

"NONE OF US WILL EVER BE THE SAME AGAIN": REACTIONS OF AMERICAN MIDLIFE WOMEN TO 9/11

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According to terror management theory (TMT), an event that heightens awareness of death produces the need to defend against existential anxiety. The horrifying events of September 11, 2001 (9/11), created an unparalleled opportunity to apply TMT beyond the laboratory. This study examined post-9/11 stress (via perceived stress scale [PSS] scores) and interview responses of a diverse community sample of American midlife women (ages 35-60). Previous studies showed that many women have high stress during midlife, suggesting that 9/11 could have a unique impact on this segment of the U.S. population. Education of the sample ranged from 12 to 23 years. Seventy-five percent had children and 70.6% were married. Data analysis showed that 4 to 6 months after 9/11, 61% of the women were still distressed, exhibiting symptoms of fear, sadness, anger, powerlessness, distrust, and vigilance. Highly stressed women (upper 25% on PSS) differed in several respects from low-stress women (lower 25% on PSS). As predicted by TMT, core

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values central to a woman's world view were activated by 9/11. Patriotism and altruism increased, but bigotry intensified as well. Major changes (e.g., marriage, moving) were undertaken only by a small percentage (18%), but all expressed the view, "None of us will ever be the same again." Women who had experienced previous trauma felt that their background actually helped them cope.

On the clear sunshiny morning of September 11, 2001, Americans watched in horror as airplanes commandeered by terrorists deliberately plunged into sites that symbolized U.S. commercial prowess (the World Trade Center [WTC]) and military might (the Pentagon). Another plane, perhaps aimed at the White House or the Capitol, failed to reach its target and crashed in rural Pennsylvania. Although long accustomed to film clips on the evening news about faraway battles in Vietnam or the Persian Gulf, Americans had never seen live television coverage of attacks such as this. These terrorist acts, which resulted in fiery death and destruction, riveted the attention of the entire nation. The attacks profoundly affected not only the residents of New York, Pennsylvania, and Washington, DC, but also citizens throughout the United States. Victims at the WTC site hailed not only from New York or New Jersey but from half the nation's states (Hajela, 2002). Up to 20% of Americans knew someone who was injured or killed by the terrorist acts—or felt a connection to a victim because someone they knew was a friend or relative of a victim (Gallup polls, cited in Pyszczynski, Solomon, & Greenberg, 2003). Thus, mourning the dead extended far beyond the immediate families of the victims.

Unlike the more unfortunate citizens of so many of the world's war-torn countries, such as Israel, Americans had not experienced enemy attacks on their own soil. The events of 9/11 created an unfamiliar sense of vulnerability regarding their own homes and workplaces. Not surprisingly, increased incidence of posttraumatic stress disorder (PTSD), generalized anxiety disorder, and other psychopathology was reported in 9/11's aftermath (Pyszczynski et al., 2003). One national survey conducted 3 to 5 days after the attacks showed that 90% of the respondents reported at least one symptom of acute stress reaction (Schuster et al., 2001). More than 6 months after the terrorist attacks, a substantial percentage of participants in another national study still displayed various symptoms of emotional distress (Dittman, 2002). A Columbia University survey documented an increase in admissions to substance abuse treatment facilities in many states, including Tennessee, the site of the present study ("Substance abuse up," 2001).

PURPOSE OF THE STUDY

Despite a plethora of articles in popular media, and a growing number in professional journals, no study has focused specifically on the reactions of midlife women to the events of 9/11. Early investigations showed that women had more post-9/11 symptoms of stress than men (Johll & Brant, cited in Clay, Daw, & Dittman, 2002; Schuster et al., 2001). I hypothesized that 9/11 could have a unique impact on midlife women, because of previous studies showing that midlife women already have high stress (Glazer et al., 2002; Thomas, 1990, 1997a).

DEVELOPMENTAL AND EXISTENTIAL ISSUES OF MIDLIFE

Theorists such as Jung (1954) pointed out the developmental and existential issues facing this age group. Reaching the middle of one's lifespan forces a confrontation with mortality, which necessitates reflection on the meaning of life and ways to use the remaining years. This period of reflection can produce considerable psychological upheaval. A woman who wishes to reclaim repressed aspects of the self may face agonizing decisions about major changes in education, work, relationships, or social activism. While the term *midlife crisis* has been replaced by *midcourse corrections* in some contemporary writing (Stewart & Ostrove, 1998), researchers continue to document the stress and turbulence of the period. Researchers also document women's dual concerns for their own intrapsychic issues and their responsibilities for the health and well-being of multiple family members (e.g., spouses, children, and elderly parents; Thomas, 1990). Middle-aged individuals often are caught between the younger and older generations' dependency on them (Zal, 1992). The sheer number of people depending upon a woman during midlife can cause her to feel that she is overextended (Thomas, 1998).

Throughout the lifespan, a woman's high stress level is due, in part, to her tendency to take on others' misfortunes—a phenomenon labeled *vicarious stress* in the literature (Kessler & McLeod, 1984; Thomas, 1997b). A number of studies show that women, compared with men, cast a "wider net of concern" (Kessler, McLeod, & Wethington, 1985). When asked to name their greatest stressor, women often cite an event that is occurring in the life of someone else. For example, in a study by Thomas and Donnellan (1993) women listed events such as a son's divorce, grandson's illness, nephew's car accident, turbulent adolescent son, husband's unemployment, friend in jail, and pregnant unmarried daughter. These stressors essentially are uncontrollable by the woman herself. Many of these stressors can have serious, long-term consequences. Given these

complex burdens, it is not unexpected that a majority of midlife women in a pre-9/11 community-based study reported tiredness, irritability, nervous tension, insomnia, somatic complaints (headaches, backaches), and "feeling blue" (Glazer et al., 2002). It is reasonable to suspect that symptoms of anxiety and depression could be intensified by the uncontrollable events of 9/11, creating needs for intervention by health professionals. Having a sense of control is a key asset for managing life's stressors. In a large pre-9/11 study of middle-aged people, sense of control was related strongly to both health and happiness (Azar, 1996). Recent loss (or threat of loss) of stress-resistance resources, such as a sense of control or mastery, predicted depression and anxiety in the pre-9/11 study conducted by Glazer and colleagues (2002).

Theoretical Framework

Terror management theory, formulated in 1984, was selected as the lens through which the author viewed women's reactions to the events of September 11, 2001. TMT holds that such events, which produce acute awareness of death, will cause humans to buffer existential anxiety through proximal and distal defenses. Combining ideas from biology, psychology, sociology, philosophy, theology, anthropology, and other disciplines, TMT is basically a theory about the effect of death on life. Its antecedents may be found in the work of Kierkegaard, Freud, Fromm, Goffman, and Becker, among others (Pyszczynski et al., 2003). Freud (1926/1959) had characterized death anxiety as a secondary derivative of other unconscious fears because he did not believe that humans could actually imagine their own deaths. Within existential thought, however, death anxiety is considered a basic aspect of being human (Ross, 1987). Our fear of death, according to researchers, peaks when we are in midlife, rather than in old age (Pollio, 1982). There is empirical evidence that exposure to death (whether imagined or actual) changes an individual's understanding of both death and life (Ross, 1987).

Terror management theory proposes that the initial response to heightened death awareness is to engage in simple, threat-focused defenses, such as suppression or distraction, that will banish thoughts of death from consciousness (proximal defenses). Later, the core concern with mortality is addressed via distal defenses, which include bolstering one's self-esteem (perhaps through altruistic behavior) and intensifying loyalty to one's cultural worldview (in this case, greater loyalty to American values and greater hostility to opposing world views). These defenses, according to TMT, reduce the potential terror engendered by death. Despite extensive testing of the theory in laboratory experiments, there has been little application of TMT beyond the laboratory. Thus, the events

of 9/11, which forcefully reminded the population of an entire country of the fragility of human life, constituted an unparalleled opportunity to evaluate the theory's utility. Meisenhelder noted, "As an attack on America with constant television coverage and replay of the experience, this event was unique in the number of people exposed and the degree to which this event was perceived as personal" (2002, p. 771).

METHOD

Procedure

Data for these analyses were drawn from a larger data set obtained in a descriptive study of adult men and women residing in eastern Tennessee. Seeking diverse perspectives on 9/11, a research team of university faculty and graduate students used maximum variation sampling to accrue the sample. Interviews were conducted in respondents' homes and in public venues such as shopping malls, restaurants, fitness centers, office break rooms, and coffee houses. The interview guide included four broad questions: (1) "Can you tell me about your experience on 9/11?" (if a "prompt" was needed, "What was it like for you" was asked); (2) "What is it like for you now"; (3) "Has anything changed for you"; and (4) "Is there anything you would like to add?" Question 1 tapped proximal reactions to the events of 9/11, whereas questions 2 and 3 assessed distal reactions. Interviewers posed additional questions only to encourage elaboration or clarification of responses. Because community settings such as shopping malls contained considerable ambient noise, audiotaping was not attempted; instead, interviewers took notes. Additionally, interviewers administered the PSS developed by Cohen, Kamarck, and Mermelstein (1983); a brief demographic form; and a symptom checklist selected by another member of the research team. Symptom checklist data will be reported elsewhere.

The PSS (Cohen et al., 1983) assesses the extent to which individuals perceive their lives to be unpredictable, uncontrollable, and overloading. The usual reference point is the previous month. A typical item is, "In the last month, how often have you been upset because of something that happened unexpectedly?" For the present study, the stem was changed to read "Since 9/11/01" instead of "In the last month." There is a 5-point Likert-type response format with options ranging from "never" to "very often." Possible range of scores is 0 to 56. The instrument was normed on adult samples and consistently yields good Cronbach's alpha reliability coefficients (e.g., .84 to .86 in the normative sample; .89 in a diverse sample of more than 500 women; Cohen et al., 1983; Thomas, 1993).

Data collection took place during the months of January, February, and March, 2002 (i.e., 4 to 6 months after the events of 9/11), permitting assessment of both proximal and distal reactions to the events. Prior to data collection, the study protocol was approved by the institutional review board of the University of Tennessee, Knoxville. Participation was voluntary, and names of participants were not recorded. This report focuses exclusively on the responses of 51 midlife women, with emphasis on the qualitative data derived from the interview guide. Descriptive statistics, such as measures of central tendency and frequencies, were generated using the statistical analysis system. Qualitative data were subjected to content analysis as described by Waltz, Strickland, and Lenz (1991, p. 299), "wherein theory-based categorical schemes, developed before conducting the analysis, are used to analyze data from subjects or documents." Thus, interviewees' words were classified and coded according to TMT concepts. Each datum was examined for its consistency with TMT. Words and phrases that did not fit the predefined TMT categories were later examined for emergent themes.

Sample

The total sample included 192 men and women (age >18 years). The boundaries of midlife have been defined differently by various researchers, sometimes including individuals as young as 30 or as old as 64 (Bumpass, 1994). Consistent with most current conceptualizations of midlife in the literature, women ages 35 to 60 ($N = 51$) were selected for the present analyses. Mean age was 47 years ($S.D. = 7.5$). Education ranged from 12 to 23 years. Most women (70.6%) were married or partnered and most had children (75%). Occupations were varied, including human services (27%), teaching (14%), homemaking (8%), sales (8%), clerical (8%), and business ownership (6%); smaller percentages worked in fields such as banking, food services, construction, and transportation. Three women were students at the time of data collection. Typical of the eastern Tennessee population, race was predominantly Caucasian (86%), with 6% of women identifying themselves as Black, 4% as Hispanic, 2% as Asian, and 2% as "other."

RESULTS

The mortality salience of the 9/11 attack was strongly supported by women's accounts of that day, as exemplified in the following quote: "For me, it was personal. I, my country, our very existence was attacked. It made me wonder if life could go on." The event's surreal quality and uniqueness, as well as its threat to existence, were emphasized in

many narratives. The following example, drawn from the interview of a 60-year-old widow, is illustrative:

I was at home that AM, scheduled to work at noon, but I never went in. I heard something from my neighbor; she said to turn on CNN [cable television news station]. The planes had already crashed. They showed it many times and then the collapse [of the WTC Towers] and people running behind that huge cloud of smoke and dust. . . . I knew this was different from any other kind of disaster. . . . It seemed impossible. But you had to believe what you were seeing right in front of you. . . . For me, it was the most frightening thing I ever saw, and my mind just imagined the worst. They did almost get the White House.

While PSS scores indicated wide variability in women's stress levels 4 to 6 months after 9/11 (scores ranging from 1 to 41), analysis of the interview data showed that a large percentage (61%) of the women were still distressed about the terrorist acts, exhibiting symptoms of fear, sadness, anger, powerlessness, distrust, and vigilance. This high percentage indicates that trauma extended far beyond the residents of the actual attack sites and far beyond the usual 4 to 6 weeks or 90 days specified for an acute stress reaction in extant literature (e.g., Brewin, 2001).

Application of Terror Management Theory to the Data

For the most part, the data were supportive of the tenets of TMT. There were two divergent findings: (1) stronger expressed need for "nesting" and "cocooning" with loved ones, and (2) sharper criticism of the government than TMT would predict, especially among the most highly stressed women. In the following sections, verbatim quotations will be presented to illustrate areas of convergence and divergence between the data and TMT.

Proximal Reactions

Terror management theory holds that individuals initially employ simple, direct defenses to banish death-related thoughts. The present data were entirely consistent. Disbelief was pervasive among initial reactions to the terrorist acts. Radio, television, or telephone calls brought women the news as they were teaching classes, walking on treadmills, cleaning houses, driving to the store, and enacting other everyday activities. Study participants at first felt as though they were viewing a movie, having a "very bad nightmare," or witnessing a "freak accident." Illustrative are comments such as these: "I couldn't really take it in," and "I thought it was a sick joke." Women sought to suppress their anxiety and reassure

themselves: "It happened up there, it can't happen down here." There was a gradual evolution of the sober realization that "my very existence was threatened." Women spoke of feeling confused, frightened, devastated, saddened, and angry. Some admitted crying or screaming. One participant described a "cold feeling, like [having] lost something, [having] something taken away from you."

Once they realized the enormity of what was happening, women's concern for others dominated their proximal reactions. This concern was manifested in several ways, such as calling partners, siblings, parents, and children: "I wanted to know, where is my family?" One woman expressed the feelings of many with the simple phrase, "I wanted to connect." Another said, "[This] makes you want to call home, even though you know no one is there." Some of the women drove to their children's schools and took them home, while others thought it best to convey normalcy by *not* doing so. Here is an example of the latter choice: "I checked on my son and sent him back to class. But as I was leaving, I noticed other parents were picking their kids up and that annoyed me, because I thought that would make it more stressful for their kids." As predicted by TMT, many women expressed concern for others by doing something to help. For example, one woman reported that she immediately went to the Red Cross to help answer phones, after she had checked in with her children.

A common tendency during the immediate post-9/11 period was "cooing" or "nesting" with family or friends, as shown in the following quotation: "I wanted to be at home, did not want extraneous things, wanted to cancel things, wanted to nest." One study participant wished for "an underground, nuclear-safe bunker to hide in." In preparation for a period of family "nesting," another woman related, "I called my husband at work, went grocery shopping for necessities (including water), and filled my car with gas. [Then] I went to school to pick up my children." While "nesting," most women were preoccupied with media reports, watching continuous coverage of events on cable news television. As one woman explained, "I kept trying to get information, thinking information can make you safe, to help anticipate what would happen next, like I could put together enough facts to predict." A few women, however, found the continual news bombardment too nerve-wracking and coped better when limiting their media exposure: "I could not watch CNN. Why does everybody do that?"

Distal Reactions

Consistent with TMT, the mortality salience of the 9/11 attacks activated values central to a woman's world view. Here, diversity in reactions would be anticipated because core values differ. While one woman re-

solved to "have more fun," another reported, "Life in general is much more serious." Women mentioned increased commitment to both relationships and work, as exemplified in the following quotations from the data: "I have tried unsuccessfully to mend broken friendships"; "I tell my husband 'I love you' more now, and kids more: Every day, I tell them"; and "My work seems more important to me. It has confirmed what was already important to me, my priorities. I teach international students and this confirmed how other things are tied together."

Patriotism and altruism increased, as predicted by TMT. Women spoke admiringly of the U.S. president, the New York mayor, members of the armed services, firefighters, and police. A woman in the military eagerly anticipated "serving my country." Bigotry toward Middle Easterners intensified as well. This tendency is predicted by TMT and supported by previous research: Pyszczynski and colleagues (2003, p. 104) assert that "a large body of research has shown that mortality salience leads to increased prejudice, stereotyping, and bigotry." While bellicose comments were few, some women were adamant that changes were needed in foreign immigration policy, and the data contained several pejorative comments about foreigners (e.g., "I do feel worried if I'm behind five Arabs"; "Send the foreigners back"). On the other hand, the following quotation depicts *decreased* tolerance for bigotry:

I have less tolerance for bigotry, hatred, bias, because 9/11 shows the ultimate end of that. . . . I talk to my kids a lot about 9/11, intolerance, how Americans do not know much about the rest of the world; we are very arrogant, not always as right as we think we are.

Religion was mentioned as a coping mechanism by some women: "Can live through things in Christ"; "I feel very close to God and have a sense of peace." One woman spoke of rededication to her spiritual life as a result of the terrorist attacks.

Some women pointed out contrasts between their proximal and distal reactions. For example, a 38-year-old pregnant woman reported ambivalence about having her baby in the immediate post-9/11 period, but by the time of the interview she stated, "Now I don't feel differently about wanting a child and bringing one into the world." Another woman had cheered when President Bush sent soldiers to Afghanistan, "Good. Kill the bastards!" Later she felt ashamed of her thoughts of vengeance. A third woman had once wanted U.S. borders closed to Arabs, but now felt sorry for the Arabs living in her town. A few mentioned unanticipated benefits of 9/11 such as, "It helped to learn more about friends because of the additional time taken to discuss this time in our lives" and "I can integrate my life better now."

Differences in Highly Stressed and Low-Stress Women

Highly stressed women (upper 25% of scores on PSS) did not differ from low-stress women (lower 25% on PSS) with regard to demographic characteristics (such as race, marital status, or occupation) but differed in several other respects. First, they often had a more direct connection to individuals at the site of the terrorist attacks. For example, one high scorer on the PSS reported that a friend of her brother was killed. Another had a first cousin at the WTC and another cousin in the area of the Pentagon. Another had friends in Afghanistan. One woman was doubly traumatized because she found out her sister had cancer on 9/11. Second, highly stressed women were more likely to be critical of the government and to question its actions.

Terror management theory predicts intensified identification with and loyalty to one's government after a confrontation with death. Heightened patriotism was indeed widely evident across the country after 9/11. Thus, the critical remarks of some of the study participants, although thoughtful and well articulated, would not have been anticipated by TMT. It appears that post-9/11 governmental actions violated the women's core values and beliefs about human rights. Here are some examples:

I don't agree with the government and the president. There are children here that need help. Why destroy them? Help build them up. They stop Bin Laden's money. That's what has helped. Why not also take his money to help Afghans? A lot of this is politics.

Patriotism has been warped and used by the military to accomplish anything they hadn't been able to accomplish prior to 9/11. The loss of civil liberties. People not being alarmed by excessive searches and National Guard with rifles in the airports. The massive increase in the military budget, the nuclear weapons budget, and the declaration against every nation who opposes the U.S. I am fearful about the environmental and political future of our nation and our world. I'm scared that my niece will grow up in a country that I wouldn't want to live in.

There are scary developments like the whole John Walker thing and that cage prison for "detainees." What I have to say sounds unpatriotic. The attorney general has become this little Gestapo dictator who is not objective at all. I never thought we would be literally setting up concentration camps in Cuba and rounding up all the Middle Eastern men without any due process. . . . It's devastating to see the levels that both the "good guys" and "bad guys" have sunk to.

Civil liberties and racial profiling and "detainees"—these concepts have taken on different, indefinite meanings. It's like they want to "get someone," to bring back a scalp, to have an object of rage.

Highly stressed women reported that 9/11 remained at the forefront of consciousness, despite the passage of time, as shown in the following account:

Not a day [that I] don't think about it. Fear what'll happen next. Worry about future for kids. Know it's not even close to being over. Frightened. Don't feel as secure in USA.

Some of these women exerted great effort to fend off depression:

I have to work hard not to sink into depression. I find it's more important that I do things like yoga, and I had to radically change my diet in order to maintain balance. I've made it a point to go on long walks and schedule time to be with friends and to participate in a community dedicated to peace.

At the extreme of high stress reactions was a 35-year-old Hispanic woman who reported significant health problems, necessitating hospitalizations:

After September 11th [I] had a physical breakdown—hard to breathe, anemic, no energy, tired, depressed, bleeding so badly (vag.), had to go to the hospital $\times$ 3 (three times).

Previously Traumatized Women

Women who had experienced previous trauma felt that their background actually helped them to cope. As one woman put it,

I found my response differed from others—the more middle-class, “heartland people” I worked with, who couldn't function—because I was not paralyzed. I have always experienced a lot of unpredictability in life. Others who thought the world was safe were more traumatized. . . . Maybe having had a shitty childhood serves you well.

Two women in the sample had lost children. One related, “Having lost a child in December 2000, and coping with that, nothing else seems worse. Because of my strength from going through the death of a child, I feel I was able to cope with the events of 9/11.” Still another woman, who termed herself “a survivor of a very traumatic incident and injury in my life 9 years ago,” expressed gratitude for her blessings and concluded: “When looking at those who suffered such great losses, I have very little to complain about.”

Changes Reported by the Sample

Major changes (e.g., marriage, moving, leaving a job, rededication to spiritual life) were undertaken by only a small percentage of the sample (18%), but almost everyone reported other post-9/11 changes, such as

increased vigilance for the whereabouts of family members, fear of flying or crowds or both, continued need to monitor international news, mistrust of strangers, and shifts in perspective toward small problems. A 43-year-old waitress captured the prevailing view that "none of us will ever be the same again." Another woman offered this somber appraisal: "What is 'normal' now is so far from what was normal before 9/11." A 51-year-old dental hygienist ruefully stated, "I have lost my sense of being safe in my own home." Continuing existential concerns were evident in the remarks of some participants: "Sometimes I wonder if what I am doing is really important and really matters"; "I mostly worry for my kids, because I think, 'What kind of world is going to be left for them?'" There was a pervading pessimism about the "war on terror" ever ending. This final quotation exemplifies the high distress still experienced by many women:

I am still concerned with where they will strike next and about the number of lives that will be lost before it is all over. I sometimes have bad dreams about the next attack being in Oak Ridge [nearby city with nuclear laboratories]. In my dreams, I awake to the sound of the air raid alarms. I am filled with panic and despair. The dream ends abruptly with the last vision being a great blinding blast. I awake with a startle and a cold sweat and am thankful it was only a dream—this time.

DISCUSSION

This study contributes to the growing body of research confirming the utility of TMT, but points out two discrepancies in need of further study. Women's strong need to connect with and "nest" with loved ones after a stressful confrontation with mortality has not been discovered in previous TMT studies, perhaps because short-term laboratory experiments, using college-age samples, could not reveal this specific need. This finding is congruent with Taylor's new (2002) "tend and befriend" stress paradigm for women. According to Taylor's formulation, women are more likely to respond to stress by protecting themselves and their significant others (in contrast to the "fight-or-flight" response more typical of men). Also discrepant from previous research is the vocal disillusionment of some women with government, at a chaotic time when TMT would predict enthusiastic patriotism. This propensity to be critical of post-9/11 government actions was more prominent in highly stressed women, suggesting that level of stress may be a mediating or moderating variable in the prediction of distal reactions. When government policies and actions are not congruent with people's core values, it stands to reason that their stress may escalate.

Analytic generalization of findings to the TMT literature addresses, in part, issues of the study's external validity. However, it must be acknowledged that the study sample, being mostly White and well educated, cannot be considered representative of American midlife women. Nor should it be presumed that reactions of midlife women to the events of 9/11 are typical of those in younger or older cohorts. The task of examining other cohorts must be taken up by other researchers. Particularly useful to the further refinement of TMT would be studies of women who reside in different regions of the United States or in Asia or Europe. Given the frequency of suicide bombings and other terrorist actions in numerous countries across the globe, there are abundant opportunities for research on women's responses.

While some research has shown that earlier life trauma heightens susceptibility to PTSD upon exposure to subsequent trauma (Brewin, Andrews, & Valentiner, 2000), women in this study felt that previous trauma served to temper their responses to 9/11. This finding is consistent with recent literature on resilience (Aldwin, Sutton, & Lachman, 1996; O'Leary & Ickovics, 1994). The data provided some support for Yalom's (1980) assertion that confrontation with death has the potential to be a growth-enhancing experience. Many study participants reported that they reevaluated their priorities and strengthened bonds with their loved ones.

The high level of distress discovered in this community sample of midlife women supports the initial hypothesis that this segment of the population deserves the attention of clinicians. While studies show that there is a natural recovery process through which most survivors of trauma recover without intervention (Rauch, Hembree, & Foa, 2001), health professionals should monitor failure to adapt, assessing for problematic levels of anxiety, depression, or somatic complaints. As noted above, highly stressed women in this sample failed to find security and comfort in the actions being taken by the government on their behalf; several reported ongoing efforts to fight depressive symptoms. The present data suggest that the period of systematic monitoring should be extended beyond the 4 to 6 weeks or 90 days specified for "adaptation" in the literature. Comments Covan, "I shudder that I live in a society of health care experts who think that 91 days is one too many to feel traumatized by the events of September 11th, 2001" (2002, p. 2).

The effects of 9/11, in fact, do not have a predictable end point. According to Haber (2002), PTSD symptoms may not be evident for months or years. The American Red Cross has estimated that as many as 265,000 people could need counseling to alleviate symptoms ranging from PTSD and panic disorders to depression and stress-related physical illnesses (Marshall, 2002). The ongoing threat of further terrorist

acts bodes against a speedy return to Americans' former level of security and optimism.

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