Psychological Consequences of the September 11 Terrorist Attack

Transcript of the Interview of Dr. Robert Ursano by Sam Donaldson, Sept. 18, 2001

There are few of us today whose knowledge, beliefs, and feelings were not forever changed by the enormity of the September 11th terrorist attack upon the United States. Our knowledge of terrorism became more experiential than academic. Our beliefs about safety and security were shattered and we responded with a myriad of physical and emotional expressions. The events vividly demonstrated our vulnerability to terrorism, resulting trauma, and how such trauma can disrupt peoples' lives.

Witnessing horrific and traumatic experiences can result in the development of posttraumatic stress symptoms. In an interview with Sam Donaldson (SD) of ABC News, Dr. Robert Ursano (RU), Chairman, Department of Psychiatry, Uniformed Services University of the Health Sciences, shared some of his views on trauma-related responses to the events of September 11th. Information provided in the interview can inform you on individual responses to the attacks and aid in the understanding of stress-related responses to traumatic events.

SD: Today we are doing another special edition concentrating on the terrible attacks and their aftermath, and the entire things that surround it. What we are going to talk about today is the posttraumatic syndrome (PTSD) and associated conditions that people may come out of this with. Joining us today is Dr. Robert Ursano, who is the Chairman of the Department of Psychiatry at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. What is this university?

RU: It is like a West Point for doctors. It is the federal medical school of the United States. We take students from universities and colleges and they join one of the four services including the Public Health Service, and train them to take care of people who will be in harm's way.

SD: Dr. Ursano you have had a lot of experience over many years dealing with people who have been involved in traumatic experiences, particularly in the military.

RU: Very much so. Military and disaster psychiatry are really one area and terrorism is the place where they overlap, where military operations begin to take a toll on the civilian population.

SD: I have seen one survey that suggests that of the people exposed to a trauma, 25% of those exposed to trauma develop symptoms of PTSD. What is PTSD?

RU: We should begin at the beginning. PTSD is a later outcome. Early on there are a variety of signs, and symptoms, and normal responses that people may experience. Many people will experience these. However, the vast majority of people do fine. Responses to these disasters attribute to the human spirit and resilience. Some people will have difficulty and for some these difficulties will show up as PTSD.

SD: So something earlier than that would be called an acute stress disorder?

RU: Yes, an acute stress disorder. Often we refer to it as just stress symptoms that people may have.

SD: It seems to me that when something as terrible as what happened at the World Trade Center and the Pentagon, that you would not be normal if you did not experience heightened feelings of dread, fear, and despair.

RU: Yes, that is absolutely right. Keep in mind that the target of terrorism, in addition to the sadness of the victims and the difficulties of the first responders, are other millions of Americans who experience an alteration of their sense of safety and normal life. It results in changes in how we think, and forgetfulness, and irritability. They are all normal responses to a very difficult situation.

SD: So, if it is normal to have a traumatic response to a traumatic event, can you tell who will have a distant problem and who will recover in a few days or weeks?

RU: It is difficult to tell early on, even though there are some indicators that are helpful. We can really only predict probability. It is difficult to know any particular individual who will continue to have problems.

SD: I take it that people who are directly involved or survive or have loved ones who do not survive or are injured are more at risk?

RU: Absolutely, we often think about victims from a disaster as spanning like rings from a stone thrown in a pond. There are those who are most directly affected such as those who died or were injured, then there are those who touched those who are the bereaved or the family members of those who are injured; then there are the first responders, and then the leaders and those throughout the nation who have been touched by the event. Disasters are no longer localized geographically, but represent a community of meaning, a group of people who have been touched by the event.

SD: Television brought those pictures that were in a category by themselves, when the second plane hit, right there on television, when those towers came down. Can television produce the kind of distress we are talking about even hundreds or thousands of miles away?

RU: Television can, without a doubt, produce distress. It can also produce healing. It is a complex medium and complex as to how it is experienced by anyone. We did some studies after the Gulf War looking at female spouses of men deployed to the Gulf War and looked at how much television they watched. For those whose husbands had not yet deployed, the more television they watched, the more anxious they felt. For

those whose husbands had deployed, the more television they watched, the less anxious they felt. Therefore, for one group television provided information that it was not such a strange place where their husbands might be: but for the other group, it kept reminding them of how frightening it would be if their husbands were deployed there. It is a complex interaction, but watching ongoing traumatic events is disturbing to people.

SD: In this case, there is not a group that can look at it and be reassured because of an ongoing deployment. It is a tragedy that occurred and those people who died, that's it.

RU: Right. Most people experience difficulty seeing threats to life on television, as well as identifying with the victims. It is both a helpful and difficult event to see victims talking about their trauma because it brings us closer to them and has us experience the same trauma as they did. That process is very important and a way that television can be difficult.

SD: We all experience some type of mental or physical disorder at first and then, for most of us, it subsides. What are some of the symptoms of those when the symptoms do not subside. What do you look for?

RU: The early on symptoms we often see are the experience of a haze or forgetfulness. These symptoms can be difficult, but usually resolve. As time goes on, we see intrusive thoughts, intrusive images, memories, and nightmares. We see individuals who want to stay away from certain reminders of the event, perhaps tall buildings, perhaps airplanes. We see difficulties in sleeping or jumping when they hear a sound. Some individuals may be jumpy when there is an airplane overhead. All those would be signs of a developing problem that may be chronic. We also see increases in depression,

sadness, disturbances in families, increased irritability, and sometimes we see family violence in people who are under high levels of stress.

SD: You mentioned irritability, mood changes, and family violence. I saw some figures from Oklahoma City. Let's talk about that. I think the chaplain in either the fire department or police department studied this. After 4 years, the divorce rates were three times higher in the fire department than normal and also higher in the police department. Suicides were also up among those who were directly affected.

RU: The divorce rates are difficult indicators of distress. Sometimes you will see divorce rates go up and then dip down afterwards. So you wonder if people who might have gotten divorced later got divorced earlier, perhaps as a result of the stress compounding at that time. There are no specific indicators, however, that suicide rates go up although we see higher rates of depression.

(Editor' Note: Dr. Ursano responded to several "open phone" questions about PTSD and the aftermath of the terrorist attack that were either called-in or e-mailed to Sam Donaldson during the interview).

Caller: My husband was in Tower One of the world trade center and was able to get out. Physically, he's all right but mentally he's having a hard time coping. He's having panic attacks and trouble sleeping. Aside from talking to a therapist about his experiences, what can I do?

RU: The occurrence of that degree of life threat would place him in a high category of concern. It is very important that people find ways to talk about what they are frightened about. We often talk about the natural process of healing that can often happen with a couple, that is, to encourage and be available to the stories that a spouse

may tell. You can also aid them by referring them to their physician in case they continue to have difficulties. That can sometimes take a lot of encouragement to get someone to go in and see their physician and saying, "yes I am having difficulty, is there anything else to be done.?"

SD: So she should talk to her husband and draw him out, and let him talk about his experiences. Is there anything else she can do to help him sleep, and to help him get over this?

RU: It is very important to normalize one's experience. Regularizing sleep and eating patterns can aid in the healing process and also decrease exposure to reminders of the events such as television, radio, and newspapers. He may be very drawn to want to read and see these. It may be helpful for him to not see these and not be reminded for a while so he can take some distance. Returning to a vacation can also be helpful, to actually go someplace else where one can be in the woods or where ever is your normal place of relaxation.

Caller: I have had trouble with depression and anxiety. But, this pushed me over the edge. I am supposed to fly out East for a wedding and just can't. I feel that every plane is a flying bomb. I used to like to fly.

Sam Donaldson. How can you advise the caller to get over her fear of flying?

Dr. Ursano: I hear two issues in her comments. It is true that persons with depression are at increased risk and should keep an eye on monitoring her own health. She raises another area of people who no longer want to fly. That is quite common right now. However, if it were to persist, she needs to talk to someone about that. There are

specific treatments that can deal with issues of ongoing fears of flying. I hear that as a normal response to this frightening event and she can hope that it will go away soon.

Caller: We had a get together with about 35,000 other Minnesotans in the State Capital this weekend. Seeing the flag being displayed and seeing how people are coming together make me proud to be an American.

RU: That is an excellent example of how memorials and symbols aid us in the recovery process. Those are frequently community-wide events in which we express our grief, our fear, and our hope for the future. The way in which flags have come up is a wonderful example of how symbols take on a special meaning during the time of disaster and can provide hope and encouragement and restructure our responses.

SD: It is a group therapy?

RU: Right, it is, and participating in such events is usually felt as helpful and as lightening the load that one is carrying because you feel that others are carrying it as well.

SD: Sometimes one of the reactions that is worrisome is when people isolate themselves and withdraw and you want to keep that from happening.

RU: Right on target. One of the very difficult problems would be isolation and decreased interpersonal interaction because we think that interpersonal interactions allow several natural ways of healing. One is talking, the other is being with someone who can watch you if you need to be referred to someone else and someone who will help normalize your experiences whether that is sleep, food, or eating. Isolation and withdrawal would be a particularly difficult sign.

Caller: The incredible events over the last week have impacted my life in a way I never thought possible. The overwhelming anger has affected every aspect of my life. I

encourage all who are suffering and lacking motivation and are unable to focus to realize that there are a lot of us out here who feel the same way. Lend yourselves to others who are struggling, share in the pain, and then share in the healing.

SD: Speak to the anger.

RU: Anger is an important component of all disasters as a response. It is usually a later developing feeling and it tends to grow. It becomes of great concern to community leaders and national leaders. People begin to realize, where were the holes, where are the disappointments, what didn't go right, and the wish that it could have all gone right leaves us with a sense of anger. It is important that one's anger be directed to something that may be helpful. You could find a group where, you could, in fact, take your anger and mobilize it into creating something useful. It is also important that the anger not get out of hand. We have several examples were the anger is misdirected towards individuals in which people are being stigmatized for groups that they may belong to.

SD: At the moment, it seems that the President is directing the American anger in the direction of the terrorist that he has identified and says he will identify and punish. Is there a danger that this could go too far or is this a healthy response?

RU: I think it is the expression of what many people are feeling. Leaders have a very important role reassuring the public and in establishing what template by which recovery will take place and lastly by what we would call grief leadership. That's the way by which leaders lead us through the grieving process by showing a part of their own grief and in that way letting us know that it is OK for us to feel it as well.

SD: How do you think President Bush is doing in that regard?

RU: I think he has both expressed grief and anger and, in that sense, is echoing the experience of the population.

Caller: I am very frightened. I do not feel safe at all. I cringe when I hear an airplane go overhead now. How could this ever have happened? I just can't understand how it could have happened. I will never feel safe again. If I had the money, I would move out of the United States, maybe to Canada. Even though I am an American citizen by birth and proud to be an American, I am so afraid now.

RU: She raises a very important word, which is the issue of safety and how people experience it. Perhaps the most profound part of a terrorist attack is the alteration of one's experience of safety. Overtime, that will recur, but it can also be recovered from. One may have echoes of the experience of not feeling safe throughout a year, while time goes on, whether that is by an airplane, whether it is by a car crash or another terrorist event as it happens. It is very important for our national leaders and our community leaders to focus on restoring the sense of safety because that allows us to venture forth to again express our interest and our interest and curiosity, our ability to explore new things, things that are not familiar because safety is usually driven by what is familiar and we seek what is familiar. It is only when we feel safe that we are able to move forward to what is novel, what's new, what's different.

SD: Dr. Ursano, are these events we've been speaking of individual events that a person may experience in his or her life or can they compound so that if one experiences a number of these traumatic events, by the time you get to number 2, number 3 or number 4, you are almost certain to go over the edge.

RU: Well, there are data in both directions. For some individuals, who have experiences of previous traumatic events and successfully coped with it, it appears that it provides some level of resiliency. For others, it may well increase their vulnerability, particularly if they have had a previous experience with what we call post-traumatic stress disorder.

Caller: I can't drag myself away from the news. I watch endless hours of it. I'm just waiting for them to find those 5,000 people. I stay up all night watching and waiting. I feel so depressed and sad and nothing means anything to me anymore. I'm so afraid for our country now. Sirens scare me now. Should I stop watching?

RU: There are two points that she raises. One is television and the other is meaninglessness. The television issue: it is important to turn it off. One is drawn with the hope that, in fact, an answer will show up on television, that if you wait long enough the perpetrators will show up and we can relax again, that safety will occur because we would have the answer broadcast to us. More likely, related to repeated exposure to traumatic events that happened, it's important to turn down and distance oneself for periods of time, away from that information. Her comments about meaninglessness are very important because that can move to a sense of hopelessness and that's a great concern. Meaninglessness is expressed by most of us. It is a bit like loosing the taste of food. During a time of high stress, nothing tastes right and that is true also with one's experience with the meanings of life as well. Nothing quite grabs you. Nothing seems to grab your attention. The future does not look as good, the children do not look quite as important. The job doesn't look quite as important. All things become painted a bit gray.

That will go away. If it moves towards hopelessness, and isolation, withdrawal and serious not eating and losing weight, then it is of great concern.

SD: Can you put a time on this, a month, three months, a year or does it just vary?

RU: We usually look for the immediate response to go away in a month. There is another time point of somewhere between 3-6 months whereby we look for another group of responses to go away. Certainly, responses that have continued more than six months are of concern to us.

Caller: I was not there, nor have I lost anyone in the attack, but I am still overcome with sadness and uncertainty and I'm always almost close to tears and distraction. I almost feel guilty feeling things so acutely, when I was not anywhere near the horror.

SD: Is it normal to feel these things?

RU: Absolutely, it is important to remember that grief and the experience of a traumatic event varies greatly. For some people, it may be a momentary sadness and then they will say "I really need to get back to thinking about my wedding." For someone else, it will be realizing or remembering the time that one's grandmother died. And you feel sad not only for the people who died but also because of recalling your grandmother. For others, it will be a continuing sense of something having been lost for life until they can again find an experience of something that feels meaningful.

SD: Overcome with sadness. That's a depressing thing for me, to read that someone feels that way.

RU: Sadness is a common and very important part of bereavement and grief and we are all experiencing a part of that as we identify with those who have lost love ones.

Caller: My granddaughter, who is 12 years old, was spending the night with me Friday and as usual we were watching the attack on America. She turned to me and said "Nanna , what is war and what will it do to our lives?" I was stunned for a minute but then tried to explain, without going through the horror and told her to just trust God, the President, and Colin Powell (she idolizes him) and to go on with her life. We don't know what impact this has made until we hear it out of the mouths of babes.

Caller: Would you address how best to help our children understand this tragedy?

Ursano: Children are one of our great concerns and interest during times of a disaster. At the time of the Armenian earthquake, which some of my group worked with, a very articulate surgeon commented that "our biggest fear is that we have lost our hope, because we have lost so many children." It is an illustration of how important children are to us because they represent to us what's up ahead in the future. Children are very sensitive to these events. They are sensitive to the exposure and they hear it with their own ears and at the age, which they are at. For some, they will be the most frightened about seeing people falling from a building. For others, it may be most frightening to realize that adults can cry. One needs to listen to the stories of the child to understand what their particular fear and worry is and to work hard to re-establish their normal pattern. School is a very important part of the normal experience of children so that returning to school can be an important component of recovery, as well as, reading them their favorite bedtime story.

SD: But you must reassure them that they will not experience this?

RU: Right, telling them that they are not there, that there is no threat to them, that there is no airplane falling from the sky can be an important part of bringing back the reality to them of what the events were there, versus what their events are in their life.

Caller: I teach English as a second language and I have many Middle Eastern students. I am concerned about their safety and at the same time I am experiencing a visceral negative reaction to them of which I am ashamed. This is literally making me sick to my stomach, what can I do?

RU: That's a very difficult problem and one to be very alert to, the difficulty of stigmatizing groups because of our assumption that we can somehow eliminate a problem by eliminating groups leads to great problems, problems for our nation and problems for our communities. We have to recognize that people are individuals and that these are a particular set of people that have, in fact, attacked the United States.

SD: She says that she is ashamed of her feelings, but she is honest enough to say that despite knowing that she should not feel that way, she does feel that way.

RU: Well, I think one may feel some sense of distance, some sense of not understanding another group because of the way in which these events have transpired that may lead us to wanting to learn more, that may lead some to wanting to learn more about what is Isalm, may lead some to want to know more about how terrorists think. All of those are ways to understanding how people are different from us.

SD: You studied the Vietnam War, you were a Colonel in the Air Force before you retired and became chair eventually of the psychiatry department that we have been talking about. In the Vietnam war, people who were over there, intellectually, could understand that the Vietnamese were not to be blamed en masse , and yet Americans

came to dislike the Vietnamese to some extent and it worked the other way around, I admit.

RU: I think that's true. There is a way by which we categorize events to try and make things understandable to us. Those categories can create problems.

Caller: I am touched by this event through my company. Three people missing from the World Trade Center, through friends and family who know people on the flights from Boston, and I have never had so much grief all at once. I feel as if it comes in waves where I'm fine and then I just can't function. I keep replaying it in my head and on television and online to try to make sense of it all, and than on top of this, a friend who had nothing to do with this passed away suddenly. I feel as though, anything else, and I'm about to break.

RU: We know that its absolutely true that events that happen after a disaster affect our responses so that additional traumatic events or stressful life events will, in fact, compound one's responses. It is important, if the events are controllable, to try to minimize them. Sometimes we can decide not to move, not to change a job. Some events we can't control and we then need to focus back to what's our events going on, and try to leave behind the larger traumatic event that may be merely an echo occurring in our day-to day life.

SD: Dr. Ursano, I am interested in pulling you out on this business. The caller had a friend pass away. We all have friends, unfortunately, who pass away and that's a terrible event. But because it happened right after this other, it is just more painful clearly and he fears it is going to break him.

RU: Yeah, the individual would probably recover best by focusing on their feelings about their lost friend and recognizing that that is actually the more immediate issue for them and that may include sadness, may include going to the funeral or going to the memorial service that can aid in recovery and recognizing that now is not the time to add additional burdens. It is true that those things compound each other. If, in fact, those feelings persist, it is important to seek help. Sadness can become depression and that is a very treatable disorder.

Caller: I am a 24 year old woman who works in an office building. I also have two little girls. How do I face my job everyday and how do I take the fear away that maybe something may happen to me? I'm scared and afraid. I look to God and pray, but sometimes that does not ease my fear.

RU: Perhaps she is referring particularly to the office building and the reminder of what the office building has become for her. It was an office building that was attacked. It is important that we all recognize that there are many office buildings; this was, in fact, only two, and not ones in which most of us are in. So, reality does not support the fear, but that does not change how frightened we may feel. It is important to return to work, as we would with any fear and to confront it, and deal with the fear of the bridge by going to that bridge. But oftentimes, that's handled best by going with a good friend or a special companion, who can aid one in feeling comfortable while you are approaching what is most frightening. If that fear persists and becomes avoidance and interferes with returning to work then it would be very important to seek help for that.

SD: What kind of physical problems do people normally experience when they have this kind of shock?

RU: Well there are two sets, perhaps three, one is fatigue, which is a very common symptom and comes from staying up late, from not eating, from not taking care of oneself, and disrupted sleep patterns. The second are changes in one's normal patterns such as sleeping and eating. The third is that one can become more aware of aches and pains that you had not been aware of before, what we call multiple physical symptoms. Oftentimes, that's identification with someone who may have been injured or thinking about what would have happened to us if we had been there in the Trade Towers. How would we have responded what kind of injuries might we have had? At other times, it's our increased awareness of death being close and our paying more attention to a part of the body that we often ignore.

SD: A preexisting medical condition can actually be exacerbated by a stress like this?

RU: There are data to show that we can actually have changes in our body as well, although that is quite complex. There are some data that show increased hypertension following severe chronic traumatic events. We certainly know that our brain is altered by ongoing traumatic events, the same way that it is altered by our life experiences.

SD: By altered, you are talking about the physical altering of the brain opposed to a mental condition or is that one and the same. Explain that to me.

RU: The quick answer is that it's one and the same, that our brain is always being altered. It is a part of our growing up, it's a part of our developmental experience that our brain takes in each new experience and adds it to its dictionary of events so we can approach life with a better dictionary the following day. In traumatic events, we have

some data to show that there may be specific elements of the brain that may be targeted by those traumatic events and changed in ways that are very important for us to understand further, and we know little about at the moment.

Caller: I see on the Internet photos and video clips of the destruction in the USA. I listened to radio broadcast also via the Internet and hear the patriotism being shown. We live in an area (Germany) where we cannot wear red, white, and blue or fly a flag. We, as the rest of the world, want to see what's coming next. We just cannot talk about the disaster in public, there are not a lot of folks to talk to and we have been advised against speaking English on the streets. What a quiet existence amid the hell that has been unleashed on our homeland.

SD: A lot of thoughts there from the caller.

RU: Very many. The issues of isolation that you brought up earlier, we should remember, as you have commented, that this broadcast goes out worldwide and as such there are Americans living in areas where there may not be many other Americans. Their experiences may be different from those around them. So, the opportunity to talk to others who may share your experiences may require seeking people out, seeking them out on the web, seeking them out on the telephone. This is a place where the media serves a very important process because it alerts people to knowing what is going on in the broader community.

SD: Seeking people out, but of course the caller says that where she is, it is not as easy as if you were in Hyattsville, Maryland, where people speak English and you know they are available.

RU: Yes, there are times where groups and communities may be available. There may be a group of soccer players, a group of baseball players, or a bar where people go. There may also be clubs, social clubs where people may be able to meet and make use of the people in their neighborhoods.

Caller: As a grandmother, I would go to war to fight for everyone. Just tell me how. I would die easily for the safety of this country and my grandchildren.

SD: That's a great thought. She's a grandmother. She doesn't say how old she is, yet some people who are grandparents are still able to fight. On the other hand, talk to me about the instinct from this woman.

RU: Well, she reminds me of many of the experiences of those of us who feel that life has been with us for quite a while and that it has been reasonably successful and that our biggest worries are, in fact, for out children. We feel that as adults we have had more opportunities than perhaps our children have had. Often our concern and focus is on making sure that our children survive even if it is at our own sacrifice. That is how we create heroes. It is also how we mobilize nations to face difficult problems.

Caller: My heart is with all the families that are going through this tragedy. My question is, do you really think it is safe for anyone to travel knowing what is going on or what will happen?

RU: Certainly, psychiatry has no particular expertise on traveling, but my own experience says "yes it's safe", and the odds of something happening are very slim, but the experience of being frightened by travel is a normal response to the present events. If it continues then I would be concerned as to how it could become a phobic response that could interfere with one's own life patterns.

SD: Now we are talking about something that is different from what we think of as fear of flying that some people have. For example, I have a friend, a well known former football coach who will not fly. He will take the train or take a car, take a bus or walk, but will not fly. I don't think it came from a specific traumatic experience, so this is different or one and the same?

RU: The actual behavior may look the same although we think of that as being different because of its origin. The experience or development of a phobia is not always related to a traumatic event, although the avoidance pattern that appears following a traumatic event may look exactly that way. The person may decide that they will never fly again because they're too frightened.

Caller: I would like to express my deepest sympathy to those who have been affected by this terrible incident. My heart goes out to you.

Caller: What is this world becoming, in which am trying to raise my children, I worry for the future.

RU: The future is on all of our minds and part of our worries as we try to re-establish hope. The issues of grief and bereavement are most prominent throughout our nation as well as the experience of fear which compounds in terms of losing the expectation that the future will be there.

SD: The future. None of us knows what the future brings. How do you get people to say to themselves, that this terrible thing happened but either it won't happen again or if it happens again, life will still go on and go about their daily lives.

RU: The goals of mental health interventions are always to return individuals to their developmental path. It is not to necessarily change the terrible events that exist in

the world or alter the fact that our future may actually have changed. But when the future no longer looks dim but looks black, then we are concerned about the presence of something that may be treatable or can be helped by consulting with a physician or mental healthcare provider.

Caller: I am concerned about the long-term effects on our mental health. It will be so difficult for me to personally fly again even though I want to travel again. I am afraid to look at planes in the air let alone get aboard one. I hope that we can all move on through this terrible tragedy and it will make us stronger as human beings. I am already becoming more loving and caring.

RU: Very nice comment. One of the important parts of a disaster experience is frequently to bring communities together and to re-awaken feelings that we have forgotten that can be feelings of camaraderie, caring, and love within families as well. We often experience the trauma as both an opportunity and a responsibility to re-assess our values, to look again at what we want to think of as important from life. We should remember that one of the outcomes from a traumatic event can also be a re-evaluation of what we want to do with life. There is the opportunity to express both resiliency and hope and re-organize one's own directions. It sounds like she is experiencing some of that.

SD: I just like the line about her becoming more caring and more loving and its normal, isn't it for all of us? I saw the other day where people are calling home more often in the last week, I don't mean initially to find out if everyone is all right but just to talk to love ones, to say I love you.

RU: There is a wish to be in touch with those you care about and for them to know that you care about them and that they care about you. I think that is a very helpful thing. It decreases isolation and increases the probability that people will share their experiences.

Caller: What is the possibility of becoming desensitized to this?

RU: That can happen. It happens with repeated exposures, but generally it would be repeated exposures over times of multiple events. I think people experience some desensitization when they watch something over and over on television or hear it on the radio. That type of desensitization usually goes away after a time when we have stopped seeing, watching, and thinking about those events.

SD: So, perhaps this particular terrible attack is not going to make people less sensitive to other things that happened in their lives, not just another terrible attack like this.

RU: Right, and I think the question you read earlier expresses that well. It has just as much opportunity to increase our caring and I would not worry about it making us less caring except in a brief period of time in which we are trying to find some distance to heal.

SD: Dr. Ursano, sum up, if you will, what you would say to people who, at the moment, think, "My goodness, can I ever get over this fear, can I ever get over this feeling, can I ever get over this helplessness, can I ever get over the fact that I can't eat." In other words, what they might fear could become a longstanding problem?

RU: The short answer again is that most people will do OK over time and the question is how things resolve over time. Everyone is experiencing some alteration in

their sense of safety, some change in their concern about family and friends, perhaps even some fears about traveling. Those should alter over time, particularly over the first month. If they persist beyond a month, particularly if they persist beyond six months, I would be quite concerned. I would be very concerned about issues of isolation or withdrawal, or serious experiences of hopelessness or helplessness in contrast to sadness that we all feel. Each of those would be triggers that I think would indicate the need to seek further help.

Caller: The sense of America coming together, flying the flags and wearing ribbons to show solidarity and the generosity of the entire country is helping me feel like America is going to be just fine.

SD: I know that the caller is right. I think we are all going to be just fine and I hope this interview has helped those of us who are not quite certain how we are going to fare in the days ahead because of the terrible tragedy that occurred. Thank you very much Dr.Ursano.