The experience of being profoundly affected by external events seems more relevant than ever following September 11, 2001, as we civilians in North America find ourselves vulnerable targets in an ideological war. There is much that we know about the experience and sequelae of psychological trauma, and much that remains unknown or uncertain. Each of the four articles in this section of the Bulletin discusses one aspect of psychological trauma, both discovering and reminding us that we are biologically complex and culturally diverse folk who can be acutely and chronically affected by external events.

We are glad to have an article from Dr. David Spiegel, one of the most important international voices in the field of acute traumatic stress. He has researched aspects of acute responses to trauma in several settings. Most recently, following the Sept. 11 attack, he and his team collected over 7,000 responses to a questionnaire on their Web site. In his article, he helpfully and succinctly summarizes effective support and treatment initiatives and cautions following overwhelmingly stressful events. Dr. Lisa Andermann is both a psychiatrist and an anthropologist. She has written an article on the interplay of culture and trauma. Dr. Andermann reminds us that we live in a multicultural environment, and we cannot assume that we understand how another has registered a traumatic event and organized its meaning or lack thereof. Whatever happens to us is experienced in the context of our pretrauma systems of meaning. Another insight into psychological trauma is offered by Dr. Ruth Lanius who, as a psychiatrist and neuroscientist, invites us to consider how neuroimaging techniques help elucidate the neural circuitry underlying the recall of traumatic events in subjects with posttraumatic stress disorder (PTSD), both in those whose response is hyperarousal and in those whose response is to dissociate. Having found in a previous study that 30 per cent of individuals with PTSD respond to script-driven trauma imagery by dissociating, she explores neurobiological theories associated with dissociation. My own clinical paper on complex PTSD, or the proposed new diagnosis of disorder of extreme stress not otherwise specified (DESNOS), argues that we should attempt to see beyond the diagnosis of PTSD as three clusters of symptoms frequently accompanied by comorbidity. The diagnosis of DESNOS attempts to describe the chronic disorder more accurately by using seven symptom clusters, aside from the usual PTSD symptoms. Potentially, DESNOS has greater clinical and research utility.

Individual treatment modalities can be a luxury in our time, when so many people in the world are subjected to traumatic events. The papers in this issue tend to support the idea that the most effective “first aid” for affected individuals is to recognize that recovery is optimized by remaining connected to others and to the community. Dr. Spiegel noted that, in one survey undertaken following Sept. 11, 96 per cent of affected individuals found that talking helped, as did their religious faith and engaging in group activities. Interestingly, 36 per cent found that making a donation of one kind or another helped them cope. In a recent metaanalysis of the variables associated with the development of PTSD, Chris Brewin has found that lack of social support following trauma, as well as subsequent adverse life events, are the largest variables in predicting PTSD (1). His work emphasizes that our need for and ability to use interpersonal connections is crucial to recovery from overwhelming events. Similarly, in his work with acute trauma survivors in Israel, Arieh Shalev conceptualizes recovery as fostering this interconnectedness in the emergency departments and wards that fill following each bomb attack (2). He considers whether PTSD is perhaps a disorder of recovery and gives thought to what kind of immediate interventions or lack thereof are most likely to promote natural resilience and healing.

We hope that this issue of the Bulletin addresses the need to find ways to help those affected by trauma retain, rediscover and use their unique encultured resilience, while acknowledging the importance of continually exploring the mechanisms and categorization of chronic and complex trauma disorders.

**References**
