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# ‘Physicians to a Dying Planet’: Helen Caldicott, Randall Forsberg, and the Anti-Nuclear Weapons Movement of the Early 1980s

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*This article profiles two important leaders of the anti-nuclear weapons movement in the United States during the early 1980s. Helen Caldicott and Randall Forsberg were visionary, transformational leaders who crossed a variety of boundaries for the common good, and as such are prime exemplars of integrative leadership in action. Caldicott was a charismatic figure who used her status as physician and mother to rally a worldwide movement opposed to the ongoing proliferation of nuclear weapons and talk of “winnable” nuclear war. Forsberg was the main architect of the nuclear “Freeze” campaign whose humanitarian vision and common-sense approach to political action helped unite diverse segments of the American public around the Freeze proposal and push the Reagan administration towards disarmament talks with the Soviet Union. The article analyzes the leadership of both women in historical and social-scientific context, shedding light on two relatively unknown – yet important – social movement leaders whose stories have much to tell us about integrative public leadership, the challenges faced by women leaders, and the strengths and pitfalls of charismatic leadership.*

## **1. Introduction**

The anti-nuclear weapons campaign of the early 1980s was one of the largest popular movements in American history. Although it did not result in significant legislation, it did have an impact on world leaders (including Ronald Reagan and Mikhail Gorbachev) and played an important role in bringing about an end to the Cold War (Knopf, 1997; Adams, 2002; Wittner,

2003; Forsberg, 2004). Students of the movement suggest, however, that its leadership was weak, naive, ill-defined, and unable to keep control of the media message, hindered in part by the decentralized nature of the anti-nuclear movement and the trivializing tendency of the mass media (Wehr, 1986; Meyer, 1990; Rojecki, 1997; Rochon & Wood, 1997). Yet there were many influential leaders of the anti-nuclear cause, from grassroots organizers to prominent political figures like Edward Kennedy and Mark Hatfield.

In this article I profile two key leaders of the movement who were in some respects polar opposites. Helen Caldicott, a powerful public speaker, is widely acknowledged to be a central leader of the movement (e.g. Meyer, 1990, pp. 128-29; Wittner, 2003, pp. 174-75), and Randall Forsberg was the main architect and proponent of the nuclear Freeze proposal. Both Caldicott and Forsberg crossed a variety of social, professional, national, and ideological boundaries in helping forge a popular coalition that confronted one of the gravest public problems of their time, the threat of all-out nuclear war between the United States and the Soviet Union. Caldicott's passion and appeal to universal human values and concern for future generations allowed her to foster collective action across national boundaries and across four of the five sectors listed by the Center for Integrative Leadership: government, nonprofits, media, and academia (particularly medical professionals) (CIL, 2009). She was less effective in engaging the business sector, no doubt partly a result of her dislike of "big business". Forsberg's humanitarian vision and common-sense approach to political action, in addition to her expert knowledge of weapons systems, allowed her to unite people from all five sectors to support a proposal to "freeze" the production, deployment, and testing of nuclear weapons – a proposal that was supported by over 70% of the American population by 1982. Both women deployed a deep emotional intelligence and powerful communication skills to appeal, on the most basic human terms, to people from all walks of life, indicating the degree to which integrative leadership involves bringing people together *as people*, who share a common humanity that transcends nation, race, class, ideology, occupation or gender.

Studying these women raises a number of other salient issues, including the role of women in addressing complex and frightening public problems like nuclear war. It is often observed that women were at the forefront of the anti-nuclear movement (Wehr, 1986, pp. 105-106; Adams, 2002, p. 16; Wittner, 2003, pp. 182-83), and Helen Caldicott in particular made abundant use of her femininity, emotional intelligence, and identity as a mother to rally a wide

variety of people from around the world to the cause.<sup>1</sup> Caldicott's emergence as a self-assured public figure was rooted in a feminist awakening, indicating the link between the anti-nuclear weapons movement and the feminist movement (Caldicott, 1997). Newly-empowered women leaders faced special challenges, however: both Caldicott and Forsberg had trouble gaining the serious media attention they deserved (Meyer, 1990, pp. 128-29; Caldicott, 1997, pp. 233-34, 308; Wittner, 2003, pp. 185-86), and Caldicott attributes her conflict with the Board of Physicians for Social Responsibility (PSR, of which she was President) in part to gender issues (Caldicott, 2007; discussed further below).

There are also other lenses through which one can view these individuals. Caldicott used her status as a physician to gain authority and as a powerful vantage point from which to “diagnose” the ills of a planet that appeared to be on the verge of succumbing to a virulent pathogen, nuclear weapons. Yet she also conferred this authority on her followers, telling audiences that “You must all now become physicians to a dying planet” (Caldicott, 2007). Forsberg was a details-oriented weapons and policy analyst who provided the rationale for a nuclear weapons freeze that served as an achievable goal for the movement during its height. Both leaders were powerful communicators who united diverse segments of the population around common fears and goals, leaving in their wake an expanded awareness and sense of ownership of the nuclear weapons issue. As Forsberg put it, many average citizens “lost their innocence” about nuclear weapons as a result of the anti-nuclear movement (Forsberg, 1988; see also Wehr, 1986, p.111; Knopf, 1997; Rochon, 1997).

The important role played by these women in the anti-nuclear weapons movement supports the growing realization among scholars of social movements that “Leaders are critical to social movements” (Morris & Staggenborg, 2004, p. 171. See also Gordon, 2002; Earl, 2007; Reger, 2007). Others have suggested that “the study of social movements can inform understanding of leadership in complex adaptive systems” (Schneider & Somers, 2006, p. 358). Yet despite the growing interest in the topic, “Leadership and decision-making aspects of social movement organizations...are more often debated than studied empirically” (Barker *et al*, 2001, p. 3. See also Kretschmer & Meyer, 2007, p. 1396.). The present article helps to remedy this gap in research by providing empirical analysis of two figures who exercised considerable leadership in one of the most important and broadly-based social movements of the past thirty years. It furthermore provides a concrete study of two *female* social movement leaders, who in the past

have tended to be less visible than male leaders (Morris & Staggenborg, 2004, p.176). Both women played critical, transforming roles in the rise of the anti-nuclear weapons movement; Forsberg played a vital role as analyst and visionary within the movement, while Caldicott did much to broaden the movement base by mobilizing people from around the world and all walks of life in the anti-nuclear weapons cause. Subtract either person from the scene, and it seems unlikely that the movement would have been as focused, coherent, or broadly-based as it was.

In what follows, I first provide some historical context on the era before describing the significant leadership role played by Forsberg, who instigated a coherent and powerful policy response to the Reagan administration's arms buildup and talk of winnable nuclear war. Forsberg was a visionary "leader of leaders", educating Caldicott – among many others – about the dire threat posed by nuclear arms, and providing grassroots organizers with the ideas and data needed to confront an increasingly threatening buildup of nuclear weapons. According to Crosby and Bryson (2005), "Visionary leadership shapes the meaning of public problems and inspires commitment to proposed solutions" (p. 108). Forsberg's particular contribution was her ability to provide a trenchant critical analysis of the arms race and envision realistic, credible, and broadly acceptable avenues by which it could be halted and eventually reversed, and effectively communicate that vision to others.

I then analyze the leadership of Helen Caldicott, who ranks as one of the more colorful and influential public figures of the 1970s and 1980s. She was a gifted, charismatic leader who traveled around the world as (in her words) "a nuclear bag lady" mobilizing tens of thousands of doctors, along with hundreds of thousands of people from all walks of life, in support of Physicians for Social Responsibility (PSR) and the anti-nuclear weapons movement (Caldicott, 2007). She exhibited many of the classic features of charismatic leadership (Weber, 1947; Riggio, 2004), and I will examine her work as an integrative leader from that perspective. However, over time her charismatic leadership style caused discomfort among PSR board members, and she felt compelled to resign as President of the organization in 1983. As such, Caldicott's story is an instructive example of both the strengths and challenges of charismatic leadership. To make such a study, however, should in no way detract from the importance of her mission or the positive impact that she and her colleagues had on world affairs.

Before moving into this discussion, a brief word on methodology seems pertinent. Leadership scholars recognize the importance of qualitative, contextual research for the study

of leadership, and suggest that “qualitative research has already made a distinctive contribution to leadership studies” (Bryman *et al*, 1996, p. 356). An understanding of context and the particulars of historical narrative (and biography) are crucial for understanding the complexities of leadership. As Kellerman and Webster (2001) put it, “a well-told life story is leadership literature at its best” (p. 490). In attempting to meet this high calling, I have made use of a wide range of sources that, taken together, provide a window into the lives and times of my two chosen subjects. I interviewed Helen Caldicott at length, and made use of extensive archival footage of interviews with Randall Forsberg, conducted by WGBH in Boston in 1988. (I would have liked to interview Forsberg but she passed away just as I was getting started on this project.) I was able to interview Dr. Jack Geiger, Dr. Victor Sidel, and Dr. Judith Lipton, who were on the PSR Executive Board during the early 1980s, and who provided critical information that adds to the historical record of Caldicott’s leadership of – and resignation from – PSR. I am grateful for their willingness to participate in this project. And as should become clear, I have made copious use of Caldicott’s autobiography as well as a wide swath of primary and secondary literature, along with films and other documentary evidence from the period, in crafting my narrative.

## **2. Growing Concern**

The late 1970s and early 1980s were frightening years in world history. The Cold War was in full swing and the nuclear arms race had reached what looked like a point of no return. Most people who lived through that era can recall the deep and pervading sense that humankind was standing on the threshold of self-destruction. “Hawks” in both America and Europe argued that the only way to contain Soviet aggression was through a massive arms buildup, including the buildup of ever more powerful and accurate nuclear warheads. By 1979, with the American defeat in Vietnam, the takeover of the American embassy in Tehran, and the Soviet invasion of Afghanistan, Americans felt beleaguered, demoralized, and open to the idea that peace was only going to come through overwhelming military superiority. Although the arms control process had yielded treaties (SALT I and II), these treaties served more as a way of ensuring an orderly buildup of nuclear arms, rather than limiting them, and SALT II was never ratified by the US Senate. Both sides in the Cold War were intent on arming Europe with a new breed of

intermediate-range nuclear weapons (SS-20, Cruise, and Pershing II missiles), and preparations were being made in the Pentagon for fighting and winning a nuclear war. Plans were on the table for a variety of new nuclear weapons and weapons delivery systems, including the massive MX missile program, in which nuclear warheads were to be shuttled around the American southwest on train tracks (Waller, 1987, pp. 8-20; Forsberg, 1988; Meyer, 1990; Wittner, 2003, pp. 97-111).

When Ronald Reagan was elected President of the United States in November 1980, he brought many of the most aggressive hawks into government, drawn from the ominously-named Committee of the Present Danger. Reagan deeply distrusted the Soviets, and he began to preside over an unprecedented peacetime buildup of both nuclear and conventional forces. The arms control process, which he had never supported, soon ground to a halt. At the same time, both he and individuals from within his administration began to make comments that implied nuclear war with the Soviets was a real possibility, comments which frightened the public and helped lay the groundwork for the emergence of a renewed antiwar movement. The American public wanted a strong foreign policy, but it also wanted a sense that serious efforts were being made to control the arms race and avoid nuclear war (Waller, 1987, pp. 10-20; Meyer, 1990; Rochon & Wood, 1997; Wittner, 2003, pp. 111-129).

It was in this context that the European peace and disarmament movement, and its American counterpart, swung into high gear. Huge demonstrations began to be held in western Europe in the late 1970s and early 1980s, while the largest public demonstration in American history, up to that point, occurred in New York City on June 12, 1982. Between 750,000 and 1,000,000 people participated in the peaceful event, which was staged in support of the Freeze campaign and against the arms race. Caldicott and Forsberg were two of many activist leaders who gained public prominence in the midst of this upwelling of popular concern over the threat of nuclear war. As central figures in this movement, both rode and helped channel this wave of concern, while also amplifying it. Examination of these two individuals should not, however, obscure the fact that leadership of the movement was shown by many individuals at all levels of society. The anti-nuclear movement was a popular movement that emerged from the “bottom up”, urged on by grassroots leaders like Caldicott and Forsberg.

### 3. A Call to Halt the Arms Race

Randall Forsberg (*née* Watson, 1943-2007) was first exposed to arms control issues while working at the Stockholm International Peace Research Institute during the late 1960s and early 1970s. Initially employed as a typist, she eventually rose to become an editor and analyst at the Institute. After returning to the United States in 1974, she enrolled as a graduate student in international studies at MIT, receiving her doctorate in 1980. In that year she founded the Institute for Defense and Disarmament Studies, which became a critical resource for the peace and disarmament movement. In 1983 Forsberg was awarded a MacArthur “genius grant” as a result of her work. In 2005 she was appointed to the Spitzer Professorship in Political Science at the City College of New York; she died of cancer in 2007 at the age of 64. Upon her death, a leader of the Freeze campaign in Connecticut wrote:

[Forsberg] had a rare gift that combined clear vision with the eloquence needed to share it...She taught us that taking dramatic first steps could lead us to achieve this vision. Her formidable command of the facts and her unflappable composure in public debate carried a confidence that was absolutely infectious. All over New England and across the country, we became the movement she had imagined into being (Knight, 2008).

In 1979 Forsberg wrote a short proposal titled *Call to Halt the Arms Race*, which became the manifesto of the Nuclear Weapons Freeze Campaign (NWFC). The proposal called for a bilateral halt to the testing, production, and deployment of nuclear weapons and their delivery vehicles. Citing an ongoing buildup of nuclear weapons and a nuclear “tripwire” being drawn ever tighter, the proposal suggested that “Rather than permit this dangerous future to evolve, the United States and the Soviet Union should stop the nuclear arms race” (Forsberg, 1980). The detailed yet accessible three-page proposal was premised on the ability to verify compliance with its provisions, and it was built upon Forsberg’s years of research and analysis of the arms race as well as on her profound understanding of the American political landscape. Forsberg tirelessly promoted the proposal to peace activists and other thought-leaders as a common-sense and realistic first step towards reversing the arms race that would appeal to middle America. As



stated in the *Call*, the Freeze was a “simple, straightforward, effective and mutual” proposal, and therefore “likely to have great popular appeal” (Forsberg, 1980). Keeping the proposal simple and, by peace movement standards, relatively moderate, was crucial for the success of the proposal, Forsberg believed, and consequently she resisted all attempts to radicalize the *Call* (Waller, 1987, pp. 21-36; Forsberg, 1988; Meyer, 1990, pp. 157-70; Wittner, 2003, p. 175).

The support that the proposal subsequently received validated her approach. Although the idea of a freeze on nuclear weapons was not new, her brief but well-conceived proposal served to bring together a number of crucial segments of American society around a single, clear, achievable goal. As Douglas Waller put it, “The freeze movement...gained political respect because it became a movement of middle America – of lawyers and doctors, of teachers and social workers, of bishops and rabbis, of computer operators and corporate presidents” (Waller, 1987, p.xvii). In other words, it crossed the boundaries between a variety of public sectors: business, education and the helping professions, academia, and religious groups. The freeze movement was able to do this by building on the existing communication networks of the peace movement, a movement which had become somewhat adrift and splintered after the end of the Vietnam war. Forsberg saw the potential for uniting existing activist groups around a common goal, and then using these activist networks to launch a coherent grassroots movement (Waller, 1987, pp. 29-30; Forsberg, 1988; Meyer, 1990, pp. 151-58; Wittner, 2003, 75-77).

Achieving this goal proved to be easier said than done, however. As David Meyer put it, “Convincing groups pursuing a wide variety of goals that the nuclear freeze merited top priority was no easy task” (Meyer, 1990, p. 162; see also Wehr, 1986, p. 107; Waller, 1987, pp. 33-34). And yet this is what Forsberg, with the help of many others, was able to do, through countless discussions, conferences, symposia, and speeches. As she later recalled, “I felt that if we had one positive goal for people to focus on...instead of a laundry list of different objectives and a message of doom and gloom ... that would energize and mobilize [people], ...which is what happened” (Forsberg, 1988). Forsberg characterized the movement as spreading through a “blossoming effect”, with more and more people becoming informed and concerned, and educating others, “in a sort of geometric progression” (Forsberg, 1988).

By 1982 the freeze was supported by more than 70 percent of the American population, and was endorsed by hundreds of city governments, a dozen state legislatures, and by voters in nine out of ten states where it had been placed on the ballot (Wittner, 2003A; see also Waller,

1987; Meyer, 1990; Rochon & Meyer, 1997). The Freeze proposal was passed by the U.S. House of Representatives as a nonbinding resolution in early May 1983 by a vote of 278 to 149, but was never ratified by the Republican-controlled Senate. Despite this failure, students of the era now argue convincingly that “the freeze led the Reagan administration to enter strategic arms talks and make serious efforts to achieve progress earlier than it had intended to; and encouraged the administration to give greater declaratory emphasis to avoiding nuclear war and reducing nuclear weapons as goals of strategic policy” (Knopf, 1997, p. 127; see also Wittner, 2003B). In a larger sense, the anti-nuclear weapons movement in both Europe and America was an important element in bringing Gorbachev and Reagan together in negotiating the INF treaty – the first true disarmament treaty – that removed intermediate-range nuclear warheads from Europe, and in de-escalating the Cold War (Forsberg, 1988; Adams, 2002, p. 15-18; Wittner, 2003, pp. 253-405).

#### **4. A Visionary Leader**

Forsberg’s achievement as an integrative public leader thus consisted not only in issuing the *Call to Halt the Arms Race*, but just as importantly in her tireless efforts to convince peace activists and other leaders to support it as a moderate proposal that would be attractive to the American public and yet the first step to real disarmament. The normal boundary between left-leaning peace groups and the wider public was crossed because Forsberg supplied both data and a clear, concise proposal that seemed realistic and indeed rather mundane. Both sides already had huge stockpiles of nuclear warheads that could destroy the earth many times over; whatever the finer points of arms control debates, it seemed obvious to most people that there was rough parity between sides and that building more weapons just increased the danger of catastrophe without increasing security.

On the other hand, few ordinary citizens felt that unilateral disarmament made much sense, and Forsberg well understood this fact. Forsberg’s research had convinced her that the nuclear arms race was deeply entrenched in world politics and the domestic economy, and that there was considerable support for “mutually assured destruction” as a deterrent for aggression and another conventional world war. Consequently, the only way out of the impasse would be a slow and methodical backing away from the nuclear abyss. What was needed was support by

middle-class workers and professionals who could then create a political atmosphere in which politicians could begin to negotiate real cuts to nuclear forces (Waller, 1987, pp. 21-34; Meyer, 1990, pp. 157-70; Wittner, 2003, pp. 75-77).

Forsberg believed that political “leaders” in a democracy actually are actually “followers” – of their constituents – and consequently leadership on seemingly intractable issues such as the nuclear arms race was going to need to emerge from the bottom up, i.e. from the electorate. Such a development was doubly needed, she felt, because arms control issues had come to be the preserve of an elite group of politicians, bureaucrats and policy analysts, a group that was playing an extremely dangerous game that most citizens did not want to play, once they became aware of its fundamental contours. Her consistent view was that arms control policymaking needed to become democratized, and that doing so was crucial to halting and then reversing the arms race (Forsberg *et al*, 1983; Forsberg, 1988; Meyer, 1990, pp. 161-63; Boulding & Forsberg, 1998; Forsberg, 2003). “I’ve found after giving hundreds of lectures...that as soon as you explain to people what is going on, what the actual policies of the United States and Soviet Union are, they feel empowered and that they are angry at what’s being done in their name and they want to do something about it; so it’s really a combination of educating...and motivating people at the same time” (Forsberg, 1988).

Forsberg was a realistic visionary: she believed that nuclear weapons *will* be abolished at some point in the future, but “very far in the future – 25 years at a minimum, maybe 50, maybe longer” (Forsberg, 1988). She entertained a progressive view of history, noting the decline in overt international imperialism and the ongoing trend towards democratization and national self-determination, and she compared the fight to abolish nuclear weapons to the fight to abolish slavery: “I think that we’re standing in a position today [1988] that people were standing in 100 years before the abolition of slavery, when they knew it was wrong, they knew it was evil, they knew it was unnecessary, they didn’t know when it would end, but they knew they had to work for it and eventually it would happen” (Forsberg, 1988).

The nuclear “Sword of Damocles” that humankind was dangling over its own head in order to prevent conventional warfare was a dangerous, self-defeating strategy. But the transition from a world at the brink of nuclear warfare to a more peaceful, orderly, and stable system would not happen overnight, needing rather to occur in “a series of stages in which you have less warfare, less use of force, [and] a more stable peace” (Forsberg, 1988). The Freeze

campaign was but one small first step, in her view, in a much longer process of moving from an offensive to a primarily defensive military posture, a process that would involve, among other things, populations internalizing the value of non-coercion of other peoples. As Forsberg pointed out, this process was already well under way, and there was every reason to expect that it would continue in the future if allowed. The static worldview of hawks who believed that nuclear weapons would always be required to rein in a fallen human nature was belied by history, went against public opinion, and retarded human moral progress. Forsberg's vision was therefore grounded not only in present-day weapons and policy analysis, but in a deep understanding of historical change, a commitment to democratization, and a belief in the moral progress of human civilization (Forsberg, 1983; Forsberg, 1988).

Forsberg liked to say that keeping the peace by threatening all-out destruction was childish, and that humankind needed to in essence “grow up” to a more mature, adult way of settling its differences. As she stated in Congressional hearings in 1982, “Ultimately, the freeze is intended to lead to a situation in which we can avoid war without having to pose to ourselves, as though we were small children, the threat of our own annihilation” (Forsberg, 1983). Mutually assured destruction “is not a grown up way of living, this is not an adult way of running our lives.” It is indeed a way to keep the peace, but it is an extremely dangerous one, and even if it does prevent conventional war from breaking out, “it’s demoralizing...like saying ‘we don’t know how to behave as adults...we don’t know how to interact in a civilized way’” (Forsberg, 1988).

James MacGregor Burns, in his classic *Leadership*, suggests that transforming leaders engage in a process of lifting followers – and themselves – to higher stages of moral development, in analogy to the stages of moral development that children pass through on their way to adulthood. Conflict forces choices, and it is the role of parents and teachers – and leaders – to clarify and sharpen conflicts so that children and followers will be enabled to make the choices that lift them up to a higher level of moral development (Burns, 1978, pp. 428-29). Forsberg clearly engaged in this process of clarifying choices and admonishing humanity to recognize the moral immaturity of the arms race and find a more “adult” *modus vivendi*. And as a visionary leader, Forsberg “help[ed] constituents grasp the ‘reality’ of [the] problem by highlighting consequences that flow from behavior that is based on existing dominant frames, and [proposing] new frames that entail behavior and action that can be expected to help remedy

the problem” (Crosby & Bryson, 2005, p. 110). Put differently, Forsberg played the role of visionary leader by articulating “a realistic, credible, and attractive future...to which followers have a moral right” (Conger, 2004, p. 1568). In doing so, she united people from across the social and political spectrum – businesspeople, politicians, academics and other professionals, the non-profit sector, and everyday Americans – in a common quest to begin backing away from the nuclear abyss.

## **5. Helen Caldicott: A Desperate Passion**

One of many people influenced by Forsberg was Helen Caldicott (*née* Broinowski), who visited Forsberg at her home in Brookline in 1978. As Caldicott later remembered, “I just staggered away from her house totally changed” (Caldicott, 2007). Forsberg impressed Caldicott with her command of the data on nuclear arms, describing to her “precisely how feasible [nuclear war] really was.” Until her meeting with Forsberg, Caldicott “had not understood the complex and satanic brilliance of the technology invented solely to destroy the earth” (Caldicott, 1997, p. 154), and not long after that she began to focus her attention on preventing nuclear war. To Caldicott, Forsberg was an important mentor: “She would write the academic stuff, and I would go out and sell it” (Caldicott, 2007). If Forsberg tended to be more analytical and data-driven, Caldicott was more emotive and passionate. Although her message was firmly rooted in medical science and data about the arms race, Caldicott’s impact as an integrative public leader was due in no small part to the sense of desperation she brought to the cause; her autobiography is aptly titled *A Desperate Passion*. Her passionate appeal to the instincts of parenthood and survival, and to the common human ability to empathize with others, allowed Caldicott to bring together diverse sectors of the population around the anti-nuclear weapons cause. Under Caldicott’s leadership, politically-conservative doctors found common cause with unionized miners, peace-activists, religious groups, and mothers everywhere, to give just one example of her ability to cross boundaries for the common good.

Caldicott’s initial exposure to the possibility of all-out nuclear war came from reading Nevil Shute Norway’s *On the Beach* (1957) as a teenager. The novel, which painted a despairing picture of a world ruined by nuclear war from the vantage point of Caldicott’s native Australia, had an enduring impact on Caldicott (Caldicott, 1997, p. 3; Caldicott, 2007). After receiving her

medical degree, Caldicott first confronted the threat to human health posed by nuclear arms by writing a letter to an Adelaide newspaper, protesting French testing of nuclear weapons on Mururoa atoll in the Pacific, which put Australian cities at risk of nuclear fallout. Caldicott, who was “enraged” by the testing, found that her status as a doctor as well as mother of three young children brought with it great professional and moral authority, and the media soon began to seek her out for her opinion on such matters. Setting the pattern for her subsequent activities as an anti-nuclear activist, Caldicott went on local television armed with “facts and figures to make sense of [local] anxiety” over nuclear testing, but was quickly attacked for “occasional errors” and for being “hysterical”. She felt demeaned and embarrassed, “but I also knew that fundamentally I was speaking the truth”, and the attacks led her to hone her arguments and seek out more precise information (Caldicott, 1997, pp. 110-112).

Caldicott soon began addressing groups of unionized miners on the dangers of uranium mining. In one memorable speech, she got miners’ attention by describing the effects of uranium exposure on mens’ testicles. “I learned something very important that night. Don’t overwhelm your audience with data they can’t assimilate, because you will lose them. Grab them where they are emotionally vulnerable; once they are with you, the whole occasion is extremely rewarding” (Caldicott, 1997, p. 135). Caldicott was fearless speaking in front of groups of men, motivated in part by a deep anger at powerful men in positions of authority who “were endangering the future of our children” through reckless policies (Caldicott, 1997, pp. 121). The title of one of her best-selling books, *Missile Envy* (1984), conveys her strong feeling that much of the arms race was rooted in infantile competition among males; as she put it in a speech given in 1982, the arms race displayed the mentality of nine year-old boys playing in a sandbox, arguing over who has the biggest biceps (Nash, 1983). Thus while Forsberg argued that humankind needed to “grow up”, morally speaking, Caldicott added a gendered dimension – it was *male* politicians and generals – “the old boys club” – who were the ones lacking in moral maturity (Caldicott, 1997, p. 251). Certainly, as a young, attractive woman, she experienced the baser side of powerful men – she reports that whenever she went to Congress she was propositioned by sitting congressmen (Caldicott, 2007).

There were two basic elements to Caldicott’s feminist moral awakening. First, having a child was a “profound turning point” in her life towards adulthood and responsibility: “I had to accept that the responsibility for the safety of this child, for his future – for that of all children in

this nuclear age – was now mine” (Caldicott, 1997, p. 67). As she told an audience in 1982, “When I had my first baby I knew I’d die to save that life...it was a profound revelation for me; if we can harness that instinct that women have to save their babies, we may survive” (Nash, 1983). Secondly, the feminist movement that gathered strength during the 1960s exercised a strong impact on Caldicott, who was deeply affected by reading Germaine Greer’s *The Female Eunuch* (1971). “She urged that women recognize and own their *own* thoughts, rather than saying the ‘right’ things to conform to the dictates of a male-dominated society...wow, what a sense of liberation!” Reading the book, she realized “I had never really stopped to consider what I thought about things” (Caldicott, 1997, p. 99).

Caldicott quickly became known for her feminist views. When asked to speak at an Adelaide church about “women’s liberation”, she shocked her audience by talking openly about female orgasm and venereal disease without moralistic overtones. The talk “was in no way a success” – some or the more “proper” congregants walked out of the lecture – but Caldicott was supported by her husband Bill, who was a source of encouragement and support throughout their marriage (Caldicott, 1997, p. 109 & *passim*).

In 1975 the Caldicotts moved from Adelaide, where Caldicott had practised medicine in a children’s clinic, to West Newton, Massachusetts. Helen worked at Boston Children’s Hospital before moving into a position on the medical faculty at Harvard, and Bill, also a physician, became director of pediatric research in radiology at Harvard Children’s Hospital Medical Center. By the later 1970s, however, Helen was becoming increasingly involved in the anti-nuclear movement (publishing *Nuclear Madness* in 1979), which entailed extensive travel and numerous speaking engagements, and in 1980 she resigned from Harvard to pursue her work as president of Physicians for Social Responsibility (PSR) full time. As she put it, “I realised I could no longer continue the practise of caring for individual patients when all the world’s children were at risk” (Caldicott, 1997, p. 189). Originally founded in 1961 by Bernard Lown, Victor Sidel, and Jack Geiger, among others, PSR had published influential articles in the *New England Journal of Medicine* in 1962 outlining the medical consequences of nuclear war, and the group lobbied for a nuclear test ban treaty, which was signed in 1963. As time went on, the attention of PSR members became diverted by issues surrounding the Vietnam war, and the organization became relatively dormant by the mid-1970s.<sup>2</sup>

Meanwhile, by the late 1970s, public concern was growing about both nuclear power and the nuclear arms race, and in 1978 Caldicott and another physician, Ira Helfand, gathered together a group of Boston-area doctors who were concerned about the medical consequences of nuclear power and nuclear weapons. As Caldicott recalls, “It was obvious that doctors have such societal credibility that they could use their authority to educate people and change opinions on this subject” (Caldicott, 1997, p. 160). Thus, from the beginning, Caldicott saw the social status of physicians as a fundamental source of moral authority, and she subsequently made liberal use of this status in legitimizing her message, a tactic which eventually came to trouble some of the original PSR members (Geiger, 2008; Sidel, 2008). The group decided to use the PSR name, since it was believed that PSR had folded in 1973 but was still incorporated in Massachusetts. The initial, “old guard” founders of the group were soon invited to join the newly reinvigorated PSR, and some did begin to contribute to PSR symposia (Caldicott, 1997, p. 174; Sidel, 2008). In Caldicott’s view she was “the leader [of the new PSR] but not autocratically so...While the others deferred to me, they also challenged me. We were like a quarrelling, excited, creative, affectionate family” (Caldicott, 1997, p. 173).

PSR expanded rapidly under her leadership, growing to around 30,000 members and 153 chapters in 48 states by the end of 1982 (Caldicott, 1997, p. 253). In the process, it became a model for the formation of similar professional groups, such as Educators for Social Responsibility, Lawyers Alliance for Nuclear Arms Control, and Computer Professionals for Social Responsibility (Waller, 1987, pp. 39-40; Meyer, 1990, pp. 103-104). Here again, Caldicott’s role as integrative leader is apparent, as diverse professional groups followed the PSR example and rallied around the anti-nuclear cause.

By 1979 Caldicott was travelling widely throughout the world, speaking about the medical consequences of nuclear war and nuclear power, calling attention to the dangers of the arms race, and instigating the formation of new physicians’ groups. To give just one example, in the fall of 1980 she and Claire Ryle travelled extensively throughout Europe, giving speeches and press conferences, meeting with doctors and activists, and providing the impetus for the formation of doctors’ organizations on the model of PSR (Caldicott, 1997, pp. 221-24). By Caldicott’s reckoning, she helped plant the seeds of physicians’ groups in Canada, Japan, Australia, New Zealand, Norway, Sweden, Denmark, Belgium, Holland, West Germany, England, Scotland, and Ireland, along with the many PSR chapters she helped start in the United



States (Caldicott, 1997, pp. 221-23; Caldicott, 2007). No clearer example can be given of leadership across boundaries, as Caldicott united doctors from many nations in a common cause that in some respects *seemed* to have little to do with the practice of medicine (Caldicott thought differently, of course).

As president of PSR, Caldicott spoke to a wide variety of audiences, ranging from the annual general meetings of religious denominations to staff at Sandia Labs in New Mexico who worked on atomic weapons (Caldicott, 1997, pp. 226-30). She met with a number of world leaders, including Ronald Reagan and Pierre Trudeau, and, with the help of Hollywood agent Pat Kingsley, appeared in a variety of national media – magazines, television programs, newspapers – to spread the anti-nuclear war message. Over time Caldicott became acquainted with a wide range of supportive film actors, celebrities, politicians, and other public figures (Caldicott, 1997, pp. 239-65). Caldicott’s media-friendly looks and provocative sound-bites were important elements in her ability to gain media coverage and hence become known to a variety of constituencies, as was her ability to convey a very clear and simple message about the dangers of nuclear weapons and nuclear war.

One of PSR’s most effective activities was staging what they called “bombing runs” in major American cities, in which they would hold a symposium aimed at outlining, in graphic detail, what would happen if an atomic bomb was dropped on that city. The first major symposium on the medical effects of nuclear war was held at Harvard in 1980. The event drew overflow crowds and heavy media coverage, and its success spawned many more symposia, including one in San Francisco that was filmed and distributed (in edited form) as *The Last Epidemic* (Caldicott, 1997, pp. 202-210; Geiger, 2008). At the San Francisco symposium, Caldicott spoke movingly about the pointlessness of providing everyday care for children “who probably don’t have a future”, bringing some in the audience to tears, which was in her view precisely what was needed – “an emotional release after two days of unrelentingly awful information” (Thierman, 1980; Caldicott, 1997, p. 210).

## **6. A Frightening Message**

Caldicott’s lectures on the medical consequences of nuclear war, while data-driven, were also frightening, dramatic, and tinged with passion, but she made no apologies for that fact,

explaining to an audience in 1982 that, under the circumstances, “it is appropriate to be passionate about our survival.” In her view, it was irrational *not* to feel emotion over the possibility of wholesale planetary destruction (Nash, 1983). In her typical lecture, she would graphically outline the various effects and traumas that result from experiencing a nuclear blast, and emphasize the hopelessness of surviving all-out nuclear war. Bodies would be vaporised, eyeballs melted, limbs fractured by flying debris, etc. “Even if you made it to a fallout shelter, you would be pressure-cooked or asphyxiated as the fires used up all of the oxygen”, and if you did manage to survive in a shelter, you would not be able to emerge for 6-8 weeks. Upon emerging from the shelter you would find millions of corpses, “So there will be epidemics of diseases ...There will be few hospitals left if any, and very few doctors left.” People would die from a variety of causes, including grief – “It would be the grief that would kill me” (Nash, 1983). The power of Caldicott's message lay in her ability to tap into existing – and often repressed – feelings of fear and dread of nuclear annihilation, in effect telling her audiences “don't count on doctors to help you” in the event of nuclear war.

One may well ask how effective it is to raise fears of global threats in such fashion. Research into “Future Anxiety” (FA) suggests that while some fear arousal may be useful in mobilizing people for action, too much FA is counterproductive (Zaleski, 2005). In surveying empirical studies of the effects of fear arousal on behavior, Moser (2007) argues that “fear may change attitudes and verbal expressions of concern, but not necessarily increase active engagement or behavior change” (p. 70). Threat information is most likely to motivate constructive responses only when a number of criteria are fulfilled, including (among others) a clear idea of specific steps that can be taken to solve the problem, a sense that each individual can make a difference in solving the problem, social support for solving the problem, and a sense of personal risk if the problem is not solved (Moser, 2007, pp. 70-71).

In Caldicott's case, most of the criteria outlined by Moser were met, in one way or another. The Freeze was a clear and concrete proposal that could be supported, and Caldicott would normally also mention a variety of other actions that audiences could take, and what she herself was doing to help “save the world”, as she put it. There was strong and growing social support for the anti-nuclear cause, and Caldicott's status as a physician helped to drive home the “mainstream” and authoritative nature of her message. And clearly there was a great sense of personal vulnerability present if nothing was done about the problem – that was one of the main

points that Caldicott made, over and over again, in discussing the medical consequences of nuclear power and nuclear war (Nash, 1983; Caldicott, 1997; Caldicott, 2007).

Caldicott rejects the idea that fear appeals are counterproductive, as long as they are complemented by hope and an understanding of how to help people work through their emotions:

I think that fear is a major motivator, but you've always got to give them hope, it's like telling a patient they've got cancer or leukemia...I would explain the stages of grief, the Kübler-Ross stages of grief, so they would feel better, knowing that they might get depressed and feeling the depression and growing through that...And I'd quote Jung, 'The avoidance of legitimate suffering is the cause of all mental illness', and you'd feel a collective sigh of relief...Through this process they would grow and become inspired, and you know their soul talks to them maybe a year later and suddenly they wake up knowing what they have to do...to save the world. I saw this happening time and time and time again (Caldicott, 2007).

Caldicott thus had a psychological narrative for what occurred to people as a result of hearing her grim message. She was heavily influenced by Robert Jay Lifton's notion of "psychic numbing", which was first developed in his work with Hiroshima survivors, and by Elizabeth Kübler-Ross' theory of the stages of grief (Lifton, 1967; Kübler-Ross, 1969; Lifton, 1999). Caldicott saw her task as one of breaking through the psychic numbing and apathy that was a natural response to the magnitude of the nuclear threat, releasing emotions that had been repressed, and then leading people to an understanding of what they were going through and how to productively work through their grief by becoming "physicians to a dying planet" (Caldicott, 1997, pp. 172-73; Caldicott, 2007). Thus Caldicott addressed each person at the most fundamental level, that of their humanity and desire for survival; class, race, profession, and nationality all melted away in her discourse. As she famously said in her speech to the massive Central Park demonstration in 1982, there are no capitalist babies or communist babies, rather "a baby is a baby is a baby" (Richter & Warnow, 1983; see also Thiermann, 1980).

## 7. Charisma

In describing Helen Caldicott, people almost invariably mention her charisma. And Caldicott in fact conforms to the model of charismatic leader to a remarkable degree. In reviewing the voluminous literature on charisma and charismatic leadership, Riggio (2004) states that “charisma is believed to be a constellation of personal characteristics that enable an individual to have an impact on others by inspiring them, influencing them, and affecting their feelings, emotions, and behaviors” (p. 158). Charismatic leaders tend to gain prominence during times of crisis and social upheaval, have highly developed communication skills, and “truly charismatic individuals are...skilled at reading the emotions of others and at regulating or controlling their emotional communications (in other words, charismatic persons are skilled emotional actors)” (Riggio, 2004, p.159). They often are judged to be more physically attractive than average, and are distinguished by unique physical or behavioral features like a foreign accent. They tend to be self-confident, enthusiastic, passionate or driven, eloquent, visionary, and responsive to others. Because of their verbal fluency and ability to engage audiences directly, dramatically, and without stereotypic nervous tics, they tend to be judged more credible and honest (Riggio, 2004, pp. 158-61. See also House, 1977; Conger, 1999; Conger 2004A; Avolio & Yammarino, 2002; Connelly *et al*, 2002; Choi, 2006; Mumford, 2006).

Helen Caldicott possessed all of these skills and qualities in large measure. And her status as a medical doctor and employment of medical terminology and medical images in her lectures enhanced her charisma, in line with Weber’s (1947) suggestion that charisma is a certain quality of an individual that sets them apart from others, leading them to be “treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities” (p. 358; see also Steyrer, 2002). Medical doctors in western societies tend to be viewed as exceptional individuals with the power over life and death, and hence as a kind of savior. Caldicott’s charisma and use of the doctor persona were tremendously effective in advancing the anti-nuclear cause and building PSR as an influential professional organization. But it also, predictably, came into conflict with the routinizing demands of PSR (Weber, 1947, pp. 363-73) and differing visions of the role physicians should play in public discourse about political issues,

a conflict that ultimately led to her resignation from the PSR presidency and her deep sense of betrayal.

Caldicott's self-confidence should be evident from the discussion thus far. From early in her development she admired strong, independent-minded individuals. As a girl Caldicott attended an exclusive boarding school in Melbourne. It was run by a Miss Cunningham, whom Caldicott describes as a crucial mentor. Cunningham was an independent thinker "who never gave a damn about social convention and seemed to need no overt approval for her actions. If people didn't like her school and her policies, they could take their children elsewhere, but the stronger and more independent she was, the longer the waiting list. In a certain sense that is the way I have lived my political life" (Caldicott, 1997, p. 36). Caldicott was affected in a similar fashion by the example of Bertrand Russell, whose three-volume autobiography Caldicott read in the early 1970s. "His thoughts about moral societies and his leadership against nuclear weapons perfectly matched my own newly emerging sense of righteousness... He articulated his truth loudly and clearly with no reservations, and if he was proven wrong, he would acknowledge his mistake, recant, and continue preaching the new truth. I liked that" (Caldicott, 1997, p. 100). Caldicott's self-confidence was rooted in part in her identity as a physician (Caldicott, 2007). In a telling example from her autobiography, she reports feeling great confidence as a diagnostician and medical registrar only a few pages after describing how she nearly caused a patient to suffer brain damage through negligence (Caldicott, 1997, pp. 128-33).<sup>3</sup>

Caldicott's drive, passion for her cause, and sense of mission were also quite evident. In line with Weber's (1947) contention that "pure charisma is specifically foreign to economic considerations" (p. 362), Caldicott never drew a salary from her work with PSR and WAND (Women's Action for Nuclear Disarmament), and she seemed annoyed when I asked her how she was able to get by, financially, during the years of intense travel and activism (Caldicott, 1997, p. 298; Caldicott, 2007). "Passionate, well-informed, insistent", she gave speeches "intending to change people's lives that day or that evening." While on a trip to Moscow in 1979, she was exposed to new information about plans for deployment of new nuclear weapons in Europe and "launch on warning", the hair-trigger response system that was employed to respond to putative nuclear attack: "This was much worse than I had envisaged. I now knew that my efforts in alerting people to the dangers of nuclear war must be redoubled. People had to be

told about these evil things, people *had* to listen. It was my mission, my duty, to make sure they *did* listen. I felt somewhat desperate” (Caldicott, 1997, pp. 159, 156, 187).

Caldicott became so obsessed with the possibility of nuclear war that for a period of time “I [would] dream about nuclear war every night. I could feel the heat of the bombs. I was obsessed. And I think the obsession was appropriate. In fact, I didn’t understand why everyone else wasn’t obsessed.” By 1984 she was exhausted from her activities, yet “I was so desperate about the nuclear situation that I would accept in a totally indiscriminate fashion almost every [speaking] invitation that came my way.” “It was like a crusade; nothing could stop me.” It was only with the toppling of the Berlin Wall and end of the Cold War that her desperation began to subside (Caldicott, 1997, pp. 303, 354; Caldicott, 2007).

As we have seen, Caldicott was unapologetic about expressing – and eliciting – emotion in response to the threat of nuclear war. And she was adept at “reading” her audiences and adjusting her message accordingly. “I guess I’m an actress, fundamentally. I’ve watched very closely actors on stage and seen how they entrance the audience and so, I do tailor my message according to each audience” (Caldicott, 2007; See also Caldicott, 1997, pp. 212, 247). Dr. Judith Lipton, a psychiatrist from Seattle, recalls Caldicott’s “extraordinary gift” of being able to go from “coldly intellectual to passionately engaged”, depending upon her audience.<sup>4</sup> In speaking to doctors, Caldicott would show little emotion and focus on presenting facts;

Whereas with an audience of women I would be much more emotional, but I would always have to establish my credibility by...just talking about the facts and then at the end I could just let them down and relax and then I could go for their soul, so to speak, break through their psychic numbing so that they would have an emotional reaction to the data that I presented (Caldicott, 2007).

Clearly, Caldicott was exceptionally perceptive in “reading” the expectations and emotions of her audience, and adjusting her message accordingly. This ability seems central to her ability to cross boundaries and unite diverse individuals around a common cause: the message was the same, but the way it was presented could vary significantly depending on the audience. It seems likely that any truly integrative leader is going to need to possess these kinds of skills.

Early on, Caldicott was advised that she was more effective speaking “from the heart” rather than reading from written texts: “I learned that you must engage an audience with passion, humour, wit, and intelligence or you lose them and they fade away” (Caldicott, 1997, p. 112). Caldicott compares giving a speech to “composing a symphony on your feet”, beginning with a prelude or overture, and then proceeding through a variety of movements before “rising in a crescendo to the end so the audience is left with a feeling of exhilaration and hope for the beauty and love of life” (Caldicott, 1997, p. 155). Caldicott became known as a powerful and eloquent speaker, and she derived great satisfaction and a feeling of power from her ability to move an audience. Describing a speech to a packed auditorium at Boston University in 1979, Caldicott stated:

I felt powerful, I knew I was carrying the audience with me every step of the way. When I finished, they stood up and cheered, tears pouring down their cheeks. I looked over their faces and I *knew* what was possible. Carol Belding said later that if I had asked the audience to follow me over a cliff, they would have done it (Caldicott, 1997, p. 190; see also 156, 250).

Caldicott inspired countless people to join the anti-nuclear cause, and countless others to intensify their activities. Many people have approached her, in the years since the early 1980s, to relate how hearing her speak had inspired them to act (Caldicott, 1997, p. 212; Caldicott, 2007). “The story of Terry Schraeder is typical. She was one of 35 people who attended my speech at the University of Utah in 1981. She was later to say, ‘As I listened to [Caldicott] describe the faces of burned children, I knew the horror of nuclear war had been etched into my soul.’” Eventually she quit her job and drove across the country to work in Arlington as the WAND media director (Caldicott, 1997, p. 299). Judith Lipton tells a similar, dramatic story of how Caldicott inspired her to take action against the threat of nuclear war (Lipton, 2008).

When it came to fundraising, Caldicott could be “seductive, aggressive, or grief-stricken as the occasion demanded. It required some play-acting on my part – whatever it took, I did.” She was not above using flirtation to gain support for her cause, and she even managed to get House Speaker Tip O’Neill to play *The Last Epidemic* on Congress TV (Caldicott, 1997, p.139, 247-53). It seems possible that the unwanted and inappropriate advances she received from

sitting Congressmen, reported above, may at times have had something to do with this tactic. She certainly was aware of how her attractive appearance and “British” (Australian) accent helped her to gain credibility: “I used to say, ‘If you wear pearls, you can say anything.’ It stood to reason, then, that my Jaeger suits and pearls made the grim message about the medical dangers of nuclear power and nuclear war more accessible to middle America” (Caldicott, 1997, p. 156; Caldicott, 2007). But her stylish appearance could also work against her – when profiled by the *Washington Post*, the story appeared in the Style section: “Here I was, a leader of the antinuclear movement, a fact acknowledged by the article but apparently not worthy of front-page comment. If I’d been Henry Kissinger, I would certainly have been featured on the front page of the *Post*” (Caldicott, 1997, p. 233).

Ultimately, Caldicott’s leadership of the anti-nuclear movement emerged out of a deep concern for the future, and an appeal to the future and future generations was a central aspect of her message:

I spoke as a pediatrician, what is the use of immunizing your children, cleaning their teeth, making sure they go to a good school, if in fact they have no future?... And so I think I was able to get audiences to extrapolate into the future like that wonderful Indian Chief, Seattle, who said... ‘You know, we don’t just care about this generation. We care about what happens to seven generations hence with everything we do.’ Its all about the future of our children (Caldicott, 2007).

A pediatrician concerned about the future of our children – that was the fundamental image that Caldicott projected, and it was instrumental in her ability to cross all manner of social boundaries: “Being a doctor was extremely powerful and...allowed me entrée into groups that would normally not listen to this stuff because they would see it as left wing or whatever and I would say, ‘No, it’s medical. We’re practicing preventive medicine’” (Caldicott, 2007). Telling audiences that “you’re all physicians, now, to a dying planet”, Caldicott would suggest that the planet was in the intensive care unit, suffering from “an acute global clinical emergency” (Caldicott, 1997, p. 354). And just as doctors will stay up all night to care for their patients, “that’s the sort of responsibility and commitment that is [incumbent] upon each of you to do,



otherwise your grandchildren and children are doomed, let alone 30 million other species that inhabit this wonderful planet” (Caldicott, 2007). For Caldicott, nuclear war was “the ultimate medical issue” that required everyone to “take the world on our shoulders like Atlas” (Thiermann, 1980; Lipton, 2008). Here again her role as integrative leader is clear: instead of addressing her audiences from the lofty remove of the Harvard physician, she in effect drew them into the medical profession as empowered “physicians to a dying planet” who had every right – and responsibility – to act for the good of all living creatures.

## **8. Resignation from PSR**

Powerful as this message was, not all members of the PSR board (who were physicians) were comfortable with the way in which Caldicott made use of the implicit authority that went with being a doctor, although that does not appear to have been the main source of discomfort with her leadership. In what follows, I will first review some of Caldicott’s own statements that are pertinent to her relationship with the PSR board, before outlining two basic interpretations – in some ways opposed, in others complementary – of the conflict between Caldicott and a majority of PSR board members, based on interviews with Caldicott and other members of the PSR board. This conflict and Caldicott’s resignation from the PSR board illustrate her limitations as an integrative leader; the point at which her forceful, charismatic personality came into conflict with the need to unite diverse individuals around a common cause.

Caldicott writes of PSR as her “surrogate family” and as her “child” to whom she had “given birth” (Caldicott, 1997, p. 219). Speaking of her relationship with PSR chapters, she says “Sometimes I felt like a mother hen caring for her chicks” (Caldicott, 1997, 228). “I was clearly a strong, capable, and from time to time overbearing parent, and as the [board] members tested their mettle against me, it was clear that I’d acted as a good model for them” (Caldicott, 1997, p. 219). As a member of an American delegation to the Soviet Union in 1979, she was admonished by others in the delegation (who were not physicians) for “dominating” a meeting with Soviet doctors. “I knew they wanted consensus in the group. But my sense of urgency was so great...I felt I must be as persuasive as possible” (Caldicott, 1997, p. 188).

As PSR grew, Caldicott’s agenda became more expansive. “I was now ready to use our influence as leaders of a ‘revolution in thinking’ to nail the military industrial complex, to focus

our efforts on the horror of Reagan's Star Wars agenda, and to mobilize grassroots support for the freeze...We had to go for it; our mission was becoming more urgent by the day" (Caldicott, 1997, p. 269). Caldicott admits that "this approach threatened some people" and that she was "overstepping the bounds for some people, including a few of the doctors on the PSR executive" who were concerned about alienating their more conservative colleagues. However, "I ignored their fears: were they not aware that our membership drive was more successful than at any point in our history? I was the one who was recruiting the doctors and raising the funds, and I refused to truckle to such fear-engendered conservatism" (Caldicott, 1997, p. 270).

Soon after, she began to sense the tide beginning to turn against her leadership among PSR board members, augmented in part by a poor *Nightline* performance and the perception that she often got her facts wrong (Caldicott, 1997, pp. 271-73; Caldicott, 2007). Some people said that Caldicott "had too much hubris" (Caldicott, 2007), and some board members felt that

I was too emotional, I was not a good lobbyist, and I was too political. These weren't new criticisms: I had heard them from others as well. There was no answer to them, really, except that the prospect of a nuclear war and the end of the world is a somewhat emotive issue. I was a darn good lobbyist, and it was now necessary to be political (Caldicott, 1997, pp. 272-73).

When pressed by board members to in effect "tone down" her message, remaining mindful that as president she spoke for the PSR membership as a whole, Caldicott's response was "'You clip my wings and I'll flee'. At a time when our power and prestige were at their peak, why would they think to inhibit the very thing that had provided such success?" (Caldicott, 1997, p. 277). Board members felt that she should confine her remarks to the medical effects of nuclear war, and avoid detailed debate on strategic nuclear weapons with the likes of Richard Perle, a prospect which she relished. Caldicott was also at odds with the PSR board over the bilateral abolition of nuclear weapons, a position Caldicott supported but that others felt was too radical. "I was distressed, and felt that we were jettisoning our principles" (Caldicott, 1997, p. 278).

In response to the growing fissures between Caldicott and other board members, she pushed for a "diagnostic review" of the organization by a management consulting firm

(Caldicott, 1997, p. 276). The resulting report stated that “our organization was like an adolescent that needed to stretch its wings and escape from its mother – me, presumably.” The report lauded Caldicott’s herculean accomplishments in building the organization, but noted that “in any organization’s life a point is reached where a charismatic leader can become overpowering rather than empowering.” Caldicott did not agree with this assessment, and with the “clear conclusion” of the report that it was time for a new president (Caldicott, 1997, p. 285).

Tensions between the board and Caldicott eventually led to Caldicott’s resignation of the presidency of PSR at its annual board meeting in 1983. Caldicott, who by her own account was actively supported in this meeting by only one other board member (Dr. Judith Lipton), felt she was under attack “from my own people, my surrogate family.” She was “shattered” by the fact that “the organization I had created with such fervour and excitement had been taken from me, and I was left without purpose” (Caldicott, 1997, pp. 287-88). Looking back on events, however, Caldicott “learned that, to a degree, I had become arrogant, that I needed to encompass humility within the equation of my life – a difficult lesson to learn at any time, particularly for a physician” (Caldicott, 1997, p. 293).

Although Caldicott’s conflict with the PSR board was complex, there are two basic interpretations of the dynamics of the conflict, according to interviews with PSR board members (including Caldicott) and published statements made by Caldicott.<sup>5</sup> My intention in outlining these interpretations is not definitively to isolate “what really happened”, since what really happened (outside of Caldicott’s resignation) was not a unitary phenomenon but varied according to the perspective and vantage point of the various participants.

On the one hand, there appears to have been a growing feeling among a number of PSR board members (who were mostly male) that Caldicott was overly emotive, self-dramatizing, inattentive to factual detail, and perhaps even arrogant. There was a sense that the credibility of the organization was rooted in empirical medical science, that PSR’s brief was to present the facts on the medical consequences of nuclear war, and that Caldicott’s unconcern for strict scientific accuracy in favor of politicized and emotion-inducing appeals was undermining PSR’s credibility. Caldicott was a charismatic leader who was indeed effective in mobilizing people in support of the anti-nuclear cause and building PSR as an organization, but she stretched the boundaries of acceptable medical discourse and took too much credit for PSR’s success. She

either needed to change or make way for a new leader who would be more consensual and mindful of board policies.

On the other hand, looking at the conflict from the perspective of Caldicott and Lipton, the foregoing concerns and perceptions were evident, but the underlying issues had more to do with competitiveness, jealousy at Caldicott's international stature, and discomfort among the "old boys club" at an upstart woman who was assertive and firm in her views. Caldicott had become a "rock star" with an international grassroots following, and this was very hard for some PSR board members to take. Board members had trouble seeing the forest for the trees – when it came to a dire, existential threat like nuclear war, passion was required, in addition to cold critical analysis of what would happen if the bombs went off. Caldicott was practising preventive medicine on a planetary scale, and it was more than a little misguided to castigate her for the occasional factual mistake or for "stretching" the role of physician beyond the normal bounds of western medical science. Caldicott deserved more credit and empathy for what she had accomplished. And she could be as coldly empirical and analytical as any other physician, particularly when speaking to an audience of physicians.

How one views the foregoing interpretations of the conflict will likely vary according to one's profession, social status, ideology, and perhaps even one's sex, although not all board members who were critical of Caldicott were male. Still, there is reason to believe that all can agree on the basic outlines of a conflict between a forceful charismatic leader and an organization rooted in the claims of empirical science, which is at root a group enterprise subject to the consensus of credentialed experts. Most observers can also probably acknowledge the role that personalities and personal differences – and rivalries – can play in human relationships, and that if Caldicott had been a man she might have been perceived somewhat differently. As we have seen, Caldicott herself is refreshingly open about how others perceived her and about her own shortcomings, which become more understandable when viewed within the context of the times and her own "desperate passion" to "save the world" from total annihilation. Perhaps the best way to understand this conflict is through the lens of a certain kind of tragedy, in which extraordinary but flawed human beings are led by the inexorable logic of their own commitments and personalities to hurt each other in pursuit of a higher cause.

Jane Wales, who was National Executive Director of PSR from 1981-1988, provides a useful perspective on Caldicott and her conflict with the PSR board:

Helen was an inspiring leader, who was able to move large audiences as well as to connect to individuals in a powerful and profound way. She had a lasting effect on each person she touched and on the institution she built by sheer will. She was warm and caring. And she was demanding – of herself and others. Her sense of urgency motivated many to take action and to stretch beyond their natural limits. Her passion was also unsettling to others, who wished to be seen as dispassionate, analytical and considered. In the end, differing views about how physicians should *appear* and how they could best persuade [others] divided Helen from the very people she had attracted to the cause. As a movement became an organization new leaders wished to alter Helen’s leadership style, so as to assure continued efficacy and growth. But it was that very style, that authenticity that made Helen the extraordinary leader that she was. The fact that she took criticism well and listened to advice was not sufficient to resolve the dispute with those who were asking her to fundamentally change. From her perspective her very core was at issue. One’s core is not negotiable (personal communication, April 2, 2008).

## **9. Conclusion: integrative public leaders crossing boundaries for the common good**

In conclusion, Randall Forsberg and Helen Caldicott were integrative public leaders who played important leadership roles in the anti-nuclear weapons movement of the early 1980s. Forsberg was able to cross a variety of social and political boundaries in uniting a strong majority of the American population around the nuclear Freeze proposal. This was no small feat, and was based on a variety of factors: her strong command of the data on nuclear weapons; her crafting of a relatively moderate, “common sense” proposal that would appeal to people regardless of race, class, or political affiliation; her ability to persuade leaders of a variety of organizations to support the proposal; and her visionary understanding of progressive historical change and her ability to communicate that vision in a “human” and non-partisan manner that emphasized our common humanity and desire for emotional maturity, rather than the failings of

any one group or sector of society. The problem from Forsberg's perspective was our common inability to act like adults in the face of our fears and insecurities, and she was able to communicate this message in a way that most everyone could accept.

Caldicott, for her part, crossed social, professional, national, and ideological boundaries with her passionate message about the devastating effects of nuclear war on the human body. Physicians are extraordinarily well-placed to cross such boundaries because of the universal and very personal nature of the doctor-patient relationship, and she made full use of that relationship in advancing the anti-nuclear weapons cause. She related to her audiences as patients, just as she got audiences to think of the world itself as a patient, and themselves as its physician. Caldicott appealed to the mother or father in all of us, concerned about the welfare of our children and future generations, while also appealing to the universal instincts of survival and empathy for the pain and suffering of others. She is a profoundly sensual person who reminded audiences of the beauty and pleasures of the world, and the lunacy of putting our survival at risk for what she felt were infantile reasons.

Caldicott's passion and appeal to universal human values and concern for future generations allowed her to achieve collective action across national boundaries and social sectors including government, nonprofits, the media, and academia. While the Freeze campaign was successful in gaining the support of some business interests, Caldicott herself was less effective in crossing the boundary between civil society and business sectors, and towards the end of her tenure with PSR, with her public profile and international stature at their peak, she began to move beyond the disciplinary strictures of the medical profession. Her very identity as a doctor, which had served her so well in uniting diverse sectors of the population around a common cause, became a point of contention and disunity, and some of the more polarizing features of her personality came to the fore, in effect limiting her effectiveness as an integrative leader. One might suggest that Caldicott's ability to cross boundaries reached its limit when she began to think of PSR as her "family" and its members as her "children"; depending on the context, some boundaries should probably not be crossed.

In addition to their role as integrative public leaders, Forsberg and Caldicott were visionary, transformational (or transforming) leaders who helped to mobilize grassroots support for the anti-nuclear weapons cause, and both arguably should share some of the credit for the rapid de-escalation of the arms race and ending of cold war by the later 1980s. According to

James MacGregor Burns, transforming leaders “shape and alter and elevate the motives and values and goals of followers through the vital *teaching* role of leadership.” The premise of this leadership is that such leaders unite a wide variety of individuals “in the pursuit of ‘higher’ goals, the realization of which is tested by the achievement of significant change that represents the collective or pooled interests of leaders and followers” (Burns, 1978, pp. 424-25).

Forsberg clearly played a teaching role, and Caldicott thought of herself, in a fundamental sense, as an educator (Caldicott, 2007), a role which she played both on the public stage and in numerous lectures (grand rounds) that she gave to physicians around the world on the medical consequences of nuclear power and nuclear war. And both worked tirelessly on behalf of perhaps the “highest” goal shared by all of humanity: its own survival and flourishing on this planet. In addition to exercising a transformative influence upon thousands of individuals, both leaders helped delegitimize the role played by nuclear weapons in international relations and public policy, as they transformed the public’s perception of the danger posed by nuclear weapons. And both articulated a clear vision of two possible future scenarios: nuclear holocaust if the arms race were to continue, or the chance for survival and peaceful coexistence if it were reversed. Forsberg went further, providing a clear and realistic pathway by which this latter vision could be achieved.

There were also differences between them which illustrate the differences between transformational and charismatic leadership. There seems to be a broad consensus in the field that these two models of leadership are complementary and overlapping to a great degree, ways of “examining the same phenomenon from different vantage points”. The charismatic model focuses more on leader behaviors, while the transformational model focuses more on follower outcomes (Conger, 2004, p. 1568). A truly transformative leader will doubtless need to have at least some of the qualities (discussed above) of charismatic leaders, and if no followers are transformed one may well question whether a leader is at all charismatic.

Yet there does seem to be more to it than that: Caldicott and Forsberg appear now, as they did at the time, to be quite different from each other (Geiger, 2008). Forsberg was more analytical, data and policy-oriented – more strictly a teacher and a visionary; and Caldicott more emotionally charged, passionate and personally inspiring and challenging – more of a charismatic figure. To make this distinction is not to ignore the fact that Forsberg brought a lot of passion to her work, which was always simmering just below the surface (see for example the

extensive interviews she gave to WGBH in 1988), or that Caldicott was able to give highly detailed, factual grand rounds that could “blow away” eminent colleagues (Lipton, 2008).

Finally, the fact that both of these transformative leaders of the anti-nuclear weapons movement were women supports the growing scholarly realization that women may well be more suited to transformational leadership than men (e.g. Groves, 2005; Bass & Riggio, 2006, pp. 112-125). A key differentiating factor between men and women seems to be in the level of social-emotional and relations-oriented skills and behaviors. This should be unsurprising to any student of human behavior and human relations. Both women were adept at negotiating the social and emotional terrain that they inhabited. Caldicott, however, exhibited both greater impact (in terms of sheer numbers of people affected) and greater emotional expressiveness. It therefore also seems unsurprising that she came more sharply into conflict with her male colleagues. To say this is not to ignore the other fairly obvious and no doubt pertinent reasons for the opposition she encountered from the PSR board; it is only to acknowledge that leadership and gender are probably not mutually-exclusive constructs.

In the end, both Caldicott and Forsberg brought people together across boundaries and social sectors by putting the larger issue of nuclear war into profoundly human terms that individuals and groups from all walks of life could identify with. They crossed boundaries by addressing people *as people* who share common hopes and fears and who are capable of acting like adults that want to get along with each other, and who care about the survival of their children and future generations. They appealed, in other words, to the “better angels of our nature” rather than to its darker elements, and to what all human beings share in common, rather than to what divides them. This approach would seem to be an obvious and necessary element to integrative leadership, and no doubt entails a level of maturity and concern for the well-being of others that is not always evident among our leaders.



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<sup>1</sup> I interviewed Dr. Caldicott at length on December 10, 2007. The interview was recorded, transcribed, and then edited by Caldicott. It will henceforth be cited as (Caldicott, 2007). Recording and transcription of the interview are in my possession.

<sup>2</sup> Interview with Dr. Jack Geiger, April 8, 2008; Interview with Dr. Victor Sidel, April 13, 2008. Henceforth cited as (Geiger, 2008) and (Sidel, 2008). Recordings and transcriptions of these interviews are in my possession.

<sup>3</sup> Caldicott was an extremely competent and able physician; this example is simply meant to illustrate her confidence and lack of self-doubt.

<sup>4</sup> Interview with Dr. Judith Lipton, April 21, 2008. Henceforth cited as (Lipton, 2008). Recording and transcription of the interview are in my possession.

<sup>5</sup> Unless otherwise noted, material from this section is drawn from interviews (cited above in notes 1,2, and 4) with Helen Caldicott, Victor Sidel, Jack Geiger, and Judith Lipton, all of whom were members of the PSR Board at the time of Caldicott's resignation. I have also drawn on Caldicott's writings, and personal communication (via email) with Jane Wales, who was the Executive Director of PSR from 1981-88. I am grateful to these individuals for sharing their insights. Repeated, unsuccessful efforts were made to interview other PSR board members for this article.