

Inoculating Resilience to Terrorism: Acute and Posttraumatic Stress Responses in U.S. Military, Foreign & Civilian Services Serving Overseas After September 11th

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American personnel living abroad were shocked and distressed as they viewed from afar the nearly live coverage of the September 11th terrorist attacks on the U.S. This paper is a report on six stress debriefings conducted by an American psychologist (at U.S. embassy and NATO facilities, SHAPE, and in the community) and informal research interviews (n=250) with American diplomats, military and civilian personnel posted in Brussels and surrounding vicinity, documenting their acute and posttraumatic responses to the attacks. Participants showed strong evidence of acute and posttraumatic stress responses including: dissociation, reexperience, avoidance, hyperarousal, loss of functioning, and both functional and dysfunctional coping responses. While a controlled study was not possible under the circumstances, valuable information was nonetheless collected. Based upon the anecdotal data and results of the interventions, suggestions are made for increasing resilience to this type of stress response should attacks or high threat levels continue.

KEY Inoculating Resilience to Terrorism: Acute and Posttraumatic Stress Responses in U.S. Military, Foreign & Civilian Services Serving Overseas After September 11th

On September 11th, 2001, American personnel posted abroad were horror struck as they watched by television, or learned by other means that their country had been attacked. Many watched nearly simultaneous television footage of the Pentagon and Twin Trade towers being attacked by airplanes and alternately burning or collapsing into rubble, killing over three thousand persons. While there was no imminent or credible threats made at that time to Americans living abroad, security measures at all embassies and military facilities were immediately heightened and American personnel quickly found that whatever their previously assumed levels of invulnerability at home and abroad had been, these were now shattered. Anxieties and stress mounted as the reality of the attacks on American soil worse than Pearl Harbor were confirmed. Rhetoric concerning retaliation created additional anxieties. In the aftermath of the events of September 11th American military, diplomatic and civilian personnel posted abroad were shocked, frightened and bewildered. In addition they abruptly found themselves facing a radically new threat situation, harsh new realities and uncertainties that quickly manifested themselves as distress and emotional fallout.

This paper is a report of six stress debriefings² held in Belgium with American personnel posted to SHAPE (Supreme Headquarters Allied Powers Europe), at the American tri-mission embassy communities (i.e. the American mission to NATO, the American mission to the European Union, and the American embassy to Belgium), at the NATO staff support activity center and at the American Women's

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² These debriefings were voluntary involving psycho-education and discussion of common responses to traumatic events. They involved spontaneous and completely voluntary processing of emotional responses to the terrorist attacks but no one was required to "emote" about their experiences. These sessions had no relationship to the structure or methods of critical incident stress debriefings, which have in recent years been the subject of heated controversy.

Club of Brussels. In Belgium approximately one thousand six hundred American diplomatic, civilian and military personnel are posted within the tri-mission community (i.e. to the U.S. Embassy to Belgium, to the U.S. mission to the European Union, and to the U.S. Mission at NATO). Hundreds more American military and civilian personnel are posted by the Department of Defense to SHAPE, and there are also hundreds of Americans working as civilians for NATO and as expatriates posted to various international and American businesses. This paper reports on a nonrandom sampling of these expatriate Americans' psychological responses to the terrorist attacks which were collected via self-disclosures in the group format, personal disclosures following the groups, informal interviews with personnel throughout the expatriate community as well as summary scores from a self-assessment instrument collected afterwards from a convenience sample of 50 participants from all facets of the American community in Brussels. This collection of responses to the September 11th terrorist attacks on America are examined and discussed to gain a greater understanding of how Americans abroad respond to terrorism and how best to inoculate resiliency in those who serve our government, military and commercial interests abroad.

Method

Samples & Procedures

The research question under study was exploratory: looking at how American personnel posted abroad responded to the terrorist attack of their country and exploring possible ways to “inoculate resilience” to such acts of terrorism, given that they may represent the new world order. It was especially of interest to learn if American expatriates would have heightened anxieties, increased concerns and even posttraumatic symptoms along the lines of acute stress and posttraumatic stress disorder (PTSD) despite witnessing the attacks from afar.

An event capable of engendering either disorder, according to the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, revised (DSM-IV-R) (APA, 1994) is one in which the person experiences, witnesses, or is confronted with an event or events that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others and that the person's response involves intense fear, helplessness, or horror. Americans living abroad witnessed the horrific attacks by television, either in nearly live-time or in the repeated television coverage. Many of those working for the military, State department or for New York City based businesses took the attacks personally as they were familiar with the offices in the Pentagon or New York city, had colleagues working there, and may have themselves been victims had they been posted stateside at that time. Even those participants with no work or personal ties to either site took the attacks quite personally due to the extensive human-interest coverage in the media and the symbolic nature of the attacks on their nation. In addition the attacks and their aftermath created new fears for Americans living abroad with heightened awareness of the possibility of being included as future terrorist targets. Hence the events of September 11th fit the criteria for both acute stress disorder and PTSD. However, it was of interest to this research to learn if an attack perceived at such a distance by American personnel abroad would indeed cause symptoms of either disorder and if so how could this traumatic distress perhaps be mediated. Given the unexpected nature of the event it was impossible to design a controlled study: the data collected is nonetheless informative and valuable.

The six stress debriefings were conducted during the ten-week period following the September 11th terrorist attacks on America. The first was held within five days of the attack and the last was held in mid November. In cases where the trauma does not have a clear end as in the September 11th attacks in which the terrorist attacks created a state of high alert and increased threat lasting for at least four weeks afterwards, it is unclear when exactly to say the “event” was over and thus what time frame to define for measuring acute versus posttraumatic stress disorder responses. Hence there are some measurement difficulties inherent in using the concept of acute stress disorder responses to this type of event that are discussed elsewhere in the literature (Bryant et al, 2000; Foy et al, 2001). In this case it was decided that since the first four weeks following the September 11th attacks included receipt of anthrax letters throughout the U.S. resulting in some deaths, receipt of false “anthrax” letters at Embassy Brussels,

revelation of threats to Embassy Paris and the rumored October 1 attack on NATO that the “terror events” lasted at least four weeks and the appropriate time frame for measuring acute stress responses continued up to mid November.

An open invitation was issued through organizational channels (via e-mail, inter-office post, announcements and word of mouth) to interested employees. The invitation referred to the event as a “Disaster Stress Debriefing” to be held with an experienced trauma psychologist and included brief biographical details about the speaker. Approximately forty participants from military, diplomatic and civilian services attended each debriefing. Three of the groups included an invitation to spouses as well, and in the case of the women’s club, only members were invited (including both working and nonworking women). In two of the groups, a high level diplomat welcomed participants and an embassy security officer also gave a security debriefing immediately preceding the disaster stress debriefing, with interesting results to be discussed below.

The stress debriefings began with a short lecture in which the symptoms of acute stress disorder were presented and normalized as typical responses to disaster. This was followed by a discussion of perceived current community threat levels, placing them in perspective to other “taken for granted” threats such as food contamination, driving in Belgium (which is widely perceived as a highly dangerous activity), catching a contagious disease such as AIDs, tuberculosis, etc. Humor as well as perspective was injected into the discussion of current threats followed by an invitation for participants to discuss their own current levels of stress, symptoms and concerns. In-depth handouts explaining the concepts were also distributed for personnel to read afterward. Starting in the second week participants were also invited to take a “Disaster Stress Self Assessment” survey that they took before the debriefing and could either give back to the researcher or keep for themselves. Those who took the surveys generally returned them and many used them as a tool for further discussion. The debriefings ranged from one to two hours depending upon if the security officer also spoke and many participants lingered longer to speak personally with the presenter afterward. There were approximately two hundred and fifty participants in total, representing: military and their spouses from the rank of sergeant to General/Admiral; diplomatic staff and their spouses ranging from support staff to Ambassadorial rank, and civilians ranging from charity workers to corporate executives. Men and women were equally represented in two groups; another of the groups was predominantly men; and two others were predominantly women.

Data Collection

There were two methods of data collection. The first was by verbal disclosure in the groups and in one-on-one brief unstructured interview format (n=250). The researcher presented acute stress disorder material and queried the groups as a whole as to their level of experience on each of the symptoms. In response to these queries, spontaneous discussions erupted. Most of the participants were eager to discuss their symptoms of distress, to compare experiences, and to pose questions about their own responses or those of family members and friends. Most were cautious at first or tearful, but as one or another opened up the group generally became a “safe” place to discuss symptoms and many personal concerns were raised. The participants appeared relieved to have found a place to gain information, to share concerns and to learn that despite their symptoms of distress they were not “crazy” and that others fared similarly.

Participants were not formally asked to discuss their symptoms yet many did so in the groups and afterward. The comments reported here were thus collected non- systematically in a non-random convenience sample, yet they are nevertheless revealing and a valuable reflection of stress responses in the expatriate community in one foreign post following the September 11th attacks.

The second method of data collection was by written questionnaire. Before debriefings participants and others were asked to fill out a “Disaster Stress Self Assessment” (n=50) which reflected the DSM-IV-R (APA, 1994) diagnostic criteria for acute stress disorder. The group filling out the survey consisted of a convenience sample of participants recruited from the Tri-mission community, SHAPE and the expatriate American business community. The full results of the survey are reported elsewhere (Speckhard, 2002) with some summary data included herein.

Results & Discussion

Information as a Traumatic Stressor

In the posttraumatic stress literature there is agreement that a traumatic stressor is one that involves threat to physical safety or integrity or involves witnessing or learning of such with the accompanied responses of intense fear, helplessness or horror (APA, 1994). In this sample however, it was mainly information that acted as the traumatic stressor –although “at a distance” witnessing also occurred through the many graphic images that were portrayed in the print and televised media and many emotional stories that were replayed over radio and television. Thus this event and its far reaching impact raises questions about the role of media in increasing the number of those having exposure to a traumatic event. Indeed the researcher was told by one Italian school-teacher that children in her small Italian town were having arousal responses including nightmares and trouble sleeping simply as a result of viewing the September 11th events by television. The influence of the media in how an event will be experienced as has been raised in other research examining toxic contamination where information is the main traumatic stressor (Cwikel, 2002; Speckhard, 2002). Researchers looking at the link between toxic contamination and traumatic responses have found that information alone is capable of acting as a traumatic stressor (Bromet, 1989; Green, et al, 1994; Havenaar, 1997, Havenaar, 2002; Speckhard, 2002; and Tarabrina, et al, 1993.) Clearly it was also the case in this sample.

Dissociative Symptoms

In discussions with participants, nearly all endorsed items relating to dissociative defenses. Most participants viewed the attack over the television on the same day it occurred (via CNN, Armed Forces television or BBC) as well as later reading accounts and listening to radio reports (via AFN and BBC). Participants voiced their feelings of helplessness, fear and horror as they watched footage of the attacks and in the weeks following it. The television footage seemed especially surreal to the majority of participants who had trouble incorporating it into their existing schemas. The majority of participants said that they felt numb, dazed and unable to incorporate the information as reality. “I am having a hard time finding a place for this in my mind,” was a comment representative of many of the participants.

Derealization

Derealization was the most commonly reported symptom, with frequent comments of: “It’s surreal, like something out of a movie.” One participant stated, “I still sometimes don’t believe it happened. When I see the television playing it again, it looks to me like something out of Hollywood, like the movie Independence Day, but not something that really happened.”

Emotional Numbing/Detachment

Unable to take in the reality of the attacks many respondents said they felt emotionally numb. One participant stated, “I can’t believe it’s real so I don’t feel anything.” Others said they were overwhelmed with emotions and grew detached as a defense from overload. One woman expressed concern over her lack of response saying, “I usually am so emotional about everything, and cry easily, but for this I just feel numb, like I don’t feel anything.” Tears filling her eyes she asks, “Is something wrong with me?”

Reduction in Awareness/Dazed

As events unfolded many participants described being dazed by and drawn into the horrifying information. In the first weeks, parents and spouses especially, said they felt totally absorbed by news coverage, unaware of the effects on their children or of the needs of other family members. One participant said, “The television is going all the time now and I am just going through the motions at home, but it’s like I’m not really there.”

Traumatic Amnesia

Surprisingly many respondents said they were so shocked by the news that they were having a tough time piecing together all the events of the September 11th, that they had gaps in memory for what had occurred. A common occurrence in the groups and in individual interviews was for participants to attempt to recount in detail where they were when they heard the news (or saw the live television coverage) and to link what they witnessed together with their emotional responses, attempting to integrate all of it into what else had been present in their lives that day. Most had only minor memory gaps, but it was clear they were struggling to integrate the shocking news back into the rest of their experiences.

There were no reports of depersonalization.

The presence of dissociative symptoms in this sample so far removed from the actual attacks – although close to newly threatened sites – is of special interest because there is evidence that the presence of dissociative symptoms and acute stress disorder following a trauma may be predictive of PTSD. (The former differs from the latter in its heavier emphasis on dissociative symptoms and in the short time frame (four weeks) after the trauma in which symptoms must occur.) In a series of follow-up studies it was found that seventy-eight percent of trauma survivors who met criteria for ASD suffered PTSD six months following the trauma, and sixty percent of those who displayed acute posttraumatic stress symptoms (subclinical ASD) but no dissociation developed PTSD (Bryant & Harvey, 1998; Harvey & Bryant, 1998) and those rates persisted even two years after the trauma (Harvey & Bryant, 1999). This sample shows a wide range of dissociative symptoms following a terrorist event and demonstrates how far reaching such an event can be – as in this case, the effects of terrorist attacks in New York and Washington reached across the Atlantic ocean to Americans living abroad.

Symptoms of Posttraumatic Arousal

While struggling to take in the magnitude and reality of the events, American diplomatic and military personnel found themselves suddenly in a high state of alert. Embassies and NATO headquarters sent all but essential personnel home and information was disseminated at work and to homes that schools for American students would be closed and all but essential personnel were instructed not to report to work the next day. Likewise instructions were issued for Americans to take a low profile and to not congregate in groups or to come to military installations. Expatriate Americans had no such notification system but received word from the International School and from clubs such as the American Women's Club that schools and the club would be closed due to the attacks. Ex-pats also found business trips cancelled and the security in the work environment suddenly heightened. Hence all non-essential diplomatic and military personnel found themselves sequestered from work, isolated and left with nearly constant news coverage of the events as they continued to unfold and be replayed on the news.

Increased Anxiety/Trouble Concentrating

The reality of the threat quickly hit home and most participants admitted to increased anxiety. This was frequently manifested in the inability to concentrate and increased irritability. "I just can't stay focused." "I find my mind wandering." Or, "I find myself thinking about it all the time." were common comments. One woman describing her inability to work said, "I haven't been able to focus all week. I feel like there's a big hole in my chest."

Likewise most personnel admitted to increased irritability with co-workers and family members. An Army chaplain observed:

I am seeing a lot more heightened emotions, people going off at each other for no reason, people bickering in meetings when they did not before, tears and outbursts. Everyone is on edge. It seems to me that everyone is waiting for the next step. They all know something is going to happen but no one knows what it will be, or if it will somehow backfire on us, and change things for the worse. Everyone already knows that life is forever changed but now they are wondering what will happen next. They just want it to be over. It's the uncertainty that is putting everyone on edge.

Emotional Lability

Participants reported that in the first day or two following the attacks they had a very hard time realizing it as reality. However as time went on and particularly as the human-interest aspect of stories appeared in the news the reality began to sink in. The emotional aspects of the attacks held at bay in the first days by dissociative defenses and emotional numbing, rebounded for most, in a rush of emotions and heightened state of alert. This was especially common for exposure to the news. A frequent comment about these phenomena included, "I just find myself breaking into tears every time I turn on the news." The majority of participants reported an intensity of emotional responses. Surprisingly, men as often as women, admitted to crying easily when they heard news reports: particularly of family members who talked to each other over cell phones from the airplanes, of deaths among rescue workers, of family members searching for each other, etc. Tearfulness continued during the entire first month, with many

participants reporting that even though they felt embarrassed by their emotional responses, they found themselves unable to control it. One woman three weeks after the incident recounts:

I thought I was over it, but then I find I am talking about it or thinking of it and I just start to cry. The Belgians have been really great. I don't know my neighbors well, but this one neighbor - she lives five houses down from us. On the day it happened she came out of her house and stopped my husband just to tell him to say to me how badly she felt for all Americans. I can't help myself (continuing between sobs) I cry when I think about it or talk about it now.

Anger

Men and women alike stated that they were angry, although most tempered their expressions of anger with concern about where retaliatory attacks might lead. Men expressed anger more frequently than women. Even the American Ambassador to NATO, Nicholas Burns began a mourning service with these words, "I for one, am angry." Many military men were eager for retaliation. A non-American working for NATO support activity received positive support from participants in the group when he timidly questioned:

Do you think its normal that I sit for hours and plan responses involving nuclear attack? I have a military background and I know that a few nuclear bombs spreading radiation throughout the desert would take care of the problem. Is this normal for me to consider such a retaliation involving innocent people? Am I maybe going a little bit crazy, or is this normal?

Sleep Disturbance

Difficulties falling or staying asleep were also frequently reported. A military spouse reports: I woke up at five am. I don't sleep well since this happened. Yesterday I saw on the local television station that they captured five Americans in Pakistan. Maybe it's another rumor, but they kept showing it all day long. I looked on the American channel but they didn't show anything about it. My husband is military. As far as I'm concerned it could be my husband or my son, or for that matter anybody's son. It's awful.

Another embassy employee recounted,

Did you hear that we received an anthrax letter here yesterday? They don't know yet if it's anthrax or not, but I'm already having trouble sleeping. I think the stress levels are getting out of control.

Nightmares were also frequently reported, most involving dreams of planes crashing or being chased by airplanes.

Sense of Threat/Increased Startle

All the participants reported a heightened sense of vigilance and many had an exaggerated startle response, especially to airplanes, approaching men, and anything that could be misunderstood as a threat. A member of the medical corps stated:

I don't know about you, but I'm doing an awful lot of looking over my shoulder now. I notice planes. I never noticed them before, but now when I hear them I look up in the sky and notice where they are flying, if they are going near buildings. I know it's strange but I can't stop myself.

Arousal over Perceived Threat Vs. Reality

Many participants reported that they felt much more alert to danger than they had in the past. However the circumstance of their situation must also be pointed out. Military installations, embassies and NATO headquarters moved immediately to high alert with their entrances closed to the usual vehicular traffic and no one allowed access without greatly increased scrutiny. Military guards armed with machine guns and barbed wire barriers surrounded the facilities, limiting access. Belgian police and security officers were dispatched to guard the peripheries and entrances of the homes of high-ranking personnel, all of this leading to increased arousal. Likewise, in some units military personnel were gearing up for potential deployment of themselves, family members and friends.

Rumors Vs. Reality

Rumors that circulated in the media, and among communities, also heightened arousal. For instance newspapers reported a bomb threat to NATO headquarters to take place on October first, 2001, a day that passed uneventfully, despite concerns by many. Many became worried that they, their homes,

vehicles, or places of work could become terrorist targets. Others worried about chemical warfare and many were reluctant or anxious about boarding airplanes. This was especially difficult for those who had close relatives overseas. One woman whose husband worked in the business community recounted:

I don't feel like we are necessarily targets, but I'm worried about if it gets worse, that we won't be able to travel back and forth to America. My two oldest are living in the states and I don't know what to do about it. My son is not working right now and I think maybe I should fly him over here, but then maybe it's not safe to put him on a plane.

As the holidays approached in November and December anxieties of flying home or family members being flown in where greatly heightened as well, tarnishing some of the pleasures of the season.

While dissemination of official information was one front, rumor control was yet another. Alarmed embassy personnel who were trying to calm others (as well as themselves) found themselves repeatedly confronted with media reports and rumors that were difficult to sort through. The embassy community liaison officer was so busy trying to quash rumors that she for instance did not take it seriously when a caller inquired about a bomb threat at her children's school until she herself inquired in behalf of the caller:

When someone called in asking about the bomb threat at St. John's I laughed it off, until I asked the regional security officer about it. Then I found out it was true. There had been a threat the very next day after the attacks, when school reopened. The Waterloo police had been out to the school checking every room. They found nothing and everything went back to normal, but it does shake you up.

Another rumor that circulated in the embassy community was that Belgians were being given certificates for iodine tablets from the pharmacy to protect them in case of nuclear attack. Worried Americans wanted to know why they were not receiving the same. Like all good rumors there was truth in it. Belgians living in proximity to nuclear power stations do receive iodine tablets that are routinely dispensed as a preventative health strategy having nothing to do with potential terrorism. Under ordinary circumstances (i.e. no malfunction or attack on the reactor) residents of Brussels are not within the proximate range necessary for dispensing iodine tablets.

Official Measures & Increased Arousal

While security authorities at all American establishments stated that there was no credible evidence that American personnel in Brussels or that American facilities were specific potential targets they had difficulty refuting press reports insisting otherwise. This was especially troublesome after news broke that arrests of potential terrorists had occurred in which it was learned that U.S. Embassy Paris had been a target. While authorities worked hard to keep the situation calm, the State Department Bureau of Diplomatic Security distributed to personnel a flyer entitled "Responding to A Biological or Chemical Threat: A Practical Guide" which made many participants extremely nervous. Likewise, an October 4th office circular from the director of the NATO Office of Security began:

There continues to be media reporting suggesting that NATO Headquarters is a specific target of terrorist organizations. Most recently, the media has reported that the arrests of individuals in Belgium, France, the Netherlands and Spain were related and one of the intended targets was NATO . . . At least some of these individuals were involved in anti-U.S. activities in France, but again there is no current link to these arrests and possible targeting of NATO facilities. Nevertheless, NATO headquarters remains at *heightened risk* and appropriate precautionary measures are in effect (italics added).

While such notices were intended to be reassuring they, coupled with the greatly increased security measures, made it difficult for personnel to discern whether or not they were safe from what the news media was reporting, or at "*heightened risk*".

An American military wife disclosed her anxiety upon entering one facility after the attacks: When we got to NSA (NATO staff support facility) they weren't letting any nonofficial cars in. We drove up to the gate and they began searching the car with mirrors underneath and so on. There were guys with machine gun all around the entrances. I don't know what I would have done if they found something! Jumped out of my skin, maybe!

Likewise, an American diplomat stated his bewilderment and anxiety going through the security check at NATO headquarters after the new procedures had been instituted.

The only thing that spooked me was that after the attack they put a lot more guards at the entrance to NATO headquarters. They all wear black, I guess to look menacing or serious or something. But anyway I drove my car up to the headquarters entrance and this one guard who was not wearing black and looked kind of scruffy and unshaved came up to my window and said, "Are you an American citizen?" I hesitated in answering him and it gave me an awful feeling to say, "Yes I am." Then even stranger he said, okay go ahead. It bothered me so much that I asked inside later about that and the security chief told me that they are asking Americans to identify themselves so they can search their cars more thoroughly, but he did nothing, just asked me the question.

Panic/Increased Agitation/Physical Indicators of Arousal

Many participants spoke about increased bodily arousal especially having a tight chest, difficulty breathing normally, racing heartbeat, nervousness, increased agitation, feeling jumpy and symptoms of panic. Two participants described confusion over experiencing panic attacks fearing it was a heart attack. Two others described battling near panic attacks whenever they thought about traveling home by plane over the holidays. One of these recounted, "I am really worried about getting on a plane again. I have to get on one in a two weeks and I am not ready. I'm so afraid I am going to run up to the cockpit, bang on the doors and beg the pilot to turn around."

An expatriate working at NATO described feeling her throat constrict and coughing whenever she thought about the possibility of anthrax attacks. "I call it my anthrax cough," she joked, trying to poke fun at her fear. The embassy nurse described being overrun with cases of stress manifesting in physical symptoms.

When a plane crashed in New York apparently unrelated to the terrorist attacks many Americans were horrified and increased arousal states reoccurred. One woman recounted her panic:

A friend called and told me about the plane that went down, but she didn't say which one. I was frantic because my husband was on a flight back to America at that very time. It made me physically sick. The first thing I thought was that it was Veteran's Day.

Even an Air Force serviceman admitted fears about flying home saying, "You can come and give me a stress debriefing. I have to fly home in three weeks and I'm really nervous about it. This is really hard to come to terms with."

Uncertainty & Fears about the Future

All of the participants said they felt uncertain about the future and many feared a repeat occurrence, especially worrying if Brussels would be a target. One man stated, "I felt safe here, but now I'm re-evaluating. NATO is here, the headquarters of the European Union, all kinds of Americans. Why not bomb here and be done with it. I worry about living here now."

Symptoms of Reexperience

Many participants found that they had strong unpleasant emotional responses to anything that triggered thinking about the attacks. For instance one participant recounted:

For me the most awful thing is whenever they show pictures of those buildings that collapsed. Every time I look at the place where the Twin Towers stood I can't stand to think that there are thousands of people underneath the rubble. It's a mass grave really.

Many participants stated that thoughts about the attacks "popped into their minds" spontaneously throughout the day causing distress. Nightmares were also commonly reported and frequently centered upon being chased or attacked, often by planes. One participant said, "I dreamed I was being chased down by airplanes the whole night last night. It was awful."

Triggers to recalling the attacks or thinking of the possibility of new ones varied from person to person but were ubiquitous. One woman stated that she was not really afraid but odd thoughts about danger and terrorism kept intruding into her consciousness:

I have strange thoughts from time to time, like while driving to Amsterdam we passed under a bridge where the cars were all parked. It was strange and immediately my thoughts jumped to

terrorism. I thought that the cars had been abandoned by frightened drivers until I saw they were only parked. Driving near Paris I heard on the French news that a chemical factory had an explosion and I immediately worried that it was from terrorism and I tried to make out what they were saying and if maybe they were discussing chemical attack. Last night I was driving down our boulevard and I saw a large item lying in the street. It looked like a severed human leg. Of course it was not. I would have never thought that before, but immediately I thought of terrorism.

Flash-Forwards

Trauma has a particular effect on distorting the experience of time, inserting the past into the present and poisoning the future with horrifying possibilities. The concept of the “flash-forward” when a traumatic event causes an intrusive imagining of the future, as opposed to a flashback - an intrusive memory of a past trauma - has been described elsewhere (Speckhard, 2001). Flash-forwards were particularly evident in this group, with many participants having intrusive images of future horrors – chemical attack, bombs going off and planes exploding. One woman recounts:

I don't think I will ever be able to look at a plane in the sky and not see it blowing up. Whenever I see a plane in the sky or even just a picture of a plane, I see it exploding. And I have to get on a plane in three weeks.

Re-activation of PTSD

For some personnel, previous traumatization was reactivated. Those personnel who admitting to previous traumatization or PTSD (n=5) all spoke privately to the investigator afterwards. They reported that the current threat level reawakened previously dormant symptoms (i.e. intrusive thoughts, flashbacks, nightmares, bodily arousal, etc. associated with previous traumatization). Two had lived through World War II bombing and found that the events of September 11th reactivated childhood terror. One of these said:

I am a World War II child. I lived through the bombings, the bombardment by Americans of my town in Germany when I was a small child. I never went to therapy for it. I try to keep it out of my mind, but the truth is, this brings a lot of it back.

Another participant, abused as a child, said she was glad that previous therapy had taught her how to deal with situation of trauma and that even though she felt an overly heightened sense of alert, she felt equipped to deal with it. One participant said:

Our family is Holocaust survivors. My father never spoke of it, but now since September 11th he calls me on the phone and cries about the past. It's brought it all back for him, and for us.

Another spoke of unfinished business from having been taken hostage in a previous post:

Two years ago, I was taken hostage. I was a hostage for four days. I was okay when it was over, but after awhile I realized I needed some help dealing with it. I didn't have terrible problems. It was just that after I was freed I learned that the troops went into the building and basically executed the people who had held us hostage. Some died in the fray, but the ones that were left were shot point blank. Afterwards I found that I was having a hard time with normal life, like going to diplomatic parties where everyone was having a drink and making small talk. I wanted to scream at them and say 'Don't you know what's happening out there?' So I got help. I went to a professional for a while and dealt with it. But now after these attacks I find I'm having nightmares for the first time, about being a hostage. I never had nightmares about it until now. And I keep thinking about those people who were executed. It's only since the terrorist attacks that I had these thoughts and nightmares. It's disturbing, but I don't think it will last for long.

Avoidance

While many participants said they felt an almost obsessive need to watch the news and to talk about what happened, nearly half also said that they needed to avoid news coverage and to avoid talking as well, to decrease their arousal levels. One American diplomat remarked:

There's an awful lot of stress now. Sometimes I just want to turn the television off. We have it on now so much, to hear what's going on, but I just want to turn it off and make it all go away.

Photo journalist coverage of the attacks in European newspapers was particularly difficult for many participants as more graphic photos of dead and injured persons were frequently displayed in less subdued

form than shown in American news magazines. One woman remarked about a news journal she was given from England. "I couldn't look at it. It was so upsetting to see how they covered the attacks. The pictures were just too much."

Isolation and Alienation

In the time immediately following the attacks many personnel reported feeling isolated and alone. This was especially difficult for those who had strong symptoms of distress as they had no one to talk with or with whom they could compare responses. One woman in particular was greatly relieved to hear that her initial responses were normal. She reported:

I was home from the embassy the day after. I didn't have anything to do but watch the news. My heart kept racing and I felt panicky. I didn't have anyone to talk to, no husband or children. I thought I was going crazy.

Marriage and Family Issues

There were quite a few comments among participants about gender differences in responding to crises and concerning marital issues raised by the attacks. For instance many women stated that they needed to talk about the attacks, particularly verbalizing fears, whereas their spouses frequently downplayed the dangers or ridiculed their fears. One woman commented:

I'm about ready to kill my husband. He keeps saying there's nothing to worry about, that there's no danger. I know deep down inside he's afraid, but he'll never admit it, meanwhile he acts like I'm crazy.

Alternatively, some women reported that their spouses became highly alarmed and tried to deal with their fears by moving into a very controlling mode, trying to avoid all dangers. "I don't know what to do about my husband. He's so worried about it that he just wants me and the kids to stay home, not to go anywhere. It's awful."

Comments were also made about friction between spouses when one chose to cope with frayed nerves by increased drinking a habit of which the other disapproved.

Likewise concerns were often voiced about how information in government facilities was disseminated; through the working spouse leaving the non-working spouse feeling ill-informed and at risk especially if the working spouse traveled a lot, in which case the link to information was severed. Another topic of concern for many was the way in which the embassy had notified (or failed to notify) the community about closures etc. after the attacks and how it might notify if further threats became apparent was. This was also a source of marital friction if the employed spouse downplayed concerns and the "at home" spouse wanted to be sure to be notified.

Children at Post

Those personnel with children at post reported a variety of symptoms in the children ranging from sleep disturbances, nightmares to heightened anxieties. Most children questioned their parents about the meaning of the events and were worried about war. Interestingly, parents differed in their approaches to sharing information. One parent stated:

I didn't want to tell my daughter anything. She's six years old and I know that living over here we are going to have to put her on a plane sooner or later, so I didn't want her to know about it. We kept the television off and didn't say anything. But when she came home from school her teacher had talked about it and we found that she knew much more than we had wished.

Most watched the news with their children and did not shelter them from either their emotional responses or information about what had occurred or might yet be to come. In some cases this proved to be too much stress and military psychologists reported many phone calls from parents upset over sleep disturbances in their children and regressed behaviors in small children such as bedwetting.

While the research did not formally include child participants some were informally interviewed. One comment by a thirteen year old the day after the attacks was, "I didn't sleep well last night, I kept waking up crying, I think." Another teenager found it hard to separate the attacks from her self. Having heard the rumors that a bomb had been detonated at State department, where her father worked when posted in Washington, and knowing about the threats to NATO headquarters where he is currently posted, she said, "It makes me feel so sick and sad, I can imagine that would be Daddy."

Small children often did not understand completely what had happened as evidenced by what a teenager reported over-hearing in conversation between two preschoolers at school, when one five year old told another, "Didn't you see the buildings collapse? The New York hospitals are filled with blood"

Extended Family Considerations

Most expatriate personnel have close family ties at home to parents and/or adult children. Many parents stated that their adult children had called very alarmed about their parents' safety. Knowing they were posted to NATO or nearby facilities, many were concerned since the media had reported NATO headquarters as a potential target. Parents reported that they were surprised at their adult children's concern and also felt that their adult children were somewhat regressed in their emotional needs, uncharacteristically wanting comfort and reassurance from their parents. One mother of an adult child reflected this concern in a vivid dream:

Last night I dreamed about my daughter. She's been calling a lot and kind of worried about us and everything happening. It was the most vivid dream. I saw her, as she was when she was about five years old. She had these little ringlets and made a certain expression that she never makes now. I saw her like that. It was so vivid and my heart just went out to her.

Children under threat often need visual or vocal contact with their attachment figure and under high threat often even need touch to reassure them that they are safe. Adult children regressed under threat can need the same. One mother recounted her inability to find a way to "touch" her son and reassure and calm him over the limited medium of a telephone call. Confused by her usually tough and competent "warrior" son calling with worries she asked:

What can we do to reassure our kids? My son called the other night upset and I didn't know what to say. He's part of a special-forces unit and about to be deployed. I can't even talk about it, but he called and he was worried about us. It made me so upset that I didn't know how to calm him.

Many parents and children were grateful for e-mail when local lines and cellular services were briefly not working. One woman living near the Pentagon recounts being unable to reach her loved ones in Belgium to say she was alright, which she finally did via e-mail, "By the time I reached home our phone was out and the computer jammed."

Parents of adult children who live or work in New York City or at the Pentagon frantically tried to locate their children, concerned about their safety. One reported,

My daughter works and lives very close to the Twin Trade towers. She e-mailed me right away and called a friend to find me and tell me to call home. She had been only about eight blocks from the blast and was able to see a lot of it out of her windows at home. But she was all right and pretty calm given the circumstances. I was glad we could talk to each other right away.

Another parent recounts her family's ongoing stress:

My children were at ground zero. We couldn't make contact for hours and we were frantic . . . There is five inches of dust from the explosion over their entire apartment. They cleaned it five times but finally decided not to live there again because the fire still smolders and there is so much dust and smell. It's a war zone. I call them all the time just to hear my son's voice. I just have to call now to hear their voices. My daughter-in-law is seeing a doctor for stress.

Adult children posted at NATO headquarters and surrounding facilities also received anxious phone calls from their parents. A member of the regional security force recounts:

I am not a parent, but I have parents. I know that parents of adult children over here get upset and call all the time when they hear false threats. It even happened to me. There was a false media report in America about a truck bomb going to be used at NATO headquarters and some military site outside of Brussels. A lot of alarmed parents were calling their children posted over here. I was on assignment with an Ambassador, and face it, that means that I'm basically assigned as body cover, which my Mom is not too happy about either. So I receive this phone call on my cellular from my parents and they say, 'So what's this we hear about a bomb attack on a high American diplomat and a Belgian military facility?' I answered, 'MOM! I'm with Ambassador Burns! I can't talk now!' She was so worried and upset that she answered, "I don't care."

Cultural Challenges

Dealing with a national crisis when living abroad has its unique challenges. Most personnel reported that they were overwhelmed with the kind words bestowed upon them from Belgian colleagues as well as other foreign nationals. However some found living abroad created additional stress in dealing with the crisis. One mother for instance reported on tensions at the International School where her teenage sons attend:

You know there is something that no one is talking about. It's the fact that our children have to deal with a lot not being at home. My children told me that when they learned about the attack at school they were really upset, both by the news and even more so because there were other children, of other nationalities laughing and thinking it was great news. That was really hard on my kids. Then later when they had the homecoming dance, the student council voted to give the proceeds for the families of the people who died in America. But some other students didn't like this. They said Americans are rich and they don't need the money. The kids argued at school and now there is a petition against it. This hurts my children. You know it's different if you are back at home with all the patriotism and everyone feeling the same. But here we don't have our flag displayed everywhere. The kids are in an international school. Of course we have our flag up at home, a BIG flag, but we have it hanging in the hallway, away from the windows and we checked to be sure you couldn't see it from the outside.

While most participants felt support from each other and from their host country, one mother reported feeling alienated by Belgian parents who were trying to deal with their own emotional responses and fears after the attacks:

My daughter goes to a local Belgian school. I found it very difficult dealing with the Belgian parents after this happened. I don't think they mean to be rude or aggressive with me but so many of them come to me and say things like, 'Well you know it's your fault really. This is happened because of the American foreign policies...' I try everything to cope, counting to ten, changing the subject. It's all I can do to not scream at them.

Many participants admitted having heightened fears of Arab people following the attack, especially in airports or while flying. One parent recounted, "My son loves everything Army and Coastguard. His favorite jacket is my Desert Storm Army jacket, but two days after this happened he hung it up in the closet. He said, 'It's not that I don't still like it. I'm afraid to wear it.'"

The population of Brussels is twenty percent Arab and some terrorist cells have been discovered, hence there are legitimate concerns. However fear and racism quickly gets out of hand. It's hard to judge if one State department official was wise advising his constituents against teenagers using local taxis saying, "They are all driven by Arabs, you know, and I wouldn't ever put my child in one nowadays."

While many Americans continued to be open minded, others found themselves struggling with racial tensions and prejudice. One diplomat remarked:

Sometimes I'm afraid that I'm becoming a racist. It's not that I don't like Arab or Muslim people anymore but I am certainly more aware of them and I don't like seeing them in certain places, like airports for instance.

World Assumptions & Spiritual Issues

Spirituality

Typically traumatic events assault the assumptive world (Janoff-Bulman, 1992). When they involve death, they also frequently bring up spiritual issues: what happens after death, why bad things happen, the morality of certain acts, and so on. These issues were frequently raised in the groups as well. For instance one man questioned, "It's strange but it makes me wonder is this the end of the world? Like in those 'Left Behind' books (describing Biblical prophesies of the apocalypse), is it maybe starting now?"

One woman described dreams she and her brother each had prior to the event, which made her wonder about what would come next:

It's really strange but I had this dream about two weeks before it happened. I dreamed that it was no longer safe to live in America so my whole family had to come live with us. I have a house with a really huge attic. In my dream we had made rooms for everybody, my two sons, and my husband's parents and we had a kitchen garden outside. I just thought it was a strange dream until this happened, now I'm really worried about my family and wonder if they should all move over here if it's not safe there.

Increased Sense of Vulnerability/Ongoing Stress

One of the world assumptions that were severely challenged as a result of the terrorist attacks is the sense of invulnerability many expatriate Americans previously felt. Many now fear for their security, particularly when boarding airplanes, working or visiting American installations, and when clearly identifiable as American. All the Americans that took part in this study agreed that their view of the world had changed as a result of the attacks and many struggled with ongoing stress as a result of the continued threats, anthrax scares, and government broadcasts and media coverage of ongoing events.

One woman in the American business community expressed her fears about the mounting concerns, "Did you read President Bush's speech yesterday? When I read that he said nuclear power plants are potential targets I was terrified. It's the most terrifying thing I've heard in my entire life." Participants each struggled with their own particular fears, of attack at the workplace, or home, of bombs, chemical or biological attack, of family members being hurt, etc.

Nearly all participants admitted that the attacks made them realize how fragile life is and that they could potentially become targets as well. For some this caused anxiety as they considered their own mortality. One woman stated,

A lot of husbands are beginning to think about what would happen to their families if they died, if everything would be okay, and if both spouses died what would happen to the children. It raises a lot of concerns that no one thought about before.

A local pastor stated that attendance at expatriate church services rose dramatically following the attacks but that post September 11th, evening events such as the choir were barely attended because people wanted to be home with their families and were avoiding going out in the dark. Many of his congregants were telling him that "family time" had become very special. He remarked, "Even my own son turned off the radio the other day and said 'Can we talk?' That's strange because that's usually my line!" Participants often stated that the attacks caused them to re-evaluate values, particularly long working hours, and for those with families to recommit to "family time". Some respondents even said that they had renewed previously broken extended family ties.

Grief Reactions

Many people felt a deep sense of loss and were grieving in their own ways. One New Yorker remarked in a very subdued voice, "I just want to go back home, but I'm afraid that it's not there anymore." Another echoed this refrain about having lost her home:

I'm having a really hard time with all of this; especially seeing the pictures of how decimated the area around the Twin Trade towers in New York is now. New York is my home. I grew up there; I know all the area around the Twin Trade towers. That was where I lived. I spent all my afternoons there and later all my summers and many of my weekends and vacations. This (Brussels) is not my home. New York is, but I'm afraid when I want to go home I'm going to find it's not there anymore. I've been having a lot of symptoms of stress.

Survivor Guilt

Some participants expressed their sorrow and distress in terms of guilt over having survived when others had not. An American diplomat expressed it this way, "I feel sickened by all of this. Also I feel, I think, a little survivor's guilt for having moved away from D.C. and left my staff and friends behind." Many participants said they felt they should be home, helping somehow. A common comment was, "Feels like we should be there."

Another woman was tearful as she described the need for Americans and the State department to examine their foreign policies to understand what had possibly caused Arab terrorists to hate Americans.

Coping: Functional and Dysfunctional Mechanisms

Most participants said that the stress of the attacks had its greatest impact in the first weeks, with symptoms diminishing over time. However some continued to have difficulties in the months afterwards. Most difficulties relating to work included the inability to concentrate, irritability at work and high arousal states that kept the employee on edge. Difficulties at home were similar but extended to concerns about children and disagreements between spouses in coping strategies and threat assessments. Many participants said that they and their children had sleep disturbances in the first weeks following the attacks and some respondents continued to be unable to sleep well even weeks afterward.

Most participants were concerned over the potential for future attacks and were trying to keep as many information channels open as possible to keep themselves informed and prepared. However, for many, staying informed by constantly listening to the news and hearing rumors repeated through unofficial channels backfired as a positive coping mechanism as it had the untoward effect of causing increased anxiety and hypervigilance.

Government employees and spouses frequently spoke about concerns over information dissemination through official channels and repeatedly voiced their concern that they would not learn of additional threats, should they occur, in time to take appropriate action. Most wanted more feedback from the embassy concerning new threats, and asked for new technologies such as e-mail and cellular phones to be used in notification systems, some of which created security dilemmas for the embassy. In some of the briefings a security officer was present and answered questions. Many participants wanted increased information but the answers to their questions also appeared to greatly heighten fears. There were many fears voiced over the efficacy of evacuation and security procedures, and it appeared that while increased security procedures increased a sense of security they also added to a sense of imminent danger. Embassy, military and NATO security personnel were working hard to catch up in the new state of heightened threat, and one embassy security officer admitted, "Frankly, our post was at such a low threat level before this that we never had to think about it before. Now we are running to play catch up."

Expatriate civilians in the business sectors were less worried about home and workplace being targeted, but worried about bio-chemical or nuclear attacks on the city or specifically targeted places, and about family members flying. They were concerned for teenagers who went downtown on the weekends, traveling family members, and adult children or family members stateside. They were also very concerned about the lack of notification they received and their relationship to the embassy and the U.S. State Department. One participant voiced this complaint, "It's strange the way the embassy does not contact us. They ask us to register, but they don't even put us on an e-mail list. I guess there is a web site where you can obtain advisories, but how would we ever learn if we were in imminent danger. I got one warning by e-mail. It was a warning not to travel to Afghanistan – duh. It doesn't feel like they care much about us."

Space does not permit a full discussion of the survey results (n=50); they are presented in full elsewhere (Speckhard, 2002). It is important however, to note that the survey data gave evidence of a high level of symptoms of acute stress disorder (i.e. dissociation, reexperience, avoidance, hyperarousal, and resulting dysfunction), especially in the first week, and continuing at decreasing levels in weeks following. Indeed, in the survey data ten percent of the respondents gave evidence of having the full profile of acute stress disorder in the first week (n=5) and four percent (n=2) showed evidence of acute stress disorder in the weeks following. Likewise, just as some of the debriefing participants admitted to increased alcohol and substance use to calm arousal states, this was also reflected in the survey results, with eight percent (n=4) of the respondents admitted to using alcohol or a substance to cope with their distress (Speckhard, 2002). On the positive side, other debriefing participants said that they were spending more time at home, touching family members more frequently and valuing their families anew given the increased threat.

Another interesting result from the surveys was how open respondents were to receiving help had it been offered. When asked on the surveys if they would have accepted completely confidential counseling had it been offered, twenty percent of the sample (n=50) answered yes in the first week, declining only to eighteen percent agreeing in the following weeks. Likewise when asked if they would

have liked to meet in a group to discuss reactions, fifty-five percent answered affirmatively in the first week and forty-three percent in following weeks. Clearly this was evidence both of distress and an openness to accepting help had it been offered.

Implications

Combat readiness is difficult to achieve even for the military. Citizens serving abroad, whether military or nonmilitary, are always at somewhat of a disadvantage for coping: by virtue of being separated from family and loved ones; often having to function in a culture or language differing from their own; being relatively new in a community; and have less access to coping resources than they would have at home. Nevertheless if the news pundits are correct and the world is forever changed, American expatriate communities and their leaders must consider how best to be prepared for terrorist threats. One aspect of preparedness is psychological readiness. The answers of how best to inoculate resilience to terrorist threats in expatriates serving abroad are not easy, but certainly this experience taught some lessons:

1. Disaster Stress Debriefing - Stress debriefing sessions by an experienced clinician can do a lot to relieve symptoms of confusion and fear regarding typical dissociative and arousal responses to disaster. This sample expressed great relief in finding out that arousal states are normal, that dissociative and reexperiencing phenomena are to be expected, and even that racing hearts and other physical symptoms might be only panic. In addition to normalizing dissociative and reexperiencing responses, debriefings were also useful to help work through psychic numbing, avoidance, and the sense of alienation and isolation that many respondents felt. While there is some evidence that nonvoluntary debriefings in which participants are pushed to emotive about their experiences may be harmful, education, the opportunity to ask questions and discuss was found in this group to be highly useful.
2. Putting Threats into Perspective – Highlighting threats that personnel take for granted and accept as a “part of life” and placing them in comparison to perceived threat levels of terrorist strikes was also helpful. Injecting humor into discussions was also helpful. Likewise, it is always useful to remind personnel that while all security measures considered necessary have been put into effect; it is not necessarily possible to predict where harm will occur. Certainly anyone concerned about terrorist attack on federal buildings in the early nineties would never have predicted that a federal government building in Oklahoma City would have been hit, and the strike would have come from our own citizens? Hence it may be a worthless exercise to spend too much energy trying to safeguard oneself from all dangers.
3. Fighting Rumors/Contagion – A downside of stress debriefings and of any gathering is that a contagion effect can quickly occur when personnel have the opportunity to share their fears, suspicions and to pass rumors. For the most part these were addressed in the debriefings, although in one debriefing the security officer caused much more fear than reassurance by highlighting many dangers and weaknesses that were not necessary to discuss. The Community Liaison Office at the embassy worked very hard to quash rumors, functioning by telephone as “official rumor control”: asking personnel to call in any rumors they heard so they could be checked and untrue ones quickly put to rest. Nevertheless, rumors were passed very quickly through the community by word of mouth and by e-mail, a medium that very quickly became an unofficial means of transmitting fear and that could have been much better utilized to communicate reassurance.
4. Official Communications/Responses – The official response to increased threat levels at embassy, military and businesses facilities has to be to increase security, which at NATO, the embassies, SHAPE and NATO Support Activity meant installations of armed guards in flak vests, armored vehicles, bomb barriers, barbed wire barriers and overall increased security. These measures were unavoidable and necessary for safety. However, the communications accompanying them could have been better crafted. Participants expressed deep concern over office circulars they received: some that told them to secure all classified before taking care for their own evacuation, and others that highlighted new dangers. Crafting official communiqués of this type needs to take into account the arousal states of those receiving them and would be more effective if they were crafted with more warmth and perspective along with the alarming facts. One expatriate business executive said that it

would have been useful to have official communiqués from headquarters distinguish between threat levels at different posts. Advice he received in Belgium was not as necessary for him and his family, as for those posted in Arab countries and only created unnecessary alarm.

5. **Combat Readiness** – From the written survey results it was interesting to learn that when stress scores were examined by category of personnel, military men had the lowest mean scores, fourteen for the first week, and ten for the ensuing weeks compared to the means of nearly double that: thirty and twenty-two for the whole sample (Speckhard, 2002). Military personnel routinely train for attack and by virtue of their training have a much calmer view in the face of potential attacks. Perhaps it is possible to create a similar sense of competency in foreign and civilian service personnel by taking them through at least some anticipatory scenarios to create a baseline of “combat readiness” should it ever be needed. Just as elementary school children drill for fires, perhaps all personnel posted abroad need practice beforehand to train their responses to potential terrorist attack so that they won’t automatically move into dissociative states and possibly lose their ability to function well. Dissociation as a response to trauma occurs because the individual is unable to fit the overwhelming and alarming information into existing cognitive schemas. Building beforehand some sense of possibilities and competencies for dealing with attack is possibly a way of decreasing this response.
6. **Community Connection** – There were numerous complaints about official notification systems, especially from embassy spouses who said if the employed spouse were on travel they would not have received notification. Likewise nongovernmental business civilians were upset that the embassy and state department showed little concern about notifying them of potential threats, evacuation plans and so forth. In this internet age it would be relatively easy to register all those who wish to receive notifications on e-mail lists and send out at the least minimal non-secure messages to all involved so that personnel felt connected and had an increased sense of security. Likewise, communication should always go both directions. Community leaders would be wise to spend some time listening to their personnel to learn what it is they think they need. If nothing else this promotes a sense of community and attachment with those in charge. Respondents who were invited to one high level diplomat’s home and greeted by him, were very grateful for his gesture of concern. Attachment behaviors are generally activated by threat and arousal states can often be calmed when personnel feel that they can connect themselves to those seen as stronger and more protective. Again the military did the best job in this regard: most military spouses were for the most part pleased with how they were notified and with the outreach that was offered. The State department and individual embassies may need to rethink their stance especially in regard to civilian business personnel.
7. **Action** – It was interesting to note that many respondents felt powerless and stripped of their sense of competence by the attacks. Most personnel were instructed to remain at home for the first days. Anyone organizing official responses would be wise to consider that fears and arousal states may be more easily dispelled by putting personnel to work, especially work that promotes community connections. Even from home, skills could be put to use in a meaningful way. If volunteer calling trees had been put into effect to check on those living alone, feeling isolated, home with small children while a spouse travels, or anxious, it’s likely personnel would have been enthusiastic. Likewise it is likely that an enthusiastic response would have occurred if there had been efforts organized to help victims, to bake, or to do any type of activity that furthered community spirit, especially if these things could be done at work or from home for those who did not want to come near the embassies. A common comment was, “I just don’t know what to do, but it feels like I should do something to help!” Likewise, those things causing increased arousal such as the military police toting automatic rifles, would have become much more human if interested personnel had been invited to see them for the young service men and women that they are; to perhaps to visit and encourage them during break times. One participant found a nearly eighteen year old military guard, toting an automatic rifle outside the U.S. base nearly burst into tears of gratitude when she gave him a plate of homemade cookies shortly after the attacks.
8. **Spirituality** – The embassy, military and civilian community organized religious services to comfort the grieving and to commemorate the dead. These were very well received, and having interfaith

dialogue was also helpful. Another useful spiritual aspect in the stress debriefings was to briefly discuss the terror that often is aroused when one confronts one's own mortality, stating that this also presents an opportunity for growth, to evaluate one's choices in life and to perhaps make changes.

9. Information – Personnel were very pleased to receive detailed written information about disaster stress responses, listing symptoms and normalizing them both for adults and children. Many people had concerns about their own or family members responses and these leaflets helped them to decrease their alarm over these responses. Detailed written materials are easily distributed over the Internet and will often be used by those reticent to attend a group or to ask for help. Debriefing, putting risks into perspective and information were all useful to help personnel construct new cognitive schemas that help them to find “a place” in their minds for the events of September 11th, and by doing so decrease some of their posttraumatic responses.
10. Support – The embassy nurse found that she was inundated with minor issues, many reflecting distress and lowered immune responses. Likewise, twenty percent of the respondents in the survey said they would have welcomed completely confidential counseling had it been offered. There was both a need and a welcome for psychological support. In such instances as a terrorist attack, it would be helpful in addition to the regular medical staff, to have a qualified psychologically trained individual available on a walk-in basis. Personnel could then not only address medical issues but also discuss stress responses, their own and family members and receive simple but effective help to calm arousal states and to decrease anxiety. In this way, the most negatively affected might also be identified. Given that four percent of the written survey sample had signs of acute stress disorder enduring beyond the first week, it is important to consider ways of identifying those in need so they may receive needed therapy or medication. Likewise, those with prior traumatization found that their old traumas resurfaced and they too would likely have benefited from being able to “check in” with a walk in psychologist without having to make any real commitment to therapy or to have to search out a good practitioner. Likewise, having ready access to non-medical professionals for referrals, such as to a qualified masseuse or others who promote relaxation is also very helpful when personnel are under high stress. The importance of touch should not be underestimated in decreasing arousal states.

Summary

Even an ocean away, attack of one's homeland is an extremely distressing event capable of causing acute stress disorder in some and posttraumatic stress and acute stress symptoms in many. In this sample, even healthy people with good support systems showed serious signs of distress, although their symptoms diminished over time. However continued exacerbation of stress with continued threat (as in the anthrax scares and rumors of U.S. installations and NATO being potential targets) makes it difficult for some to regain their balance, creating the conditions of significant risk for some and a need for timely interventions. Indeed given the response of the groups to normalizing symptoms it would appear that to fail to offer stress debriefings and to fail to consider other simply implemented measures to decrease stress might place in greater risk those who could so easily be helped with minimal interventions. As this research showed, the psychological responses reflecting acute and posttraumatic stress symptoms in those serving abroad following September 11th were serious and there are many things that can be done to “inoculate resistance” to terrorist threat. Those in leadership of personnel sent abroad need to give some thought and consider how best to prepare their personnel so that if there is a repeat occurrence of such violent acts, the “troops” will be ready.

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