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The Need for Trauma: A Terrophilic Consequence of 9/11

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Abstract. This article addresses the response of many United States (US) professional mental health authorities to the terrorist attacks within the US of September 11, 2001.

Many United States (US) mental health professionals have opined to the mass media that there may have been and are mass psychiatric casualties in the aftermath of the 9/11 terrorist attacks within the US. Just one example of such opinions has been published in a recent Issue of The New England Journal of Medicine. The Journal study, led by an epidemiologist at the New York Academy of Medicine's Center for Urban Epidemiology, reports that close to 10% of people living below 110th Street in Manhattan may be characterized by post-traumatic stress disorder or clinical depression five to eight weeks after the terrorist attacks. The study also reports that close to 4% of these people meet the criteria for both disorders and that much higher rates were found for people who were close to ground zero, who lost family or friends as a result of the attacks, who experienced other stressful events during the previous year, or who had experienced extreme panic during or shortly after the attacks. The study also reports ethnic and socioeconomic class differences.

As described in The New York Times, the study yielded results--i.e., estimates of casualties--lower than what were predicted by some other mental health experts and about what has been observed for other major natural and man-made (sic) disasters. Also, according to The Times, some mental health experts believe that many people who need mental health help are not getting it.

There are several implications of the above for terrorists and for those who seek to counter them. First, mental health authorities are creating demand characteristics for the signs and symptoms of emotional and mental health disorders. In essence, the authorities are creating social roles and behavioral prescriptions for the psychological functioning of people who directly or indirectly experience a terrorist attack. These demand characteristics necessarily contaminate the empirical findings of post-terrorist attack trauma.

Second, mental health authorities are providing results and predictions that are in the personal and professional interests of these authorities to make. To find and predict significant numbers of casualties validates the personal and professional goals of the authorities for money, publications, prestige, a job, and so on. The compatibility between personal and professional needs of the authorities and published and opined results and predictions necessarily must shed at least some doubt on the results and predictions.

Third, and most importantly, mental health authorities are creating demand characteristics, publishing, and making predictions in consonance with the desires of terrorists. Although the ultimate goal of terrorists is to achieve political objectives, many intermediary routes to achieving these objectives involve creating or inducing the psychological state of terror--or if not terror--the fear of terror as exemplified by noxious cognitive and emotional experiences such as those conceived as criteria for post-traumatic stress disorder and depression. Unwittingly or otherwise, the mental health authorities and terrorists are complicit. This is even more the case if one accepts the perspective of the social

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construction of emotional and mental disorder and the critiques of such disorder as mere medicalization of what has little to do with primary disease.

Thus, the mental health authorities who grace the venues of the mass media and scholarly publications may be engaging in activities suspect in terms of ontological validity, human morals and ethics, and antiterrorist and counterterrorist value. (See Goode, E. (March 28, 2002). Thousands in Manhattan needed therapy after attack, study finds. *The New York Times*, p. A15; Scurfield, R.M. (3). Commentary about the terrorist attacks of September 11, 2001: Posttraumatic reactions and related social and policy Issues. *Trauma, Violence, and Abused*, 3, 3- 14; Sprang, G. (2001). Vicarious stress: Patterns of disturbance and use of mental health services by those indirectly affected by the Oklahoma City bombing. *Psychological Reports*, 89, 331-338.) (Keywords: Mental Health, Terrorism.)