

### Editorial Note

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The war in Iraq and Afghanistan continues as I write this editorial note. Reports of rising casualties – both physical and mental – are now permeating research and professional journals. Preparations are under way for helping service men and women and their families in both the public and private sector. Would these wars have started and lasted so long had it not been for terrorist attacks on the US, especially the 9-11 attacks? The “war on terrorism” is a phrase frequently used by those who justify increasing security and limiting individual freedom. This second issue of Volume 11, is a special issue on terrorism and its aftereffects. The first three articles in the issue have been assembled by Guest Editor, Randal D. Beaton, a research professor in psychosocial and community health at the University of Washington. All three of these articles deal with the Tokyo Subway sarin gas attack in 1995. Beaton and his colleagues not only discuss the impact of this terrorism event on a major Tokyo hospital and the immediate and long-term aftereffects of the gas attack on the hundreds of victims, but they also raise questions and offer lessons on how to respond effectively to such terrorism incidents in the future.

In his Editorial Note, Guest Editor Beaton provides his own overview of the first three articles of this special issue. Therefore, I shall confine my comments to the remaining articles.

The fourth article in Issue 2 focuses on another terrorist act and is written by an international team of investigators. *Stockholm Effects and Psychological Responses to Captivity in Hostages Held by Suicide Terrorists* was written by Anne Speckhard, an American living in Belgium, Nadejda Tarabrina and, Valery Krasnov, Russians at the Russian Academy of Sciences, and Natalia Mufel, a Belarusian and a doctoral student at the Belarusian State University. A world away from Tokyo and almost 8 years after the terrorist attack by a few using sarin gas, more than 800 plus hostages were held for three days in a Moscow theater by suicide terrorists armed with bombs. The stand-off ended when Russian Special Forces gassed and stormed the theater. One hundred thirty of the hostages died. The authors provide a fascinating report on interviews with eleven hostages regarding their psychological responses to captivity including their expressions of Stockholm syndrome.

Among the findings was that the hostages who interacted positively with the terrorists gained negotiating power for many small concessions and even for some larger ones. Their interviews tend to support laboratory (simulated) research findings that passive cooperation and Stockholm effects have benefit during a hostage situation and do not have long-lasting negative effects. The authors suggest that it is wise to train potential hostages about the use of positive attachments and passivity: balancing being cooperative and friendly and keeping some level of objective detachment while at the same time finding safe ways to communicate meaningfully to the outside, to escape safely, and to prepare oneself for the inevitable attempts of rescue or release. In the latter portion of

their article Speckhard and her colleagues discuss effective hostage treatment options for men, women, and children.

The final paper in Issue 2 is a personal Report from the Field, a special feature section in the Journal devoted to traumatologists reporting on their experiences studying or applying traumatology knowledge. As part of the Green Cross support mission in Sri Lanka, Tai J. Mendenhall of the University of Minnesota Medical School reflects on his weeks of deployment in southern Sri Lanka shortly after the December 26, 2004 tsunami. He reports on working side-by-side with the Sri Lankan trauma responders who were trained through the Green Cross to supervise the work and help out in any other ways. Among the lessons learned was that Sri Lankan culture served its people well in caring for those in most need following such a devastating disaster. Also Sri Lankans faced with the aftermath of such a disaster do not care about the credentials and identity of the caregivers. "What they care about is how much we care." Dr. Mendenhal also makes this point:

I have never met or worked with a colleague in the trauma field who espouses Academia's ivory tower turf battles that position one discipline over the other as somehow "better," and my distinct sense is that this is because they align with a larger and more universal mission that drives every helping and healing profession: to ease the suffering of those who are hurting, and to empower individuals, families, and communities in the face of hardship, crisis, and change. One of the reasons I am drawn to working in the field of traumatology is because of this. Whatever our disciplinary backgrounds are, we are united in this larger mission.

This sense of mission, this focus on those in critical need of support and hope, should and does transcend not only the work in tsunami-torn Sri Lanka but also in Japan and Russia in the wake of terrorist attacks that are discussed in this issue. George Bernard Shaw (1901) summed up this sense of mission well with this line from the 1901 play, *The Devil's Disciple*: "The worst sin toward our fellow creatures is not to hate them, but to be indifferent to them: that's the essence of inhumanity." The challenge is to acquire the training, competence, and teamwork displayed by Green Cross members during deployment in focusing our humanity on people wishing our help. The only other ingredient needed is the funding to support the mission. For this we must rely on the humanity of donors.

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