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**On Home Soil: Historicising Trauma and the Legacy
of 9/11**

Joshua Djaba

Old Haberdasher

joshdjaba@gmail.com

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Introduction

Taking from a 2013 'Economist' piece, Nicole Rebec and Jeffrey Wasserstrom refer to the year 2001 as a "hinge year"- a year which saw such pivotal events that mean history can be divided into 'before' and 'after'.¹ Rebec and Wasserstrom argue that we can validly divide history into before and after Martin Luther's 'Ninety-five Theses' of 1517, or the French Revolution of 1789. Similarly, the two argue we can divide history into before and after 2001, specifically referring to the September 11th terrorist attacks (9/11) and the 'War on Terror' which America launched in response. Claiming that hinge years are often also relatively easy to define by reference to a single moment or image, Rebec and Wasserstrom argue that 2001 can be defined by a single image of the Twin Towers- one of the three American sites hit by commercial flights hijacked by the terrorist group, Al-Qaeda- as it collapsed. The case for 2001 being classified as a hinge year is strong. Conservative estimates place the total displacement resulting from the eight most violent wars the U.S. has participated in since 2001 at 37 million people. This number reaches nearly 60 million if looser estimates are used. Barring WWII, this dwarfs the number of people displaced by any war since 1900.² There is little telling how far, or for how long, the global consequences of 9/11, and specifically America's militant retaliation, will continue to extend.

The impact of 9/11 permeated far beyond overt military responses. The U.S. airline industry, for example, was transformed by the establishment of the Transportation Security Administration (TSA), passing of the *Air Transportation Safety and System Stabilization Act*,

¹ Rebec, N., Wasserstrom, J., (2015). '1989 as a year of great significance', in McNeill, J., Pomeranz, K. (eds.), *The Cambridge World History* (7th vol, Cambridge, 2015), pp. 381.

² Vine, D., Coffman, C., Khoury, K., Lovasz, M., Bush, H., Leduc, R., Walkup, J., 'Creating Refugees: Displacement Caused by the United States' Post-9/11 Wars'. pp. 1.

and significant changes to security protocol on commercial flights.¹ Wider cultural changes brought about by 9/11 prove far more difficult to measure, but anecdotal evidence and numerous studies suggest that many in America – and indeed beyond – felt their society had changed irreversibly after the attacks.² For example, for Muslim Americans and Americans who had recently migrated from the Middle East, 9/11 meant yet further ostracization from the wider American community as they were identified by others as the ‘enemy’. For many white Americans, however, the attacks united their communities, papering over cracks in white American society and leading to increased political and community engagement, alongside heightened trust in law enforcement and the ‘fellow American’ (or whoever fit white Americans’ idea of the ‘fellow American’). 9/11 thus marked a turning point not only politically and economically, but also socially for many Americans – whether positively for the ‘in-group’ of ‘true Americans’, or negatively for the outcasts.³

The primary contention of this paper is that 9/11 has shed new light for historians on what it means for a nation to be traumatised. We will evaluate whether historians of trauma have, as this paper contends they should, recognised the relevance of 9/11 to the history of trauma, and additionally, trauma theory to the history of 9/11. However, even as we approach the 20th anniversary, 9/11’s psychological impact is perhaps the most difficult of its consequences to gauge. Fifty-nine minutes after the first plane crashed into the World Trade Centre, the American Psychological Association’s (APA) Office of Public Affairs received its first of 160 calls asking for experts to clarify what the “psychological ramifications of the attacks” would be.⁴ As clearly difficult a question as this was to answer, mental health experts could well have been expected to provide some sort of educated guess. The results of Breslau et al.’s 1998 study, for example, strongly indicated that Posttraumatic Stress Disorder (PTSD) was the most common psychopathology people experienced after large-scale traumatic events.⁵ Thus, it is not surprising to see most psychological and psychiatric experts in the immediate aftermath of 9/11 predict widespread PTSD as the primary psychological consequence in the American populace. Despite trying to emphasise that she did not believe America would become a “nation of mentally ill people”, PTSD expert, Dr Rachel Yehuda, still admitted:

I think that there is going to be an epidemic of PTSD in New York. There is really no getting around that, but I don’t think we want to compound the problem or make it worse.⁶

¹ Clark, D. E., McGibany, J. M., Myers, A., ‘The Effects of 9/11 on the Airline Travel Industry’, in Morgan M.J. (ed.), *The Impact of 9/11 on Business and Economics: The Day that Changed Everything?* (2nd vol, New York, 2009), pp. 75.

²Schmierbach, M., Boyle, M.P., McLeod, D.M., ‘Civic Attachment in the Aftermath of September 11’, *Mass Communication & Society*, 8/4 (2005), pp. 323-346; Putnam, R. D., ‘Bowling Together’, *American Prospect*, 13/3 (2002), pp. 20-22.

³ Yuksek, D. A., ‘Moral Destabilisation or Revivification: The Trend of Religion-Based Social Capital Following 9/11’, *Comparative Sociology* 16/6 (2017), pp. 691-692

⁴ ‘APA responds to terrorist attacks’, <https://www.apa.org/monitor/nov01/aparesponds> (30 September 2020).

⁵ Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., Andreski, P., ‘Trauma and Posttraumatic Stress Disorder in the Community: The 1996 Detroit Area Survey of Trauma’, *Archives of General Psychiatry*, 55/7 (1998), pp. 626.

⁶ ‘Trauma Related Disorders: Conversations with the Experts Posttraumatic Stress Disorder An Interview With Rachel Yehuda, PhD’

Dr Yehuda was largely proven correct regarding the epidemic of PTSD: numerous studies in the following decade found high rates of PTSD among numerous groups both directly and indirectly affected by the attacks. Further, it would appear America, as a nation, had been traumatised by the attacks. Historians and political scientists have often viewed America's militant response to 9/11 as somewhat overzealous and misguided, but have also considered whether we can validly interpret this as a post-traumatic stress response. The impact of the attacks not only taking place on American soil, but destroying iconic landmarks which embodied American values and culture, can hardly be overstated. Political scientists and historians have also agreed that a perpetual paranoia has plagued American politics since the attacks- a significant symptom of post-traumatic stress. After securing the Presidential election, Donald Trump was reported to only be receiving intelligence briefings on a weekly basis, rather than the daily basis which most President-Elects opt for. Trump admitted these briefings were 'scary', and highlighted to him that "a mistake would be very, very costly in so many different ways".¹ It is difficult to interpret Trump's eerie message as anything other than a flashback to 9/11, and even more difficult to argue that 9/11 has not left a psychological scar on Americans on the individual, institutional and national level.

However, 9/11 did not represent America's first national trauma, or, for that matter, is it usually seen as America's worst national trauma. Over a decade after 9/11, Sharon Talley still observed that the "United States Civil War of 1861-65 is often characterized as the most traumatic event in American history".² If 9/11 has left a scar on American politics, culture and society which has refused to fade in the two decades since, the Civil War's wound did not even begin to heal in the immediate decades afterwards. Until recently, the psychological trauma the war caused to individual soldiers and civilians has been paid little attention, partly due to a paucity of substantial evidence on which to base such studies. However, another factor in this has been that the trauma of the war has been evaluated, but from the perspective of the nation first and foremost. Most discussions of the Civil War's trauma have focused on the physical and material damage caused, the damage to the American labour force, and the complete overhaul of American institutions which had preserved a peace which lasted nearly a century. The trauma of the war has, therefore, been documented extensively, but largely from a perspective which viewed 'national trauma' as affecting the nation primarily, before it affected individuals.

America's national traumas did not cease between 1865 and 2001. Political assassinations were not unique to America, but can be argued to hold unique impact in a nation which has, paradoxically, long prided itself on being a bastion of freedom and democracy. While the 1960s saw much political violence in America, the assassination of President John F. Kennedy was a moment which, like many traumatic events, has been framed in the living memories of Americans ever since. The question 'where were you when' does not quite apply to traumatic

<https://webarchive.loc.gov/legacy/20011130171012/http://www.medscape.com/medscape/psychiatry/journal/2001/v06.n05/mh0927.01.yehu/mh0927.01.yehu-01.html> (05 October 2020)

¹ 'Donald Trump shaken by 'scary' intelligence briefings: 'We have some big enemies out there'' <https://www.independent.co.uk/news/world/americas/donald-trump-scary-intelligence-briefings-interview-big-enemies-out-there-a7534031.html> (05 March 2021)

² Talley, S., *Southern Women Novelists and the Civil War: Trauma and Collective Memory in the American Literary Tradition Since 1861* (Tennessee, 2014), pp. ix.

events such as wars and natural disasters, but is often a defining question for singular moments of human violence such as 9/11 and Kennedy's assassination.¹

Thus, there are considerable similarities between these three American national traumas. 9/11 and the Civil War both saw extensive and significant destruction of American property, disregard for not just soldier but also civilian life (especially after 1864 in the Civil War's case), and the somewhat rare occurrence of violence on American soil. Kennedy's assassination represented a moment which, much like 9/11, both shattered illusions of American invulnerability and peace, and triggered deep national mourning, and the moment has thus stuck in American memories ever since. Other traumas that America has been involved with, such as the Vietnam War, did not have the same impact on the entire nation as these events did. Although significant in the development of general conceptions of trauma due to its forcing of the PTSD diagnosis, the Vietnam War's impact was primarily felt among veterans more so than the entire nation. Similarly, natural disasters have been argued to have notably different psychological consequences due to the lack of malicious human intent involved and, in some cases, the ability to predict their arrivals.²

These three events led to significant national traumas, and this paper will therefore analyse how the manifestation of national trauma differed after April 9th, 1865, after November 22nd, 1963, and after September 11th, 2001. Through this analysis, this paper argues that 9/11 has shed new light for historians on what it means for a nation to be traumatised. The Civil War's trauma seemed to manifest in literary lamentations over the war's futility or injustice, or through violence against politicians and African-Americans, while the trauma of Kennedy's assassination seemed to manifest in national mourning and shock, but few practical steps to address this trauma. The steps taken to alleviate these traumas were far more cultural than anything else. More importantly, the focus of these healing processes was always, first and foremost, the American collective. Little attention was paid to healing the very real psychological impact on individuals. By the time of 9/11, however, new conceptions of trauma meant that Americans dealt with the trauma of the attacks far more explicitly, and even medically. Individuals, relief institutions, and medical experts widely disseminated resources on how to identify and manage post-traumatic stress and related illnesses, reflecting the novel focus on the trauma the attacks would cause to each individual, rather than solely on the nation as a whole. Additionally, the attacks were historicised in a manner which focused on the individual's experience rather than solely that of the collective. Thus, for historians of trauma, 9/11 offers a moment at which the expression of national trauma developed significantly from its previous forms, highlighting the very real implications of 20th century trauma studies.

¹ 'Where were you when JFK was assassinated?' <https://www.historyextra.com/period/20th-century/where-were-you-when-jfk-was-assassinated/> (05 March 2021)

²Neria, Y., DiGrande, L., & Adams, B. G., 'Posttraumatic stress disorder following the September 11, 2001, terrorist attacks: A review of the literature among highly exposed populations', *American Psychologist*, 66/6 (2011), pp. 438.; Eidelson, R. J., D'Alessio, G. R., Eidelson, J. I., 'The Impact of September 11 on Psychologists', *Professional Psychology: Research and Practice* 34/2 (2003), pp. 144.

The paper is divided into three parts. Part I focuses on locating 9/11 within theories of trauma and analysing the extent to which histories of 9/11 have successfully incorporated trauma theories. The chapter includes an evaluation of the oral histories of 9/11 as part of the historicisation of the attacks. Having established the historiographical space into which this thesis fits, part II then argues that 9/11 offers historians a new method of understanding national trauma. Primarily, this is because the expression of this national trauma focused on the individual more strongly than ever before, specifically referring to the Civil War and Kennedy's assassination. As such, this paper sees 9/11 as valuable for historians analysing what it means for a nation to be traumatised. Part III then considers 9/11's wider legacy for conceptions of trauma, evaluating trauma's relationship with financial compensation.

I. 9/11, Historiography and Trauma Theory

This section begins with a discussion of basic trauma theories and their development since their genesis in the latter part of the 19th century. Three questions are considered: how historians (and the wider public) historicised 9/11 in its aftermath, with a specific focus on the drive to create oral histories; whether historians have incorporated trauma theory into the history of 9/11; and also whether historians have incorporated 9/11 into the history of trauma. As such, this chapter identifies a historiographical space for demonstrating the importance of 9/11 to the history of trauma, which will be further explored in part II.

Trauma and the Individual

In light of the catastrophes and cataclysms that have marked twentieth century history, it is scarcely surprising that trauma has emerged as a highly visible and widely invoked concept"- Paul Lerner and Mark Micale.¹ While we should avoid any idea of an 'inevitability' in the rise of trauma studies and modern conceptions of trauma, Lerner and Micale's argument holds some validity. Until the latter part of the 20th century, trauma was a topic rarely given persistent public or professional interest. However, seemingly in response to the numerous atrocities of the 20th century which affected millions, interest in trauma in medical and wider fields seemed to accelerate. German neurologist Herman Oppenheim was the first to use the term 'traumatic neurosis' in 1889, but English surgeon John Erichsen wrote the first Western source to scientifically evaluate psychological trauma, analysing those distressed by their railway incidents.² After these initial discussions, the concept of psychological trauma experienced waves of interest and disinterest among professionals and the public across Germany, Britain, America, Sweden and France particularly. Interest tended to peak in response to the somewhat novel psychological stresses which modern warfare appeared to place on soldiers. After WWII, however, American psychiatry came to the fore and sustained the interest in trauma through the works of psychiatrists such as Abram Kardiner, and Roy Grinker. Kardiner's work especially went on to become the foundation for initial research into PTSD.

¹ Micale, M. S., Lerner, P. F., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* (Cambridge, 2001), pp. 1.

² Van der Kolk, B. A. 'The History of Trauma in Psychiatry', in Friedman, M. J., Keane, T. M., & Resick, P. A. (eds.), *Handbook of PTSD: Science and Practice* (New York, 2007), pp. 20.

The 1970s marked a significant turning point in conceptions of psychological trauma. Until this point, most understandings of traumatic responses blamed either an individual's constitution or some alleged predisposition to mental fragility for their post-traumatic responses or illness. The PTSD diagnosis – officially recognised as a clinical disorder in 1980, in the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) – was arguably born from a multi-layered concoction of political agendas.¹ Nevertheless, its acceptance was highly significant in shifting the blame for post-traumatic illness from the individual to the traumatic event which they experienced.

PTSD was initially linked almost exclusively to experiences of military combat, often being referred to as “Post-Vietnam syndrome”, “combat stress reaction” or “battle fatigue”.² However, research into trauma in the 1970s also investigated post-traumatic stress responses in women and children as victims of patriarchal, domestic and sexual abuse. As such, the concept of trauma, and primarily PTSD, began to expand rapidly after 1980. Its significance quickly filtered into non-academic fields, forming a legal defence which, at times, seemed impossible to disprove, as we will explore in section III. Lerner and Micale thus argue that by the turn of the 21st century, PTSD represented “perhaps the fastest growing and most influential diagnosis in American psychiatry” – a claim not to be taken lightly given the rapid expansion of psychiatric studies over the latter half of the 20th century. Thus, by 2001, trauma and its effects on the individual was a deeply researched field.

Trauma and the Collective

Coexisting alongside the studies of psychological trauma and the individual has been a significant literature which has analysed trauma among communities. Traumatic 20th century occurrences such as the Holocaust for the Jewish community, or the catastrophic failures of the Chinese Great Leap Forward, prompted questions of whether traumatic stress could manifest among entire communities, and, if so, could then be transmitted between their generations, both culturally and genetically.³ Sociologists, psychiatrists and historians have coined numerous forms of group trauma, such as ‘social’, ‘cultural’, ‘collective’ and ‘national’ traumas. Before discussing 9/11's legacy on conceptions of trauma, it is worth noting the subtle yet significant differences between these concepts, and which labels can be validly attributed to 9/11 and similar American tragedies.

Neil Smelser defines a cultural trauma as “an invasive and overwhelming event that is believed to undermine or overwhelm one or several essential ingredients of a culture or the culture as a whole”.⁴ In other words, cultural traumas test the foundations of what it means to be, for example, an American. Social traumas, on the other hand, do not invoke such public discourse

¹ Jones, E., Wessely, S., ‘Psychological trauma: a historical perspective’, *Psychiatry*, 5/7 (2006), pp. 219.

² ‘Post-Divorce Trauma and PTSD’ <https://www.verywellmind.com/post-divorce-trauma-4583824> (09 February 2021)

³ Nathan, T. S., Eitinger, L., & Winnik, H. Z., ‘A psychiatric study of survivors of the Nazi Holocaust: A study in hospitalized patients’, *Israel Annals of Psychiatry & Related Disciplines*, 2/1 (1964), pp. 47.; Pregnant 9/11 survivors transmitted trauma to their children <https://www.theguardian.com/science/neurophilosophy/2011/sep/09/pregnant-911-survivors-transmitted-trauma> (08 November 2020)

⁴ Smelser, N. J., ‘Psychological Trauma and Cultural Trauma’, in Alexander, J. (ed.), *Cultural Trauma and Collective Identity*, (California, 2004), pp. 38.

of the fundamental principles of a collective's identity. Building on Smelser's works, Roy Eyerman argues social traumas are traumatic events which affect the collective, but their impact is largely contained to a few significant institutions and some disruption of social life.¹ For example, after President Kennedy's assassination, Americans mourned as a collective. Television programming was overhauled to cover the incident. However, few – or at least, not enough people – were driven to question what it truly meant to be 'an American', especially when compared to the American Civil War. These were both 'national traumas' in that they affected all Americans and invoked emotional responses nationwide, framing themselves in most Americans' memories whether for better or for worse. Indeed, one could validly argue most Americans would struggle to paint a national history without reference to these moments, and as section II will demonstrate, many Americans have a somewhat 'frozen' image of time after Kennedy's assassination in their minds. However, the fundamental principles of American society were hardly questioned by the assassination. Democracy was not shaken as the Presidential office was passed over just two hours and 8 minutes after Kennedy's death. Similarly, the assassin, Lee Harvey Oswald, was apprehended, again reaffirming the values of 'civilised' American society, and what happens when these values are broken. Had these processes not been adhered to, Eyerman argues the social trauma could then have become a cultural trauma, extending its impact beyond institutions and provoking Americans to question publicly whether their fundamental values remained in place.² Thus, we can consider the American Civil War to be both a national and cultural trauma, and Kennedy's assassination to be a national and social trauma. Finally, Arthur Neal argues an event becomes a 'collective trauma' when "it appears to threaten or seriously invalidate our usual assessments of social reality".³ This label also, therefore, can be safely attributed to the Civil War, but perhaps not to Kennedy's assassination.

We can now categorise 9/11. That 9/11 was a national trauma is evident, given the nationwide emotional response invoked. Similarly, few would dispute that 9/11 also threatened or seriously invalidated Americans' usual assessments of social reality, making 9/11 a collective trauma. However, 9/11 perhaps occupies a space between cultural and social trauma. 9/11 did not quite prompt public questioning over what being 'an American' meant in the same manner as cultural traumas such as the Civil War did. Granted, for certain communities such as Muslim Americans or Americans who recently migrated from the Middle East, their understanding of being an American may have changed following 9/11, as they experienced extreme discrimination in their own country. However, for most Americans who fell into the 'in-group', 9/11 arguably did more to reaffirm their American values – such as democratic engagement – than question them.⁴ 9/11's impact also permeated far deeper than a mere institutional response, as we will also explore further in section II, thus ensuring 9/11 does not comfortably fit the social trauma category. This paper decides to interpret 9/11 as a cultural trauma rather than a social trauma. The American people, if not quite forced to question what being an American meant, were forced to question whether they were truly safe anywhere in their own country. Usual assumptions of daily life, such as American invulnerability and

¹ Eyerman, R., 'Cultural Trauma: Emotion and Narration', in Alexander, J. C., Jacobs, R. N., and Smith, P. (eds.), *The Oxford Handbook of Cultural Sociology*, (Oxford, 2012), pp. 571

² *Ibid*, p. 573.

³ Talley, *Southern Women*, p. ix.

⁴ Yuksek, 'Moral Destabilisation', p. 691-692.

American innocence, were shattered within one morning. Furthermore, Eyerman argues that cultural trauma is inherently a process of attributing meaning to the traumatic event and attempting to repair its damage.¹ For example, after the cultural trauma of the Civil War, American politicians argued ceaselessly over what the war's legacy meant for America, in the Reconstruction debates. While these debates are often seen by historians as purely politico-economic, they can also be interpreted as Americans' attempts to process their traumatic event, by identifying who and what was at fault. In 9/11's aftermath, Americans' increased adherence to democratic rituals such as political engagement and respect for law enforcement can similarly be interpreted as part of the process of working through the trauma. While these phenomena did not massively alter their daily lives, they arguably represented "an attempt... to heal a collective wound", which permeated beyond the institutional level.² For these reasons, this paper views 9/11 as a national trauma which was both collective and cultural. As we will explore more fully below, it also maintains that 9/11 represented a unique, highly individualistic form of national trauma.

The Historicisation of 9/11

One of the most notable aspects of 9/11 was the incredible rush to document and memorialise the event in the form of oral histories. The oral history collections of the American Civil War and Kennedy's assassination were not as vast as that of 9/11. As such, 9/11 provides a unique insight into the views of 'ordinary' people responding to a national trauma. The significance of this is the focus of section II, but it is worth initially acknowledging the range of these oral histories here.

There is a plethora of archival records with thousands of interviews conducted with first responders, direct witnesses, psychiatric experts, and the general public. The Library of Congress' 'September 11, 2001, Documentary Project' archive, for example, holds almost 200 audio and video interviews conducted in the months after the attacks.³ The 9/11 Memorial and Museum holds an oral history collection over five times as large, again with testimonies of eye witnesses, first responders, and those who lost loved ones in the attacks.⁴ The Library of Congress' 'Medscape Resource Center - Disaster and Trauma' archive is one of the primary archival holdings which will be analysed in this paper, and demonstrates the breadth of 9/11's oral history.⁵ 'Medscape' is a website which provides medical information for clinicians. After 9/11, among numerous other resources provided on the website, Medscape's editors conducted interviews with psychological and psychiatric experts, discussing their research, how they foresaw 9/11 would affect their field, and their advice to other clinicians and the public on how to cope with the attacks. Many of these predictions would go on to be proven correct by the studies of the following decade. Some of those interviewed include Dr Yehuda, as we saw in the Introduction, and Dr Bessel A. van der Kolk, whose works we will turn to later. As such, the Medscape archive offers unique insight into how both psychiatric

¹ Eyerman, 'Cultural Trauma', p. 570.

² *Ibid*, p. 571.

³ 'September 11, 2001, Documentary Project' <https://www.loc.gov/collections/september-11th-2001-documentary-project/about-this-collection/> (08 November 2020).

⁴ 'Oral Histories' <https://www.911memorial.org/learn/resources/oral-histories> (05 July 2020).

⁵ '[WEB ARCHIVE Medscape Resource Center - Disaster and Trauma](https://www.loc.gov/item/lcwaN0019722/)' <https://www.loc.gov/item/lcwaN0019722/> (06 November 2020).

professionals and the public responded in the aftermath of national traumas. This range in oral history collection following 9/11 far exceeds anything seen after the Civil War and Kennedy's assassination: of course, this is not to overlook the numerous oral archives after these national traumas. However, the historicisation of 9/11 remains unique in both its breadth and depth. While we must attribute some of this to the technological capacity of the 21st century, section II will explore other reasons behind this incredible range, and its significance. We can now consider the historiography of 9/11 and trauma.

The History of 9/11 and Trauma

As with most major events, many histories of 9/11 have had an overwhelmingly political focus. Examples include Marvin Astrada's 'American Power After 9/11' (2010), which asks how 9/11 has further enabled American implementation of an absolutist security agenda on the global stage. Similarly, Hallams, Ratti and Zyla's 'NATO beyond 9/11' (2013) analyses 9/11's impact on the Atlantic Alliance. The focus of both is overwhelmingly political. Some more narrative-based histories of 9/11 have been published in recent times, focusing more on immortalising the story of the attacks than analysing their consequences. Garrett Graff's 'The Only Plane in the Sky' (2019), for example, uses oral histories to emotionally tell the story of September 10th to 11th.

However, the history of 9/11 has also been heavily analysed through a framework based on trauma theories. Jennifer Good's 'Photography and September 11th: Spectacle, Memory, Trauma' (2015) bears some similarity to Ulrich Baer's seminal work 'Spectral Evidence: The Photography of Trauma' (2002), which analysed the similarities between the 'arrested moment' in photography and that of the traumatic memory. Good investigates the psychological impact of the wide circulation of traumatic imagery following 9/11, drawing on the trauma theories of Freud and Charcot especially, with reference to Foucauldian thought on power, psychoanalysis, and concepts of invisibility and 'overvisibility'. As such, Good argues the proliferation of traumatic 9/11 imagery was more damaging than it was healing for witnesses. Similarly, trauma theories have been read into the history of how 9/11 was culturally expressed by the likes of Paul Petrovic, in his 'Representing 9/11: Trauma, Ideology, and Nationalism in Literature, Film, and Television' (2015). The contributors analyse how popular culture has been used as a means of expressing and working through the trauma of 9/11. For example, the popular television show 'Homeland' is considered by Deborah Pless to contribute to the problematic representation of the Muslim community after 9/11, which, as we have noted, was arguably part of America's cultural response to the attacks. Interestingly, Petrovic's book bears some similarity to Sharon Talley's study of Southern women novelists and their literary representations of the Civil War, which we will touch on in the next section.

Thus, histories of 9/11 have, to a large extent, effectively incorporated the post-9/11 psychological studies and wider trauma theories, especially in comparison to the histories of many other major historical events. If historians of 9/11 have incorporated trauma theory into their works, this prompts the question of whether historians of trauma have incorporated 9/11 into their own.

The History of Trauma and 9/11

One of the central arguments of this paper is that 9/11 represented a significant moment in the development of conceptions of both individual and group traumas. As such, it maintains historians of trauma should be including 9/11 in their histories of trauma. However, there has arguably been a historiographical reluctance to do so. Writing in 2006, Jones and Wessely had the opportunity to incorporate 9/11 into their 'Psychological Trauma: A Historical Perspective' which the likes of Lerner and Micale, who published their 'Traumatic Pasts' a week before the attacks, did not. However, Jones and Wessely instead highlight 20th century military moments and do not include 9/11. This approach is understandable, as events such as the Vietnam War were certainly sources of significant trauma, however the omission of 9/11 remains a notable absence. Though the attacks were recent at the time of publication, it is also possible that the omission of 9/11 from their history of trauma represents more than lack of temporal distance. One of the fundamental criteria for PTSD in 2001 was 'exposure' to a traumatic event.¹ As it was understood in the DSM-IV-TR, this did not include via television viewing.² In light of 9/11, however, this concept was tested, as numerous studies found high rates of PTSD in groups who, for example, only watched news coverage of the attacks. This is a significant change in understandings of PTSD specifically, but psychological trauma more widely. As early as Winter 2002, re-evaluation of the concept of 'exposure' to a traumatic event was already gaining an empirical basis. Jennifer Ahern et al. were already considering whether television coverage alone was causing PTSD in the American population.³ By February 2005, Sandro Galea et al. had published their own recommendations for re-evaluation of the understanding of 'exposure', on the basis that 'non-directly affected persons' exhibited PTSD symptom clusters with comparable frequency to 'directly-affected persons'.⁴ Thus, a significant expert literature strongly reconsidering conceptions of trauma – specifically relating to PTSD- had already developed by the time of their writing. The overlooking of 9/11 in Jones and Wessely's history of trauma may represent a hesitancy to write definitively on a still-evolving field of study. However, whatever the explanation, this paper maintains that the failure to incorporate 9/11 into the history of trauma is an oversight of 9/11's impact on concepts of both individual and group traumas.

Not all scholars failed to recognise the importance of 9/11 in the history of trauma. Based off many of their own studies, Neria, Gross and Marshall co-edited '9/11: Mental Health in the Wake of Terrorist Attacks' (2006). In this, we can perhaps see why Jones and Wessely were hesitant to include 9/11 in their history, as some of the contributors disagree starkly over 9/11's significance for conceptions of trauma. Arie Y. Shalev, for example, argues that 9/11 was significant in that "the boundaries between direct and indirect exposure were blurred" more

¹ 'Appendix E: DSM-IV-TR Criteria for Posttraumatic Stress Disorder'

<https://www.ncbi.nlm.nih.gov/books/NBK83241/> (15 September 2020)

² Young, A., '9/11: Mental Health in the Wake of Terrorist Attacks', *The Journal of Nervous and Mental Disease*, 195/12 (2007), pp. 1030.

³ Ahern, J., Galea, S., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., & Vlahov, D., 'Television Images and Psychological Symptoms after the September 11 Terrorist Attacks', *Psychiatry*, 65/4 (2002), pp. 289-300

⁴ Galea, S., Resnick, H., 'Posttraumatic Stress Disorder in the General Population After Mass Terrorist Incidents: Considerations About the Nature of Exposure', *CNS Spectrums*, 10/2 (2005), pp. 107.

strongly than ever before.¹ However, Breslau and McNally argue against any ‘epidemic’ of PTSD in 9/11’s aftermath, somewhat in line with McNally’s earlier argument that epidemiologists are guilty of “conceptual bracket creep”.² McNally accuses these scholars of ‘overpathologising’ what he interprets as ‘normal’ reactions to stressful situations. Despite these disagreements, what becomes clear throughout the book, and as Allan Young summarises, is that:

The War on Terror provides the raw material for another chapter in this history [of trauma]. The mass production of PTSD of the virtual kind is something new, but it is not an aberration. It is a metamorphosis.³

As the starting point for the War on Terror, 9/11 is thus recognised as a significant turning point in the history of trauma. Despite these conclusions, however, historians of trauma have remained reluctant to recognise 9/11’s novel impacts. Writing in the ‘Handbook of PTSD’, van der Kolk also had the opportunity to include 9/11 in his chapter, ‘The History of Trauma in Psychiatry’. However, van der Kolk also overlooked the attacks, focusing on 20th century violence. Van der Kolk especially may be accused of overlooking the growing abundance of studies into 9/11’s impact on conceptions of trauma, as a psychiatrist himself who was closely connected to some of this research. By 2009, these debates had not been settled, as shown by Matthew Morgan’s ‘The Impact of 9/11 on Psychology and Education’, where contributors continued to disagree over 9/11’s consequences for the psychological and psychiatric professions and their understandings of trauma.

Where historians of trauma have remained hesitant to fully incorporate 9/11 into their works, this paper hopes to insert itself into this historiographical space. By demonstrating 9/11’s uniqueness as a national trauma seen from the perspective of not just the collective, but the individual, we will establish 9/11’s significance in the history of trauma theories.

II. A Nation Traumatized

This section argues that 9/11 represented a novel form of national trauma. Where previously, national trauma was seen from the perspective of the collective, after 9/11, the focus turned to the individual. ‘National trauma’ thus came to include events which psychologically traumatised many American individuals, and through this, affected the American collective identity. For historians of trauma, this is sufficient reason to include 9/11 in their histories of trauma.

¹ Shalev, A., ‘Lessons learned from 9/11: The boundaries of a mental health approach to mass casualty events’, in Raphael, B., Neria, Y., Gross, R., Marshall, R., & Susser, E. (eds.), *9/11: Mental Health in the Wake of Terrorist Attacks* (pp. 605-616). (Cambridge, 2006), pp. 608.

² McNally, R. J., ‘Progress and controversy in the study of posttraumatic stress disorder’, *Annual Review of Psychology*, 54/1 (2003), pp. 229.

³ Young, ‘9/11’, p. 1032.

This section will analyse the national post-traumatic responses to the Civil War, Kennedy's assassination, and 9/11. Given our focus on 9/11, we will draw heavily from two post-9/11 archival records. As mentioned in section I, the Library of Congress' 'Medscape Resource Center - Disaster and Trauma' archive included interviews with mental health experts in 9/11's immediate aftermath. Medscape also regularly posted numerous resources "to provide healthcare professionals the latest information and resources related to caring for those affected by the September 11th terrorist attacks on New York City and Washington, DC".¹ This archive has been chosen due to the specialism of its contributors. The immediate opinions of mental health professionals after a national trauma have rarely been so easily accessible, and as such, are a valuable historical resource. Additionally, we will consider the 'American Red Cross' item in the Library of Congress' 'September 11, 2001 Web Archive'. Founded in 1881, the American Red Cross (ARC) is a humanitarian institution, dedicated to disaster relief and disaster preparedness education in the U.S. The ARC has been chosen because of its intimacy with 9/11 relief efforts, both short and long-term. As of August 1st, 2002, the ARC projected it would distribute \$708 million in direct financial assistance to those affected by 9/11; approximately \$130 million of which was dedicated to the 'September 11 Recovery Program'.² Evaluation of these archives will demonstrate the extent to which the focus in the immediate aftermath of this national trauma was centred around the individual above the collective.

The Response to 9/11

Trauma is normal after something like this ... If you're in shock or disbelief, if you can't eat or sleep, if you're frightened and have panic attacks, it's OK. You're not going crazy. These are all normal physical and emotional reactions to a terrible event. - Mark Reeves, a local San Diego pastor and volunteer with the ARC.³

Eyerman argues that a cornerstone of cultural traumas is that they are inherently processes of working through the traumatic event. Without any process of attempting to attribute meaning to the event, or attempting to 'heal the collective wound', the label 'cultural trauma' does not apply.⁴ In the aftermath of 9/11, the attempt to heal the collective wound was focused on healing the psychological wounds which so many individuals had been dealt. This is the element of 9/11 which distinguishes it from the Civil War and Kennedy's assassination. The Medscape archive demonstrates this extensively. Medscape's editors posted numerous resources for clinicians and non-specialists on how to identify and manage post-traumatic stress in themselves and their loved ones. For example, September 26th, 2001 alone saw Medscape post almost 20 links to resources on how to identify and manage PTSD among adults, adolescents, and children. Medical writer, Jean Lawrence's article, 'Close to Home:

¹ '[WEB ARCHIVE Medscape Resource Center - Disaster and Trauma](https://www.loc.gov/item/lcwaN0019722/)' <https://www.loc.gov/item/lcwaN0019722/> (06 November 2020).

² 'AMERICAN RED CROSS ANNOUNCES LONG-TERM PROGRAM' https://webarchive.loc.gov/legacy/20020913081409/http://www.redcross.org/press/disaster/ds_pr/020821longterm.html. (05 February 2021).

³ 'Red Cross Chapters Help Communities Cope With Tragedy' <https://webarchive.loc.gov/legacy/20011114232357/http://www.redcross.org/news/ds/0109wtc/010922coping.html> (02 March 2021).

⁴ Eyerman, 'Cultural Trauma', p. 571.

Coping With the Terrorist Attack' was archived on September 26th, 2001.¹ Lawrence's article demonstrates well the extensive focus which was placed on individuals and their post-traumatic responses. Arguing that adults were no better placed to cope with the attacks than children, Lawrence writes:

Reactions are all over the map, say psychologists. Adults are having trouble sleeping, are drinking too much, or are in a hyper-state of awareness, jumping at shadows or lashing out at others. Many people have been glued to the TV for days.²

Lawrence suggests coping mechanisms which the non-specialist could easily access, such as spirituality, giving blood, and talking to others about their feelings. Similarly, the APA wrote on how to cope with the trauma in 'Coping with Terrorism', archived on September 27th, 2001.³ Written by clinical sociologists Rona M. Fields and Joe Margolin, the pair similarly recommend therapeutic measures for the non-specialist such as limiting exposure to media coverage, maintaining daily routines, and accepting uncomfortable feelings. The interviews with psychiatric experts maintain this focus on 9/11's impact on individuals, and how the public can manage their post-traumatic stress. In her interview archived on October 14th, 2001, Dr Marilyn Bowman is asked "in general how [do] you see the recent terrorist attacks...?" Bowman's response to this rather open-ended question illustrates the novel focus on the psychological impact on American individuals:

My perspective is that most people when they view a horrific event ... have initial feelings that are quite similar across large groups of people.⁴

Bowman argues the attacks would generate different responses among those who, for example, viewed them as a violation of their own security, compared to those who did not feel so personally offended, but still grieved.

At first glance, much of this seems little more than an expected response to a deeply traumatising national tragedy. However, the significance of the focus given to the individual's experience is what this section emphasises. These resources hardly explore what the attacks meant for America's international relations, or American collective identity. As we will explore further, 'working through' the cultural trauma of the Civil War, for example, entailed far less focus by contemporaries on individual experiences. The questions asked focused around how

¹ 'Close to Home: Coping With the Terrorist Attack', <https://webarchive.loc.gov/legacy/20011104222118/http://cbshealthwatch.medscape.com/cjsp/features/0913/lawrence.jsp> (18 February 2021).

² 'Close to Home: Coping With the Terrorist Attack', <https://webarchive.loc.gov/legacy/20011104222118/http://cbshealthwatch.medscape.com/cjsp/features/0913/lawrence.jsp> (18 February 2021).

³ 'Coping with Terrorism' <https://webarchive.loc.gov/legacy/20010927095405/http://helping.apa.org/daily/terrorism.htm> (22 January 2021).

⁴ 'Trauma Related Disorders: Conversations with the Experts, Posttraumatic Stress Disorder An Interview With Marilyn Bowman, PhD' <https://webarchive.loc.gov/legacy/20011113050548/http://www.medscape.com/medscape/psychiatry/journal/2001/v06.n05/mh1002.01.yehu/mh1002.01.yehu.html> (10 March 2021).

the South would recover, whether to restore their prior Congressional representation, how long military occupation of the South would be necessary for, and so on. Of course, 9/11 generated its own political questions. However, even when these concerns are raised, Lawrence recommends Americans “leave that to the country's leaders”, while Fields and Margolin simply recommend Americans accept that “trained officials throughout the country are mobilized to prevent, prepare for and respond to terrorist attacks”.¹ The focus, therefore, is consistently on the psychological trauma individuals were facing in response to this national trauma. Given that Medscape is a website dedicated to disseminating healthcare information, a valid criticism of this argument would be that Medscape would always be unlikely to focus on anything other than psychological trauma after 9/11. As such, we will now turn our attention to the ARC archive and consider whether a similar focus on trauma at the individual level can be seen.

Unsurprisingly, the ARC archive documents 9/11 relief efforts more extensively than Medscape's. However, a significant aspect of the ARC's relief efforts included mental health assistance. Following 9/11, the ARC helped New York city establish a ‘Family Assistance Centre’, containing rows of small counselling rooms prepared for private counselling sessions provided by the ARC, in association with agencies such as the APA and the Mental Health Association of New York City.² Furthermore, part of the ‘September 11th Recovery Program’ included mental health assistance to affected residents who are experiencing emotional trauma as a result of September 11. Residents with ongoing needs are eligible for assignment of a Family Support Specialist. This program is expected to serve an estimated 18,800 households.³

As such, we can also find numerous references to the psychological trauma individuals were experiencing in the ARC's archive. Specifically, there was a persistent focus on children's psychological states. ‘Helping Young Children Cope with Trauma’ was archived on September 19th, 2001, and included many of the same recommendations seen in the Medscape archives.⁴ The ARC warned parents to not be surprised if their child reverted to behaviours such as “bedwetting, thumb sucking, clinging to parents or fear of strangers”, as they struggled to process the events. Likewise, the ‘September 11, One Year Later’ article told readers to brace themselves for emotional reactions on the one-year anniversary of the attacks, listing the

¹ ‘Close to Home: Coping With the Terrorist Attack’, <https://webarchive.loc.gov/legacy/20011104222118/http://cbshealthwatch.medscape.com/cjsp/features/0913/lawrence.jsp> (18 February 2021).; ‘Coping with Terrorism’ <https://webarchive.loc.gov/legacy/20010927095405/http://helping.apa.org/daily/terrorism.htm> (22 January 2021).

² ‘Photo Essay’ <https://webarchive.loc.gov/legacy/20020913054527/http://www.redcross.org/news/photoessays/nyaftermath/> (09 February 2021).

³ ‘AMERICAN RED CROSS ANNOUNCES LONG-TERM PROGRAM’ https://webarchive.loc.gov/legacy/20020913081409/http://www.redcross.org/press/disaster/ds_pr/020821longterm.html. (05 February 2021).

⁴ ‘Helping Young Children Cope with Trauma’ <https://webarchive.loc.gov/legacy/20010919111932/http://www.redcross.org/services/disaster/keepsafe/childtrauma.html> (01 March 2021).

emotions which “you and your family” may experience.¹ This list included avoiding places and people which reminded them of the attacks, and thoughts of suicide. A particularly interesting piece is the ‘Horror of Attack Takes Emotional Toll on Nation’ article, written by Cynthia Long on September 12th, 2001. Long retells the horrors of the plane crashes in New York, before claiming “These horrific images are emblazoned on the national conscience and will haunt us for years to come... For many, the images have begun to take a heavy emotional toll, especially on children.” This is one of the few instances the impact of the attacks on the American collective is explicitly mentioned. It is notable, however, that the focus swiftly returns to individuals, and particularly children’s, psychological states.

As we can see, therefore, despite not being a specialist institution, the ARC archive still contains extensive evidence of Americans working through the cultural trauma of 9/11 in a manner which focused on the individual’s psychological state primarily. The extent to which this was a novel approach to national trauma is further crystallised when compared to the response of contemporaries of the American Civil War and President Kennedy’s assassination.

The Response to the American Civil War

Eyerman argues for a middle ground between the radical constructionist view of ‘traumas are made, not born’, and the naturalist view of some events being inherently traumatic.² In the case of the American Civil War, however, it is difficult to argue this was anything other than traumatic for Americans. The conflict was the deadliest in American history, with its 620,000 casualties roughly equalling all American casualties of war from 1789 to the Korean War combined. The North suffered the numerical brunt of casualties, with 360,000 casualties, or 1.8% of their population. The South, however, emerged from the war “a thoroughly vanquished society” by the North’s ‘total war’ tactics.³ The South’s 260,000 casualties represented 5% of her total population and 20% of her adult white male population. The South’s total property value dropped from over \$4 billion in 1860 to approximately \$1.6 billion in 1865. The same decade which saw Northern wealth increase by 50% saw Southern wealth fall by 60%.⁴ 40% of the South’s livestock was destroyed in the war, while the damage to her industries and railroads was “incalculable”. Simply put, the South was “utterly destroyed”.⁵ Even Southern literature was badly affected, due to shortages of ink, paper, and printing presses, which were only slowly replaced in the North.⁶ Perhaps the biggest shock to the Southern system was the abolition of slavery, which represented not just an economic system in the South, but the fundamental basis of social order. That the Civil War led to a cultural trauma, especially in the South, is hardly surprising.

¹ ‘September 11, One Year Later’

<https://webarchive.loc.gov/legacy/20020911200232/http://www.redcross.org/services/disaster/keepsafe/911emotionalcare.html> (20 January 2021).

² Eyerman, ‘Cultural Trauma’, p. 570.

³ Talley, *Southern Women*, p. xii.

⁴ *Ibid*, p. 51.

⁵ *Ibid*, p. 51.

⁶ *Ibid*, p. 55.

Despite the incredible suffering the Civil War caused Americans, historiographical discussions of the war's trauma have rarely focused on individuals and their psychological trauma, especially when compared to histories of 9/11. Eric T. Dean Jr. suggests that the post-war increase in American crime, which veterans were often responsible for, could have represented veterans' expression of post-traumatic stress. Dean points to phenomena such as two-thirds of all commitments to Northern state prisons in the war's immediate aftermath being men who had served in the army or navy.¹ Similarly, John Talbott argues from anecdotal evidence that many soldiers and veterans experienced post-traumatic stress. Talbott points to the differing post-war fortunes of the James brothers.² William and Henry did not fight and went on to become well-known intellectuals. Wilky and Bob did fight, and went on to suffer "chronic restlessness" and alcoholism respectively. The similarities with Vietnam veterans, who also became associated in the media with crime, substance abuse, and PTSD, are stark. Talbott accepts that it is "too simple" to ascribe the James brothers' post-war fortunes to their wartime experiences: however, this rather represents the historiographical issues of investigating Civil War trauma and the individual. As Talbott admits, the evidence is largely "anecdotal, ambiguous and fragmentary".³

We may ascribe some of this absence of evidence to contemporary conceptions of insanity and the stigma associated with mental illness. However, another reason the individual's suffering has not been deeply considered in historiography has been that contemporaries did not focus on this aspect of the war's trauma: the individual's psychological suffering gave way to the collective's victory in the North, and the collective's pain in the South. As Sharon Talley argues, due to the war's overhaul of American (particularly Southern) institutions and systems, post-war discourse was dominated by how to repair this primarily.⁴ Talley's 2014 book analyses the works of 15 Southern female authors, and how their literary novels can be read as expressions of the Southern trauma, memory, and their attempts to process the meaning of the war. Even these novels, including Mary Virginia Terhune's 'Sunnybank' (1866), largely analyse the war's trauma in terms of what it meant for the Southern collective, institutions and the South's old way of life.⁵ This is not to say zero attention is paid to the psychological trauma the war caused individuals: Mary Noailles Murfree's 'The Storm Centre', for example, is "especially effective in reflecting the debilitating psychic trauma that [Murfree] associated with the war".⁶ However, the overwhelming focus of both Southern post-war discourse and conventional historiography has revolved around the trauma of the war for the South as a collective first and foremost, before any discussion of the war's trauma for individuals. To a large extent, accounts of 9/11 have gone some way to reversing this understanding of national trauma. As we have seen, 9/11 was historicised in a manner which allowed individuals to share their personal experiences through oral histories. Similarly, the response to 9/11 by contemporaries included a heavy focus on the individual's psychological suffering. The historiography of 9/11 has more fully considered the individual's psychological suffering,

¹ Dean, E. T. Jr., "We Will All Be Lost And Destroyed": Post-Traumatic Stress Disorder and the Civil War', *Civil War History*, 37/2 (1991) pp. 148.

² Talbott, J., 'Combat Trauma in the American Civil War', *History Today*, 46/3 (1996), pp. 42.

³ *Ibid*, pp. 42

⁴ Talley, *Southern Women*, pxii-xiii.

⁵ *Ibid*, p. 56.

⁶ *Ibid*, p. xviii.

ensuring this is not overshadowed by the its impact on the nation's collective identity and institutions.

As such, 'national trauma' in the context of the Civil War was a concept which held subtle but significantly different connotations to that in the context of 9/11. We will now compare 9/11 to President Kennedy's assassination, which provides less of a stark difference.

The Response to President Kennedy's assassination

Contemporary and historiographical discourse around Kennedy's assassination has included more focus around its impact on individuals than that of the Civil War. As such, the assassination can be argued to represent a midpoint between the Civil War and 9/11 both in this sense and chronologically. Following Kennedy's assassination, a 1963 survey found that, of those interviewed:

- 79% felt they had lost a dear and close friend
- 73% felt angry such a thing could happen
- 83% felt ashamed such a thing could happen in America
- 53% said they cried when they heard the news
- 97% said they thought about the Kennedy family and their pain.¹

This attempt to gauge the event's emotional impact on American individuals bares similarities to the oral histories collected after 9/11, which, as we have seen, sought to immortalise the psychological impact of the event.

Despite this inclusion of the individual's trauma, the traumatic impact of Kennedy's assassination has remained primarily focused on the collective above the individual. In a front-page article run by the 'Salisbury Times' on the day after Kennedy's assassination, Mayor Frank H. Morris of Salisbury said;

Great distress for both the family and country. It is an abuse of the complete freedom the American people enjoy.²

American television unanimously overhauled its usual programming to cover the assassination. Two years on, American journalist, Theodore White, wrote about the power of television in creating a sense of collective belonging after the shooting. A lengthy excerpt from White demonstrates the extent to which this tragedy was seen to impact the American collective, above American individuals. White claims that the wide broadcasting of Kennedy's death was both a political and psychological event:

And in this event the chief servant was American television... In half an hour all commercial programs had been wiped from the air... television proceeded to unify the nation The political result of this participation, of this national lament, was a psychological event which no practical politician will ever be able to ignore The

¹ Eyerman, 'Cultural Trauma', p. 565.

² 'JFK assassination: Local reactions from the Daily Times archives'
<https://eu.delmarvanow.com/story/life/2017/11/22/jfk-assassination-eastern-shore-reactions-daily-times-archives/889972001/> (10 March 2021).

drama gave all people a sense of identification... There was in the drama of the four days all things to bind men—a hero, slain; a sorrowing wife; a stricken mother and family; and two enchanting children. So broad was the emotional span, embracing every member of every family from schoolchild to grandparent, that it made the grief of the Kennedys a common grief.¹

As a social rather than cultural trauma, Kennedy's assassination did not prompt the same public discursive 'working through' of the murder as 9/11 and the Civil War did. However, while the expression of this national trauma at times focused on the individual and their psychological state, overall, the focus remained on how America would remain as a collective. Mayor Morris' interpretation of the tragedy in terms of its meaning for American ideals is testament to this. Thus, despite the somewhat novel attention to the impact of Kennedy's assassination on American individuals' psychological states, contemporaries continued to express and deal with national trauma at the collective level. The historiography of Kennedy's death has similarly focused on its consequences for the American collective, and the nature of the killing. For example, Alice George's 'The Assassination of John F. Kennedy: Political Trauma and American Memory' (2012), evaluates Kennedy's murder through its impact on American political culture. George places particular emphasis on elements of political culture such as the presence of conspiracy theories in mainstream discourse. Most histories of Kennedy's murder seek to establish whether Oswald truly was a lone gunman, or whether these conspiracy theories have any basis. Dr Jerome's Corsi 'Who Really Killed Kennedy?' (2013), for example, accuses the mafia, Richard Nixon, and the French. Little focus has been paid to individual's traumatic responses to the murder. The greatest extent of this is best found in newspaper articles previously alluded to, which evaluate whether the American public believed the government's report, or simply whether they remember the event.

Therefore, it is evident that before 9/11, national traumas were understood as events which rocked the American collective identity. These events were 'worked through' in ways which focused on the collective, and the event's implications for the collective. This chapter therefore maintains that 9/11 represents a break from this understanding of national trauma, and as such, should be recognised in histories of trauma.

III. The Legacy of 9/11

This section will consider 9/11's wider legacy for trauma, both in theoretical terms and in practical application. Specifically, we will analyse the legal standing of psychological trauma before and after 9/11. Our analysis of trauma's legal standing after 9/11 will draw heavily from the 'Department of Justice Emails' archive, from 'The September 11 Digital Archive' website.² The Department of Justice (DoJ) invited public comment on their plans for distributing Congress' 'September 11th Victim Compensation Fund of 2001'. Over 11,000 emails were

¹ Eyerman, 'Cultural Trauma', p. 574.

² 'Department of Justice Emails', <https://911digitalarchive.org/collections/show/24> (17 November 2020).

received, of which nearly 20 are archived. In these sources, many people especially took issue with the insinuation that certain groups' trauma was less worthy of government resources than others. Through these sources, it becomes clear that significant portions of the American public believed psychological trauma to be grounds for financial compensation. We will explore whether this pressure paid off, and whether trauma gained a similar legal standing as physical injury in compensatory claims.

Legal Understandings of Trauma Before 1980

Since the 19th century, conceptions of psychological trauma have persistently been formed with an eye towards their potential impact on legal and compensatory claims. John Erichsen's 'On Railway and Other Injuries of the Nervous System' (1866) was the first scientific discussion of trauma, considering the nature of 'railway spine' and its possible implications on personal injury litigation. By WWI, the idea of 'secondary gain' had entered discussions of trauma and shell shock. This argued that soldiers claimed certain recognised disorders to get rewards for their suffering and to shirk their duties.¹ After WWI, leading German psychiatrist Karl Bonhoeffer argued that traumatic neuroses were social illnesses which could only be cured by removing insurance and compensation for them. For Bonhoeffer, traumatic neurosis "was not an illness, but an artifact of the insurance system". This view was cemented in Germany after the National Health Insurance Act of 1926, which stripped this insurance.² By 1980, conceptions of trauma across the West had arguably developed quite purposefully to avoid any possibility of trauma becoming grounds for financial compensation as physical injury was.

The Legal Impact of PTSD

...it almost would seem as though the appearance of the diagnostic entity of PTSD has spawned a subtype of PTSD patients- the litigious victim... – Jerome Platt and Stephen Husband.³

After its acceptance by the APA, PTSD immediately began to have significant legal ramifications in America. The case of *State v. Heads*, brought before the Supreme Court of Louisiana, demonstrates this.⁴ Despite pleading insanity, Vietnam veteran, Charles G. Heads, was convicted of first-degree murder for shooting his sister-in-law's husband after his wife left him and took their children to her sister's house. After Heads' verdict was overturned on unrelated grounds, the APA released the DSM-III containing the novel PTSD diagnosis while Heads awaited retrial. At his second trial, Heads' lawyer was able to argue that Heads:

was not himself on the night of the killing. He thought he was in Vietnam. He did not know that what he was doing was wrong; he thought he was fighting for his country.⁵

¹ Jones and Wessely, 'Psychological trauma', p 217.

² Van der Kolk, 'The History of Trauma', p. 27.

³ Stone, 'Post-Traumatic Stress Disorder', p. 33-34.

⁴ *Ibid*, p. 24.

⁵ *Ibid*, p. 24.

The critical factor in Heads' PTSD-insanity defence was the claiming of the 'flashback': "the dissociative feature considered by many PTSD experts to be the equivalent of a psychotic state".¹ Alan Stone, Professor of Law and Psychiatry at Harvard University, argued in 1993 that no diagnosis in American psychiatric history had ever had "a more dramatic and pervasive impact on law and social justice" than PTSD. Heads' case exemplifies just how dramatic this impact could be at times. By 1993, PTSD's presence had already become as "firmly entrenched in the legal landscape as it is in contemporary psychiatric textbooks".²

PTSD's legal application quickly expanded beyond former military personnel. In 1981, 'Newsweek' referred to PTSD as "a malady that Vietnam vets brought home with them that has now landed in the courts as the latest wrinkle in the insanity defense".³ Most pertinently to our discussion, PTSD soon formed grounds for financial compensation. In *Ruiz v. Gonzalez Caraballo* (1991), the court awarded compensatory damages of \$400,000 to Ruiz, who had been diagnosed with PTSD following use of excessive force by police during an arrest.⁴ What this case demonstrates best, however, is the limitations of psychological trauma in financial compensation claims. The trauma caused to Ruiz was not considered grounds for compensation in its own right, but seen as grounds for further compensation once the physical injuries had guaranteed compensation in some form. The decision to grant \$150,000 for the excessive force used in the arrest, for example, was driven by the severity of Ruiz's beating. The PTSD she developed from the beating was seen as reason to add further money and bring the total to \$150,000, but not the basis of this \$150,000.⁵

That trauma could largely only be used as an auxiliary to physical injury, however, did not prevent its widespread diffusion in courts. PTSD's ability to "multiply an injured plaintiffs' damages" and turn "psychic harm into substantial dollars" was plain to see. By the time Stone wrote in 1993, lawyers were already being instructed that PTSD was particularly applicable in vehicular and industrial accidents, similar to Erichsen's initial discussions.⁶ Claims of PTSD were not always believed, or always seen as relevant to cases. However, by 2001, trauma and PTSD still often functioned as secondary to physical injury, able to secure further compensation but unlikely to lead to compensation in its own right. We will now examine 9/11's impact on trauma's legal standing.

The September 11th Victim Compensation Fund of 2001

The presence of federal Victim Compensation Fund (VCF) for those directly affected by 9/11 reflects the understanding of the attacks as a national trauma which affected individuals alongside the collective. By way of contrast, part II demonstrated, processing the Civil War's trauma was done on a collective level. As such, individuals hardly had a basis to call for federal compensation. Thus, while Southern civilians lost great amounts in the Civil War, including

¹ *Ibid*, p23-34.

² *Ibid*, p23.

³ *Ibid*, p. 24.

⁴ *Ibid*, p. 33.

⁵ 'Ruiz v. Gonzalez Caraballo' https://casetext.com/case/ruiz-v-gonzalez-caraballo/?PHONE_NUMBER_GROUP=C (25 February 2021)

⁶ Stone, 'Post-Traumatic Stress Disorder', p. 33.

approximately 50,000 civilian casualties, they received no consistent pension programme.¹ The Grand Army of the Republic was an organisation composed of Union veterans which advocated for their rights and greater recognition, for example, through pensions. Many of these veterans did secure pensions, even for disabilities incurred after release from service, and for surviving family members of the fallen.² However, there was no consistent, government-led drive to compensate all those who had been affected by this national trauma, especially when compared with the post-9/11 VCF. Furthermore, for psychologically affected soldiers, anything short of a total breakdown was not recognised as grounds for compensation. We can now consider the post-9/11 VCF.

The federal 'September 11th Victim Compensation Fund of 2001' was created on September 22nd, 2001, as part of Congress' 'Air Transportation Safety and System Stabilization Act'. Title IV of the act, 'Victim Compensation', defined the VCF as:

a compensation program, administered by the Attorney General through a Special Master, for any individual who was injured or killed as a result of the terrorist-related aircraft crashes of September 11, 2001. Authorizes appropriations. Sets forth certain program requirements, including restricting air carrier liability for compensatory or punitive damages arising from the terrorist attacks on September 11, 2001, to the limits of liability coverage maintained by the air carrier.³

Kenneth Feinberg, a leading American lawyer, was appointed by Attorney General, John Ashcroft, as the VCF's Special Master. Feinberg defined the eligibility criteria and administered the VCF, deciding how much claimants would receive. This VCF operated from September 2001 to June 2004, having been authorised to distribute a maximum of \$7.375 billion.⁴ Under President Obama, the VCF was revived, as the VCF II, authorised to operate until 2020, and given a further \$6 billion to distribute. In July 2019, this was yet further extended by President Trump. The 'VCF Permanent Authorization Act' extended the VCF's claim filing deadline from December 18, 2020, to October 1, 2090, and appropriated "such funds as may be necessary to pay all approved claims".⁵ This demonstrates legal recognition of the long-lasting impact of the attacks on victims and their families.

Establishing a federal VCF following 9/11 faced numerous challenges. That the World Trade Centre was the workplace of many high-earning financial professionals, whose families could validly claim extensive compensation, was one such challenge. The existence of over 40 different compensation systems for disability in America in 2001 also added complications.⁶ The numerous forms of exposure to 9/11 added yet further considerations for Congress. As we have seen, the attacks were deeply traumatising even for those not directly affected, or

¹ Talley, *Southern Women*, p. 51.

² Dean, 'We Will All', p. 143.

³ 'H.R.2926 - Air Transportation Safety and System Stabilization Act' <https://www.congress.gov/bill/107th-congress/house-bill/2926> (03 March 2021).

⁴ Feinberg, K., *Who Gets What: Fair Compensation After Tragedy and Financial Upheaval*, (New York, 2012) pp. xv.

⁵ *Ibid.*

⁶ Stone. 'Post-Traumatic Stress', p. 35.

directly exposed. Crucially, however, the VCF was established primarily to prevent victims from suing the airline companies involved in the attacks: a non-negotiable clause in the settlements' acceptance papers was that the families were to never sue the airlines for any failure to provide adequate security. As such, the VCF's focus was on those who directly lost family members, or those who were physically injured on the scene. Despite expansion of eligibility criteria over the years, the VCF website makes clear:

"If you did not experience any physical injury or condition as a result of September 11th, but you experienced emotional or mental harm, you are not eligible for compensation from the VCF. The VCF explicitly prohibits the VCF from compensating for Mental Health Conditions. As a result, the VCF is not able to accept claims solely for psychological conditions."¹

Although psychological trauma was excluded by the VCF, the fund's very existence demonstrates a novel approach to national trauma. However, those who felt their lives had been derailed by the attacks felt somewhat entitled to some financial compensation, as we can see in the DoJ emails archive.

Controversy over the VCF

Every email contained in this archive disputes the government's plans for the original VCF. Most of these complaints revolve around the VCF's failure to compensate same-sex couples, due to America's failure to recognise same-sex marriage until 2015. What is most intriguing is that the grounds for some of these protests was a belief that trauma warranted financial compensation just as physical injury did, no matter a person's identity. In an email titled 'Compensation for surviving partners from the Gay Community', received by the DoJ on March 28th, 2002, the author calls for a fair distribution of the funds to all who were directly affected. Claiming that "Nobody asked anyone's characteristics that day as people helped each other", the author goes on to say:

"Loss is Loss. Pain is Pain. Trauma is Trauma. Injury is Injury. Gay people feel no less or no more than anyone else. Surviving domestic partners of Gay people who were murdered on 9/11... are grieving and are deserving of care and compensation along with the other Survivors."²

Here, trauma is argued to represent sufficient grounds for financial compensation, and seems to be placed on an equal compensatory platform with physical injury. Similarly, in an email titled 'GIVE GAYS THE SAME COMPENSATION!', received by the DoJ on March 17th, 2002, the author demands that homosexual people's trauma is treated the same as that of heterosexual people. In the author's words, homosexual people "deserve compensation for the trauma and loss of September 11th just as anyone else does."³ Again, we can see an argument being made which calls for compensation based on psychological trauma. A final

¹ 'Section 1: Eligibility Criteria and Deadlines' <https://www.vcf.gov/policy/eligibility-criteria-and-deadlines> (03 March 2021).

² 'dojR002802.xml', <https://911digitalarchive.org/items/show/26285> (20 November 2020).

³ 'dojR001480.xml', <https://911digitalarchive.org/items/show/26619> (20 November 2020).

example is from an email titled 'rights', received by the DoJ on March 18th, 2002.¹ This author, again, expresses outrage at the choice to not compensate same-sex couples. In the author's eyes, same-sex couples deserved this equal compensation as "Everyone went through the same trauma that day, whether they were black, white, asian, or gay". These emails demonstrate well that psychological trauma was argued by many to be grounds for financial compensation, just as physical injury has been for so long. However, as we have seen, despite these protests, the VCF has remained exclusively concerned with physical injury and loss of life. As such, it can be argued that 9/11 did not lead to any changes in the legal standing of psychological trauma. Trauma continued to be, at best, an auxiliary to physical injury in compensation claims.

The Significance of the VCF

However, this section argues that despite failure to force the issue of financial compensation purely for psychological trauma, 9/11 and the VCF represented the first high-profile discussion of whether psychological trauma could be grounds for financial compensation. The DoJ email archive shows that following 9/11, a significant portion of the American public believed psychological trauma alone deserved financial compensation, and perhaps more importantly, to the same extent that physical injury warranted compensation. While it is difficult to prove how much public opinion on this topic was swayed by the attacks, we can validly argue that 9/11 had a large role in this. Before this, it was rare for the public to consider such topics; this was mainly left to lawyers and corporations. The VCF website's stern message that psychological trauma is categorically not grounds for compensation was, most likely, in response to the numerous calls even beyond these 11,000 emails for traumatised individuals to be compensated.

Feinberg's testimonies strongly support this paper's argument that 9/11 forced a reconsideration of trauma's legal standing in compensatory claims. Feinberg has written extensively about his experiences as the VCF's Special Master and administering other compensatory funds. In 'Who Gets What?' (2012), Feinberg makes clear that the VCF was the first compensatory fund to directly tackle whether individual mental trauma could be compensated on a wide scale, and therefore, the first to realise encounter its logistical difficulties. Discussing the victim fund for the Virginia Tech Shooting of 2007, Feinberg writes that he advised his colleagues of the difficulties of including mental trauma claims: they were entering "uncharted seas, since the 9/11 statute had expressly prohibited such claims".² Feinberg confirms that the VCF had excluded mental trauma claims due to the difficulties with proving trauma, but also, "the stark reality that the potential volume of claims can quickly outstrip limited financial resources".³ That the VCF was used as a template for future compensatory funds itself testifies to 9/11's significance in establishing trauma's legal standing. Eventually, only students present in classrooms where the gunman had entered in the Virginia Tech Shooting could claim trauma as grounds for compensation. The impact of 9/11 for practical applications of trauma, therefore, is clear to see. 9/11 was the American national trauma which led to trauma being powerfully raised as grounds for financial

¹ 'dojR001798.xml', <https://911digitalarchive.org/items/show/25187> (20 November 2020).

² Feinberg, *Who gets what*, p. 74.

³ *Ibid*, p. 75.

compensation. While the VCF did not itself see traumatised victims compensated, 9/11 led to public demands for trauma to be recognised as deserving of financial compensation. It was not long until these demands were realised, even if only to a limited extent. For historians of trauma, this is especially significant. 9/11 therefore played a major role in changing both conceptions and the practical applications of trauma. As such, this article maintains that historians of trauma should be incorporating 9/11 into their histories of trauma's development.

To conclude, this section has explored 9/11's wider legacy for trauma, with a specific focus on trauma's legal standing in compensatory claims. It has been argued that despite not resulting in trauma suddenly being recognised as equal to physical injury in compensation claims, 9/11 and the VCF were still monumental in raising persistent public discussion of the issue for the first time. The impact of this has been seen in future compensatory funds, which have used the VCF as a template and begun to incorporate psychological trauma into their eligibility criteria: a shift largely instigated by 9/11. As such, 9/11's legacy for trauma is one of inspiring significant change in trauma's legal standing. It is argued that historians of trauma would do well to recognise these novel impacts in their histories of trauma.

IV. Conclusion

This paper has explored how 9/11 has shed new light on what it means for a nation to be traumatised. It has been argued that through comparisons to other American national traumas, namely the Civil War and President Kennedy's assassination, the uniqueness of 9/11 can be better understood. 9/11 represented the first national trauma to be expressed, historicised, and analysed historically in a manner which paid any significant attention to the psychological trauma which individuals were experiencing. After 9/11, the nation was seen as traumatised through the individual trauma its people experienced as opposed to trauma being discussed solely because of its impact on the lofty idea of the 'American nation'. Though subtle, this is a significant development to the conception of national trauma that can help historians reconceptualise how they study traumatic events. In our current context this paper has provided evidence which strongly suggests 9/11 had a wider impact on trauma which historians should also be recognising. 9/11 played a major role in psychological trauma becoming, in some cases, grounds for financial compensation on its own, with no physical injury accompanying it. As such, this paper has maintained that historians of trauma should be far less hesitant to include 9/11 in their histories of trauma than they have been to this point. 9/11 has been shown to have significant and meaningful contributions to both trauma theory and histories of trauma. As such, this paper urges historians to more readily embrace the study of 9/11 in order to enrich the current discourse. Finally, we will consider some of the limitations this article has encountered.

Limitations and Further Studies

The limitations of this paper have been alluded to throughout, however it is worth mentioning further possible areas of focus. We have noted that the development of modern conceptions of trauma has often revolved around 20th century military moments especially. However, we

have not been able to analyse the reasons behind why modern warfare specifically seemed to cause levels of psychiatric injury never before seen or, at least, recorded. In their co-edited book, 'Traumatic Pasts', Lerner and Micale highlight 1870-1930 as the origin period for modern conceptions of trauma, emphasising non-military phenomena such as the spread of railways and the introduction of accident insurance and the early welfare state in the 1880s. However, they still argue that modern warfare played a significant role in these developments. WWI is again emphasised, while the American Civil War is only overlooked by the two as it was only after the war that "a medical discourse explicitly concerned with trauma appeared": far from a denial of the war's psychological consequences. As such, it would have been both fascinating and highly fruitful to investigate the linkage between psychological injury and modern warfare. Strongly linked to this is the possibility that psychological injury is associated with modernity more generally, which warfare certainly plays a large role in, but is not the main character. If anything, modernity is arguably characterised by warfare of higher stakes and destructive capacity- and therefore, more sparse usage and occurrence. Thus, while it may make theoretical sense that wars of such extreme destruction as seen throughout the 20th century may well have traumatised entire nations and led to a trend of obsession with the idea of trauma, we must look beyond wars, and even moments such as 9/11 arguably. Lerner and Micale suggest that as early as 1870, the "expansion of the trauma concept" could well have been "simultaneously responsive to and constitutive of "modernity"". ¹ This idea somewhat echoes the arguments of Dr T. Adeoye Lambo in 1959. In response to accusations that colonised peoples suffered breakdown when faced with modern development, Lambo argued that modern economic expansion and urbanisation caused 'suburban neurosis' everywhere it had been implemented. While urbanised societies often saw benefits such as improved physical health, "many of the people have anxiety states, often with hysterical features and reactive depression, attributed to boredom, social isolation, and a false set of values". ² Lambo argued that urbanisation especially worked to rip apart centuries-old support systems built on extended family support and, in societies such as West African ones, ancestral worship and counsel. Modernity – or at least, the adaptation to modernity – may well therefore be associated with the growth of psychiatry, and the boom in trauma literature and associated mental health disorders. This paper has not had the space or scope to evaluate these ideas, but it should be noted that these provide further avenues for analysis of the development of conceptions of trauma. 9/11 remains a significant moment in the history of trauma, but does not at all stand independent from previous developments.

This paper has tracked numerous developments in the history of trauma, at both the individual and collective levels, across 150 years and, at times, drawing from numerous nations. While the expression of national trauma has been argued to have changed subtly yet significantly, what has remained the case has been that national traumas must be 'worked through' in some form. Whether discursively by the public for cultural traumas, or managed more discretely at the institutional level for social traumas, these events force some response from the nation, and individuals rarely do not form their own opinions in response and consider what these events mean for themselves. We may conclude with a final remark from psychotherapist, Dr

¹ Micale and Lerner, *Traumatic Pasts*, p. 10.

² Lambo, T. A., 'Rapid Development Can Threaten Mental Health', *International Social Work*, 2/3 (1959), pp. 30.

Phyllis Cohn. Cohn addressed the National Association for the Advancement of Psychoanalysis (NAAP) in April 2002, as the organisation celebrated its 30th anniversary and, unsurprisingly, discussed 9/11. What we have seen throughout this paper, and as Cohn summarised, is that:

“Clearly, as Freud told us all those years ago, people in pain need to talk”.¹

Bibliography

Primary Sources:

‘AMERICAN RED CROSS ANNOUNCES LONG-TERM PROGRAM’

https://webarchive.loc.gov/legacy/20020913081409/http://www.redcross.org/press/disaster/ds_pr/020821longterm.html. (05 February 2021).

‘Close to Home: Coping With the Terrorist Attack’,

<https://webarchive.loc.gov/legacy/20011104222118/http://cbshealthwatch.medscape.com/cjs/p/features/0913/lawrence.jsp> (18 February 2021).

‘Coping with Terrorism’

<https://webarchive.loc.gov/legacy/20010927095405/http://helping.apa.org/daily/terrorism.htm> (22 January 2021).

‘Department of Justice Emails’, <https://911digitalarchive.org/collections/show/24> (17 November 2020).

‘dojR002802.xml’, <https://911digitalarchive.org/items/show/26285> (20 November 2020)

‘dojR001480.xml’, <https://911digitalarchive.org/items/show/26619> (20 November 2020)

‘dojR001798.xml’, <https://911digitalarchive.org/items/show/25187> (20 November 2020)

‘Helping Young Children Cope with Trauma’

<https://webarchive.loc.gov/legacy/20010919111932/http://www.redcross.org/services/disaster/keepsafe/childtrauma.html> (01 March 2021)

‘Oral Histories’ <https://www.911memorial.org/learn/resources/oral-histories> (05 July 2020)

‘Red Cross Chapters Help Communities Cope With Tragedy’

<https://webarchive.loc.gov/legacy/20011114232357/http://www.redcross.org/news/ds/0109wtc/010922coping.html> (02 March 2021)

‘September 11, 2001, Documentary Project’ <https://www.loc.gov/collections/september-11th-2001-documentary-project/about-this-collection/> (08 November 2020)

¹ Transcript of the National Association for the Advancement of Psychoanalysis conference: ‘Trauma and Change: Psychoanalysis in a Time of Crisis’ (2002), pp. 15.

'September 11, One Year Later'

<https://webarchive.loc.gov/legacy/20020911200232/http://www.redcross.org/services/disaster/keepsafe/911emotionalcare.html> (20 January 2021)

Transcript of the National Association for the Advancement of Psychoanalysis Conference: 'Trauma and Change: Psychoanalysis in a Time of Crisis' (2002)

'Trauma Related Disorders: Conversations with the Experts, Posttraumatic Stress Disorder An Interview With Marilyn Bowman, PhD'

<https://webarchive.loc.gov/legacy/20011113050548/http://www.medscape.com/medscape/psychiatry/journal/2001/v06.n05/mh1002.01.yehu/mh1002.01.yehu.html> (10 March 2021).

Trauma Related Disorders: Conversations with the Experts, Posttraumatic Stress Disorder An Interview With Rachel Yehuda, PhD'

<https://webarchive.loc.gov/legacy/20011130171012/http://www.medscape.com/medscape/psychiatry/journal/2001/v06.n05/mh0927.01.yehu/mh0927.01.yehu-01.html> (05 October 2020)

'WEB ARCHIVE Medscape Resource Center - Disaster and Trauma'

<https://www.loc.gov/item/lcwaN0019722/> (06 November 2020)

Secondary Sources:

Ahern, J., Galea, S., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., & Vlahov, D., 'Television Images and Psychological Symptoms after the September 11 Terrorist Attacks', *Psychiatry*, 65/4 (2002), pp. 289-300

Baer, U., *Spectral Evidence: The Photography of Trauma*, (Massachusetts, 2002)

Berger, O., McNiel, D. E., & L. Binder, R. L., 'PTSD as a Criminal Defense: A Review of Case Law', *Journal of the American Academy of Psychiatry and the Law*, 40/4 (2012), pp. 509 –521

Bracken, P. J., Giller, J. E., Summerfield, D., 'Psychological Responses to War and Atrocity: The Limitations of Current Concepts', *Social Science & Medicine*, 40/8 (1995), pp. 1073-1082

Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., Andreski, P., 'Trauma and Posttraumatic Stress Disorder in the Community: The 1996 Detroit Area Survey of Trauma', *Archives of General Psychiatry*, 55/7 (1998), pp. 626-32

Clark, D. E., McGibany, J. M., Myers, A., 'The Effects of 9/11 on the Airline Travel Industry', in Morgan M.J. (ed.), *The Impact of 9/11 on Business and Economics: The Day that Changed Everything?* (2nd vol, New York, 2009), pp. 75-86.

Dean, E. T. Jr., "'We Will All Be Lost And Destroyed": Post-Traumatic Stress Disorder and the Civil War', *Civil War History*, 37/2 (1991) pp. 138-153

DiGrande, L., Neria, Y., Brackbill, R. M., Pulliam, P., Galea, S., 'Posttraumatic Stress Disorder among 3,271 Civilian World Trade Center Tower Survivors of the September 11, 2001 Terrorist Attacks', *American Journal Of Epidemiology*, 173/3 (2011), pp. 271-281

Eidelson, R. J., D'Alessio, G. R., Eidelson, J. I., 'The Impact of September 11 on Psychologists', *Professional Psychology: Research and Practice* 34/2 (2003), pp. 144-150

Eyerman, R., 'Cultural Trauma: Emotion and Narration', in Alexander, J. C., Jacobs, R. N., and Smith, P. (eds.), *The Oxford Handbook of Cultural Sociology*, (Oxford, 2012), pp. 564-582

Feinberg, K., *Who Gets What: Fair Compensation After Tragedy and Financial Upheaval*, (New York, 2012)

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., & Vlahov, D., 'Psychological Sequelae of the September 11 Terrorist Attacks in New York City', *New England Journal of Medicine*, 346/13 (2002), pp. 982-987

Galea, S., Resnick, H., 'Posttraumatic Stress Disorder in the General Population After Mass Terrorist Incidents: Considerations About the Nature of Exposure', *CNS Spectrums*, 10/2 (2005), pp. 107-115

Galea, S., Vlahov, D., Resnick, H., Ahern, J., Susser, E., Gold, J., Bucuvalas, M., & Kilpatrick, D., 'Trends of Probable Post-Traumatic Stress Disorder in New York City after the September 11 Terrorist Attacks', *American Journal of Epidemiology*, 158/6 (2003), pp. 514-524

Jones, E., Wessely, S., 'Psychological trauma: a historical perspective', *Psychiatry*, 5/7 (2006), pp. 217-220

Lowell, A., Suarez-Jimenez, B., Helpman, L., Zhu, X., Durosky, A., Hilburn, A., Schneier, F., Gross, R., & Neria, Y., '9/11-related PTSD among highly exposed populations: a systematic review 15 years after the attack', *Psychological Medicine*, 48/4 (2018), pp. 537-553

McNally, R. J., 'Progress and controversy in the study of posttraumatic stress disorder', *Annual Review of Psychology*, 54/1 (2003), pp. 229-252.

Medenwald, D., 'The Terror Attacks of 9/11 and Suicides in Germany: A Time Series Analysis', *Medicine*, 95/15 (2016), pp. 1-5

Micale, M. S., Lerner, P. F., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* (Cambridge, 2001)

Nathan, T. S., Eitinger, L., & Winnik, H. Z., 'A psychiatric study of survivors of the Nazi Holocaust: A study in hospitalized patients', *Israel Annals of Psychiatry & Related Disciplines*, 2/1 (1964), pp. 47-76.

Neria, Y., DiGrande, L., & Adams, B. G., 'Posttraumatic stress disorder following the September 11, 2001, terrorist attacks: A review of the literature among highly exposed populations', *American Psychologist*, 66/6 (2011), pp. 429-446.

Putnam, R. D., 'Bowling Together', *American Prospect* 13/3 (2002), pp. 20-22

Rebec, N., Wasserstrom, J., '1989 as a year of great significance', in McNeill, J., & Pomeranz, K., (eds.), *The Cambridge World History*, (7th vol, Cambridge, 2015), pp. 376-398

Schlenger, W. E., Caddell, J. M., Ebert, L., Jordan, B.K., Rourke, K. M., Wilson, D., Thalji, L., Dennis, J. M., Fairbank, J. A., Kulka, R. A., 'Psychological reactions to terrorist attacks: findings from the National Study of Americans' Reactions to September 11', *Journal of the American Medical Association*, 288/5 (2002), pp. 581-8

Schmierbach, M., Boyle, M. P., McLeod, D.M., 'Civic Attachment in the Aftermath of September 11', *Mass Communication & Society*, 8/4 (2005), pp. 323-346

Shalev, A. 'Lessons learned from 9/11: The boundaries of a mental health approach to mass casualty events', in Raphael, B., Neria, Y., Gross, R., Marshall, R., & Susser, E. (eds.), *9/11: Mental Health in the Wake of Terrorist Attacks* (pp. 605-616). (Cambridge, 2006),

Sheatsley, P. B., Feldman, J. J., 'The Assassination of President Kennedy: A Preliminary Report on Public Reactions and Behavior', *The Public Opinion Quarterly*, 28/2 (1964), pp. 189-215

Silver, R. C., Poulin, M., Holman, E.A., McIntosh, D. N., Gilrivas, V., Pizarro, J., 'Exploring the myths of coping with a national trauma: A longitudinal study of responses to the September 11th terrorist attacks', *Journal of Aggression, Maltreatment and Trauma*, 9/1-2 (2005), pp. 129-141

Smelser, N. J., 'Psychological Trauma and Cultural Trauma', in Alexander, J. (ed.), *Cultural Trauma and Collective Identity*, (California, 2004), pp. 38.

Somasundaram, D., 'Addressing collective trauma: conceptualisations and interventions', *Intervention*, 12/1 (2014), pp. 43-60

Stone, A. A., 'Post-Traumatic Stress Disorder and the Law: Critical Review of the New Frontier', *Bulletin of the American Academy of Psychiatry & the Law*, 21/1 (1993), pp. 23-36

Talbott, J., 'Combat Trauma in the American Civil War', *History Today*, 46/3 (1996), pp. 43-47

Talley, S., *Southern Women Novelists and the Civil War: Trauma and Collective Memory in the American Literary Tradition Since 1861* (Tennessee, 2014)

van der Kolk, B. A., 'The History of Trauma in Psychiatry', in A. Friedman, M. J., Keane, T. M., & Resick, P. A. (eds.), *Handbook of PTSD: Science and Practice* (New York, 2007)

Vine, D., Coffman, C., Khoury, K., Lovasz, M., Bush, H., Leduc, R., Walkup, J., 'Creating Refugees: Displacement Caused by the United States' Post-9/11 Wars'

Yehuda, R., Bierer, L. M., Schmeidler, J., Aferiat, D. H., Breslau, I., Dolan, S., 'Low Cortisol and Risk for PTSD in Adult Offspring of Holocaust Survivors', *American Journal of Psychiatry*, 157/8 (2000), pp. 1252–1259

Young, A., '9/11: Mental Health in the Wake of Terrorist Attacks', *The Journal of Nervous and Mental Disease*, 195/12 (2007), pp. 1030-1032

Zimering, R., Gulliver, S. B., Knight, J., Munroe, J., Keane, T. M., 'Posttraumatic Stress Disorder in Disaster Relief Workers Following Direct and Indirect Trauma Exposure to Ground Zero' *Journal of Traumatic Stress*, 19/4 (2006), pp. 553–557

Websites:

'9/11 and PTSD Rates' <https://www.verywellmind.com/911-and-ptsd-rates-2797198> (06 June 2020)

'APA responds to terrorist attacks' <https://www.apa.org/monitor/nov01/aparesponds> (30 September 2020)

Donald Trump shaken by 'scary' intelligence briefings: 'We have some big enemies out there' <https://www.independent.co.uk/news/world/americas/donald-trump-scary-intelligence-briefings-interview-big-enemies-out-there-a7534031.html> (05 March 2021)

'JFK assassination: Local reactions from the Daily Times archives' <https://eu.delmarvanow.com/story/life/2017/11/22/jfk-assassination-eastern-shore-reactions-daily-times-archives/889972001/> (10 March 2021).

'Post-Divorce Trauma and PTSD' <https://www.verywellmind.com/post-divorce-trauma-4583824> (09 February 2021)

Pregnant 9/11 survivors transmitted trauma to their children <https://www.theguardian.com/science/neurophilosophy/2011/sep/09/pregnant-911-survivors-transmitted-trauma> (08 November 2020)