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Victims of the Iranian Hostage Crisis: Nursing Interventions

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Editors' Note:

This article was prepared in late January, immediately after the release of the American hostages from Iran. As this issue goes to press, early media reports indicate that the Task Force successfully structured its work to meet the needs of the returnees, who appear to be making a smooth adjustment. Dr. Burgess wishes to credit the following publication for material in this article: Mobilization I: The Iranian Crisis, Final Report of the Task Force on Families of Catastrophe, The Family Research Institute, Purdue University, West Lafayette, IN 47906.

On November 4, 1979, Iranian terrorists took 53 Americans hostage at the embassy in Tehran and set into motion a national crisis — not only for the individual hostages and their families, but also for the staffs of the governmental agencies involved in the release negotiations. The incarceration of the Americans in Iran for 444 days will clearly be considered a critical life event of significant magnitude for both the returned hostages and for their families. The purpose of this paper is twofold: first, to describe the Task Force on Families of Catastrophe and its role in the Iranian crisis; and second, to identify ways in which nurses can be effective in dealing with victims and families caught in political and social upheaval. It will be useful here to briefly review crisis intervention theory.

Nurses are in daily contact with people who are in crisis as a result of emotional events. One counseling response is the application of the therapeutic model of crisis intervention. Crisis intervention — an important structural framework for a specific form of therapy to resolve emotional crises — is based on a sound body of principles, corollaries, and techniques.

In the course of professional training in crisis intervention, nursing skills are essentially developed at three levels: 1) the conceptual skills that provide the framework for understanding the client's problems and for developing strategies for change; 2) the clinical skills that are the techniques for implementing an effective therapeutic strategy and that are an extension of the conceptual framework; and 3) the communication skills that are necessary to enhance information exchange in the therapeutic relationship and to create a non-threatening open relationship. Effective crisis therapy at each of these three levels requires the general skills of the well-trained nurse-clinician and the special skills of the well-trained crisis therapist.[1]

At least one researcher believes that crisis intervention is part of a "third revolution" in mental health (after the advent of psychoanalysis and the development of psychotropic drugs).[2] While it is impossible to assess the full impact of the crisis intervention model on mental health concepts and on the practice of psychotherapy, it is a growing influence that has already created some change in approaches to helping. Crisis intervention has only recently gained widespread acceptance among mental health professionals, despite almost four decades of development. As a flexible, albeit limited response to a normative event — the emotional crisis — crisis intervention has been successfully adapted to a wide range of counseling settings. While recognizing that crisis theory and practice are still evolving, the impact of this approach on service delivery systems in mental health cannot be underestimated.

Nurses are increasingly recognizing the value of crisis intervention in clinical education and practice, since it is a

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