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Psychiatric Sequelae to a Civil Disturbance*

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On 13 May 1969, intercommunal rioting broke out between the Malay and Chinese sections of the population of Kuala Lumpur and continued for a full week. Subsequently a state of emergency was proclaimed, parliamentary government was suspended and the country was placed under the rule of the National Operations Council (a council of top ministers, civil servants and the chiefs of the armed forces and police) which ruled by edict.

This paper reviews the demographic characteristics, symptomatology, diagnoses and the relevance of symptoms to riot experience of all patients who presented at the University of Malaya Medical Centre with psychiatric complaints related to the riots.

Socio-political Background

Kuala Lumpur is the capital of Malaysia, a country of approximately 10 million people. About 50 per cent are of Malay or Indonesian descent, 35 per cent of Chinese descent, 12 per cent of Indian descent and 2 per cent of other origins. When Malaya gained independence from Britain in 1957, government was in the hands of the Alliance Party, a coalition of the communal parties which represented the three major ethnic groups. As the United Malay National Organization was the major partner of this coalition, political power rested chiefly with the Malays. In addition, the constitution of the country protects certain special Malay rights and privileges. An equilibrium of sorts existed, with the Chinese controlling much of the commerce and Indians in large numbers in the civil service and the professions. This uneasy balance persisted when Malaysia was formed in 1963 by the confederation of the states of Malaya (now West Malaysia), Singapore and the former British colonies of North Borneo (now Sabah) and Sarawak. Singapore subsequently left the confederation. In the national elections held on 10 May 1969 a large number of non-Malay opposition party candidates won office in the national parliament and in the state legislatures of three major states. Although the Alliance Party retained its parliamentary majority, these election results were viewed with apprehension by many Malays. The boisterous victory celebrations of the opposition parties triggered off rioting three days after the announcement of the election results. Major underlying tensions were the perceived economic disparity between the races and the lack of educational and employment opportunities of the largely rural Malays compared to the predominantly urban non-Malays (Mahathir Mohammed, 1970).

The Riots and Their Consequences

In the riots armed gangs attacked individuals, massacred families, looted property and burned houses and vehicles. The police quickly lost control and the army was brought in. There were allegations of atrocities committed by the almost exclusively Malay army personnel. In many places putrefying corpses were left on the roadside for days. Many people were evacuated from riot-torn areas. Curfew was imposed for the first 48 hours and the major part of each day for about two weeks; a nightly curfew continued for a number of months. The movement of people was much restricted, food ran out in many areas, and the population of Kuala Lumpur lived in fear of their lives.

Although fighting and arson were confined to a few areas of the city, rumours abounded about the extent and degree of atrocities committed by both groups. The lack of official information, and the appearance of the prime minister and his deputy on television and radio appealing

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for calm but saying little about the riots' extent, did nothing to dispel apprehension. The tension, suspicion and political uncertainty are vividly described in various narratives (Time, 1969; Buchanan, unpublished; Slimming, 1969) and were graphically expressed in the paintings of patients in the University of Malaya Medical Centre Psychological Medicine Unit (Simons and Tan, in preparation).

Official reports record 415 people injured and a death toll of 172 (National Operation Council, 1969) (Table I). Property loss ran to several tens of millions of Malaysian dollars (M$3.00 approximately equals U.S.$1.00). Although the rioting was largely confined to the Kuala Lumpur area, life in West Malaysia came to a standstill for about a week, and a state of severe tension and anxiety persisted for many months. Though the tenor of life gradually returned almost to normal, the state of emergency lasted until February 1971, when parliamentary rule was restored.

The University of Malaya Medical Centre is one of two large medical complexes in the greater Kuala Lumpur area. Located on the University campus just within the city limits, it received few surgical riot casualties compared to the number treated at the General Hospital. However, at the time of the riots only the University had a psychiatric in-patient unit, out-patient clinic, and emergency room service.

During the height of the riots we, like other University of Malaya Medical Centre physicians, shuttled between manning the Emergency Room, caring for patients already on our unit, and attending to the fears and real life problems (such as obtaining adequate food) of each other and of our families at home. However, from the first day we kept a special list of riot-related psychiatric casualties. These early patients, with others who came in subsequent months, form the population reported on here.

TABLE I

Dead and injured from rioting in Selangor as of 30 June 1969

	Malay		Chinese		Others		Total
	No.	%	No.	%	No.	%	
Dead	22	12·8	123	71·5	27	15·7	172
Injured	119	28·7	254	61·2	42	10·1	415

From the National Operations Council Report, 1969.

METHOD

Between 13 May and 31 December 1969, all patients, old and new, coming to the Psychological Medicine Unit were asked if their illness might have been in any way related to or exacerbated by the rioting. When patients or their relatives alleged that illnesses were related to the riots, experiences and symptoms were recorded in detail. In jointly reviewing every chart in which there was any suggestion that the patient's illness was related to the riot experience, we found 58 cases (35 in-patients and 23 out-patients) in which we concurred that the illness was directly related to some experience during the riots. An additional number of old patients, mostly schizophrenic, suffered an exacerbation of their existing illnesses when their medications ran out and the curfew prevented them from returning to the hospital for a further supply. These cases were excluded. The 58 charts were then reviewed for demographic, sociological and medical data and for information related to each patient's situation and personal involvement in the riots. The data were transferred from standardized forms to punch cards which were then computer-sorted.

Though no normative data are available on patients seen in the out-patient clinic or the emergency room, considerable normative data have been collected describing patients admitted to the in-patient unit under usual conditions (Simons, 1971). Though thus not strictly comparable, the data from the 58 riot patients were compared with data from the in-patient unit, using χ^2 to test for the significance of observed differences.

FINDINGS

The number of in-patients admitted in the months of May through December 1969, were not more than in the same months of 1968 or 1970. However the mean monthly out-patient clinic attendance for May to December, was 330 in 1968, 352 in 1970, but 390 in 1969 ($\chi^2 = 83{\cdot}7$, $p < {\cdot}001$) (Table II).

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TABLE II

Attendance at clinic and emergency department May–December 1968–1970

	1968	1969	1970
May	267	203	325
June	289	327	360
July	349	438	362
August ..	351	401	300
September ..	378	415	324
October ..	346	468	357
November ..	343	428	392
December ..	317	443	392
Mean	330	390	352

$\chi^2 = 83{\cdot}7$.
$p = <0{\cdot}001$.

Though most of the rioting took place during a week in mid-May, fighting recurred briefly in late June, with occasional minor incidents over the next few months. Patients whose disturbances were riot-related were admitted during seven months: 10 in May, 13 in June, 9 in July, 8 in August, 7 in September, 7 in October, 3 in November, and 1 in December (Fig. 1).

Of the 58 patients whose illnesses were related to the riots, 31 per cent had been previously ill, 69 per cent had not.

Forty-three per cent were men and 57 per cent women.

Twenty-six per cent were from 11 to 20 years old, 26 per cent from 21 to 30, 22 per cent from 31 to 40, 7 per cent from 41 to 50, 16 per cent from 51 to 60, and 3 per cent 60 and older.

Seventy-one per cent of the riot-affected patients were Chinese, 12 per cent Malays, 12 per cent Indians, and the remaining 5 per cent people of other ethnic groups. Sixty per cent were Buddhists, 12 per cent Muslims, 7 per cent Hindus or Sikhs, 8 per cent Christians and 12 per cent had no known religious affiliation.

Forty per cent had been educated in Chinese, 19 per cent in English, 9 per cent in Malay, 2 per cent in Tamil, 5 per cent in more than one language, and 25 per cent had no education or their language of education was unknown.

Thirty-eight per cent of patients were single, 52 per cent married, 7 per cent widowed, divorced or separated and 4 per cent were partners in multiple marriages.

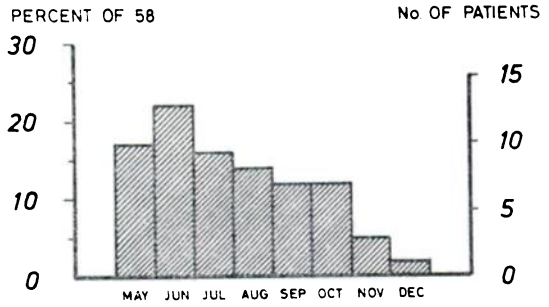

FIG. 1.—Month of presentation with riot-related symptoms.

Twenty-four per cent were unemployed, 9 per cent were students, 31 per cent housewives, 19 per cent unskilled or semi-skilled workers, 16 per cent were skilled workers, salesmen or clerical workers, and only 2 per cent belonged to the professional or managerial class.

Twenty-four per cent were the heads of their families.

Sixty per cent of all patients lived in areas affected by the rioting ('bad areas'). Almost half of these, 28 per cent of the total, had been evacuated from their homes. The remaining 40 per cent lived in areas not affected by the riots and none had been evacuated (Fig. 2).

Events which might have precipitated the

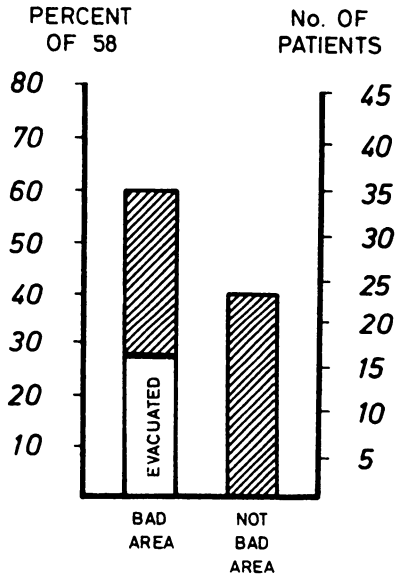

FIG. 2.—Location of residence.

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illness in each patient were inquired after. Realistic fear and loss were reported by 41 per cent (24 patients). They were exposed to real danger themselves, the lives of their relatives were threatened, or their property, especially their homes, was threatened with looting or arson. One woman was shot when she came out during curfew in daylight to get milk for her crying baby. She became psychotically depressed after surgery. A man helped his family escape from their burning home and was then cornered by a gang of rioters. He was saved by the arrival of the police, but not before he had sustained superficial injuries; he became psychotic three days later. Another man was attacked by rioters while returning from work; he was admitted to the hospital for treatment of multiple scalp wounds, and five weeks later became paranoid, with hallucinations of gangs coming to attack him. Forty-seven per cent (27 patients) reported extreme fear, but they, their relatives, and their property were not in special danger nor had they sustained a real loss. Three per cent (2 patients) reported feelings of guilt. An 18-year-old Malay youth had a *parang* (a machete-type weapon) thrust into his hand and was told by his relatives to join them in attacking 'to defend their homes'. He went with the gang part of the way, but was so upset by the sight of mutilated bodies that he had to turn back. After a period of withdrawal he became hyperactive, grandiose and paranoid. He had suffered feelings of guilt and depression four weeks before coming for help. The other patient, also Malay, did not participate in the rioting, but was upset that people in his community could take part and commit atrocities. Only 9 per cent reported neither extreme fear nor guilt (Fig. 3).

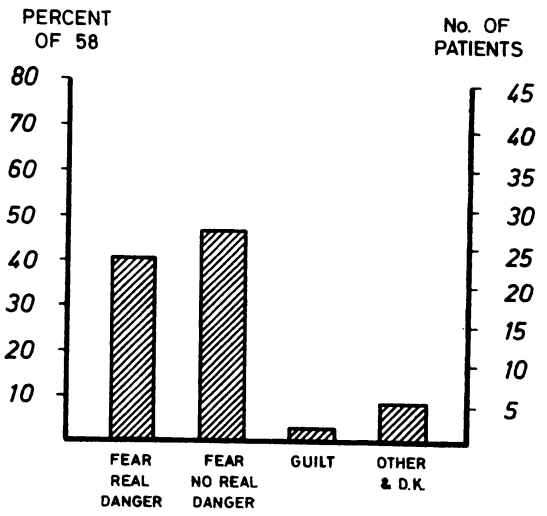

FIG. 3.—Possible precipitants.

Frequently reported symptoms included sleep disturbance for 83 per cent, depression for 67 per cent, appetite disturbance from 55 per cent, hallucinations related to the riot experience for 24 per cent, and hallucinations unrelated to the riots for 17 per cent.

Ten per cent (6 patients) made suicide attempts; all attempts but one were related to riot events.

Fifty per cent of the patients were diagnosed as suffering from schizophrenia. Included in this category were people whose psychosis was an acute reaction to the emotionally traumatic experience they had been through; these patients might have been diagnosed as having acute reactive psychoses. In many cases, in addition to symptoms of schizophrenia there was a strong affective component, most often depression and anxiety. These psychotic episodes usually responded well to treatment and resolved rapidly. A number of patients who had recovered from previous schizophrenic episodes and had terminated treatment sometime before the onset of the riot suffered a relapse. Others had an exacerbation of illness in spite of continuing on medication during the rioting. Twenty-four per cent were diagnosed as suffering from affective illnesses, 14 per cent from neuroses, and 12 per cent from personality disorders, behaviour disorders or transient situational reactions. One patient was a high-grade retardate who had been managing reasonably well at home attending to household chores. He was upset by family members' talk of fighting, and became hard to manage, especially during curfew, as he could not relate the talk of fighting to the need to stay indoors.

All patients received supportive psychotherapy and milieu therapy. Many received help for themselves and their families through social service. As is invariably the practice in

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the Psychological Medicine Unit, the patients' families were as far as possible involved in their treatment and discharge planning. In addition 86 per cent of the patients received some form of drug treatment and 12 per cent (all psychotically depressed) received ECT.

Seventy-nine per cent of patients had improved or recovered by the time of their discharge, 7 per cent either did not improve or became worse and had to be transferred to the state hospital or were discharged at their own requests. The fate of the 14 per cent who did not return to keep follow-up appointments is unknown; most of these were out-patients.

Of all these demographic characteristics only a few differentiated riot patients from the usual in-patients. Though racial composition did not differ significantly, riot patients were more likely to be Buddhist and less likely to be Christian or Hindu ($\chi^2 = 15{\cdot}8$, $p < {\cdot}01$). Similarly, riot patients were more likely to have been educated in Chinese and less likely to have been educated in English than the usual in-patients ($\chi^2 = 23{\cdot}1$, $p < {\cdot}01$). Incomplete data preclude calculating a meaningful χ^2, but there was a strong suggestion that significantly more riot patients could speak neither English nor Malay.

In addition, riot patients were more likely to be housewives or unemployed and less likely to be professional or managerial personnel ($\chi^2 = 13{\cdot}1$, $p < {\cdot}05$); more likely to be married and less likely to be single ($\chi^2 = 8{\cdot}5$, $p < {\cdot}05$).

Ages, tabled by ten-year blocks showed a significant difference in distribution ($\chi^2 = 20{\cdot}1$, $p < {\cdot}01$), chiefly because of the nine patients instead of the expected two between the ages of 51 and 60 in the riot group.

Other comparable variables (sex, diagnosis, treatment, recovery rate, number of suicide attempts) did not differentiate the groups.

Data to compare family headship, dwelling areas, and symptoms are lacking.

Case Reports

The following three representative cases illustrate the kinds of problems we considered riot-related.

1. Mr. N., a 43-year-old Chinese labourer, was brought to the Accident and Emergency Department on 22 May, complaining of being anxious and fearful, starting at the approach of strangers, particularly Malays, and not sleeping well for three days. He told us that although the neighbourhood in which he lived was attacked his house was not affected. He said that he had run out of the house during the attack, was rescued by policemen and soldiers, and was taken to his employer's house in a safer area. He told us that all his family had excaped without injury or loss. However, the brother who lived next door gave a different story. Both houses had been burnt down by a gang of Malays who had first broken into the patient's home. When his wife tried to stop them, she was set upon and sustained a lacerated scalp wound and a fractured right upper arm. They were rescued by the police and soldiers and taken to Mr. N's employer's house. When things settled down, they went back. The patient was badly shaken to see that his home and his brother's had been burned to the ground. Returning to his employer's, he became jittery, preoccupied, and unable to sleep. Every now and then he repeated, 'They are coming.'

He was able to talk fluently and coherently, but when questioned about the discrepancy in the stories insisted that he was right and that his brother was 'exaggerating things'. He said that he hoped to go back to put his things together and carry on working as he had been doing before. No other delusional beliefs were detected, and his mental status, save for the denial and some confusion about time, was unremarkable. He was considered to have had a dissociative reaction. Though told to return in a week, he failed to reappear.

2. On the afternoon of 19 May, when he stepped out of doors during curfew, Mr. Y., a 57-year-old Chinese shopkeeper, was confronted by a soldier on sentry duty who pointed a gun at him and ordered him to get back indoors. Mr. Y. was terrified by this experience and became frightened every time a stranger approached his home. Rumours about Malays coming to slaughter the Chinese increased his fear. His sleep was poor, and he demanded that his children stay at home. Two weeks before admission he suddenly asserted that one of his sons was detained by the police and was to be executed soon. The son was in fact safe at home. On the morning of admission he saw a group of Indian men talking in front of his home. He asked them if they were Malays, and when told that they were not walked away in disbelief. His general practitioner referred him for treatment.

On admission Mr. Y. was neatly dressed, but so agitated that he could only gesticulate when questioned. He was very apprehensive, especially when he saw someone who looked like a Malay approaching. Soon after admission he admitted to hearing a male voice. On physical examination he was found to have bilateral cataracts and the classical signs of Parkinson's disease. Treated with chlorpromazine, he recovered from his psychiatric condition in two weeks and was discharged back to the care of his general practitioner.

3. Mr. M., a 19-year-old Malay student from Brunei was living at the Islamic College in Klang, about fifteen miles from central Kuala Lumpur. On the night of 13 May, students at the college, alarmed by reports of the

rioting, prepared to defend themselves with whatever weapons they could improvize. Frightened by this, people in the neighbourhood called the police. Instead of the police the military arrived and ordered the students to stay indoors. When they did not respond, the soldiers pointed guns with fixed bayonets at them. Mr. M. was terrified.

After this incident he became quiet and withdrawn. He developed headaches and palpitation and could not concentrate on his studies. At times he was observed laughing and talking to himself. On admission he was depressed and retarded, and complained of frightening dark figures hovering around him. He gave a vague history of a two-month long 'nervous breakdown' six years earlier, from which he had made what appeared to be a complete recovery. He improved markedly within a month on phenothiazines and supportive psychotherapy, but returned to Brunei for a longer convalescence and further treatment.

Discussion

There is no way of determining how many psychiatric riot casualties went to the General Hospital, how many to private hospitals or private physician's offices and how many directly to a distant state psychiatric facility. Nor is there any way to determine how many psychiatric casualties went untreated. Thus our figures reflect, but do not constitute, the total psychiatric morbidity.

In Britain and Scandinavia during World War II the rate of first admission of psychotic patients fell, though the incidence of severe neurosis increased slightly (Lewis, 1942; Harris, 1941; Ødegaard, 1954; Hemphill, 1941; Dohan, 1966). Similar trends were observed by Lyons (1971) and Fraser (1971) during the 1969 Belfast riots. This is similar to the pattern seen at the University of Malaya Medical Centre. Admissions to the in-patient unit, which has a largely psychotic population, did not increase, but attendance at the out-patient clinic, where most neurotic patients are treated, did.

Stress for the patients who were evacuated did not end when the riots were brought under control, as many spent time in evacuation centres (two sports stadiums were used to house most of the refugees). Privacy was lacking, and food and clothing were in short supply. Others moved into the already crowded living quarters of relatives, employers, or friends in less affected areas. This stress, as well as 'incubation', may account for the appearance of riot-related symptoms in some patients as long as seven months after the riots. However, late-appearing patients were not only those who had been evacuated. As in studies during World War II (Harris, 1941), fear was frequently cited as a factor in bringing about illness.

Patients reported a wide range of symptoms. Most, such as depression, anorexia and sleep disorder, were reactive to the stress. If a patient had hallucinations, these were likely to relate to riot events. The 24 per cent of patients who had hallucinations related to the riots were not exclusively those who had first-hand riot experience. Patients who had undergone some real loss or trauma often used extreme denial, sometimes as part of a dissociated syndrome, sometimes as part of a schizophrenic or reactive psychotic syndrome.

Comparing the riot patients with the usual in-patient population revealed only a few significant differences, but these formed a coherent pattern. In Malaysia virtually all Malays are Muslim, and though most Chinese are Buddhists and Indians Hindus there are substantial Christian Chinese and Indian minorities. These minorities are likely to be in higher social strata and less exclusively identified with ethnic minority enclaves. This is also true of those educated in English rather than Chinese and of those able to speak English or Malay or both. Thus the psychiatric riot casualties came disproportionately from the population with the strongest exclusively Chinese identification. This was undoubtedly not only a result of psychological factors but also reflected the greater real danger encountered by this group. The racial distribution of our patient group is virtually identical with the racial distribution of those killed (Table I).

Though the riots produced significant psychiatric morbidity, a number of patients whose adjustments had been marginal performed exceptionally well in the face of crisis. One, for example, who had been seen earlier with severe anxiety neurosis rallied in the face of danger and was able to evacuate his family and defend himself from repeated attacks by armed rioters. Months after the danger was past his anxiety symptoms returned with increased force.

Most of the patients were discharged either

fully recovered or markedly improved. It would have been interesting to know the fate of the seven who were treated as out-patients and did not return for follow-up appointments. Because of the apprehension and fear that continued for several months, the number of relocations, and the increased effort at slum clearance consequent to the riots, no effort was made to trace them.

Summary

Though no information is available on the prevalence of psychiatric morbidity in the greater Kuala Lumpur area following the civil disturbance of 13 May, this series samples the psychiatric sequelae resulting from this severe stress.

Following the riots, 58 patients were seen at the University of Malaya Medical Centre Psychological Medicine Unit with riot-related psychiatric symptoms. The racial distribution of these psychiatric riot victims paralleled that of those killed in the riot. The typical patient had resided in the riot-affected area of the city and had his person, his relatives, or his property threatened during the rioting. Compared with patients seen in the unit under usual conditions, patients with riot-related symptoms were of lower social status, and were more exclusively identified with their ethnic community and less well integrated into the multi-racial greater society. Morbidity was manifested mostly in the form of the generally recognized psychiatric syndromes, though a number of patients presented with short-lived psychotic illnesses with a strong affective content. Some neurotic patients did exceptionally well under stress but suffered exacerbation of symptoms some time after danger was past. Most patients recovered on treatment with supportive crisis management and drug therapy.

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