

The Psychology of Nuclear Disarmament: A Case Study

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The psychology and psychiatry of the nuclear arms race have been discussed in three main ways¹. One approach has looked at the possible psychological consequences for the surviving population of a nuclear war. These studies, which have covered a wide range of catastrophes, including the Hiroshima and Nagasaki bombs², Nazi concentration camps³, as well as natural disasters such as floods and cyclones⁴, all point in the same direction. When half or more of a person's social and physical environment are destroyed the effects on the human psyche are devastating. The phrase 'the survivor syndrome'⁵ has been used to describe the state of psychological shock and disablement which results in those that are left behind by the dead. Its effects outlive the physical sequelae of such disasters and are matched in longevity only by the slowly developing cancers which manifest themselves two or more decades after a thermonuclear explosion. These studies make the scouting-for-boys and cricketing atmosphere evoked by the British Government pamphlet 'Protect and Survive'⁶, or the recent Civil Defence exercise, Square Leg, seem remote from the likely psychological reality of a post-nuclear attack world.

A second type of study assesses the effects of living in a nuclear age on the psychological development of the population. Mack⁷, for example, suggests that feelings of powerlessness and pessimism amongst the young, and even their penchant for disaster films, can be understood as a reaction to the nuclear threat. Against this must be set the fact that apocalyptic movements predicting the end of the world, espoused especially by young people, existed long before the advent of nuclear weapons⁸.

Thirdly, the arms race itself can be considered in psychological terms, extrapolating from individual psychology to the behaviour of nations. In stepping out of its professional role to comment on wider issues or world affairs, psychiatry always runs the risk of irrelevance or arrogance. However, it is this approach that I shall follow. This is justified on two grounds. The difficulties of disarmament are so great, and the dangers of the continuing arms race so worrying, that any new angle may be helpful. Also, for those who are prepared to recognize them, the fears created by the threat of nuclear war can now be seen directly affecting our professional lives. This discussion is based on a case seen in a psychiatric out-patient clinic in which fear of imminent nuclear war was a central issue in the patient's illness.

Case history

The patient was a woman in her early thirties, middle-class, professional, feminist and 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 message 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 inspection of the house including the cellar which had been converted into a fallout shelter.

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 doubts 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 symptom 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 sessions 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 as though 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. 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.

Discussion

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 cause⁹—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 cooperate 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 first point is a general one. 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. She was frightened of the bomb which would drop on her and her world. Her recovery began when she realized 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, onto every passing aeroplane. When she faced up to, and could begin to accept her war-like 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. They become beautiful machines whose impact is far removed from any direct experience we may have of hurting or being hurt¹⁰. Military personnel in charge of nuclear warheads are deliberately not told where their weapons are aimed. One such soldier had no difficulty in visualizing his own family and city being destroyed by a Soviet attack¹¹. 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 disturbed 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 the content or nature of the projection. 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 realize this. Nuclear weapons, on the other hand, are almost certainly *more* damaging than we imagine, despite the efforts of the military to 'normalize' our attitude towards them¹².

To summarize: 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.

There are three other psychological themes relevant to disarmament that arise from this case. The first concerns defence—a term common both to 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 high¹³. The patient was trapped by a defensive dilemma which affects both individuals and nations facing the 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 immobilized 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 either into 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 understand this recollection, 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 superpowers, 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, while for the USSR, Western 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 saved¹³. 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.

Conclusion

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. The problem was eliminated for the patient by externalizing her aggression, projecting it onto a threatening world; in the arms race it is done by locating the threat entirely in the 'enemy'. 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.

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