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Jack Bauer for President

TERRORISM AND POLITICS IN 24

EDITED BY

Richard Minter

WITH LEAH WILSON



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Living with Terror

Jack Bauer as a Coping Mechanism in Post-Traumatic Stress Disordered America

JEANNE CAVELOS

When I was ten, my parents began leaving me home alone without a babysitter. They'd go to a dinner-dance, and I would sit on the floor of the faux-wood-paneled rec room in the cathode ray tube's glow, watching *The Six Million Dollar Man* or *The Brady Bunch*. The curtains would be closed against the night, yet again and again my attention would drift there, searching past the TV's flickering light on the fabric, certain that on the other side of the glass lurked a homicidal maniac.

As I spent more time alone, I developed a routine to help me cope with my fears. Horror movies had taught me a lot about facing homicidal maniacs. Make sure all the doors are locked; a carelessly half-shut door is an invitation to Michael Myers. Make sure that tiny gap between one curtain and the other is closed; Jason Voorhees loves peeking in those tiny cracks. If the howling wind and creaking walls are too threatening, get the poker. Having a weapon at the ready is always a good idea—though you have to make sure not to use it hastily and kill the policeman who has come to save you. No matter what you hear, never ever pull the curtain back to look, because that's when the Wolfman will

be pressing his hairy face right up to the glass.

Horror movies gave my vague fears specific form, but they also helped me overcome my fears. They showed me that I could face the chainsaws, the hatchets, the butcher knives, the nightmares, and that I could survive. They gave me confidence. They gave me hope.

For others, confidence and hope in the face of fear comes from other sources. An entire generation, confronted by the possibility of an all-out attack by the U.S.S.R., was taught to “duck and cover”—the surefire technique to survive a nuclear blast. Simply dive beneath that school-room desk, cover your head with your hands, and everything will be all right. It might not be practical (I’d still want my poker to defend against the inevitable atomic mutants to follow), but it allowed us to cope. It gave us the illusion of some sort of control over our lives, in a world that was increasingly beyond anyone’s control.

I grew up in the post-duck-and-cover world. My generation knew we wouldn’t survive that all-out Soviet attack, but we weren’t nearly as bothered by it as the previous generation. Fear of nuclear attack lurked in the background of our lives, seldom rearing its mushroom-cloud head.

In college I participated in a psychology experiment. For about two hours, I was asked about my fears of a nuclear attack. Did I think the U.S.S.R. would ever attack us? If there was a nuclear attack, did I think I would receive advance warning? Did I expect I would die instantly as the first bombs fell? How long did I think I could survive?

I don’t know the purpose of the experiment, and I was never told the results, but after those two hours, I couldn’t get the thought of a nuclear attack from my mind. I realized that it could happen at any moment, perhaps with no warning at all, and that if I didn’t die instantly, I could suffer an agonizingly slow death from radiation and starvation. I didn’t sleep at all that night, staring up at the ceiling, tracing missiles shooting through the night sky, waiting for the thump of detonation, the skin-melting blast. The extermination of mankind. Would it come this moment? Or this?

I realized that, up until that afternoon, I had lived with the danger of nuclear attack the same way I lived with my own breathing. As psychologists would say, I had become habituated to it. The danger had existed all of my life, and I’d become used to it. Since the bombs were an ocean and a continent away, and mentioned in the news mainly when treaties

were reached regarding their reduction, this wasn't too hard. Just as we step into the shower each morning without fearing we will slip and die, we go about our daily lives without considering that nuclear annihilation might be one button-push away.

The psychology experiment brought the danger to the forefront of my mind, forcing me to experience it anew and providing no comforting guidelines as to how I might successfully survive. For about a month, I was haunted by the fear of imminent nuclear attack. Then, finally, the fear faded.

A NEW FEAR IS BORN

On September 11, we all gained a new and immediate fear. This one can't be battled with a locked door and a poker, or the illusory shelter of a school desk, and the danger is evolving so quickly that it's been impossible thus far to become habituated to it.

After the attacks, some people couldn't cope. Across America, therapists saw "an increase in anxiety disorders and depression" (Glazer). They found that "[i]t was no longer just combat soldiers and victims of crime, rape, and abuse who were experiencing psychological trauma, but thousands if not millions of Americans" (Arehart-Treichel 21). Anxiety over what might happen at any moment overwhelmed many of us. Even now, long after September 11, researchers are finding that "Americans are suffering lingering symptoms of anxiety and trauma" (Glazer). The effect on us has been profound—far stronger and longer lasting than those arising from other types of mass disasters: "Different types of disasters are thought to elicit different responses from affected populations. . . . Willful acts of terrorism are thought to evoke the most severe reactions" ("Epidemiology").

Why is terrorism more traumatizing than other disasters? In the case of many traumatic events, those affected have some degree of warning, some understanding that they are taking on a risk. One might buy a home in an area prone to floods or hurricanes, hear a fire alarm and choose not to evacuate, or enlist in the army. Psychologists believe that "events perceived as uncontrollable are more distressing than those perceived as controllable" (Giarratano 258). In fact, traumatized patients who blame themselves for the traumatic event recover more quickly than patients who feel the event was totally beyond their control.

Terrorist acts, designed to maximize the terror they evoke, usually occur without warning, to people who have not taken any particular risk beyond going to work or getting on a plane. This may partly explain why some people are so drawn to the idea of blaming the U.S. for the actions of terrorists; it may help them better cope with their fear to believe we were responsible. Other factors that affect the severity of the impact are the degree of terror felt, whether there were horrific images associated with the event, the amount of grief experienced, the suddenness, duration, and intensity of the trauma, and the damage and casualties suffered. Disasters in which several of these components are extreme carry “the highest risk for severe psychiatric impact” (“Epidemiology”). The planes flying into the towers, the people leaping to their deaths, the scattered wreckage of United 93, the collapse of the World Trade Center in a cloud of dust—for many of us, these images comprise the most frightening and horrifying event we have ever witnessed, striking so suddenly, intensely, and irrevocably that its effect continues to linger. While most of us did not lose loved ones on September 11, we did lose our belief in the safety of our country.

Psychologist Roberta Caplan writes, “For everyone there was a sense that safety in the world had been shaken” (qtd. in Glazer). Americans realized “that bad things can now happen to them, that invulnerability is an illusion” (Janoff-Bulman qtd. in Kellermann). When the president put the country on Orange Alert in 2003, “That notice set off a stampede to stores for basic security provisions such as flashlights and duct tape to help prepare for a chemical attack. It also set off a rush to specialty companies stocking such unlikely products as anti-radiation tablets and full-body protective suits” (Green C1). ApprovedGasMasks.com has been doing bumper-crop business. Their best-selling products include “the MSA Advantage 3200 mask (\$195.95), replete with voice-emitter diaphragm and anti-anthrax filters, and Special Forces-brand nuclear, biological, and chemical suits (\$47.50), olive-drab green” (Green C1). Perry Hitt, president of the company, says, “In the minds of some customers, their children’s lives are on the line” (qtd. in Green C1). A radiation alarm disguised as a key chain is featured in ads touting the danger of a suitcase nuke.

You might think that we would have become habituated to the fear of a terrorist attack by now. Yet it is difficult for a threat to fade into the background of our lives when we are constantly reminded of it. Terrorist

attacks occur frequently, and in a post 9/11 world, they resonate powerfully in our minds, reawakening our fears, extending the duration of our trauma, making us feel that our “destiny is shaped by external forces by which [we] have no control” (Kellermann). It’s not necessary that the attacks occur in our city or even in our country. Just as the psychology experiment I underwent in college forced me to experience my fears of nuclear annihilation anew, simply watching a news report about a subway bomb attack can stimulate our fears of terrorism. Further, terrorist threats are not static, as the danger from Soviet ICBMs was. The evolving danger of new terrorist groups and new techniques prevents our habituation. It would be difficult to become habituated to the danger of slipping in the shower, too, if you woke each morning to find your shower redesigned in a new shape and coated with new, more slippery substances. Unable to habituate to the fear of terrorism, many repress it, a psychological trait called avoidance. Some go as far as denying that the danger exists. Most of us, however, are only too aware that the danger is all around us. It can take countless forms, attack in countless ways.

We hear warnings about threats posted on radical Islamic Web sites—another attack on a major city is coming, a super computer virus is coming. Attacks on local malls, attacks on schools. Attacks by plane, attacks by train, attacks by subway. Planes flown into nuclear power plants. Trucks with biological agents. Radiological bombs whose fallout could cover Manhattan. Suitcase nukes. Bombs in shoes. Bombs in shampoo bottles. Plastic guns. Box cutters, cuticle scissors. Smallpox. Anthrax. Poisoned water supplies. We hear of increased terrorist chatter. New training camps. Terrorists planning to sneak in through Mexico. Sleeper cells. Female bombers. Children hacking the heads off of Westerners and cheering at their success.

Today, a casual flip through the news channels reveals the headline, “Zawahiri calls for more Americans to be killed” (Studio B). There is no escaping these fears. As Bill Keller writes in the *New York Times*, what “Sept. 11 did was . . . give our nightmares legs” (22).

TERRORISM AND POST-TRAUMATIC STRESS DISORDER

The evolving nature of this threat increases our feelings of “fear, helplessness or horror” (Glazer). These feelings are key to the development of

Post-Traumatic Stress Disorder, and in fact, psychologists have discovered that exposure to detailed media coverage of terrorist attacks creates “symptoms similar to those of Post-Traumatic Stress Disorder” (Keinan, Sadeh, and Rosen 149). We have become a country of the traumatized.

Any one of the hundreds of terrorist plots we hear about could provide nightmares for a lifetime. How can we begin to cope, gain some measure of confidence, some sense of control, some hope? Psychologists believe that Post-Traumatic Stress Disorder, or PTSD, “occurs because of an individual’s inability to intellectually and emotionally process a distressing experience” (Giarratano 110-111). Instead of processing the fearful situation, PTSD sufferers tend to repress their thoughts about it or avoid acknowledging it entirely. To help this processing occur and reach a positive resolution, psychologists use cognitive behavioral therapy, one of the most successful treatments of PTSD.

Three key elements of cognitive behavioral therapy—exposure, role-play, and cognitive restructuring—are exactly those provided by Jack Bauer and company on Monday night. In each episode, *24* provides its viewers with a three-step PTSD treatment program.

EXPOSURE AND THE JACK BAUER SCHOOL OF THERAPY

Psychologists rely on exposure to “facilitat[e] emotional processing,” or in other words, to help PTSD patients face their fears (Giarratano 111). According to the International Society for Traumatic Stress Studies, exposure therapy is critical for dealing with PTSD: “no other treatment modality has such strong evidence for its efficacy” (qtd. in Glazer). In exposure therapy, psychologists try to keep their patients in a relaxed state while gradually exposing them to fear-related stimuli. They may ask the patient to imagine the fearful situation, to visit a place associated with the fear, to listen repeatedly to an audio tape of themselves describing the situation, or to experience the fear through computer-generated imagery.

Watching *24* serves much the same purpose. The show may not expose us to our fears as gradually and gently as a psychologist does, but like a bullet to the leg of a stubborn captive, it gets the job done. In fact, while many psychologists advocate graded or gradual exposure, some find flooding—sudden total exposure—effective (Giarratano 175). This

is more in line with the Jack Bauer school of therapy.

Critical to the success of exposure therapy is “careful, repeated, detailed imagining of the trauma” (U.S. Department of Veterans Affairs). For the exposure to work, the fear must be given specific shape and form. It is not enough to imagine the vague possibility of a nuclear attack by terrorists. We must face it in all its detail and horror. Is there any place better to do this than on *24*? Psychologists have found that processing our fear “not only requires the creation of an organized, unfragmented narrative, but also a more articulated one” (Amir, Stafford, et al qtd. in Giarratano 206). Fiction can provide this much better than the news, where the details of terrorists’ actions are often unknown. We must see the danger develop and we must see it come to fruition. We must see the worst happen. No last-minute, James Bond, red-wire clipping to stop the timer with one second to doomsday. That may have worked during the Cold War. But we no longer have faith that disaster can be averted. While *24* occasionally allows its characters to dodge a bullet, the quality that truly distinguishes the show, and makes it so effective as a coping mechanism, is that all too often the bullet cannot be dodged. Our nightmares are realized. Doomsday arrives. And people die.

As we face this fear, we must remain in a relaxed state. While the psychology experiment I participated in exposed me to a fear, it did so while I was in an increasingly tense state, causing my fears to worsen. Similarly, the news may make us tense and afraid. But *24* is entertainment. We watch the program for enjoyment. For most of us, sitting on the couch in front of a good TV show is one of the most relaxing acts in our lives. In this relaxed state, we are able to face our fears without experiencing a strong fear-response to them. This allows us to inoculate ourselves against our fears, exposing ourselves to a small sample in a safe way so we are better able to cope with a larger, more dangerous outbreak. According to critic Edmund Wilson, we can “inoculate ourselves against panic at the real horrors loose on the earth . . . by injections of imaginary horror” (288). When we experience the fear in a relaxed state, the fearful situation becomes more manageable. We begin to believe (rightly or wrongly) that it will not bring the end of the world. We begin to feel more control over ourselves and our fear. Our anxiety diminishes.

On Day 6, *24* exposed us to one of our greatest fears: the possibility of nuclear attack by terrorists. Even more frightening, the weapon

involved was a suitcase nuke. It's difficult to feel safe and secure as you go about your daily life when an object that is "24 by 16 by 8 inches fitted with three coffee can-size aluminum canisters filled with plutonium or uranium" can destroy you and everyone you know (Badkhen A8). Since 2001, the media has released numerous reports of suitcase nukes, first revealing that "Russia is believed to have developed extremely small nuclear weapons—'suitcase' bombs—probably with yields equivalent to 1,000 tons of TNT" (Broad, Engelberg, and Glanz A1), then following up by asserting that "84 of the devices cannot be accounted for" (Webster and Watson A1). If this isn't enough to get you hanging up your plastic sheeting, Ayman al-Zawahri, al-Qaeda's number two man, has bragged that "If you have \$30 million, go to the black market in central Asia, contact any disgruntled Soviet scientist . . . dozens of smart briefcase bombs are available" (Badkhen A8).

Do the terrorists have suitcase nukes? Are they here? Are they ready? We need to face this fear if we are to cope with it. Here comes Jack Bauer to the rescue.

At the beginning of Day 6, Jack learns that the terrorist Fayed has smuggled a Russian suitcase nuke into the country. For the first time, our fear takes concrete form. As Fayed works to execute his plan, the shadowy device that has haunted our nightmares, "The Sum of All Fears" (in Tom Clancy's words), is finally brought into the light. From the outside, it looks perfectly harmless: a metal suitcase. Yet, as we contemplate it, and as we see Jack's desperate determination to find it, the truth of it sinks into our souls: inside that small package, which can be taken to any town or city in the country, lurk the horrors of Hiroshima and Nagasaki.

We see the fearful situation develop. Fayed needs a new component to detonate the bomb, and the trigger needs to be reprogrammed. He demands the government release a group of enemy combatants, one of whom is Numair, a nuclear engineer. Unable to stop the release, Jack struggles to track down Fayed and Numair. He learns that the nuke, referred to by the terrorists as "the visitor," arrived in the U.S. the week before, and that Numair is the key to making it operational. Fayed acquires the component, and Numair goes to work. The suitcase nuke is nearly ready to detonate.

For the exposure to be complete, we need to see the fear come to

fruition. Jack discovers the location of Fayed's safe house, and CTU sends agents who move in. Under fire, Numair decides he has no choice. He detonates the suitcase nuke. Terrorists, CTU agents, civilians—all are enveloped in a blinding white flash, a sheet of sun that cuts through skin, bone, metal. The shock wave boils out, vaporizing bodies, ripping through walls, flattening buildings, hurtling outward, melting, incinerating, disintegrating, carrying its radioactive fallout into the air. Across the city, the brilliant flash slices across the sky. Jack looks upward. On his face we see the full horror of what has happened, and we feel that full horror. This is no longer a repressed, unprocessed fear; it is a vivid, intensely emotional experience. Our fear is finally realized. A mushroom cloud rises over Los Angeles. And CTU learns that the terrorists have four more bombs.

Exposure begins the coping process. We face our fear while maintaining our relaxed state. We start to become habituated to these terrorist scenarios, and we begin to feel some sort of control over ourselves and our emotions. After all, if we can enjoy terrorist plots as part of a TV show, we can “soothe [ourselves] with the momentary illusion that the forces of madness and murder may be tamed and compelled to provide us with a mere dramatic entertainment” (Wilson 288).

But to truly help us, the process must take us beyond facing doomsday. We must consider how we might survive doomsday. If we fear black cats, then facing a few friendly black cats may be enough to conquer our fear. The black cat, after all, meant no harm in the first place. If we suffer from PTSD over a one-time event in our past, such as surviving a fire, then facing our fear can be enough: “The whole point of the treatment is to explain that a memory can't hurt you” (Yehuda qtd. in Glazer). But if we fear terrorism, exposure to the fear and habituation will only take us so far. Terrorists can still hurt us. Randall Marshall, director of Trauma Studies at the New York State Psychiatric Institute, describes the problem: “You can no longer say to a patient, ‘That will never happen again’” (qtd. in Glazer).

ROLE-PLAY WITH CHLOE AND MORRIS

When we hear about new threats of a suitcase nuke about to be detonated on American soil, we want not only control over ourselves and our

fear, but the illusion, at least, of control over the situation. We must rehearse, or in psychological terms, role-play. While exposure helps us face our fear, role-playing allows us to explore the fearful situation from different perspectives and gain a greater understanding of it and our reactions to it. PTSD patients often re-enact the traumatic event in their lives, playing various roles in a process called psychodrama: “Based on the time-honored therapeutic principles of re-enactment and catharsis, as well as on the novel elements of ritual and narrative, psychodrama has been successfully employed with numerous traumatised clients for over fifty years” (Kellermann). Role-play allows us to work through our fearful experiences, engaging both our emotions and our thoughts and allowing us to further process them.

As we watch *24*, we relate to the various characters, imagining what it would be like to be them, imagining what we would do in their situations. What is it like to be Morris O’Brian, captured by terrorists and threatened with death if we don’t make their nuclear weapon operational? We suffer with Morris as they jam a squealing drill into his shoulder. We root for him to continue his defiance, yet we fear for his life. We imagine various alternatives he might try: jumping out a window, fighting, pretending to cooperate and sabotaging the bomb. We think about what we might do. In essence, we role-play.

Role-play works best when the PTSD sufferer is in a simultaneous state of “detachment and involvement” that allows him to re-experience fearful situations without becoming overwhelmed (Kellermann). Watching *24*, we are detached, since the events aren’t really happening to us, and yet involved, because we relate to the characters and care about them. So *24* provides the proper state for role-play to have its greatest effectiveness.

Role-play often includes the rehearsal of various possible behaviors. A rape victim might be asked to rehearse how she will behave the next time someone is walking behind her on a lonely street. Similarly, during *24*, we vicariously enact behaviors we might use in the fearful situation. We capitulate to the terrorists with Morris and are horrified and deeply dissatisfied with his decision. He has given in to his fear. Yet later, as he wrestles with his shame and guilt, we realize that his reaction was completely human and understandable. He was afraid and wanted to live. We are afraid and want to live. Perhaps our fear is not the sign of weakness and failure we had

thought, if even a CTU employee feels the same.

Such understanding “may help the protagonist to re-integrate emotionally and to process cognitively (re-cognise) his or her overwhelming loss” (Kellermann). We gain a new and expanded understanding of the fearful situation and undergo an emotional catharsis that “drain[s] the emotional residue from the trauma” (Kellermann).

In role-play, the various roles often represent different aspects of the patient’s personality: “All psychodramatic techniques have the goal of making the client’s internal reality overtly visible both to self and others. . . . That is, psychodramatic techniques concretize and tangibly present all aspects of the client’s internal experience . . . for the purpose of increased awareness, exploration, and change” (Hudgins 32). Patients are directed to give different aspects of their personality names and to assign different people to play these roles. One patient describes her psychodrama session: “I looked at all the parts of myself on the stage. I had a wise woman, a guardian angel . . . the wounded child, the rage queen, and the controlled robot” (Hudgins 34). We all have different aspects to our personality, and understanding them can help us cope with our fears.

On 24, we are provided with such a wide range of characters, we can find one that embodies almost any aspect of our personality. Our warrior of truth might be Jack, our manipulative self Phillip Bauer, our wise woman Karen Hayes, our greedy self Darren McCarthy, our fearful selves Marilyn Bauer and Josh, our rage queen Sherry Palmer, our guardian angel Chloe. Simply seeing these parts of ourselves expressed in concrete form can be a powerful experience. We can recognize and accept our fear, as embodied in Marilyn Bauer. At the same time, we may realize that much of her fear arises from a lack of information about the situation. She has turned a blind eye to her husband’s activities for years. We may come to understand the negative effects of living in ignorance and take our first steps toward facing the truth of our present world. By exploring the various aspects of ourselves, we can gain confidence in our strengths and understanding of our weaknesses.

Often, patients are directed to assign someone the “perpetrator” role. A rape victim suffering from PTSD might assign someone the role of her rapist, so she can confront him and release repressed emotions. The program provides this for us as well. Through Fayed, we’re able to release our repressed anger at terrorists and gain a greater understanding of the

danger we face. Sometimes, a patient will even play the perpetrator role: “When clients can move in and out of the roles of perpetrators, there is a sense of mastery and reclaiming of personal power” (Hudgins 67). By experiencing the fearful event from Fayed’s perspective, we reduce the feeling that we are at the mercy of forces beyond our control. When we are the terrorist, we are those forces.

Role-play sometimes involves the creation of alternate scenarios: the therapist may suggest that the patient “enact . . . what he would have liked to happen” (Kellermann). In one such case, a soldier who had failed to save his comrade role-played a situation in which he did save his friend. The purpose of role-playing alternate scenarios is not to distort reality, but to allow the patient to experience a different emotional response. This alternate response can provide a new perspective on the experience and help a patient come to terms with “an impossible outer reality through strengthening the inner subjective world of the traumatized person” (Kellermann). When the truth of our world is horrific to face, we can better cope when we have a strong internal base from which to look out upon it. This is referred to as “developmental repair” (Hudgins 58).

In the case of *24*, the writers provide us with this sense of “developmental repair” as Fayed is killed and the remaining suitcase nukes are found. While the worst often happens on *24*, each day ends with the specific terrorist threat conquered. Critic Douglas Winter describes the same process in horror fiction: “we control our fears, put them into order, and, more often than not, defeat them” (14). When Jack Bauer defeats the terrorists, he is providing us with an alternate scenario to September 11, one that gives us hope in what might have been and what might someday be.

As we take on various identities, role-play in *24* provides the empowering sense of knowledge, preparation, and control. Our fear transforms from a vague, overwhelming shadow to a concrete situation, and we discover which strategies are successful in coping with it and which are not. We learn what it is like to live through the aftermath of a nuclear explosion through the characters. The loss is horrific: 12,000 people killed, hospital emergency rooms overloaded, fallout drifting over the city, mass panic. Yet it is not as bad as we might have feared. A section of the city has been lost, but most of Los Angeles survives. The wind

blows the radiation away from the city. The smart people get in their cars and drive. As long as they stay upwind of the radiation, they may be fine. And if we keep our heads in a similar situation, we may survive.

Our role model, Jack, does not let fear rule him. Surrounded by people running in panic, Jack stands alone, absorbing the horrific truth and preparing for action. When a helicopter pilot appeals to Jack for help, Jack snaps into action, rescuing a man trapped in the downed helicopter. Back at CTU, Chloe, Morris, Milo, and Bill Buchanan are all clearly upset by what has happened and frightened for their own safety, yet they continue to do their jobs. They are not overwhelmed by their fear, and playing their roles allows us also to avoid being overwhelmed. While aspiring to behave as Jack does may seem unrealistic, most of us find Chloe and Morris role models within our reach. If they can stay calm and cope, we gain faith that, in similar circumstances, we could do the same. We see also that there are things more important than our fear and our lives: protecting the country, maintaining our integrity, treating our loved ones well.

Assad pledges to help CTU. He retains his commitment to stop terror and broker a political settlement, despite the triumph of his enemy, despite the fact that this detonation may have ruined all chance of his success. He stays true to his beliefs.

Darren McCarthy is contacted by Fayed, who wants him to find someone to create a new trigger for the remaining nukes. His girlfriend Rita tells him he's crazy to stay. But once they capture Morris, and Rita realizes how much he's worth, she decides that staying around is worth the risk. She kills McCarthy, delivers Morris to Fayed, and demands payment. Fayed shoots her. As we experience events vicariously through them, we see that the greedy may stay and die, just as the foolish teen in a horror movie may leave the door unlocked and die, but we gain hope that we—not greedy and not foolish—may live.

Taking on the identities of those who cope poorly with their fear gives us a sense of superiority and confidence. Taking on the identities of those who cope well with the fear shows us how we might do better. This role-playing encourages us to feel that we have an understanding of the big picture and a mastery over it. Role-play makes us feel more prepared to deal with the fearful situation. It gives us confidence and hope. Whether the confidence is well-placed or not is irrelevant; it helps us to

further the intellectual and emotional processing of our fearful experiences and reduce our distress.

COGNITIVE RESTRUCTURING AND RECOVERY

As we live through the consequences of nuclear fear made manifest, realize that those consequences are limited and may be survived, and that average people are capable of coping with their fears and achieving extraordinary things, our thoughts about the situation change. We undergo what psychologists would call “cognitive restructuring.” This is the final stage of our PTSD therapy. We are all undergoing cognitive restructuring all the time. Any significant event leads us to compare the new information we’ve gained with our pre-existing knowledge and experiences. This new material may lead us to modify our beliefs. But undergoing a traumatic experience, as discussed above, may prevent us from completing this process. We may develop irrational beliefs or unhelpful patterns of thinking about terrorists, ourselves, and our world. In PTSD therapy, “cognitive restructuring enables a person to identify negative, irrational beliefs having to do with a psychological trauma and to replace them with truthful, rational beliefs” (Arehart-Treichel 21). To consider what sort of restructuring the terrorist attacks of September 11 caused, let’s first consider what beliefs we might have held on September 10.

Psychologist Seymour Epstein suggests that many people, prior to a trauma, hold four core beliefs: “the belief that the world is benign, that the world is meaningful, that the self is worthy, and that people are trustworthy” (qtd. in Foa). In many of us, these core beliefs were shaken by the trauma of September 11. The world certainly no longer seems benign, and with people killed randomly and with no warning, the world no longer seems meaningful. While the self may still seem worthy, others may be viewed with suspicion or fear.

With these core beliefs in doubt, what are some of the irrational beliefs or unhelpful thought patterns that may have developed since 9/11? How do we now think of ourselves and our world? Psychologist Leah Giarratano suggests common beliefs of PTSD sufferers include, “‘I’m helpless.’ ‘I’m going to die.’ ‘I’m exposed.’ ‘I’m not safe anywhere anymore.’ ‘I’m weak’” (Giarratano 260). Fears of terrorism may encourage additional beliefs: My

family is in danger. Flying is not safe. Cities are not safe. I have no control. Nothing is certain. Others are not what they seem. Terrorists are going to destroy us. The end of Western civilization is coming. The world has permanently changed for the worse. We will never be the same. We will never be safe. Psychiatrist Edna Foa suggests that many of these beliefs boil down to one: “The world is completely dangerous” (Foa).

Our original core beliefs stand in conflict with these new beliefs, and we require cognitive restructuring to reconcile them. This process can help us to “integrate the conflicting information and to construct new meanings of the old and the new” (Kellermann). Creating these new meanings allows us to make a “journey of readjustment to the new reality . . . to make sense of a world that has momentarily lost structure and meaning” (Kellermann). It may seem impossible to develop a rational worldview in these dangerous, unpredictable times, but we need to find a new way to think about the world, one in which we are not overwhelmed by fear; cognitive restructuring helps us “direct [our] efforts at changing these disturbing thoughts” (Giarratano 114).

As we turn off the television at the end of another great episode of *24*, we leave the world of Jack Bauer and return to the real world. Because we have been away, living in the fictional world, the real world seems slightly different to us when we return—just as it does when we return from a vacation. J. R. R. Tolkien calls this process “recovery” and defines it as “a re-gaining—regaining of a clear view” (57). We see our world anew, almost as if we’re seeing it for the first time. The more vivid and striking the fictional world was, the stronger the experience of recovery. We have gained a new perspective on our lives.

The fact that *24* helps trigger this cognitive restructuring does not mean that we believe everything on the show is real, or even realistic. But watching *24* has been an emotional and intellectual experience, resonating deep within our traumatized selves. Through exposure, the show has helped us process our emotions. Through role-play, it has given us confidence and a greater sense of control. And after these experiences, we move ahead in the restructuring of our thoughts and beliefs. We feel less fear at the terrorist threats we face. Danger exists, but it is limited. We have a better sense that, while some situations may leave us helpless, there are many situations in which we can play a key role, in which we can change events. Even if we sometimes fail or capitulate, we

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can still be strong, admirable, and honorable people. And we see that others may help us—even others who are Muslims. We are not alone. The world is not entirely dangerous. The world has changed, yes, but some things survive: courage, commitment, and heroism, in us and those around us. Our country survives. And as long as average people stand up for their beliefs and don't succumb to fear, we can prevail. Cognitive restructuring has occurred; we have a new perspective.

OUR BRAVE NEW WORLD

With the help of *24*, we've received treatment for many of our terrorism-related fears: fear of biological attack, fear of chemical attack, fear of an attack on our nuclear power plants, fear of having our own weapons turned against us, fear of losing our rights if our government overreacts, fear of losing control to the military-industrial complex, fear of terrorists in our midst, and more. We are now more habituated to a world with terrorism. In fact, our world almost seems tame compared to what Jack Bauer has to face each day. After living through those extreme situations, our lives don't seem so bad, because now we understand that "things could, after all, be worse" (Winter 13).

While *24* offers its viewers many pleasures and rewards, one of the most valuable may be its weekly treatment for PTSD. The program allows us—amidst chills, twists, romance, and thrills—to overcome the avoidance that is at the heart of PTSD and to work through the trauma, fear, and disturbing beliefs that have haunted us since September 11. We process our distress emotionally and intellectually, and find a new way to live in our new world. We face the horrors with clear eyes and accept them, and we gain confidence in our ability to cope—to face our world and whatever may come. Helping us cope with fears of terrorism, when we hear new threats every day, is a far more difficult task than soothing fears of nonexistent homicidal maniacs or distant missiles sitting silent for decades. But if anyone can accomplish the task, it would be Jack Bauer.

JEANNE CAVELOS began her professional life as an astrophysicist, working in the Astronaut Training Division at NASA's Johnson Space Center. After earning her MFA in creative writing, she moved into a career in publishing, becoming a senior editor at Bantam Doubleday Dell, where she created and launched the Abyss imprint of psychological horror, for which she won the World Fantasy Award, and ran the science fiction/fantasy publishing program. Jeanne left New York to pursue her own writing career. Her books include the best-selling *Passing of the Techno-Mages* trilogy, the highly praised science books *The Science of Star Wars* and *The Science of The X-Files*, and the anthology *The Many Faces of Van Helsing*. Her work has twice been nominated for the Bram Stoker Award. Jeanne is currently at work on a thriller about genetic manipulation, titled *Fatal Spiral*. Jeanne created and serves as director of Odyssey, an annual six-week summer workshop for writers of science fiction, fantasy, and horror held at Saint Anselm College in Manchester, New Hampshire. Guest lecturers have included George R. R. Martin, Harlan Ellison, Terry Brooks, Jane Yolen, and Dan Simmons. More information about Jeanne is on her Web site, www.jeannecavelos.com.

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