

The Myths of Healing

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The attacks of September 11, 2001, did far more than destroy buildings and kill thousands of innocent people. They shattered our sense of security and interrupted the rhythm and social fabric of our country. Although the physical impact of the terrorist attacks was over in a few minutes, the psychological consequences are likely to have extended over months, years, or, for many, perhaps the rest of their lives. There was no one, universal response to this trauma. Its impact cannot be explained simply by where people live or work, by their demographics, or by objective measures of exposure to or loss from the attacks. Although people hold strong assumptions about how individuals will respond to traumatic events, people responded to the events of 9/11 in many different ways.

The attacks of September 11, 2001, did far more than destroy buildings and kill thousands of innocent people. They shattered our sense of security and interrupted the rhythm and social fabric of our entire country, not simply in New York City and Washington, DC. Although the

physical impact of the disaster may have been over in a few minutes, the psychological consequences are likely to have extended over months, years, or, for many, the rest of their lives.

The attacks were unique in many ways. This was a shared national trauma, viewed in “real time” by most of us. Tens of thousands of individuals directly witnessed the attacks against the World Trade Center and Pentagon, and millions more viewed them and their aftermath in the media. In fact, more than 60% of a nationally representative sample of adults reported watching the attacks on television as they occurred; less than 1% reported watching no television news coverage of the attacks in the week following (Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002). Television and print media coverage provided us with vivid visual images of the events of the day.

Moreover, these pictures have stayed with us, repeated constantly after the attacks and again with each anniversary. In addition, over the past 2 years, the American public has experienced a period of chronic national stress. The attacks ushered in an era marked by international conflict, economic strain, and heightened anxiety about subsequent terrorism here and abroad.

People hold strong assumptions about how individuals will respond to traumatic events like the terrorist attacks (Wortman & Silver, 1989). Such assumptions are derived in part from clinical lore about coping with loss and our cultural understanding of the experience. Yet many of our expecta-

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tions about the coping process are wrong; how people are “supposed” to respond often stands in sharp contrast to the research data. One thing that we do know about how people respond to traumatic events (e.g., physical disability, death of a child, childhood sexual victimization, divorce, family violence, war, and natural and human-caused disasters) is that there is no one universal response. Although our country had not experienced an event of this magnitude on our soil before, let alone had much information about how individuals would cope with it, we had some hints based on prior research. We should not have expected people to go through an orderly sequence of “stages” of emotional response (e.g., denial, anger, and depression). We should not have assumed that distress was necessary for everyone to get past these events and that failure to experience emotional distress was indicative of pathology. We should not have expected that only those people who experienced a direct loss would be greatly affected by this tragedy. We should not look at the calendar and expect recovery for everyone by a certain point in time.

Despite misconceptions about the coping process and its outcome, and consistent with the research on how individuals cope with stressful life events in general, people responded to September 11 in many different ways. The impact of this national trauma cannot be explained simply by where people live or work, by their demographics, or by objective measures of exposure to or loss from the attacks. Instead, some people’s characteristic responses to traumatic events played a role in how they responded to September 11. The responsiveness and support of their social network have also been critical. In addition, the stressful events that have occurred in their lives since that day have also influenced people’s ongoing responses to the attacks and their aftermath.

Although some have continued to feel an overwhelming sense of sadness or de-

pression surrounding the events and others have continued to feel fear or anxiety about the future, we should remember that most have been quite resilient. Despite ongoing uncertainty, we have not seen enormous increases in psychopathology. Rather than considering symptoms of sadness and anxiety as evidence of psychiatric disorders, their presence for most people is likely to represent a normal response to an abnormal event. Many people have also reported finding unexpected positive consequences in the wake of the attacks, such as stronger relationships with others, renewal of life’s priorities, increased awareness of political and global issues, and a greater appreciation of the freedoms our country offers.

Unfortunately, we must also recognize that the full consequences of this trauma continue to unfold. There is still a great deal of uncertainty in the country since the attacks. Many are concerned about the risks of bioterrorism and possible subsequent terrorist attacks. Although the Great Northeast Blackout of 1965 was unlikely to have triggered fears of terrorism, there were probably very few people whose minds did not immediately hypothesize that the New York City Blackout of 2003 was terrorist induced.

It has indeed been a difficult 2 years. Our country is changed. Most of us will now tolerate waiting in endless lines at the airport, and send our shoes, belts, and laptops through X-ray machines without complaint. Many willingly subject themselves to searches when entering sporting events and musical performances, scenarios that would have generated protest a mere 2 years ago.

In the end, however, many still want control over the uncontrollable and a reduction in the ambiguity they feel about their future. Unfortunately, neither of these is likely to happen soon. On the other hand, we can learn from countries where terrorism is a constant reality, where people go about their daily lives, aware, vigi-

lant, but not immobilized. Ultimately, individually and collectively, we will do the same: cope with the attacks and their aftermath in our own way and on our own timetables.

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