AN INTRODUCTION TO THE PSYCHIATRIC ASPECTS
OF CIVIL DEFENSE

Formulated by the
Committee on Cooperation with Governmental (Federal) Agencies
of the Group for the Advancement of Psychiatry

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INTRODUCTION

The urgent need for adequate civil defense planning is widely recognized. Information has been disseminated about the incredible physical destruction after an atomic explosion—the maiming, the thermal and radiological effects, and the deaths. Concern has been expressed about the dangers of disruptive mass reactions (such as panics and riots) among civilians in the United States if they were subjected to these catastrophic stresses, but concise formulations of this phase of the civil defense problem have seldom been attempted.

As this Committee has endeavored in recent months to compress the relevant, valid knowledge about panic and other disruptive mass reactions into a practical digest of important points, the reasons for the lack of definitive statements about the prevention and control of possible future panics in the United States have become increasingly obvious. Chief among these reasons is the basic lack of truly comparable experiences in the past on which to build a prediction of possible reactions among the civil population in this country to actual, direct attack of strategic, ABC weapons (atomic, biological and chemical).

Liddell Hart has claimed, that “aggressors . . . tend to rely on improved use of conventional weapons, and to avoid widespread destruction, whereas the incensed victims of aggression tend to be far more reckless,” but the general opinion today seems more in agreement with S. L. A. Marshall when he points out that we are witnessing “a curious transposition whereby the civil mass becomes the shield covering the body of the military, and wherein the prospect for final military success lies in the chance that the shield will be able to sustain the shock, and sufficient of the will and productiveness of the civil population can be maintained until the military body can make decisive use of its weapons.” In World War II conventional and finally atomic weapons were used for massive strategic attacks on civilian production centers. No civilian population “shield” of any major power, however, has ever suffered early in a war the overwhelming destructive and disruptive attacks now commonly considered possible if a large scale conflict develops.

It has therefore been necessary, as this Committee has surveyed the problem, to recognize that conclusions must be based on analogies rather than on simple projections of past experiences into the future. Within these limits, certain tentative points of view have been reached. Their need for elaboration is obvious, and if their expression does nothing more than stir up further interest it will have served a useful purpose.

To understand entirely the dynamics of disruptive group reactions it would be necessary to know more than we do about the diffuse anxieties rooted in the unconscious which can be stirred by the awareness that a truly cataclysmic disaster has occurred or may be imminent. Prolonged tension before an incident may predispose a group to panic by amplifying unconscious anxiety related to intrapersonal conflicts and feelings of guilt. There is much yet to be learned about the exact ways in which various disturbing factors in individual personalities are released and rendered contributory to disruption of group behavior, but past experience indicates that certain patterns of behavior are particularly prone to initiate and aggravate disruptive mass reactions. Imitative behavior is often uncritical and may lead to a panic pattern. At the Iroquois Theater fire in Chicago on December 30, 1903, the victims followed the crowd to a few exits and apparently ignored other available exits with the result that many were crushed to death despite the fact that actual fire damage was small. Deplorable, collective self-sacrifice may arise in part from mimicry. The “heroic” refusal of many men on the Titanic to save themselves resulted in undermanning of the lifeboats which were launched while the men went down with the ship. Crowds, groups, and audiences are easily influenced and response to strong suggestion may operate to create panics. One of the best examples of suggestibility as a producer of panic was Orson Welles’ famous radio broadcast on “The Invasion from Mars.” Many of the audience failed to exercise critical judgment. The capacity to exercise critical ability and thus resist suggestion appeared, according to Cantril, to be related to a “general capacity to distinguish between fiction and reality.” Whenever critical ability could function it was found to provide “insurance against panic behavior.” On the other hand, in crowd reactions, according to McDougall, the increased suggestibility of members of the group keeps the intellectual processes at a low level. “The least intelligent minds bring down the intelligence of the whole to their level.” The diffusion of rumor, whether by word of mouth, telephone, newspaper, or radio, may produce uncontrolled group behavior. When rumor is combined with the element of strong suggestibility which exists in a crowd, a reaction of major proportions is apt to follow. In the Detroit race riots of 1943, rumor among both white and negro groups was the immediate cause of the disruptive mass behavior which resulted in wild lootings and beatings, the death of thirty-four people, the wounding of more than one thousand, and the destruction of hundreds of thousands of dollars worth of property.
I. PREVENTION OF DISRUPTIVE GROUP BEHAVIOR

Anything which increases the emotional or psychological strength of the population (the “shield” —S. L. A. Marshall) will presumably render it less vulnerable to breakdown in the face of stress. Factors which can support the psychological strength of the population and prevent its disruption in the face of any type of enemy attack will be considered under the following headings: Motivation; Information; Socio-Economic Organization; and General Mental Health of the Population.

A.) Motivation

Positive motivation is essential if the population is to be strong. There is a great deal of evidence from the last war to suggest that the greater the positive motivation in soldiers toward the common effort, the less was the chance of breakdown under a given stress and the more rapid the recovery if breakdown did occur.3 This motivation would be characterized by strong belief in at least some segments of the principles generally believed to be best represented in our culture (such as reasonably equal opportunity, freedom of speech, and free choice of religion). A large personal stake in the preservation and development of these principles, based on concern for friends, family, and self, and a deep conviction that the culture is fundamentally sound can lead to a readiness for considerable personal sacrifice in its defense. It is imperative that we do all we can to support the elimination of those evils and deficiencies in our culture which tend to decrease motivation; but, at the same time, we must encourage a realistic appreciation of the worthwhileness of what we have and of the great possibility for improvement in the future through expansion of individual opportunity, technological progress, and further development of our natural resources.

One of the strongest and most lasting emotional supports for positive motivation in stress situations is an individual’s identification with a specific group in the sense that he feels the group is responsible for him and he is responsible for it. Those concerned with preparation for civil defense do well to foster individual identification in a working relationship with small civilian groups.

Confidence in leadership tends to produce and maintain positive motivation, and frequently increases it. Military experience during the last war proved again how important good leadership was in the prevention of psychiatric casualties. Many times it was possible to identify defects in leadership from the relative high numbers of psychiatric casualties in specific units.5 Effective leadership satisfies some dependent needs, lowers the level of anxiety and reduces destructive types of resentment. Resourceful leadership must exist at various levels of activity from top government and military levels down to the smallest community group. Since leadership does not always come from those holding positions of authority, it is important to identify local “grass roots” leaders ahead of time and make provision for placing them in positions of authority where their influence will be most effective. Block leaders especially should be persons already most trusted and respected by their neighbors.

Negative motivation may be characterized by latent or open hostility toward the culture as it is understood by deprived or frustrated groups or individuals.

It is difficult to estimate accurately the state of our motivation. There is need to evolve further techniques for measuring motivation so that areas in which strengthening is necessary can be spotted and so that the effectiveness of remedial procedures which may be proposed can be evaluated. The fact that we are still a young, active, developing nation, which has always reacted strongly and effectively against threats of foreign aggression suggests that our motivation is predominantly positive and as such would serve to sustain emotional strength in the face of attack or actual invasion.

B.) Information

Lack of knowledge about natural and social phenomena contributes to panic behavior. Today, a total eclipse of the sun is not likely to produce panic but before the rise of astronomy, an eclipse of the sun produced a major crisis among primitive people. Because the American public have generally been fairly well informed, good examples of this factor are actually hard to find in American experience, although the Salem witchcraft trials and the recent obsessive interest in flying saucers contained elements of panic-like behavior. Obviously, there is always a danger of panic when “mysterious” new weapons are introduced since the unknown potentialities of the weapons cause fear with concomitant reduction of critical judgment.

Knowledge and understanding of a situation or problem facilitates its solution. Presumably, the more the population is informed realistically about the true nature of a danger, the greater will be the ability to cope with its implications and the less will be the possibility of groundless fear, uncritical behavior and unreasoning action. For example, reliable knowledge about the nature of weapons — whether they be explosive, psychological, chemical, or biological — enables preparation for defense against them and, at the same time, minimizes the possibility of unreasonable fear in contrast to realistic concern.

The giving of information should be geared to the time that action will be forthcoming and to the demand for the information, if it is to be most effective. Demand for the information can be stimulated by giving appropriate basic information; for example, about the imminence of war and its probable nature.

1. The importance of the way in which information is given and its timing cannot be stressed too much. Information may evoke widely different responses in groups if it is presented calmly and realistically or if it is disseminated with great urgency and drama (as some of our more notable news “commentators” prefer to do). The excessive stimulation by the latter method may soon lead to the belief that the informant is “crying wolf” with unfortunate consequences if the “wolf” should actually appear. Furthermore, people are inclined to forget or disregard specific information if it is given too far in advance of the time it may be needed. The actual need for preparation should
be made quite clear and explicit as soon as possible without interfering with the security of top level diplomatic and military planning. It is reassuring to see what steps have already been taken to inform the public broadly about the dangers and limitations of atomic warfare and to give specific advice about methods of defense against such dangers (although the dangers from biological and modern chemical agents and the defenses against them have been much less adequately presented thus far). 3,11,13

The ultimate success or failure of civil defense planning which is being encouraged throughout the country will to a great extent depend on the adequacy of the information which is supplied to those who are taking the lead at the local community level.

2. Once having informed the public about the dangers and outlined the necessary steps for combating them, assistance must be rendered in the development of civil defense programs which apart from their practical value, offer the opportunity for organized, disciplined, rehearsed motor outlets of a constructive nature, which in itself assists in the prevention of undue anxiety. The development of techniques to meet various types of emergencies, provide shelter, relocation, adequate supplies of shelter, food, transportation, communication, medical care, fire prevention, leadership, etc. is imperative. People should be given a clear cut idea of what they should do and to whom they can or should turn. They may easily turn to panic behavior in time of crisis or disaster when they have not been prepared to react in a more positive or constructive manner. Previous conditioning determines very largely, though not entirely, what we do. The effectiveness of fire drills in eliminating panic among school children is well known. Adequate preparation implies provision of intelligent leadership for meeting a possible disaster. The chaos and mass flight in Texas City after the explosions on April 16, 1947 might have been avoided had there been better appreciation of the danger, previous planning, and more coordinated leadership. 7

3. There is need for a manual on Psychological First Aid so that people can know what kinds of emotional upsets to expect and what to do about them; how people react to fear; and the need to accept fear as a normal reaction. The idea must be gotten across that people need never be helpless. There is always something to do to improve the situation. There is need to preserve the "appreciation of the situation"—to maintain as much as possible an awareness of what is going on so that purposive, rather than aimless, behavior is possible. Individual initiative must be encouraged within limits and within the group discipline.

C) Socio-Economic Organization

Our complex socio-economic structure, with its great interdependence of individuals and groups has the advantage of making possible a greater potential for accomplishment through specialized activities. Each individual is able to make maximum contributions in the field in which he is skilled. At the same time, the interference with one essential element in the structure will have widespread effect on the entire structure. The presence of many large metropolitan areas with great numbers of people who are extremely dependent for essentials of life (food, fuel, etc.) on groups in quite remote areas, creates a large nucleus of potential fear in the event of disaster or attack. Conversely, those in rural areas are dependent on those in metropolitan centers for essential industrial products. Thus our socio-economic diversification is strong in terms of productive potential and weak in terms of vulnerability to disruption.

Systems of mutual aid between communities are wisely being worked out, particularly for the large metropolitan areas which are most vulnerable to attack. Presumably, controlled and planned individual or community stock-piling of essential items such as canned food, auxiliary transportation, and emergency communication equipment will be greatly reassuring and correspondingly preventive of anxiety.

D) General Mental Health of the Population

The existence of strong social tensions with the attendant, persisting aggressive attitudes, overt or covert, may be considered as the mental "illness" most likely to weaken the population significantly. Both those who are prejudiced and those who are the victims of prejudice can easily displace their unresolved resentments upon their leaders when threatened by overwhelming disaster. Such disastrous scapegoating, may easily be stimulated by an enemy through the use of psychological warfare methods unless vital goals, held in common by dissenting groups, have been well defined prior to the conflict.

Anything which improves the overall mental health of the population and reduces social tensions and prejudice will increase the resistance to emotional break in time of disaster. An expanded mental hygiene program and increased efforts to understand and prevent emotional disorders should contribute indirectly but significantly to the prevention of unproductive reactions. The particular needs of children and the aged during disasters require special planning. 3,4 Experience in England during World War II suggested the importance of preserving the family unit insofar as possible in efforts to care for these two groups.

II. THE TYPES OF EXTERNAL STRESS THAT ARE EXPECTED

The external causes of stress which may be anticipated are: atomic, bacterial, chemical, high explosive, psychological warfare, and those which are as yet unknown.

There is the direct and immediate stress in the attacked area. It may be a surprise stress for which there has been no preparation or one which has been anticipated. Unusual emotional reactions are to be expected in the face of widespread and unprecedented destruction of property and life with disruption of community facilities affecting shelter, communication, police protection, transportation, sanitation, and food supplies. The loss of adequate medical
facilities in the presence of tremendous numbers of mutilated, dying and dead can arouse primitive, disabling despair and revulsion in even stable individuals inadequately prepared psychologically for such experiences. There are also stresses which are to be expected in areas far from those actually attacked. Were New York to suffer atomic or other unconventional attack, reasonable fears would be aroused in other more or less likely target areas with the production of natural (but asocial) trends toward flight, concealment, hoarding, and absenteeism from even vital industries.

III. THE TYPES OF REACTION THAT CAN BE EXPECTED

It is not possible at present to predict the extent to which psychiatric casualties might occur in any disaster. It may be that they would be very small. Despite this, it should prove useful to consider ahead of time what types of reactions are most probable. These can be divided into two groups: Individual and Mass.

A. Individual Reactions

In some individuals there will be normal fear with controlled, rational behavior. In others there may be disabling anxiety manifested by physical symptoms, irritability, and aggressiveness, flight, fury, apathy, varying degrees of depression, loss of motivation and initiative, departure from the group, minor misdemeanors, immaturity reactions (with regression to infantile behavior), passivity and even denial of the situation to a psychotic degree. Individual reactions may be classified under one of three categories: normal reactions; subclinical reactions; and manifest clinical psychiatric disorders. All of these may be transient or chronic and they may be acute or insidious or delayed in onset.

In considering individual reactions to a sudden disaster or stress, Tyhurst has described three characteristic but overlapping phases:

1. The period of impact. This corresponds to the duration of the direct initial stress or emergency.
2. The period of recoil. This follows immediately after the impact period and may last several hours to a day. Other stresses resulting from the initial stress may be present during this period: for example, injuries incurred.
3. Post-traumatic period. It is during this time that full awareness of the results of the disaster develops and the individual is faced with the altered environment.

In the period of impact, some remain “cool and collected.” They retain their appreciation of the situation and may even be able to plan action and carry it through. Some, and perhaps the majority, are stunned and bewildered. They may manifest automatic behavior and psychological disturbances associated with fear and anxiety. A third group show manifestly inappropriate responses with confusion or paralyzing anxiety, inability to get out of bed, uncontrolled crying or screaming, etc.

During the period of recoil, there is a gradual return of selfconsciousness and awareness for the majority. They develop some subjective awareness of feeling anxious, afraid, angry, etc. Attention is directed to seeking shelter or care, seeking relatives, etc. Women may have typical alternate periods of crying and laughing with some disturbed overt behavior.

The majority of survivors gain their first awareness of what they have just passed through. There may be emotional outbursts and usually there is a need to talk out one’s experience—to express anger and other feelings that result from the experience.

“The reactions of the post-traumatic period are closer to those clinical pictures which psychiatrists are usually familiar with—‘the post-traumatic reactions.’ They include persistent anxiety states, fatigue states, recurrent traumatic dreams, depressive reactions, rage, etc. The post-traumatic syndromes or neuroses become apparent during this period.”

B. Mass Reactions

There may be many types of mass reactions such as panic, apathy and demoralization, scapegoating, rioting, various degrees of fragmentation of the group with loss of identification with the group and regression to sole preoccupation with individual survival. In serious disasters some degree of scapegoating is almost universal with its attendant turning of aggression against part of the group or the leaders which may lead to reactions varying from bitter criticism to minor localized fighting, to riot, and even to revolt against constituted authority. In a panic, individuals or groups of individuals behave in an aimless, unorganized, nonconstructive manner as a result of sudden extreme fear.

IV. CONTROL OF DISRUPTIVE GROUP BEHAVIOR

Civil defense planning should assume the possible development of panic and other untoward reactions, and should include plans for their control. Although prevention will be the best control, measures for control of overt panic, once it has started, are important, since no preventive measures can be completely relied upon.

Actual control of untoward reactions is primarily a function of central civilian authority (especially of its police and peace officers). Physicians and psychiatrists in staff relationship to such authority can make important contributions in an advisory capacity. Evacuation of individuals or sections of population after enemy attack will entail psychologic dangers. It is well known among the military that evacuation of troops in the face of enemy action must be carefully controlled, because it carries with it the danger of group panic. Troops must be carefully informed, as to why they are being evacuated, and how and where the new line of resistance will be established. Unexplained, unexpected rearward movements of even a few men can cause a rout, even among good troops.

By analogy, after civilian disaster due to enemy action, unregulated evacuation should be de-emphasized and rigidly controlled. Any but the most carefully regulated and disciplined evacuation will tend to disrupt transport, clog roads, dissolve group and family ties, and tear the individual away from any useful group role in disaster control and restoration.

(4)
of the community.

Group panic involves unreasoning, uncritical, and unadaptive movement of groups toward escape from danger. Suggestibility is high; ability to assess reality critically is low; and the danger of imitative response to apparent escape patterns is great.

A panicked crowd is a disorganized herd, usually without leadership, and with only individual, unplanned aims of escape from danger. Fortunately, panic groups fatigue, and after a period of concentrated emotional upheaval and group motion, the members of the panic group can be diverted or dispersed. Then, under strong leadership, integrating group mechanisms and influences can be invoked, and panic brought under control.

These considerations appear to make it advisable to establish road blocks along routes of egress at intervals from center to periphery of the community. Individuals, groups and vehicles moving away from or toward the scene of disaster in unplanned and unauthorized manner should be diverted into areas suitable for assembly of large numbers of persons and vehicles.

At such assembly points, information of accurate nature as to the nature and the extent of the attack and the damage should be sound cast. Able-bodied individuals should be formed into groups and dispatched back to the damaged area to aid in rescue work. In case of atom-bombing (high level attack), it should be made clear that the danger from residual radiation is nil. Emphasis should be placed on the job remaining to be done: i.e., rescue work, firefighting, and re-establishment of the community. There should be provision for feeding the collected group of disorganized people.

Individuals manning assembly points should be specially trained, and suitable for leadership in a potentially confused situation. They should be informed and be capable of speaking effectively to groups, and of imparting information and commands. They should be prepared to meet considerable hostility among those they are trying to lead and control, and techniques for circumventing or resolving this hostility to some degree should be known to them.

Unauthorized broadcasting should be stopped immediately when disaster occurs. Some radio stations near South Amboy, N. J., only added to the confusion by their broadcasting of partial, unverified information about the ammunition explosion there on May 19, 1950. On the other hand, predetermined central authority should begin feeding accurate information through available radio stations as rapidly as such information accumulates. Since many confused, anxious people may well be far from any functioning radio receivers, and since rubble, fires, and other obstacles may very well stand in the way of ground vehicles with sound equipment, it would seem highly desirable to bring in light planes, preferably helicopters, with sound casting apparatus for the purpose of disseminating information, giving authorized directions, and counteracting overt panics should they begin to develop in any areas. Communications over all channels should be given in a calm, assured voice in simple, direct, factual terms which can be assimilated as easily as possible by the depressed, fearful, resentful victims of the disaster. Prior planning as to the types of information to be given in time of disaster should be done carefully.

V. TREATMENT OF INDIVIDUAL PSYCHIATRIC CASUALTIES

Military experience would seem to be directly applicable here, to some degree. Early interruption of acute, severe anxiety reactions is well known to be the most effective approach. While heavy sedation with barbiturates has many drawbacks, it has the great practical advantage, that if necessary, barbiturates can be given in adequate amounts by lay personnel under minimal medical supervision. Most physicians, including psychiatrists, must expect to be used largely in first aid procedures in the first 3 or 4 days after a major disaster, but a small number should be designated to operate "exhaustion centers" near other medical installations on the periphery of target areas. Such centers might well also include personnel familiar with rehabilitation measures to aid in rapid recovery after the barbiturates have broken up the initial anxiety patterns.

Delayed, severe reactions may present more of a problem than is generally expected. A week after about 5,000 inhabitants of Galveston, Texas were destroyed in the hurricane of September 8, 1900, it is claimed that 500 of the survivors went "insane" almost "in unison." The "exhaustion centers" should therefore be prepared to continue receiving acutely ill patients until public reaction to the disaster has stabilized reasonably well.

Chronic reactions can be treated in accordance with conventional established methods.

VI. PLACE OF PSYCHIATRY IN CIVIL DEFENSE PLANNING

A) In High Level Planning (Federal and State Governmental Level)

There is an overall need for considering emotional needs of people as well as their physical needs if the strength of the civilian population is to be maintained and strengthened.

In any program life saving measures must, of course, be instituted first, but in a continuing program ignoring emotional needs will necessarily result in disaster.

Psychiatrists, as consultants, can contribute to awareness among responsible officials of 1) the potential group and individual emotional problems associated with the various stresses of war, invasion and attack, and 2) the factors which can influence their incidence. It can be expected that out of such awareness will flow a program aimed at the prevention of untoward reaction. Factors of motivation, information, socio-economic organization and general mental health of the population, as outlined above, can be interpreted so that federal governmental agencies and state governments can develop more fully adequate plans.

B) At Local Levels

1. These same factors should be emphasized and explained to local authorities.
2. Other physicians can be helped to understand the psychiatric problems.
3. Psychiatrists can teach emotional first aid at the local community level.
4. Psychiatrists should be utilized in consultative capacity in local planning for prevention and treatment of psychiatric casualties.
5. Psychiatrists will be required to supervise the actual care of psychiatric casualties in times of disaster or attack.

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