International Bulletin of Political Psychology

Volume 4 | Issue 6 Article 4

2-13-1998

Weapons of Mass Destruction: A Psychological Commentary

International Bulletin of Political Psychology

Title: Weapons of Mass Destruction: A Psychological Commentary
Author: Editor
Volume: 4
Issue: 6
Date: 1998-02-13
Keywords: Mass Destruction, Warfare, Weapons

Abstract. This article describes a comprehensive approach to identifying psychological consequences of weapons of mass destruction, as well as psychological methods that can be employed to influence these consequences. This description should be viewed in the context of the quest to achieve political objectives that underlie military intervention and its threat.

Weapons of mass destruction (WMD) usually comprise nuclear, chemical, and biological weapons. Besides the physical bases of WMD's counterforce and countervalue consequences, there are psychological bases as well. Moreover, there are both physical and psychological methods that can be employed to influence WMD's counterforce and countervalue consequences.

The Psychological Consequences of WMD. (1) WMD have a direct effect on the physical substrates of psychological functioning: cognitive, emotional, motivational, and behavioral processes through anything from neurotransmitter imbalances to gastrointestinal distress. (2) WMD have a direct effect on physical aspects of an individual--from physical appearance to internal phenomena--that, in turn, have an indirect psychological effect based on the meaning of the physical effects for the individual. This meaning--often comprising the essence of narcissism violation, stigma, and boundary violation and disintegration--may interact with psychological processes as diverse as self-esteem, self-efficacy, ideology, and motivation to comply with authorities. (3) The threat of WMD--i.e., employment explicitly promulgated by an adversary or one's own forces, or implicitly suggested to an individual by the very proximity of WMD--may have a direct--if varied--effect on psychological functioning. (4) Physical preventive measures taken against the possibility of WMD employment--such as the requisitioning of, training with, and wearing of protective gear in combat--may have direct psychological effects, e.g., on motivation, and indirect psychological effects based on the meaning of these measures for the individual. Other physical preventive measures, such as inoculations and the ingestion of chemicals, may have direct effects on the physical substrates of psychological functioning, indirect psychological effects based on the meaning of physical effects, and direct psychological effects based on the meaning of inoculations and chemical ingestion for an individual. (1) to (4) above will be influenced as well by many well-known social psychological phenomena such as deindividuation; anomie; rumor transmission; catastrophizing of stimuli that are ambiguous, unfamiliar, and seemingly uncontrollable; learned helplessness; fundamental attribution errors; confirmation and consensus biases; satisficing; spreading activation of emotions and cognitive-emotional-motivational complexes throughout groups and organizations; and the like.

Psychological Methods to Influence WMD Consequences. (1) Cognitive-behavioral techniques applied by the individual can mitigate against the noxious consequences of WMD. (2) Group-applied critical incident stress debriefings--effected before and after WMD are employed--also can mitigate against noxious consequences. (3) Propaganda, disinformation, active measures, and other so-called perception management techniques can exacerbate WMD's noxious consequences. Countertechniques including public information prophylaxis can mitigate against the exacerbation. (4) The reinforcement of social cohesion, competent command leadership, rationales for combat--i.e., a reason to believe--and "buddy care" can mitigate against WMD's noxious consequences. In fact, without this reinforcement, WMD's

noxious consequences may usually be extremely difficult to influence. (In the context of United States military forces, the controversy about so-called illnesses related to Operations DESERT SHIELD/DESERT STORM poses a challenge to the successful implementation of (4)). (5) The extremely frequent and realistic inspection of and training with protective gear can mitigate against WMD's noxious consequences. Training should include the cognitive-behavioral techniques alluded to in (1) above, "buddy care" from (4) above, in conjunction with the realistic carrying out of one's combat and combat support duties. (6) Time-limited milieu therapy based on expectations that psychological dysfunctions are temporary and that return to combat and combat support roles will soon occur will mitigate against WMD noxious consequences. (Note that much of the above is dependent on accurate intelligence on what to expect from one's own or others' use of WMD. Flawed intelligence as with flawed approaches to (4) above may render the noxious consequences of WMD extremely difficult to influence.)

Recommendation. An individual familiar with the biopsychosocial aspects of WMD in their widest sense should be required to participate in the development, staffing, and coordination of all politico-military intiatives from combat strategies and tactics to so-called support functions such as public affairs and information programs. (See Fullerton, C.S., & Ursano, R. (1990). Behavioral and psychological responses to chemical and biological warfare. Military Medicine, 155, 54-59; Fullerton, C.S., Ursano, R., Kao, T-c, & Bhartiya, V.R. (1992). The chemical and biological warfare environment: Psychological responses and social supports in a high-stress environment. Journal of Applied Social Psychology, 22, 1608-1624; Malinowski, B. (1941). An anthropological analysis of war. American Journal of Sociology, 46, 521-550; Rennie, T.A.C., & Small, S.M. (1943). Psychological aspects of chemical warfare. Josiah Macy, Jr., Foundation Publications, 1, 1-45; Robarchek, C.A. (1989). Primitive warfare and the ratomorphic image of mankind. American Anthropologist, 91, 903-920; Sullivan, H.S. (1941). Psychiatric aspects of morale. American Journal of Sociology, 47, 277-301.) (Keywords: Mass Destruction, Warfare, Weapons.)