Beyond Panic Prevention:
Addressing Emotion in Emergency Communication (p. 1)

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(Based on work done for the Centers for Disease Control and Prevention)

1. Fear, Panic, and Denial
   A. Panic is relatively rare. People usually don’t panic in emergencies.
   B. Denial is much more common. To reduce denial, provide action opportunities, and accept fear as natural and appropriate.
   C. Over-reassurance is the wrong response to all levels of fear. Be candid – but gently candid – for those in denial.

2. Vigilance, Hypervigilance, and Paranoia
   A. Hypervigilance is a normal response to emergencies. Harness it by telling people what “warning signs” to look for.
   B. To disentangle hypervigilance from paranoia, validate the hypervigilance.

3. Empathy, Misery, and Depression
   A. Empathy for victims causes sadness; extreme or prolonged sadness turns into misery or even depression.
   B. Treat the misery as legitimate. Expect people to bear it, and help them bear it by offering them ways to aid victims.

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4. **Anger, Hurt, and Guilt**

   A. Validate anger and provide socially acceptable ways to express it.

   B. Injured self-esteem (hurt) is a natural response to intentional attacks. Validate it and help people bear it.

   C. People often feel guilty in an emergency – guilty that they survived, that they can’t adequately protect their families, that they are still worried about routine hassles. Once again, help them bear it.

5. **Resilience.**

   Expect people to recover from emergencies, though perhaps not immediately or easily. “Post-traumatic growth” is real.

6. **You Too.**

   Emergency responders have all these responses also. Take care of yourself and your people.

For more about my take on this issue, see:
- Nukes, the Freeze, and Public Opinion (Spring 1984) – [www.psandman.com/articles/nukes.htm](http://www.psandman.com/articles/nukes.htm)
- Scared stiff – or scared into action (Jan 1986) – [www.psandman.com/articles/scarstit.htm](http://www.psandman.com/articles/scarstit.htm)

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