

## CHAPTER 9

# The Psychological Impact of Terrorist Attacks: Lessons Learned For Future Threats

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### Setting the Stage for Panic and Terror

*“Crises” can help us discover much about ourselves and enrich our lives. If ‘disaster’ enriches our lives with gifts that would otherwise have been taken for granted, is it really a disaster? Or is it a gift in disguise?*<sup>1</sup>

—Elisabeth Kubler-Ross

Virtually every epoch in American history makes mention of one or more significant disasters - fire, floods, hurricanes, tornadoes, volcanic eruptions, snowstorms and earthquakes are commonplace. Other disasters are human-made, caused by people through mishap or neglect, such as a work accident, apartment fire, or with deliberate intention, such as terrorism.<sup>2</sup> A disaster is roughly defined as any natural or human-induced event that causes damage to physical, social, psychological or economic structures so as to require extraordinary assistance from outside the immediate impact area.

Terrorism, on the other hand, is something relatively new to American history, especially mass casualty terrorism. So, how do we define terrorism? Terrorism is defined as the use of violence by fanatical extremists as a mode of governing or opposing governments by intimidation.<sup>3</sup> It is coercion of the civilian population, or any segment thereof, in furtherance of political or social objectives.<sup>4</sup> Its aim is to immobilize the civilian population with fear and anxiety. Terrorists terrorize by using threats or physical destruction to kill and maim innocent people, create sensationalism and chaos, and gain instant

publicity for the terrorist's cause. The terrorist acts are unprovoked and intentional, causing overwhelming fear. These acts evoke feelings of helplessness in individuals; terrorists randomly target innocent and defenseless groups of people.

The battlefield is not the land upon which the attacks take place, but rather, it is the mind - the psychology - of those who survive.<sup>5</sup> The events of September 11, 2001, added a domestic reality to the term terrorism that all Americans had hoped would never be experienced. It has been estimated that somewhere between 9 percent and 35 percent of those directly exposed to traumatic events such as disasters and terrorism will develop significant posttraumatic psychological distress and perhaps posttraumatic stress disorder (PTSD).<sup>6</sup>

Psychotherapy alone, no matter how brief, seems inadequate to effectively respond to the psychological needs of both civilian and military personnel in the wake of terrorism and disasters. As a result, acute psychological crisis intervention, sometimes called "psychological first-aid," as well as other forms of emergency mental health interventions have been recommended to address the earliest psychological needs subsequent to disasters and acts of terrorism.<sup>7</sup>

Both types of disasters, natural and human-made, can elicit fear, anger and worry in victims, their families and friends and could lead to psychological symptoms of anxiety and depression. Research has shown that human-made disasters are more psychologically pathogenic than are natural disasters. Terrorism may be the most pathogenic of all due to its unpredictable and unrestrained nature.<sup>8</sup>

This chapter will describe the phases of terrorist attacks and examine the psychological impact of terrorist events on Americans, focusing on military members and civilian State Department employees. It will evaluate training programs and emphasize the importance of resiliency training to prepare individuals for future attacks.

To begin, it is important to understand the three fundamental phases of the terrorist attack: first, the pre-attack/pre-crisis phase, secondly, the acute event itself and third, the consequence management/reconstruction phase. These three phases have been identified in response to major disasters throughout the world over the past 20 years, according to Dr. George S. Everly and Jeffrey T. Mitchell, Ph.D., founders of the International Critical Incident Stress Foundation, Inc. They created this

structure for understanding the phases of terrorism and to prepare primary target populations and emergency services.<sup>9</sup>

The pre-attack, pre-crisis phase is the time period prior to the actual attack. During this phase, both threat assessment and prevention are very important and are performed by law enforcement, military, and the intelligence resources available. The military does this well by incorporating such considerations into its exercises and force protection strategy. The civilian sector is not so well prepared. Current events show that the civilian community needs to design and implement disaster exercises to identify possible threats and vulnerabilities and to educate its personnel on possible safety concerns. Phase two implements the plan designed from phase one. Doctors Everly and Mitchell believe that the better prepared the American population is for a terrorist event, the less severe the overall impact of the attack.<sup>10</sup>

As an example of all three phases of the attack, a young electronic warfare officer (EWO) learned a few lessons about terrorism that have stayed with him for many years. Talking about his experience brought back many painful memories for him. In Greece, during the late 1980's, there was animosity against the United States and the Air Force mission in an unprotected area near the city of Athens. Yet, the aircrew was not prepared for a car bomb that detonated near its bus, which was traveling the same route from the hotel to the base and back for the prior six months. When the EWO's bus was attacked, he was stunned and cut by shards of glass, but intuitively tried to assist the injured Greek bus driver. Later, he felt extreme anger towards a fellow Air Force member who sprinted away after the attack without assisting anyone else.<sup>11</sup> Although the EWO was later awarded a Purple Heart for his injuries, he felt frustrated since there was no follow-up counseling or training done, Critical Incident Stress Management (CISM) didn't exist at that time.

"Those airmen who requested to return to the United States were called 'wimps' by their commander," the victim explained. "By definition, one is not prepared for a terrorist attack – out of the blue. It is not like going into battle – a person is just doing his job when the attack occurs – changing his life forever."<sup>12</sup> As a result of this attack, the buses transporting the aircrews are now armored and personnel wear protective flak vests.

Conversely, at the Pentagon, there had been numerous fire and evacuation drills prior to the 9/11 attack; many permanent staff military and civilian personnel were accustomed to quickly and quietly evacuating the building due to these practice drills. It was quite different from the World Trade Center attack, where people jumped to their deaths from the building due to panic and chaos.

The second phase of the terrorist attacks is the acute event management phase. This phase persists as long as event assessment, containment, rescue and recovery efforts continue. During this time, fire suppression, communications, law enforcement, rescue and emergency personnel perform their respective functions. Techniques such as crisis management briefings, defusings, demobilizations, and crisis counseling within the CISM system are implemented.<sup>13</sup> This phase is one where counselors trained in trauma care can assist the emergency first responders and the victims during these crucial first hours.

Although research shows that it is important for first responders to rest, drink water, and take care of one's own needs after doing dangerous rescue work, many fire fighters, police, EMTs and security personnel push themselves to their limits and can become emotionally and physically worn-out. Caregivers need to pace themselves and each other and establish 8 to 10 hour work shift rotations to keep from becoming a psychological victim of a terrorist event.

The research done by the American Red Cross shows that there were more than 237,000 mental health contacts related to all three terrorist attacks from people in New Jersey, Connecticut, Massachusetts, California and several other locations. The Pentagon, as of 6 June 2002, had 8,136 mental health contacts – to include victims and first responders.<sup>14</sup> Current studies show that 52 percent of the World Trade Center first responders have suffered from both mental health issues and respiratory problems over eighteen months to years later.

The third phase is the consequence management and reconstruction phase. During this time, frustration, shock, anxiety, grief, disillusionment, mourning, and depression fully emerge. Studies show that survivors in close proximity to a terrorist attack may not realize they need help and therefore won't seek it, despite suffering significant emotional distress. Some endure active post-disaster psychiatric symptoms, including post-traumatic stress, sleep disorders, memory problems, and major depression

for as long as 6 months. One reason is that those who were spared may feel so much “better off” than those who were not; they may minimize their own needs and feel guilty for having them. Or, they may be ashamed of what they’re feeling, believing their distress indicates some sort of weakness or instability.<sup>15</sup> As a method of helping these individuals, the Employee Assistance Program at the Pentagon and Operation Solace from Walter Reed Medical Center offered valuable, voluntary stress management classes, did “walk about” mental health talks with individuals and were available for assistance and referrals for up to a year after the terrorist attack. This was a very realistic and “user-friendly” approach for both civilian and military personnel who needed help but may have been hesitant to ask for it. An 800 number was established for those who needed to call-in to receive telephone consultation for psychological and emotional support.

Without a sense of psychological closure, without the ability to move on in life, the terrorists would prevail.<sup>16</sup> Without the ability to successfully mourn our dead, memorialize heroes, and continue to grow as individuals, families, communities, and as a nation, our way of life would be disrupted and the terrorists would win.<sup>17</sup> The Department of Defense held a memorial service two months after the attack for families and co-workers at the Pentagon. The newly reconstructed Wing was dedicated a year later; the 1-year anniversary ceremony, controversial but necessary, was celebrated not only by those who work at the Pentagon but with a nationwide moment of shared silence on September 11, 2002. As life continues on, did the terrorist events provide some “lessons learned” to be implemented for our next attack?

### **War on Terrorism in the “Battlefield of the Mind”**

*People are never helped in their suffering by what they think for themselves, but only by revelation of a wisdom greater than their own. It is this which lifts them out of their distress.*<sup>18</sup>

—C.G. Jung

Now that the different phases of terrorism have been described, it is important to take a closer look at what happens to people during their

instinctual “fight or flight” reactions to a terrorist attack. Why do people react differently to the same terrorist event? How can one person behave heroically and another run for his or her life? Different populations of people may also respond in different ways to terrorist events. But how these symptoms are expressed, recognized, and handled may determine how they affect people over the long-term, according to the RAND Center for Domestic and International Health Security.<sup>19</sup>

Research shows that for some people, the consequences of a traumatic terrorist event may be severe and persistent. For many others, the symptoms are likely to subside over time.<sup>20</sup> But even though the emotional responses are ephemeral, they could trigger important behavioral responses to terrorist events, in both the short and long-term. For individuals and groups alike, the behavioral consequences of terrorist victims could be either positive or negative.

Positive responses could include connecting more with others, taking a colleague to a counseling session, or just viewing the disaster site together as well as taking appropriate safety precautions and avoiding unhealthy or risky behaviors. Negative responses could include excessive alcohol consumption, increased anxiety, functioning less productively at work, or losing confidence in society and government. The consequences could vary depending on the characteristics of the people exposed to the trauma, the nature of the trauma to which they are exposed, the extent of exposure, and the nature and extent of support they receive afterward.<sup>21</sup>

We also know from psychological theory that different ways of perceiving and interpreting risk will influence people’s emotional and behavioral responses to that risk. Thus, it is vital to consider how risk is communicated to the public, since this can influence the ability and willingness of individuals and communities to follow response strategies, precautions, and evacuation instructions.<sup>22</sup>

Terrorism, once a foreign concept, has now become too real for America. With a terrorist attack list including the Khobar Towers, the Nairobi Embassy, U.S.S. *Cole* attack, September 11, 2001, the subsequent anthrax attacks in the postal system, sniper attacks, and even a local, Alabama medical missionary killed in Yemen: tragedy has hit home.

Why, then, is it important to study human reactions to disaster or terrorism? Psychological studies show a link between experiencing terrorist events and later mental health issues for many victims of

terrorism; especially those who were injured, directly witnessed the death of others, or experienced the loss of family members or friends.<sup>23</sup> Rescue workers and caretakers of the injured and bereaved may also experience significant mental distress. In addition, even those who watched the horror unfold on their television screens may experience strong psychological reactions. During a terrorist attack, psychological casualties will virtually always outnumber the physical casualties.

It has been estimated that somewhere between 9 percent and 35 percent of those directly exposed to traumatic events such as disasters and terrorism will develop significant posttraumatic psychological distress such as anxiety, grief, anger, rage, insomnia, worry about loved ones and a reluctance to travel. However, some individuals have demonstrated their resiliency and focus upon what really matters in their lives in the aftermath of the attacks. Research from the American Psychological Association reveals that “It would be a mistake to assume that time is healing everyone’s emotional wounds at the same rate.”<sup>24</sup>

As an example, following the Sarin gas attacks in the Tokyo subway system, where 12 people died, and 900 received medical treatment, over 9,000 people presented with psychological complaints, a ratio of 1:10 in the local emergency room. This volume of “walking worried” patients with emergency symptoms, which were either real or perceived to be real, overwhelmed the medical system. Today in Japan, 18 percent of the people who responded to a survey (1,200 out of 5,000) said they still experience flashbacks from the Sarin attack. Another example is the Oklahoma City terrorist bombing where there were 168 fatalities, but 8,898 individuals pursued counseling, crisis intervention, or support groups; a ratio of 1:53.<sup>25</sup> Are community services available to handle those in need? Most community disaster programs do not address treatment and management of the large numbers of the “walking worried” on psychological support and mental health services.

While terrorism is not new, its prevalence against Americans is increasing. In January 2002, Al Qaeda documents revealed plans to attack power plants and transportation centers throughout the United States. As recently as December 2002, an Islamic radical terrorist in a Yemeni hospital killed three American volunteer medical missionaries. The attacker was quoted to say that he “would be closer to God if he killed the Americans.”<sup>26</sup>

With these blatant threats and attacks increasing within the U.S. borders and against its embassies and people, it is important to respond with training to increase the hardiness of the individuals on the front lines of these crises: the U.S. military and employees of the State Department and CIA. Any effective response to such crises simply must mandate both psychological and physical intervention.<sup>27</sup> Nunn, Lugar, and Domenici's *Defense Against Weapons of Mass Destruction Act of 1996* mandates the enhancement of domestic preparedness and response to capabilities in the wake of attack against the United States using weapons of mass destruction (WMD).

Although a small component, provisions are made for psychological crisis intervention with both emergency responders and primary civilian victim populations. Red Cross Mental Health Specialist and Registered Nurse, Diane Myers notes that only about 5 percent of federally sponsored courses on responding to WMD and terrorism include mental health-related topics. According to the Department of Defense, the psychological response to WMD and terrorism must be a seamless continuum of care consisting of diverse emergency mental health technologies.<sup>28</sup>

Yet how do we get this training to the entire Department of Defense (DOD) system? One facet of care is Critical Incident Stress Management (CISM),<sup>29</sup> consisting of crisis interventions suited for individuals, small groups, large groups, families, and organizations. Follow-up and referral services for more formal psychological assessment and treatment are an integral part of this system. Other training, such as resiliency or hardiness, is vital for the psychological well-being of our military and State Department personnel.<sup>30</sup>

In order to ensure that this resiliency training will occur will take a concerted effort of the chaplains, the commanders who have seen the stress of battle and terrorism, family programs, the military and civilian mental health community, and the dedication of each of the members to participate and create his or her own personal survival plan.

Dr. Al Siebert, renowned author of *The Survivor Personality*, has done resiliency training with Navy personnel over the years. His research shows that individuals who are survivors listen and observe difficult people, are open to change, and have a faith in something or someone greater than themselves. After many interviews with former prisoners of war (POWs), he has found that survivors have some characteristics in



common: patriotism, a faith in God or higher power, an active imagination and willingness to be creative, and the ability to transcend one's own situation and pain. These qualities can be built into training for State Department personnel as well as military members to help them understand the importance of creating a positive state of mind, no matter what your circumstances.<sup>31</sup>

General Robbie Risner's book, *The Passing of the Night*, confirms these observations. Those who survived against all odds made a commitment to survive and were supportive of other people in the same situation. As a group, the survivors believed that they would be rescued and not forgotten by the United States. The concept of "united we stand" worked for the POWs of the Vietnam War. So what can we learn from their experiences?

### **Personal Accounts from Victims of Terrorism**

*All sorrows can be borne if you put them into a story or tell a story about them.*<sup>32</sup>

—Isak Dinesen

*If you're going through hell, keep going.*<sup>33</sup>

—Winston Churchill

Human beings need to view the world as a predictable, orderly, and controllable place, psychologists indicate. The advent of terrorism was a concept outside the frame of reference of most Americans as it blared from our television sets on September 11, 2001. Trying to come to grips with wide-scale terrorist events can trigger immediate and long-term psychological repercussions for some individuals. If the fear of attacks becomes sufficiently crippling, the fright grows into a paralyzing sense of impending doom for a civilian population.<sup>34</sup> The aftereffects can lead to dread, vulnerability, grief and despair.

Or conversely, they can evoke determination and resolve, as when ordinary U.S. citizens go about their normal activities with a renewed sense of purpose and direction. This is an acknowledgement that a free society has the right to go about their usual routine.<sup>35</sup>

In preparing to write this chapter, I had the opportunity to interview a member of the State Department (DOS), the Central Intelligence Agency

(CIA) and numerous members of the Air Force and Army. Each of their experiences at the Khobar Towers, Nairobi Embassy, USAF Base in Greece, Chilean baseball game (consisting of American Embassy personnel) and Pentagon attacks are vastly different from each other. The common thread woven through each individual story was a normal response to an abnormal situation.

All fifteen subjects experienced terrorist attacks even though, initially, the threat didn't appear to be strong; their responses were due to their training or lack of training. Today, some continue to live with Post-Traumatic Stress Disorder (PTSD); time, family support, telling their story, and distance from the trauma site have been the most helpful for each of them. During interviews with five of the subjects, anxiety, intrusive images, guilt, and tear-filled eyes suggest strong emotional reactions to their experiences as terrorist targets. Due to these responses, it appears that the military, CIA, and State Department sorely need resiliency training for their personnel to help them "bounce back" from their traumatic experiences. Resiliency training now utilized by the U.S. Navy may be a key factor in creating healthier military and other government personnel who experience high-risk activities as part of their federal duty and careers.

In general, most survivors of extraordinary trauma undergo normal stress reactions for several weeks. Such reactions fall into four broad categories:

1. **Emotional reactions** – temporary feelings of fear, shock denial, grief, anger, resentment, guilt, shame, helplessness, and detachment from significant others in their lives.
2. **Cognitive reactions** – confusion, indecisiveness, worry, disorientation, difficulty remembering and concentrating, shortened attention span, self-blame and unwanted memories.
3. **Physical reactions** – tension, nausea, bodily aches and pains, change in libido, nervousness, sleepiness, insomnia, hyper-arousal symptoms like rapid breathing, sweating, being easily startled, and panic attacks.

4. **Interpersonal reactions** – distrust, irritability, withdrawal, isolation, feelings of abandonment or rejection, being judgmental, over-controlling or distant.<sup>36</sup>

Psychologists believe that how someone has coped with past crises will determine how they will handle newer ones. If individuals have successfully worked through stressful circumstances in the past, they may find coping easier. I interviewed a Pentagon survivor who has experienced many traumatic experiences as an Air Force Special Operations pilot. He was psychologically equipped to remain calm during the attack and assist those without training during the building evacuation.<sup>37</sup> Three other military survivors calmly left the building, called home to reassure family members, and realized there was nothing more they could do to help. They were encouraged to leave the area while medical personnel attended to the wounded and search and rescue teams could complete their tasks.<sup>38</sup>

As these interviews indicate, there is no “universal standard” pattern of reacting to inordinate stress. It is unclear how many survivors will develop chronic psychiatric illness and how many will resolve spontaneously.<sup>39</sup>

I also discovered that five Pentagon survivors who are military members had been in Kosovo and other wartime conflicts prior to this attack. The Pentagon attack was not a difficult or traumatic event for them since they had specific training in building evacuation, personal security plans and prior traumatic incidents they had experienced and overcome. The sniper attacks in the Washington D.C. area were more stressful for three of the subjects who had children or friends with children due to the possible injury of their own family and friends who live in the Capital City area.<sup>40</sup>

There’s also no time clock to measure how long acute stress reactions are considered normal, or to signal when they become abnormal. The length of time required for recovery is an individual matter, influenced by the degree of exposure, personal characteristics, past history, concurrent circumstances and intensity of loss. When loss of life of a loved one or friend is involved, and/or substantial property damage is sustained, recovery will take longer.<sup>41</sup>

The RAND Corporation conducted a survey of U.S. households three to five days following the terrorist attacks of September 11, 2001. Television may have played a role in increasing the stress levels of adults:

those who watched the most television reported the most stress. This study also reported that almost 90 percent turned to others for social support: their religion gave them comfort as did group activities such as memorials or vigils, which can provide a sense of community.<sup>42</sup>

Four survivors of the Pentagon attack mentioned that they experienced some sleep disturbances, shock, and disorientation, but they were clearly told to return to the Pentagon on the following day and responded without anxiety. Another survivor was called back to the Pentagon at 11:30 p.m. that same evening, tasked by the Secretary of Defense to determine the cost of the U.S. going to war in Afghanistan in retaliation for the attack! At first, he was amazed that he had to return so quickly to the Pentagon. Yet, he knew his job was vital to national security; his committee worked for 5 straight days on a budget for the President and Congress to consider the cost of waging a war, to repair the Pentagon, and other homeland security measures.<sup>43</sup> This Air Force officer had a purpose and the threat of additional terrorism did not cloud his sense of duty.

Another military survivor who was severely injured during the Khobar barracks bombing in Saudi Arabia in 1996, where 19 Americans were killed, continues to undergo numerous surgeries for his eyes seven years later. This individual did not have an opportunity to talk to a chaplain or mental health officer about his experience since it was not available to him in Saudi Arabia at that time. He still serves in the U.S. Air Force today because, as he stated, “of his sense of duty.” He is determined to know the building evacuation routes for each building he enters today.

In spite of the scars and cuts on his body, he finds comfort from the support of his family and a few fellow survivors he meets in the Air Force.<sup>44</sup> In spite of the lack of building evacuation exercises prior to the attack, the serious physical injuries he received and perceived lack of psychological support, he is a survivor.<sup>45</sup> What is his advice to other military members? He strongly recommends that individuals insist upon evacuation routes posted and practiced on posts and bases and if attacked, talk about it with professionals to help release some of the psychological terror and panic. His attackers were never brought to trial and he angrily stated that he believes the terrorists “got away with murder.”<sup>46</sup>

## Normal Versus Abnormal Reactions

*A sign of health is that we don't become undone by fear and trembling, but we take it as a message that it's time to stop struggling and look directly at what's threatening us.*<sup>47</sup>

—Pema Chodron

What else can we learn from survivors of terrorist events? Some survivors suffer from Post-Traumatic Stress Disorder (PTSD), a psychiatric disorder that can occur after life-threatening events such as combat, natural disasters, major accidents, terrorist attacks, or violent personal assaults such as rape.<sup>48</sup> PTSD victims may experience vivid flashbacks and nightmares, feel detached or estranged, have sleep and appetite disturbances, survivor guilt and hyper-alertness that significantly impairs their quality of life.<sup>49</sup> Most people exposed to trauma will experience some of the symptoms of PTSD in the days and weeks following exposure. Data suggest that roughly 8 percent of men and 20 percent of women will go on to develop PTSD, and nearly 39 percent will develop a chronic form of significant post traumatic psychological distress that may persist throughout their lifetimes.<sup>50</sup>

PTSD is identified by clear biological and psychological changes. It is often complicated by related disorders such as substance abuse, depression, memory and cognition problems, occupational instability, marital problems and divorce, family discord, and/or parenting difficulties. Personal loss of loved ones or friends and life threatening danger from intentional human violence are among the factors that increase the risk of lasting readjustment problems. These problems include: loss of home, valued possessions, neighborhood or community; exposure to gruesome death; exposure to toxic contamination; or intense emotional and physical demands from fatigue, sleep deprivation, or harsh weather.<sup>51</sup>

These are the conditions of military personnel in wartime situations, the CIA and State Department under attack, search and rescue workers who help disaster victims – fire fighters, police, emergency medical technicians – and they are at risk for secondary traumatization. Also known as vicarious traumatization, compassion fatigue, and burn out, the symptoms are similar to, but less severe than, full-blown PTSD.<sup>52</sup> Yet

they do affect the quality of life and careers of even those with considerable training and experience.

Nurses, physicians, and mental health professionals may also be adversely affected by an overdose of victim suffering. If one works with, cares for, or is exposed to the stories of many traumatized victims, it is important to anticipate the possibility of secondary traumatization and take steps to protect oneself at the first sign of trouble. Exposure to the images or stories of multiple disaster victims, one's sensitivity and empathy for their suffering and any unresolved emotional issues of one's own that relate to the suffering at hand can be major risk factors for secondary traumatization. Called "Soldier's Heart" during the Civil War, battle fatigue or "shell-shock" during World War I, it is anticipated to last for a small amount of time.<sup>53</sup> When an individual can't stop talking or thinking about the event to the point of preoccupation or obsession, the individual should be referred to a mental health professional for additional assessment.

An example of primary and secondary PTSD traumatization was the experience of a State Department survivor in attacks in Africa. As an engineer, the survivor evaluated the Beirut Embassy terrorist bombing and its aftermath in 1984. No critical incident stress debriefing (CISD) or other psychological support to any survivors following this tragedy. In 1998, this same engineer worked at the Nairobi Embassy when it was destroyed by Al Qaeda terrorists. During this attack, a truck bomb killed 224 people, to include 12 Americans, and injured over 5,000 Kenyans, according to Mental Health Services Chief, Dr. Harlan Wadley.<sup>54</sup>

The engineer was out of his office at the exact time of the bombing, but personally knew all the Embassy workers who died. He, by default, immediately became the leader of the search and rescue team at the bombsite and continued to search for survivors and the recovery of body parts for the 48 hours following the bombing. He did not rest, eat in a healthy manner, have adequate tools to complete the search or protect his own health. His respiratory functioning and lungs were damaged from smoke and chemical inhalation and his back and rotator cuffs were permanently damaged from lifting mangled pieces of the building, in a desperate attempt to find injured victims.<sup>55</sup>

For his own psychological survival, there was limited mental health assistance in Nairobi for personnel or their families: survivor guilt,

flashbacks, and fear of individuals who appeared to be of the same cultural background as the perpetrators still haunt this subject five years later.<sup>56</sup> This subject was able to attend the memorial services of those who died in the line of duty and traveled to New York for the trial and conviction of the perpetrators found guilty of this terrorist act. It was healing to attend the sentencing of the terrorists, but that did not erase the lingering psychological effects.

Numerous Nairobi Embassy survivors are more emotional, have undergone personality and behavior changes, and require anti-depressant medication for their PTSD symptoms.<sup>57</sup> Survivors were not monitored at their next assignment, Dr. Wadley added, and follow-up consultation during the following year was not encouraged; survivors were on their own. No protocol or standard of care had been established since psychiatrists were not trained in trauma counseling; the State Department now questions the wisdom of these actions since lawsuits claiming negligence by the Department persist to this day. As a result of the Nairobi attack, the State Department has initiated mandatory psychiatric counseling each year for survivors of attacks to determine the presence of any mental health issues.<sup>58</sup>

For survivors of terrorist events, there are many strategies for coping with extraordinary stress. These strategies have effectively reduced anxiety and improved the quality of life for the fifteen individuals I interviewed. First of all, the survivors realized that they were having a normal reaction to an abnormal event. They thought back to what worked in the past for them when they needed to overcome adversity. They created structure by sticking to their usual routine and activities. They kept a journal or diary; writing was a catharsis for their spirit.<sup>59</sup>

They prayed, attended worship services, or whatever deepened their faith. For example: in his book, *Return With Honor*, Scott O'Grady, USAF Captain shot down in Bosnia, stated that when he started praying, he discovered he wasn't doing a solo; he had joined a huge chorus; he could hear prayers for him from throughout the world. Afterward he said, "Those six days in Bosnia were a religious retreat for me, a total spiritual renewal."<sup>60</sup>

Other terrorist survivors stated that they worked in a garden to connect with the earth and experienced the great outdoors for fresh air and solitude after their trauma. They treated themselves to a therapeutic

massage, ate healthy foods, slept, and limited redundant media coverage. The survivors mourned their losses, acknowledged them, and then began their grief work. They practiced relaxation techniques and learned to meditate. They talked to others and shared their feelings; they became better listeners, too. And most importantly, they all agreed to keep a positive but realistic outlook – it takes time to heal. They postponed major life decisions to avoid potentially strong stressors, used humor to lighten their load, and spent quality time with family and friends.<sup>61</sup>

Granted, we are in uncharted territory, but our institutions of democracy are intact and we are taking steps intended to combat terrorism and restore security. Are we providing resiliency training to those who serve on the front line of defense?

### **Helping Lessen the Psychological Impact of Terrorist Attacks**

*Surviving means that you gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I lived through all this horror. I can take the next thing that comes along."*<sup>62</sup>

—Eleanor Roosevelt

Survivors of torturous experiences have emphatically stated that the will to live cannot be taught. Survivor qualities must be developed beforehand so they can be relied upon when needed. Some of the ways that lead to survival, according to Dr. Al Siebert, include: suppress strong feelings and use common sense, adapt to the new reality, be able to function alone without asking for approval from other people, find humor, make a deep emotional commitment to keep going, plan for a pleasant future and try to maintain contact with others.<sup>63</sup>

Disaster research indicates that the fabric of communities and of society can provide resiliency and protection against psychological consequences. Probably the best protective factors are the communities in which victims live, work, and interact. It has been suggested that closing schools, churches, or other social institutions, quarantining individuals without letting them communicate with the outside world, can cause psychological harm.<sup>64</sup> The community must provide appropriate



information and reassurance while maintaining an ongoing surveillance of threats.

This may require an expansion of the concepts of emergency responders, trauma counselors, Red Cross volunteers, mental health institutions and universities. In the future, emergency response strategies need to incorporate each of these service-provider roles. For example, psychiatrists, psychologists, and health specialists are needed to address severe emotional and behavioral consequences of traumatic events, but have no specialized training in emergency response. Dr. Harlan Wadley from the State Department mentioned that all psychiatrists should have emergency response training, but few medical schools have developed curriculum to meet that need.<sup>65</sup>

Likewise, although primary care and emergency care workers are responsible for tending to the survivors of terrorist attacks, their priority is assessing and treating physical, not psychological injuries. Policymakers should consider ways to capitalize on the strengths of a broader range of social supports and institutions beyond the health care system. Deploying emergency mental health personnel to the site of the attack is insufficient. A broader capability is needed – to ensure an effective workforce during the threat of terrorism, to prevent mass panic that can seriously weaken the strength of our society and economy.<sup>66</sup>

To help lessen the psychological impact of terrorist attacks, Homeland Security policymakers should view employers, religious organizations, and schools as part of the response team and create roles for them in mitigating any potential long-term psychological harm. With proper planning, better prevention and optimum response strategies, Americans from many walks of life, policymakers, clinicians, emergency response workers and community leaders, can work together to minimize the psychological effects of terrorism and maximize the national resistance to it.<sup>67</sup>

How can diverse agencies work together following a terrorist event? An example of an impromptu but highly effective response strategy took place in Chile a few years ago. When a terrorist's bomb, concealed in a baseball bat at a public stadium exploded near the U.S. embassy team, a CIA agent prepared a special dinner for the following evening and insisted that all Americans from the Embassy and school attend. She quickly prepared food for the "mandatory dinner party." The embassy team and their families were able to "pick up the pieces" of their lives with a shared

meal, shared stories of sadness and threats against their lives. Thus, they were fortified by eating together and talking about their feelings and the previous day's attack.<sup>68</sup>

Response strategies for victims need to go into effect immediately following any type of terrorist event. By intervening as soon as their symptoms appear, physicians, psychologists, and other clinicians were able to help victims identify normal stress reactions and recommended steps to cope effectively. Counselors in the Washington DC and New York areas quickly responded with coping materials and resources for the first responder community and families of those who were injured or killed. Professional counseling organizations prepared information for schools and community gatherings nationwide to discuss how to talk to children and the elderly about anxiety and terrorism.<sup>69</sup>

## **Recommendations and Conclusions**

In response to the terrorism of the September 11 attack, Doctors Everly and Mitchell recommend the following "Ten Commandments of Psychological Response":<sup>70</sup>

1. Never forget that the terrorist act is designed to create psychological instability. Death and destruction are merely a means to an end. Terrorism is psychological warfare.
2. DOD, DOS and civilian communities need to establish joint intervention hotlines and walk-in crisis facilities for those directly or indirectly affected by terrorism. Psychological support and restoration of a sense of community is essential.
3. Pre-incident psychological resiliency training and ongoing support during and after the terrorist attack is important for front line emergency personnel, CIA, FBI, DOS and DOD. Families need to be included in all aspects of these processes. The psychological state of mind of these personnel will have direct effects upon their ability to perform their necessary jobs during this stressful time and upon the physical and mental health of the targeted population.

4. Concerns about future attacks can heighten anxiety; correct information is power. Collaborate with mass media for the dissemination of accurate and ongoing information to all involved. Credible information calms the sense of chaos and provides rumor control. Age-appropriate reading and community activities help children cope with the situation. Limit continuous monitoring of television and radio coverage of the event, particularly around children who may have difficulty seeing vivid pictures of the event.
5. Take steps to re-establish a sense of physical safety for the public. Widely publicize these efforts for children, the elderly and those who are sick.
6. Establish a network of local political, educational, medical, economic, and religious leaders to calm fears, provide crisis intervention and instill hope.
7. Re-establish normal communication, transportation, school and work schedules as soon as possible. The longer and greater the disruption, the greater the public's perceived risk and lack of safety.
8. Symbols are a means of re-establishing community cohesion. Just as terrorists target locations that symbolize a part of America they despise, a community can use flags, bumper stickers, and billboards as a sign of unity.
9. Initiate rituals to honor the dead, the survivors, and rescuers. Provide opportunities for those not directly affected to help with donations of money, food, clothing, blood, etc. Communicate that to carry on and succeed in life honors the dead. Otherwise, the terrorists are victorious.
10. Do no harm. Don't interfere with people's natural recovery mechanisms or interfere with tactical assessment and rescue efforts.<sup>71</sup>

These ten recommendations create a nationwide standard of care for the survivors of terrorist attacks and their caregivers.

In schools and the military, most disaster plans are designed by an individual or a committee and are never exercised with all key components including the local area, community, state and other agencies. It will take a conscious effort to practice these plans before an attack occurs in the near future.

Military Disaster Exercises include four phases in the disaster plan: threat/risk assessment of the area; secondly, mitigation, or diagnosis of the problem areas, prioritizing the needs; third, response, or test the plan, having checklists and role cards to remind individuals of their responsibilities during and following an attack; and last of all, recovery – the return to the pre-disaster state to re-evaluate the weak areas. Role and responsibilities of all participants are planned and executed for each of the four phases.

Following the disaster response exercise, continuous staff training should be included for additional areas needing attention while working together with all key agencies fighting terrorism. This is the first time that the U.S. has developed a response plan to include the military, local, state and federal levels for terrorist attacks. Agencies such as the Red Cross, Homeland Security, Federal Emergency Management Administration (FEMA), religious communities, and media all play a vital role. When these agencies can assist personnel in creating a personal survival plan, it will include ways to: regain emotional balance, adapt and cope with the immediate situation; thrive by learning and find the gift in each bit of adversity, no matter how unfair it seems. One can learn to survive and thrive by converting disaster into good fortune, Dr. Siebert states.<sup>72</sup>

How can this training be accomplished? Hardiness and resiliency programs are already in place and utilized by various U.S. military survival schools, according to Lieutenant Colonel Frank Heyl, USAF (Retired). Survival skills taught to pilots would benefit those on the front line against terrorism as we fall victim to attack.<sup>73</sup> Scott O'Grady is an example of one who utilized his survival skills in a grim situation. He stated, "For the record, I don't consider myself a hero. I was in the wrong place at the wrong time. As I huddled in those woods, I was a scared guy named Scott, getting by on his wits, not a fighter pilot. How people fare in survival situations is predicted by their strength, their determination and their power of will."<sup>74</sup>

The military needs additional stress management, survival and resiliency training in addition to that taught by Operation Solace, The National Guard's Trained Crisis Responder Program, and the Navy's Survive and Thrive training. Classes must be taught during orientation or basic training and at other times in one's career for the real test of life. Training can be created by psychologists, psychiatrists, and survival experts in both the military and civilian communities in order to develop psychological toughness in military members and DOS employees, a necessity in today's terrorist environment. Having a survivor speak of his or her experience would drive the importance home to class participants.

This type of training has not reached all branches or members of the military and is inconsistently taught to State Department employees. Psychological survival and resiliency training must be institutionalized for all branches; research shows that individuals with resiliency skills are less likely to succumb to divorce, substance abuse, depression, violence, suicidal tendencies and other problems when they develop an inner nature of survival skills. People can develop positive attitudes, ways of coping with adversity and skills to help them work through rough experiences without becoming psychological casualties. A positive attitude, Dr. Siebert states, is far more important for survival than having a "Rambo" survival knife.<sup>75</sup> As a former Marine of World War II described his own survivor personality: "All one needs is the will to survive – and the skill to cooperate with others, be dependable and self-disciplined."<sup>76</sup>

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