

Letter to the Editor

Scandinavia 9/11 – lessons learnt and ways forward

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Our history has been plagued with widespread violence and terrorism throughout the world and is by its nature unpredictable and devastating. Terror, is one of the most systematic, widespread human rights violations and traumatic stressors to innocent people where ever it happens. Terrorism is about making ordinary people feel vulnerable, uncertain, helpless, and there is a feeling that there is nowhere to hide. It is when the fear and unpredictability becomes normal that the risk toward civil society becomes the greatest.

Recently, Norway has had the Scandinavia 9/11. Stockholm, the capital of Sweden could have had it in December 11, 2010 if the suicide bomber had succeeded with his task, the first of its kind in Sweden. All of these attacks are unique in that they were aimed at national symbols of safety and prosperity.

As a consequence the recent terror in Norway, terrorism is now a major topic of discussion in the media. This extreme media attention represents a timely opportunity for medical and mental health specialists in Scandinavia to clearly speak out on the physical and emotional impact of this tragedy on local citizens and the society at large. Our framework is based upon three decades of research and clinical care on the health and mental health effects of mass violence worldwide.

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First, in the immediate aftermath of terror acts, survivors who directly experience violence commonly experience acute stress reactions¹ (e.g., painful re-experiencing of the event, concentration- and sleeping problems, hyper-arousal, difficulties with short-term memory, etc). These psychological reactions are completely normal but may become chronic and lead to impairments in school functioning and work and negatively influence personal relationships. Those who indirectly have experienced mass violence through the media are not immune to acute stress reactions, especially children. Only after 6 months do the serious mental health problems emerge. In our global trainings (www.hpvt-cambridge.org)², we focus on preparing general medical doctors and paediatricians to identify and treat in a non stigmatizing environment traumatized patients with serious physical and emotional distress related to the trauma. Unfortunately, most Scandinavian general practitioners and paediatricians have not been trained to take on these new set of problems. However, this reality through proper training and supervision can be readily rectified.

Secondly, we can not underestimate the resilience of individuals and communities when we emphasize people's vulnerabilities after trauma. In a new book by Mollica³ the importance of self healing from violence is demonstrated. Similarly Posttraumatic growth (PTG) is a new theoretical and empirical research perspective that has been introduced over the past decade and also may be helpful. PTG is generally characterized by three major areas of growth: (a) more meaningful interpersonal relationships, (b) more positive views of the self, and (c) socially constructive world view. In our decades of research and clinical care it is now well established that the major social instruments of self healing from extreme violence are altruism, work (school for kids) and spirituality. The authorities in Scandinavia would be scientifically correct to emphasize the resilience of survivors directly and indirectly affected by this tragedy by providing opportunities for socially constructive meaningful behaviour especially for adolescents who experienced the brunt of this tragedy.

Finally, this tragedy like all similar tragedies demands social justice. When mass violence occurs there is damage not only to individuals but to entire societies, indeed the world. As a consequence healing must occur not only within individuals but also within societies, with society as the healing agent. The society can help heal the survivors but the survivors can also heal the society through their trauma narratives and demonstrated resiliency. We have been impressed by the solidarity shown between all citizens regardless of their origins living in Scandinavia. This is truly a unique and special moment for all of us. But there remains a social injustice that immediately needs to be remedied which has been addressed by our research for years. All newcomers to Scandinavia must be given the opportunity to integrate into our society by having the immediate chance to work and live alongside their fellow Swedes and Norwegians in spite of their initial language in competency. In this crisis we promote work as the best anti-depressant, and as Scandinavia moves forward work, and school for kids, is the most powerful resiliency factor necessary to promote healthy and well integrated newcomers from all nations.

Scandinavia can learn from our experiences coping with the atrocities of the September 11 attacks on the United States. A terrible criminal act cannot be allowed to prevent the personal and social healing that all great civil societies are capable of administering in their of crisis.

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