The psychology of

Chris Cocking dismisses the view that crowds tend towards mass panic in an emergency, saying that the potential of the public to be part of the solution in emergencies is increasingly recognised

The concept of community resilience has become increasingly common in disaster and emergency discourse. But does the term receive sufficient recognition and meaningful implementation in emergency planning and response guidelines, or is it another vacuous sound bite trotted out by politicians (who may be ignorant of its meaning and implications) when they visit communities that have been affected by adversity?

Furthermore, is community resilience something that those in authority may even fear, because of their possible distrust of people coming together to support each other autonomously when normal physical and social infrastructures are temporarily disrupted during mass emergencies?

This article will look at evidence from the study of mass emergencies and disasters, exploring possible complexities within the concept of community resilience, and offer practical ways of encouraging the possible emergence and endurance of community resilience.

Until recently, classic views of mass emergency behaviour tended to adopt a 'panic model', whereby the general assumption was that, when faced with danger, communities could not be trusted, as people were prone to either mass panic during the incident itself – such as 'stampedes' – or anti-social behaviour afterwards, such as looting.

However, numerous studies of behaviour in mass emergencies have contradicted the panic model and shown that hysterical and/or antisocial behaviour is often much rarer than predicted. Instead, there is a growing body of evidence that shows that resilient behaviour tends to predominate, even when traditional infrastructures and response networks are compromised, with people looking after each other and seeking out familiar attachment figures.

Furthermore, work I have done with colleagues has found that not only do social bonds endure in emergencies, but that having a shared experience of adversity can actually create social ties during disasters, even among complete strangers.

To explain this concept, we developed a theoretical model known as the Social Identity Model of Collective Resilience (SIMCR), and argue that community resilience can emerge from such shared experiences of adversity, as people often feel an increased sense of psychological identification that encourages co-operation – rather than antisocial behaviour – during mass emergencies. Such collective resilience could serve as a potential resource to be drawn on by emergency planners, especially if existing responder services are disrupted in the acute phases of a disaster. In 2012 Drury concluded that far from being a potential problem in emergencies – and therefore viewed with possible distrust by the authorities, as often happens – crowds could actually serve as a social cure and contribute towards the development of community resilience.

This potential for crowds to be part of the solution in emergencies is now being increasingly recognised within emergency planning guidelines. For instance, the UK Cabinet Office's *Strategic National Framework on Community Resilience* highlights the potential for Community Resilience, which it defines as: "Communities and individuals harnessing local resources and expertise to help themselves in an emergency, in a way that complements the response of the emergency services."

This framework also lists four possible communities that can be a source of community resilience, and the concept of communities of circumstance (whereby people can come together in response to their shared experience of the same incident) explicitly recognises the emergent potential of such resilience, as people in such communities of circumstance may not have necessarily even known each other prior to the specific incident.

This complements the theoretical position of our SIMCR, which proposes an emergent co-operative identity that can develop among people merely by their experience of the same incident. It is supported by the evidence we found for people helping strangers in emergencies, sometimes at great personal risk to themselves.

One way that communities of circumstance could manifest in the acute phase of emergencies is through the concept of zero-responders, a notion initially suggested by Lemyre in 2010. It builds upon the recognition that no response by the emergency services is ever instantaneous, and so while it may be possible to improve response times, there will always be a delay in the emergency services arriving on the scene of a disaster. In some siege situations, such as the 2013 Westgate Shopping Mall attack in Kenya, these delays could be prolonged. There will be times when survivors may need to fend for themselves while they await outside help. Cole et al have suggested that in such situations uninjured crowd members could act as a force multiplier for the emergency services, by helping tend to the wounded, leading others to safety, and providing vital
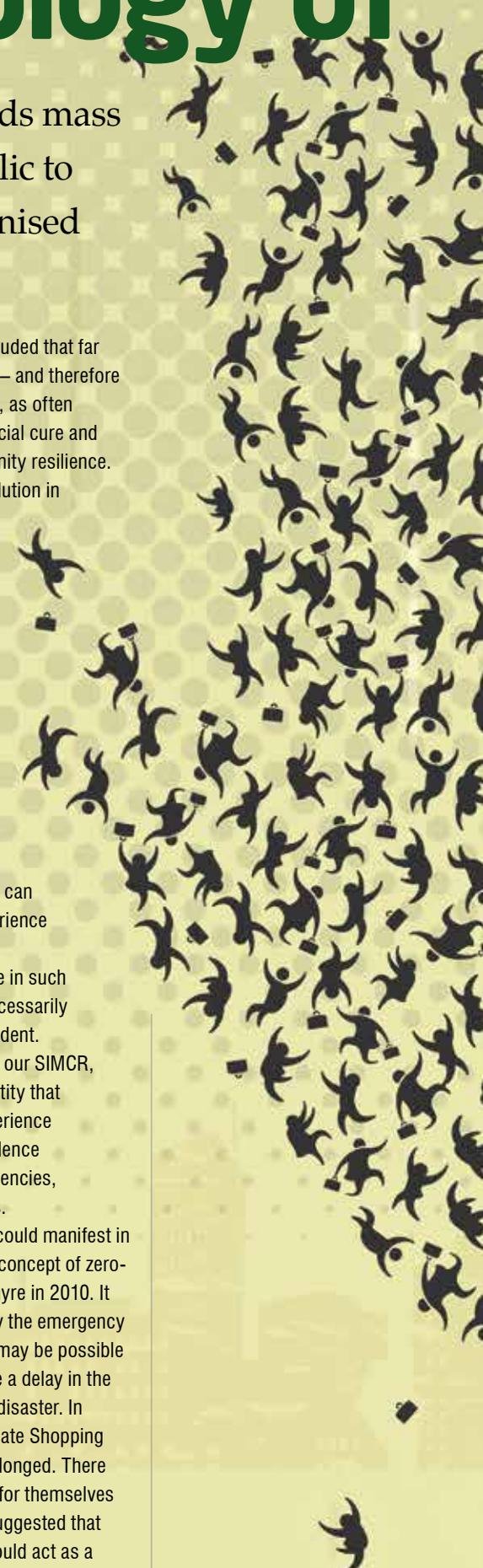
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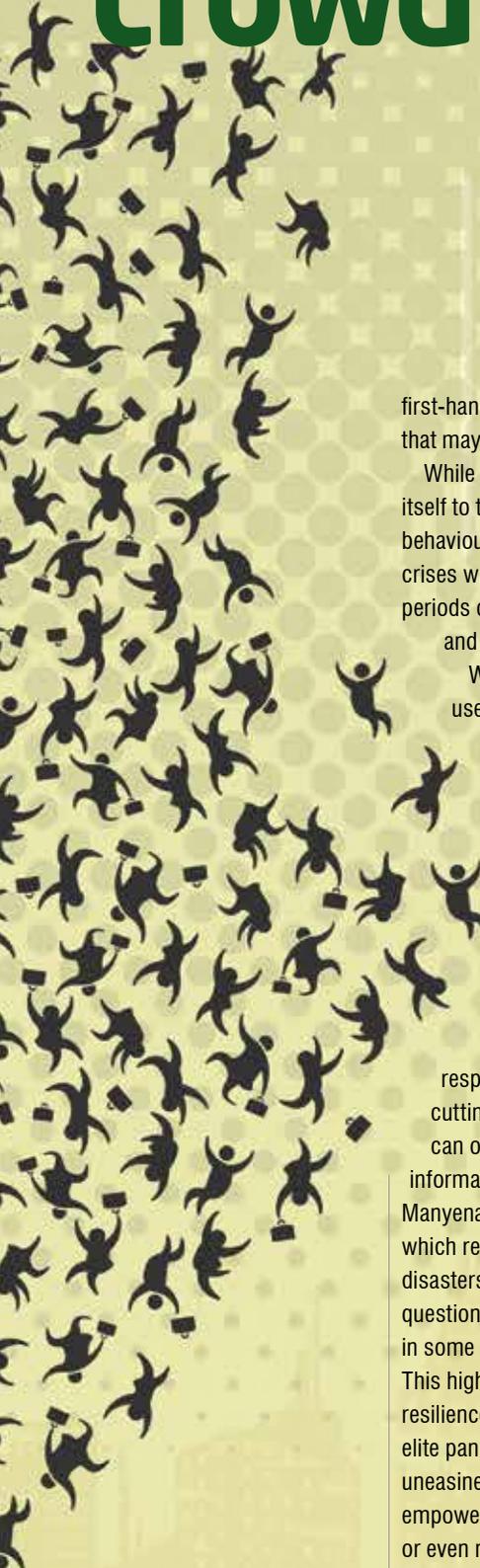
Society needs to overcome any fear of the crowd and planners need to treat communities as genuine partners and not potential adversaries

first-hand information about characteristics of the incident that may not be immediately apparent to outside responders.

While the concept of zero-responders seems to lend itself to the acute phases of an emergency, such resilient behaviour can also be encouraged in medium to long term crises where communities may be isolated for extended periods of time, such as the UK floods of 2007 and 2013, and the 2001 outbreak of Foot and Mouth disease.

While the concept of community resilience has clear use within emergency planning and response, it is not free from controversy, and some critics have argued that assuming people will always bounce back in the face of adversity could gloss over existing local inequalities that mean some communities are more adversely affected by disasters than others. Worse, it could remove responsibility from national governments to ensure the protection of local communities, and hence provision of resources for disaster planning and response.

So the assumption of resilient community responses should never be used as justification for cutting emergency planning budgets, as communities can only behave resiliently if they are given the necessary information and resources to be able to do so. Furthermore, Manyena et al prefer a bounce forward approach to resilience, which recognises that resilient communities can emerge from disasters to support each other, and also feel empowered to question existing structural inequalities that may have resulted in some communities being more affected than others. This highlights the potential for such emergent community resilience to be a force for social change, and the concept of elite panic was suggested by Clarke to illustrate the possible uneasiness those in authority may have towards such empowered autonomous communities, as they could challenge or even negate existing societal structures and hierarchies.

I will finish with some practical ways that may help emergency planners encourage community resilience. From a broad starting point, emergency crowd management should be considered as a public safety and not a public order issue, because once planners start seeing crowds as a potential problem that needs to be controlled rather than safely facilitated, this can create the very problems that they should be avoiding. More specifically, I would suggest that planners shouldn't assume that people would panic when faced with danger, and should avoid withholding information from the public during emergencies.

Planners should also be as open and honest as possible with the public about any threats they face, but they should also provide them with clear and unambiguous information as to the action they can take to keep themselves and their families safe.

It is also necessary to think about who provides information to the public during emergencies, as it needs to come from a source that is trusted by the recipients. So for example, during incidents involving possible wide-scale exposure to hazardous substances, radiation and the like, it is preferable to have doctors and nurses interacting with and reassuring the public, than police or soldiers in CBRN kit preventing people from leaving contaminated areas. Health professionals are more likely to be trusted, and therefore listened to, by the public in matters relating to public health and safety.

Public pronouncements that people shouldn't panic during emergencies should be avoided. They are not only unnecessary, as people tend to not panic anyway, but may also lead the public to think that perhaps there is something that they are not being told about which they should be panicking over, possibly making them less trusting of the information they are given.

To ensure greater crowd safety in emergencies, society needs to overcome any fear of the crowd and planners need to treat communities as genuine partners, not potential adversaries. **CR**

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