to increase the size of their classes because of lack of staff and accomodation.

It was then left to the Convener, possibly with the help of other members, to sort out the various recommendations arising from all papers and to present them in orderly fashion.

Agenda Item No. 5 : Any other item

As no other issues were raised, the Chairman closed the meeting with thanks to the members and co-opted members who had contributed towards making the meeting successful and in particular to the Superintendent and staff of Punjab Mental Hospital for their generous hospitality. The members of the Sub-Committee, in their turn, offered a vote of thanks to the Chair.

RECOMMENDATIONS OF THE SUB-COMMITTEE ON MENTAL HEALTH OF THE CIVILIAN POPULATION IN EMERGENCY AMRITSAR, 18, 19-8-1966.

I. *General Recommendations :*

1. This Sub-Committee wishes to place on record its gratitude to the Ministry of Health and Directorate General of Health Services, Government of India, for having been given an opportunity of discussing important questions of national concern in the stimulating setting of a city which has set an admirable example of high morale and robust mental health during last year's armed conflict with Pakistan.

2. The Sub-Committee recommends to the Ministry of Health and Directorate General of Health Services, Govt. of India, to provide the financial means for publishing and distributing the rich material contributed by its members and co-opted either by sponsoring a separate publication or by assisting some journal (e.g. "Swasth Hind" of the CHEB or "Indian Journal of Psychiatry") is issuing a special number.

The chapters on special problems, such as "First Aid in Emergency" and "Mental Hospital in the Zone of Action" should be distributed separately to general practitioners, first aid societies, training schools for nurses and to superintendents of mental hospitals and State Directorates of Health Services respectively.

3. Beyond this the Sub-Committee requests the Ministry of Health and Directorate General of Health Services, Govt. of India, quite generally to lend its influence and, as far as possible, also its financial assistance in promoting the publication of good literature on mental health problems, either by engaging in putting out a series of "Mental Health Papers" and pamphlets

through its Central Health Education Bureau, or by subsidizing the efforts which the Indian Psychiatric Society is willing to make in this respect.

4. Understanding of principles of mental health and appreciation for the existing and planned mental health services should also be awakened in the population through other media of mass communication, such as radio and films. The Ministry of Health is requested to approach the Ministry of Information and Broadcasting with proposals for inviting prominent psychiatrists in each region to deliver radio talks and to take part in "brains trust sessions" concerning subjects of mental health. The question of producing documentary films on problems of mental health and mental health services, either through the Ministry of Information and Broadcasting or possibly by accepting the interest and help already offered by a drug company, may also be examined.

5. The aims of this publicity campaign should be :

- (a) to provide an understanding of the concept of "healthy-mindedness" as it evolves through the various stages of life;
- (b) to provide knowledge of danger signs that threaten mental health and human happiness;
- (c) to develop a broad understanding of what can be done to prevent psychological liabilities from becoming serious impediments to health and, in particular, to remove the existing stigma from mental illness and to stimulate greater readiness to seek early treatment for mental disease and emotional problems;
- (d) to bring about an appreciation of the stabilizing influence of family life, more particularly happy relationships during childhood;
- (e) to develop a fuller recognition of the steadying effect of satisfying work and economic security, bringing out particularly the threat to mental health that lies in neglecting the ethics of a job;

- (f) to awake the physicians, the nurses, the social workers, teachers and other professional persons to their respective roles in the field of mental health;
- (g) to delineate the direction of social change required for creating a healthier society, bringing out in relief the next steps to be taken by citizens;
- (h) to prepare the people for the exceptional and excessive demands that natural or social calamities may make on their endurance.

6. The Sub-Committee strongly endorses the recommendations of some other Sub-Committees of the Mental Health Advisory Committee and expresses its appreciation for the efforts already undertaken to implement them by the Ministry of Health and Directorate General of Health Services with regard to :—

- (a) intensification of teaching and training in Psychiatry at Undergraduate and Postgraduate level;
- (b) training of paramedical mental health workers;
- (c) organisation of orientation—and refresher—courses in mental health to general practitioners, nurses, social workers, teachers, police personnel and other professional groups;
- (d) mental health education of the general public;
- (e) the policy of dispersal of mental health services, including the planned pattern for smaller mental hospitals and for setting up psychiatric units at district level;
- (f) the creation of additional services for child guidance and student counselling.

II. *Recommendations relating to First Aid in Psychiatric Emergencies.*

1. The Sub-Committee recommends that the material prepared by some of its members on the subject of First Aid in Psychiatric

Emergencies may be included in St. John's Ambulance Handbook for first aid courses, in textbooks for psychiatric nurses and instructions for psychiatric attendants etc.

2. First aid in psychiatric emergencies should be included in orientation courses in psychiatry for general practitioners, nurses, other professional groups and also in first aid courses for civil defence personnel etc.

III. Recommendations concerning Mental Hospitals in the Zone of Action.

1. The question of evacuation of mental hospitals cannot be solved generally, but only with regard to each individual institution, taking into account all local factors. Plans for such eventualities should be made well ahead of any emergency.

2. In the event of general evacuation of an area, evacuation of the mental hospital, including early evacuation of the families of staff-members, should find its due place in the list of priorities to be established by the authorities in consultation with the mental hospital staff.

3. If evacuation is necessary, one should aim at making it a total one. It can be carried out in phases, and acute patients are to be given preference over chronic patients.

4. Evacuation should preferably take place to the nearest mental hospital or alternatively jail, or, if the mental hospital population can be split up into several groups with sufficient staff for each, rural dispensaries, school or college buildings or hotels in holiday resorts or other suitable buildings may be utilized for accommodating the patients.

5. Peace time planning of mental hospitals should keep in mind the need for avoiding dangerous locations near the border or near military objectives and for suitable dispersal of hospital buildings. The policy recommended by the Mental Health Advisory Committee and its various Sub-Committees with regard to keeping mental hospitals at a moderate size (not more than 500

beds) and evenly distributed all over the States, is to be emphatically endorsed, also in view of possible needs for evacuation in times of emergency.

6. Where mental hospitals cannot be evacuated and where the buildings are exposed, the roofs are to be marked with distinctly visible Red Cross signs.

7. Those patients who can appreciate the gravity of a war situation and whose relatives are willing to take them home, should be discharged. The Superintendent is to be given powers to effect such discharges immediately, without waiting for the consent of a Visitors' Board. (See also recommendation No. 14 below).

8. In order to promote the morale of the staff of mental hospitals, adequate facilities should be provided to staff-member for sending their families away from the Zone of action, if they so desire. Where evacuation of the families of mental hospital staff cannot be included in the general programme for evacuation of the area, provision should be made for granting short periods of leave to staff members for making their own arrangements for evacuation of their families.

9. The staff members themselves should rest assured that equal opportunities for evacuation will also be given to all of them, if the need should arise. Meanwhile, they should be kept engaged in Civil Defence activities within the hospital area.

10. Care is to be taken to exempt mental hospitals from requisition by military authorities for other purposes. The population must rest assured that adequate facilities exist for the reception and treatment of psychiatric casualties and that no dangerous mental patients will be let loose.

11. Wherever staff members are recruited for Civil Defence, Home Guards etc., they should be assigned to the hospital area itself, which can form a self-contained Defence ward.

12. Mental Hospitals, already in peace-time, should be encouraged or even ordered to keep, at any time, stocks of essential supplies such as food-stuffs, linen, medical and surgical equipment, drugs, fuel etc., sufficient to last for at least 6 months. These stocks should be kept replenished continuously. Wherever a special investment has to be made to bring present routine stocks up to the proposed level of stock-piling for emergency, State Governments should provide the necessary funds.

13. Mental Hospitals should have some emergency equipment for surgical first-aid, resuscitation etc., so that in emergencies at least one wing can function as a first-aid unit.

14. During an emergency, the Medical Superintendent of a Mental Hospital should be given powers to :

- (a) incur extra expenditure for the purchase of supplies up to a fixed ceiling and, beyond this, in consultation with the District Authorities;
- (b) to grant short leave to the staff at his discretion;
- (c) to recruit on an emergency basis all categories of staff to replace casualties or those drafted for defence services;
- (d) to admit new patients and discharge old patients without waiting for completion of the regular formalities;

In particular, Mental Hospital Superintendents should also be given powers to admit, with a minimum of formalities, ex-servicemen who have been discharged from service because of mental disability, and who have either been serving in the region of the mental hospital or whose domicile is situated there. Their relatives should be given all possible assistance in securing admission.

15. Care is to be taken to establish and keep up close liaison between the Mental Hospital Superintendent and the District Authorities. They should consult each other with regard to such matters as priorities for evacuation, establishment of mental

health first-aid posts, co-operation in promoting high morale and mental health of the civilian population, dealing with problems of refugees etc.

16. Out patient services should run a 24 hours emergency service and should be provided with a vehicle and mobile team which can attend to emergencies on call.

17. Any special powers and orders mentioned in these recommendations should be explicitly laid down in the "emergency codes" or similar legislation of individual States.

18. State Governments should make adequate financial provisions with regard to any expenditure arising from the carrying out of the planned emergency measures.

IV. Recommendations relating to Breakdown in the Zone of Action

1. Considering that an important percentage of psychiatric breakdowns in the zone of action is at least partly due to armed personnel's worries about domestic problems, utmost concern should be directed towards assuring the members of Armed Forces that their families are being adequately taken care of by the civilian authorities. Their problems should be sympathetically attended to so that they may engage in their service free from domestic worries.

2. The need for keeping up communication with the rest of the world, which is intensely felt by armed personnel in isolated positions, should be taken care of by providing transistor sets, fast delivery of private mail and other means of communication.

3. Members of Armed Forces should be given suitable instruction about the nature of fear and various physical reactions accompanying it and should be taught not to be ashamed of experiencing such feelings. Suitable motivations for strengthening fighting spirit and battle morale should be found, according to the traditions and interests of various ethnic and social groups.

4. The admission to civilian mental hospitals of soldiers invalided out because of psychiatric disabilities is to be facilitated. (See also recommendation 14d) under III-Recommendations concerning Mental Hospitals in the Zone of Action).

5. Selection procedures for Armed Personnel, down to the recruiting of the common soldier, should keep due account of mental fitness and seek to eliminate all candidates who may not be suited, through their constitution or upbringing, to face emotional stress.

6. Armed Forces Personnel should be duly instructed about methods and dangers of "brain-washing" to which they may possibly be exposed on falling into the hands of the enemy as prisoners.

V. The Problem of refugees.

1. When planning to receive refugees, the authorities might seek the help of psychiatrists, who can interpret to them the needs and problems of the refugees and help in promoting mental health amongst them.

There should be proper planning for reception, administration and rehabilitation of refugees.

2. Information with regard to all services for refugees should be disseminated by all possible means. An Information or Public Relations Officers should be attached to each camp. He should be readily accessible and distribute information freely to all inmates of the camp. He should also serve as a liaison officer between the refugees, the Govt. authorities and the local population. Information about rules and available services, like schools, medical facilities, places for religious worship, news etc., should be made known to all inmates.

3. There should be, in each camp or group of camps, an efficient medical aid post or a dispensary. Medical officers must visit the camps regularly and keep up liaison with hospitals and health authorities. They may also establish liaison with a

psychiatrist in the neighbourhood, who should visit the camp periodically, as and when called for. Alternatively, a psychiatrist may be specially attached to a group of camps. Psychiatrically trained social workers should be allotted to each camp.

4. As far as possible, families should be allowed to remain together, and some means of privacy should be provided for them. Families and individuals from the same region and the same ethnic group should be kept together in one block, as far as possible.

5. Instead of weekly or monthly allowances, relief should be paid in lump sums. Emphasis should be laid on rehabilitation by way of employment at the earliest possible moment.

6. Adequate facilities for education of the children and for recreation for all refugees should be made available.

7. Rehabilitation and resettlement programmes should be planned as early as possible and communicated to the refugees, so as to give them as much certainty as possible about their future.

VI. Recommendations concerning Mental Health and Morale of the Civilian population in Emergency.

1. The Sub-Committee recommends that the valuable material which the recent armed conflicts have provided with regard to morale and mental health of the population during emergencies, should be utilized to the utmost, already during periods free from disturbances, for observation, assessment and anticipation of problems that can be expected during renewed emergencies.

2. During peace time, all possible efforts should be made to create a climate of mutual trust and faith between the various communities and political parties and to promote unity amongst the people in general.

3. A spirit of public confidence and preparedness is to be fostered, so that people may feel that the country can rely on adequate resources, both with regard to Armed Forces and

provisions for the needs of civilians. Already in peace time, every citizen should have some idea about what will be expected of him in times of emergency with regard to air-raid precautions, black-out, fire-fighting, first-aid outfit, storage of water and foodstuffs etc. Voluntary activities for emergency situations should be planned and organised ahead of any emergency by Citizens' Councils and similar organisations.

4. Suitable divisions of cities into Defence Wards and registration of volunteers according to their special abilities and interests, collection of data about inhabitants that can facilitate rescuing activities etc. should be undertaken by the local authorities already in undisturbed times.

5. The population in the border areas should be instructed in suitable methods of defence and in recognition of enemy moves.

6. Special incentives may be offered to those who continue or newly undertake to settle in border areas for agriculture, industry, commerce etc.

7. The degree of solidarity and identification between the civilian population and Armed Forces should be strengthened by schemes for "adoption" of a soldier by families or by children in school classes. Organisations linking "Army and Home" may suitably stimulate and channelize the civilian efforts in this respect.

8. Various methods for collecting and utilising waste material and for otherwise economizing on the country's resources, *e.g.* by introducing changes in food habits, should be propagated.

9. The civilian population should be instructed with regard to the significance of various unaccustomed noises, such as; the sound of various aircrafts, missiles, alarm signals. The use of alarm signals should be strictly limited to actual emergency situations or, for practicing purposes, to exercise that have been previously announced by due publicity. The use of all signals resembling the official alarm signals, for trivial purposes, is to be strictly forbidden.

10. Education of the population with regard to public affairs, national aims and policies and India's role within the international world is to be promoted by all suitable means.

VII. Recommendations concerning the problem of Aggression and Discipline.

1. Parents, teachers and all those who are dealing with the upbringing of children, should be instructed in principles of mental hygiene and in particular about their children's need for firm and consistent discipline and for opportunities to grow in inner control by facing adequately dosed frustration and resistance already at a young age. Teachers, in particular, should get orientation courses in mental health during their training.

2. Sufficient counselling facilities and child guidance clinics are to be set up to give advice and help to children and adolescents and their parents and guardians. Methods for psychoanalytically oriented abreaction of aggression and at the same time for gaining insight into one's own instinctual and psychological needs, are to be developed and propagated.

3. All too one-sided intellectual education is to be abandoned in favour of a more broad-based curriculum which makes children face a variety of challenges and which allows even the highly gifted student to find at least some field in which success does not come too easily. In particular, compulsory physical training, sports, games and handicrafts are to be added to the school programmes. Such activities are to be continued up to college level. Passive forms of recreation, such as cinema-going, reading of comics and other highly exciting literature, are to be reduced in favour of more active pursuits.

4. The Sub-Committee wishes to recommend the introduction of a compulsory period of national service, either in the Armed Forces, in agriculture, industry or in some social activity, for all young people of both sexes. On termination of this

period of service, a suitable "passing out ceremony" may be organised, which is apt to impress on the young people their responsibility as adult citizens and to make them pledge their allegiance and loyalty to the country and its Constitution.

5. Wherever possible, school and college classes should be reduced to a size which allows friendly relations or at least close acquaintance between all its members. At the same time, contact between teachers and their students is to be intensified by all possible means.

6. Where rapid urbanisation and industrialisation have torn people loose from their traditional moorings in joint family, village community, recognised values and binding rituals, increased efforts are to be made at avoiding anonymousness and at re-constituting on a new level small groups of people who are tied together by personal regard, by common needs, interests and aims. This can be attempted by forming neighbourhood clubs, recreational centres and other opportunities for group activities. Increased social welfare and adult education activities are also to be provided in such areas.

VIII. Recommendations concerning Research on Topics dealt with by the Sub-Committee.

During the course of discussions on the various topics to be dealt with by the Sub-Committee, certain problems stood out as calling for research. The Sub-Committee, therefore, recommends that relevant research organisations, such as the Indian Council of Medical Research, the Psychological Foundation, the Indian Council of Educational Research, the Indian Council of Scientific and Industrial Research, the Association for Morale and Social Hygiene etc., be induced to take up research on the following topics :

1. Short term and long term effects on mental health of displacement of population (refugees, migration) ;

2. The effect of war and post-war social upheaval on family dynamics, in particular :

- (a) the need for mothers to take over the role of head-of-the-family during prolonged absence or after death of the father, and its effects on the children ;
- (b) the effect of prolonged absence or death of husbands on war-wives;
- (c) the effect of separation of children from their parents due to evacuation etc ;

3. The effect of changes in values that come about through wars and their aftermath, e.g., those concerning sex morals and change in attitudes with regard to illegitimate motherhood.

4. The dynamics of communicational and linguistic tensions and their effect on national morale.

5. Factors conducive to high national discipline and morale. Experiences and observations gathered in foreign countries with regard to morale and mental health of the civilian population during war-time, should be collected and thoroughly studied. In particular, it would be worth while directing some attention to experiences made in Russia during the Second World War, where the incidence of psychiatric breakdown is said to have been particularly low.

6. The role of aggression and effective, harmless methods for its being re-directed into socially acceptable activities,

In particular, the effects of industrialisation and urbanisation and the social anonymousness and isolation resulting from it, on the pattern of aggressive behaviour in cities, should be investigated.

7. The possibility of developing non-violent methods of defence should be investigated and further research devoted to Gandhian principles and practices and to their applicability to situations of national and international conflict.

8. Research on methods for brain-washing and indoctrination in general and on the development of effective resistance against such methods is to be undertaken.

*Extract from the Proceedings of the Third Meeting of the
Mental Health Advisory Committee*

*Agenda Item No. 3(d): Mental Health of the Civilian Population
in Emergency*

The Chairman asked the Secretary to read out the recommendations. This was done Section by Section, with a short pause for comments after each Section. No one desired to speak during the reading, but afterwards the following discussion took place:

Dr. Neki expressed his surprise that the recommendations of this Sub-Committee had not evoked any response or even controversy amongst the members of the Committee. In particular Recommendation No. VII/4, which proposes a *period of national service for all young people, is likely to have far reaching effects and would deserve some interest.*

Dr. Siddhu took up the challenge and gave some of his views about the *problem of student indiscipline.* He doubted, whether boys in uniform, e.g. of N.C.C., would automatically be more disciplined.

The Chairman emphasised the need for some physical outlet for aggressive energies, and pointed out that the proposal made by the Sub-Committee had suggested service activities in various fields.

Dr. Siddhu stressed that any such scheme would need discipline in implementation, if it was to be effective. He threw some light on the background of some of the recent agitations.

pointing to the political interests involved in considerable financial means with which the young were attracted to take part in these. As other factors contributing to student indiscipline, he also mentioned the lack of proper facilities in hostels, the absence of a respected tradition and of pride in one's institution.

General Karani drew attention to the fact that many of the trouble-makers come from families in which the elders have not been educated.

Dr. Hoch remarked that many of the points mentioned in the discussion had found their place in the full report and papers of the Sub-Committee. As an additional point, apart from the need for ventilating aggression, she mentioned the necessity of getting young people involved in responsible participation in community life. She pointed out that Medical students have perhaps been more disciplined because they study in an atmosphere which is pervaded by concern for the needs of others, namely the patients, while a big university campus, as for instance that a BHU, which is built almost entirely around the needs of the students, must give them the impression that they are the centre of the universe. Only some practical activity can give them a realistic sense of proportion and teach them their responsibilities with regard to society at large.

The Chairman added that the quality of students and teachers was an important point. The teachers and leaders were often at fault, and we ourselves had to examine, what might be wrong with our attitudes and the example that we set for the younger generation. There was a lot of strain on young people, particularly those coming from villages and facing a quite different type of society in colleges in cities. The guidance which they could not get from their own parents should be provided by the teachers and other leaders. But in big classes, no personal contact between teachers and pupils was possible, and teachers who really poured their whole personality

into them, are all too rare. Dr. Siddhu suggested that the investigation might be undertaken to find out what factors were responsible for the fact that since 1962, student unrest had been more predominant in North India, particularly in U.P. and Bihar, than in the South. One would have to find out, from what social background the main trouble-makers originated. It would also have to be seen whether, with the removal of the alleged grievances, the indiscipline would really end. Mentioning the commotion that arises, when any student is hurt in the clashes, he pleaded that one should also see the situation of the police constables who had been provoked in quite shameless manner by students, often mere urchins aged 8—12 years. He strongly advocated that surveys and investigations should be made to find out the real causes of the student agitations. Replying to the Chairman's criticism of the practice of allowing failing students to continue at Universities for many years, he pointed out that even the Vice Chancellors are under political pressure.

The Chairman then stressed once more that mental health has to start at the leadership level. She proposed that *a few studies to investigate the factors contributing to student unrest* should be taken up in various regions, and that such schemes should be included in the mental health programme for the Fourth Five Year Plan.

As to the *publication of the original papers*, the Chairman mentioned that they have been passed on to the Secretariat for further scrutiny. Some of them might possibly be included in a *Manual for Civil Defence for Local Bodies* which is under preparation; other parts might be published in *Swasth Hind* or one might even consider a separate publication.

Concerning the other Sections of the Sub-Committee's report, only one detail was brought up by Dr. Lulla. He doubted, whether in recommendation V/3, concerning psychiatrists' cooperation with refugee camps, the passage "as and when called for"