

My View: The traumatic impact of the WTC attack and the misappraisal of risk

By James Halpern

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Eight years later, we know that our collective appraisal of risk following the 9/11 attacks was a failure. Right after we were hit at the World Trade Center, many New Yorkers felt frightened while riding the subways, traveling on airplanes, crossing bridges, even entering public places or tall buildings. Yet in reality we were much safer than we felt. We were bracing for what seemed to be certain attack. Instead, we should have been more concerned about the air at the WTC site and the call to war. These were and continue to be the real sources of danger and psychological trauma that we faced.

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During rescue and recovery efforts, the air at the site of the attack was reported to be safe. It was not. As many as 70 percent of the 40,000 recovery workers became ill from the caustic dust and toxic pollutants that were released when the Twin Towers fell. These workers and volunteers included first responders such as firefighters, law enforcement officers and paramedics, as well as a diverse population of operating engineers, laborers, ironworkers, railway tunnel cleaners, telecommunications workers, sanitation workers, clergy, American Red Cross volunteers and staff of the Office of the Chief Medical Examiner. It may take decades before we know the full extent of the physical and emotional trauma to the workers, their families, residents and others who

were exposed.

The attacks were the stated motive for the wars in Afghanistan and Iraq. So far these actions have resulted in the deaths of more than 5,000 U.S. military service men and women and the wounding of 32,000. The trauma caused by these wars is ongoing. Almost 30 percent of returning active duty troops are diagnosed with post-traumatic stress disorder; the percentage is even higher for National Guard and reservists. Traumatic brain injury, suicide and family disruption for service personnel are overwhelming our Veterans Affairs and Department of Defense health-care systems.

And clearly the damage is not limited to the U.S. Estimates of Iraqi casualties range between 151,000 and close to 1.3 million. We have even less precise estimates of Iraqis or Afghans suffering from trauma-related disorders, but we know that few have access to mental health care.

Why were we so singularly focused on a subsequent terrorist attack, ignoring the real danger in the air around Ground Zero? And why did so many underestimate the human consequences of war? How could we all have been so wrong?

A partial answer is that the attacks worked. Terrorist attacks are meant to produce cognitive, emotional, physical and spiritual trauma. Trauma impairs our capacity to accurately appraise danger and safety, as we let fear, anger and other emotions take precedence over rational thought in an attempt to guard ourselves against a return of the threat. In his recent speech in Cairo, President Obama acknowledged that the nation was traumatized by 9/11.

In addition to the direct loss of lives and livelihoods, 9/11 shattered our assumptions about the world, ourselves and other people. Thomas Friedman commented that we suffered “an attack on our imagination.”

Even under ordinary circumstances, accurate risk appraisal is challenging. People are more afraid of sharks than of cigarette smoke, more afraid to fly than to drive. These are misappraisals. Following the trauma of 9/11, impaired risk appraisal was further exacerbated by constant threat reminders and color codes, increasing fear and uncertainty.

Hyperarousal and hypervigilance about a potential terror attack kept Americans from seeing and responding to the more genuine threats: the air that recovery workers were breathing and the consequences to our service personnel of going to war.

A number of surveys conducted with New Yorkers since the attack have shown that most recovered. As time passed, New Yorkers learned that they could let down their guard and resume their daily lives. Of course, those who were close to the event, those who were injured or lost loved ones are still healing. Mental health professionals were helpful in assisting New Yorkers to regain their sense of safety and trust. However, we were not effective in preventing physical and psychological trauma by alerting the population to the ongoing actual threats to our well-being.

When our nation is faced with future traumatic events, leaders, government officials, media and mental health professionals will need to collaborate more effectively and openly in order to provide accurate information and to create a calm environment. By lowering the hyperarousal and hypervigilance that follow traumatic events, we may be able to increase the accuracy of risk appraisal, thus improving decision-making and reducing the likelihood that one traumatic event will lead us so far astray.

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