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The Terror Neurosis

David I. Sindell*

IN 1934, Strauss and Savitzky wrote a paper¹ in which they elaborated a particular syndrome known as a "terror neurosis," and stated that it was frequently found in such natural disasters as earthquakes, or in sea or military disasters, and mining catastrophes. Physical injuries in these cases, they said, may be slight or absent. For this reason, Strauss and Savitzky objected to the use of the term "traumatic neurosis" on the ground that the neurosis had no physical cause as such.

The characteristics of the "terror neurosis" were that it always followed a severe threat to life, under circumstances in which the patient became aware of and extremely frightened by external physical forces, which in the examples given by these writers seem to be overwhelming.

It is axiomatic that the greater the threat to life, the more severe the reaction on the psyche. In an earthquake, mining disaster, war situation, air disaster, or sea tragedy—where there are seconds, minutes or hours of time during which there is an immediate, impending death threat, the mind is placed under intolerable stress. A person can be actually "scared to death." Part of his psyche may die, if he survives the ordeal.

In an accident which occurs suddenly and without forewarning, the stress of mind may occur during the seconds of impact, but there is generally little time to be "scared to death." The thought of what "might have happened," and the stress on the mind because of the physical trauma impacting the psyche do, of course, produce neuroses, and other mechanisms of escape from intolerable mental conflicts; but the point I wish to make is that the true traumatic neurosis has little to do with physical injury. Whether physical injury occurs or not, the terror neurosis can occur, if the threat to life is directed at a psyche that cannot withstand the mental torture of impending death.

In this world of natural disasters, and the man-made cataclysms of war, transportation and industrial disasters of the type where many individuals will be exposed to the imminent threat

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¹ Strauss & Savitzky, *The Sequelae of Head Injury: The Psychogenic Factor*, 91 *Amer. J. of Psychiatry*, 189-201 (July, 1934).

of death, for long enough periods to "frighten them to death," the "terror neurosis" may occur more frequently, and lawyers will represent some of these casualties.

Recently, a new terror syndrome was discussed—the surgical threat to life. With the advances in surgery such as the attempt at repair of the heart, the patient is thrown into the intolerable choice of dying slowly, gambling for a new lease on life, or suddenly dying on the operating table. Once the choice is made—the contemplation of the surgery (and knowledge of the small chance of success) creates the same terror syndromes as any other conscious, slow, time-taking threat to life, such as the disasters discussed above.

A study of heart surgery patients made at Columbia University² revealed the following:

The patients manifest perceptual distortions, visual and auditory hallucinations, disorientation and paranoid ideation. This phenomenon occurred in 38 per cent of the adult patients studied. It is likely that the actual incidence of this delirium may be even higher since the majority of patients included in this series were surveyed through the use of hospital charts. When personal interviews have been used, the incidence reported has been higher.

A discussion of the severest of the neurosis syndromes—arising out of *terror*—might throw some light not only on this syndrome, but on the lesser neurosis syndromes, which lawyers must deal with in their daily practice.

The writer handled a case of "terror neurosis" arising out of the *Andrea Doria* sea disaster. The case demonstrates a cataclysmic mental injury occurring as a direct result of an overwhelming threat to life, the slight physical injury being a totally unimportant ingredient in the syndrome.

Because the "terror neurosis" follows a rather definable pattern, the reading of the case we are about to present might be more meaningful if we first discuss the findings of Friedman and Linn, two psychiatrists who were vacationing on the *Ile de France*, one of the rescue ships. They had a chance to observe some of the rescued passengers from the *Andrea Doria*, and later wrote down their interpretations.³

² Kornfeld, Zimberg & Malm, *Psychiatric Complications of Open-Heart Surgery*, 273 *New England J. of Medicine*, (6), 287-292 (Aug. 5, 1965).

³ Friedman & Linn, *Some Psychiatric Notes on the Andrea Doria Disaster*, 114 *Amer. J. of Psychiatry*, 426-432 (Nov., 1957).

In summary:

- (1) *The survivors demonstrated two distinct phases of emotional state.*
 - (a) Initial psychic shock, acting as if they were sedated.
 - (b) Recovery phase when they had compulsions to tell the story over and over again.
- (2) *Latent prejudices and paranoid attitudes were released.*
 - (a) Blaming the ship owners for the disaster.
 - (b) "Italian" sailors are cowards, etc., etc. (The facts were just the opposite—the tales of heroism of the crew are many.)
- (3) *Lack of communication to advise what was happening, and poor rescue work were charged by the passengers.* (Facts were that the electrical system was knocked out on impact, and the crew controlled the panic and did a magnificent job of rescue work.)
- (4) *Leadership.*
Certain people with leadership qualities assumed the roles of leaders; and certain strong psyches thus became apparent, just as others completely broke down.
- (5) *Children* suffered less from the "terror syndrome" when accompanied by their parents.
- (6) *Identification lists* (after rescue) on which the immigrants' names appeared would have strengthened their mental states—the failure to have such lists stressed the original loss of identity when their passports were lost.
- (7) *Perceptual distortions occurred.*
(One passenger thought a safety drill was going on—grumbled about the sight he saw and returned to bed; and awoke a few moments later when the true situation finally occurred to him.)
- (8) *Property.*
People threw jewelry into the sea, after securing a seat on a lifeboat, as a kind of primitive sacrifice for being alive. Some left money and valuables behind purposely, and took only a toy, trinket, or a piece of fruit.
- (9) Some younger passengers arriving half-clad on the *Ile de France* refused clothing (to exhibit narcissistic pleasure from the display of their bodies), while others gratefully accepted and wrapped themselves in proffered clothing.

The case we here discuss concerned a 22 year old Italian female immigrant. We shall tell the story as it developed in our file. (The names of the plaintiff and her parents are disguised):

The newspapers billed the upcoming TV show as the tragic story of the sinking of a great ship, well worth tuning in. The date was October 16, 1956, just three months after the tragic collision at sea occurred between the tremendous luxury cruise ship, the *Andrea Doria*, and the smaller, sleek passenger liner, the *Stockholm*. The advance publicity on the TV show said that the Circle Theatre presentation of "SOS From the *Andrea Doria*," was not perhaps as dramatic as the TV version of the "Titanic," shown at an earlier date, but well worth watching, since the disaster was so fresh in the minds of people from coast to coast.

The collision was indeed fresh in the mind of one particular young Clevelander, twenty-two year old Angela Riciolo, our plaintiff. In fact, her new foster parents, Mr. and Mrs. John Riciolo, along with Angela, thought it might be a good idea to switch on the TV that evening at 8:30 and see the startling movies of the disaster at sea, since, after all, they had been personally involved in the tragedy.

The hour-long film was tuned into their living room, and the family watched, entranced, as the horror of the collision of two great passenger ships was re-told. As the story unfolded on the small screen of their home, John and his wife, Felicia, found their minds wandering back to their arrival in New York City that Thursday morning, the 26th day of July, 1956. They were in New York to greet the newest member of their family, 22 year old Angela Riciolo, the daughter of John's sister, who still lived in a small village in Southern Italy. Unaware that the liner carrying Angela had been rammed amidship, during the night, the Riciolos boarded a taxi cab and instructed the driver to take them to Pier 84 where the *Andrea Doria* was scheduled to dock. The driver informed them the great ship had sunk during the course of the night. The Riciolos were stunned. The rescue ship finally brought Angela into port.

The *Doria*, explained the narrator of the TV show, carried 1,134 passengers and 572 crew members. The *Stockholm* had 534 passengers and over a hundred crew members. Unbelievably, only fifty persons died in the disaster. Scores were injured.

Suddenly the Riciolos were jolted back to the reality of their living room. Angela leaped from her chair, and screamed: "I'm afraid. I'm going to die. Somebody save me."

She started running frantically around the room and finally hid behind the living room couch, sobbing like a child. The "terror neurosis" was precipitated by the TV program.

The *Stockholm's* razor sharp bow had struck its cruelest blow on C-Deck where the smallest and cheapest cabins of the *Andrea Doria* were crowded together and where most of the occupants of these cabins, like our plaintiff, were Italian immigrants. As the *Andrea Doria* listed on her side, parts of the C-Deck, normally at the ship's waterline level, sank beneath the waves. Those passengers who were not killed by the direct impact were drowned moments later as the waves rushed into the great hole torn in the side of the majestic liner.

The plaintiff heard again the screams that had awakened her from her deep sleep. She opened the door of her cabin and was terrified. Outside in the hall passengers were struggling against a stream of oil-blackened water flowing down the slippery, slanting stairways.

Along with everyone else, she tried heading for the top deck, where she remembered the life boats were. It was easier to crawl than walk. She recited the rosary instead of screaming for help. Everyone was too busy to help. It was a long climb to the top from C-Deck, and when our plaintiff got there she saw people climbing down ropes to get to the few life boats in the water below.

On the starboard side, two of the eight life boats were jammed in davits near the hole in the side of the ship. The other six could be launched, but it was impossible to secure them to the side of the ship for boarding because of the 22 degree list. Therefore, the boats had to be lowered into the water and the passengers were forced to climb down the side of the ship on swaying ladders or to shinny down ropes.

When life boats finally arrived from rescue ships such as the great *Ile de France*, the wounded *Stockholm*, the freighter *Cape Ann*, the Navy transport *Pvt. William H. Thomas*, the tanker *Robert E. Hopkins*, and the cutter *Owasco*, it was still necessary for the *Doria's* passengers to use the ropes to the life boats.

It was too much for our plaintiff. She refused to climb that great distance down the ship's side into the swirling black ocean. She ran back to her cabin and hid. The ship was going down, and she would have gone with it, except for a sailor who found her shivering in her cabin. He took her back up to the top deck

and forced her to climb down a small swinging rope ladder to a life boat.

As she hid there behind the couch, plaintiff participated in the nightmare all over again. The next morning she started out to take the bus to the sweater manufacturing plant where she worked. But suddenly she forgot where the bus stop was. She returned home. During the next three days she became more disturbed. She could no longer go to work, and hid in her room. Someone was trying to get her, she told her distraught foster parents. They took her to a neighborhood doctor four days after the TV program. She became more and more confused, one day screaming she was afraid, another that she was glad to be alive. The pain in her head was becoming unbearable. She couldn't sleep and talked about suicide.

Three days later, she was taken to a psychiatrist, who diagnosed an approaching catatonic state. She had developed a severe type of dementia praecox, characterized by negativism and incoherence. She was completely irrational.

Seven days after plaintiff had viewed "SOS From the Andrea Doria," she was admitted to a Cleveland hospital under the care of a psychiatrist. We assisted the doctor in delving into her background by sending one of our co-attorneys to her home town in Italy. Counsel discovered that the plaintiff was the youngest of a family of seven. She was born of normal pregnancy in a small Italian town near Rome, into a healthy, happy family. There was no evidence of mental disease in her family history. Her father died when she was three years old. She was the baby, and her brothers and sisters were protective towards her. She slept in one great bed with her sisters. The family was deeply religious. Angela, in fact, at one time even considered entering a convent. But her mother was quite old, so she decided to remain home.

When plaintiff was 17 years old, it was arranged that she would be adopted by her mother's childless brother and sister-in-law who lived in America. There she would have a chance none of her brothers or sisters had. She would be sent to the land of golden opportunity, and some day would return to Italy, well-educated, and wealthy. However, it took five years before the arrangements could finally be made to bring her to the "promised land." In the meantime, she had become attracted to a young man from her own village. The trip to America was de-

cided upon anyway. It was a sad goodbye, but there was so much to look forward to. For the first time in her life she would have a room and a bed of her own. She was given a few pieces of gold, and best of all the family's prized trinkets, a statue and some beautiful Italian jewelry.

A 22 year old Angela was bound for a new life, a life that promised great things for her. When she stepped aboard the *Andrea Doria* that sunny day in July, she carried with her, her two proudest possessions, her beautiful new passport and her family's "great wealth." After the collision, Angela had no time to look for either of these possessions. She was terror stricken and had forgotten all about her precious belongings, particularly her passport, for which she had waited five years.

Once confined in the hospital, it was quite evident she had lost her identity. She complained about the loss of her property and her passport.

As Drs. Friedman and Linn observed:

A considerable number of passengers on the *Andrea Doria* were immigrants coming to the United States, for whom the catastrophe represented a complete loss of identity in both the physical and psychological sense. For members of this group, the loss of their passports constituted the end of their individuality; in contrast to the tourists, for whom the loss of passports was merely a transitory predicament which failed to damage their identity: they could always return to their background, their money and their roots.

But for the immigrant, the passport symbolized not only his individual identity, but also his sense of belonging, and it is not surprising that to save it was of greater importance to him than the saving of physical property. Those who could save their passports managed to maintain their pride, even if they had lost all their material belongings; those who failed to save them became "stateless persons" temporarily at any rate, whose whole sense of belonging went down with the *Andrea Doria*.

Although plaintiff was 22 at the time of the collision, she was really a child at heart. She had been sheltered all her life by her close-knit family in the little Italian village, and this was her first excursion into the world.

Friedman and Linn pointed out that where children were separated from their parents during the sea rescue, the shock was much greater.

They pointed out that during World War II it was repeatedly

observed that children exposed to extremely violent bombing scenes, even those partly buried by debris, showed no particular signs of having been affected if they were in care of a parent or a close relative. Bombed-out children, related the doctors, would arrive at the shelter in the middle of the night, showing no undue disturbance when accompanied by parents. Serious psychological disturbances were confined largely to children separated from their parents during such experiences.

It was the main conclusion of the Freud-Burlingham reports (continued the doctors) that such disasters as war have comparatively little significance for children so long as they only threaten their lives or material comforts, but become enormously important the moment they break up family life and uproot the first emotional attachments of the child within the family group.

The stress of being alone, without family, friends or anyone who could speak her native tongue, made the shock all the more profound. Her psychiatrist also emphasized that the emotional stress of the sinking of the great ship, that was supposed to be "unsinkable," was a basic cause of plaintiff's illness.

Upon first being admitted to the hospital, she was resistive, negativistic, at times combative and refused to eat. Heavy sedation was often necessary, and it became necessary to tube-feed her because of her refusal to eat. While she was in the hospital she was treated by a combination of 75 shock treatments, and subcoma insulin. She thought she was the victim of vicious persons trying to do away with her. They were trying to poison her food. She no longer would submit to any instruction, by people in authority, and in fact, found it a problem to even dress herself. Angela spent a good part of her early days in the hospital wandering up and down the halls, in her nightgown, telling passers-by she was "wise to them." "They were trying to get me," she would say. She would talk only in Italian, even though she could speak some English, and then mimicked nurses who could not understand her.

"I'm going to die," she announced. She demonstrated hostility to the *Andrea Doria*, her foster parents, her lawyer, and everyone else. She accused her foster mother, an elderly, gentle woman, of wanting to kill her.

Throughout plaintiff's four-month stay in the hospital, she was sure that she was "possessed of the devil." This echoed a common belief in Italian lore that if you are mentally ill, the

devil has a hold on you and must be driven out. One day plaintiff would jabber to herself, "I think I go to Italy," and smile happily. While the next, she might scream she must escape from the persons who were trying to poison her. The only thing that would interest her was her religion, and often she would visit the shrine so that she could kiss the statue of Jesus. She prayed constantly and went to confession often, but would often forget what she had done, and then would accuse the doctors and nurses of keeping her from confession.

My aunt says that I am interfering with her husband. He brought me flowers and candy yesterday, but I didn't want him to. He is having an affair with another woman. . . . I'm going to die, I know I am. If only I had never left my mother. I would have never have gone crazy.

After plaintiff returned to her foster parents' home, an Italian speaking psychologist took over. She also returned to the hospital periodically for treatment. She made no attempt to return to work.

Her psychiatrist wrote in his report to us:

She has shown a poor response to treatment despite the great number of electric shock therapy treatments in a continuing series. She relapsed three times after a series of treatments were completed and after the treatments had been stopped only a few days.

The prognosis is extremely guarded. Her condition cannot be considered stable and she may relapse at any time. At best, I do not feel that we can consider her totally recovered and capable of earning her own living, and taking care of herself. So long as her adoptive parents live and are able to take care of her, she may continue in this state of social recovery. They are not young, and should they become unable to care for her, it is questionable whether she will be able to make the adjustment necessary to look after herself. She is a young woman in excellent physical health and has a long life expectancy at this point.

Plaintiff's dreams of success and happiness in a new country had been completely shattered. She had been declared a mental incompetent by the Probate Court. She was too ill to make the trip to New York City to appear at the pre-trial of her case. The case was settled at pre-trial in the spring of 1958. The money was used to reconstruct her life by bringing her back to a familiar environment.

She was flown to Italy in the summer of 1958, for a visit to her home town. After her return to the United States, application was made to Probate Court to declare her competent. She then returned to Italy, married her sweetheart, and brought him to the States. Her resentment to her foster parents became severe; she left their home, set up housekeeping, had a baby and refused permission to the foster parents to see the child. Her husband made a poor adjustment to the United States; so she returned to her home town. Here a small farm was purchased. Her mother moved in with her.

It has been reported to me that she has had two additional children, that she works on the farm, and although still demonstrating some negativism and depression, carries on without psychiatric care, for indeed there is no psychiatrist in this small village. The writer can make no definitive statement on her present mental condition; or the prognosis, because of the geographical separation from the patient. But the resettlement of the plaintiff back in the familiar surroundings of her childhood, and a return to a more protected environment may have relieved stresses that were produced by the "terror neurosis." This will be an interesting case to follow in the years ahead.

Summary

We have discussed "terror neurosis." We have tried to demonstrate, by discussing an actual case, the severity of this disease. The author believes that in most cases of mental injuries, the same "terror neurosis" symptomology occurs in various combinations, and degrees of severity, because essentially most mechanisms of mental disease are merely a re-arrangement of the patient's armamentaria against an overwhelming threat to his health or life. The "terror neurosis" is but an extrapolation to the highest degree of those symptoms seen every day by the lawyers and doctors grappling with the despair of human beings caught by cruel chance in the web of mental illness.

An understanding of the "terror neurosis" might assist the bar in dealing with the less obvious, and perhaps, therefore, more difficult cases of mental injury.