

Jeremy
Holmes
book
(Psych. Damage)

in-built biological response to fright or flight. There are two situations in which we can neither nor fight and win. The first is when the threat is internal. The second is when the threat is all-pervasive in this essay on bomb-age psychology, Jeremy Holmes traces a link between personal and public terror

Armageddon and the anxious mind

THE patient was a woman in her early thirties, middle-class, professional, feminist; she had had a brief, childless marriage some years before. She came for help because over the previous weeks she had developed a state of paralysing panic. The basis of it was simple, she said: she was convinced of the imminent probability of nuclear war.

Every time she heard a plane pass overhead she feared that it was a bomber carrying nuclear warheads. Every time the traffic made a loud noise it made her think of invading tanks. Worse than noise was news. She was unable to watch television, listen to the radio, or read a newspaper. She could not use public transport in case she saw the newspaper headlines of her fellow passengers. When she did encounter the media their messages all pointed in the same direction — war was inevitable. Every action of the world leaders suggested it, every local conflict might provide the spark that would ignite the final conflagration.

To survive this nightmare she had built a complicated cocoon for herself in which she was protected from daily reminders of the holocaust which she was convinced was to come. Yet within her psychological bunker she was still far from safe. After feeling a little better one evening, she went to visit some new friends, and was horrified after an excellent dinner to be given a tour of the house including the cellar which had been converted

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By most standards she was a brave woman: she had travelled widely on her own, and had a demanding job which exposed her to much human suffering. Beneath her anxiety and phobias she was clearly depressed. The origins of her breakdown gradually unfolded. The immediate precipitant seemed to be a conflict aroused by her wish to have a child.

She longed to commit herself to her lover, and to have a baby by him, but feared that she would not be good enough as a mother, that she might damage the child. Because of similar doubt she had previously had an abortion, which had left her feeling guilty and regretful although still convinced it was the right decision.

Her worries and guilt about her aggressive feelings, and doubt in her capacity to care for a child, went further back than this. They seemed to centre on an adoring father in whose eyes she could do no wrong. Envious and angry towards her brother and sisters, and cut off from her mother by her "special" relationship to her father, she would often behave badly but he could find no fault in her.

She was offered a series of fortnightly psychotherapeutic sessions. A turning point came when she had a dream in which she had been in the audience at a lecture where she had felt "bludgeoned" by the male speaker, a doctor. This related in part to her presenting symptoms in which she was the silent witness to the world's aggression. It also referred to her position as a patient and to her envy of doctors.

However, there was a curious reversal in the dream through most of the session her doctor-therapist had been a nearly silent audience to her anxious and at times demanding speeches. Eventually he suggested that the dream perhaps contained a reference to this rather "bludgeoning" part of herself.

At this point she recalled that as a small child she had been left alone with her baby cousin and had viciously hit him on the head. He appeared to pass out and she was terrified that she had killed him. She had never dared to tell anyone (including her previous therapist) of this incident.

It seemed that the discovery of this residue of apparently gratuitous aggression and having the chance to reveal it in an accepting but not uncritical atmosphere was a great relief to her. Her panic about the impending end of the world lessened. Her other symptoms began to recede.

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Another crisis arose when she became pregnant, but this time she was able to accept it, and soon afterwards she married her lover, though not without more misgivings.

When the patient came for treatment she was locked in a fierce and incapacitating internal battle. This was her neurosis. However real the threat of nuclear war, and however healthy it may be to be anxious about it, her fear was so great that we must call it a neurosis. Healthy anxiety produces the arousal needed to act to try to remove its cause — hers made her less able to act.

It should be said, however, that if her neurosis was one of exaggerated sensitivity to nuclear threat, there is an equal and opposite and usually undiagnosed affliction of excessive indifference to the possibility of nuclear war.

She had confused her own inner violence with an external threat. Later — partially disarmed — she began to trust herself. She could then co-operate with her aggression and put it to good use in her struggle to persuade her lover that their relationship and her pregnancy were a good thing, for he had been as ambivalent as she. Her fear of disaster became a rational concern about nuclear weapons.

Can we learn any wider lessons from this case of personal disarmament? The difficulty which nations face in trying to disarm is not unlike the problem of the neurotic patient. It may be generally agreed that it would be desirable to disarm, and that nuclear weapons are unacceptably dangerous; the neurotic patient is often prepared to try any measure to rid himself of his symptoms. Yet in both cases it is extraordinarily hard to make progress. Rational effort alone seems inadequate. In both, it seems likely that there are powerful unknown forces maintaining the status quo.

What are these forces? No doubt for disarmament these are economic, political and social. They may be psychological as well. The patient's fear was of attack from without. Her recovery began when she realised that she was as persecuted by her own aggression as she was by any external enemy.

She had projected long-forgotten destructive impulses, never adequately acknowledged by her father, on to every passing aeroplane. When she faced up to, and could begin to accept, her warlike wishes, her peace of mind returned.

Projection is intrinsic to the arms race, too. We have defensive, deterrent, peace-keeping nuclear weapons.

while they have aggressive, expansionist, first-strike bombs. By locating all the aggression in the enemy we avoid looking at the threat we pose to them. The remoteness of nuclear weapons and the unthinkability of nuclear war provide excellent vehicles for such projections.

Military personnel in charge of nuclear warheads are deliberately not told where their weapons are aimed. One such soldier had no difficulty in visualising his own family and city being destroyed by a Soviet attack. When he was then asked to imagine the effects which his

weapons would have on his opponent in the Soviet Union he demurred, saying that this was unthinkable, that it would undermine his whole job if he were to begin to consider it. He was far more dis-

turbed by the thought of his own destructiveness than by that of the enemy.

There are two aspects to the process of projection. First, there is the projection itself, then there is its con-

tent or nature. This is often a primitive and distorted fantasy. The patient imagined that her little cousin was dead, that she had annihilated him: in fact she had simply given him a nasty

bruise. In adult life, her violent inner wishes were transformed into horrifying images of nuclear attack which paralysed and terrified her.

When she took the projections back into herself and saw them for what they were — a residue of childish feelings which she had long outgrown — their spell was broken.

Similarly, each of the superpowers sees in its opponent an image of its own ambition, expansionism and desire for absolute superiority. This terrifying vision of the enemy then fuels the race for more fearsome deterrents on each side. In this atmosphere of mutual projection it is impossible for each side realistically to assess the threat which the other poses.

For example, commentators seem to have great difficulty in gauging the likelihood of a Russian invasion of Great Britain. If each side were able to acknowledge its own wish to attack and humiliate the enemy, rather than steadfastly insisting that its armaments were merely defensive, it might then be easier to look at how great the actual threat is, and whether it is more or less dangerous than possessing nuclear weapons.

Unfortunately, there is an important difference from the neurotic patient. Her childish fantasy of the damage she had done far exceeded the reality. It was reassuring for her to realise this. Nuclear weapons, on the other hand, are almost certainly more damaging than we imagine, in spite of the efforts of the military to "normalise" our attitude towards them.

To summarise: an important impediment to disarmament lies in the fiction, fiercely held by both sides, that neither has aggressive intentions towards the other. The moral argument for disarmament turns on this point, since it questions the rightness of being prepared to destroy a civilian Soviet population — the very basis of deterrence. It is not merely "good," but good psychological sense to start from this point.

It encompasses the paradox that the fight for peace is often proclaimed with such violence by its protagonists. It might also lead to the conclusion that defence is necessary, but that nuclear — as opposed to conventional — weapons are unrealistically dangerous. An aggressive approach to disarmament would be putting each side's wish to beat the enemy to good use.

Three other psychological themes relevant to disarmament arise from this case. The first concerns defence — a term common to both psychiatry and military strategy. So great were the patient's anxieties that as her neurosis developed she diverted more and more of her energies into defending herself, leaving correspondingly less and less drive for a productive life.

A similar process may affect nations, whose economies become increasingly distorted by their defence budgets. (Japan is an example of a country in which defence spending is exceptionally low, and whose productivity is high.)

The patient was trapped by a defensive dilemma which affects both individuals and nations facing an arms race. She could either retreat into a massively defended state of isolation or emerge to be swamped by the horror of the nuclear threat. Both positions immobilised her. These two extremes are not uncommonly seen in people's responses to the arms race. Some are unconcerned and indifferent, while others inhabit a nightmare world of apocalypse and holocaust. A possible role for the medical profession is to alert the public to

the great dangers of nuclear war without falling into either hysteria or complacency.

The second point centres on the notion of envy. The patient's hidden memory was of her attack on her baby cousin. In trying to find a reason for her apparently unprovoked aggression, she was helped by the idea that it may have sprung from envy. She remembered how she felt excluded by the admiration that this baby aroused, and her secret wish for revenge, to feel her power over the baby. She had felt at the mercy of her parents' whims: now the tables were turned.

There is great mutual envy between the super powers, and both perhaps have in common an envious attitude towards Europe, towards its cultural history and hegemony. For the USA this is towards the parent culture,

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Europe is like an older sibling with whom one can never quite catch up. For both there is an attitude of contempt and a primitive wish to destroy the envied rival.

The opposite of destructiveness and aggression is creativity. This leads to a final point. The patient's problem was triggered by questioning her most basic creative capacity: the ability to bear and love a child. Only when she was less frightened by her imagined destructiveness could she begin to trust her creative impulse, and not abort it as she had done before.

In a similar way, the issue of disarmament is more and more linked up with the need to abolish world poverty and hunger. The Brandt report suggests that if there were general disarmament many of the 15 million children who die each year from starvation might be saved. There are psychological as well as economic reasons why it is unlikely that real progress will be made towards lessening the North-South gap until the arms race is halted.

We are haunted by the ghosts of Hiroshima and Nagasaki in the West — just as the patient was in the grip of her guilty past. Awareness of guilt alone was useless — it merely made her depressed and inactive. Only when she could forgive herself did she change. While we live in the shadow of our own destructiveness it is unlikely that we can trust or believe in our capacity to create and preserve life.

The inbuilt biological response to fright is flight or fight. There are two situations in which we can neither run away nor fight and win. The first is when the threat is internal. That is the problem for neurotics, who in the end cannot escape from themselves even though they frequently try to do so. The second is when the threat is all-pervasive. That is the case — at least in the northern hemisphere — with nuclear weapons. We may run the risk of destroying ourselves with them, but cannot run away and hide. The threat can be dealt with initially by projection. This works for a while, but not for ever. Eventually the repressed aggression returns, becomes a persecutor, incapacitates.

We are becoming socially and morally incapacitated by the arms race. At this point there is only one solution: to face the reality of the threat. As in the legend of the Medusa, the defensive shield has to become a mirror. By reflection, the Gorgon's head can be removed. This is dangerous enough. The risk of failure is greater: to be burned and blasted and irradiated to stone.

Jeremy Holmes is a consultant psychiatrist in London. This is an edited extract from *The Psychology of Nuclear Conflict*, edited by Ian Fenton, which will be published next month by Coventure, £5.95.