

UNISDR Scientific and Technical Advisory Group

Case Studies - 2014

Recognising and Understanding Collective Resilience in Crowds of Survivors, London, UK

The Problem

With the number of disasters increasing around the world, it is now widely acknowledged that professional responders will not always be in place in time or in sufficient numbers to assist the public. It has therefore been recognized that community resilience is necessary.¹ However, in the past, there have been two obstacles to fully implementing this recognition in guidance and in practice. The first is that, historically, professionals and policymakers involved in preparedness have been concerned that crowds are particularly prone to panic. The second obstacle was a representation of the public as having only a passive role and therefore perceiving professional emergency response organizations as indispensable. These representations have been the basis of paternalistic 'command and control' policies in emergency response.² These policies are not only impractical given the increased threat of disaster, but also can operate as a self-fulfilling prophecy. For example, restricting public information can reduce the public's sense of agency and hence their capacity to cope with adversity. What is needed was a new psychology, one that explained the conditions for community resilience in *ad hoc* crowds.

The Science

Over fifty years of psychological, sociological and documentary research evidence converges on the view that collective behaviour in mass emergencies and disasters is typically socially structured and adaptive, with cooperation being common among survivors.³ The question was why: what was the process? A team at Sussex hypothesized that an emergent *shared social identity* is the basis for cooperative behaviour arising among strangers. A study of survivor behaviour during the July 7th London bombings illustrated the process.⁴ Members of the crowd of commuters in the bombed out trains provided each other with emotional support, shared bottles of water and even tied tourniquets. The disaster had created a sense of common fate which enhanced perceptions of within-group similarity and the clarity of group boundaries, augmenting identification with other survivors as a category. Therefore, a key reason for social behaviour in emergency crowds is a shared identity which defines interests as collective. This social identity hypothesis was incorporated into a model of informal collective resilience that was then validated across a number of studies of mass emergencies.⁵ The model was then extended to understanding the effects of interactions between emergency responders and survivors during mass decontamination following chemical incidents.⁶



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The Application to Policy and Practice

The research suggested that resilience planning needed to recognize the potentially active role of the crowd rather than assume it to be either mindless or passive. While there were already a number of concepts available to explain social behaviour in disasters – such as social network and social capital – these tended to apply to structured or geographically located communities where people already have interpersonal social bonds. The innovation of the social identity approach to collective resilience was that it applied to *ad hoc* crowds. Further, the social identity concept offered a new way of thinking about both survivors as a group and the relationship between such groups and professional responders; it served to make sense of those existing practices (such as public information and good communication) that practitioners knew worked well and to justify the extension of such good practice in a theoretically-grounded way.

There were a number of specific ways that recommendations based on the social identity approach could inform the relationship between survivors and responders in order to facilitate the active role of the crowd in emergencies. First, emergency planners needed to accommodate the public urge to help. As well as being necessary, this could build unity and trust. Second, in order to have collective agency, the crowd requires information to act. People caught up in emergencies want information and feel anxious without that information.⁷ Third, trust was necessary. In the research on chemical incidents, the more professional responders were seen as legitimate by members of the public, the more the public came to share a social identity with them. This trust and identification led members of the public to internalize and 'own' the guidance that they were given. They then became active participants not passive recipients of care.⁸ The result was a much more effective and efficient emergency response – which could in practice save lives in incidents where speed is of the essence.

Did it make a Difference?

The findings on the emergent group bases of collective resilience were included in the research informing new guidance on psychosocial care for people in emergencies. Thus, the NATO *Stepped Model of Care* builds on survivors' psychosocial capacities rather than assuming them to be ill or helpless, and recommends practical support rather than psychiatric care for most people affected by emergencies. The capacities of crowds are included in this. The Department of Health Emergency Preparedness Division's 2009 *NHS Emergency Planning Guidance* draws upon the social identity concept of collective resilience in advice on the role of group support in coping with a flu pandemic. The research on mass decontamination has been used to inform hospital/patient decontamination 'best practice' guidance documents in the UK and North America. In each of these cases, practices have been transformed by the recognition of the potential pro-active role of *ad hoc* crowds of survivors based on the notion of a shared social identity. This has resulted in a step change in emergency response and recovery planning procedures. The notion that crowds can be sources of resilience is not an argument that people should be simply left to fend for themselves when disaster strikes. But it does suggest that people have certain capacities as a collective in such circumstances and that emergency services need to enable this.

References

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