



Sally Satel

“Why do we feel so vulnerable?” NY Salon asks. I am not convinced that we do. What I am quite certain of, however, is that the mental health profession has great – and unwarranted – faith in our fragility.

The attacks of September 11, 2001 created a watershed moment in the field of “traumatology.” Roughly 9,000 trauma counselors raced to lower Manhattan, advocating, as one observer put it, “intervention for any person even remotely connected to the tragedy.” A media blitz informed New Yorkers of free counseling services funded by the Federal Emergency Management Agency. Spencer Eth, a psychiatrist at St. Vincent’s Catholic Medical Centers in New York City, foretold “huge increases in the prevalence of traumatic grief, depression, post-traumatic stress disorder [PTSD], and substance ...[the] psychiatric toll will be enormous.” The president of the New York State Psychiatric Association predicted that psychiatric problems would continue to emerge over several years, including among those who were watching television coverage. A year later, the president of the Washington, D.C., Psychiatric Society opined: “There are not enough psychiatrists, psychologists, social workers, or other crisis counselors to treat the fallout from a massive, unimaginable horror.”

Horror? Most definitely. Widespread psychopathology? No. Studies of New York City as well as the nation<sup>1</sup> found elevations in distress, sleeplessness, and concern about another attack – no surprise -- but negligible increases in psychiatric disorders in people who were otherwise mentally healthy before the attack or whose lives were not threatened directly.

And consider the many mental health professionals who minister to veterans. According to a May 2005 report from the VA inspector general, the department is now paying compensation for post-traumatic stress disorder to nearly twice as many veterans as it did just six years ago, at an annual cost of \$4.3 billion. The vast majority of the recipients are Vietnam veterans in their 50s and 60s.

Can it really take up to 40 years after a trauma before someone realizes he can no longer cope with the demands of civilian life to the point where he becomes chronically disabled? There is little evidence to support it – there are other compelling social explanations for the rise in claims, in fact – but the mental health establishment barely blinked at the notion that PTSD could be delayed for decades.

In our trauma-conscious society, many mental-health professionals seem eager to take charge of managing the collective anxiety surrounding terrorism and its aftermath. "The challenge for psychiatrists is how to help people live in a world that is constantly under threat," said a psychiatrist at the New York State Psychiatric Institute. Ezra Susser, one of the Columbia researchers, has pressed for "a determined [public health] effort to help the population withstand such attacks on the psyche." Is it? In my

---

<sup>1</sup> References on request

panel remarks at I will discuss why mental health professionals so often miscalculate the public's response to extreme events and their need for professional help – and the clinical and social consequences of doing so.