Stress Inoculation in Health Care

Theory and Research

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INTRODUCTION

Stress inoculation involves giving people realistic warnings, recommendations, and reassurances to prepare them to cope with impending dangers or losses. At present, stress inoculation procedures range in intensiveness from a single 10-minute preparatory communication to an elaborate training program with graded exposure to danger stimuli accompanied by guided practice in coping skills, which might require 15 hours or more of training. Any preparatory communication is said to function as stress inoculation if it enables a person to increase his or her tolerance for subsequent threatening events, as manifested by behavior that is relatively efficient and stable rather than disorganized by anxiety or inappropriate as a result of denial of real dangers. Preparatory communications and related training procedures can be administered before or shortly after a person makes a commitment to carry out a stressful decision, such as undergoing surgery or a painful series of medical treatments. When successful, the process is called stress inoculation because it may be analogous to what happens when people are inoculated to produce antibodies that will prevent a disease.

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The notion that people could be prepared for stress was very much in the air during World War II. I was rather forcibly introduced to that notion shortly after I was drafted into the Army in the fall of 1943. Like millions of other American soldiers who received basic military training at that time, I was put through what was called a "battle inoculation" course. It included not only films, pamphlets, and illustrated lectures about the realities of combat dangers but also gradual exposure to actual battle stimuli under reasonably safe conditions. The most impressive feature of the battle inoculation course was that each of us had to crawl about 80 yards under live machine-gun fire in a simulated combat setting that was all too realistic.

Later on, as a member of an Army research team of social psychologists under the leadership of Samuel Stouffer and Carl Hovland, I had the opportunity to collect and analyze pertinent morale survey data and clinical observations bearing on stress tolerance. In a chapter on fear in combat in *The American Soldier: Combat and Its Aftermath* (1949), I discussed the battle inoculation course. Although its effectiveness had not been systematically investigated during the war, I noted that correlational data from morale surveys indirectly supported the conclusion that "having the experience of escaping from danger by taking successful protective action and having practice in discriminating among [battle] sound cues can be critical factors in the reduction of fears of enemy weapons in combat" (p. 241). In a more speculative vein, I also suggested other ways in which exposure to stress stimuli during basic military training might facilitate coping with the stresses of combat: Battle inoculation training could "increase motivation [of the soldier] to acquire combat skills" and to "develop some personal techniques for coping with his emotional reactions—such as focusing his attention upon the details of his own combat mission as a form of distraction, frequently asserting to himself that he can take it, or some other...verbalization which reduces anxiety" (p. 224).

Battle inoculation training was given only after trainees had received ample training opportunities to build up a repertoire of combat skills. I pointed out that this type of preparation for combat could help to reduce the disruptive effects of fear in two ways:

1. The general level of anxiety in combat would tend to be reduced in so far as the men derived from their training a high degree of self-confidence about their ability to take care of themselves and to handle almost any contingency that might threaten them with sudden danger; and
2. The intensity of fear reactions in specific danger situations would tend to be reduced once the man began to carry out a plan of action in a skilled manner. (pp. 222–223)