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Survivors of Nuclear War: Psychological and Communal Breakdown

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"Scenarios" about fighting, recovering from, or even "winning" a nuclear war tend to be remarkably vague about the psychological condition of survivors. Some simply assume that survivors would remain stoic and begin to rebuild from the ruins in a calm, disciplined way. Others seem to attribute that rebuilding to a mysterious, unseen hand. Usually absent is a reasoned estimate, on the basis of what experience we have, of how people might actually behave. Recently, physicians and other scientists have been making careful projections of the effects of nuclear war, and all raise severe doubts about general claims of recovery.

A 20-megaton bomb, for instance, if detonated over New York City, London, or Leningrad, would vaporize, crush, incinerate, or burn to death almost every person within a radius of 5 or 6 miles from the center of the blast—more than two million people. Within a radius of 20 miles, a million more or so either would die instantly or would suffer wounds from which they could not recover. If the bomb exploded on the ground, countless others who lived miles away, far beyond the reach of the initial blast and searing heat wave, would be sentenced to a lingering death.

But that picture, harsh as it seems, is inadequate even for a limited nuclear war and certainly for a full-scale one. New York



Nagasaki, the day after the bombing. People wander dazed through the ruins 700 meters from the hypocenter. (Yosuke Yamahata, Hiroshima-Nagasaki Publishing Committee.)

City, for example, would be hit by many warheads, as would other cities, industrial centers, and military targets—hundreds of warheads, maybe thousands. Try to imagine 100 million or more people dead, and lethal amounts of radioactivity scattered over huge areas.

And the survivors? Would they panic? Would they help one another? What would they feel and do?

In Hiroshima, survivors not only expected that they too would soon die, they had a sense that *everyone* was dying, that “the world is ending.” Rather than panic, the scene was one of slow motion—of people moving gradually away from the center of the destruction, but dully and almost without purpose. They were, as one among them put it, “so broken and confused that they moved and behaved like automatons . . . a people who walked in the realm of dreams.” Some tried to do something to help others, but most felt themselves to be so much part of a dead world that, as another remembered, they were “not really alive.”

Those who were able walked silently towards the suburbs and distant hills, their spirits broken, their initiative gone. When asked whence they had come, they pointed to the city and said “that way”; and when asked where they were going, pointed away from the city and said “this way.” They were so broken and confused that they moved and behaved like automatons. Their reactions had astonished outsiders who reported with amazement the spectacle of long files of people holding steadily to a narrow rough path, where close by was smooth easy road going in the same direction. The outsiders could not grasp the fact that they were witnessing the exodus of a people who walked in the realm of dreams.

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Hiroshima Diary: The Journal of a Japanese Physician
August 6–September 30, 1945

The key to that vague behavior was a closing off of the mind so that no more horror could enter it. People witnessed the most grotesque forms of death and dying all around them but felt nothing. A profound blandness and insensitivity—a “paralysis of the mind”—seemed to take hold in everyone. People saw what was happening and were able to describe it later in sharp detail, but their minds, they said, were numbed.

Hiroshima and Nagasaki, however, can provide us with no more than a hint of what would happen in the event of nuclear war. A single weapon today can have the power of 1000 Hiroshima bombs, and we have to be able to imagine 1000 of those exploding in the space of a few minutes. Moreover, in the case of Hiroshima and Nagasaki—and this is absolutely crucial—there was still a functioning outside world to provide help.

In a nuclear war, the process of psychic numbing may well be so extreme as to become irreversible.

Imagine the familiar landscape turning suddenly into a sea of destruction: everywhere smoldering banks of debris; everywhere the sights and sounds and smells of death. Imagine that the other survivors are wandering about with festering wounds, broken limbs, and bodies so badly burned that their features appear to be melting and their flesh is peeling away in great raw folds. Imag-

ine—on the generous assumption that your children are alive at all—that you have no way of knowing whether the radiation they have been exposed to has already doomed them.

The suddenness and the sheer ferocity of such a scene would not give survivors any chance to mobilize the usual forms of psychological defense. The normal human response to mass death and profound horror is not rage or depression or panic or mourning or even fear: it is a kind of mental anesthetization that interferes with both judgment and compassion for other people.

In even minor disasters, the mind becomes immobilized, if only for a moment. But in the event of a nuclear attack, the immobilization may reach the point where the psyche is no longer connected to its own past and is, for all practical purposes, severed from the social forms from which it drew strength and a sense of humanity. The mind would then be shut down altogether.

The resulting scene might very well resemble what we usually can only imagine as science fiction. The landscape is almost moon-like, spare and quiet, and the survivors who root among the ruins seem to have lost contact with one another, not to mention the ability to form cooperating groups and to offer warmth and solace to people around them.

In every catastrophe for which we have adequate records, survivors emerge from the debris with the feeling that they are (to use the anthropologist Anthony Wallace's words) "naked and alone ... in a terrifying wilderness of ruins."

In most cases—and this, too, is well recorded in the literature of disaster—that sense of isolation quickly disappears with the realization that the rest of the world is still intact. The disaster, it turns out, is local, confined, bounded. Out there beyond the periphery of the affected zone are other people—relatives, neighbors, countrymen—who bring blankets and warm coffee, medicines and ambulances. The larger human community is gathering its resources to attend to a wound on its flank, and survivors respond to the attention and the caring with the reassuring feeling that there is life beyond the ruins after all. That sense of communion, that perception that the textures of social existence remain more or less whole, is a very important part of the healing that follows.

None of that would happen in nuclear war.

There would be no surrounding human community, no undamaged world out there to count on.



Nagasaki, before noon on August 10, 1945. A mother and child have received boiled rice balls from an emergency relief party. Standing beside the streetcar rails, they seem not even to have the strength to eat. (Yosuke Yamahata, Hiroshima-Nagasaki Publishing Committee.)

No one would come in to nurse the wounded or carry them off to hospitals. There would be no hospitals, no morphine, no antibiotics.

There would be no succor outside—no infusion of the vitality, the confidence in the continuity of life, that disaster victims have always needed so desperately.

Rather, survivors would remain in a deadened state, either alone or among others like themselves, largely without hope and vaguely aware that everyone and everything that once mattered to them had been destroyed. Thus, survivors would experience not only the most extreme forms of individual trauma imaginable but an equally severe form of collective trauma stemming from a rupture of the patterns of social existence.

Virtually no survivors would be able to enact that most fundamental of all human rituals, burying their own dead. The bonds that had linked people in connecting groups would be badly torn, in most cases irreparably, and the behavior of the survivors likely to become muted and accompanied by suspiciousness and extremely primitive forms of thought and action.

Under these conditions, such simple tasks as acquiring food and maintaining shelter would remain formidable for weeks and months, even years. And the bands of survivors would be further reduced not only by starvation but also by continuing exposure to radiation and by virulent epidemics.

For those who managed to stay alive, the effects of radiation might interfere with their capacity to reproduce at all or with their capacity to give birth to anything other than grossly deformed infants. But few indeed would have to face that prospect.

The question so often asked, "Would the survivors envy the dead?" may turn out to have a simple answer. No, they would be incapable of such feelings. They would not so much envy as, inwardly and outwardly, resemble the dead.

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