BRITISH AND FOREIGN OFFICIAL PUBLICATIONS

PSYCHOLOGICAL DISORDERS IN FLYING PERSONNEL OF THE ROYAL AIR FORCE INVESTIGATED DURING THE WAR 1939-45.


This publication consists of twenty-three reports completed during the 1939-45 war of the psychological symptoms met with in pilots and air-crew. Over 3,000 cases were met with annually, and the papers here collected indicate some of the predominantly psychiatric problems raised. Yet these papers are of far more importance than the term “psychological disorders” might seem to suggest. They raise problems which can be applied directly to industrial medicine.

For these reasons those symptoms which non-medical officers noted as suggestive of too great a strain have value for industrial medicine—the man’s facial expression and bearing, his reaction to stresses such as aerobatics, tremors, fidgets, and so on. A good deal of information was conveyed by how the trainee handled his controls, more still by the onset of erratic reactions (not implying grossly erratic behaviour) in his flying. Requests to cease training or frequent attendance in the sick bay suggested emotional tension and uncertainty. Similar reactions occur amongst apprentices in any large organization, and the problems which faced the Royal Air Force in absorbing or rejecting such trainees are to be expected in civilian life.

It was found that 16 per cent. of the psychological casualties might have been detected upon enlistment (the United States involved a higher); but paradoxically, amongst this number were persons who actually gained distinctions. A policy of total exclusion of the psychologically predisposed would have reduced the fighting strength too far, and the problem of retaining the somewhat predisposed trainee, of treating his fear (or the symptoms which result from this), and of increasing his morale have obvious pointers for industrial medicine.

The factors determining the individual’s capacity to carry out the arduous duties of air-crew work were resolved into (a) his own intrinsic character and (b) those external conditions associated firstly with flying conditions, secondly conditions on the station, and thirdly personal and domestic considerations. The reports indicate that the search that had to be made for causes of diseases suffered by pilots and air-crew, the aims of the screening, and the ways in which different machines carried different risks. The maintenance of morale, the dependence of this upon success, reaction to adversity, the character of leaders, the imagination of seniors, are all discussed. Living conditions, physical training, leisure, spacing of effort, all played their part.

Chapters 4 and 16 may be specially recommended. The latter surveys the methods of assessment of psychiatric traits which may indicate unsuitability for flying, and, we may add, "poor bets" for industrial stability. Lack of aggression and persistence, emotional change-ability, and immaturity were regarded as more serious pointers to instability than were anxiety, morbid fears, or obsessional tendencies. Yet here a direct carrying over of Royal Air Force problems to those affecting factories should not be made. The apprentice is under 21, the average age of air-crew was 24. Aggression and emotional stability may be very defective below the age of 20, only to blossom later. Experience in other directions suggests that a not inconsiderable portion of youths under 20 showed psychiatric symptoms in the Forces which might suggest to be poor for optics, yet later examination and history have proved that their mental future seems relatively secure. (The reviewer is dismissing cases where the "illness" might suggest "malingering.")

The recognition that so much potential breakdown was satisfactorily coped with by unit station medical officers speaks much for the training of these officers in the simpler methods of dealing with mild mental symptoms. Such experience should be of encouragement to works’ doctors in their cases of psychosomatic disorder, when the factors lie primarily in the working conditions.

Yet the industrial medical officer may well retort that in his constituency he deals not with selected air force personnel, but with a conglomerate of industrial units whose motives for employment are wholly different from those of air-crew. Something of the same sense of urgency may (we hope) be injected into the employee’s outlook. It is clear that psychiatric screening practised in the Royal Air Force and the United States Army Air Corps yielded high dividends when the screening was combined with common-sense judgments, and such screening methods can be applied or experimented with in industry. They will expose fallacies as well as success; decisions to exclude certain workers from certain occupations will need to be combined with workable schemes for alternative occupations for the psychiatrically handicapped. Lastly, the happy experience of the Royal Air Force in relief employment (most conspicuously instructor duties between tours), hints at the desirability of relief employments in industry—an idea which runs counter to many present-day trade union conceptions.

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