Akademie
für Notfallplanung
und Zivilschutz
im Bundesamt für Zivilschutz

Final Report
Workshop „Psychological Aspects of the Information of the Public”

Bad Neuenahr-Ahrweiler 2000

FOREWORD

Europe is constantly growing together. At the same time more countries are standing at the threshold, desiring to join the European Union.

This is opening up new opportunities which go beyond national borders.

This will allow greater freedom of movement and in particular unlimited mobility for citizens of the European Union.

This also means, however, that citizens will be confronted with new dangers and risks which are different than the ones they are familiar with in their home regions. And they will encounter different information and relief systems, different social structures and different standards.

The basic problem involved in this issue has been shown in a project entitled "From Emergency to Crisis - A Challenge for Civil Protection" put on last year upon the initiative of the European Commission, which also provided funding. Responsibility for the execution of the project was in the hands of the *Akademie für Notfallplanung und Zivilschutz im Bundesamt für Zivilschutz* (AkNZ).

It has been shown to be necessary and a good idea to focus greater attention on the topical area of "informing the population".

Only by being informed ahead of time in a manner allowing citizens to deal with the situation can citizens prepare and protect themselves and behave in a manner commensurate with the situation. This is all the more important in regions which are used by European citizens as transit and holiday regions.

The EU Commission has gratefully taken up this overall European topic. It initiated and also provided funding at the workshop "Psychological Aspects in Informing the Population" carried out by the AkNZ.

My thanks go out to the Commission as well as all those participants who have contributed to the success of the workshop.

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Part A

CONTEXT AND DESCRIPTION OF THE WORKSHOP

Protecting the population against the impact of natural disasters or risks resulting from technology is a government task. Events can start off on a small and unobtrusive scale at the beginning. But they can also develop into crises if development tendencies and indicators are not identified at an early point in time.

A significant factor in perceiving the task of "protection of the population" is educating and informing the population. Government aid alone cannot cover the entire aid spectrum. What is crucial is the population helping itself. This can best be initiated and integrated into the relief system if the population is warned in a timely manner and informed about the situation and how to behave in a manner commensurate with the situation to protect itself.

For this reason the EU Commission has initiated a major project of the same name: "Informing the population".

In addition to technological factors (warning/informing the population), this also includes (human) psychological aspects of informing citizens. Marketing strategies, through which persons affected can directly or indirectly determine how to behave correctly in the given situation in a disaster, are a third component.

Each aspect is being addressed in a workshop being conducted by different countries:

Psychological Aspects	Germany	April 2000
Marketing Strategies	Sweden	May 2000
Technological Factors	Finland	September 2000

The focal points of the workshop were discussed and set in consultation with the international working group which supported this project and thus this workshop as well.

The results of the project put on by the Federal Republic of Germany in 1999 entitled "From Emergency to Crisis - A Challenge for Civil Protection" (responsibility for the execution of which was in the hands of the *Akademie für Notfallplanung und Zivilschutz*) were used to plan the content of this workshop.

In particular the findings of the workshop entitled "Communications Problems", which was held within the framework of the project, was of special interest.

OBJECTIVES

As described in the preceding, the workshop addressed psychological aspects of informing the population.

At the same time the following objectives stood at the forefront:

- Identification of possible reactions by people to and in extreme situations,

- Optimisation of information of the population prior to, during and after a disaster,

- Identification of possible problems pursuant to making sustained changes in the behaviour of people in and after dangerous situations.

To achieve these objectives presentations are given by speakers from various member countries in the workshop.

These are then taken up and discussed by the persons attending in working groups.

The various perspectives, experience, findings and practices from the member countries flow into the discussions.

The main questions, findings of the working groups and contributions to the discussion are also contained in this final report.

Many thanks to all speakers, participants and reporters who contributed to the success of the workshop and the attainment of objectives through their contributions, presentations and discussions.

RESULTS OF THE WORKSHOP

As is expressed in the objectives set for the workshop, various target groups are to be examined in terms of their possible and expected behaviour. For this reason the workshop was split up into three topical blocks (on this see also the plan for WS S.)

Psychology of behaviour of the population in extreme situations

Psychology of helpers in extreme situations

Psychologically practical aspects in extreme situations

The results shall be generated in a targeted manner from the three stages of the workshop in the form of:

- Presentations by speakers

- Discussions following the presentations

- Work in the WS groups taking into account the main questions which have been posed

The following findings have been generated regarding topical block I, "Psychology of behaviour of the population in extreme situations":

- One special aspect of extreme situations is that modes of behaviour which have been inculcated and learned in the time before such situations arise cannot be applied and executed. Thus at least a (subjective) feeling of mortal danger is present. Three typical modes of behaviour occur in an extreme situation:
  - Hyperactivity
  - Apathy
  - "Normality"

  After the first moment of shock has passed, it can be assumed that up to 75% of the persons affected will behave normally and proceed to safety.

- If people/the population is devastated by a disaster, the three following stages can also be characterised by:
  - Initial shock
    (after a certain span of time – approximately 30 minutes – up to 75% of all persons who are not injured/who are slightly injured can provide active aid)
  - Feeling of anxiety/helplessness
  - Feeling of incomprehension (the desire to find an explanation is immanent)

- Signs of panic which begin to appear must be recognised early on. If panic breaks out as a mass phenomenon, it is almost impossible to manage it from the outside.

- The "population" does not exist as an integral whole. It differs in social and cultural terms as well as across regions. This factor must be taken into account in providing information which has been prepared accordingly.
- Victims of an extreme situation/disaster may require, in addition to material aid, psychological/psycho-social support as well. This must not lead to a victimisation of the persons involved with sustained post-event effects.

- If a disaster has occurred, help should be offered as quickly as possible for people to take advantage of. People should not be forced to make use of the offer of help or be told what to do. A holistic approach should be selected at the same time, in which all the groups are assigned to points in the social network/social environment such as the police, the mayor, the minister, psychologists, psychiatrists, doctors, etc. The reduction of the post-event care by psychologists or psychiatrists is too one-sided. The religious attitude of the victims is of special importance in the social environment or the cultural group they are members of.

- As stated in the foregoing, many persons affected / victims do not need the help offered (approximately 75%)
  For preventive reasons it would therefore be important to know what makes people resistant so that they can also behave "normally" in extreme situations. Thus the perspective should also be reversed:
  It is not the treatment of the results, but rather searching for the causes of adequate behaviour which is of importance. Here cultural, social and religious elements should also be taken into account.

- There are definitely general human modes of behaviour (as shown in the foregoing). The cultural, social environment influences these, however. The same event in different cultures causes different modes of behaviour.

- Changes in behaviour can only be achieved by changing attitudes over the medium and long term.

The following results should be noted with regard to topical field II, "psychology of helpers in extreme situations":

- Basic parameters for the vulnerability of helpers are:
  - Capabilities (physical condition and mental processing)
  - Education (confidence in actions)
  - Experience ("stored images", patterns)

- To ensure that helpers are able to act, they should make use of the technique of "separation".

- Separation means self-guidance on the part of the helper which they achieve by moving to a meta-level. Perception, action and the receipt of information on the real situation are separated from the emotion, religion and experience of the individual.
  Detachment is achieved; if detachment is not achieved, the probability of becoming debilitated increases.
- A history of experience which does not include the formation of an immunisation pattern poses a psychological risk for the helpers.

- Training must approximate reality as much as possible and include psychological aspects.

With regard to section III, “psychologically practical aspects in the case of extreme situations”, the following can be said:

- A lot of efforts are required to establish an awareness of dangers in the population. At the same time, risks should not be downplayed, nor should they be exaggerated. The foundation for this is increasing communication, and the goal is to communicate to the population that:
  - disasters are possible,
  - how the alarm/warning system works,
  - what protective measures exist for citizens themselves

- Basic questions in informing the population are to be found in the following areas:
  - How in a complex, multifarious world can a “pre-event communication” (preventive communication) be established, how can information be received by the population and how does it react to it?”
  - How can communication be more effectively structured in the sense of prevention?

    Both areas can only be optimally structured by including the population.

- Victims in disasters can best be helped when they receive correct information on the event and how one should deal with the event. This information includes possible psycho-traumatological effects.

- Victims should be provided specially prepared rooms (stationary or mobile) as “low-stress centres” in which someone can listen to them, in which they can openly show there feelings without being afraid of being stigmatised. Aid and information which people can seek out should be offered in these centres.

- After disasters occur, the normal functions and structures of the social environment should be re-established as quickly as possible.

- Self-protection, self-help and the regenerative power of the population should be strengthened and based on information and training. This should be initiated as early as possible (in nursery school).

PROPOSALS FOR CONCLUDING WORK / ACTIVITIES

The findings and results of the workshop allow various additional questions to be derived.

The following work and campaigns could be performed:

- Drafting concepts at the European level for the participation of the population in preventive measures, in particular in informing the population about potential events, training and strengthening of self-help capacities.

- Development of standards for the inclusion of psychological aspects in extreme situations for the training of relief workers

- Research of the factors which make people resistant in extreme situations

- Establishment of “cultural interpreters” to support authorities, people affected and relief staff

- Compilation of schematic action process used internationally in disaster situations/extreme situations and evaluation of their compatibility with European conditions

RECOMMENDATIONS / NOTES

- The populations should be correctly informed prior to a disaster in a manner which takes the peculiarities of cultural, social and religious factors into account as a preventive measure.

  Here an active role on the part of the population must be accepted. In today's information and communication society it can no longer be assumed that people only use a source of information to obtain information

- Permanent training both of the population and relief workers is important for long-term changes in behaviour and awareness with respect to the perception of dangerous situations.

- Heavily schematic processes should be practised, even drilled, in order to make sure the population continues to be ready to react (see U.S. and Japan) to acute situations which suddenly come about.

- The training of relief workers should take the following aspects into account:
  - They should be masters of the trade
  - They should be able to deal with extreme psychological situations
  - They should describe the mission and processes in realistic terms
  - Techniques of mental separation should be developed
  - It should be learned how to provide colleagues psychological aid

- Offer help, but do not impose it on someone in order to avoid a stigmatisation of victims and helpers.

- Offer aid in the context of the social, cultural and religious environment as a holistic aid which is not limited to psychological/psychiatric aspects.

- Perspectives should also definitely be reversed and not only try to cure the effects. It should be analysed/researched why some people behave adequately in extreme situations and why they are resistant against debilitation.

- As people having different cultural, religious backgrounds behave and react differently, the function of a "cultural interpreter" (according to the project: From Emergency to Crisis – A Challenge for Civil Protection) in disasters should be reflected upon.

Part B

EXPECTED BEHAVIOUR AND EXPECTED REACTIONS OF PERSONS AFFECTED IN EXTREME SITUATIONS

H. Schmidt (D)
2000

It is of course not possible - nor will it be in the future - to predict precisely and especially individually what the modes of behaviour of persons affected will be in extreme situations, but there are trends which can be identified and which allow a rough categorisation.

A precondition for this is that we stipulate what an extreme situation is in the first place. I would like to set out two points here:

I. As a person involved I do not automatically have any learned modes of behaviour

II. I at least have the feeling of life-threatening danger

The suddenness of an event is frequently added as a third area, but this is not of the same importance. (With warning ahead of time I can prepare to a certain extent for a flood and in spite of this still experience it as an extreme situation)

So the assessment of a situation is respectively individual, which is of particular importance especially when there is a feeling of life-threatening danger.
How we here in this room would react to an open fire in the hallway of this building depends very strongly on our experience with it. All types of reactions would be conceivable from cold-blooded behaviour with a targeted, sensible search for escape alternatives all the way to a complete blackout.
The fire in the Düsseldorf airport not only unleashed a feeling of life-threatening danger among a majority of the persons affected - may felt 'disturbed' by the smoke and unpleasant smell. The travel clothing, after all, could be negatively affected. Numerous persons attempted to drive their motor cars out of the parking garage at the airport so that they would not be soiled by soot. Many were not aware of the life-threatening danger because they did not see any flames. An open fire would have caused significant anxiety among people who are not fire experts, but smoke and soot were only perceived as being disturbing.
The advantage of this mode of thinking and behaviour is that no over-reactions occurred, for example a panic. Rather, travellers attempted to quickly leave the terminal. I am sure that I do not need to tell you here in this room in detail that walking briskly is the fastest way of emptying a large room filled with people.
To put it provocatively: if only fire experts such as professional fire-department experts had been at the airport on this day with their families, they would have almost definitely experienced panic because these experts would have realised lighting-fast the real danger of the overall situation and attempted to bring their family to safety.
What I am getting at is of course that these experts love their wives and children and wanted to bring them to safety and not only think of saving themselves.
What use is it to an expert to have this knowledge if he does not have the material needed to fight a fire? And when flying on holiday the fireman does not bring any protective clothing, no compressed air breathing apparatus and other equipment. At least that is what I would expect! Under certain framework conditions the availability of know-how and modes of behaviour could in spite of this lead to an exacerbation of a situation.

As a rule, however, the situation tends to be the opposite: although a situation is not life-threatening, it is assessed by those involved as being such, which often leads to reactions and modes of behaviour which can then pose the real danger of injury to these people.

What modes of behaviour are to be expected in reaction to an extreme situation? Three major distinctions could perhaps be of aid here:

1. Hyperactive, uncontrolled behaviour

Here two subtypes need to be distinguished between. While one person engages in aberrant behaviour (running around; senseless physical work; unintelligible communication, etc.), the other person seems normal and quiet, saving himself through routine behaviour, thereby significantly reducing the danger of a mistake (civil servants' decathlon: nodding, punching holes and filing away; stamping papers; emptying the rubbish bin; carrying things from here to there and back again, etc.).
The second type tends to be one of the victims because these persons are not noticed by relief personnel as immediately as the first group.
Physical activity serves to reduce stress, but is not sufficient to establish a real 'grasping' of the danger.
Cognitively a kind of 'craziness' occurs: This type of person is mentally driven mad by the situation but in an area of cognitive thought in which they no longer feel such imminent danger. (This can be at a place where they like to be and also would like to be). How rapidly individuals return to a normal condition from this "craziness" varies very greatly from person to person.

2. Apathetic behaviour

This also includes 'childish' modes of behaviour, which is to say reactions which are typical for children: throwing up hands before one's face (in order not to have to perceive the stimulant triggering the anxiety) hiding (under a bed or in a wardrobe) or even lying on the floor in the foetal position. For adults in this situation this mode of behaviour holds out the advantage that they can slough off responsibility for sensible activity to some authority just like during childhood (parents, relatives, but also police, the fire department, etc.). They themselves are only physically present in a passive manner and their acting talent in that moment is limited to imitating a standing lamp. Where hyperactive types engage in too much activity, this type engages in too little activity. This also involves a kind of "craziness" - not in spatial terms, but rather in temporal terms, which is like a step back in the past ('regressive step').

3. 'Normal' behaviour

This is understood to mean that after the initial phase of surprise this group of persons is in a position to move from the actual dangerous situation into a safe one. The perception of danger functions without any noticeable disabilities.
This is therefore referred to as 'normal' behaviour because this group is probably the most common type (about 75% of all persons affected are assessed as belonging to this group). Hyperactive behaviour appears to be the most rare, hypoactive behaviour the second-most common.
The problem is that this can only be a very general presentation and the individual situation is of crucial importance.

A catastrophic experience such as an earthquake in the initial phase leads to an extremely high fall-out rate among the parties affected. Here the above-described pyramid-shaped distribution is turned upside down. The cause of this is that there is no safe place where people can save themselves because a whole spatial area is affected.
For this reason Americans (especially on the west coast) and Japanese, who have to expect a higher frequency of earthquakes, receive a targeted training already during childhood (establishment of drill-like modes of behaviour such as: standing under the doorframes or crawling under a table).

Regarding the surprise situation which also affects those who react 'normally'

- the initial shock (with constricting of neck and facial muscles)
- the search for explanations (what is going on?)
- possibly a feeling of anxiety or insecurity (not usually)

In 1962 WIESER carried out a test of this with a starting gun. 'Emotional neutrality' or 'removed-from-Self objectivity' were described by the persons involved in the test.

Guggenbühl describes four psychological effects in disasters:

1. The initial shock

According to Lechat 75% of people not injured in disasters can be used to provide relief aid within 30 minutes.

2. Helplessness and anxiety

Stress resistance among those affected is often not sufficient to be able to deal with the event. The extent of the situation with all of its effects becomes clear and can result in helplessness. This also includes hyperactive or hypoactive behaviour.
The need for attention must be recognised for this group just as much as the need to bring persons affected out of the area of danger.

3. Incomprehension

This can lead to a minimisation or denial of the gravity of the overall situation. Here "craziness" can definitely occur. Additional features of this phase are the tendency to fall back into the area of danger or also forms of black humour, in part ranging all the way to euphoric modes of behaviour.

4. The desire for explanations

For the most part simple, easily understandable explanations are sought. Guilty parties are sought, whether this is justified or not. In some cases the survivors feel guilty. The more dangerous the situation, the more often these guilty feelings occur (survivor's guilt: why did I survive and the others not?).
A special case of behaviour on the part of persons affected in extreme situations is panic.

Panic is a mass phenomenon which in part quickly spreads through groups of people, unleashing a mode of behaviour which can scarcely be controlled or which cannot be controlled at all.
The word panic derives either from the Greek god of shepherds, Pan, who (according to mythology) caused a herd of goats to flee wildly, jumping over stones and rocks by playing dissonant music on a seashell, or (according to another explanation) after the Greek general Pan (who served under Dionysios), who is supposed to have invented the phalanx, which is to say rows containing many soldiers one after the other, which then marched in step towards the enemy position. This led to the same mode of behaviour on the part of the enemy as the goats mentioned above.
This then led to the victory (gr.: nike) of pan.

A distinction is made between two types of panic:

1. Paralysis

This is triggered by an optical stimulant which leads a physical reaction to no longer take place. The victims stare at the event, which they are surprised by and which does not allow cognitive access or only allows such to slowly take place. This is comparable to fireworks, where the audience only stares at the optical stimulus and otherwise is not activated, which once again offers pickpockets an excellent opportunity to pick their pockets.

2. Stampede

This mode of behaviour is considered by most people to be typical of panic. Many people run, often aimlessly, in some direction or other. The possibilities to influence this externally are limited. This is usually triggered by an acoustic stimulus, such as a loud bang, an explosion or a shot.
People stampeding in panic are no longer capable of cognitive processes; if they are capable of these at all, then only at the 'command level', so an attempt may be made to influence the direction of flight by a clear command (to the right!). It is rather improbable that this will be successful, however.
People tend to run downhill rather than uphill when stampeding (covering as much distance as possible in the shortest amount of time) and right-handed persons usually tend to veer off towards the right, left-handers towards the left.

Although trying to stop panic once it is triggered is rarely successful, panic prevention is possible in many cases. This plays a major role especially prior to major events with lots of people.
Creating escape routes which are not blocked by obstacles, clear signs designating escape routes, the possibility to influence people by using loudspeakers, ensuring there is adequate lighting - this and more can help prevent a potential stampede.
Football stadiums with fenced-in areas (one only need to reflect upon the event in the Belgian Heysel stadium) are a long-term risk situation. Metal wave-breakers are only one cheap solution to stop this 'domino effect'. It would also make sense to remove this fencing and in addition only build stadiums with seats, even if some football fans would not like this because atmosphere among the standing audience is contagious.
At large demonstrations the use of mounted police can be helpful in de-escalating a panic situation. People have respect for the mountain of muscle in a horse, which is also unpredictable in its behaviour, at least in comparison to police officers, who have to show consideration.

In closing it should be said here that it is now probably also understandable why anti-terror units work with flash-bang ammunition, which produces a loud bang and an extremely bright flash of light at the same time. The opponent will thus be prevented from his intended action - however he perceives the sound/sight. But this effect is very brief.

Panic as a special form of behaviour should therefore be reflected upon by considering sensible escape routes ahead of time. People who have lost the availability of their mental faculties cannot be controlled with the usual methods.

"THE INFLUENCE OF CRITERIA SUCH AS CULTURE, MENTALITY AND RELIGION ON THE BEHAVIOUR OF PERSONS INVOLVED IN A CRISIS OR EXTREME SITUATION"

Dr. Jean Darrot (F)
2000

"Let me decide myself what gives me life"
Paul Valéry

Over the last twenty years relief missions and humanitarian missions on behalf of groups of the population who have been confronted with the effects of war and natural disasters have shown that, in addition to the physical victims there are not only numerous persons who have been mentally injured - there are also deep-rooted, long-term psycho-social effects which involve real disturbances to relationships. In this area *Ersatz* logic and repression run up against constraints which have thus far been subject to too little analysis, and it would be too simple to attribute this merely to the cultural sluggishness of populations, the reason being that the factors involved are very multifarious in nature; it is true that these involve social relationships being shaken or becoming overlaid with tensions, but they are also related to the culture of helpers and new factors emanating from relief action scenarios. In evaluating projects relating to the topic of mental health which were carried out in Rwanda in 1997, in Cambodia in 1998 and at present in Kosovo and in Albania, the promotion of real psycho-social reconstruction is at stake - and it is not limited to making a purely specialised contribution. It appears, however, that at present there is no consensus on what a psychosocial treatment oriented towards mental trauma could look like.

Let's stay in this area, but go to another level: in the northern European countries a real demand inflation can be identified in medical-psychological emergency missions with regard to mass accidents or disasters, and one can legitimately place this incipient notion of a psychological emergency medical culture within the cultural realm of the western world.

And finally, one must explore at the lowest as well as highest levels what the foundations and biases are in our cultural practice at a point in time in which numerous projects are being initiated so that we can examine what "exporting" allows - and what it does not.

I - Psychological trauma: a cultural concept

The term "psychologically wounded" in disasters is definitely useful both for the descriptive knowledge as well as application methods, but these areas must be precisely demarcated from one another (1).

In a descriptive sense **emergency surgery** has slowly but surely intermingled with **victim psychology** in the western world, which is assigned a great importance in processes of recognition and reconciliation among people who have experienced trauma. These two disciplines describe the **symptoms** which emanate from a traumatic experience, and have also generally recognised **diagnostic categories** such as, for example, post-traumatic stress

disorder (PTSD). And last but not least this will allow us to identify **victims** which our society also recognises as having **rights**.

From a therapeutic perspective all our knowledge comes from the fact that patients look for a doctor voluntarily after a traumatic experience and their motivation to take this step in the first place already points towards a healing process taking place.

If one confuses the descriptive area, i.e. the area of symptoms and the therapeutic area, i.e. that of suffering, there is a danger that the things will get out of control in two respects (1).

1. The fact that the symptoms described in the area of psychological trauma actually occur does not by any means suggest that broad-based preventive methods are necessarily successful.

"If one examines the civil population with a view towards descriptive symptoms, that is one thing; the development of therapies for the suffering which results is quite another" (1). Even after a detailed study of post-traumatic symptoms we know too little about what helps most people overcome trauma, what leads to them not making use of any psychological assistance or even to deny that one is needed in the first place… In this context one should note, however, that there are studies along these lines, and these shall be referred to later; they belong, however, more to the area of animal behaviour and less that of medicine or psychology.

The courageous eyewitness reports of UNICEF in Rwanda are one example of "getting out of control" which was addressed in the foregoing (3). In a random sample of 3,030 Rwandan children aged between 8 and 19, two-thirds had witnessed a murder during the genocide in 1994, 79 had lost family members, more than 50% stated that they thought they had killed someone and for this reason had to hide, and UNICEF maintained that most Rwandan children had experienced a shock and proposed a research programme that was supposed to specially address psychological trauma by debriefing. Recently this has been alleged to be a very costly programme and moreover causes negative reactions among children. It would have also been possible, however, in spite of numerous PTSD criteria which were definitely present, to find a high degree of positive indices, as 80% of the children felt either more nervous than before, 86% did not feel like they were more agitated than before, 90% declared that they were just as interested in their activities as before, 90% did not suffer from disturbances of sleep, 86 % did not think it was a waste of time to think about the future and 76% said that the time spent there and making new friends had helped a lot.

In a supplementary study (4) a random sample of adults was taken who had been subject to a general health examination. These were compared with a group of persons who were not so directly subjected to the events. Although the group which was directly witness to the events clearly exhibited a greater degree of post-traumatic symptoms (nightmares, weaknesses in concentration, depression), 67% of those who came for treatment were interested in games and work, 57% had a positive attitude towards their futures, 75% felt able to protect their families and 46% believed that they could think and act like they used to.

2. The treatment of the population from a more medical angle is responsible for a stigmatisation of the victims causing victims to hide or also to accept a coalescence of what we deem to be valid criteria to accept based on symptoms which they then serve to us on a silver platter. And this is related to the paradox which has been found in the humanitarian area by Desprey (): "The medical metaphors work with the diagnosis, a unique reversal, as they view the relationship of a person to the world as assuming pathological forms." If beyond this

aid is only looked at from a perspective of substitution, it has a fateful effect if even the most limited attempt is risked to bring about a minimum of spontaneous social organisation - as if the community would be prevented from mobilising their resources and their still-remaining initiatives at the local level in an optimum manner. Thus is appears that a refugee camp can quickly turn into something where every constructive initiative tends to degenerate into illegal activity. Profiteering in the aid business is the result.

II - IMMEDIATE MEDICAL-PSYCHOLOGICAL MEASURES: A CULTURAL MODE OF PROCEDURE

"It is classic that emergency medicine does not have any possibility to adequately recognise and defuse acute psychiatric reactions which can occur in a mass accident or a disaster in a reasonable manner. Traumatic event definitely offer teams of psychiatrists the possibility to reduce psycho-traumatic syndromes or even prevent them, but in view of the increased demand for aid and assistance, governmental authorities and mental health physicians must stipulate the indications with regard to emergency medical-psychological measures" (6). The indications, but also the borders, which is anything but easy nowadays.

The so-called Paris Cell for Medical-Psychological Emergency Aid (CUMP) was set up in response to the desire of the President of the Republic by the State Secretary for Humanitarian Emergency Aid Measures within the framework of a visit to a hospital for the victims of the attack on REF Saint Michel (25 July 1995). In the three following years missions were required by this provisional cell in 50 events, and 800 victims and people involved were assisted immediately or shortly after the event in the year 1997. In addition to debriefing within the framework of civil or military crises on a larger scale, it appears for this time period alone that answers have been generated whose context without a doubt can raise questions: assistance of police under shock, and in an ethnic cleansing of Malians, forcing them to flee to Bamako in February 1997; debriefing of personnel from the area of child and youth psychiatry (!) in Laval (Mayenne) after a school bus accident in Germany in November 1996; a mission in a school in the 11th Arrondissement in Paris to help children in a nursery school, their families and the personnel at the facility after two children had come down with meningitis and died in a brutal manner (June 1998).

In 1997, the year in which the national network was established, missions in the area of the medical-psychological emergency aid were estimated at an average of approximately one mission per week (6). The system, which is equipped with a minimum infrastructure, which does not need to be explored in any more detail here, is only viable beginning with a minimum number of events is attained. With the circular letter sent out to create it at the same time a quite detailed definition of events was delineated for which medical-psychological emergency times can be used in the first place; this means an increase in the demands for missions on the part of the rescue service, the prefects or the health and social authorities which has frequently exploded the limits which had been set out originally in the circular letter dated 28 May 1997. Since then we have seen a right-down displacement in these indications - from extraordinary mass accidents all the way to acute emergency situations involving several individuals or even only a few individuals. For the teams, who are still rookies, usually of an incipient kind, and waiting for institutional and financial recognition, the demand inflation creates tensions which are all the harder to come to terms with because protocols, which require complementarities with facilities in the area of long-term care and, in particular, in-patient care, have not even been created yet. Added to the tensions which can thus come about within the care facilities in the area of emergency medicine, there is thus a

destabilisation of protocols at work together with a question of the exact definition of each task which is to be individually tackled.

This problem ranges far beyond the care facilities. In January 1998 nine children in a public school in greater Paris together with their teacher who were on an excursion in the Alps were hit by an avalanche. The prefect in the local town set up a care centre for the families in the school. After the final balance sheet was issued on the event, nine families had to be informed that their children were dead and were assisted in this task by psychiatrists who thus at the same time had to give them the sad news and then support the families. Looking back one can recall that in France the mayor, the policy or the *gendarmerie* is assigned by law the duty of informing family members about death as a result of an accident. If this task is given to psychiatrists, this is not only a technically decision, it would also mean a completely new form of culture, or better yet, a complete watershed change would occur in society's bureaucratic and judicial foundations.

In an avalanche accident in which an entire family (both parents and the three children) were killed, the psychologists of the Cell for Psychological Emergency Medicine assisted and accompanied the four grandparents and relatives in the hospital and with the corpses in the rooms where the dead children were, and it could be observed that the priests who also were present were much more effective and could operate much better. Later the family who had only been there a few hours filed a lawsuit because they had not been provided psychological care. On the other hand the day after, in a traffic accident in which a mother and her two children were killed, the prefect demanded that the father and son who had survived visit a rescue service psychiatrist. In the face of the vehement protests of the father the prefect was told that "after this whole misfortune you now want to force us to visit a psychiatrist!"

For certain parts of the population in the Caribbean a hurricane is first of all a fantastic natural event which leads to the community drawing together. Only later do they analyse the event, in terms of a cultural dynamic which is just as spontaneous, but completely different.

In a recent work with the paradoxical title "*A Wonderful Misfortune*" Boris Cyrulnik, a French ethology expert, tells the amazing story of a Jewish child for whom the big raid on a bicycle racing ring (Vélodrome d'Hiver) is a real festival which means the end of three weeks underground which the child, who had been hidden from the police by the Parisians, perceived as a loss of freedom.

The question which experts are asking in France today after the three years' existence of the only rudimentarily equipped CUMP, relates to the identity of the helpers in such missions and puts the cultural project at centre-stage - in the context of how these arise, both in terms of the mode of procedure by the medical area and that of the community as a whole.

There is much such undecidedness and lots of questions, but this is really very comforting, because the worst thing would be resigning and being satisfied with any shifts along American lines - for which certain international organisations are famous (and in some cases even recognise this, as has already been suggested as being the case with regard to UNICEF in Rwanda).
First of all the effects of an early assistance of victims if a psycho-traumatic syndrome appears are not known in detail. The preventive, long-term value of the debriefing still needs to obtain more support, because people after all know that "this still insufficiently codified procedure is impeded by methodological difficulties" (6). At the site of the incident people are confronted with suffering which cannot be denied. Some people belief that care and assistance from classical rescue helpers (police, fire department, aid organisations, rescue helpers) is

sufficient as a rule. Others point out on the other hand that "the persons affected are only of secondary importance for rescue workers after those who are physically injured, and in a condition of ongoing confusion the former have to wait longer for first aid" (6). Whether it is legitimate or not to intervene in an emergency situation where there is no doubt as to the situation everyone agrees that it is difficult at present to return to the past," even if this is only because the approach taken by medical-psychological emergency aid is counterpart to a demand which is being voiced ever louder by the population, although it is assumed that an estimated one person in three will at some time be a victim of a traumatic event. The system officially set up in 1997 has already been made use of far beyond the levels for which it was originally conceived" (6).

This commitment to "exaggerated emergency missions" applies today to all European institutions in the area of public health. According to statements made by the initiators it has become impossible to clearly demarcate demand and indications from each other. We have thus got irreversibly bogged down in our habitual cultural orientation points, which could not be foreseen in either quantitative or qualitative terms and which could also not be assessed or declared as being valid, as experience was still much too recent.

The cultural problem can even become exacerbated if one attempts to "export" programmes which also stand on shaky ground in a cultural respect into a human context which is not even cemented by the opinions of the northern European countries formulated prior to this and based on a consensus. The phenomena of "resistance", which in western European culture has been tantamount to unchanging-ness and rotten, shaky compromises, could under such circumstances also be approached with positive prospects and this would allow us "to re-establish the profoundly lively meaning which opposition receives through encounter with the population, which can teach us a lot in these regards" (1).

III - ON THE ROAD TO A POSITIVE APPROACH IN RESISTANCE

To avoid a stigmatisation of victims and show due care in the transition from the descriptive to the therapeutic area (1) there are thus two crucial points when establishing psycho-social projects involved with disaster trauma.

One in four persons who undergo a traumatic experience develop symptoms which lead to long-term psychiatric disturbances. We know next to nothing about what allows 75% of these people not only to survive, but also to quickly invest in their future after so much suffering. This causes many authors to conclude "that the task is not to know how or why certain people become psychological victims, but rather how or why the overwhelming majority do not" (7).

In other words the descriptive and, even more, the therapeutic approach of CUMP and the humanitarian aid organisations are limited much too much to emergency medicine and concentrated on the symptoms and not the suffering and the psychopathological strategies with whose aid suffering can be overcome and the people affected learn to deal with them. The work of psychologists and physicians must be supported here by the anthropologists, sociologists, historians, even poets; all the knowledge which describes, encourages or even creates the dynamics of social relations. The contribution of religious capacities, those of philosophers and mystiques must also be included because in a community which has survived a crisis the ethical and existential standards are subjected to tension, and precisely under such circumstances the community myths are once again put to the test, rethought out or even created in the first place. The relief staff without exception recognises that psychological trauma which is experienced in situations of extreme violence "constitutes

more than one individual injury, namely a real crippling of the basic factors which tie people together in their most intimate and important spheres." (1).

It would therefore be appropriate to discover, support and assess as much more important what can be used to counter **a collapse** in the form of **opposition**, as a **still-remaining resource** in a certain context of a major disaster which would be able to get the process of restoration in process; both come close to the **toughness** which Cyrulnik phrased as "that which makes up the ability to get something done, to live and develop in the face of all aridity" (2). The psycho-social initiatives must therefore especially be oriented towards **disturbed relationships**. These cannot be recognised as quickly and easily as the PTSD symptoms, however; here time and new areas of competence are required in order to remove these disturbances, but also the still-remaining vestiges of relationships and the spontaneous initiatives to restore these which are a sign that investments are once again being made in relationships and the community (8).

Some medical initiatives are already pointing in this direction. Last year I reported here on the experience of Belgian children and youth psychiatrists who had proposed a television show to be broadcast to the entire population after the horrible discovery of the corpses of the young victims of a killer in which the children painted their fantasies and were able to reactivate the tenderness of their relations and their solidarity with the victims - and this in a society which was shaken to the roots. Psychiatrists after the fall of the Ceauscescu regime in Rumania also organised village gatherings at which the older members told old folk tales, which a whole generation had been forbidden to tell for a long time and in this manner restored the ability to dream and pass these folk tales on from one generation to the next in a population whose relationships had been disturbed. We are moving increasingly into the clinical and therapeutic area, but are still a long ways away from operative programmes which are oriented towards a certain excessive emergency medicine.

It should be recalled that the current generation of European psychiatrists are oriented much more to organ medicine than human science just like their American colleagues, but in contrast to the preceding generation. For the time being, which will hopefully turn out to be as short as possible, psychiatry is less affected than all the other pathologies in connection with social relationships, and in terms of practise this means a shift taking place in the operative sense - a monument to the wretched state of affairs. A possible and desirable renewal of this discipline in Europe, favoured by a return to the human sciences, could benefit psychological emergency medicine and all those areas serving people along with the latter areas, possibly bringing about a renewal of psychiatric culture in our countries whether this be through constantly rediscovering that mental anguish cannot always be broken down into certain categories using medically diagnosed symptoms and also striking out in a positive direction different than one which can only use therapeutic support measures. This would basically constitute a **clinic of opposition** (1).

IV - A FEW PRACTICAL IDEAS AND THOUGHTS

I hark back to the two basic rules addressed in the preceding chapters: avoidance of stigmatisation and attentiveness in the transition from the descriptive to the therapeutic area (1).

1. Evaluation and reframing of the reference model

The initiators of medical-psychological emergency aid programmes should not be ashamed at the results of the last twenty years, whether this be with regard to progress in descriptive

knowledge or the effectiveness of debriefing and defusing protocols. They all unanimously desire, however, definition of the psycho-traumatic syndrome and the evaluation of immediate aid procedures in spite of the methodological difficulties associated with such an evaluation (6). Beyond this, the limits of medical-psychological aid measures must be examined in terms of their context, a culturally and historically speaking extremely connotative mode of procedure in the Northern European countries and the U.S., which as a result can only be "exported" to other balanced cultures in the first place where they then can have a fateful effect on the restoration of spontaneous efforts which have been initiated by the community in which the event took place. At the same time the definition of disturbances in relationships are to be preferred over a definition of individual trauma; as a consequence the areas of knowledge which are of import here and which leave behind the purely medical and health area, which in particular requires researchers from the areas of ethology, anthropology, etc. to get involved. These are areas in which the Mediterranean culture hold out considerable resources, high-rolling researchers and an extremely fertile tradition and which have frequently served as a melting pot of western thinking.

The thought models outlined in this manner could lead to inter-cultural confrontations which are fundamentally different than power struggles which inevitably emanate from the operative institutions, with regard to which the North believes that these are common in the communities of the South. Moreover, the philosophy, the soul of the populace and the religious tradition would no longer be seen to be a barrier to aid projects.

In sum too many programmes are developed using standards, as has already been underscored by the systemic authors, which is actually the dynamic of the myths which degenerates into tensions in a crisis. If one departs from the myth in favour of the standard, this must inevitably lead to the community identity being disturbed or sluggish reactions being triggered which also constitute self-protection mechanisms.

2. In the area of prevention.

If a crisis can be foreseen the village subject to threat must be covered in terms of its social structure. The plan to evacuate the area around Vesuvius, which our Italian colleague told us about here last year, is an example of this. Particularly the role of priestly authorities is of crucial importance in a country in which the religious communities govern certain areas of public life instead of government institutions (this was the case with regard to Italian psychiatric hospitals up until 1998). On the other hand, the fire in the discotheque in Goeteborg, as was described to us by our Swedish colleague here a year ago showed, the rescue helpers and the Turkish community involved in the damage that they had completely miscalculated each other. A host of additional examples could be forwarded to underscore how indispensable a secure psycho-social approach with a long-term orientation is in the area of civil protection, and what dynamic relationships there are to those in charge of associations and authorities involved in the integration. The same applies to training measures and practical training.

3. On site.

It has been emphasised how important it is to trace disturbances in relationships, but also the still-remaining relationships and the spontaneous initiatives to restore these relationships. Here one must have the possibility in spite of the urgency to contribute a bit of time for the evaluation with the aid of competencies which one normally does not make sufficient use of. This observation must be of a dialectical type: "**discrete** to avoid intrusion into a group of the population which has just experienced a particularly violent intrusion and at the same time

committed to activating the process of resistance with whose aid future projects can be developed. **Discrete** in order to avoid a paralysis of spontaneous, local initiatives and passivity which are imposed by external experts as a result of their knowledge., **committed** to using the remaining resources which promote the overall process of rehabilitation" (1).

"War is too serious business to leave it up to the generals": a civil version of this famous quote from Georges Clémenceau must be found. The population will resist this as long as civil protection and humanitarian missions are left up to the specialists.

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BEHAVIOUR AND EXPECTED REACTIONS OF HELPERS IN EXTREME SITUATIONS

Prof. Ungerer (D)
2000

Introduction

Extreme situations do not fail to leave their mark. Not everyone is successful in analysing experiences of disaster, wars, accidents and relief work in such a manner that the do not have a psychological impact. For this reason the psychological condition of relief workers has received more attention from stress research and pscho-traumatology in recent times. Questions are being directed at interrelationships between causes of stress, traumatic reactions to stress and, above all, extreme and exceptional situations in relief work. Moreover, training to psychologically deal with work in such situations is also being examined more closely. After all, training and coming to terms with stress and trauma all stand in a close interrelationship. These areas of attention have in the meantime taken on a professional nature in the international arena. International co-operation in the areas of disaster relief, civil protection and humanitarian aid is therefore the objective being sought together with appropriate bases for training for relief personnel.

This presentation is aimed at the behaviour of relief personnel in general, and in particular at the behaviour of personnel at the site of their mission. I have accordingly broken down my presentation as follows:

I. Threat and behaviour
II. Psychological vulnerability
III. Preventive measures

Generally a direct analysis of helpers needs to be carried out. This means, however, that either the observer must take part in the relief action or be able to make use of reliable video documents. This research methodology is indispensable in performing a relief mission-oriented analysis of mistakes and stress. Protocols and questionnaires are not recommended to generate insight on acute events in relief missions and special aspects of behaviour. They are often very far removed from what is actually experienced. Concrete analysis of situations which are not influenced by subjective perception are what are needed to develop and refine training measures.

I. Threat and the behaviour of helpers

Coming to terms with threats for the most part depend on the following factors:

- the efficiency of personnel in a mission
- training
- and experience.

The efficiency in a threatening situation depends once again on the psychocerebral functioning capacity in information processing. Illustration 1 shows the basic flows which take place in human information processing. Five factors reach our cerebral processing centre via visual information. With the other flows of information we can perceive, recall, process and pass on three factors per second in auditory and tactile terms. The actual period of time involved is five to six seconds. This is the time which the incoming information can be kept in the processing centre of our brain at present. The volume of a processing centre is 15 factors, which we have available to process the situation on a relief mission. This is why we also refer to information levels here. This information relates to a calm condition.

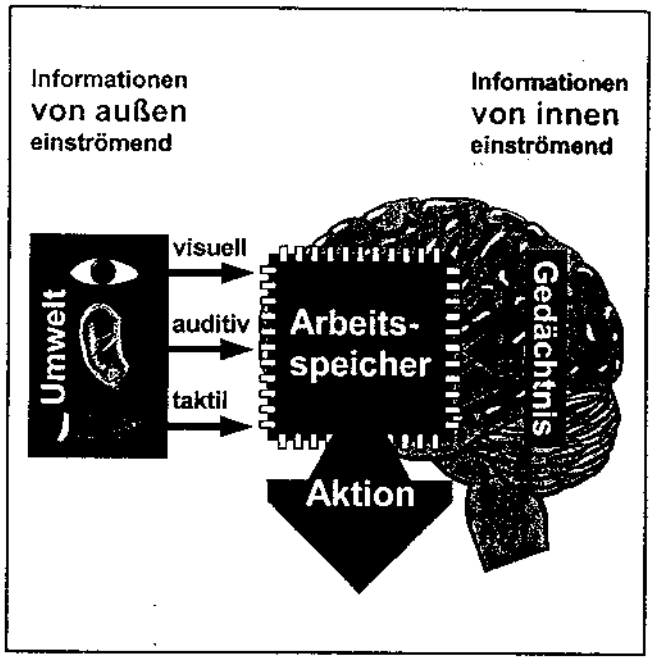

Illustration 1: Flows of processed information

Cognitive performance decreases under stress and especially in extreme situations. A critical factor is the length of time involved. This quickly moves to near zero if there is a strain or especially a threat. The lower it is, the less we can handle mentally. We make mistakes, become unsure and doubt whether we are doing the right thing. Our overview of the situation is lost, and **psychological vulnerability** increases. When the information processing are under extreme and exceptional strain, and the less prepared relief personnel is for the strain, the less time this strain needs to become a problem.

Information processing can be improved by means of **training which replicates relief situations to the greatest degree possible**. For this to happen, however, certain procedures must be adhered to and dosages of stress applied. Dysfunctional stress can be prevented or delayed in this manner.

Dysfunctional stress comes about when a discrepancy occurs between information relating to the situation and the information in one's own information-processing centre. We thus always have two factors responsible for dysfunctional stress generation: the **information-processing capacity** and the **subjective assessment** of the situation. Both depend on training and experience. The assessment of an extreme situation also depends on attitudes towards training and relief missions.
Given the various threatening situations which occur in relief missions, those situations should now be mentioned which pose a particular strain on **helpers**.

1. Extraordinary situations - direct threats:
This means events which directly threaten helpers, but which lie outside their experiential field and which they therefore cannot imagine.

2. Extraordinary situations - indirect threats:
These are situations which threaten one's personal existence. Here I especially mean maiming and cruelty which are experienced by helpers in a relief mission.

3. Perceived helplessness:
Helplessness can be expressed in different contexts. Helpers experience this when they cannot resist threats because the threatening agents are, for instance, superior in some way. Tolerance and endurance take over. Helplessness also dominates the situation, however, if the suffering of other people has to be witnessed without being able to intervene or help.This is primarily the case in situations in which not enough help can be provided because the political, material or staff-related prerequisites are not in place.

Cases 1 and 2 usually apply to the behaviour of helpers. There are many examples of missions along these lines.

The airplane crash at Ramstein caused a short-term paralysis of relief activities as a result of its force. Thus it was less the plane crash than the ball of fire which paralysed the helpers stationed there. They had never seen such a fire in their lives. They were helpless for a brief period of time. They had not had any experience with big balls of fire. Nor had their training prepared them for this.

When helpers witness the remains of massacres, it has an enormous impact on them. Dysfunctional stress reactions can be witnessed. Here we can recall missions in Bosnia, Kosovo, on the African continent and in Southeast Asia. Some helpers cannot process the maiming of people which they witness because they have not been prepared for this.

The threatening event which has an indirect effect can reach our brain, for example, during a highly dysfunctional stress condition. Extreme efforts made on a mission together with human suffering can take us to the limits of our capacities and increase our psychological vulnerability. If we are unprepared, it can have a lasting effect on us and create a fertile soil for traumatic effects.

Helpers can also react to threatening situations with helplessness. In such situations of distress they simply forget the aid mechanisms they have learned. Thus, for example, emergency physicians forget the measures they are supposed to take in certain emergencies. They first deal with dead persons in order to gain time to think about how they should treat severely injured persons lying next to them. Newly learned cognitive and behavioural patterns can not be called up quickly enough under dysfunctional stress and a high cortisone level.

Many helpers cannot deal with corpses. Especially in the Balkans, many helpers and soldiers providing aid were confronted with parts of corpses and semi-decomposed parts of corpses. This applies to the transport of dead bodies, but it also applies to special modes of dealing with dead people.

Many helpers respond to threatening situations, maiming and bodies which have been torn apart without any noticeable reaction. Their work is increasingly disturbed, however, by persons offering them psychological and mental help. They are of the opinion that helpers who are quietly working away must have a psychological problem. "If they don't have a problem, then they are a problem," said a self-proclaimed psychological helper during a mission. In such situations there have already been such major conflicts between the relief helpers and the persons helping the helpers. Apparently care mechanisms escalate in these situations. We must keep this in mind, otherwise the relief staff could become victimised.

II. The psychological vulnerability of helpers

Helpers react during or after missions depending on the degree they are affected with relatively great dysfunctional stress. The degree they are affected depends on the level of training, their condition on that day and their capacity to withstand acute strain.

Reactions to original situations, which I have displayed on the screen, are noticeable among persons tested. I have measured electro-dermal reactions (illustration 2). I have established similar results among persons in tests in which noticeable electro-dermal reactions were registered among these persons who had felt threatened in the past and not come to terms with these events in their memories.

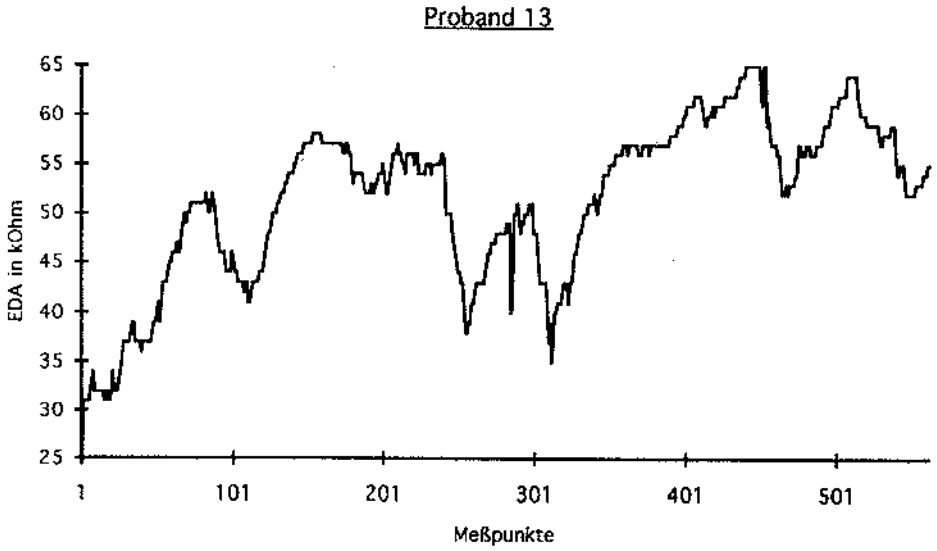

Illustration 2: Electrodermal activities during threatening video sequences

The individual curves show reactions to e.g. executions, self-emolations and people being threatened with weapons. Threats from parents and relatives are transferred by stories to the children. Here the feelings of the person telling the story and their gestures also play a major role.

The skin temperature reacts quickly to the evoked threat. Such an illustration can be seen in illustration 3. The test subject in illustrations 2 and 3 is identical. In addition to an increase in temperature there is also a decline in skin temperature. The first case primarily involves people who are trying to actively process the situation, while in the second case suffering and tolerance of the situation are more important.

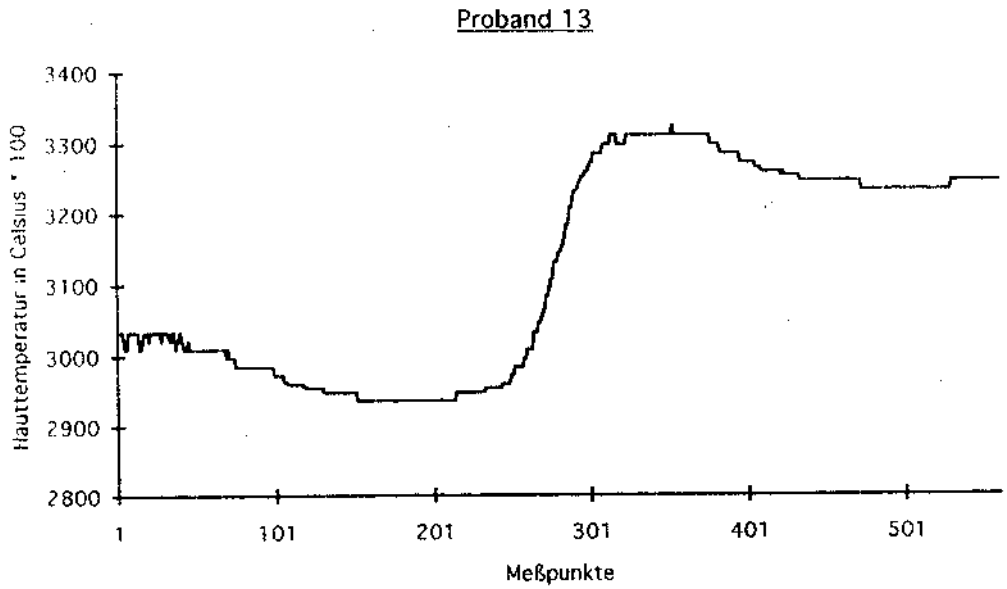

Illustration 3: Reaction of skin temperature to a threatening video sequence.

Moreover, the EEG analysis of members of a technical relief crew in the area of civil relief show that dysfunctional stress also develops very quickly at the cerebral level, first blocking the processing of information and then later also manifests itself in terms of sweating, racing of heart, etc. Heavy stress is not perceived immediately in the cranial region.

Measurements of cortisone taken during the performance of the mission in the case of particular strain, e.g. in the event of a so-called c phase, show a high level. The marked cortisone level blocks memory. Thus a drop in tactile capacity can be demonstrated to take place during the stress situation.

In the cases shown here there is a **psychological vulnerability** which can cause **traumatising effects** in relief situations. As a result, however, the prerequisites are created which contribute to the psychological condition in PTSD (post-traumatic stress disorder) developing. This means that personnel should get to know each other better before they take part in relief missions in which extraordinary and extreme situations can come about.

Reference should be made to two dominant factors here: **the past experience** of the individual and the **extraordinary and extreme situations** with their different contents. Their interaction decides whether the help is immune to the strain, or whether traumatising effects can come about.

Illustration 4 shows that certain conditions must be present in order to increase the probability of traumatising effects:

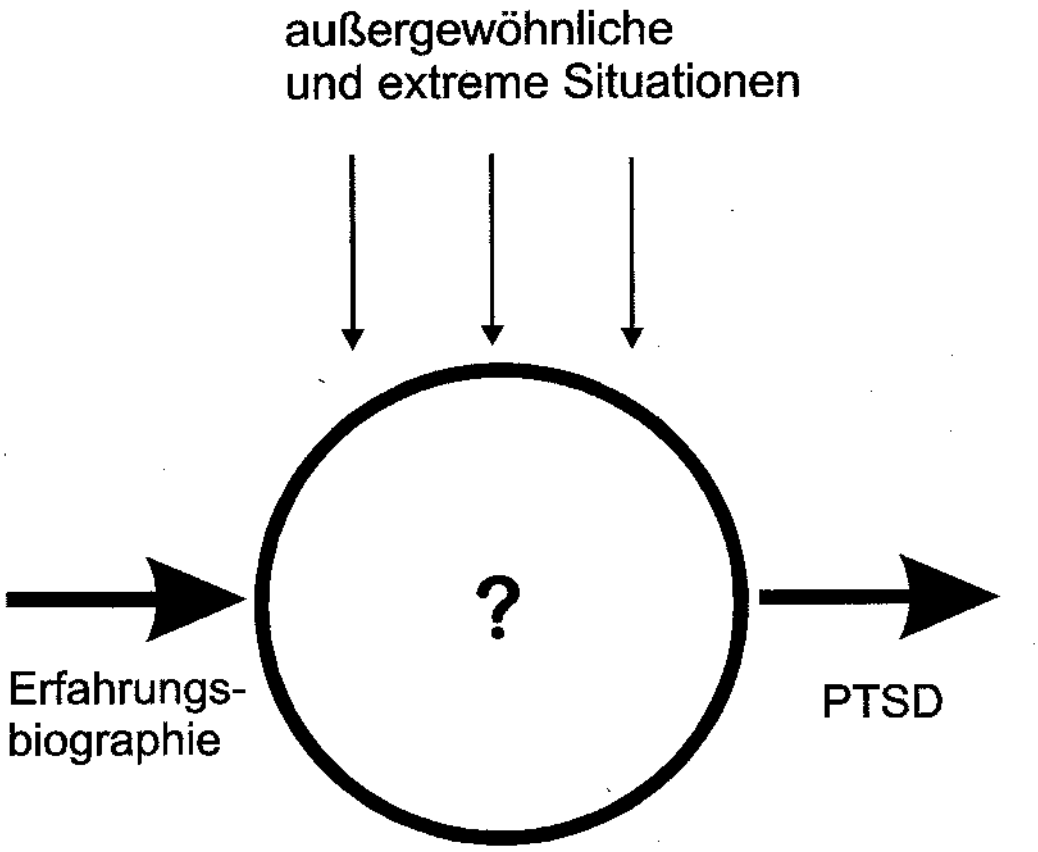

Illustration 4: Conditions having a traumatising effect

1. Past experience

Past experience in which no coping or immunisation patters in threatening situations have been formed constitutes a psychological risk. This is a pathography in which psychological disturbances and unstable dispositions also have a negative effect.

2. Traumatising patters of perception in extreme situations

In **visual flows of information** these are generally cruel, terrible and threatening situations which reach people in a sudden, overwhelming manner due to their severity. This involves **visual episodes** in a threatening scenario. The shot-up face, the half-starved woman, the child torn into pieces and other visual patterns are meant here.

Solomon (1993, 164) mentions a soldier affected in this manner in this way: "I'm not the same person I was before - something broke inside of me".

In terms of **auditory flows of information** these are, e.g. terrible cries, sounds of horrible words and demeaning sentences.

3. High dysfunctional stress profile in a moment when threatening events are experienced:

If the reaction of helpers remain limited to dysfunctional stress, we scarcely need to fear any significant post-effects. But if these escalate in the traumatising phase, one can expect post-event disturbances. The **cut-off point** of the traumatising effects is reached (illustration 5). In such moments, the information-processing levels of people do not make any more resources available, which can allow the threatening situation to have an **unlimited** effect.

From conversations with test subjects I infer that the disturbing event is often experienced as being **overwhelming**. There is the maimed face, the half-starved woman, the helpless, sick child, someone is running for their life over there, or someone is being beaten to death, his body is black and blue and crushed. These are images which can be perceived by our helpers and under unfavourable conditions no longer disappear from their minds, cropping up in nightmares and as flashbacks.

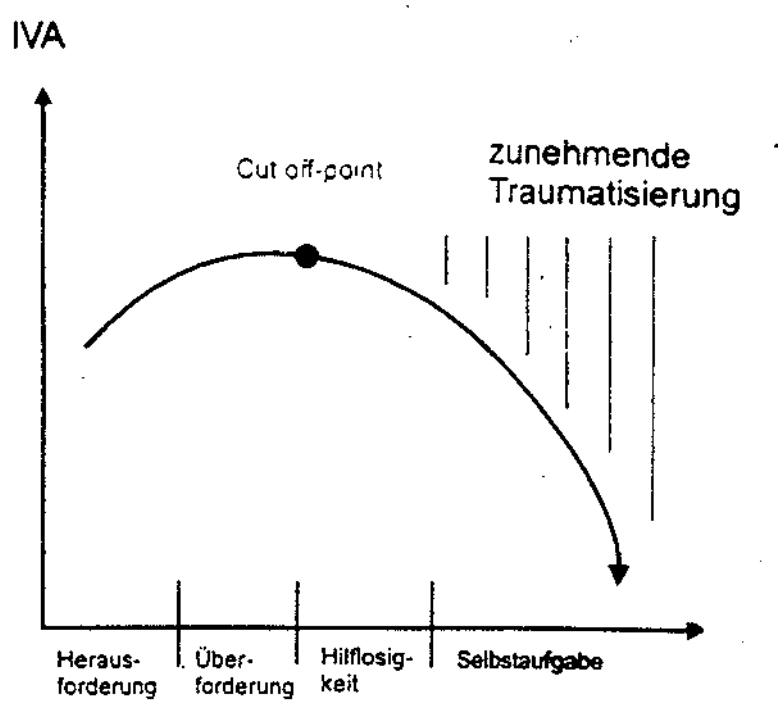

Illustration 5: Structure of a dysfunctional stress profile up to the cut-off point.

In the stage of affectedness mentioned, defence mechanisms against threats, such as evaluation and control processes, are not available for the most part. **Psychological protection is lost**. As a result of the acute shortage of resources, the threat or the terrible event **is registered and stored without any individual or meaning coding taking place**. The threat has overwhelmed us. **No** contextual meaning is created using one's past experiences and ethics. The person is not successful in categorising the threat in their own scheme of past experience. This means that the threat cannot be controlled. The cut-off point in the information processing and the ability to assess the information is reached. For this reason the threat continues to exist in an **arbitrary** manner. It travels around our psychovegetative system and causes, e.g. anxiety, heart-racing, nightmares, profuse sweating, disquiet, and causes flashbacks during the day and other traumatic syndromes.

These patterns moving around (visually or auditory) in our psychovegetative system are psychocerebral explosives which can especially be dangerous to our helpers on missions.

In this context an interesting question is what relief personnel does when it has experienced horrible situations, but was **not** traumatised. What defensive strategies do they have available?

A basic mental mechanism can be perceived which apparently provides protection from a traumatic event. I call this mental mechanism **separation**. This is an active cognitive process in which the relief personnel attempts to hold events having a threatening effect at a distance from certain internal areas. What does this mean in more precise terms?

Four areas are shown in illustration 6. The action-based area responsible for actions involving information encompasses perception, the emotional area includes affects and the axiological area comprises *Weltanschauung* and religion.

What is important is that these areas can be actively separated in the moment when the individual threats occur. Thus, for example, dealing with maimed persons takes place without emotional involvement, a burned child is not mentally associated with its mother or its doll. The relief personnel does not even think of their own children.

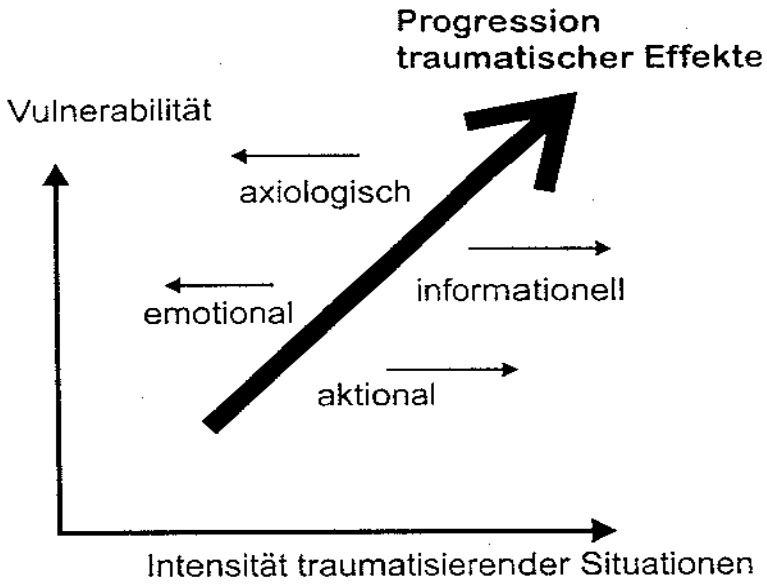

Illustration 6: Cognitive separation - a protective psychological function.

Here are some quotes from some test subjects.

"You can quickly learn to pick up and carry pieces of corpses. You only have to have enough corpses to practice with. First you touch it with your toes, then move it back and forth. Then you lift it up and put it back down again, then pick it back up again and even hold it in your arms. You have to be physically active when you look at the part which has been cut and touch it. You must not allow yourself by any means to simply stare at the place without moving. Do something so that you can keep the cut part away from you".
Here the actional part is activated and even perfectionism is the goal. This helps this area be more easily separated from the other ones.

"You have to turn everything into an object, children, adults, simply everything. You must be no means create connections, for example between a child and its doll or grandmother. Then you are lost. Always stay within the cognitive scheme and do not think about what is lying on the ground over there."

This clearly shows the mental strategy of not allowing dangerous emotional connections (e.g. child and doll) to be made. You must never associate them cognitively. If, for example, a maimed child is cognitively transferred to your own family emotional area, the danger of a traumatising effect being triggered is relatively high.

Such mental techniques are helpful. I found them to exist among helpers and relief personnel who had varying assignments. Such mental techniques have also been adopted by relief staff themselves. **Relief trade know-how** is evolving. This should also be given greater attention in training.

III. Preventive measures

At the beginning of this presentation I mentioned that only a few direct interrelationships between the reactions of helpers on a mission and possible preventive measures could be examined.

Prevention is a difficult endeavour in all areas. The strategies of perceiving, thinking and acting have to be learned ahead of time if it is assumed that they can protect health in serious cases. Work to convince, gain acceptance and motivate is what is needed. In this section we can therefore only examine a restricted part of the preventive spectrum.
Based on what has been said so far, the probability of receiving psychological damage is relatively high if the following conditions are present:

1. acute lack of resources to get a grip on the situation
2. no experience with the threatening situation
3. no mode of dealing with the extreme situation
4. scarcely any ability to mentally separate

Through training measures helpers can be prepared for their missions in a preventive manner. Here the following training principles can be named:

1. Master the work to be performed

It is taken for granted that the relief personnel must **master the work to be performed**. This applies equally to all areas. Mastering also means, however, that they must be able to tackle their assignments in a **stress-resistant** manner. If the work assigned to them is too much of a strain, no reserves are available any longer to process the traumatising event, which can strike like lightning. Relief personnel who already run up against their limits as a result of the relief work alone are potential psychological victims.

In this context it is also essential to master the minor details. Nor should one be disturbed by minor details (e.g. mosquitoes, cold water). Minor details often accumulate into excessively high stress profiles.

Relief personnel should be trained in situations **which are as realistic as possible**. This means that high levels of training stress must be endured. Untrained relief staff often show rapidly rising dysfunctional stress profiles in exercises if multiple tasks and additional strain are required of them.

The strain should be higher during the training than the strain expected in relief work

A difficult task is perceived as being easy if the helper is well prepared for it. The task is perceived as difficult if they are not well prepared. This produces dysfunctional stress.

2. Dealing with extreme psychological situations

Special attention needs to be paid to strategies on dealing with extreme and excessive strain. The cut-off point can be shifted in this manner so it does not kick in so early. Moreover, the development of strategy programmes for extraordinary situations creates reserves to allow unexpected threatening situations to be more quickly recognised and assessed.

3. Description of missions in realistic language

The description of threatening situations expected on relief missions should be couched in a **realistic language** which is also accurate. This should be a language which is not abstract, but rather which expresses threats and horror directly. This is indispensable in coding internal images or imagination. This must be unambiguous. There must be no surprises experienced in action.

Through the unambiguous language coding one can develop individual ideas about what terrible situations are like. But these are our own, self-produced ideas and fantasy. They do not threaten us. Images and videos can be used. Cognitive patterns conveyed by language are not limited to the situation, while visually conveyed ones are bound to the situation.

This is easy to understand in everyday terms. When we see a movie based on a novel on television, which is to say visually recorded, then we no longer draw upon our imagination when reading the novel when we watch the images on television. In contrast, figures in novels, which is to say conveyed by language, can be mentally changed, but figures from novels viewed on television cannot. The visual pattern is dominant. The described procedure is of fundamental importance in training survival patterns.

4. Developing mental separating techniques

The development of **mental techniques to protect against psychological threats** should be a central element in training. A crucial mechanism here is **separation.** This means, for example, that horrifying situations must never be associated with other cognitive thoughts. This must be practised. The danger must also be perceived, however. It is that the individual areas take on a life of their own without any ethical-moral controls. For this reason, a work ethic and a "helpers' culture" is indispensable.

The separation activities can decline with increasing age. Psychological power is no longer sufficient to keep individual areas mentally separated. This can lead to post-event traumatisation.

5. Psychological aid for colleagues

Measures providing **psychological aid to colleagues** is indispensable in training. Each relief staff must be able to recognise acute changes in behaviour on the part of their colleagues in order to be able to immediately commence using appropriate aid techniques. To do this the technique of debriefing must be mastered. This must be more than merely related to the particular objective relief mission, however. This helps find the causes of a disturbance in the ability to withstand stress more quickly during or after the mission. Helpers experienced in action are also the best supports and debriefers. They know the special features about a mission and do not ask any importune questions about the action.

6. Basic comments on training

Healing is still given too much attention in the training. By this is mean the promotion of care, healing and therapy processes after missions. It is assumed that mission as a result the relief staff will not be able to withstand the stress which occurs and will develop subsequent psychological problems. One can also talk themselves into a psychological disturbance. The training topics should therefore be more oriented toward preventive areas, which is to say more stress-resistant and trauma-reducing relief behaviour. This would be a real prevention. It saves on costs.

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MEASUREMENTS TO BE TAKEN TO PREVENT WRONG BEHAVIOUR BEFORE AN EXPECTED CRISIS OR EXTREME SITUATION OCCURS

Dr. Walker (UK)
2000

Thank you very much. I'd like to start beginning by thanking the organizers of the workshop to invite me here to talk to you and for the great hospitality they have shown us all, particularly the ever-flowing supply of drinks that I have taken advantage of during the day and during the evening.

The theme of the talk that I'm going to give is focussed on pre-event information for members of the public. Information which is intended to help them better cope with the effects of a catastrophe or a crisis situation. And I am going to particularly consider the example of the potential for chemical releases, explosions and fires at chemical and petrochemical installations. These are installations where pre-event information has to be provided under the SEVESO Directive and now SEVESO II Directive. So it is very much a pan-European requirement. I am going to particular draw on a research project I led and also consider the information that has been provided with by the companies. At the end of the talk I am going to pass over to my colleague Evan Morris who is going to also talk briefly about a campaign that we are developing in the UK to try and inform the public generally about appropriate behaviors in the event of crisis situations. This is going to be a multimedia presentation with the Powerpoint slides here and two video extracts we'll be showing you as well.

First of all I want to consider pre-event communication in general. What are we trying to achieve with informing people before events happen as to the fact if they can happen, and how they should try to behave to protect themselves.

In informing the public, we are trying to tell them first of all the hazardous events or possibility. It may not be at all apparent to people that hazardous events could occur and that they could become caught up in these. Secondly, they need to be informed how they are going to be alerted to an event happening. Some of them are physically very obvious - a fire is something that is obvious and that we can see, and we have some intuitive recognition that we are at risk from a fire.

Other types of hazardous event may be far or less physically apparent, for example a release of a toxic gas may not have anything physical that has taken place. So people need to understand the siren systems used, that police will come around and tell them. They need to know how they will be alerted to an event. And thirdly, and perhaps most importantly, they need to know what type of action they should take to protect themselves and minimize the risk.

The purpose of this is partly to enable the work of the emergency services to be more effective. If you have a public which is behaving in a way which is going to protect them, but also help the emergency services to protect them, the emergency response could be that more effective.
But also we talk about helping the public to help themselves, because emergency services can't protect everyone, and people need to be empowered to take action which can help

protect themselves, but also enable people to help protect others. People around and people in their family, people in the community they live in.

Before I go on to say more about pre-event communication specifically in the context of the SOVESO Directive and chemical sites, I want to consider two models of communication process, because we are talking about process communication here. And through this discussion of models make it clear what my perspective is on the communication process, and how we need to approach it.

One very simple linear model of communication essentially envisages a message being sent and a message then being received, retained and acted upon as you would like it to be. So the message goes into somebody's head, the head is empty, you fill it with information, and you are sitting there, ready to be acted upon. This is a very simple model, a very naive model, I think we would all agree, and certainly from the discussion so far, it is clear that we have a much more sophisticated understanding of the way the people think and the way that people behave in this model. Unfortunately, this is actually the model which is often implicitly there when people go to communication exercises. They assume that the end point is the active communication. The communication has an end in itself. The end that you are trying to achieve is the actual taking up of that communication by the people you are communicating with, and ultimately that they actually act on that communication they received. So I think this is a model which isn't sufficient in any way at all but is unfortunately one which is too often in fact used.

The model which I put much more faith in is a complex multidimensional model of the communication process where a message is sent, but the message isn't simply received and acted upon. It is filtered, it is evaluated. Some messages are directly accepted, others are ignored; messages are forgotten, they are evaluated, they are considered. We don't just take in information in a very neutral way, we actively take in information, and we use also the processes to filter the information and evaluate it and maybe take it on board. And there is a whole range of factors which influence the way we filter and evaluate messages. First thing is trust. The question of who is giving you the information and how much you trust them is crucial. We are all very conscious that the information has a value, and that value is related to where it comes from and the particular interest and motivations of the person who is sending you the message.

A whole range of contextual factors, cultural factors, historical factors. In the case of a chemical plant, it may be the scale, just the sheer physical scale and nature of the operation you are talking about. And the characteristics of the community that lives around a chemical plant. The experience of individuals, their experience of accident events, their experience of chemicals and working in the chemical industry. And things that you could put under a large heading of world view, people's views of authority, people's views of their own individual capacity to act, a whole round of things in quite complex ways affect the way that people take in messages and then evaluate them and maybe, ultimately, take them on board and act and respond to those messages.

So we are living in a complex multidimensional world, and indeed, I think that is the case. Two key questions arise, firstly we have to actually look at how that pre-event communication is being received and is simulated and responded to. We can't take it for granted. We actually have to evaluate the communication process. And having done that evaluation, we then have to say how can that pre-event communication be made more effective as a result. So there needs to be that connection between evaluation and reformulation, reconsideration of the communication that we undertake.

Right on to move now away from the general to the specific and to look at major accident, hazards and risk communication practice. There has been an obligation since 1986 for chemical plant, petrochemical plants, water treatment works, brickworks, anywhere where are stored large amounts of hazardous materials, to inform members of the public living near to them about a number of particular things as an obligation under the SEVESO Directive and the various amendments that are being to the SEVESO Directive, and its reformulated version in the COMA-Directive or SEVESO II Directive which is very recently coming into operation. I have had an interest in these information processes right from the early days of the SEVESO Directive. I undertook some work for the European Commission looking at how its obligation to inform the public has been implemented in the UK and Ireland as part of the pan-European project.

The obligation is to provide information about the risks and to provide advice on the response the people should take in the event of an accident taking place. And typically that advice is shelter: it is the "go indoors, stay indoors and protect yourselves through being in a building rather than in the outdoors". In the UK we had a development of practice in how this obligation is actually carried out. It is an obligation ultimately on the companies in the UK to provide this information, to undertake the communication, whether they can collaborate with local authorities. And they have gradually developed a whole range of different techniques for doing of. It started off with very simple letters and very simple cards that people would use and send to people living around the plant. It then developed into this sort of laminated action cards trying to stress typically the kind of action people should take in the event of an accident. We go on to more imaginative things like calendars, so it is something that you hope that people will be more likely to stick on the wall, so you got a calendar with emergency information on it and some lovely pictures of chemical plants that people are going to look at, local features. And other companies have started to look at videos and fridge magnets trying to develop and improve on the communication process that they are using. I'll pass these round so people might want to have a look at them as I am talking.

One of the issues I think is in this process is one that maybe we can discuss more later. It is about what we are preparing and scaring. And something that has been of great concern to the industry, an industry in the UK that was traditionally really quite secretive was then being obliged to tell people that they lived somewhere that could be quite dangerous in the event of an accident event. Great concerns of what impact that would have on the way people thought about the industry, about them becoming far more sort of mobilized to be active against companies. For the industry, often the priority is being reassuring. But there are issues about whether you can reassure somebody about risks and at the same time adequately prepare them for accident events. And there is a balance which has to be achieved that I think raises some interesting questions about how these communication exercises are best carried out.

Now as I said at the beginning, I particularly want to draw on a project I was involved with and that was funded by the UK Health and Safety Executive. That was a major piece of work looking at how members of the public perceive the risks of major accident hazards. It was a project I was involved with with two other universities in the UK. And we did this work around seven sites, a range of different sites, major petrochemical complexes, smaller chemical plants, a water treatment works storing chlorine, a small liquid gas, propane storage plant, and around each of these plants, we used a research method using Focus Groups where you have group discussions of people. So this is quite different from just doing a questionnaire, it is a process of sitting down with people for two hours on two occasions, talking to them about their experience of living in the area, how they feel about it, their

experience of observing accident events, and a whole range of different issues that we were talking through.

In total, we did 84 Focus Groups, so we generated an enormous amount of data, and some poor person had to sit and transcribe 168 hours of Focus Group discussion which we then had to analyze afterwards. So we ended up with a very rich data set that I hope we've been able to say some interesting things coming out of. The project is being published in a research report, if anybody wants to know anything more about this, I can tell them that I got various copies that I leave at the back of this room. The people can pick up if they want to follow up on it a little more.

We also arranged the project to look at a lot more than just risk communication, but that was an interesting part of the work that we did was the way that people talked about the communication process and the communication that they had received from the companies.

Let me turn to some of the general findings we came up within the risk communication part of the work that we did. First of all, we found that people are very supportive of this obligation of providing them with information. They felt that they did have a right to information, they should be informed, they should know that they are at risk, and they should know what sort of action that they should take to protect themselves. But it was clear that when you talk about risk communication, we tend to focus on a sort of formal active risk communication process that the companies or emergency services or whoever else use. But people have their own informal processes of risk communication that they actually draw on so that when we said, what sort of information do you get about the plant, how do you find what goes on there, how do you sort of understand this sort of risk ?, they talk about all sort of things, like talking to people that work on the plant, and they go for a drink with them, they would tell them stories about what goes on in the plant, these sort of things have happened. People would draw on things that they could see and they could observe, the smells that they could smell, the noises they could hear, the fire engines visiting the plant, those were all things which they were putting into the judgments they were making. And there are incredible stories that people told us, that circulated in the local community for years and years and years so that we had people who were in their twenties, twenty years old, telling us about accidents which happened 30 or 40 years previously, because these were stories that they have been told by their parents and other people in the community. And of course the stories get exaggerated, and the particular one which I remember is a story about a worker who was at a chemical plant. There was an explosion, and the worker was blown right off the plant into the nearby area and actually went through the roof of a house and landed in somebody's house. And of course this story gets exaggerated so that you know, the story is that of the family who was sitting down for dinner and that an unexpected guest who arrived through the roof and landed on their dinner table and this sort of things.

But all these sort of stories are all very powerful for people, and they use these sorts of stories to evaluate the formal communications that they are getting from the company which clearly don't tell stories like that. And they are trying to be far more reassuring about the risks they are involved.

We found that the company initiatives could be received in very different ways, that there was this active process of evaluation going on. And the way that people evaluated the information they received has a lot to do with the extent to which they trusted the company, how open they felt the company had been with them, what sort of track record the company has, so they had looked back on the history of the company and say, well, they are trying to be honest with us now, they are trying to persuade us that the information they are giving to us is valid, but

do they justify our trust, and does their track record actually match up with the image they are trying to now present to us at the moment. And issues like economic benefits are important for people who have felt they are economically benefiting from the company. They may have a far more positive view of what the company was saying. The people who felt they weren't benefiting or actually were negatively affected by the company you tend to get far more critical responses.

When we looked specifically at the sort of information that I talked about earlier and that they had received, we found firstly a very far from perfect recall and retention of emergency action information. And this confirms the findings of other research. So the one we said to people, You know, do you remember getting an information card? Do you remember what it said? Could you tell us what it says on the card? What did you think about the information you got? a few people could remember, they said: yes, I received it through the post, I put it in my kitchen drawer, the card is in my kitchen drawer, and they could tell us absolutely everything on that card, about what they should do in the event of an accident. These were the perfect people from the emergency planning chemical company points of view. Unfortunately, there were a very small minority of people that were like that. The majority were in a situation of saying, well, yes, I remember getting something. I can't really remember where I put it. There is a card somewhere in the house, and didn't it say something about going indoors, well I can't remember, it was upstairs or downstairs, and they were very vague and couldn't really recall any details. And there are other people that denied that they had ever received anything from the company at all although we know they had lived in the area and they should have received something, but they just hadn't assimilated at all, and they would respond by saying, well, whenever I get anything like that, I just put it straight in the bin. And here particularly, there were issues where companies were mixing emergency action information with information that was trying to present a sort of positive public relations image, so that we are getting all of this stuff about what a wonderful company they were, all these products they produce, and how great the company is, then on the back of the information there will be something about emergency action, but the way that people were responding to this was to say, it is all public relations, put it in the bin. So there are issues to deal with how this sort of information is presented.

We also found that the specific instructions that were being given to people about how to respond, how to protect themselves, were being critically scrutinized and questioned. So for example, people would say things like this. Firstly, how am I going to hear sirens with the windows shot up and the stereo player up loud? You may say the sirens are going to go off, but I sit with all the windows tightly shut, with double-glazing, put the stereo up loud, I'm never going to hear a siren when it goes off. How about if I am not in the house? Or I am not near my house? I am on the bus? What I am meant to do if I am in the bus when the sirens go off? When people moved house, the information wasn't passed on, it is the last thing that somebody is trying to sell their house is going to do, is to say, well this is a lovely house, and here is the information card, to tell you the fact that you are living in a risk zone. And things like they wanted to know more and said, how is telling about a gas heat going to protect me from a toxic gas. They didn't understand it, and they wanted to get an explanation. Again, going upstairs and shutting windows isn't going to protect you when the whole place goes up. And for my Finnish colleague, I promised I'll get some cockney slang into this talk, so I have to say: going up the apples and pears - none of us would have understood that, I apologize, it is a little diversion.

And a very common one that where people had experienced accidents, where they said, well, when the accident happens, people completely ignore the instructions, they just want to know what was going on, they clearly hadn't taken in the information. And things about the emergency services saying, well, right, it says that the police and the fire and ambulance

service are going to come and help us, but you know, they are 30 miles down the road, how can we be sure that there is going to be the emergency response that you say there is going to be will help us get through this accident.

That is my sort of explanation of the way people that people told. What I want to do is to show you an extract from a video which is a video of several of the Focus Groups held. As we are talking about the public, I always like to actually let the public talk for themselves. So I am going to show you this extract. It is an extract from a longer video, and unfortunately, the people talking have quite regional accents. So you may find it difficult to understand what they are saying. But the translators have promised to do their best to convert it into understandable language. Maybe for the English people amongst us as well as the foreigners.

*** VIDEO ***

Thus giving you a few examples of what I was talking about the way that people evaluate information, the way they draw on their experience, questions they asked about why am I being given this information and how much can I trust it? What I briefly want to do before we pass on to Evan is to develop some sort of ideas about how on the basis of looking at how information and communications are being received and responded to, how we can make that pre-event communication more effective. And this sort of list of points I am going to move through is not regional, they are very frequently made within the risk communication literature. But I think they bear repeating nevertheless. The first point is that it is crucial to evaluate reception and response. It is remarkable how little evaluation there is actually being done of communication processes. It is necessary to not just instruct people what to do, it is actually to listen to those people, listen to what their concerns are, listen to the responses that they make to information, to then know how to actually better improve and to communicate more effectively.

I think that it has become clear you need to use different methods for enhancing people's recall of communication. People respond to different messages in different ways, and you need to use a diversity of communication methods to try to get the message through. You need to reinforce and repeat the obligation under the COMA Directive, you need to repeat this process of giving out leaflets or whatever every three years. It was five, it is now three years. I think three years isn't frequent enough, you know, this is something that needs to be repeated, it needs to be reinforced. You need to be sensitive to context, you need to consider the context of the communication process. Communication where an accident that happened a year earlier may be very different from communication in a situation where there has never ever been an accident. Communication to a community with a very mixed ethnic background, with a mix of different cultures, may need to be very different from one where you've got a much more unitary, unified population. You need to in this sense consider if you have different publics. We talk about the public as if it is a one thing, if it is homogenous, it is clearly not at all. The public has different age groups, different genders, different religious groups, different culture backgrounds, different levels of understanding. And you need to consider the different social settings people are in and the different settings they could be in in the event of an accident happening and take account of that. You know, the fact that people may be on the bus, they may be out shopping, they may have children at school, and their main concern may not be about themselves, but about the children that are at school and on how they are going to be protected.

And following on from this, you need to layer communications. This is an idea of having maybe a basic level of information to start off with. We always back that up with more complicated, more detailed information that people can access if they want to. So you don't necessarily overwhelm everybody with lots of detail and explanation, but you have that detail and explanation there if people feel the need to actually find out more and to question the basic level of information they are getting.

One thing which I really think is crucial is explaining why certain actions are beneficial. I strongly feel the people are far more likely to behave in the ways that are desirable if you explain why that behavior is going to be beneficial. People are more prepared to follow instructions if you have explained why they should follow the instruction. Maybe in some cultures, people will just say, right, I've been instructed to do it, and because I've been instructed, I will carry through with that instruction. But typically people actually want to understand, they want to know why going indoors is going to be better than running away or getting in their car and try to get away from the situation because the intuitive reaction may well be to evacuate, to move away. What we are trying to do here is persuade people that intuitive reaction isn't the most appropriate one. I think explaining why this is the case is going to help you, help people to really take something on board. In this sense, you need to inform and initiate. People are going to be in situations we can't predict. And we need people to be out to use their initiative, but to use their initiative in a constructive way rather than in a potentially negative and destructive way. I am one which some people have problems with. But I think again it is important that when you communicate, you should acknowledge the difficulties and limitations of emergency responses. And the response by the emergency services are never going to be perfect. It is always going to be limited. You can never provide the level of response and reaction that in a perfect world you would like to provide. The question is: Is it better to admit that to members of the public, to admit that it is going to be chaotic and that there is not going to be a smooth running emergency plan which is put into operation. Or is it better to pretend that everything will be alright and try to reassure people and say, it is all going to be O.K., and now we can protect you. My own preference is an honest and openness about the limitations of responses and the fact that you are going to get chaos, you are going to get difficulties is the more productive route to go down.

And just to finish off and to introduce Evan's particular topic: I think there is a need to go beyond the risk zone. The SEVESO Directive obligations have been focussed on people that live in the immediate vicinity around chemical plants. But it is an argument, it is a general education for emergency preparedness specifically in the case of chemical accidents. People are mobile, you know, people move in and out of risk zones. So if you've got a shopping centre in your risk zone, you've got people who are moving in and out of that shopping centre from other areas. So they need to have some awareness as much as people who live in the area. And sources of risk can also be mobile, clearly in the case of chemicals, chemical tankers move around, you can have an accident with a chemical tanker in any location. There isn't a defined risk zone that you inform people within. So again this argument for a general preparedness, and because of that, in the U.K. we have now started to develop a more national scale campaign, the "Go in, Stay in, Tune in" Campaign, you could call that, which as Evan will explain, is particularly focussed to start off with on educating school children and their being prepared for emergency events. So Evan, you want to come up?

Ergänzung Mr. Morris:
I will be very brief. Just to explain. I come from Cheshire in the Northwest of England which has a very high predominance of chemical risk. We actually have 22 top tier COMA-sites in the county so there was a very high level of public perception of risk. And I'll just briefly give

you our experience in Cheshire in that. Nobody has been killed in Cheshire or indeed in the U.K. off-site as a result of a chemical emission. Having said that, the annual fatality rates through fire which is not dissimilar to Europe is about 10 people per million. So in fact, in Cheshire 10 people a year die in fires, none have died in the chemical industry, but there is a far greater feeling of risk. So one of the things we had to address was the perception of risk. So we produced a video in Cheshire that we introduced into our fire brigade school's educational program, and just to explain: we are going to schools in the fire brigade and we teach young people fire survival. That is the worst case scenario. So if they are caught in a fire, what actions they can take to try maximize their survival. Now through evaluation process we know that works because in Cheshire in the last two years, 3 young people have saved their families' lives where they took the lead in a very dangerous situation by the knowledge we gave them at school, by actions directly attributable to by our school's education program. So it seemed logical that we would integrate the chemical risk perception factor in to that program. I should also say that we also know that to get safety messages into the home, young people, especially between the age of 7 and 11, because we are told by educational psychologists this is the age at which they are formulating safety lessons for life, is very effective. In Cheshire, we constantly had domestic smoke alarms which we also attribute to our school's education program. We have above 90% of households in the county now fitted with smoke alarms. So one can see, in targeting young people it was the best way to go.

As a result of this experience, I am introducing the chemical perception video and promoting shelter. We calling the term in Cheshire "Go in, Stay in, Tune in". And it is interesting, lately I've seen a couple of papers in Europe where the same term is being used. The historic term in the fire brigade we use for us is "Get out, get the fire brigade out and stay out". So it was a complete opposite message. And we had to be sure that we weren't confusing young people. So we undertook an evaluation from a separate education establishment. And well over 99% of the young people understood the right rationale that if the risk is outside, come in, if the risk is inside, get out. And the way in which we were delivering it was clearly understood. So what were the results to that work? I chair a national sub-committee on public education in relation to the type of risk that Gordon has been talking about. We have actually made a national video from my committee which is made up of the chemical industry, representatives from the government, the environment agency, the Health and Safety Executive, and the various different bodies that have an interest in this area. And I have to say that the government weren't giving as money, we had to go knocking on doors, and what we see here was funded by the Home Office, the environment agency, and the Health and Safety Executive. We currently were working with the Department of Education nationally to ensure that parts of this video are linking to the new schools' curriculum which will be launched in September this year which has quite a strong element of health and safety. So in taking it into schools and delivering it, we can prove to teachers that it fits with the educational direction and elements to the curriculum that children need to understand.

I'll take that opportunity to show the video.

STRATEGIES OF INTERVENTION IN THE MANAGEMENT OF A CATASTROPHE

MD Marino (1)
2000

I will make a short presentation of myself: my name is Roberto Marino, I am a psychiatrist and president of the centro Eos for the victims of trauma and catastrophes in Pavia, near Milan. Together with my team, I have been called various times to manage different catastrophes, like earthquakes. The experience I want to present to you, as a representative of the Italian Civil Protection, is the earthquake in Marche and Umbria, the "Assisi earthquake" in 1997.

We arrived on site, called by the Emergency Sanitary Service of the Department of Civil Protection of the Presidenza del Consiglio die Ministri, four days after the first earthquake shock. A first analysis was made to understand the typology of trauma.
The event immediately appeared to be of a vast extent since it concerned two regions. In these cases the solutions proposed should come directly from the institutions normally prepared to supply similar services, in order not to risk a worsening of the crisis of the whole socio-cultural system. Therefore we decided to give our consultancy to the local sanitary service system.

While preparing the support systems for the population, we considered the methodologies for the existing services and we joined our knowledge to theirs. We should not forget that the result was derived from a necessary dynamic process.
From an operational point of view the systems provided aimed at some specific objectives like:

- Reduce some defence systems like repression and denial, inhibition of the spontaneous thought, fixation of trauma,
- Allow the subject to face what's happening around him with the right emotions,
- Avoid an excessive withdrawal into oneself,
- Allow a correct wording of what happened.
- Reduce the risk of personality changes of psychotraumatic syndromes.

- These objectives could be reached through:
- An active outreach, meeting victims,
- A correct information of what happened and of how to practically face it,
- A correct information about the possible effects of the psychic trauma and how to face it,
- The creation of places with a "low level of stress" where it could be easier to face ones' own emotions,
- Favouring communication between those who underwent a trauma.

After an analysis of the recources available we decided to create some "fixed listening centres" in tents and, afterwards, in caravans and containers; and "mobile listening centres" with which it was possible to reach the areas with tents, caravans and containers where it was not possible to create "fixed listening centres".
The "fixed listening centres" had some particular characteristics:

- A comfortable temperature,

- The possibility to sit down,
- The possibility to have a hot drink like tea, and/or coffee (no alcohol) with some biscuits,
- A phone,
- A board to leave messages,
- A board to verify the ongoing earthquake shocks and other practical information.

In other words, we needed everything that made the environment friendly, even if in accordance with the surroundings.
Inside every "fixed listening centre" there were at least two volunteers (not specialists psy), one with the knowledge of a social worker. We preferred to have on-site volunteers so that they could offer an assistance for the whole opening period of the listening centre. In fact a special feeling was born between rescuers and population helped, and it was important not to stop this, in order to create another "Mourning".
We choose non "psy" operators because they could have a more spontaneous relation with the population, compared with the professionals. However all volunteers had a former experience during a few months training in the psychiatrist and / or social service or they were final-year students in psychology. In other words we choose people who, even with some knowledge of psychiatry, did not have a classical therapeutic mentality.

On the other hand the duties of the volunteers working inside the "listening centre" were:

- Listen to the people, allow them to express their problems, affection, and feelings,
- have a hot drink with them, creating a good empathy,
- Distribute an apposite support leaflet [11]
- Give indications on where to go for practical problems.

It was highly important that the volunteers did not solve the problems directly and that the listening centres did not substitute the normally operating social structures in any way, even when these had some difficulties themselves during the emergency.
To substitute the existing social or sanitary structures could lead to some inconveniences like:

- Not favouring the correct restoration of the social structure,
- not putting the users in a mental condition of restoring the operations of their life,
- creating relations that would raise the level of stress in the "fixed listening centre" to the outer levels,
- losing the peculiarity of the "listening centre".

Attention has been paid also to the opening ours of the centre, so that even people working or going to school could take advantage of it.
In the "mobile listening centre" were at least two operators present, one preferably a doctor and able to face an acute emotional crisis. This was possible because the listening function of the mobile centre could suddenly reduce the defence mechanisms favouring an emotional crisis.
The volunteers of the "mobile listening centre" had these duties:

- Distribution of an appositely prepared leaflet,
- Have a listening role,
- Inform on the existence, place and opening hours of the "fixed listening centre"
- Clearly explain that the listening centre was not substituting the centres for mental hygiene for people who "have problems".

It was important to underline that "mobile listening centres" played its role of "meeting the population" even inside a camp, with a "fixed listening centre".

[1] the leaflet indicated the most normal reactions to psychic trauma and how to face them. We later developed different types of leaflets according to the age and level of instruction of whom it was directed to. Reading the leaflet allowed a normalisation and a first elaboration of ones' emotions

Without the role of "going to" the efficiency of the listening centres would have practically been null.

An important point of the whole project was the management of stress in the volunteers. For this purpose every area made up of "fixed and mobile listening centres" was supervised by psychiatrists and/or psychologists properly trained.

The local supervisors were a minimum two per area, and working together allowed them to manage their own stress.

Among their duties were.

- To prepare the volunteers who worked in the "listening centres" and supervision of the centres,
- To supervise the volunteers at least weekly to reduce their level of stress. In fact we can foresee that the volunteers themselves undergoing high levels of stress suffer vicarious traumas with a subsequent high probability to develop burn-out or a psychotraumatic syndrome. This point is mostly important. We verified that some volunteers could not stand the levels of stress they were exposed to, so that they had to give up their role in the listening centres. Moreover we should not forget that many volunteers, living on site, already had their own traumatic stress to manage.
- To favour integration of the centre in the social structure by meetings with family doctors and teachers. In these meetings we explained the role of the centres and offered a consulting for particular cases, distributing the leaflets.

The listening centres remained open until the following summer[2] then some were closed, while others were transformed into social centres.

Moreover we want to underline that intervention during catastrophes should:

1. *Be psychological interventions*. It is necessary to work on the social structure so that thepsychic apparatus can "correctly" face what is happening. This means that the social structure should be activated thinking about what happens to a subject who undergoes a psychic trauma.

2. The new structures born to face zhe emergency should *not substitute the normally operating social structures* in any way even these have some difficulties.

3. A special attention should be paid to the restoration and supervision of the activities that allow a normal functioning of the *process of psychological identification and affiliation.*

4. It is necessary that all activities in progress be *supervised* because, specially those with minors, they risk to let the merging of needs waiting for a legitimate answer that could not arrive. In fact the activities allow on one side the expression of the mental suffering and on the other side the need of reactivating processes of cultural reaffiliation. These needs should be managed together.
5. The prevention activities should be *directed to all the population* undergoing a traumatic event. If we take care only of the mental suffering of a single person (we recall that we are talking about a problem of mental hygiene), starting from an individualistic idea typical of a certain type of psychopathology, we separate even more the subject from his cultural belonging, maybe we heal his symptoms but we deprive him of what allows him to be a living entity inside his cultural universe. This suffering of single persons is often a mean to express a complex discomfort concerning the entire family and/or social group. If we want to operate on mental hygiene, we must act on family and/or social relationships and not take care only of the symptoms expressed by one or few individuals. If we want to

[2] the earthquake shocks lasted several months

change the colour and temperature of a fire, we should not act on the flame but on the components that feed it.

6. Operate through an active *outreach*, meeting the victims. The persons who have greater needs often have more difficulties in expressing them.

7. Listen carefully to the *needs* expressed by the population, paying much attention to not placing our needs before through projection mechanisms (also operators undergo high levels of stress). A correct listening to these needs can help keeping in mind how the Ego works adapting to face the new events. To facilitate the identification of the needs and to avoid projection of ones' own, it is possible to support the responsible person with a few psychotraumatologists as consultants. It is mostly important to manage correctly the stress of the decision makers.

GUIDELINES FOR THE WORKGROUP-SESSIONS

Preventive measures :

a) Population / general public

Which measures should be taken to prepare the population as well as possible for potential disasters?

b) Operations staff

Which requirements should generally apply to operations staff and which training should they receive in order to be able to function as well as possible?

c) Who should be responsible for training areas?

Networking various technical areas:

Which different technical areas / specialists should be networked with regard to the preparation for, perception / exercise of and debriefing following major accidents to network these areas with each other to a greater degree?

RESULTS OF THE WORKING GROUP

Henrik Lyng
2000

Thank you. Good morning. Can everybody see this? Shall we make it darker?
I am presenting the results of one of the English-speaking groups. We were working with three different questions. The first was concerning measures for preparing the population for potential disasters. First of all, we started talking about what is a disaster, in fact? We thought that to make it able for us to continue the discussions, we needed first to make a sort of definition to what we thought would be a disaster. And that would be situations with major consequences for a lot of people. Because of course, two cars hitting each other in the street would be a disaster for the people involved and for the families, of course. But if you have to look at it concerning information of a lot of people etc. it would not be necessary if it was just two ordinary cars.

So on the other side here, we have tried to mention just some examples of what we would think would be disasters. Could be floods and hurricanes, transportation accidents, epidemics within humans or animals, radiation or chemical accidents, terrorist attacks and contamination or pollution. I don't know if anybody from the group would like to comment on this?

Then I think we'll move on to the next. I think these will be passed around... O.K.. To be able to do this, we were talking about to ensure effective education or awareness programs are in place relevant to the potential risk facing that community. And we underlined the word effective because we were thinking about effective in what way? By effective we mean we should identify the target groups of the information, we should monitor this, and we should evaluate and adjust along the way.

Concerning the potential risks, we thought about knowing your community meaning there would be a lot of special things you have to show extra attention. For instance, elderly people. If you have a lot of elderly people in the society, it would be perhaps difficult to inform them. It also would be a problem to evacuate if you have a lot of old people. Concerning the ethnic groups, you can have a lot of language problems. Dr Darrot already talked about these issues. Concerning the transportation, we were thinking also about evacuation. If everybody wants to leave the area by their own car, it might be quite chaotic. There could be hospitals, schools, large institutions with a lot of people, and perhaps we have to make a special information to these institutions.

Level of knowledge: Here we thought about how good have we informed the population ahead of a possible disaster. Dr. Walker showed us some examples yesterday, these leaflets and these calendars and all the things he passed around, all meant to make a good level of knowledge in the population. And finally ways of communication, how should we do it, should we ask people not to touch the phone, or should we try to think ahead and maybe to think about Internet etc.?

I expect my group to interrupt if you have any comments, O.K.? The media plan to establish protocols and relationships with the media so as to ensure accurate and timely communications are passed to the public. I think we also talked a lot of this also yesterday, so I will not mention any more about it.

Community safety: developing a coordinated multi-agency approach to improve community safety culture. This word safety culture, we came up with that because if you can establish a certain culture on a certain state of mind within the public, it would be easier to inform them, it would also be easier to make them do what you want them to do.

The list here on the left, police, fire department, ambulance, emergency planners, interest groups, local government, social workers and educationalists, are all people who can make this information. Perhaps Mr. Lawrence, perhaps you could help me out here a bit and explain a little more about this, this last part. All these points and the way it should create a safer community.

Mr. Lawrence: I think it just mirrors the approach to a development, if you like, an approach to emergency planning in the United Kingdom where we would build on what is a multi-agency response to an incident and encourage those who would be involved in responding to actually take part in what we described as a community safety culture and actually get involved in providing information to the public on what to do in the event of a disaster. As we say, as we set on the slide there, that education is better than mitigation. As we say in the UK, prevention is better than cure.

Mr. Lyng: Thank you. Moving on to b, this was concerning the operational staff and requirements to them, and also how we should train them. First we agreed to develop a caring and supportive culture within the organization which will be available to assist on request individuals who may become traumatized by the experience of dealing with emergencies. This was also discussed yesterday in this room. What I would like to mention specifically here is that to develop a supportive culture means that within the organization, within the fire department for instance, it should be a part of the organisation culture to accept the help if needed. But as somebody said yesterday, I don't remember exactly who it was, it is very important that we don't just put people in front of a psychologist or psychiatrist just because they had an experience that we expect to be traumatizing. It must be up to the person him- or herself to decide when it is time for some psychological first aid or some psychological help. That is why it should be a supportive culture. The help should be available on request.

To train this, it is important to know how to recognize symptoms of traumatic stress. That means that the people within the organization should be able to help each other. They should also be able to see on their colleagues that this person may have a problem and he may need somebody to talk to. Then they must know how to support each other, how to support peers, so it would be fireman to fireman, policeman to policeman, and still this help is given within the organization, between the co-workers.

They should also learn how to recognize the need for further support, because even if peer support is very very efficient, it is not always enough. At a certain point, the peer might have to admit that he cannot help any further here, so he has to know how to call for further help. It could be a psychiatrist, psychologist or whatever.

Finally we were discussing creation of realistic training scenarios which we agreed would actually be a very difficult point, because you can never make training scenarios that realistic. As long as people know that this is just training, it will not be possible to create real traumatic stress. It will always be just pretending.

The psychological support we have created some sort of a letter of support here. On the lower level, we have the peer support, person to person. There is nothing professional here, it is just ordinary people helping ordinary people. On the next step we have the psychological first aid

or crisis management, and this is where we could make some sort of education among the co-workers.

Finally the last and we thought most difficult question was: Who should be responsible for training areas? Because it is obvious just to say that the politicians or the state should be responsible. But we came to this conclusion that the responsibility becomes clear by setting standards for training in recognition and management of traumatic stress which all emergency response organizations will be required to implement. So if we take it backwards, the politicians should tell all organizations to implement these standards for training and management of the traumatic stress. And when that is done, it should be more easy for the organization to see where the responsibility lies.

So I think that was our presentation.

Mr. Lawrence: If I could just add something on your previous slide. The second bullet point, the psychological first aid and crisis management. I think you mentioned the Norwegian model for this - EFOK or what is it?

Mr. Lyng: Oh yes, I can say just a bit more about that. In Norway they have a system called EFOK. And it is short for Emotional First Aid and Crisis Management. It is something that has been started in the Oslo ambulance service. And it consists of small groups within the ambulance service. And these groups have been specially trained in psychological debriefing and crisis management. Which means that if somebody within the ambulance organization of Oslo in Norway, if one of the co-workers has a problem, he doesn't have to go outside the organization to get the help. He can get help from his peers within his normal working area. He can go to a well trusted peer, and he can ask for the help there. And these people are trained, so they can recognize the symptoms, they know how to help, how to make the psychological debriefing both for single persons and for groups. Also for children for that matter. And this psychological debriefing has shown to be very very efficient, and very often they don't have to see professionals, because the problems can be dealt with within the frames of the working place which is a very good thing.

Mr. Lawrence: And the next slide, it was just one final point where we referred to setting standards for training. In the U.K., we have introduced 8 standards for local authority emergency planning practitioners, and they have to achieve those standards and those step forward against those standards is monitored. So I think we would see that is an extension of that sort of arrangement. So you've actually build it into the culture of the organization.

Mr. Lyng: Yes. What I think is very, very important here is that it will be becoming natural part of the organization. Then the organization becomes stronger also on this point.

Are there any comments on this? All right? Thank you.

RESULTS OF THE WORKING GROUP

Dr. Kalcher
2000

Good morning, ladies and gentlemen. I have put up a rough structure of the content of yesterday's work. And I would like right at the outset to begin where we left off in listing the special areas and specialists - with number 20. Here is a small example: There was a bus accident in an Austrian ski area on 24 January last year in which a Hungarian bus with 44 children on it lost control due to failure of the brakes and left the road at more than 100 km / h, turned over twice in the air and landed on its roof in a bush. There were 18 dead children and 26 severely injured ones. The chain of rescue functioned very well, and we presented for the first time in public how many helpers were necessary to properly care for the 26 severely injured. There was a ratio of 1:41. We also assessed the Galltür situation, that was the avalanche accident, or the mining disaster in Lassing, and we also arrived at similar figures. This means that one really needs a large number of specialisations and specialists when major disasters take place. We have listed the relief missions in terms of preparation, experience and debriefing and have arranged the relief organisations, e.g. in the preparation all relief organisations which exist, fire department, rescue services, mountain rescue, emergency doctors, the entire government crisis management, the executive, the army, rescue chains and psychologists. And then in the phase of the experience, in the acute phase the people affected as well, the population affected, the media, universities, companies, and public prosecutors, courts, court-appointed physicians, undertakers and diplomatic missions when international accidents are involved as well.

The next issue we addressed was the psychological aspect, once again broken down according to the phases of preparation, experience and debriefing. Two notes are underscored in the preparation, and for this reason it is particularly important for us to note that a threat-oriented training is necessary and a threat-specific counselling and therapy. This is a very important point.

The prerequisite for this is that the preparation of the psychological aspect be optimised, the work involved must be mastered so that it becomes a routine, the entire logistics have to function - Prof. Ungerer especially noted that hunger and thirst are immediately an important aspect of stress if one does not act to counter it, and one even has to give an order for food to eaten or beverages drunk after a while. One of course also needs basic psychological knowledge, as the following example shows. We are at present preparing an exercise, a major exercise, in a railway tunnel, 6 km long, with two tracks, and the relief staff have addressed the problem involved and have been specially equipped to deal with it. What they did not know is which worst case could come about in this tunnel, where two trains travel towards each other at 145 km/h and an Austrian train usually has 1120 passengers on average. This means that if a collision really occurs in a tunnel we will be confronted with more than 2300 men and women stuck in a tunnel. This almost put the relief organisations in a state of shock at first, but in the end they were proud that they addressed this problem and as a result of this major disaster which they prepared for together they felt that this was more important. They feel particularly important.

We of course thought about who could perform the preparation in the psychological area, and we agreed that it must be an experienced team leader. This is a basic requirement, a primary

requirement for the team leader, who knows the tasks of the relief organisations and the conditions on site, and who of course has to be competent and have basic knowledge all the way to performing debriefing. As was said yesterday morning: How leaders do this, how they convey this to the relief staff - they should begin with a verbal description and only then should images be used to prepare staff for what will be coming their way.

Our Greek colleague has also pointed out that if one attempts to convey these things to staff without having any actual experience in action it can lead to traumatisation in the field of practise.

A crucial feature in preparing for a mission from a psychological perspective is also mentally thinking ahead when travelling to the site. It was noted that basic information should be provided to the team, taking into account the risk that for example a radio call will announce "accident with child" and that each father sitting in the relief vehicle will relate to the situation and thus be subject to stress. But it is important that on a mission as well people are not overwhelmed while travelling to the site, especially when chemicals are involved there is considerable stress. Prof. Ungerer was of the opinion that relief staff run around their vehicles in a pretty disoriented manner and only after a short break when they are acquainted with the problem do they open the doors and leave the vehicles with their equipment.

With regard to psychological aspects in experience, in high-stress missions, it is in our opinion particularly important to establish a network between the team leader and psychologists. The team leader must recognise the weak points from his perspective and on the other hand the psychologist must also assess the situation from his perspective and inform the team leader as to deficits. They should not go directly to the people affected, as we heard yesterday, and say "You now have a problem," but they must report this to the team leader. With their observations they recommend to the team leader the proper countermeasures to take. The psychologist speaks with family members, working in the background, from our perspective they should not wear any identification marks, and only if there is a basic relationship of trust and confidence with the team members should the psychologist wear identification.

Taking care of family members involved on the other hand can be done directly. In principle we have said, in a word: leadership. This means that a recognised person should definitely speak to the persons affected. An example cited was a general sending off troops and speaking to the wives of the soldiers. Or, as was the case with us, our state premier gathered the family members in Lassing, where the mining accident took place, very early on in the first phase, and spoke to them for several hours. This was effective, as she is a mother and grandmother herself so women listen to her, and she had an emotional approach to this situation.

The working group proposed and almost demanded that family members be provided assistance, that relief staff be supported, but also that the director of the relief organisation and the team leaders receive professional assistance. We believe that professionalism today requires the man heading the team also be assisted. It is of course a very sensitive thing to approach a relief team leader, but it is necessary. Team compensation was also called for, i.e. the team leader and the teams of the team leader must be acquainted with each other, but that one or the other can definitely switch their function.
An important element for us in this context is also the link between the relief team leaders and the information management, the media. Here is a brief note: I myself spent one month in Lassing with the team management for the *Land*. We had two team managements, one from the federation because mining disasters are federal disasters. Nobody understands this, but we

also have *Länder* disasters in Austria. Our crisis management, the *Land* crisis management, was not applied in the first few days, and mistakes were definitely made in the area of information management during the first few days. You have to imagine that in a very brief time, within a few hours, up to 360 media representatives from 21 television and radio stations who were on location and who were very, very aggressive - I need to emphasise this - as a result of mistakes made in the information management. They did not obtain the information from the public source. Rather, they dug up background information aimed at the emotional level and there was a flood of rumours. The media representatives went directly to family members, put a lot of money on the table and offered an exclusive contract. We were confronted with hidden cameras, hidden microphones, and we noticed what importance psychologically correct management of statements by the relief management to the media has. We agreed in the working group that the press officer in the relief management definitely needed psychological support in a form that encompassed signal words, which are always contained in these press releases, providing support from a psychological perspective. Of course the psychologists are also acquainted with the impact on the public. Prof. Ungerer stated an example. A captain flying at 8000 m altitude said to his passengers: "We are starting to ice up, I am going to fly at a lower altitude." This is completely importune. So something needs to be done in this direction along the lines of language-psychology support.

Before I look at the third level, there is another speciality which was noticed in Lassing and which can be seen every now and then at the international level as well: when major accidents like this take place there are always calls for donations from the media. In Lassing these donations produced an overall donation volume of about 40 million schillings. A central problem turned out to be how these donations are distributed. Disquiet, envy and resentment accompanied the donations to this place, and they have still not escaped these envy complexes. One must really be very careful with this. Money ruins people. In end effect statements were even made to the effect that it was a pity that our father did not stay down below in the mine - we would have received a lot of money.

The last point is the psychological aspects of evaluation. Here we said that the basis for this should be the protocols of missions. There should then be internal arrangements in the relief organisations according to the slogan "mistakes are allowed, we all learn from them". And in the joint evaluation people should be allowed to speak out. There should be a central documentation, and the first imperative is not to cause collateral damage.

If the mission has gone well, criticism can be withstood, but in a very fair, open discussion. If the mission went badly, you have to think about whether an evaluation should be used at all. The goal is not to carry out a psychological striptease, and one should simply remove themselves from the criticism of the persons and concentrate on objectiveness.

I would like to close by thanking the working group. There was a very propitious mixture of research and practise here, and I thank the organisers very much.

RESULTS OF THE WORKING GROUP

Michel Rouaix
2000

It won't surprise anybody when the French-speaking group comes to practically the same conclusion as the English-speaking group. This shows that Europe is really unified.

In response to the first question our group examined a concept which first of all relates to the preconditions. To be able to prepare the population, a feeling of trust, a feeling of credibility first needs to be established among the population. Unfortunately in some of our countries at present there is a tendency to minimise the risks or their consequences. And if an event does take place, the surprise to the population is great, which sometimes leads to a disqualification of the mode of procedure and the discussion among government authorities in charge of missions. If trust, confidence and credibility are successfully created in a reasonable manner, the population will probably have a constructive attitude needed to follow orders and react to an event in a corresponding manner.

The second point which I would like to address is that the population be informed in a comprehensive manner about the risks and that they also learn to react fast enough if trust and confidence can be established. And this reminds me here of something which an English-speaking colleague said to me: that information on the risks is usually stipulated within our national borders. Learning to react correctly, however, is not stipulated by law. And this would be a very important area which needs to be further developed, namely on a long-term basis to of course inform people, but also to provide training to deal with the risks.

Another point which we consider to be important involves the ability to think in a discriminating manner, to react individually and appropriately in all those cases in which some may react in a manner more prone to anxiety than others, in particular, when an event is about to happen or has already occurred, and usually a communications system must be set up which is based on the needs of individuals in order to reduce their anxieties and ensure that no psychosocial problems occur afterwards. This specific reaction is often organised with the aid of telephone switchboards and toll-free numbers, and I believe that this definition of general information should be taken into account through the press, as is the case in France and certainly in other countries as well, but also in terms of the individual answer to certain questions which everyone asks.

And precisely this individually tailor-cut and co-ordinated communication is the most important in general to avoid misunderstandings or phobias which can arise among groups of the population requiring protection and aid under circumstances, to focus and not let them occur in the first place.

In another area which certainly appears more personal or psychological, I believe that, whenever possible, it should be attempted to leave the initiative in part up to those who, for example, have to react to an evacuation by taking orders. How can we take into account the fact - and perhaps this is something prevalent in the Romantic countries - that someone really wants to drive away with their own car while it is extremely difficult to organise a transport system with busses. Why should not one attempt ahead of time, when one knows that people requiring care or persons who are difficult to transport will be involved, people who need to

be transported in a manner commensurate with their personal situation, when what really matters is getting to the destination.

Every time a decision is pending reactions usually take place personally - at least in a psychological sense, and thus one can refer to a personal commitment in view of the event.

It is true that this point as well is to a certain extent a logical consequence or a pre-condition for the first point. At the same time training methods should perhaps be developed on the correct mode of behaviour as quickly as possible. For us this means something which is still in its incipient stage, which however is still being practised, but which from our perspective is one of the most important supporting stones for collective security which we need to achieve, namely to train youth as early on as possible on how to react quickly and correctly in extreme situations.

One point which I believe to be particularly important - and I am pleased to note that it has been addressed by my English-speaking colleagues - involves the role of the media. We believe it is important that the media be able to act as free in expressing its opinion and carrying out its investigations as we would hope in our democracy. It is obvious, however, that they must respect the required institutional communication and to do this they must also repeat this message throughout institutions and in their own investigations. Even more they must be able to distinguish between the message of the institution and their own investigations in order to prevent the population for its part not mixing up the information from the institution with that which they read in the newspapers or on the part of journalists.

And finally it should not be forgotten, either, that in any training, any answer, and here I am thinking in particular about what you said before, about the risky industrial plants on the basis of the SEVESO rules, that each time one carries out an information campaign or even a training session with the population or can organise such, one should also attempt to measure the impact of this training. The task is not merely to hand out glossy brochures - we need to find out whether people have also read and understood them and are prepared to react the way they are expected to. In this regard we have carried out very realistic evacuation manoeuvres due to the nuclear risks around a series of atomic power plants in France which we find to be very promising, not because of the number of people who take part in these but because it has been quite simply shown how people have to behave whenever a risk comes about.

As far as the relief staff is involved, we first of all would like to attempt to define who relief staff are. One can first of all say that this does not involve victims right from the outset. We shall see later, however, that they can become victims. All we know is that relief staff are active people. One could even go so far as to say that they are direct actors within the framework of the event they and its consequences. Furthermore it can be said that when they have experienced the event are definitely actors requiring aid, as they become indirect victims to a greater degree than other, just like all other relief helpers. Just to borrow some jargon from the area of victim psychology: one could say that there are direct victims in connection with the event who are confronted with the event, some who are rescue helpers and, if they are witness to an event, are already victims, however, and they definitely need to be observed carefully, and finally the relief helpers themselves are traumatised by the event, depending upon how they take the actions or horrors they experience.

As far as the profile goes, we believe that we of course do not make any distinction in addition to the professional and technical skills which helpers have to render independently of their know-how within the group of helpers, not between decision-makers and simple fire-department staff who work with a shove. What is important is that the entire chain work

smoothly and professionally. Competence nowadays is something which should not in any case be negatively affected.

The first profile which we believe to be important in view of the psychological risks which helpers are subject to is that it is absolutely necessary that they know their own vulnerability. Every helper must know his or her own limits. In order for these limits not to be affected too much, it is absolutely essential for helpers to recognise stress and therefore be able to avoid it. As far as France is concerned, and I do not know if this also applies to the other francophone countries, relief staff are not adequately alerted to recognition of stress in the basic training, the ability to recognise stress, but also to be able to protect against the stress of others. If one thus needs to protect against the stress of others, one must also be able to recognise this stress among other people. Recognising stress applying to oneself may be simple, but it may be a whole different matter recognising it among other people.

One of the points which also appears to be important to me it the following: one must attempt to teach our relief helpers - no matter which of them this may be - that they can achieve a detachment to the events and not identify with the victims or the respective event.

Another point which also appears to be important to me is being able to work in a team in a solidary manner and not to stage any individual go-it-alones where this especially involves go-it-alones stemming from the profession. In this respect I was very grateful to you for the remark made earlier, when you said that everybody would have to work together - be it police personnel, relief staff, fire department personnel, representatives of the community or elected representatives, the central government - they are all relief staff, and all of them work together to get a grip on the situation.

And finally one of the points which appears to be particularly important to me: taking competencies into account. I believe that when one speaks of competencies, individuality must also be included. You mentioned ethnic minorities, but these ethnic minorities themselves also have competencies which should be taken into account precisely in order to avoid those mistakes which have a completely negative effect on the efficiency goals being striven for.

As far as the training of relief personnel is concerned, finally, it is clear that we still must do a lot in order to be able to include an overall programme to deal with stress in basic training and the training of specialists among individual relief staff ahead of time and afterwards, basic know-how and mechanisms for expert debriefing, diffusing and, why not, also for a questionnaire if this appears to be necessary. But all these elements must be part of an overall programme which must be comprehensively adapted to the needs and learning steps of each individual so that everyone can estimate what psychological risks they can withstand.

Regarding the last question, which has drawn attention to the problem of responsibility for training, we have had a very lively debate. We have identified a point which we all agreed upon, namely the basic training of students. There is no question that people are of the opinion that the training system in this area must also include training courses of this kind, i.e. learning collectively quicker reactions. On the other hand, one can forward the view for other groups, in particular social groups, that each of these groups has to be organised in such a manner that each member of this group must learn self-help and protective measures and be very well acquainted with these.

All in all these were the results of our working group, and of course I would like to ask the members of this working group which I have related everything precisely. Before I answer

your questions, I would like to briefly take this opportunity to address two points. First of all I would like to warmly thank the organisers, and I believe that I speak on behalf of most of you here - bravo! - but also in my capacity as French citizen I have a very special concern. As you know, France experienced a series of disasters as the result of a strong storm at the end of last year. Without making myself a spokesperson for any government authority, which do not need me to express their own views, I would like to thank the many European countries for the aid provided to our country, to pronounce our recognition right here and now for all the individual or collective aid and support which your national organisations provided for poor France, which was so wasted by these powerful storms. A warm word of thanks from the bottom of my heart for all of your help. Thank you for your attention. If you have any questions, I will be glad to answer them.

RESULTS OF THE WORKING GROUP

Ms Deimling
2000

Last but not least, I'll try to be real brief because a lot of things have been said already. And since we have excellent translators in the back, I hope you guys don't mind in our group that I do it in German. I think it is easier and faster.

We also addressed the question as to how a network can be created in terms of preparation, perception and debriefing. In our group it was very interesting that we actually had nobody with English as a mother tongue. We were made up of Danes, Fins, Swedes, Germans and Greeks. At the beginning we really had a lot of work trying to break down this complex issue using very concrete examples, which I do not necessarily want to name here, and attempted to establish a system in this complexity in which, as we have said, there is preparation, perception and debriefing, population, that is, we have the populations, and we have the helpers. The former is of course a time axis, which at least commencing with the result is continuous. I made a matrix at the beginning. We then said that one actually cannot do anything. The questions we are interested in when we think about a network, that would thus practically now also be deemed to be correctly thought out, that we wanted to create, how can we prepare ourselves for such events? And then also rather even the philosophical question which stands behind it: Can we do this in the first place? There is really the possibility, especially when we psychologists take into account all the possible parts. The second part of the question, how we can first avoid panic, and then enter into a psychological discourse, that panic cannot be avoided because it is a phenomenon which is simply there, and we then said, O.K., how can we cope with panic. And in the last part, how we can offer help, or what can one do.

We have set one major focal point on the preparation, which is to say always with the network in mind - that is what we are concerned with, after all. Which aspects are there? Here I would like to shorten things a bit because many of these points were recognised by the previous groups. I know that the first group that stated this said that we must get to know the population, we must know about the community, I think you said. Or develop training programmes, that was also what we were talking about. But I would then like to briefly address the two sub-points which we have mentioned here, but briefly, because these are aspects that have been broached. But this is thus a little bit the role of the media, including ahead of time, and public opinion as well.

The media of course plays a role in public opinion in which it either shapes public opinion, which research is not aware of at all, or that which is discussed in public opinion is manifested in the media. But nevertheless, we see an example of experiencing crisis management, but crisis intervention, emergency care, to use the German term, when we have disasters, is actually always a very popular media topic that of course has an influence on the population, because they also have an awareness perhaps: Reporting on the Kosovo war, for example, showed this, as there attention was constantly drawn to the traumatised population, war trauma, in other areas as well. For instance the definition of trauma and psychotraumatology, even though this is actually a very new science, is already so direct, similar to the definition of stress which has become so pervasive. Everyone talks about trauma even when they only mean stress, or an event, and that of course shapes our

awareness, how we deal with disasters, or reporting on disasters in general, and wars, too. It is clear that the population of course also has a different image and we talked a long time about this. We said in English that public opinion, or the image of public opinion, needs to be taken more into account before these events.

In a second step we moved to the meta-level and there the discussion was similar to what was said before. We could actually list of 20, 30 points. We then also stopped doing this, but we also said that at a meta-level in the area of research we need to approach the topic in an interdisciplinary manner. A couple of points have been stated in the presentation by Mr. Darrot, and for this reason I won't go into these, but we also, for example, added theology, religion as a science, because it is also very important or interesting how our society deals with death or with mourning. Are these religious experiences which we have or is there another religious background? There are different religions, which is important in the preparation or in general as well when we refer to disasters.

The other point, as I briefly touched on before, is the whole area of media psychology which, I believe, also flows into this area when we refer to psychological aspects of information - I could even also mention Dr. Walker's presentation as an example. It is of course very exciting to see how the media reports in general on the danger of chemical power plants, so that it is clear that it also has an influence. Let me just leave this, as we noticed that it is simply too abstract. And we then went on to a very practical area. We attempted to depict this graphically. I will explain this to make it simpler. We have an extreme situation, whereby we deliberately did not define it. So I leave open what it is like. We have on the one hand the population. Among the population are of course the primary victims, but also the secondary victims. Secondary victims are family members or friends, and in the area of the population we have the others who are not involved or people on the outside, and for this reason we have not included them in the small group. We have the helpers, fire department, police, rescue service, which is to say the professional helpers on location. Actually we have, and this was also kind of weird, where we discussed psychologists, psychiatrists, and we actually put them in this group above, in part they overlap, and of course psychologists or crisis managers, or whatever, depending upon the type of intervention we have at hand, in the group of helpers, professional helpers, that is very clear. But the most important aspect is a network, that is of course what we already have, but we say, for example, the role of the churches needs to be taken into account much more in general because of course the churches also play a very significant role during disasters or afterwards, even if this is a supportive role, and this topic has already been addressed, but where churches of course also have an impact is war-like situations - an extreme example, as we know well enough that the churches play a very important role, including in terms of getting a crisis under control.

We then attempted to examine the approaches outlined in Mr. Darrots' thoughts, which we actually referred to as "culture experts" and were not able to name any better definition, which is simple, so we said of course we would have to know which ethnic groups we are dealing with. Can we make use of someone or must we use someone - the example of Sweden was named - where we then say here help is necessary. Or if we say it is international aid, for example in Turkey. Here experts of course must have a say, that is actually a whole different kind of culture.

Here we also have listed the media at the very bottom as one very crucial factor in the network. This was also already named with other groups. Inform the media, the person which you also named, the press office or press service, whatever it is called, we put it in this area. This is the administrative area. We had difficulties, the various countries, because we were not able to come up with good definitions. In German we would say disaster relief, in Sweden

it was the decision-maker, that is the administrative level, where this should be assigned, so that collaboration, but also an evaluation of this must take place of what actually happens during the disaster. The Greek colleague cited the example of an earthquake, where reporting was especially focused on individual fates, which had in enormous influence in the debriefing on the people because all of them were of course watching television, then seeing individual fates which were also shown, of course to increase ratings. But the fact that this is also a very crucial factor and also a very important aspect, that the debriefing also incorporate psychological or psychiatric perspectives, as they called it. So this is actually what has to happen much more in a network than is the case so that there will be an exchange there. Dr. Ungerer, we also spoke this morning about this, that of course helpers are confronted with the media and actually must also receive aid - how is the press dealt with? - and of course the population, that is very clear.

Have I forgotten anything in this whole circle, diagram or arrows? O.K.

Then we spoke ahead of time about the theoretical basis and we said, well, that is there and that is there, how can we network both the networks so to speak. Here we have the time axis, with continuity moving upwards, and before this we had a network based on the field of practice and we then said if we have disasters or extreme situations where the network functions as we described, then it must be possible to evaluate the whole thing within the framework of universities or research centres where one is able to provide feedback for the planning in the preparatory phase or also directly on a mission and say, here, that was a point, in German - maybe it is similar in English - it is called quality management, to say, well, we could have been more effective here, but also in evaluating the debriefing, which kind of intervention is actually most effective.

To examine a critical issue in closing, as we have written here, we emphasised this this morning once again, this is actually only a scientific group, how we approach a matter in general, that it is absolutely necessary to integrate research and practice, that is not to really say, researchers are sitting there and doing their thing, and there are practitioners, and a very automatic scenery is occurring, so we have to learn, and I think that we have to do a lot, there are of course initial approaches, but a lot more must happen when we say, researchers must get more involved in practise, and the practitioners must "unfortunately" or whatever analyse an effective feedback that we say we can prepare if this is possible. And if this works, I believe that we can also receive effective feedback, that we can then say, we can prepare if this is possible at all. That was the initial thought - will this work at all - can we prepare. That was pretty drawn out - excuse me - but it was all very complex. Thank you.

DISKUSSION VORTRAG HERR SCHMIDT UND M. DARROT

Frage Dr. Marino: Si possible, moi je voudrais dire une chose. J'ai beaucoup apprécié ce dernier rapport, aussi parce qu'il touche une chose à laquelle mon groupe est en train de réfléchir il y a beaucoup de temps. C'est à dire qu'il y a deux choses. La première, c'est que la psychotraumatologie va sortir dans les sociétés qui vont vers leur individualisme. C'est la première chose. P.ex. en Italie, nous nous sommes demandés pourquoi nous sommes toujours en retard sur les choses scientifiques, aussi sur la psychotraumatologie. Et après, pendant le tremblement de terre de Marche et Umbre, nous avons vu que ce n'est pas un vrai retard, mais c'est le fait que le système social avait la capacité de supporter le traumatisme jusqu'à maintenant. Pour les prochaines années, j'ai des doutes. J'ai des doutes, parce que aussi l'Italie elle va vers une société très individualiste. Et cela va en vue de notre question plus théorique, c'est-à-dire que dans la théorie de la psychotraumatologie européenne, mais pas seulement européenne, il n'y a pas la considération d'une variable qui est très importante, c'est-à-dire la culture. Moi, je pense qu'il faut réfléchir, c'est nous pouvons parler vraiment de trauma seulement qu'il y a un accident que la culture n'est pas capable de gérer. C'est une idée. Je voulais savoir du Dr. Darrot ce qu'il en pense.

Antwort M. Darrot : Je pense que c'est une très grande idée que vous nous proposez là. C'est-à-dire qu'au fond, vous suggerez qu'on revienne sur la définition même de la catastrophe et même du traumatisme et qu'on ne considère comme traumatisme que la survenue d'un événement que la culture serait incapable de gérer. C'est-à-dire qu'on se donne le temps de voir où en est la culture par rapport à l'événement qu'elle vit, avant de définir une telle situation comme traumatique. Intuitivement, je serais très intéressé qu'on adopte cette conception-là, mais tout le monde scientifique, enfin tout notre appareil culturel est à remobiliser pour édifier une telle conception des choses.

Antwort Dr. Marino: Oui, tout à fait mais, parce que moi, j'ai vu aussi autre chose, je sais pas si c'est la même expérience que la vôtre, c'est-à-dire que s'il y a vraiment une catastrophe, s'il y a vraiment un accident que la culture n'est pas capable de gérer, il y a la possibilité de voir ressortir dans la société le système cognitif ancien. Un système d'explication de ce qui s'est passé. Qui marche beaucoup mieux que notre explication. Moi, j'ai vu cela pendant le tremblement de terre en Italie, et surtout pendant le tremblement de terre en Turquie où il y avait le côté scientifique avec le debriefing, toutes les brochures etc. et mon impression, c'est que cela marchait pas, et tout le côté religion pouvait marcher très bien. J'ai fait aussi une autre considération, c'est-à-dire que dans le cas de la Turquie, l'approche est très scientifique et allait de manière complémentaire ??? créer de la pathologie mentale. Parce que les personnes pour être écoutées devaient dire "Moi, je suis malade. J'ai un problème psychique". Ca, c'était pas vrai. Et aussi, dans les familles, tous les problèmes de toute la famille, tous les liens de la famille, c'était concentré sur les problèmes psychiques des petits enfants. Aussi, pour suivre un petit bruit??? scientifique, que nous, les psychiatres, les psychologues, avaient donnés à ces personnes aussi. Je pense qu'il faut réfléchir beaucoup à cela. Et c'est pour cela que vous avez parfaitement raison, c'est-à-dire que toutes les interventions avant, de debriefing etc. doivent être des interventions psycho-sociales, je pense.

Herr Waldecker: Schönen Dank Monsieur Marino, ich denke mal, das war jetzt ein Austausch, wo man sich Frage und Antwort gegeben hat. Herr Schmidt, Sie hatten sich dazu gemeldet.

Herr Schmidt: Ja, ich möchte dies noch etwas weiter fortführen. Im Bereich der Wissenschaft, speziell im Bereich des ganzen Debriefing-Sektors, steht der Betroffene immer im Vordergrund. Viele vergessen, daß nicht jeder Mensch auf ein und dieselbe Situation auch gleich reagiert. Es gibt Leute, die haben kein Problem damit, daß eben in geköpftes Kind oder ein abgetrennter Körperteil vor ihnen liegt, und sind trotzdem in der Lage, sinnvoll weiterzufunktionieren. Die Gesellschaft und auch viele sogenannte Helfer versuchen aber, hier gleich aktiv eine Hilfe leisten zu müssen, denn der Arme muß ja irgendwie mit diesem Problem klarkommen. Ich halte es für unumgänglich, daß im Bereich der Wissenschaft wie auch im praktischen Alltag inzwischen mehr Wert auf die Person gelegt werden sollte, die eine höhere Resistenz gegen solche traumatischen Ereignisse aufbaut, daß wir uns überlegen, was hat diese Menschen resistenter gemacht im Vergleich zu denen, die Ausfälle haben, und daraus vielleicht etwas zu entwickeln, was zukünftig eine größere Hilfe darstellen kann, um präventiv eine größere allgemeine Streßresistenz aufzubauen. Ein letzter Punkt dazu: Mitchell mit seinem CISD (critical incidence stress debriefing) hat in Amerika große Erfolge gehabt. Zur Zeit kippt die Einstellung bei den Amerikanern. Auf Deutschland hat dieses CISD-Programm eine große Auswirkung gehabt, aber man sich überhaupt nicht klargemacht, daß die amerikanische Mentalität mit der deutschen überhaupt nicht vergleichbar ist. Es muß also ein stärkerer Austausch zwischen den gesellschaftlichen Grundlagen sein, wir müssen uns andererseits auch wieder klarmachen, wo liegen die Stärken bei denjenigen, die eine höhere Streßresistenz haben, und wenn das gekoppelt werden kann, haben wir vielleicht den wissenschaftlichen Zugang, um mittel- und langfristig ein wirklich sinnvolles Allgemeinprogramm zu entwickeln. Vielleicht kann auch Dr. Darrot dazu eine Reaktion geben, ich würde mich freuen. Dankeschön.

Dr. Darrot: Je suis tout à fait de votre avis, M. Schmidt. Bien sûr. Et je ne peux pas dire grand-chose, malheureusement, parce qu'on est obligé de prendre livraison des données scientifiques qu'on a pour le moment, et vous savez combien elles sont pauvres dans ce domaine-là, c'est-à-dire que la science a travaillé jusqu'à maintenant avec les victimes, sur les victimes, sur les processus pathologiques dont les victimes sont porteurs, mais très peu sur les processus réparateurs qui font que 75% des gens réagissent positivement. C'est un domaine qui a été peu travaillé, et je pense qu'il pourra pas être bien travaillé par les gens qui sont en situation opérationnelle ou thérapeutique. Je pense qu'il faut, pour le travailler, que on mette à l'ouvrage des disciplines que pour le moment on n'a pas trop sollicitées. Je parlais des ethologues, je parlais des anthropologues, il y a un travail qui doit quitter à mon avis le domaine des spécialistes. Et puis alors, il faut reconnaître qu'au niveau de l'évaluation des expériences, les problèmes méthodologiques sont énormes. On trouve très peu de publications solides scientifiquement sur les effets des interventions thérapeutiques dans l'urgence. Là, il y a toute une méthodologie à construire. Je pense que, si vous voulez, je ne peux pas inventer la science qui pour le moment est en devenir. Ca paraît intéressant de noter que ça va dans ce sens-là depuis très peu de temps. Cela fait un an ou deux qu'on s'interroge à ce point sur non plus comment on devient traumatisé, mais comment fait-on pour ne pas l'être.

Herr Waldecker: Ja, vielen Dank für den Versuch einer Antwort. Ich denke, es ist deutlich geworden, daß wir uns hier in einem sehr sensiblen und spannenden Feld bewegen. Herr Schmidt hat auch schon angedeutet, es wird wohl auch Blick zu nehmen sein - ich sag es mal so salopp - auf den Profi für die jeweilige Situation, wobei dieser Profi durchaus auch der, der

mit konventionellen Mitteln arbeitet, was mir besonders an Ihren Beispielen, Herr Darrot, gefallen hat, war diese Zuspitzung nach dem Lawinenunglück, wo es dann darum geht, wer ist denn der Bessere. Ist es der Pfarrer, ist es der Bürgermeister, oder ist es der Psychiater. Und ich denke mal, so habe ich Sie jetzt verstanden, Herr Schmidt, wenn man da besser in der Vorbereitung sein könnte, herauszufinden, welche Menschen sind es, welches Team ist es, was einer Situation, die traumatisch wirken kann, besser geeignet ist, dann wären wir wohl einen Schritt weiter. Aber ich glaube, das berührt jetzt dann auch wieder das Thema, das wir morgen haben werden, wo es darum geht, wie gehen die Helfer, und was macht es mit den Helfern, in einer solchen Situation arbeiten zu müssen.

Prof. Bergiannaki: Darf ich etwas dazu sagen. Ich habe gesehen durch meine Erfahrung, daß die Rolle des Psychiaters in einer Krise eine ganz andere ist als die alltägliche. Man darf wirklich seine Identität als Psychiater nicht so in den Vordergrund bringen, und ich habe zumindest bei der griechischen Bevölkerung nach einer Massenkatastrophe gesehen, daß die Leute wirklich sehr positiv reagiert haben auf einen Psychiater, und sie wollten unbedingt mit ihm reden, aber nicht auf der Basis eines Debriefing, sondern von einer veränderten psychiatrischen Diskussion. Das heißt, wir haben gewisse Fragebogen, wir haben eine freie Rede gehalten, mit den einfachen Menschen herum, und die waren wirklich alle sehr froh darüber, und sie sind freiwillig zu uns gekommen, und sie haben sogar verlangt, daß wir eine Intervention haben, und das war nicht eine richtige psychiatrische, das war ein Forschungsfragebogen. Und das hat wirklich doppelseitig gewirkt. Einerseits hatten wir manche Informationen gehabt über die Persönlichkeit oder über Symptome usw., und zweitens hatten sie jede Gelegenheit gehabt, nicht mit einem Psychiater zu reden, sondern mit einem Menschen, der mit ihnen psychologisch ausgehen könnte. Und das war eine veränderte Rolle. Das war nicht meine Alltagsrolle. Das war des Forschers und zugleich eines Menschen, der wirklich auch psychologischen Verstand hatte. Und ich hatte das vorgeschlagen. Ich meine, in Zukunft, daß die Psychiater wirklich eine ganz andere Intervention haben, nicht so professionell, etwas zwischendurch.

Herr Waldecker: Vielen Dank Frau Bergiannaki. Ich denke, das war auch ein Beitrag in Richtung von Herrn Darrot, wenn ich ihn richtig verstanden habe, also mehr Mensch sein in dieser Situation, mehr sich so zu verhalten, wie es vielleicht den Mustern entspricht, die die Leute auch erwarten, und trotzdem auch den professionellen Hintergrund noch mit beibringen. Das wäre vielleicht die ideale Synthese.

Prof. Bergiannaki: Und ich glaube, diese veränderte Rolle müßte entwickelt werden für die Zukunft. Und das ist auch unser Ziel.

Herr Waldecker: Ja, vielen Dank. Ich sehe, Herr Morris hat sich gemeldet.

Herr Morris: I am not sure whether the question is true, and I don’t preempt the tomorrow's section, but what can be done to prevent the proliferation of litigation from emergency service workers as a result of alleged post traumatic stress resulting from incidence experience in their career.

Herr Waldecker: Ja, ich sehe, spontan meldet sich keiner. Ich weiß nicht, Herr Dr. Braese, ob Sie vielleicht etwas dazu sagen könnten. Wenn ich die Frage richtig verstanden habe, würde ich mal sagen, also wenn jemand danach juristisch angegangen wird, das wird man wohl kaum vermeiden können, bestenfalls vielleicht mit einer Informationspolitik, die ein bißchen mehr Rücksicht auf solche Menschen, die in solchen Situationen stehen, einfordert, aber das wird sicherlich keinen durchschlagenden Erfolg haben. Ich denke, umgekehrt wird es vielleicht eher so sein, daß man erkennen muß, daß diese Menschen einen juristischen Schutzbedarf haben, und das könnte man ggf. flankieren. Aber vielleicht ist ja hier jemand, der sich mit dieser Problematik schon mal auseinandergesetzt hat.

Dr. Braese: Ja, ich will es versuchen, obwohl ich kein Fachmann in diesem Bereich bin. Aber als Jurist würde ich erst mal drei Fragen vorstellen. Erstens: Wie kann man den Schaden feststellen? Worin ist der Schaden festzumachen? Wie definiere ich den Schaden? Denn nur, wenn ich einen Schaden habe, kann ich überhaupt jemand zur Verantwortung ziehen. Die zweite Frage ist: Ist die Kausalität, wenn ein Schaden festgestellt wird, mit einem bestimmten Verhalten nachzuweisen? Auch hier, denke ich, wird der Helfer eher auf der sicheren Seite sein, denn die Kausalität wird sehr schwer in diesen komplexen Vorgängen darzutun sein. Und immer, wenn Juristen sich auf einem schwierigen inhaltlichen Gebiet bewegen, haben sie einen Trick, wie sie versuchen herauszukommen, indem sie einfach Verfahrensfragen in den Mittelpunkt stellen. Und dann stellt es sich, ob es ein bestimmtes Verfahren gibt, das allgemein als Stand der Technik, als notwendiger Mindeststandard allgemein akzeptiert ist, und dann kann man sehen, ob dieses Verfahren eingehalten worden ist, und wenn dieses Verfahren nicht eingehalten wäre, dann könnte man daraus einen Schuldvorwurf konstruieren. Aber so, wie ich hier die Diskussion und die Vorträge von Herrn Darrot und auch von Herrn Schmidt verstanden habe, ringen sie ja noch um diese Anerkennung eines Verfahrens und eines Standards. Von daher würde ich den Helfern eher Mut machen, daß sie also juristisch nicht allzu sehr in einer gefährlichen Situation sind, sondern daß sie sich wirklich den fachlichen Fragen stellen können. Das wäre so eine erste Einschätzung, die ich aus juristischer Sicht versuchen würde.

Herr Waldecker: Vielen Dank, Herr Dr. Braese. Ich denke, hier könnte die Offenheit dieser Situation, die Sie ja auch nochmals auf den Punkt gebracht haben, eher positiv für den Helfer genutzt werden, nach dem Motto "es gilt die Unschuldsvermutung, solange nicht klar ist, daß ein klarer Verstoß gegen irgendwelche offenbar noch nicht vorhandene Regeln vorliegt". Diesem Plädoyer würde ich mich anschließen wollen.

Sind noch weitere Fragen?

Dr. Walker: Yes, I have a question for Dr Darrot. Going back to Mr Schmidt's presentation on reactions, I came to think about the relation between different cultures and the development of panic as a human reaction. So my question is: how big an influence do different cultures have on panic in emergency situations?

Dr. Darrot: Je pense que - au moins j'y réponds moi, puis M. Schmidt peut-il dire aussi son point de vue. Je pense qu'il faut commencer par repérer que dans tel contexte culturel et avec tel type de lien culturel il y aura un certain type de conduite dans l'événement, et donc un risque de panique à un certain niveau, et dans telle autre culture, le risque sera très différent devant le même événement parce que les standards de comportement seront différents d'une

culture à l'autre. Je pense que les standards, la typologie évoquée par M. Schmidt est très éloquente à ce sujet-là. Dans une population donnée, dans une culture donnée, par rapport à un événement donné, on va avoir une majorité de réactions sur un certain type, sur un certain standard évoqué par M. Schmidt, et dans un autre contexte culturel, on va avoir d'autres standards. Alors, ce qu'on peut en conclure, c'est que dans toutes les situations où une catastrophe est envisageable, je pense en particulier aux tremblements de terre bien sûr, ou aux inondations, je pense que le temps d'inventaire de la population locale de sa culture, de ses habitudes ancestrales, de ses conduites au cours d'événements antérieurs est un temps essentiel, et qu'il faut introduire ces données-là dans les plans qui sont élaborés. Mais j'y ajouterai avec Dr Marino que je souscrit tout à fait, il faut y introduire aussi les données évolutives sur la culture. Et il est vrai que alors que des communautés locales pouvaient avoir, face à un événement comme un tremblement de terre, des conduites très solidaires au niveau communautaire à une certaine époque, ce n'est probablement plus vrai aujourd'hui. Et je pense qu'il faut pouvoir inventorier ces données-là et aussi anticipier leur devenir. Je ne sais pas si je réponds à votre question ? Est-ce que vous approuvez, M. Schmidt ?

Herr Schmidt: Ja, ich kann einmal versuchen, eine Ergänzung zu bringen. Zum einen haben wir alle in uns, unabhängig von den Ländern, in denen wir leben, unsere tierische Vergangenheit, die erheblichen Einfluß auf unsere Verhaltensweisen hat. Wir brauchen Fluchtmöglichkeiten, nach Möglichkeit 360°. Das betrifft uns hier in diesem Raum genauso wie jeden anderen irgendwo auf diesem Planeten. In dem Moment, wo wir eingeschränkt sind in dieser Fluchtmöglichkeit, beispielsweise durch das Sitzen in diesem Raum, baut sich schon eine stärkere Möglichkeit auf, eine Panikreaktion zu zeigen, wenn weitere Angstmomente hinzukommen. Das ist etwas, was weltweit nahezu identisch ist, und wahrscheinlich auch unabhängig von Kulturmentalität. Darüber hinaus, ich hatte es vorher kurz angerissen, stellen wir einige deutliche Unterschiede fest zur Zeit, da stimme ich völlig mit Dr. Darrot überein, daß hier auch Veränderungen mittel- und langfristig möglich sind. Beispielsweise bei den Japanern, die gewohnt sind, in einer wesentlich größeren menschlichen Dichte zu leben, ich meine jetzt den Japaner natürlich in Japan, in Tokio. Fahren Sie mal in Tokio mit der U-Bahn. Nicht, ein Waggon, der für 350 Personen zugelassen ist, da gehen erst mal 500 rein. Und dann stehen auf jeder Station noch diese schwarzgekleideten Personen mit weißen Handschuhen, die nochmals 50 Leute in den Waggon reinschieben. Würden sie dies in Köln oder in London oder in Paris probieren, haben Sie eine Panik. Auf so eine Idee würde man da auch nicht kommen. In Japan gehört es zur Tagesordnung, und es ist kein zusätzliches Angstmoment. Von diesen Details mal abgesehen, die es natürlich dann auch in anderen Kulturen geben mag, ist eine Veränderung durch bestimmte Maßnahmen, sei es von der Regierung gefördert, sei es durch gesellschaftliche Veränderungen mittel- und langfristig möglich. Nur den grundsätzlichen Panikgrad, der hängt wirklich von der jeweiligen Situation ab und von der Empfindung der tatsächlichen Gefährdung. Und dann sind wir wieder bei der Extremsituation. Habe ich Verhaltensweisen parat und empfinde ich diese Situation als lebensgefährlich? Und ab dem Moment ist ein rationaler Zugang oft nicht mehr machbar. Ich weiß nicht, ob das jetzt als Antworthinweis geholfen hat, ansonsten bin ich gerne bereit, da nochmals drauf einzugehen.

Dr. Walker: Thank you very much.

Herr Waldecker: Ja, nachdem diese Frage beantwortet ist, ich hätte vielleicht doch die Anschlußfrage. Ich denke mal, es ist deutlich geworden, daß es in den verschiedenen Kulturen unterschiedliche Panikverhaltensmuster gibt, daß der kulturelle Einfluß da ist. Ich glaube, für

uns die spannende Frage, wenn ich an unsere Eingangsproblematik erinnere, ist ja, wie setze ich das um in einer Situation, ich sagte schon, die multikulturelle Situation - Diskothek in Göteborg - wo ich völlig verschiedene Verhaltensmuster vorfinde, die Vorprägung vorfinde, wo das eine, wo ich durch falsches Verhalten möglicherweise erst eine Panik auslöse, aber andererseits vielleicht durch differenziertes Vorgehen eine verhindern kann. Ich glaube, das ist die spannende Situation, in der wir uns jetzt hier in Europa stellen müssen und wo wir vielleicht eine Lösung finden müssen. Für mich wäre es jetzt interessant, ob Sie da schon irgendwelche Ansätze haben.

Herr Schmidt: Ich möchte an das mal erinnern, was bei dem letzten Vortrag von mir gesagt wurde mit den positiven Aussagen. Ich muß, wenn ich merke, es tut sich ein gewisser Angstbereich auf, schnell reagieren, um Verhaltensweisen ablaufen zu lassen, die sinnvoll sind, und um sinnlose und gefährliche Verhaltensweisen auf ein Minimum zu reduzieren. Gelernt haben das nahezu alle. Alle, die im aktiven Bereich tätig sind. Nur bei der Anwendung gibt es einiges an Problemen. Sehe ich in einem Theater kein offenes Feuer, aber dieses Feuer befindet sich hinter den Kulissen, und es tritt der Theaterinspizient auf die Bühne und sagt, "wir haben hier ein kleines Feuerchen, es ist nicht besonders schlimm, aber bitte verlassen Sie ruhig und überlegt diesen Raum", dann haben Sie eine Panik. Allein das Stichwort "Feuer" reicht aus. Tritt diese selbe Person auf die Bühne und sagt, "wir haben hier einen Defekt mit der Kulisse" - man kann das auch noch steuern, indem man einen Teil der Kulisse absenkt, vielleicht relativ schnell -, dann glauben die Leute, daß ein Problem vorliegt, was sie gerade sichtbar erfaßt haben, und wenn ich ihnen dann sage, das dauert 20 bis 30 Minuten, bis das Problem beseitigt ist, und in der Zwischenzeit bekommen Sie im Foyer kostenlose Getränke, dann habe ich die beste Möglichkeit, den Raum zügig und schnellstmöglich zu leeren. Frei trinken ist eine inzentive Maßnahme allererster Güte. Erkenne ich eine echte Gefahr, dann ist mit einer Verniedlichung der Aktion nur eine Verschärfung gekoppelt. Die Leute glauben mir nicht mehr. Sie sehen etwas und haben ihre eigene Interpretation. Und ich versuche, deutschen Einsatzkräften klarzumachen, daß mit einer zu starken Verniedlichung eher ein zu hohes Risiko gekoppelt ist. Der Begriff "wir haben einen kleinen technischen Defekt" wird von der Bevölkerung nicht mehr geglaubt. Gerade, wenn so etwas gesagt wird, vermuten die, da ist etwas Schlimmes. Da ist eine Bombe, da haben wir Feuer, da ist was weiß ich passiert, und ich befinde mich in unmittelbarer Lebensgefahr. Das ist vielleicht auch ein Hinweis auf diese Veränderungen, die Dr Darrot ansprach, die sich auch im Laufe der Zeit ergeben. Wir passen uns ja den Verhaltensweisen immer wieder an aufs Neue. In diesem Sektor ist eine sinnvolle Ausbildung zwingend notwendig, um allen, die sich aktivieren in dem Bereich, klarzumachen, wie man auf veränderte Verhaltensweisen eingehen sollte, wie ich einen Angstpegel auf ein Minimum reduzieren kann, und wie ich eine Steuerungsmaßnahme durch positive Aussagen schnellstmöglich und trotzdem ohne Hektik umsetzen kann. Und dies hat gerade bei Lagen mit sehr viel Menschen in kleinen, umgrenzten Räumen eine ganz hohe Bedeutung.

Lassen Sie mich ein letztes Beispiel dazu bringen. Warum steigt in einem Hotel, in dem es im zweiten Stock brennt, im zehnten Stock ein Mensch auf das Fensterbrett? Es geht ziemlich weit nach unten. Aber wenn Sie sich die Person mal anschauen - es gibt ja genügend Bilder in solchen Vergleichen -, werden Sie feststellen, der ist in einer apathischen Situation, aber er scheint keine unmittelbare Angst mehr zu haben. Dieser Typ hat etwas fertiggebracht, was ihn selbst beruhigt. Im Moment des Auf-dem-Fensterbrett-Stehens hat er seine Fluchtmöglichkeiten erweitert. Er hat 180° Fluchtmöglichkeit, nämlich den gesamten Bereich vor sich. Auch wenn es keine reale Fluchtmöglichkeit ist. Aber er sieht kein Hindernis. Und das führt dazu, daß er sich selbst wieder beruhigt. Das Problem liegt jetzt darin, ihn da rechtzeitig wieder weg zu holen, bevor in seinem Kopf der Gedanke kommt, auch hier bin ich

nicht sicher. Denn in dem Moment, wo dieser Gedanke im Kopf auftritt, macht er den Schritt nach vorne. Denn wenn ich hier nicht sicher bin, muß ich an einen anderen Ort. Und wir Menschen neigen dazu, den Schritt nach vorn zu machen und nicht nach hinten. Und dann stürzt er ab. Und auch das ist passiert, und wenn Sie sich die fallende Person einmal anschauen, werden Sie feststellen, daß er nicht mit den Armen rudert, er rudert nicht mit den Beinen, und er hat noch nicht mal ein angstverzerrtes Gesicht. Denn er fühlt sich im Moment des Fallens sicher. Er hat sich aus dem gefährdeten Bereich ja entfernt. Und wozu er nicht mehr in der Lage ist, jetzt hochzuschalten, was in der Zukunft passiert. Dieser Mensch lebt in der Gegenwart, und momentan geht es ihm gut. Die tödliche Logik in seinem Kopf läßt sich, wenn auch in sehr makabrer Weise, nur darstellen, indem er jetzt denkt, ich falle, und der Stoß aus dem zehnten Stock hat noch nie einen Menschen umgebracht. Nur der Aufprall tötet einen. Aber der Aufprall ist zukunftsorientiert. Und den kann er momentan nicht begreifen. Im Moment des Aufschlagens ist er erst in der Lage zu begreifen, was jetzt mit ihm passiert. Der Mensch, der im zweiten Stock vom Fensterbrett springt, weil es hinter ihm brennt, der schreit, er rudert mit den Armen, er rudert mit den Beinen, und er hat ein angstverzerrtes Gesicht. Denn der ist nicht ausgefallen, sondern er weiß, was ihn wenige Sekunden darauf erwartet. Daß er vielleicht fünf Meter tiefer so aufschlagen könnte, daß er sich das Genick bricht, oder wenn er viel Glück hat, nur Arme und Beine. Eine völlig veränderte Verhaltensweise. Der im zehnten Stock war gar nicht gefährdet, aber in seinem Kopf hat sich eine eigene Logik gebildet, und er hat sich herausgerettet, um seinen Fluchtbereich zu erweitern. 180° Fluchtmöglichkeit, die in der Realität im Grunde nur auf einer Null-Lage sind. Das zu erkennen und rechtzeitig gegenzusteuern, dazu haben Einsatzkräfte recht wenig Zeit. Aber das ist eine ihrer wichtigen Anforderungen, und das können sie nur sinnvoll machen, wenn sie diesbezüglich auch ausgebildet sind. Und ich kann das nicht auf Ihre Länder übertragen, aber in Deutschland ist die Ausbildung vielleicht gerade mal einen Millimeter über den Nullpunkt gekommen. Es ist noch viel Arbeit. Dankeschön.

Herr Waldecker: Ich danke Ihnen, Herr Schmidt. Für mich hat sich jetzt nur die spannende Frage gestellt: Verhält sich der Muslim auf dem Fensterbrett anders als der Christ oder jemand aus der Südsee oder wie auch immer, weil da nämlich die Frage ist, wie muß man da professionell möglicherweise differenziert reagieren? Das ist die Fragestellung, die uns hier auch noch ein paar Tage bewegen wird. M. Darrot, Sie wollten dazu etwas sagen?

Dr. Darrot: Je sais pas si je réponds à la dernière de vos questions sur le cas de l'individu qui est au bord de la fenêtre, et sa réaction possible s'il est chrétien ou musulman. Par contre, je voulais poursuivre sur votre précédente question, qu'est-ce qu'il convient de faire si on veut tenir compte de certaines données culturelles. Moi, j'avoue que j'ai été profondément interpellé l'an dernier par l'exposé de M. Alexanderson sur l'incendie de Göteborg, et j'y ai beaucoup réfléchi depuis. Ce qui nous a été relaté, c'est un scénario à deux niveaux. Le premier niveau, c'est celui du déclenchement des secours où déjà le problème culture se posait de façon majeure puisque l'appel n'a pas été intelligible de la part des premières personnes qui appelaient. Elles s'exprimaient pas bien dans la langue du pays, et les pompiers avaient de la peine à savoir exactement où se trouvait le sinistre. Et là, il y a quelque chose qui doit nous interpeller très gravement déjà. Et puis, il y a un deuxième scénario, c'est tout ce qui est arrivé après, le sauvetage immédait avec les victimes, avec les familles des victimes, avec une communauté qui n'avait pas pris pied dans le tissu social dans lequel le sinistre est intervenu. Alors, les conséquences qu'on doit en tirer, c'est que premièrement, au niveau de l'anticipation, enfin des exercices, de la préparation du scénario de catastrophes et d'interventions de sauvetage. On doit tenir compte de la présence dans une communauté donnée d'etrangers, connaître leurs habitudes, éventuellement prévoir des exercices qui leur soient destinés ou des informations qui leur permettent d'appeler les secours facilement. Ça,

c’est un travail qui est à faire. Techniquement, il n’est pas bien sorcier, c’est pas très subtile, mais il faut l’initier, c’est-à-dire, s’en occuper.
Le deuxième point, c’est que cela paraît vraiment nécessaire, mais pas seulement pour les catastrophes, c’est nécessaire pour la santé d’une population, tout simplement, pour son hygiène, qu’une communauté étrangère conséquente puisse être l’objet d’un certain soin d’affiliation, qu’il y ait des contacts entre des correspondants ou des responsables de communauté, que cette communauté-là soit tout simplement administrée, avec ou sans catastrophe. Et qu’ensuite, il y ait la possibilité de partager une culture qui est cette culture qui naît de la présence d’immigrés dans une communauté d’accueil. Je pense que cela aussi fait partie des conséquences qu’on doit tirer de la problématique culturelle.

DISKUSSION VORTRAG PROF. UNGERER

Prof. Bergiannaki: Wie weit sind alle diese Maßnahmen oder Techniken usw. institutionalisiert bei den Personen, die wirklich in Extremsituationen gerufen sind? Ich weiß von Griechenland, daß es keine solche systematische Arbeit gibt, zumindest von seiten der Psychiatrie und Psychologie. Ich weiß nicht, ob Ärzte, Feuerwehrmänner oder andere Personen irgendwie vertraut sind mit der Technik. Aber wir, die Psychiater, haben keine richtige Ausbildung, um weiter die Personen auszubilden für so etwas Bestimmtes, und ich wollte Sie fragen, ob Sie das erreicht haben.

Prof. Ungerer: Eine wichtige Frage. Wir sind, ich meine, in Europa auf dem besten Weg. Wir haben die Probleme erkannt, aber wir stehen am Anfang. Es ist ein kleiner Schritt gemacht, wir machen einen Schritt und zehn weitere, zwanzig weitere Schritte. Das ist unser Problem, aber doch ein guter Anfang, und in der Forschung erste Ansätze, die habe ich Ihnen vorgestellt, damit auch erste Überlegungen, es international umzusetzen in die Praxis. Das Problem ist ja nicht jetzt im Bereich der humanitären, der Katastrophenhilfe, sondern wir haben dies ja auch bei Polizeieinsätzen, haargenau das gleiche Problem, und wir haben es bei

Einsätzen des Militärs - NATO, UN usw.. Also die Problematik ist menschlich fundamental. Und man müßte vielleicht noch mehr tun, um die Ausbildungsmaßnahmen zu institutionalisieren, wie Sie sagen.

Prof. Bergiannaki: Wissen Sie, man hat von mir verlangt, also von unserer Polizeidirektion, daß ich etwas dazu beitrage für ihre Ausbildung, also ich meine im Sinn von psychologischen Maßnahmen, präventiven Maßnahmen. Und ich war unfähig, ich wußte nicht die Techniken, ich wußte nicht, wie sich ein Psychiater richtig verhält in diesem Moment. Das ist nicht institutionalisiert.

Prof. Ungerer: Ich kann Ihnen etwas zuschicken. Wir bemühen uns hier in der Forschung, Maßnahmen zu finden, auch für die Polizei, gerade für die Polizei. Bei Post-shooting-Trauma.

Frau Deimling: Ja, ich habe auch noch eine Frage, ganz aus der Praxis. Im Bereich sekundäre Prävention, was Sie ja sagten, einerseits die Gefahr der Viktimisierung oder Stigmatisierung der Einsatzkräfte, wenn man Hilfe anbietet, wo vielleicht auch die Einsatzkräfte Mechanismen gefunden haben, damit selber klarzukommen. Auf der anderen Seite aber den Zeitpunkt zu verpassen, auch tatsächlich Hilfe anzubieten, dann zu sagen oder zu verpassen, hier ist jetzt eine Situation gewesen, wo wirklich Einsatzkräfte Belastungsreaktionen zeigen im Sinne einer akuten Belastungsreaktion, aber dann ist es ja am Anfang oft so, daß nach einem Einsatz Einsatzkräfte erst mal funktionieren, alles ist ok, und dann nach 2, 3 Tagen sich erste Symptome zeigen, und dann eben den Zeitpunkt zu verpassen. Wenn ich jetzt zu früh in der Situation, wie Sie beschrieben haben, in Eschede schon reingehe und sage, Mensch, es muß Euch aber schlechtgehen oder wie auch immer. Das ist ganz logisch. Aber auf der anderen Seite habe ich festgestellt in der praktischen Arbeit, und das macht es unheimlich schwer, also z.B. die Angebote, die wir gemacht haben, waren eigentlich schon zu spät. Denn bis man dann reagiert, bis sich die vorsichtige Nachfrage... Also wir haben ein Team, also ich bin auch selbst in der Feuerwehr, also schon auch Kollegen mit in unserem Team, aber das empfinde ich trotzdem als eine ganz schwierige Frage oder schwierige Sache, auch in der Praxis, da ranzugehen.

Prof. Ungerer: Ich darf vielleicht ganz kurz ausholen. Die Entwicklung der Behandlung bzw. Beratung und Betreuung traumatischer Prozesse, noch nicht Syndrome, ist etwas, ich würde sagen, weltweit eskaliert. D.h. man suchte nur noch psychische Schäden. Es gibt eine holländische Studie von Kalia, die sehr interessant ist, eine Evaluation, durchführte, und die konnten auch zeigen, daß man übersteigert reagiert hat. Die sprechen sogar, das möchte ich jetzt nicht für mich in Anspruch nehmen, von einer Psychiatrisierung des Einsatzpersonals, also sie sind sehr massiv geworden. Ich kann auch die Gründe nennen. Jedenfalls, das Problem ist derzeit etwas nüchterner. Sie haben das auch schon erkannt. Was wir machen müssen ist, das Problem "können Sie uns sagen, wie es ist" (??), ich habe es versucht, und dann den Einsatzkräften vor Ort Wissen und Maßnahmen in die Hände geben, damit sie bei den kleinsten Regungen, die auf eine gewisse Traumatisierung deuten, den Kollegen, Kameraden, Helfer beratend, nicht irgendwie betreuend, aber nicht therapierend, weit weg, in Verbindung treten und ihn entsprechend versorgen können in den ersten Stunden. Da ist jetzt eine ganz schwierige Stelle. Ich möchte einen weiteren Schritt machen, und zwar: Wir haben, und Sie haben es auch, ich habe es herausgehört bei Ihnen, wir haben Einsatzkräfte, Autodidakten, Feuerwehr, die hervorragend mit traumagefährlichen Ereignissen umgehen können. Ich habe das auch erlebt, und ich würde sagen, viele Einsatzkräfte haben durch ihre

Erfahrung ein Zunftwissen, ein regelrechtes Zunftwissen, das ist hervorragend. Sie wissen genau, in welchem Augenblick es für den jüngeren Kollegen kritisch wird, und sagen: komm heraus, da drüben hin. Das ist so die Schnittstelle. Also wir sollten mehr sensibilisieren für akuten Einsatz und die dort zustande gekommenen oder zustande kommenden Prozesse. Das scheint mir ein ganz wichtiger Punkt zu sein. Sollten verhindern, daß die Sache eskaliert. Wie Sie schon sagten: Eschede war ja etwas... also es gab massive Auseinandersetzungen zwischen Betreuern und Einsatzkräften. Ich habe alle nochmals, 93 an der Zahl, vor mir sitzen gehabt, Eschede, und es gab also beinahe handfeste Auseinandersetzungen. In Bayern, ich sehe gerade Kollegen hier, da versucht die Polizei jetzt abzusperren, damit die Helfer, habe ich gehört, die Helfer der Helfer, nicht mehr an den Einsatzort herankommen. Auch eine, würde ich sagen, eine interessante Erkenntnis, die ich unterstützen kann. Die muß ich unterstützen, das ist genau das Richtige. Die Einsatzorte oder die Helfer wurden überrumpelt mit Beratung. Beispiel, ganz konkret: Es werden Leichen geborgen. Bein ohne Rumpf, Kinderbein ohne Rumpf. Und der Helfer macht so (Geräusch)... Darf er ja machen. Sofort kommt irgend jemand und sagt: "Sie haben ein psychisches Problem". Hat er nicht. Er kann doch mal (Geräusch) machen. Das ist unser Problem. Und davon müssen wir wegkommen und ganz nüchtern die Dinge betrachten. Es kommt noch ein weiterer Faktor dazu, den ich sagen möchte. Man kann ja im Vortrag nicht alles erzählen. Wir können auch etwas darauf hoffen, bin da Optimist, daß unsere Psyche, die Seele gewissermaßen, die Psyche Heilungsmechanismen hat wie der Körper. Und wir sind in der Lage, auch psychisch schädlich wirkende Ereignisse auszuheilen, wenn uns etwas Zeit gelassen wird. Ich bringe wieder ein Beispiel: Helfer kommen mit Optimismus, Freude, aus dem Einsatz und sagen: "Wir haben toll geholfen". Sie freuen sich. Alles überwunden. Und an der Stelle darf jetzt keinesfalls jemand stehen und sagen: "Ihr bekommt, wenn wir uns nicht unterhalten, ein psychisches Problem". Genau das nicht. Das heißt, man soll ihnen ruhig auch etwas Zeitreserven lassen. Aber das ist eine Entscheidung vor Ort, die zuständigen Fachkräfte, Einsatzleiter und selbst der Mann vor Ort muß da noch weiteres Gespür entwickeln, mehr als bisher. So, glaube ich, könnte man es festhalten. Und dann auch, wie Sie heraushören, relativieren an der Stelle.

Herr Waldecker: Vielen Dank, Professor Ungerer, für diese weiteren Ausführungen, die uns nochmals deutlich gemacht haben, wieviel auch der Faktor Erfahrung und Intuition, auf die man vielleicht in manchen Situationen mehr vertrauen kann als auf diese problemorientierte Ansprache, daß das sicherlich ein wichtiger Aspekt ist, den wir im Auge haben müssen. Mir hat sich jetzt nur die Frage gestellt, also es ist auch für den - ich weiß nicht, ob dieser Fachbegriff in dem Zusammenhang richtig ist - aber auch so ein Monitoring zu sehen, diese Personen, die da agieren, und meinetwegen gute Kameradschaftshilfe leisten, wenn man sich darauf verlassen könnte, aber ich glaube, das Bedenken oder das, was Frau Deimling ansprach, daß man vielleicht, weil man nicht genügend oder falsch positionierte Beobachter hat, daß man diesen Moment, der ja dann trotzdem immer wieder vorkommt, wo dieser Cut-off entsteht, daß der einfach übersehen wird, und damit auch der Bedarf, daß da eventuell dann doch jemand nachzubetreuen ist. Aber ich glaube, in dieser Vielfalt von Entscheidungen, die da zu treffen sind und von den Beobachtern zu machen sind, ist das auch eine sicherlich sehr starke Anforderung. Was mich interessieren würde, ist: Gibt es da Teamvorstellungen, mit welcher Distanz Helfer der Helfer zu solchen Situationen arbeiten sollten?

Prof. Ungerer: Also gewissen Vorstellungen, Teamvorstellungen, was sich - ich geh mal negativ rein - was sich überhaupt nicht bewährt hat, gar nicht bewährt hat, ist, daß man die Gruppen zusammenholt und jetzt sagt, ja, Du hast da ein Problem gehabt, Du hast hier ein

Problem gehabt. Also dieser, ich nenne es "striptease" vor allen. Das ist also ganz schlecht. Sondern man muß jetzt das Gespür entwickeln, hier könnte vielleicht ein Problem auf uns zukommen, und bewährt haben sich dann einfach Gespräche in aller Ruhe nach dem Einsatz, eine Tasse Kaffee trinken, in der Ecke sitzen und ansprechen. Und jetzt kommt folgendes, und das ist wichtig: Wenn jetzt nur gesagt wird, leider ist das so, das war schlimm, Du hast sicher einiges durchgemacht, dann sagt der immer "ja". Das ist überhaupt nicht der Punkt. Das ist ja richtig und schön, und dann klopfen wir auf die Schulter. Das ist nicht so wirksam oder gar nicht wirksam. Sondern man muß jetzt versuchen, an den Vorgang heranzukommen, genau an den Vorgang, der möglicherweise dazu führte, daß er die Frau vorhin (Geräusch). Das ist genau der Vorgang. Der stürzt aus dem Fenster. Es war nicht das Feuer bei dieser Frau - Sturz aus dem Fenster. Es war einfach - der fiel runter und ist unten aufgeschlagen. Das war ihr Problem, der Aufschlag. Jetzt kann man nicht über Feuer reden. Dann sagt sie, ja, brennt überall, das ist nicht das Problem, sondern man muß jetzt herausbekommen, daß es genau dieses Bild des Aufschlags war. Und dazu muß man vor Ort sein, man muß praktisch Einsatzerfahrung haben. Sonst redet man an den Menschen vorbei. Man redet, egal was die für Einsätze haben, ob Militär, Polizei oder unsere Rettungshelfer, man muß ihr Handwerkszeug kennen, man muß wissen, was sie machen, um dann ganz speziell da reinfragen zu können. Das ist die eine Sache, die wichtig ist.

Dann sollte man auch vor Ort sein. Ich bringe einfach Beispiele, die ich selbst erlebe. Es gibt Unfälle, normale Unfälle des Alltags bei Einsätzen. Das sind keine Opfer von Massakern, keine Opfer von sonstigen Gewalttaten, schlicht einfach Unfälle. Jetzt droht momentan die Gefahr, ich habe wiederholt Fälle zu bearbeiten, der betreffende Einsatzhelfer sagt, oder auch Soldat, UN-Soldat, NATO: "Er starb in meinen Armen". Richtig. Aber jetzt wird er, wenn er weint, als traumatisiert hingestellt. Ich kann Trauer nicht als Trauma verkaufen. Das geht doch einfach nicht. Es wird jetzt als traumatisiert hingestellt, d.h. es ist sehr schlimm, er trauert doch nur; er weint, weil der Kamerad hier gestorben ist. Er ist nicht traumatisiert. Laßt ihn doch trauern, und laßt ihn in Ruhe. Also da laufen Prozesse, da muß man nur immer einschreiten, wenn es geht. Und ich bin da optimistisch, sonst würde ich hier ja gar nicht sprechen, daß wir die Dinge langsam in den Griff bekommen, und nochmals zu Ihrer Frage: Der Einzelmann, der den Dialog sucht, mit dem möglicherweise Betroffenen. Soll es in Ruhe führen, aber er muß einfach Ahnung haben. Er muß den Einsatz kennen. Er muß wissen, daß es nicht Feuer war - bleiben wir bei dem Beispiel -, sondern der Aufschlag auf den Boden war das Problem bei dieser Frau. Das muß er nachempfinden können und muß dann im Gespräch absuchen: War Feuer? Nein, Feuer nicht. Ein Beispiel: Ich hatte Probanden, die haben sich diese Szene angesehen, und ich habe Messungen gemacht - EEG und Hautwiderstand. Wir haben noch ein interessantes Phänom. Ich darf vielleicht hier erwähnen. Sie erinnern sich an die Menschen, die runterstürzten. Einer hatte die Arme breit, vielleicht erinnern Sie sich noch, und hat sich überschlagen. Jetzt gibt es einige, die erschrecken sehr, andere, einer z.B., Psychologiestudent, typisch, wie interessant er das machte, er kaschiert, er maskiert diesen Eindruck. Er sagte zu mir, er hätte keine Reaktion, also war nicht betroffen psychisch. Da sage ich "na", da meinte er, "ja, Herr Ungerer, das war doch ein sehr schöner Anblick. Das war ja ästhetisch, wie der herunterfiel". Der hat praktisch die Situation umfunktioniert und eine ästhetische Komponente draus gemacht. Ein psychischer, nicht gewollter, aber Mechanismus, der schützt, aber völlig danebenliegt, auch das kann auf uns zukommen, daß plötzlich einige eine hervorragende Sache daraus machen, obwohl es sehr, sehr schlimm war. Also die Psyche versucht sich zu retten, mit allen möglichen Mitteln, was immer nur geht, also auch eine andere Welt vorzugaukeln, einfach eine andere Welt zu entwickeln. Also hochinteressante mentale Techniken, die man zuerst mal zur Kenntnis nimmt, natürlich.

Prof. Bergiannaki: Was ist mit virtueller reality beim Fernsehen? Wäre eventuell die Reaktion dieses Psychologiestudenten etwas anderes, falls er wirklich in einer virtueller reality sich befände vor einem Video? Also wenn er Handschuhe und alles hätte, also didaktil auch?

Prof. Ungerer: Ja, ich weiß, was Sie meinen. Habe ich mir überlegt. Ich kann's nur noch nicht beantworten. Wir hatten sehr Betroffene in diesen Situationen, also sehr Betroffene. Vielleicht eine Sache ist auch wiederum interessant: wenn man Spielfilme nimmt mit guten Schauspielern, die Katastrophen und alles mögliche sehr realistisch spielen - wirkt nicht. Wirkt nicht, können wir vergessen. Wirkt einfach nicht. Wir Menschen haben ein sehr sensibles Gespür für Realsituationen. Realsituationen - Schreck, Spielfilme, ach, da sagen sie, was wollen Sie mit den Zombies usw., also überhaupt gar kein Interesse. Wir sprechen überhaupt nicht darauf an. Keine Reaktion, aber echt großer Schreck. Und vielleicht, ich weiß es nicht, interessant wäre für mich, das kann man natürlich nicht experimentell herstellen, man würde ihn mal in eine Realsituation bringen, um dann zu sehen, ob er auch noch sagt "schönes Bild, wie der herunterfällt". Möglich. Aber ich habe viele Fälle dieser Art gefunden, bei denen praktisch kaschiert wird, abgedeckt wird, tabuisiert wird zum Teil, und es wird aus dem Gesehenen etwas anderes gemacht. Es gibt, soweit ich es interpretiere, einen mentalen Schutzmechanismus, um nicht sehr betroffen zu werden an der Stelle.

Dr. Darrot: J'avoue que je suis très impressionné par la présentation du Prof. Ungerer dans la mesure où il met en tension pour nous outre les connaissances scientifiques dont vous nous faites part. Vous mettez en tension un paradoxe énorme qui est incontournable, c'est que on demande aux sauveteurs et on exige d'eux, et c'est exigible au nom de leur intégrité psychique après l'intervention, de procéder à une déliaison, à une séparation, à une mise à distance. Or on sait que les conséquences les plus profondes, les plus durables et les plus graves du traumatisme tiennent justement à cette blessure aux liens. C'est la liaison elle-même, la déliaison elle-même qui représente comme vous l'avez dit d'ailleurs une bombe à retardement ensuite non seulement dans la vie psychique, mais dans la vie de la communauté. Et le paradoxe de tout le chantier de recherche et de formation qui est à poursuivre actuellement, c'est précisément à la fois aider les sauveteurs et les intervenants à se protéger en travaillant peu ou prou dans la déliaison, et d'aider ensuite les mêmes sauveteurs et les mêmes intervenants à rétablir des liaisons. Et je ne parle pas de la communauté dans laquelle la catastrophe s'est produite. Le programme est à peu près le même que pour elle aussi.

Prof. Ungerer: Ja, interessant. Ich gebe Ihnen recht, und wir haben zwei große Probleme. Einmal, wenn wir die Technik gut beherrschen, das könnte man in der Ausbildung etwas lernen. Es gibt auch Autodidakten, die das können, müssen wir folgendes beachten: Wir müssen versuchen, und Sie haben es eigentlich auch schon gesagt, wir müssen eine Querverbindung herstellen zu unserer Religion, zu unserer Ethik, zu unserer Weltanschauung. Das müssen wir in der Ausbildung schaffen im Sinne einer Einsatzethik. Wir müssen also ethisch, wenn wir separieren, dürfen wir unsere Identität und unsere Ethik nicht verlieren. Sonst würde es gefährlich. Es gibt Situationen, ich beschäftige mich auch mit Grenzbelastung, u.a. mit Folter z.B., auch mit Tötung, z.B. Bosnien, Serbien da unten, und es gibt Situationen, da haben Gefolterte überlebt, weil sie sich neben sich gestellt haben. U.a. ein interessantes Beispiel von dem bekannten Psychoanalytiker Bettelheim. Bettelheim wurde gefoltert und hat sich auch neben sich gestellt. Jetzt ist folgendes interessant. Es gibt Menschen, die können sich danebenstellen, also sie sind ja nicht verrückt oder schizophren, sondern sie stellen sich neben sich und nehmen sich dann wieder zurück und erhalten dadurch ihre Identität, die wird beibehalten. Aber dabei ist eine große Gefahr, daß sie sich verlieren, daß sie sich

danebenstellen oder daß sie z.B. "Aktion Töten" und Emotion und Religion auseinandernehmen und nicht mehr zusammenbekommen. Ich habe Fälle gefunden, die haben getötet. Balkan. Die haben getötet und zeigten keine Emotionen und gingen anschließend in die Kirche. Ich fragte, das geht doch nicht; Du kannst doch nicht in die Kirche gehen, an Gott glauben, und vorhin hast Du - wir haben es ja noch knallen hören - da hinten Menschen erschossen. Dann sagt der zu mir: Das hat miteinander gar nichts zu tun. Das ist Töten, und Kirche und lieber Papa, Vater sein, Familie, was vollkommen anderes. Das ist eine ganz gefährliche Sache. Das ist sehr gefährlich, und ich bin auch momentan in der Forschung genau Ihre Überlegung, wie können wir die Identität und die Verbindung an Religion, an Ethik, Moral aufrechterhalten und trotzdem uns schützen. Separieren. Es gibt Ärzte, die hervorragend sich selbst separieren, innere Klinik z.B., Kreislauferkrankung. Man kann nicht immer mit dem, im Sterbenden leben, um alles recht zu machen. Die Ärzte hängen sich an den Daten fest und sagen einfach, das ist unser Infarkt, oder wie geht es unserem Infarkt, Sie kennen die Formulierung, und versuchen sich da auch herauszuhalten mehr oder weniger. Feuerwehr: hervorragend, viele Fälle gefunden bei Feuerwehreinsätzen und vieles andere. Also der Mechanismus funktioniert mental, um das nochmal zusammenzufassen, aber, was Kollege Darrot angesprochen hat, richtig, wir müssen aufpassen, daß wir dadurch nicht unsere Identität verlieren und zu Monstern werden. Das ist genau die Gefahr. Also eine hochinteressante auch philosophische, psychologisch-philosophische-psychiatrische Überlegung an der Stelle.

Dr. Bergiannaki: Ich könnte sagen, das ist ein Problem der Dauerhaftigkeit. Wie lange dieser Schutzmechanismus wirklich als Schutzmechanismus hilft und nicht in ein Trauma übergeht, was Sie gerade gefragt haben. Das heißt also, daneben sein, heißt sich traumatisieren, psychanalytisch gesehen. Das ist wirklich eine Frage der Zeit. Wir sagen, daß ein Psychiater oder Rettungspersonal usw. untraumatisiert fünf, zehn Jahre lang arbeiten können.

Prof. Ungerer: Vielleicht noch eine Überlegung an der Stelle, die Diskussion ist sehr spannend. Es gibt Fälle, die können sehr lange separieren und schön auseinanderhalten und haben dann allerdings, wenn sie älter werden, das Problem der Spättraumatisierung, d.h. plötzlich bekommen sie mit 80, mit 90 Jahren, weil sie mal früher getötet haben, bewußt getötet, also sie haben getötet oder sonst Gewalttaten verübt, plötzlich enorme Gewissenskonflikte. D.h. das, was hier (deshalb dieser rote Pfeil), was hier auseinandergehalten wurde, bricht dann zusammen, und Sie haben massive traumatische Probleme mit 80, 90. Bis zu diesem Alter ohne Schwierigkeiten, ohne Alltagsprobleme, und plötzlich geht es los. Meine Frage oder meine Überlegung: es sind, soweit ich das herausfiltern kann, Fälle, die nicht in der Lage waren, mit ihrer Religion, mit ihrer Ethik und mit ihrer Identität, mit ihrer Integrität gut umzugehen und gewisse Erlebnisse in ihre Integrität einzuordnen. Also wenn jemand gefoltert wird, das ist ja keine schlimme Sache, er hat ja nichts Schlimmes getan, er wird ja gefoltert, kann er eher einordnen in seine Integrität und Identität. Einer, der andere umgebracht hat, wird versuchen, das zu vergessen. Und die traumatisieren dann hochinteressanterweise oft im späteren Leben. Also eine unglaublich interessante Entwicklung, die sich da anbahnt, und wir sollten alle immer genau hinschauen, was wir machen und wie wir beraten.

Herr Waldecker: Schönen Dank auch noch für diese ergänzenden Aspekte, die ja auch noch einen Bogen spannen zu anderen Ereignissen und vor allen Dingen zu dem, was es auch im Alter mit uns machen kann, mit uns ist jetzt vielleicht etwas zu übertrieben ausgedrückt, weil ich nicht hoffe, allzu häufig solchen Situationen ausgesetzt zu sein. Für mich hat sich jetzt der

Eindruck eingestellt, daß es eigentlich, um es einmal so überspitzt auszudrücken und das aufzugreifen, was Herr Schmidt gestern hier sagte, es ist offenbar jetzt nur auf den Helfer bezogen zunächst einmal gut, verrückt zu sein, also sprich: sich neben sich zu stellen, zu separieren, und es ist auch "normal", dann wieder - hoffentlich bald - sich wieder zusammenzufügen, um nicht auf den Marktplatz sich zu legen, daß die Hose kaputtgeht, weil man dann Situationen einfach falsch einschätzt und Mechanismen nicht wieder zurückgeklinkt sind auf den Normalfall. Nur was ich jetzt nicht ganz verstanden habe, vielleicht können Sie nachher noch etwas Aufklärendes sagen, ist das eigentlich, wenn ich separiere, schon im Ansatz die traumatische Situation, die im Prinzip "behandlungsbedürftig" ist, oder sollte man einfach darauf erst mal vertrauen, daß einer sich wieder vereinigt in sich?

Prof. Ungerer: Wenn er traumatisiert, hat er keine Probleme. D.h. auch die ganze Affektlage, die psychische Lage ist ruhig. Also er separiert und hält alles auseinander und unter Kontrolle. Was die Hand macht oder was ich sehe, ist eine Sache, und Ethik und Emotionen ist eine andere Sache. Es wird sauber auseinandergehalten, unter Kontrolle gehalten. Das ist entscheidend. Und das ist zuerst mal in Ordnung, d.h. er erleidet keine traumatischen Nachwirkungen. Das Problem ist nur, wenn er älter wird oder wenn eben die Kontrollen nicht so gut sind, daß es irgendwann zusammengeht. Das sind dann traumatisierende Fälle nach 2, 3, 4, 5 Jahren. Und ideal wäre natürlich, wenn er diese Separierung, die er nun - man muß unterscheiden, ob er nun schlimme Sachen tut, tötet z.B., oder ob er indirekt bedroht ist, nämlich Menschen helfen muß, das ist ein Unterschied, nehmen wir mal den Helferfall - d.h. daß er, wenn er die Dinge sieht, eine Beziehung herstellen kann zu seinem Auftrag, dem Sinn seines Auftrags, zu seiner ethischen Grundhaltung. Und das ist zu schaffen. Also Sinn des Auftrages, ethische Grundhaltung, das ist relativ - meine ich - leicht zu schaffen. Viel schwieriger sind Dinge, wenn Leute töten müssen und gar nicht wollen. Die machen das auch, wenn es geht. Gehen zur Seite und haben dann später ihre großen Konflikte. Das ist eine völlig andere Lage. Aber bei den Helfern bin ich optimistisch, ich glaube, da können wir in der Ausbildung etwas tun, und auch dann in der Beratung oder Betreuung versuchen, den Bezugspunkt wiederherzustellen. Einen kleinen Nachschlag noch. Das Problem, was ich noch sehe, ist bei unseren jungen Helfern. Sie fragen immer, übrigens auch Polizei usw., wenn ich sage, stellen wir jetzt eine Beziehung her zu Ihrer Ethik, zu Ihren Prinzipien, Wertvorstellungen, dann sagen viele, und ich glaube, das kann man international anlegen, ich weiß nicht, was ich denken soll. Was ist denn das? Also wir haben ein Werte, ein ethisches Vakuum zum Teil, und wenn einer sagt, was soll ich denn jetzt denken? Können Sie mir sagen, welche Werte ich denken soll, welche Ethik, dann wird es kritisch, aber ich glaube, das ist ein europäisches Grundproblem, was wir da haben. Man sollte wirklich darüber nachdenken.

Dr. Braese: Ich darf eine Verständnisfrage stellen, weil das ist eine hochspannende Geschichte, das Verhältnis von Separieren und dann wieder Integrieren. Beides ist erforderlich, und ich wollte nochmals nachfragen. Wenn Sie ein belastendes Ereignis haben, also Leichenteile oder das Kind hier, dann sagen Sie, Trennen, Separieren, Handlung von Emotion und Ehtik trennen, und dann kann der Helfer damit umgehen, und er ist erst mal relativ stabil. Hinterher sagen Sie, es darf aber auf Dauer nicht auseinanderfallen, Ethik und Handlung, er muß natürlich eine integrierte Persönlichkeit bleiben, und er darf das nicht als Mechanismus für sein ganzes Leben probieren. Konkrete Frage: Muß er das Ereignis, was ihn so belastet hat, hinterher wieder zusammenführen, oder sollte er das getrennt lassen und gar nicht mehr daran rühren. D.h. muß er später in zwei Wochen, in einem Jahr doch wieder versuchen, eine Verbindung herzustellen zwischen dem, was geschehen ist, und der Sinnfrage, weshalb ist das passiert, und wie kann ich das mit meinen religiösen, ethischen

Gefühlen verbinden? D.h. muß er dieses Ereignis hinterher wieder in sein Wertesystem irgendwie wieder versuchen einzuordnen und zu bewerten, oder soll er nicht daran rühren und sagen: ist gut gegangen, ja nicht mehr daran denken?

Prof. Ungerer: Das letzte: nein, er muß versuchen, es einzuordnen. Das Problem, das wir haben: in einer akuten Bedrohungslage sind unsere Reserven oft auf ein Minimum begrenzt, sind limitiert, und wir sind dann nicht in der Lage, jetzt noch Zuordnungen zu treffen. Deshalb: weiterer Schritt: Ausbildung. Wir sollten oder müssen versuchen, gewisse Situationen, von denen man weiß, sie könnten eintreffen, also meinetwegen, egal wo im Einsatz, da gibt es abgeschlagene Köpfe, da gibt es zerrissene Körper. Ganz nüchtern sollten wir in der Vorstellung bei den Helfern vorbereiten. Vorbereiten, damit sie in der Lage sind, dann mit dem Ausbilder zusammen diese von sich vorgestellten Bilder, es sind ja ihre eigenen, und die sind nicht gefährlich - eigene Bilder sind nie gefährlich, wenn sie auch noch so schlimm sind - die eigenen Bilder in ein Wertesystem, das der Ausbilder dann vielleicht etwas nachhelfen muß, einzuordnen, einen Bezug herzustellen. Dann haben wir einen großen Vorteil im Einsatz. Gesetzt der Fall, jetzt kommt der abgeschlagene Kopf, es muß konkret bleiben, sagt das Gehirn: Aha, Ausbilder, Vorstellung, kenne ich schon, das habe ich mir auch schon vorgestellt, und das Gehirn stellt die Beziehung dann zur Weltanschauung bzw. zur Ethik, zum Wertesystem her. D.h. er ist bereits mit Bild und ethischer Verankerung schon abgesichert. Das Gehirn erinnert sich nur, und man es sich so vorstellen: Er sieht das Bild, hier ist die Erinnerung, trifft aufeinander, Gehirn sagt: aha! Und damit ist das erledigt und ist im Grunde völlig unproblematisch, das wissen wir ja inzwischen. Nur: wenn er nicht darauf vorbereitet ist, in keiner Weise, dann sagt es: Was ist denn hier los? Und dann kriegt er Bezugsschwierigkeiten bis auf ein paar Autodidakten, wie ich sagte, die von sich aus gemerkt haben, man kann sich danebenstellen, separieren usw.. Ich bring mal ein Beispiel, was - ja, wir können Eschede nehmen, ich überlege gerade, wir können auch mal einen Schußwechsel nehmen, das paßt da alles rein an die Stelle, um das Problem zu zeigen - ich bringe mal etwas, was ein bißchen deutlicher ist. Polizei, Geiselnahme, Schuß. Man hat der Polizei alles beigebracht, was sie wissen müssen, Rechtslage in Ordnung, alles in Ordnung, Schuß wird freigegeben, finaler Rettungsschuß, aber jetzt folgendes: Was dem Polizeibeamten - das ist ein konkreter Fall - nicht gesagt wurde vorher in der Ausbildung, ist, daß der Kopf zersplittern kann. Es kann Gehirnmasse durch die Gegend fliegen. Blut kann spritzen, wenn er eine Ader trifft. Und genau dieses Bild, Millisekunden, hat ihn traumatisiert, genau dieses Bild. Hätte er gewußt, daß so etwas passieren kann, wäre das Gehirn auf diesen - hochwahrscheinlich ein Schuß, der mal eben - ESK-Spezialeinsatzkommando, was passieren kann - vorbereitet gewesen und hätte dann die Zuordnung juristisch - Weltanschauung mit Schwierigkeiten - herstellen können. Das ist genau der Vorsprung, den wir unseren Leuten geben können, bevor sie in den Einsatz gehen. Wir haben ja die Fälle gehabt, humanitäre Hilfe, da wurden unsere Helfer hoffnungslos überrumpelt. Da sagten z.B. junge Leute, wir wollen Heftpflaster um so einen verletzten Kinderfinger kleben. Was haben sie vorgefunden? Abgeschlagene Kinderhände z.B.. Das muß man ihnen vorher sagen und den Bezug zum religiösen, weltanschaulichen und zum Wertesystem, was nicht leicht ist, herstellen. Dann sagt das Gehirn im Bereitschaftszustand - das Gehirn erinnert sich - und hat erfahrungsbiographisch das Bild schon verarbeitet. Es ist ja schon kontrollfähig. Das Gehirn sagt nur: aha, da ist jetzt der Fall, und damit haben Sie keine Schwierigkeiten. Ich bilde momentan, ich bilde auch gerade Spezialkräfte aus - wir machen das momentan so, dadurch werden sie nicht überrumpelt. Aber man muß den Mut haben, den Mut haben, auch schlimme Sachen, Scheußlichkeiten, in aller Ruhe zu erzählen und deutlich zu machen. Man muß den Mut dazu haben. Wenn wir den nicht haben, dann wird alles wieder tabuisiert, und Sie werden alleingelassen an der Stelle. Man braucht den Mut einfach dazu in der Ausbildung.

Mr. Morris: You seem to focus on just the blood and gore of accidents or wars. But in my experience, there are two incidences that stick with me, and I know why, because I saw the human side of the tragedy. One is a little boy we were searching for, we found him face down in a lake, wrapped him in a blanket, put him in the back of the van. That was ok, we could cope with that. The most difficult thing was standing in the street when the policeman told the mother, and I remember the scream of the mother, and that to this day lives with me, and finding the boy was fine, and you did your job. It was that human connection. And the other one was a farming accident where someone was trapped under a tractor. That was fine dealing with that. But his wife ran on to the farm, because she realized something was wrong, and we had to stop her getting close to it because he was dead. And once again, it wasn't the actual dealing with the mechanisms of rescue, it was seeing the human perspective on the farm. When it is humanized, I think you will need to understand that dimension as well, it is not just the blood and the bones.

Prof. Ungerer: Ja, ist richtig, und zwar, das wäre dann eben die Auswirkung dessen, was Sie vorfinden, auf die Familienmitglieder z.B., Familie, und das ist eine Erweiterung des Bereiches, das sehe ich, und ich sehe das so, wie Sie das gerade geschildert haben. Da müssen wir etwas mehr ausholen, würde ich sagen, wir haben größere Schwierigkeiten, weil die Reaktionen von Frau, von Eltern usw., Geschwistern, sehr unterschiedlich sind. Die Schwierigkeit, auf solche Reaktionen zu reagieren, kann man in gewissen Grenzen lernen, aber es ist eine völlig andere Frage, als ich sie jetzt gerade behandelt habe. Das sind die Einsatzfälle, die man dann entsprechend durcharbeiten kann, man kann sie vorbereiten. Bei diesen Reaktionen kann man auch, soweit ich das sehe, gewisse Verhalten entwickeln, aber viel schwieriger, weil sie einfach ganz unterschiedlich sind. Es ist auch die Frage - ich darf da nochmal erweitern - ein großes Problem, dazu kann ich auch nichts sagen, wie man versuchen könnte, Tötungen, Massaker, die man vielleicht überlebt hat und man hat viele Angehörige verloren, wieweit man die einigermaßen unter Kontrolle bringen kann. Schwierig. Also wir haben die Familie, wir haben dann die Massaker selbst, beim Massaker selbst versuche ich, da meine ich, etwas Licht am Horizont zu sehen. Wenn man das Massaker dann kennt, kann man an die Ereignisse, an die Detailereignisse herangehen und kann die Überlebenden, die nun zwischen den Toten lagen, versuchen, daran zu erinnern, das Gehirn ist immer angetan oder froh darum, wenn man sich erinnert an etwas. Bei den Fällen, die Sie haben - ich kenne Situationen, da mußte die Polizei nach Hause, auch die entsprechenden Angehörigen informieren über die Unfälle usw., über die Tötung - ich würde sagen, ein weiteres Gebiet, ein sehr schwieriges Gebiet, das aufgrund seiner Vielfalt noch viel Arbeit machen wird, auch in der Ausbildung. So würde ich es mal stehenlassen.

Mr. Morris: I think the point is: policemen can go and inform someone that the family has died. What I think you shouldn't allow to happen is the policeman who is dealt with the accident to then do it. It need to be someone else. It is like it is all very well zipping up the bodybag with someone ???. But then if the person who has done that has to go meet the mother of that soldier or comes in contact. The potential trauma is ten times worse. And actually you are staying?? with the incident if you humanize, you get into the familiy and that sort of thing. So in planning, you need to avoid practitioners coming into contact with the human or the life of the persons that have to deal with.

Prof. Ungerer: Ja, richtig, korrekt.

DISKUSSION:

Malin Modh: I would just like to make a short comment. When you say that in the video in the end there was a part of that forget about that other information, about the fire instruction, where you should go out of the house and get away from the danger, I have the fear that giving that information shortly after the other message "Go in, Stay in, Tune in" - don't you see a risk that they would mix it all up because you mentioned it in the end? Could it perhaps be better to just leave it out, as it will be double messages?

Dr. Morris: A lot of my colleagues also voiced the same concern that in delivering the message in one program into a school which maybe takes one hour and a half, it would confuse the young people. I actually think young people are much more sophisticated perhaps, and we give them credit for. But I needed evidence from academics to prove that we weren't confusing them, and that is where we undertook research through one of the largest teacher training establishments in the UK who went and watched our program and the way it was delivered. And that has been integrated into the video, the way that message is given. And as I say, the evidence was over 99% of the young people clearly understood the different rationales of an external threat means you go inside and an internal threat means you go out. It was understood through this type of medium that it would not confuse.

ABSCHLUßDISKUSSION VORMITTAGSVORTRÄGE WALKER, MORRIS UND MARINO

Dr. Walker: In thinking about the period after an earthquake event has happened, presumably there is a stress which is there because of the impact of the earthquake. But then there is also the extra complication of the potential for that event to be repeated through aftershocks and following earthquake events. And I wonder how you managed to do with that, it is a stress of an impact and a stress of a repeating impact as well. And does that complicate the whole process of what you are trying to achieve?

Dr. Marino: En effet, ça, c'est vrai. Je pense que le tremblement de terre en Italie était très particulier parce que nous avons eu beaucoup de tremblements. C'est une chose très particulière. Et nous avons vu que la population a demandé des explications. C'était très intéressant que dans la première étape, le système cognitif dominant, c'est-à-dire le système scientifique a donné des explications, mais ces explications n'ont pas marché. Alors nous avons vu sortir des explications du système cognitif ancien. C'était très intéressant parce que ces systèmes ont pu gérer la situation. Alors ce que nous sommes en train de penser, c'est pas vraiment important au début, le symptôme de personnes qui ont subi un traumatisme collectif. Mais il est plus important la façon des démarches du système socio-culturel. Ca, c'est très important. Alors, il faut d'après nous d'abord donner des informations correctes, structurer les informations d'un point de vue cognitif, regarder comment la culture va essayer de faire face au problème, et s'intégrer avec ce que la culture doit faire toute seule. On peut faire cela et ce que nous avons essayé de faire dans le tremblement de terre. Après quelques mois, nous n'avons pas beaucoup de personnes avec des problèmes psy. Nous sommes en train de faire une recherche maintenant dans la région où nous avons fait cette expérience, et les premiers résultats est que nous avons moins de 18% de personnes avec des problèmes psychiques. Si nous allons voir toutes les recherches des autres pays avec des tremblements de terre pareils, le pourcentage est plus ou moins sous 60%. Je sais pas si j'ai répondu à votre question exactement.

Dr. Walker: I think you answered the question fine, I was just thinking through how earthquakes are really different in that respect to many other stressual situations where two aeroplanes crashed to an airfield and you don't expect that to be repeated in the next hour. Within earthquakes you are in a situation where that event can repeat and is presumably also a source of stress for the rescue workers and the people who are doing the counselling because they may have moved themselves into a risk area so they are not affected originally???, and there must be something in their minds thinking, well, I am here to try to help people, but I move separating myself at risk through that process. And I may be caught up in a repeated earthquake incident.

Dr. Darrot: Je trouve cette relation tout à fait passionnante et voudrais demander au Dr Marino des précisions sur le protocole qui a été mis en œuvre pour arriver à penser tout ce dispositif, en prendre le temps, faire l'inventaire des ressources que vous avez signalées dans la population. Je pense que c'est un temps essentiel dans une catastrophe comme ça, mais j'aurais aimé savoir comment la décision s'est exercée et comment elle a été éclairée, comment elle a été mise en représentation et en perspective, avant de pouvoir être mise en pratique.

Dr. Marino: C'est très compliquée, cette question que vous posez, c'est vraiment très compliqué parce que en effet, nous avons un protocole qui est un protocole très plastique parce que, je ne sais pas en France, mais en Italie chaque région, chaque service de psychiatrie ou de santé mentale marche d'une façon tout à fait particulière. C'est-à-dire il y a des services plus psychodynamiques, des services plus cognitifs etc. Je suis convaincu qu'il n'est pas possible de faire de la formation pendant un ??? C'est pas possible. La première chose à faire, c'est vraiment de voir comment marche le service local et voir s'il y a des ressources. Ce qu'on va mettre en place, vient d'un travail qui se fait avec le service. C'est-à-dire que dans ce cas, quand nous sommes partis ????, nous avions pas de centres d'écoute. C'était une chose qui est née sur les lieux. Comment elle est née? Je ne sais pas. Et la chose que je dis, parce que après, beaucoup de personnes ont dit: bon, ça, c'est une chose phantastique, parce qu'elle marchait très bien, on peut faire des protocoles pour des centres d'écoute, pour les autres catastrophes en Italie. Moi, j'ai dit, non ça c'est pas possible, parce que ça, c'est une chose que nous avons fait là parce que nous avons pensé ça avec les personnes, les psychiatres qui ont travaillé sur les lieux. Dans les autres catastrophes, peut-être qu'il faut faire autre chose. Moi, je ne crois pas à des protocoles très rigides. Bien sûr, il y a des lignes, les lignes, ce sont les coûts, c'est de voir comment les personnes marchent déjà, c'est une chose, parce que nous avons travaillé dans la prévention secondaire sans avoir des informations primaires. C'est une autre question. C'est-à-dire qu'il faut faire un grand travail pour penser à la prévention primaire en Italie. Dans la prévention primaire, il y a la possibilité d'imaginer des protocoles plus précis.

Herr Waldecker: Vielen Dank, Dr. Marino. Mir ist dabei deutlich geworden, auch Italien ist offenbar sehr groß, daß es schon schwerfällt, da die Dinge vor die Klammer zu ziehen. Man könnte jetzt die negative Schlußfolgerung ziehen, was muß das erst für Europa bedeuten? Mich würde an der Stelle interessieren, inwieweit insbesondere die griechischen Kolleginnen ja auch da ihre Erfahrungen haben, inwieweit die abweichen oder inwieweit sie sich in das einfügen, was Dr. Marino uns gerade mitgeteilt hat.

Prof. Bergiannaki: Das ist wirklich sehr interessant. Wir haben ungefähr gleiche Erfahrungen gehabt mit den letzten Erdbeben in Athen vom September. In bezug auf die Frage der Nacherdbeben, der Nacherschütterungen: Ich glaube, das Problem ist wirklich sehr groß für das Rettungspersonal usw., weil das ist wirklich sehr gefährlich, wenn sie in Gebäude hineinkommen und dort irgendetwas unternehmen. Die Opfer an und für sich haben die Häuser evakuiert. Und am Anfang haben sie wirklich nicht so eine große Angst vor Nacherschütterungen. Die Angst wächst aber enorm, und das wird potentialisiert von den Massenmedien, wenn sie zurückkehren in ihre Wohnungen. Da haben wir wirklich einen Faktor, der zu post-traumatic stress disorder führt vor der Angst nach Erdbeben. Und das ist ein Problem. Wir haben das nicht gelöst, und wir haben ein riesiges Problem von den Massenmedien usw., denn die waren sehr beschäftigt. Was wird geschehen? Wird es ein neues Erdbeben geben? Dürfen wir in die Häuser zurückkommen oder nicht, und welche

Maßnahmen sollten wir unternehmen. In Griechenland haben wir eine Paniksituationen gehabt, wo wirklich ganz Athen oder mindestens 70% die Stadt verlassen haben, weil man hat gesagt, an diesem Samstag oder Sonntag wird ein neues Erdbeben kommen. Wir können nichts tun. Man hat mich auch ins Fernsehen eingeladen, ich sollte irgend etwas sagen, aber ich wußte nicht, wie sollte ich mit den praktisch kommunizieren.

Dr. Marino: Je voulais dire une chose qui m'a étonnée. C'est plus ou moins la même chose dans le Centre d'Italie, mais surtout en Turquie. Je suis allé là, je suis allé dans les tentes avec les personnes qui vivaient dans les tentes, et beaucoup de personnes m'ont dit, il faut faire très attention, parce que dans ces 15 jours, nous avons un autre tremblement de terre. Et c'était déjà passé 20 jours, le premier. Et tous les scientifiques ont dit, mais ça, c'est de la panique. C'est un syndrome phobique etc. Moi je dis, c'est de la chance qu'il y a de la panique, parce que effectivement, après 15 jours, il y a eu un autre tremblement de terre très fort, et beaucoup sont ???. C'est une chose qui pour ma part me fait réfléchir beaucoup.

Herr Waldecker: Tja, auch ein interessanter Aspekt von Panik, inwieweit sie auch fruchtbar sein kann. Aber ich habe insgesamt den Eindruck, insbesondere von Ihren Äußerungen, Frau Bergiannaki, gewonnen, daß hier wohl auch noch Forschungsbedarf besteht, und wenn ich recht informiert bin, wenn ich mich so daran erinnere, was an Forschungsprogrammen von der EU aufgelegt wird, wird man sich diesem Thema auch wohl widmen wollen, und das scheint hier bestätigt zu sein, daß man hier bei dieser Sache zu arbeiten hat, und vielleicht können wir hier im Workshop ja auch schon in der Gruppe dann damit weiterkommen. Weitere Fragen zu diesem Fragenkomplex?

Frau Modh: I work a lot with talking to authorities about the working conditions of the media. I think that a lot of information and panic would be reduced if the authorities were more aware of what they would say to the media, because they don't work independently, even though it may seem so. It is actually either lack of information that makes media spread up rumors, or it is not the right information. So when it comes to catastrophies and horrible events like this, the responsibilities actually ??? with the authorities, because the media, they don't know, they are not experts on the field. You are the expert, so it is important to learn how they work and to respect??? their working conditions. And then perhaps they don't raise this panic and the big???

Prof. Bergiannaki: Danke. Ich wollte folgendes sagen: Beispiel Griechenland: Das war wirklich riesig, das Problem. Die Medien haben keine instructions vom Staat. Wir haben nur zwei Kanäle, die wirklich staatlich kontrolliert sind, und wir haben über 30 oder ich weiß nicht was Kanäle, die privat sind, und niemand kann sie kontrollieren. Wir verlassen uns auf den guten Willen oder das Niveau jener Journalisten oder die Fachkenntisse oder das star system bestimmter Wissenschaftler, die im Fernsehen herauskommen und wirklich ihre persönliche Meinung verteilen, ohne Filter. Und das ist ein riesiges Problem. Der Staat kann nicht in einem demokratischen Land so intervenieren in den Massenmedien, oder wir haben ein außerordentliches Gesetz, also ich meine Militärgesetz, denn das ist eine Extremsituation, und da müssen wir wirklich jede Nachricht kontrollieren. Aber das war nicht der Fall in Athen. Wir hatten aber alle Nachwirkungen der Massenmedien, und wie gesagt, eine Stadt von 5 Millionen war fast evakuiert, eben wegen Falschinformationen. Und das können wir nicht kontrollieren. Das ist ein Problem.

Frau Modh: I don't think that you should have control of the media. But it is good to know how they work so that you can use them and you can avoid panicking by knowing how they work.

Prof. Bergiannaki: They tend to give any information to the public. They want to increase the percentage of listeners. They are private mass-media. And we cannot co-work with them. They say what they want. It is a problem.

Herr Waldecker: Es ist ein riesiges Problem, und das haben wir auch schon im Vorjahr erkannt, als wir diese Problem der Medien in diesem Kommunikationsdreieck Behörden-Medien-Bevölkerung, das natürlich auch hier in unserem Themenkomplex eine erhebliche Rolle spielt, als besonderes Problem, wo auch ein derartiges Interesse besteht, daß wir da einen Folgeworkshop machen werden, auch in GB haben die Kollegen bereits etwas dazu veranstaltet. Ich denke mal, dieses Thema wird an anderer Stelle noch sehr viel intensiver aufgegriffen werden, und auch da besteht Professionalisierungsbedarf. Ich denke, das ist uns allen klar. Heute oder in dieser Veranstaltung sollten wir uns vielleicht mehr dem Aspekt zuwenden, was passiert in der konkreten Situation, wie kann man auf die konkrete Notfallsituation die Betroffenen stärker vorbereiten. Hier ist heute morgen einiges zu gesagt werden, ich denke, ein Teil wird sich nun setzen lassen müssen, und wir werden einiges in den einzelnen Arbeitsgruppen aufarbeiten.

Dr. Darrot: Je suis désolé de retarder peut-être d'une minute le repas. Mais comme je ne serai pas au groupe de travail, je voudrais faire une très très brève remarque après ce qu'a dit le Docteur Marinot. Il me semble que ce qui nous a été dit est extrêmement important quant à la culture que nous cherchons à trouver des interventions de crise, parce qu'il nous a dit au fond, son message est extrêmement puissant, je trouve. C'est-à-dire que le programme dont il nous a rendu témoignage ici n'est pas exportable en tant que programme. Par contre, la démarche qui a été à l'origine de ce programme, elle peut servir d'école à une sorte d'exportabilité culturelle des démarches d'intervention entre les différents pays, ceci dans ses caractères de très grand respect du réseau local, et cette démarche, elle consiste à tirer parti des ressources locales dans leur singularité. Ca, c'est exportable comme démarche, mais pas comme programme. Voilà ce que je crois important de retenir du témoignage du Dr. Marino.

Dr. Marino: Merci. En effet, moi je me pose la question, c'est la phantaisie que nous avons de faire des programmes très spécifiques, elle ne vient pas vraiment de notre impuissance. Et il faut que nous devons accepter que dans des catastrophes, nous sommes impuissants. Ça c'est vrai. Si nous faisons cela, peut-être que nous pouvons mobiliser pas de programmes spécifiques, mais la capacité de faire face.

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