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978-0-521-88422-8 - *Therapy after Terror: 9/11, Psychotherapists, and Mental Health*

Karen M. Seeley

Excerpt

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## Introduction



LIKE PHANTOM LIMBS that still can be felt even though they no longer exist, the twin towers of the World Trade Center continue to haunt New Yorkers, who – in the words of cartoonist Art Spiegelman (2004) – now live “in the shadow of no towers.” During the first years of their absence, accounts of the attack – including journalistic, governmental, academic, fictionalized, and cinematic portrayals – proliferated. The multiplication of accounts is entirely warranted, given that no single version can fully describe the attack’s antecedents, manifestations, and ramifications. Instead, the task of clarifying, classifying, calculating, and perhaps explaining the myriad causes and consequences of 9/11 can only be realized through the accumulation of a range of political, historical, national, disciplinary, and professional accounts.

*Therapy after Terror* tells the story of 9/11 from the distinctive perspectives of New York City mental health professionals who treated the psychologically wounded following the World Trade Center attack. Therapists, whose role it is to reflect on the problems of human experience, and to ease individuals’ suffering, provide an unusual vantage point on one of the major catastrophes of our lifetime. Due to widespread fears that the attack would precipitate a large-scale psychiatric crisis among residents of New York City and the surrounding areas, these specialists in the workings of the mind rapidly became involved. Tens of thousands of local therapists offered their services, tending to the injured in family service centers, schools, corporate boardrooms, community centers, and firehouses, and later, for a fee, in private offices. Starting on 9/11 and continuing for months and years, thousands of therapists listened for countless hours as individuals discussed their personal experiences of the attack and its aftermath. This clinical work made therapists privy to uncommonly rich

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information concerning the varying ways people took in, made sense of, and responded to the events that unfolded that day. Indeed, New York City mental health professionals' accounts of their post-9/11 activities provide a view of the psychological consequences of this enormous act of violence that is not available from any other source. Their reports of their work, which are the substantive foundations of this book, add fresh insights into the accumulating portrait of the attack and provide new ways of assessing and conceptualizing its profound and far-reaching repercussions.

Therapists' reports of their post-9/11 work are significant not only because of what they tell us about how terror affects the mind but also because they include detailed depictions of the layout, operations, and atmosphere of settings that were off-limits to the general public after the attack. Mental health professionals were among the few civilians permitted to enter the Lexington Avenue Armory, the Family Assistance Center on Pier 94, Respite Centers at Ground Zero, and other sites located in "red zones" below Canal Street, "frozen zones" where streets were closed, "hot zones" where fires burned, and newly militarized sections of New York City that were patrolled by the National Guard. Therapists' accounts of delivering psychological assistance to the bereaved, the displaced, the unemployed, escapees, and rescue and recovery workers convey the workings, tone, and feel inside these highly restricted spaces.

In addition to examining their professional activities following the attack, *Therapy after Terror* takes a look at the therapists themselves. Prior to 9/11, very few mental health professionals were prepared to respond to a tragedy on this scale. Surprisingly few had been trained to treat survivors of interpersonal trauma, let alone of a massive and devastating attack. Therapists were uncertain how to determine which groups were most at risk, which individuals required treatment, which treatments would be most effective, and when and where they should be provided. Those who sought guidance from their professional associations, or from the clinical literature, discovered that their disciplines, including social work, clinical psychology, psychiatry, and psychoanalysis, lacked adequate models for responding to acts of mass violence. Even those who specialized in disaster mental health, including the staff of the American Red Cross, were ill equipped to address the unique aspects of the attack, as they lacked experience in mobilizing for an "urban metropolitan disaster relief operation" and for a "WMD/T (weapons of mass destruction/terrorism) response that involved high security" (Hamilton 2005:626). As a result, after the 2001 attack on the World Trade Center, mental health professionals often found themselves delivering services they had not been formally trained to provide, to populations they had not been trained to treat, in a catastrophic situation for which they had not been prepared.

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Of course, mental health professionals were not the only ones who were unprepared for this catastrophe. Even after the 1993 World Trade Center bombing, the 1995 bombing of the Murrah Center in Oklahoma City, and several attacks on American interests abroad, the lack of preparedness for a major terrorist incident was strikingly widespread. Instructors at flight schools across the nation were unprepared to report students who were training to become pilots, but who had no interest in learning how to take off or land a plane. Security personnel at airport checkpoints in Washington, D.C., were not prepared to thoroughly inspect hijackers who set off alarms at metal detectors. Air traffic controllers at the Federal Aviation Agency were not equipped to handle multiple hijackings, so that when regional managers were advised of a second hijacked aircraft heading toward the World Trade Center they “refused to be disturbed” (9/11 Commission Report 2004:22). The North American Aerospace Defense Command (NORAD), which was established in 1958 to defend American and Canadian airspace against Soviet attacks, employed outdated protocols that were “unsuited in every respect” (9/11 Commission Report 2004:18). The city government of New York was unprepared for an attack that demolished its Office of Emergency Management, the agency responsible for responding to attacks. The Fire Department of New York, the New York Police Department, and the Port Authority Police Department were unprepared in “training and mindset” (9/11 Commission Report 2004: 315), lacking both the capability and the inclination to coordinate rescue operations. The Centers for Disease Control and Prevention, unlike comparable agencies in other countries, did not have specific codes for classifying deaths that were caused by terrorism (National Center for Health Statistics n.d.).<sup>1</sup>

This book examines not only mental health professionals’ lack of preparedness to work with individuals who were injured on 9/11 but also their failure to anticipate the attack’s extensive repercussions for therapeutic encounters, including altered clinical dynamics, the transmission of virulent affects between patients and therapists, and the emotional difficulties experienced by those who provided psychological care. While therapists generally are able to defend themselves against patients’ instability, anxiety, and despair, some who work closely with trauma survivors, and continually hear their accounts of violation and brutality, have proven susceptible to their mental states; a number of them have suffered vicarious or secondary trauma (cf. Figley 1995; McCann & Pearlman 1990).<sup>2</sup> The fact that persons who endured the horrors of the World Trade Center attack, or who were instantly bereaved by it, were advised to discuss their experiences immediately in the name of mental health meant that many therapists were repeatedly exposed to patients’ raw and gruesome narratives. These exposures exacted an immense emotional toll. Some therapists

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were newly traumatized, while others relived agonizing personal incidents of victimization and abuse. Such reactions were exacerbated by the fact that, after 9/11, New York City therapists were in the unusual clinical predicament of treating numerous individuals who were wounded by the same catastrophic events that had also injured them. *Therapy after Terror* describes the unanticipated costs for therapists of what I refer to as simultaneous trauma.

In addition to examining the attack's psychological consequences for individuals, and its professional and personal impacts on therapists, *Therapy after Terror* uses the specific case of 9/11 to critically investigate prevailing mental health theories and practices. It explores fundamental contradictions between conventional theories of psychopathology, which underplay the extent to which social and political events inflict psychological damage, and notions of psychic trauma, which stress their life-shattering effects. The fact that notions of psychic trauma had long been controversial within the several mental health disciplines and professions, were not routinely included in clinical training programs, and were not broadly endorsed by therapists at the time of the attack complicated the delivery of the requisite trauma-related mental health treatments after 9/11. This book also interrogates standard psychiatric diagnostic categories and procedures, paying special attention to shifting definitions of posttraumatic stress disorder (PTSD) over the past few decades, and to the multiple factors fueling diagnoses of PTSD after the attack.

Moreover, *Therapy after Terror* analyzes the mental health response to 9/11 through social and political frames. Challenging accepted conceptions of psychological disorders as internally generated phenomena, it describes the numerous and dynamic intersections of the intrapsychic, the collective, and the political after the attack. By examining ties between individuals' internal and external worlds, and by identifying various parties with evident interests in naming and assuaging suffering, *Therapy after Terror* illustrates that the mind, emotional states, and psychiatric disorders are inextricably entangled in politics and society. Of particular interest in the 9/11 context is the rapid emergence of mental health discourses as a preferred and legitimate mode of explaining and expressing reactions to the attack. When persons who subsequently felt frightened, bereaved, or disoriented were identified as suffering from anxiety disorders, depression, and other mental illnesses, and were then advised to undergo mental health treatment, the attack was effectively medicalized. This book assesses the consequences of medicalization for individuals who were encouraged to experience their distress in terms of psychiatric symptoms. Since the federal government rapidly poured \$155 million into mental health treatments, thereby promoting clinical solutions to an act of international political violence, this book also examines medicalization's broader societal ramifications. Where

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the explosion of the Chernobyl nuclear reactor created “biological citizens” (Petryna 2002) who were defined by, and dependent on, the state, this book asks whether the events of 9/11 have resulted in new forms of “psychological citizenship.” Such questions merit continuing attention given that American soldiers who now are returning from the war in Iraq are likely to be diagnosed with PTSD and other mental disorders.

Finally, *Therapy after Terror* documents the overall and ensuing impacts of the attack on the field of mental health. Just as the events of 9/11 have triggered significant transformations in American society, international politics, and the collective imagination, they have indelibly marked the mental health professions. Therapists who delivered mental health services to persons utterly destabilized by the attack routinely confronted the limitations of received clinical theories and methods. In response, many began to reconsider the primary purposes of psychological treatment, to modify their customary practices, and to reassess their social roles and political responsibilities. This book presents mental health professionals’ urgent personal and institutional efforts to prepare themselves and their field for a world in which acts of mass violence that engender severe and extensive psychological damage are no longer unimaginable.

In critically analyzing the mental health response to 9/11, *Therapy after Terror* diverges from accounts that focus selectively on therapists’ successes, celebrate their valor, and emphasize lessons learned. However reassuring to mental health professionals, such laudatory portraits run the risk of concealing rather than illuminating a series of events that may still be too painful to take in. By recounting the missteps, gaps in knowledge, disorganization, and overall lack of preparedness that compromised therapists’ postattack work, this book offers a more realistic portrait of a profession assaulted by 9/11 and in transition after it. Further, by exploring the social and cultural dimensions of mental health discourses, it seeks to identify the links between individual and collective suffering, the means by which this society makes and feels its ills, and the various parties involved in shaping the emotional life of the nation.

## ABOUT THE RESEARCH

The research for *Therapy after Terror* took place from September 2002 to July 2004. In the initial stages, I examined the attack’s effects on New York City mental health professionals by interviewing 35 psychotherapists, including psychologists, social workers, and psychiatrists. Approximately half had additional training in psychoanalysis; two who had been trained as psychoanalysts lacked related academic degrees. Almost all of them had private practices, and all worked in New York City. The interviews were taped, and I quote from them

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extensively to show therapists' views, theoretical observations, and their personal images and metaphors. In some cases, I returned on multiple occasions to further develop the materials of the original interviews. To uncover the widest range of accounts of 9/11, I interviewed mental health professionals who delivered brief crisis treatments to survivors and to victims' families immediately after the attack, as well as those who were still working with such patients more than two years later when this research was in progress. In addition, in the fall of 2002 I attended a number of meetings for mental health professionals that addressed the attack's psychological impacts and the therapeutic community's response. The searching discussions that typified these meetings, and their heightened emotional tone, revealed the professional and personal issues that preoccupied this population in the aftermath of 9/11. Throughout this book, I count on the accuracy and veracity of the information contained in therapists' firsthand accounts of their experiences. Given my reliance on their accounts, which are inherently subjective, portions of this book may be seen as an oral history of September 11 as told by New York City mental health professionals.

Most of the therapists I interviewed were quite experienced; the vast majority had practiced for more than 15 years when 9/11 occurred. Two were new to the field, however, and found themselves thrown into extremely demanding clinical work in an early stage of their careers. I interviewed therapists who were available to me immediately, and I did not attempt to control for differences in their training, theoretical perspectives, or other such variables. For the purposes of this book, I do not generally distinguish among psychologists, social workers, psychiatrists, and psychoanalysts; instead I refer to them using the broad categories of "therapist," "psychotherapist," and "mental health professional." Although there are significant variations in educational formation among different kinds of mental health professionals, many of those I interviewed were involved in similar kinds of relief work following the attack. Conversely, individual practitioners within the same profession may employ contrasting therapeutic models. Of equal importance, I do not mention interviewees' specific professions in order to maintain their confidentiality. Other identifying information pertaining to individual therapists and to the patients they discuss also has been changed. I use terms such as "mental health treatment" and "psychological services" to refer to approaches ranging from crisis treatments to lengthy talk therapies, supplying more specific information about particular therapeutic orientations and interventions where it is necessary to my analysis. In light of the vast mobilization of psychological services following the attack, anything like a complete documentation of the mental health hotlines, initiatives, programs, service settings, studies, and articles that emerged is beyond the scope of this book.<sup>3</sup> The

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same is true of discussions of the attack on the Pentagon in Washington, D.C., and of the crash of Flight 93 in Shanksville, Pennsylvania that same day.

As this book was going to press, there were several key developments related to the attack. The search for remains was reopened, and that, along with improved DNA identification technologies, seemed to promise that the number of 9/11 victims who were positively identified would continue to rise (Dunlap 2006d; *Sept. 11th victim IDed*, 2007). Further, for the first time, New York City's chief medical examiner certified that a woman's death, which occurred five months after the attack, was caused by respiratory ailments due to exposure to World Trade Center dust (DePalma 2007b). Several thousand rescue and recovery workers who put in long shifts for many months at Ground Zero have developed similar illnesses (DePalma 2007a). As city officials reconsider questions concerning "Who is a 9/11 victim?" (Zadroga 2007:1), and try to determine which additional casualties qualify for inclusion in this category, the death toll may also rise. The number of casualties and the number of victims whose remains were identified that are cited in *Therapy after Terror* reflect those that were current at the time of its publication.

Since the time of Freud, mental health professionals have debated the relative psychological benefits of varying treatment approaches, and have tried to identify the underlying mechanisms by which talk therapies heal. In addition to wondering what is curative in their work, they have sought to determine whether, in actual therapeutic encounters, they employ the theories and techniques that they endorse in the abstract. Like their predecessors, contemporary therapists continue to ask, "Do we do what we think we do" (Silvan 2004:945)? As both a practicing therapist and an academic, such questions are of central importance to me, and I previously have examined them in the context of intercultural treatments (cf. Seeley 2000).

When the attack on the World Trade Center occurred, the intense involvement of mental health professionals presented an unusual opportunity to investigate these questions from another angle. Because situations of crisis invariably fracture the habits and routines of everyday life, they expose the structures and assumptions that otherwise lie hidden beneath the surface. At the same time, they facilitate the emergence of new perspectives and courses of action. By looking at therapists' accounts of this crisis, I hoped to make explicit what has been implicit in clinical work; I also hoped to examine how clinical premises and practices that were normally taken for granted were suddenly called into question as a result of the attack. This book thus provides instructive data on what therapists think they do, what they actually do, and what they have done differently since the unprecedented events of 9/11. In doing so, it intends to strengthen and enrich the mental health professions.

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On a more personal note, I should state that I am a devoted and committed New Yorker – one who had a long and complex relationship with the twin towers, and who has felt strangely bereaved by their disappearance. Only recently did I realize that plunging headlong into this material offered me a way to face the injury to my beloved city. Accordingly, this book is not only a critical study of psychotherapy and of the broader mental health field but is also a work of mourning and an act of memorialization.

## THE CHAPTERS

The first chapter provides the conceptual background for *Therapy after Terror*. It examines the identification of 9/11 as a mental health crisis, therapists' rush to volunteer their services despite their lack of relevant clinical training and experience, and the establishment of Project Liberty in the context of shifting notions of trauma in twentieth-century psychology. After considering various explanations for therapists' long-standing inattention to psychic trauma, it assesses the consequences of this failing for mental health service delivery after the attack. Chapter 2 recounts therapists' efforts to provide psychological relief to direct victims of the attack on the day of 9/11 and throughout the following weeks. It begins by describing the chaos at New York City Red Cross headquarters, where thousands of therapists clamored to volunteer. Using the accounts of individual therapists, it documents their wanderings around the city in search of people to help and their frustration while waiting at hospitals for survivors who never arrived. It also discusses both the rapid organization of service centers and Respite Centers and the acute pressures on therapists at these sites, whether they were speaking to families of the missing on telephone hotlines or interacting with recovery workers at Ground Zero. Chapter 3 traces the growing demands for structured psychological services shortly after the attack, and the varied interventions of the psychotherapists who supplied them. It closely follows the experiences of a psychotherapist assigned to a corporation that lost hundreds of employees; a therapist who worked at an elementary school a few blocks from the World Trade Center; a therapist in attendance at ceremonies where New York City Mayor Rudy Giuliani's aides handed out containers full of ash to kin of the deceased; and a therapist who worked with a minority community hard hit by 9/11. Chapter 4 turns to therapists in private practice who delivered ongoing psychological treatments after the attack. It details the professional challenges they faced as they confronted numerous unfamiliar clinical situations, while also examining the attack's impact on therapeutic relationships and conventional theoretical premises. Many therapists themselves became unhinged after treating scores of individuals who were



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bereaved or severely traumatized by the events of 9/11. This is the subject of Chapter 5, which investigates the factors that put therapists at emotional risk, making them susceptible to patients' violent emotions, to secondary trauma, and to reliving personal traumatic experiences. In this context, I examine the phenomenon of simultaneous trauma where, after 9/11, New York City therapists faced the novel clinical situation of treating individuals suffering from a specific catastrophic event that they, too, had experienced. I then inquire into the possible effects of therapists' traumas on the treatments they delivered and on their patients.

Chapter 6 investigates diagnostic practices after 9/11. After examining disagreements among mental health professionals as to how patients injured in the attack should be diagnosed, it considers the ways in which their personal histories, theoretical allegiances, subjective interpretations of diagnostic criteria, and social contexts affected the choices they made. Because most such disagreements concerned the category of posttraumatic stress disorder, this chapter looks at historical circumstances in which members of specific groups commonly were diagnosed with PTSD. It also addresses the professional and political entailments of PTSD diagnoses after 9/11. Chapter 6 concludes by examining the medicalization of 9/11, and the transformation of collective reactions to an act of terrorism into individual mental disorders.

Because mental disturbances are political and historical as well as psychological and biomedical phenomena, Chapter 7 examines connections among psychotherapy, politics, and history. It first considers the ways therapy depoliticizes experience, reducing social and political history to the psychic experiences of separate individuals. It then explores the political implications of turning victims of September 11 into psychological patients to be treated in the privacy of a therapist's office, asking whether the privatization of suffering discouraged political action and forms of public witnessing and awareness. This chapter closes by considering the widespread diagnosis of PTSD after 9/11 as a metaphor for the victimization of the nation.

Chapter 8 charts the uncertain, and still untallied, effects of 9/11 on the field of mental health, its theoreticians, and its practitioners. It examines shifts in the mental health landscape as the result of the attack, describing the ways therapists have reevaluated clinical practices, models, concepts, and training programs, as well as their social and political responsibilities, to prepare for a world in which terrorist attacks are viewed as inevitable. In conclusion, I raise questions regarding future mental health responses to acts of mass violence, while also proposing fundamental reformulations of the therapeutic project.

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## CHAPTER I

*Trauma Histories*

IN THE HOURS AFTER the 2001 attack on the World Trade Center, New York City hospitals prepared to receive the wounded. Outside St. Vincent's Hospital in Greenwich Village, gurneys dressed in clean white linens were neatly arrayed along Seventh Avenue. Doctors stood at the ready, awaiting a deluge of injured survivors. But the hospital beds remained empty. Due to the impact of the airplanes, the heat of the flames that engulfed Trade Center offices, the thickness of the smoke inside them, the debris that rained down from the towers, and the sheer force of their collapse, most injuries were fatal, so that persons with physical wounds never materialized in great numbers.<sup>1a</sup> In lieu of bodily injuries, many of those who escaped from the immediate vicinity of the World Trade Center attack – like scores of others less directly exposed to it – suffered wounds that were psychological. As the loss of life, the property damage, and the terrorist threat were measured, and as the shock and fear settled in, attention quickly turned to the public's mental health.

Concerns about widespread psychological injuries escalated, especially once the attack was officially declared a federal disaster.<sup>2a</sup> Disasters are events of such magnitude and severity that they exceed the capacities of local governments and organizations to cope with them and to provide for the recovery of all whom they affect.<sup>3</sup> Events that fall into this category are known to cause extensive psychological harm (Norris et al. 2002; Vlahov 2002). But some types of disasters are particularly debilitating. Those that are unanticipated and that heavily damage the economy, property, and the environment engender higher rates of mental disturbance. When disasters are humanly caused and are intentional, consist of acts of mass violence, and present continuing threats – all key features of the World Trade Center attack – they produce pervasive and incapacitating