

In the Shadow of the World Trade Center Disaster: From Trauma to Recovery

The following was adapted from a presentation given to the New York City Chapter of NASW on October 9, 2001 by Sandra L. Bloom, MD

I was driving through Center City earlier today. Traffic wasn't too bad and the city looked beautiful. The sky was an intense blue. The sun was shining. The air was clear. And I thought about a day with a similar blue sky and clear air a few weeks ago. I drove down the Benjamin Franklin Parkway that was designed to look like Paris and passed down through a parade of flags from every nation. I wondered if I would see the flag of Afghanistan. I know it's there somewhere. I wondered if someone had taken it down or let it fly.

As I drove on, I passed a sparkling fountain and then an urban park square, and as I turned the corner, Bach flooded the air from speakers aimed at all the corners of the square, red banners waved celebrating a "Festival of Florence," City Hall was surrounded by American flags and over the entrance to the square a large banner pronounced "Celebrate Health." And I started to cry.

In the face of these awesome events to which all of you have been witnesses, I have been a distant observer, and yet, like all of the rest of the Nation, a participant, as well. We are all now participant observers, the helpers and the helped, the healthy and the injured, the calm and the distressed, the found and the lost. I, too, have had trouble concentrating, maintaining focus. I have had a longing to make contact with everyone I care about. I am not sleeping well, and am plagued by strange dreams. I watch my own defenses of denial, avoidance, and numbing all romping around on the field of my consciousness. I find my mind wandering away, asking questions about life, and death and what it all means, questions that I usually manage to avoid in the face of day-to-day, hurried existence. I hear airplanes overhead, and they are no longer just airplanes headed for the airport. The sound their engines make as they streak through the skies sounds too much like the sound in the WWII movies, when bombs were dropping over London. Sirens scare me. I alternate between being preoccupied with watching the television news reports, and completely ignoring what is happening, protecting myself from too much stimulation, fear, and anger. And in moments like last Sunday, when I turned on the radio to listen to some music and heard about the bombs dropping over Afghanistan, I felt a peculiar mixture of abject terror and images of Armageddon, the sinking realization that what had started to feel like normal life

isn't normal at all, and a perverse sense of relief that something was moving again.

Trauma is about violation, and we have been violated. For the first time since the Civil War, with the exception of Pearl Harbor, we have experienced violent invasion in our own backyard, and New York and Washington have been violated the most of all. It has taken us all by surprise. A few years ago, feeling afraid all the time in New York, for many people, wasn't that unusual. And then, the streets of New York became safer, and many people here relaxed a bit. The good life, wealth, prosperity—all evidence of our national goodness and worthiness. Of course, underneath the surface, more-or-less conscious, there has always been an unease about many of the ways we have engaged with the rest of the world. But despite that, most of us have partaken of our national credos. We shop. We put money in the stock market. We plan and hope for a comfortable retirement. And then, on September 11, the tall, erect symbol of all of this crumbled within minutes in the face of an enemy we do not understand.

In reality, we haven't been safe for a long time. Only America has been fortunate enough to witness much of the violence of the 20th century from afar. Other countries know what war at home feels like. They know, or are learning, the price of continual unresolved conflict, of allowing bullies to run the world. It was only a matter of time before the multigenerational rage of thousands of years of unresolved conflict would come here, where now, so much power and contradiction resides.

And yet, despite the fact that intellectually, many of us know all this, something has changed. As we have heard—and experienced—repeatedly, "America will never be the same." Our positive illusions of invulnerability and peerless power have been shattered. That's what trauma does—it shatters the assumptions upon which we all build our sense of reality. We depend on other people to maintain those illusions, and the main difference between this and other situations is that all of us and every patient I have ever treated have had our illusions shattered simultaneously, and we share in that loss. And because it is not over yet, because there is no end in sight, our sense of reality has not yet been fully re-established.

We have entered a new, postmodern reality, and it is pro-

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foundly confusing. We are told we are at war. We are told it is a war between "good" and "evil." And yet, it is much harder in the 21st century, after WWI and WWII, and Korea and Vietnam, and all the other horrors of that perilous time, to resort to those easy dichotomies. And besides, what kind of war is it? In Afghanistan, we are dropping bombs and food at the same time. Very confusing. Very weird. Like looking at the NY skyline without the Twin Towers. When will we wake up and find out it was just a bad dream? And what's going to happen next? Chemicals? Bacteria? Nuclear bombs? New York? Washington? Philadelphia? Houston? Chicago? LA?

It is impossible to recover from traumatic experience as long as you are still unsafe. And we are still all unsafe. It is not over yet. Thousands of people have not been found. The numbers of memorial services are increasing daily. There is no clearly defined enemy. There is no clearly defined endpoint. A flood happens, the waters recede. An earthquake is followed by smaller quakes, and then, at least for now, it's over. This isn't over yet. We all want it to be over, but it's not, and there is nothing we can do about that. Events are still unfolding. In that sense, it is like war. There are reminders everywhere, triggering flashbacks—images, sensations, emotions, body sensations—that feel overwhelming and terribly disorienting. We cannot think clearly about recovery yet.

Instead we have to focus on coping, on functioning, on keeping our feet moving, so that we don't get stuck in time. Because that's what trauma does. It keeps a person stuck in time, trapped in the looking glass, slowly sinking in quicksand. Our job is to keep as many people as possible from getting stuck.

We are an astonishing, adaptive, responsive, and resilient species. But we adapt in many different ways. As helpers, our job is to support coping and minimize harm. The challenge comes when someone's coping skills don't agree with our own, seem strange or foreign or aggravating. There will be many different perspectives on what coping means. You must support coping and the continuation of functioning—whether you agree or not with the other person's coping skill. Some people need their anger; others need to march for peace. Some go numb; others become hysterical. As long as they are functioning and not becoming destructive to themselves or others, congratulate them and offer them some simple tools, education, and encouragement.

We cannot control the events that are going on around us. We can only control our own responses. Trying to gain control over the uncontrollable is a sure road to madness. It is normal to try to seize control of our lives away from

abusive people. It is normal to try and protect ourselves. However, we always strike a perilous balance between security and liberty. We must be very careful, in our efforts to be safe, not to lose what is most precious to us, not to become what we most hate.

In an effort to manage uncontrollable feelings, and therefore to feel safe again, many people will start trying to exert control over themselves and other people in some predictably destructive ways. We can anticipate a rise in substance abuse. We can anticipate a rise in irritability, hot tempers, unreasonable behavior as the initial stress that gives rise to increases in attachment behavior gives way to the long-lasting frustrations of the repair process. We can anticipate a sense of exhaustion that is both physical and psychological, as well as attempts to avoid the inevitable magnitude and pain of the grieving process. We can anticipate a rise in family violence, in community violence as the increased attachment behavior of disaster gives way to the inevitable frustrations and difficulties of rebuilding.

The active creation of nonviolent environments in the home, in the community, and at work is now the true patriotic duty of all of us. Do not be afraid to appeal to higher powers, higher forms of meaning and identity as the violence begins to emerge. Be firm; be uncompromising about nonviolence directed at the self and at others. Find ways to explain "identification with the aggressor," comparing terrorism in the state with terrorism in the home, on the streets, and in the workplace, and actively teach skills of nonviolence and conflict resolution. For now, we are better off educating our clients in the ways of Gandhi and Martin Luther King than Freud or Jung.

The literature on trauma and disaster can be of enormous benefit in helping us understand what is happening to the people around us. Particularly relevant are the stories, research, and reports from Israel and the Palestinian camps, and Northern Ireland, and South Africa, and Latin America, and Kosovo. Over time, also relevant will be the literature on complex PTSD, how exposure to prolonged trauma intertwines itself in the development of a human being, profoundly affecting even established character. And yet, we are learning everything for the first time, here. We do not have all the answers. There is no one who does. You are breaking new ground. Like it or not, you are all now researchers. So document what you are seeing and doing. Be open to new experiences. Make sure there are lots of conversations, comparison of notes and experiences. Think outside the box. Rely on each other, and supervise each other. Don't throw away all of your hard-earned clinical wisdom, in fact, hold it more tightly to you.

Keep in mind that you are simultaneously victims and

helpers. Again, there are not good guidelines for this territory, so you will have to learn as you go. Do what is in your professional background to do—supervise each other closely. Do not proceed in isolation. Not only do you need social support, but you need help with your own transference and countertransference reactions in an ongoing way. Despite all of our professional training and expertise, we cannot know the answers for another person. If nothing else, a disaster of this magnitude is humbling.

So what can you do? If the other person is completely disorganized and nonfunctional, then do whatever it takes to get them functioning again. Social workers traditionally work within the most inclusive of systems. Social workers are geared to making the most out of community resources and tend to avoid pathologizing people. That is good, because we want to pay attention to strengths that are available for mobilization, strengths that exist in even the most injured person. Maximize the community in response to this disaster. Emphasize those skills you already have. Reconnect people to community supports. People need to be a part of something, and this connecting thing is a natural way for social workers. Help everyone in the family, not just the identified patient. Look for the leverage points. Develop an extended network and support system. Be a therapist to the system. Emphasize group interventions. There are simply too many victims for individual work—it is not the answer, except for the most injured people. Get everyone into some kind of a group—run groups yourself. Create therapeutic community in any way you can think of—it is an antidote to trauma. Work with culture and cultural diversity. Look for the inherent strengths and resources in every cultural group. Get the clergy involved, as well as educators and employers. Create networks of support for the most injured people. Be the facilitators for networks of natural support. Don't try to do it all yourself.

Once functioning is restored, then listen. Less important is what you say. More important is how available you make yourself to validate, bear witness—be the listening ear. In the process of saying things out loud, the speakers hear themselves differently, they have the opportunity to look at things differently, and this provides opportunities for new options, for walking down different pathways. When they are functioning again, then listen, support, and don't get in their way—emphasize health, not pathology.

Encourage the use of the arts, “the bridge across the black hole of trauma.” Get people writing, singing, storytelling, painting, dramatizing, role-playing, dancing, moving—anything that gets people together, expressing pain, transforming it—together. After a stressful life event, there are

only three things we can do: hold still, go backwards, or move ahead. People come to you for help, because, at some level, they know that staying alive means keeping moving. The people who will have the most difficulties keeping moving will be those who have had the most exposure to death, dying, and destruction, those who have lost the most, and those who have a previous history of trauma. A past history of trauma produces a “fault line” in the psyche, and long-buried events can come rising up.

Regardless of how badly people have been physically and emotionally injured, however, too much pity, too much time spent dwelling on only their injuries, can be paralyzing. As a therapist, I learned that I had to be tough, that survivors didn't need my pity any more than they needed my disdain; they needed my support, concern, and prodding. They needed someone first to listen, to be there, to be fully present as a witness to the horrors that have occurred. And then, if they get stuck, to say in one way or another, “I recognize, I understand, it's terrible it happened to you—now what are you going to do about it? Are you going to hold the virus of violence inside you, or are you going to create sanctuary for yourself?”

Humans are incredibly resilient. Never write anyone off. Challenge them to move on. Don't let death have the victory. Even if you feel scared, bewildered, and hopeless, you have to offer hope to them. There is a powerful life force moving us forward—always. Provide company on the journey into the darkness, but always hold on to the rope that goes into the light, or you will just get lost. Have your friends and colleagues holding on to the other end of the rope for you. If you are losing your own way, reach out to your colleagues. Help each other.

Every part of a person can be injured from a traumatic event. Traumatic experience often hurts the body and may put us into close touch with death and dying. This represents a loss of physical safety. So the body needs time to heal, and the body needs protection. But it also impacts on our sense of competency in the world, on our sense of self. This represents a loss of psychological safety. So we need to restore a sense of mastery and competency in the world—even if the gestures we make are logically inconsistent or even absurd. Trauma damages our social self, as well, and at first increases our attachment to other people in the face of a true emergency, but then erodes our sense of trust as we come to terms with the origin of the violence, as other people fail us or let us down, as we become increasingly unsure about who represents the next source of danger. This represents a loss of social safety. So we must do what we can to connect to each other to provide refuge, home, even temporary places of rest, laughter, and

relief in the face of chaos. Trauma robs us of our sense of security in the world. The world doesn't make sense at all right now, and we are compelled to question the most central aspects of our existence. This represents a loss of moral safety. Making meaning out of a traumatic experience is a central aspect of the repair process and comes in as many forms as there are human beings.

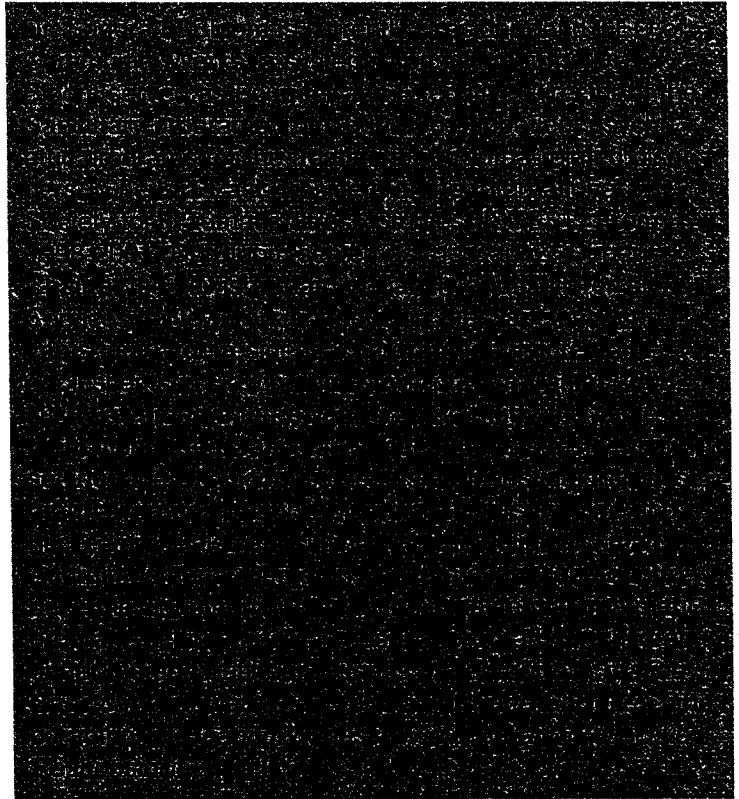
Just as physical wounds require the proper circumstances for natural healing to occur, so too do psychological wounds. Focus on creating safe, reassuring, supportive, hopeful, and inspiring contexts that promote healing. Sanctuary trauma means expecting to find safety and finding only more trauma—do anything you can to prevent survivors from experiencing sanctuary trauma, or “second injury” —at home, on the streets, at the workplace. A context that promotes healing and recovery directly counteracts the effects of trauma and is a culture of belonging, empowerment, containment, communication, and involvement. It is a culture that provides physical safety, psychological safety, social safety, and moral safety.

The goal is to create a “trauma-sensitive culture” within which it is understood that most human behavioral pathology is related to overwhelming experiences of exposure to abusive power, disabling losses, and disrupted attachment, and therefore, symptoms must be understood and responded to within the context of these dynamic forces. In a trauma-sensitive culture, the guiding question is not “What’s wrong with you?” but “What’s happened to you?” —it is the difference between looking at people as sick or bad psychological specimens and understanding that our work revolves around helping injured people get back on their literal and figurative feet.

For sixteen years my colleagues and I ran an inpatient program for adult survivors of trauma. We have listened to thousands of trauma stories. The stories are overwhelming. Monitor your impulse to enter the story and get lost in it. We found that we had to have some way to organize the vast, confusing, over stimulating, distracting, disorienting amount of cognitive and emotional material confronting us from each patient.

Ultimately, trauma survivors need to find a “survivor mission,” something that transforms traumatic experience into something better than what was given. Encourage people’s helping inclinations in any way you can. Support their wish to do something, as long as the doing is not destructive. Socially, we must all eventually transform this experience, if, as a society, we are not to stay stuck or regress. There are many forms of social transformation of trauma, including helping and rescuing, mutual self-help groups, education and prevention, political and social

action, humor, and artistic creation. In the United States, New York is the capital of the arts. Use them, support them, bring the artists out of the concert halls, art galleries, and performance stages and into the streets.



HUNGER ACTION NETWORK OF NEW YORK STATE
and
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TANF Reauthorization in New York State: Issues and Actions

Workshops: Issues

Stopping the clock: Care giving, training, basic education, and college as allowable work activities; Income supports: Job creation and development, living wage, wage subsidies, housing supports, and raising the welfare grant; Charitable Choice, marriage/life style issues, and the role of faith-based organizations in reauthorization; Special population issues in reauthorization: immigrants and people with disabilities

Workshops: Actions

Coordinating local and regional advocacy around TANF reauthorization; National advocacy in Washington, DC on TANF reauthorization; Effectively engaging the media in TANF reauthorization; Welfare rights organizing in New York State

If you are interested in facilitating a workshop or attending the conference, please contact Hunger Action Network at (518) 434-7371 or (212) 741-8192.