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Posttraumatic and Acute Stress Responses in Hostages Held by Suicide Terrorists in the Takeover of a Moscow Theater

Anne Speckhard¹, Nadejda Tarabrina², Valery Krasnov³, & Natalia Mufel⁴

In October 2002 armed suicide terrorists held over 800 theatergoers hostage for three days. The standoff ended when Russian Special Forces gassed and stormed the theater. The terrorists were killed and hostages were dragged to buses that took them to hospitals where unprepared doctors struggled to revive them. 130 hostages died: 125 from the gas, only five directly from the terrorists’ actions. An American author collaborated with colleagues from the Russian Academy of Sciences shortly after the event to study acute psychological responses of the hostages. This paper reports on posttraumatic and acute responses following the event in eleven hostages and makes recommendations for short-term interventions following such an ordeal.

Key Words: hostage; suicide terrorism; Impact of Events Scale; hostage taking; posttraumatic stress; acute stress; grief; dissociation

September 11, 2001 awakened the world to the scourge of the 21st Century – suicidal terrorism. Hostage taking coupled with suicidal terrorism is its newest variant, played out in a Moscow theater in late October 2002. Forty armed Chechen terrorists suddenly overtook the stage for the second act, to announce to the approximately 800 theatergoers, as well as to the world, their demands. The terrorists were wearing explosives and shooting automatic rifles into the air as they explained to the stunned crowd that they were not planning to return home, that theirs was a suicide mission. They warned that they would shoot the hostages one by one if necessary and began to carry out their threat during the next three days. The standoff ended when Russian Special Forces gassed the theater and stormed the building. The gas killed one hundred twenty five hostages (five were killed by the terrorists during the siege) and all the terrorists were killed⁵.

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⁵ The numbers vary by source. The best estimate is that 130 hostages were killed, the majority by gas with from three to five hostages killed by the terrorists. The number of terrorists vary from 40-42 depending on sources and one is claimed to have been a betrayer of the group leaving the theater early, avoiding the storm. Sources vary on his ultimate outcome.
Shortly after this event my Russian colleagues and I began collaborating to interview hostages about their psychological responses to being taken captive by terrorists who were clearly willing to commit suicide to advance their cause. This study reports on seven interviews with Russian hostages in the first week of December 2002, five weeks after the terrorist takeover, and an additional four interviews with Belarusian hostages interviewed in the first week of March 2003, four months after the takeover. The subjects were all contacted by telephone and invited to meet with a psychologist specializing in traumatic stress to take part in a research interview designed to study the hostages’ responses in a situation of suicidal terrorism and to collect their observations of the terrorists. As an inducement to participate, the subjects were offered the opportunity to consult with the psychologists after the interview about any troubles they were currently experiencing in response to the event. The potential risks and benefits of participating were explained and informed consent was obtained, first over the telephone and again before conducting the interview. All of the hostages were reticent at first to participate but agreed when they realized the venture was of a highly professional nature and not simply voyeuristic journalism.

The interviews were semi-structured, conducted by open-ended questions focusing on: the former hostages’ experience of the hostage-taking siege; their psychological responses to it (including acute and posttraumatic responses); their observations of the terrorists; their reactions to family, the media and government authorities. Six of the hostages filled out the Russian version of the Impact of Events Scale –Revised. All of the interviews were conducted in Russian. This paper reports on the acute and posttraumatic stress responses of the hostages to their experience of captivity under suicidal terrorists. Due to space limitations other features of the hostages’ responses including their observations of the suicidal terrorists are discussed elsewhere (Speckhard, Tarabrina, Krasnov & Akhmedova, in press).

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6 Policy note: From our experience with this event, we would recommend that it is helpful to screen for those in need of psychological help and to offer some sort of low-key opportunity to discuss with a psychologist issues that are of concern following an event of this nature. However saying this we are aware of the research on psychological trauma debriefings occurring in the moments immediately following disasters that do not bear good results and have even been found to be aversive in some cases (Hobbs, Mayou, Harrison & Worlock, 1996; Kenardy, Webster, Lewin, Carr, Hazell & Carter, 1996; NIMH, 2002). For this very reason we refrained from contacting hostages for interviews until five weeks after the event which gave them a chance to settle down and consolidate their initial responses, making use of their own coping resources and networks, after which they had the opportunity to reassess how they were doing and if they needed assistance. In this case the interviews had a research purpose and interventions were only offered for issues that arose in the interview as clearly continuing to be problematic for the hostage. Our interventions were not imposed on the hostages or even intrusive, other than the interview process in itself being intrusive. The interview style was guided by only very gentle open-ended questions about the ordeal and their responses to it. The hostages were given support to speak on topics still difficult for them but not pushed to do so. In this regard the hostages appeared to consolidate some of their experiences by being supported in telling their stories by the attentive skill of experienced trauma psychologists – benefiting as many trauma survivors often do by moving from their fragmented and highly arousing traumatic recall into more coherent and less emotionally reactive narrative accounts.
The Traumatic Stressor

The eight hundred (plus) hostages that bought tickets for the evening performance of “Nord-Orst” were looking for a night of entertainment but became instead captives of desperate armed Chechens who had come to Moscow to martyr themselves for the cause of independence. The terrorists appeared in the second act of the well-known play in camouflage uniforms during a time when soldiers are expected to appear. Many of the hostages reported confusion and disbelief in the first moments of the takeover, thinking this must be some special theatrical effect. The terrorists soon convinced the hostages of the reality of their situation with the firing of automatic rifles, bombs strapped around their bodies, yelling “hands behind your heads!” and with the rough beating of anyone who resisted their rapid takeover. Once the takeover was established, their leader announced that unless the Russians completely withdrew from Chechnya that the terrorists were ready to begin killing hostages and to detonate bombs they had placed throughout the theater – to bring it down around them. Realizing the impossible political standoff that they had fallen into, the hostages moved quickly from disbelief to shock and horror. As one hostage recalls, “when I understood that they are suicidal, I understood they will die and we will die with them. They announced it, they said that we will all die together.”

In the ensuing three days the hostages were compelled to sit in their seats or lay on the floor between their seats, moving only to use the toilets or to request medical help. Smokers, alcohol and coffee drinkers went into sudden withdrawal and hostages vied for snack foods, juice and water (from the theater bars) that were distributed only intermittently. In the balcony men and women were separated, dividing many from their support persons. Some hostages were with children and had the additional stress of trying to keep not only themselves but their children calm and under control.

Five hostages were shot during the ordeal; one woman was dragged from the theater and shot in the hallway for failing to control her hysteria. Two hostages escaped out of a washroom window and were shot at as they ran away. They lived but the terrorists told the hostages that they had been killed. A group of young children, pregnant women and foreigners were dismissed early. Otherwise the majority was held for fifty-eight hours - until early morning of the third day when Russian Special Forces introduced an unidentified “sleeping gas” into the vents and stormed the theater. At that moment most hostages were asleep but some recall the gas, the sounds of a gunfight outside in the hallway, and even being removed from the theater.

News media reporting on the event described shocking scenes of the hostages being dragged from the theater and loaded still unconscious into waiting buses that took them to hospitals where doctors awaited unprepared, without knowledge of what type of narcotic gas had been used or how to treat its effects. One hundred and thirty hostages died, one hundred and twenty-five of them as a direct result of the gas used in the Special Forces operation. Hence the trauma was two-pronged: involving the terror of being held
hostage by suicidal terrorists who kept the theater in a constant state of tension by intermittently killing hostages, placing explosive devices throughout and firing their automatic rifles frequently; as well as the terror of being “rescued” by a government that appeared to have not put much thought or care into planning for the well being of the rescued hostages. Russians unfortunately have a history of being considered no more than “the nails of the system” by their government but nevertheless this secondary aspect of their ordeal shattered world assumptions for some.

**Posttraumatic and Acute Stress Responses**

A traumatic stressor is generally understood to be a situation in which an individual feels that his life is under threat and in which he feels intense fear, horror and the inability to escape. Witnessing the killing of others is also considered sufficient to act as a traumatic stressor. (APA, 1994) The Moscow theater event certainly fits the standard description of a traumatic stressor. Yet, as will be discussed throughout this paper, the hostages reacted individualistically to essentially the same stressor, with all of them evidencing aspects of acute and posttraumatic stress with interesting individual differences. Traumatic stress studies have demonstrated a positive relationship between exposure to a traumatic stressor and posttraumatic stress, but one's subjective appraisal of danger and threat at the time of exposure is thought to be a better predictor of posttraumatic stress than more objective measures of exposure (Donovan, 1992; Donovan, 1991). We certainly found this to be true. Likewise differing prior experiences and relationships within the theater dictated differing experiential meanings attributed to the same event by different individuals.

Posttraumatic and acute stress responses generally fall into three categories of symptoms: reexperiencing, avoidance and increased arousal. These three areas are examined in light of the hostages’ experiences:

**Reexperiencing**

*Intrusive thoughts, flashbacks.* All of the hostages reported intrusive thoughts after being released. While reexperiencing is a common phenomenon in the first weeks following a trauma, the individual’s responses to these intrusive thoughts are often what dictate whether or not the person will heal by working through the overwhelming aspects of the experience or will instead transition into posttraumatic stress disorder – continuing in triggered states of hyperarousal to which such persons respond by relying too heavily on the defenses of avoidance and dissociation to keep the recalled experience at bay. Many traumatic stress and memory experts espouse the theory that traumatic memory is initially stored differently from nontraumatic memories and may initially be less accessible to language. In a sense it is stored as “speechless terror” which may be continually reexperienced as a full sensory memory until over time it is moved into narrative memory where it loses its power to cause such powerful bodily arousal upon recall (Van der Kolk, Burbridge, & Suzuki, 1997; Van der Kolk, Hopper, & Osterman, 2001). This phenomenon was in evidence in our sample. At five weeks one hostage
recounts how narrating, or moving the intrusive thoughts into language helped her to recover, “It’s impossible not to think about it. But every time I talk about it I’m better.”

Another hostage at four months recounts that she experienced posttraumatic arousal every time she went to large gatherings after having been taken hostage in the theater but overcame it by making use of attachment behaviors with close colleagues to calm herself and overcome her triggered hyperarousal. “At first it was very difficult for me to go to the auditorium of the Ministry of Health. I went with my chief doctor and took her hand.”

The adage that ‘time heals all wounds’ is so often untrue when it comes to traumatic stress. Indeed the dissociative numbing and defense strategies that kept the event unreal in the first responses to the siege fell apart over time exposing the hostages to traumatic recall of the actuality of the events they had undergone. One hostage that was interviewed at four months recounts, “The first months were better than now. At first I was so happy to be alive, but now the (intrusive) memories start.”

Nightmares. Reexperiencing the event in nightmares can continually retraumatize or, if the mind makes use of the dreams, be an avenue of healing as well. One hostage at four weeks recounts a recurrent nightmare in which she is taken hostage again, but in this case she worked through her trauma in her dreams by empowering herself to escape. “I see dreams. I’m in the street and again I’m taken hostage – the second time already! All who were there before are there again. It ends okay but there’s a lot of glass on the floor, a lot of corridors. In the dream I want to go to the toilet and there’s glass there. I see other people and then the door opens to the outside and I escape!” Reoccurring nightmares often signal a need to work through difficult emotions and cognitions that were formed in the trauma. In this case the hostage accomplished this in her recurrent dream by freeing herself from captivity.

Avoidance

Many aspects of avoidance after a trauma are innocuous as was the case for the hostage who joked, “I cannot see chocolates anymore,” as it reminded her of the terrorists offering them chocolates from the snack bar throughout the siege. She was amused as well by the attempts by family and friends to comfort her, “The first two weeks lots of people came, and they came to see me in the hospital and they all brought chocolates!” Another hostage at four months recounts, “I couldn’t see films about terrorism.” This too is unlikely to cause any serious impairment in functioning. However other aspects of avoidance can interfere with normal life functioning as with one hostage who avoided the metro for four months, “I went to the metro only on the 19th of February.” For an urban Russian or Belarusian citizen avoiding public transportation makes normal life nearly impossible because few former Soviet citizens have the luxury of cars to transport them to work or to carry out other tasks.

Non-extreme avoidance and isolation can also be self-protective. Some hostages felt the need to isolate themselves from non-family members due to the voyeurism of...
friends and acquaintances and their own feeling of inner alienation. One hostage explains, “I feel better sometimes but I feel I must avoid people. With my husband I am good.” Another hostage however states that the avoidance extends into her family system perhaps causing some emotional cut-offs, “We don’t speak about it at all in our house. It’s very hard for our family. It was a big trauma for our son.”

Alienation. All of the hostages were very wary about granting an interview and wanted to be sure the project was indeed psychologically based and not voyeuristic. All of the hostages felt the need to protect themselves from overly curious people and felt alienated somewhat in that it was difficult for ordinary persons to understand what they had undergone emotionally. One woman states, “The relationship with my boyfriend changed. I’m more open and I like to talk about it. He’s more closed and introverted. He doesn’t want to talk. We have more conflicts since then. My boyfriend says people don’t believe us that we were hostages. It’s real and they don’t believe us!”

In order to protect themselves some hostages withdrew socially. One reports, “It’s really hard now to meet with new people. I try to give myself for people but it’s hard to be open now.” Another recounts, “For me it’s not comfortable to talk about it. It seems to be just the empty curiosity of people when they ask about it.” Many hostages found that their emotions were so overwhelming afterward that it was very difficult to share their responses with others. A mother who had been in charge of a group of children who all thankfully lived through the gas states, “As far as the children there, it was a very difficult situation. It’s too unbelievable. There was such a minimum percent that everything can turn this way (meaning that they can live). It’s hard to talk about it and put it into words.”

The hostages also struggled with their government’s handling of the standoff. All of them were upset by how the government had failed to make adequate provisions such as having ambulances ready outside of the theater and the antidote to the gas clearly explained to the hospital staff. Some said they were sickened by pictures of the how the hostages had been dragged out of the theater and callously loaded, still unconscious into buses, many slumping over with their heads falling forward or backward. Likewise, nearly all of the hostages interviewed had aspects of Stockholm syndrome, a phenomena engendered both by their terror and the kindness they observed in the terrorists handling of them despite the circumstances (see Speckhard et al, in press). The hostages felt grief and sadness at the huge numbers of hostages that had died from the gas and all but one even felt badly about the terrorists being shot. This of course was difficult to explain to other Russians who generally hold a negative view of Chechens. One states, “At first I was happy about the storm, at first. But there is a different face of the terrorist and the face of those soldiers (who stormed the theater). I like the face of the terrorist better. I think of it a lot, especially of the old, calm and kind terrorist.”

Hyperarousal

Sleep disturbance. One hostage at four weeks reports that she is unable to get to sleep because in her near sleep state the intrusive memories interfere, and she still has
trouble accepting the reality of what she lived through, “I had trouble sleeping before this but now it’s worse. It’s hard to get to sleep and hard to wake up. When it’s hard to sleep, I think and think and I see pictures of it. I think maybe it’s not real, maybe it was just a nightmare…”

Trouble concentrating. Some hostages reported problems with concentration. In this case it is very difficult to know whether their symptoms were neurological effects from the gas or trauma related. One hostage says for instance, “I can’t remember my telephone number.” Another has trouble with numbers, and another could not recall her own name. The reasons for these effects remain unclear.

Hypervigilance and Exaggerated Startle Response. Posttraumatic effects were not limited to the hostages themselves but extended to their family members who also underwent a traumatic ordeal witnessing the siege on the television and waiting for three days while hearing news reports of the suicidal terrorists, of bombs placed throughout the theater and of some hostages having been shot. One hostage recounts her adolescent son’s hypervigilant behaviors following the trauma. “My son is more like me, sensitive. Now my son is always watching me. He doesn’t leave me alone and he always wants to know where we are going. He’s a big boy but he still sits on his father’s lap and says ‘Papa I really, really love you’ If we move through our home in the middle of the night, to go to the bathroom for instance, our children wake up and ask, ‘How do you feel?’”

Hypervigilant reactions were generally triggered by understandable yet unpredictable triggers. One hostage relates, “At a wedding I was at they shot the champagne corks and I had an immediate reaction to hearing the shots.” One hostage describes her hypervigilant response in this way, “In the theater it was a very difficult situation. When everything happened I felt that inside of me, everything got so tight like all your organs are in one big wire. After, when we got out of there and I knew everything is over and the kids are safe, I still had this feeling inside of me.” Another hostage had been very proactive in the theater, observing the terrorists weapons to verify if they were real, seating himself and his wife away from where he predicted the storm troops would come and protecting himself and his wife from the gas with wet handkerchiefs. Despite his calm preparedness in the theater he became aware during the interview that he still had many residual feelings of terror, “I think I have PTSD. Before I thought I was fine, but I see that when I tell you I feel really bad, I have a bad feeling.” We pointed out to him that to revisit the event was to revisit the terror, so perhaps his assessment was only an effect of the interview. However he stated that indeed he was often hyperaroused following the event but had avoided admitting it to himself until the interview gave him the safe opportunity to reflect on it.

In their interviews hostages often referred to dealing with their posttraumatic responses by making use of attachment relationships and touch in particular. This intuitive use of touch and attachment to calm hyperaroused states may reflect a unique feature of post-Soviet society where family members have the tradition of living in close quarters and touching more frequently than is typical of Americans. It is not strange for instance for women to hold each other or hold hands while walking together in public, or
Responses in Hostages

for men to hug each other. One hostage recalls five weeks after the siege, “Now I feel afraid inside. I’m afraid going around town – when I’m alone only. I want my family around when I go out.” This hostage soothed her hyperarousal by making sure she was not alone in situations when she could again be “captured”.

Acute Stress Responses

Acute posttraumatic responses generally involve dissociative feelings, emotional numbing, derealization and depersonalization and sometimes even dissociative amnesia. These too were reported by the hostages.

Dissociative

One hostage states five weeks after, “It now seems like a movie, totally unreal.” This type of derealization comment was repeated frequently. Another recalls waking up in the hospital distressed over minor details versus what had occurred. “When I woke up I got upset that my nylons were ruined!” Another recalls, “When I woke up I told them my first husband’s name and our old address.” Luckily she heard her current husband asking for her in the hallway and managed to call out to him. Of course, some of these dissociative effects could also have been induced by the gas.

Another hostage recalls her dissociative response in the theater when she saw a woman being shot to death by the terrorists, “I thought I will be scared, but I felt nothing at all.” She goes on to explain, “I understood that I don’t care. Me myself, I don’t care. Inside I felt “aha” (frightened)…” This hostage explains that prior to the hostage taking siege she was too frightened to stand near a coffin to pay her last respects, but in the theater when she was led in her dissociative state past the corpse of the shot woman she felt nothing, “I cannot even force myself go to the graveyard: if I have to go say goodbye to the person who died it’s a real tragedy. It’s such a scary thing for me, if you will try to push me to this person in the cemetery you cannot even lift me with a crane to make me go. But when we were walking down, …. I remember my feelings that I was searching for her.”

This hostage becomes fragmented and dissociative talking about it, skipping back and forth, “I remember I was talking about the girl… I just remember her hysteria, they are taking her out, pushing her through the rows and right away you can hear the automatic firing there. Barking, barking the firing of the automatic guns. Fast, three or four times in a row. I remember that before this firing the last I remember is the voice saying, “Shoot her in the head.” It’s clear, and then the sound of the shooting and right away they shoot and I think I even saw the shadow of the body falling to the floor. Maybe it came to me afterwards, but this fact, can you imagine did not scare me at all. Maybe because I was in the balcony and everything that happened downstairs seemed unreal.” She returns to her point of feeling nothing when she saw the corpse, “When I was passing that girl, I turned my attention to that phrase, I remember that phrase, ‘Shoot her in the head.’ and I looked at her and her head was really clean. I mean without this…
I saw this moment for myself. I imagined how it looks like after shooting in the head, but when I saw it there was nothing.”

This hostage was horrified by her numb, unfeeling dissociative response and wondered if she had become some kind of awful, unfeeling person. She was very relieved to discuss her responses after the interview with the psychologists and was happy to hear that dissociation and emotional numbing are normal responses to trauma, differing from insensitivity or lack of caring, and that in time she would likely feel emotions about what she had seen. For the time being her mind was still protecting her from the horror of it.

Interestingly she was the only hostage with such a pronounced dissociative effect, perhaps because her level of exposure varied on a number of points. While all the hostages experienced basically the same event, this woman was in charge of a group of small children and was forced at one point to decide if she wanted to let her young daughter go to be released with a group of children. Later she managed to hysterically negotiate to have her older son released with the daughter and, after this, even to obtain her own release with her children. However, this meant she left behind in the theater some other children in her care. As she was being released yet another small girl was thrust into her care by equally hysterical parents. This child added to the danger, as the hostage mother had to lie to the terrorists saying she had three children, while at the same time the small girl, having been thrust into her care, was crying for own her mother and saying things that potentially exposed the lie. Also, this hostage naturally identified with the fate of the woman who had been executed for becoming hysterical and losing control, because she also had become hysterical while negotiating the release of her children and could have been shot as well. Although many of the hostages were aware that a hysterical woman had been taken from the theater to the hall and shot, they did not see it as they were sitting or lying on the floor between their chairs, a physical barrier to sights and sounds that also protected them psychologically. This hostage had actually seen and heard it and later saw the corpse of the executed woman. Hence the same event was experienced differently from different vantage points and perspectives.

*Psychosomatic Responses*

Psychosomatic complaints were very difficult to untangle from the effects of the gas, which affected the brain, liver and other major organ systems. Some complaints, however, were definitely psychosomatic. For instance, the hostage who was released early with her small children and not exposed to gas lost her ability to speak entirely for a few days and was still stuttering quite seriously when she gave her interview at five weeks. Another hostage recounts her husband’s psychosomatic response, “My husband had another business trip to Moscow after we were taken hostages. He was fine when he left but when he returned he had a high fever. My daughter is a psychologist and she explained to him that it is a psychological crisis to return to the place of a trauma, and that it was too early for him. But he did not want to seek psychological help.” This woman described her own psychosomatic responses as well, “When I remember I get really cold hands and arms. I have to put them in hot water they are so cold…. Now (at
the close of the interview) my arm is cold, it’s especially the left hand.” She also recounts, “At first I could not recognize documents; numbers are now more difficult for me than they were before this happened.”

Survivor Guilt & Changes in Future Orientation

The mother who had been released early suffered acute survivor guilt, particularly while the siege wore on. She recounts, “But the next day, at night, I wanted to go back right away, but they forced me to sleep at home. There was half a night left and then in the morning I came back. The next twenty-four hours I was there, actually the last twelve hours…Outside it was hard to wait for the others. And I wanted to go back in there. I wanted to go there so bad. I could give up everything I have to be there with everyone else. You know how I thought - if I could get these released maybe I can do it with the other children too.”

Another hostage felt that because she had lived when so many others did not survive that she must do something important with her life, but she was unsure about “since I live – what must I do?”

Anger

The manner in which the theater was gassed and stormed with evidently little care or preparation given to the emergency medical and military staff concerning reviving and removing the hostages engendered deep emotional responses in many of the hostages toward their government. Most of the information that the hostages have about how they were treated during this time period is from the media because many do not have conscious recall of the storm and rescue. Some however do have fragmented memories of this time period. One recalls, “someone put a bowl of cold water under me and said, ‘she is breathing.’ We were put on a bus. My first thought when I came to was where am I in heaven or earth? When I realized I was alive, my first thought from the fog was, ‘where is my husband?’ I saw him unconscious and I cried, ‘Please save my husband!’ Then I remember the lift (elevator) counting the floors, one, two, three, four, occupied, occupied and then I was unconscious again.”

Interestingly, the hostages tempered their responses to the government. As former Soviet citizens they perhaps had lower expectations and higher tolerance than a typical westerner for neglect and mistreatment by their government. It seems to be a strongly ingrained cultural trait to avoid expressing outrage directly when it involves government actions. This may be explained by their history of the individual not being considered important vis-a-vis the group and because expressing outrage, especially toward the government in the near past, could be considered a punishable offense. Hence, indirect expressions were favored. A physician hostage, for instance, stated sadness rather than anger, “It is so sad that the medical staff were not prepared, but they did the best they could in awful conditions. We were almost naked in the hospital (their clothes had been cut off). Doctors-without-borders brought us clothes and shoes.” Another hostage complains, “When my husband came to the hospital I decided to leave. I
had no analysis, no treatment. When my chief saw me he said, “You must take medicine.” I had edema. Everyone wanted to get out fast but in two, three days they had to return to the hospital because of their bad condition.” She also tempered her response expressing concern rather than outright anger. Another hostage expresses herself similarly, “There were many mistakes in the transport of people to the hospital. The pictures were so awful: women’s heads, backs and hands hanging. They did not send people to the right medical departments in the hospitals and didn’t tell them anything. They released them to their relatives.” Another hostage questions the rescue operation rather than expressing anger directly, “It’s so strange that our Army Medical Corps was not ready and did not work in this situation.” Another complains, “It was a big experiment.” One hostage even sustained an injury due to the lack of aftercare instructions concerning her lack of liver functioning after exposure to the gas, “When we were leaving, in the embassy they gave me vodka (to celebrate our release). No one told me not to drink. I drank a small glass and fell down immediately. I got a black eye.

In regard to the government seeming to care more about politics than the hostages, one explains, “Before I did not have political attitudes. At that moment of being held hostage I realized politics. In the theater my opinion was that if there are children of government leaders in the theater the problem will be solved much faster.” Another felt anger against Chechens saying, “According to my will now, I would build a big wall around Chechnya.” And another speaks about her son who was not in the theater but who feels a great deal of anger for the Chechens even four months afterwards, “My middle son is really angry at the Chechens. He hates them now. I tell him, no, that there are good people in all nationalities.”

Children

We were able to gain information on only two children who had been in the theater, and that was from the interview with their mother and from the therapeutic interventions on behalf of these children by a colleague (Himchyan, 2002). In this case the parents felt that their children were not strongly affected by what they had undergone, and indeed the five- and ten-year-old children also denied any symptoms. However, when the five year old daughter was asked by the psychologist to draw what she saw in the theater she drew a picture of a woman with beautiful hair flowing out over her all black outfit, with high boots and toting an automatic rifle. She was obviously a terrorist, but the child having made some sort of identification with the aggressors said to the psychologist, “Isn’t she beautiful? When I grow up I want to be just like her.” Likewise she admitted to daydreaming that she would grow up to be a terrorist.

Grief

All of the hostages felt deep grief for hostages that had died and all but one expressed regrets and sadness for the terrorists as well. One hostage recounts, “After the hospital we went to get Olga and then to the theater to put flowers where so many people had died. Then I started to cry. I saw the things left from the people, toys lying on the floor.” Another struggled with grief over the children sitting nearby who didn’t survive.
the gassing. “The children who sat behind me were those who had participated in the musical. They had been singing songs from the musical and they asked people around them, ‘will you come and see the end of it (the play) another time?’ They died.” Friendships were struck up in the theater that later proved painful when some lived and others died as one hostage recounts, “Many were with us who died. The girl who sat near us, the girlfriend of Fatima, died. I didn’t call. I have the telephone number of Fatima, but it’s very difficult to call her. I didn’t do it.” The hostages all found their own ways of working through and expressing their grief. One recounts, “Sometime in the concert of Rosenbaum listening to the song of the flowers and dead soldiers I sat and cried from my soul.” Another says, “I read a sad book and cried and cried.”

**Family relationships**

The hostages are not alone in their posttraumatic responses to their captivity. Family members also suffered from the ordeal and relationships within families and couples changed as a result as noted previously.

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**World Assumptions and Self Identity**

Becoming a hostage shook the world assumptions of many and caused them to redefine some of their priorities and self identity afterward. For instance, one hostage explains that she realized how much she valued her family and friends afterwards, “I was twelve when I lost my mother. I have three children. My husband made all that I didn’t have in my childhood.” She goes on to say, “When I returned home I told everyone how much I love them.” This same hostage recounts how she became more independent of others judgments following the siege, “Earlier, before this happened, I was making decisions with others in mind, thinking of how they would react, but now I live for myself. Now, I understand that life is fantastic and I must take care of myself, not fearing what other people think.” She also saw a change in her husband stating, “When our grandson was born, my husband was jealous of the attention I gave him, but now after Nord-Orst he is not jealous at all.”

She also reevaluated her civic duties to be prepared and to fight against terrorism stating, “I am a specialist in civil protection in my city, but I never took this training seriously. In the medical supplies (during the siege) they gave us gauze masks, these are what would be worn by doctors in time of influenza. No one in the theater could realize at the time why they supplied us with masks. Now we understand (they were supplied to help protect us from the gas). I tell my workers now that we must all study civil protection.”

Religious feelings became more prominent for some, “I did not believe in God before, but now I feel like an angel protected us. No one was allowed to sit together, but when my husband asked we were able to sit together. When they (the terrorists) found
the general and started announcing it (this was a particularly terrifying moment), all that time I was with my husband, and when the gas came, and we were in the hospital together – we were not separated even then. So now I believe in God, that He saved us.” Another hostage assigned a much deeper meaning to having prayed in a church prior to the event, “We went to St. Basil’s church on Red Square and bought candles and placed them. If we had died I was so glad we had been to church.”

Another young hostage expressed the desire to somehow do something good for others in her life since she had lived when so many others had died. She was pleased at the end of the interview when we pointed out to her that her major in psychology would likely give her the tools to do so.

**Retrospective analysis of earlier events**

Traumas often provide an opportunity for positively and negatively reassessing earlier events in life and giving them new meanings. Sometimes these retrospectively assigned meanings provide a sense of control to the hostage. One aspect of this is paying increased attention to superstitions and signs that seem afterward as if, had they been heeded, they could have protected the hostage. For example, one hostage reassessed events saying there were signs not to go to Moscow. “The week before our trip I was in the hospital with a kidney problem. It was the first sign not to go.” Another hostage recounts, “The tickets to the theater were for celebrating our one year anniversary… but it was not so good of a celebration. Our seats turned out to be numbers 13 and 14. With me thirteen is often an unlucky number.”

Prior events in each hostage’s life also had some effect on how they experienced the siege. For instance, a hostage recounts that her worst fear was to die leaving her children motherless, “I was always afraid of my own death because my mother died when I was a child. I’m not afraid of anything else.” Another hostage, that had a hard time giving the interview without tears, recounts that she was already emotionally vulnerable before the hostage taking siege, “I had trouble at first, but now I am okay. I had a very hard year: my baby died earlier in the year. A week after (the siege) I was psychologically okay, but I still startle (four months later).” Another hostage, who had been sexually molested years earlier and recovered from it, related that after the siege all her earlier panic about the molestation had returned and she could no longer be alone in darkness. Suddenly she had a phobia of males that included her five-year-old grandson.
Interactions with the Mass Media

While one of the most powerful tools of the terrorist is the mass media, it can be an instrument of additional pain for the victims of terrorism who, having already endured one captivity, afterward can endure yet another by hounding journalists following the event. This was made painfully clear in the case of one hostage in particular who had a profoundly traumatic response to journalists. Released early from the siege, she was responding normally until she returned to the theater to await the outcome of the others and was recognized and surrounded by journalists.

It happened this way. I saw that the journalists recognized my face. … (They) surrounded me with all of their cameras, made a circle around me, about forty of them. They stood around me and asked me questions. I did not have the strength to speak at all. I took one of them and hid my face in his shoulder so I could hide. I didn’t want to speak to them and I asked them, “Please leave me alone. There is nothing interesting in it. I am not going to speak about it.” It was about forty minutes that they surrounded me. It was a blockade of television cameras. Then somebody came out from the hospital’s door. They all ran to that side. At that moment I realized that I cannot talk. After it I only had noises bubbling up in my throat when I tried to speak. Then in the evening I could make a few letters, the first letters of the words so people could understand me barely. So it was something at least. Now it’s much better. I took some medicine also. I was in the hospital. It’s much better: I can pronounce words now, but I stutter badly.

One hostage reports feeling irritated by incorrect reporting. “I wanted to read about it, but it bothered me when the journalists gave incorrect information. Like when the terrorists chanted the Koran. I didn’t like it when the journalists reported this because the Chechens were friendly to us and sang their national songs for us. For me it was not this way.” Another recalls being embarrassed by foolish responses she made immediately after the ordeal, “Journalists wanted to talk to me. I felt I must do it, but I didn’t want to. What am I to tell? What I thought of it? I had just come out of the hospital and all the cameras were surrounding me. I couldn’t kiss my husband and my first words were that they had ruined my nylons! The journalists take our souls of course on TV. When I got home everyone gave me nylons.” One hostage remembers cynically the actions of journalists who took her interview. “Afterward, at the theater when we put flowers there NTV (the Russian national television network) tried to take an interview. The journalists gave me flowers and took my picture and then they took the flowers away!”

Impact of Events-Revised Scores

The Impact of Event Scale (IES-R), is an objective measure of PTSD symptoms (Weiss & Marmar, 1995) that, when used in a research interview containing additional questions about the nature of the traumatic event, make assessment of PTSD possible. One of the co-authors made the Russian translation of the IES-R and had previously used
it in a study with Chernobyl liquidators (Tarabrina et al., 1993). Her version of the IES was translated and back-translated and has been used in many other prestigious research endeavors in the Russian-speaking world.

Six hostages filled out the IES-R after giving their interviews. All of these individuals had clearly experienced the hostage-taking siege as a traumatic stressor (i.e. meeting criteria A of intense fear, horror and threat to life) and many also had serious disruptions in their life functioning that remained beyond the first month after the event. The hostages scores ranged from 5-57 with a mean of 34 (s.d. 19.9).

In Moscow we interviewed one college student hostage whose mother was also interested in speaking with us, so we interviewed her as well (separately) and gave her an IES-R as well. Interestingly, the mother’s reactions to the ordeal were much worse than the daughter’s, with the mother’s IES-R total score of 82 and her subscale scores exceeding all the established PTSD cut-offs. The daughter’s total score was 50, but she only exceeded the cut-offs on the intrusion subscale.

The young hostage mother who had been released early with her children, but lost her ability to speak had a rather severe enduring psychosomatic symptom (losing the ability to speak for days after being surrounded by journalists and still stuttering five weeks later). She did not exceed the cut-offs for PTSD on any of the subscales, although she approached the cut-off on the avoidance subscale. Hence as would be expected not all negative reactions to the event could be coded as PTSD, and psychosomatic symptoms were clearly differentiated in this woman.

Of the Minsk hostages, two were physicians. One had a very difficult time with the interview evidencing obvious traumatic arousal. She cried throughout but exhibited symptoms only, on the IES-R, but not full PTSD. The other physician was clearly comfortable with life and death situations and listed only one symptom - of avoidance. Their profiles raise the question as to whether medical workers have developed a higher self-inoculated resiliency to traumatic events? It is also interesting that these physicians may have psychologically protected themselves by self-medicating with pheno-barbitol at night to sleep, although their use of this drug in the end increased the load on their livers when the gas was introduced to the theater and hence worsened their ability to metabolize the gas.

Of the other Minsk hostages, one was a business executive who, of those interviewed, had been the most alert and taken the most precautions to protect himself and his wife from the impending storm. He admitted during the interview that he probably did have major symptoms of PTSD and was trying very actively to avoid recall of the event. His avoidance subscale (28) clearly demonstrated this, nearly doubling the cut-off score for PTSD, and his hyperarousal subscale was also elevated (16) but he did not qualify for PTSD based on his intrusion subscale which did not meet the cut-off. His wife also had a high avoidance subscale (20) exceeding the cut-off, but did not demonstrate full PTSD based on her IES-R scores.
Coping

While the hostages were clearly traumatized by their ordeal all of them seemed to be coping with it quite well. Only one found that her psychological symptoms had worsened rather than improved. In her case the dissociative defenses that had protected her in the theater and in the first months afterward began to crumble overtime and she was hit with strong intrusive recall of the event months later. All of the hostages appeared to be on the road to a complete recovery, although they all took advantage of the opportunity to consult after the interview and were heartened by learning that the symptoms they had expressed all fell within normal ranges for such an experience. They were very open to suggestions about how to reframe their self-assessments – for instance reframing emotional numbness as being a quite different phenomenon from being heartless or uncaring. Another was unsure about her symptoms - whether or not they were trauma related or a result of the gas. Because they activated with recall of the trauma versus generally active, we pointed out that perhaps working through those aspects of the horror would help.

The hostages we interviewed had all taken about thirty days or longer away from work following the siege, a normal post Soviet government allotted “recovery” period, most of them spending time in a recuperative health unit. After this time of rest all of those interviewed concluded that returning to work and normal routines was extremely helpful to calm their symptoms of distress and reorganize themselves back into a functioning persona. One observes, “My trauma symptoms reduced when I went back to work after a month. I calmed down then. The activity and the problems at work took my attention.” A physician recalls, “I cried really hard in the hospital (during her prolonged rest period), and then I was okay. I just went home and got a pillow and blanket and rested. A psychologist that was there (in the hospital) could not work for weeks afterward, but I was fine.” Another stated simply, “I think my work is saving me.”

Help seeking behaviors

Two of the hostages who were interviewed had immediately sought psychological help; the rest were wary of it. Formerly, the practice of psychology and psychiatry in the former Soviet Union was limited and often co-opted to the needs of the authorities; hence it still is not well understood, widely available for less severe complaints, nor accepted by the general public. There is not yet a tradition of seeking individual psychotherapy for general life problems, and the practice of psychology and psychiatry is still developing to western standards. We learned that some of the government psychiatrists involved with hostage after-care failed to view the event as likely to produce posttraumatic responses and diagnosed hostages as suffering from bipolar responses - euphoria over their release and mania following the event. One woman who seemed unaware of how to get psychological help said, “Given the opportunity, I would go to a psychologist.”

All of the hostages had been wary of giving an interview and were visibly distressed in recalling many aspects of their ordeal. Only one hostage became fragmented and dissociative in giving her interview, although many displayed minor
dissociative effects, and all seemed to benefit from the opportunity to narrate their ordeals. All of the hostages expressed very positive responses to the process of speaking with sympathetic psychologist(s), especially given the opportunity to ask questions at the end of the interview and to receive feedback. Many expressed concerns about their psychological health and were very grateful to hear that their PTSD responses were normative and to receive suggestions on how better to reframe some of the conclusions they had made about themselves and their ordeal and to maximize their positive coping. They were also very pleased to hope that perhaps the research would help others.

Summary

The hostages interviewed in this project exhibited a variety of mild to severe acute and posttraumatic responses to the terrorist event. The fact that the hostage takers were suicidal greatly increased the hostages’ feelings of helplessness and terror. Also, the death from the gas of so many hostages and the apparent disregard of the Russian government for these individuals was a difficult aspect of the experience with which the hostages grappled. The fact that many of the hostages developed Stockholm effects also made the deaths of the terrorists traumatic, which may have been a surprise to many.

Despite their symptoms it seemed likely that given time and support the hostages were making good use of naturally available coping resources and would make full recoveries. It is interesting from a policy making perspective that the hostages were not offered an organized psychological response following their ordeal and that, after going over the hurdle of deciding whether or not to trust our request for a research interview with the offer of a free consultation following it, all the hostages welcomed speaking to a sympathetic psychological team and took advantage of the opportunity to consult about issues that were still bothersome to them. Most of their concerns were standard acute and posttraumatic stress issues that were easily addressed in a straightforward manner. The least difficult to help persons were those who appeared to have been relatively healthy individuals pre-trauma. Those with previous unresolved losses or traumatization presented more complicated cases and likely would have benefited from psychotherapy.

Given that suicidal terrorism appears to be a rising threat (witness the recent spate of suicide attacks in Israel, Iraq, Turkey, Russia and so on), it becomes a new type of trauma that psychologists and policy makers must prepare for. We recommend expecting individuals in hostage-taking situations to do well with their ordeal, but to have some degree of acute and posttraumatic responses. These should be addressed in a non-intrusive and supportive manner for those who continue to struggle in the months following their experience. Of course, further study of this type of phenomenon is also recommended.

References


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