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ACKING MYTHS

IN THE DAYS FOLLOWING SEPTEMBER 11, WE WERE FLOODED WITH PREDICTIONS OF HOW INDIVIDUALS AND COMMUNITIES WOULD FARE AS THEY PROCESSED THEIR DARKEST EMOTIONS. THE PASSAGE OF TIME HAS TAUGHT US THAT MUCH OF WHAT WE MAY BELIEVE ABOUT HOW PEOPLE RESPOND TO SUDDEN AND TRAUMATIC LOSS NEEDS TO BE TORN APART AND RECONSTRUCTED.

IT IS NOW FIVE YEARS since the terrorist attacks that shattered our country's sense of invulnerability. Even those who did not personally know anyone who died that day have been touched by the deaths that occurred on 9/11. We are different now. Most of us willingly tolerate long lines at the airport. We remove shoes, belts, and jackets, and send them through X-ray machines without complaint. We open our bags and empty our pockets before entering sporting events, musical performances, and theaters. Sometimes, we gaze suspiciously at young men carrying backpacks on public transportation. How have we grieved this loss of innocence? Have we recovered from the loss of thousands of people, even if we knew them only through pictures?

We have not recovered if "recovery" means returning to the place we were on September 10, 2001. But we have "bounced back." People have returned to air travel and to Lower Manhattan. Many have come to terms with their losses. We are a resilient nation.

In this country, we make strong assumptions about how individuals respond to traumatic events. These assumptions are derived, in part, from clinical lore about coping with loss and from our cultural understanding of the experience. Yet many of our expectations about the coping process are wrong. How people are *supposed* to respond often stands in sharp contrast to the ways in which empirical data suggest they do.

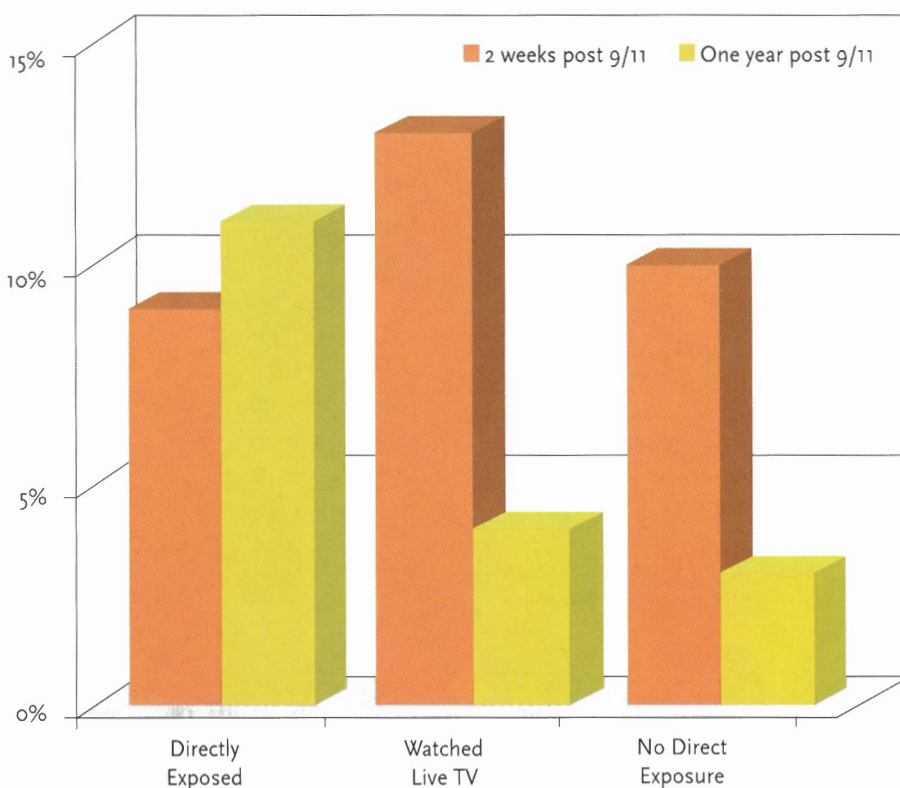
Oftentimes, in fact, predictions about how people will respond to a community or personal trauma are made without the benefit of any data at all. Research in the natural environment—in the world as opposed to in a laboratory—is expensive, arduous, and time-consuming, and recruiting samples of traumatized populations can be challenging. We do, however, have enough data to know that “recovery” from loss rarely occurs after a few weeks or months, even though many lose patience with those who are unable to get back on their feet quickly. We should not look at the calendar and expect recovery for everyone by a certain point in time. Research provides little support for the notion that there is a “right” or “wrong” way to respond to significant losses. There are only *different* ways.

More than two decades ago, I set out to understand the variety of ways people cope, to go beyond the assumptions and the clinical lore. I have studied the impact of community disasters, both natural and man-made. I have examined psychological responses over time. I have conducted studies on thousands of participants across a wide variety of victimizations, including physical disability, death of a spouse or child, childhood sexual assault, divorce, family violence, and war. In time, my research led me to uncover the “myths” of coping—and to challenge them.

THERE IS NO ONE, universal response to loss. It is a myth that psychological responses to loss are predictable. And it is a myth that everyone goes through an orderly sequence of reactions, or that there are “stages” of grief. Many clinicians, for example, expect that shortly after a significant loss, a person will have a negative emotional response, and they suspect that if a person does not have that kind of response—thus failing to confront the experience—he or she will be at high risk for “delayed onset” of psychological problems. But empirical support for that position has rarely been obtained. Indeed, not everyone will respond to traumatic events with early and intense emotional distress.

It is also a mistake to believe that people who have experienced a traumatic event will inevitably search for a way to “make sense” of their experience and that they will, over time, find some way to resolve their loss, find meaning in the outcome, and put the issue aside. What I found in prior research with parents who were coping with the death of their infants was strikingly different. Almost three-quarters of the parents we interviewed during the first year and a half after their loss were unable to make any sense of their baby’s death, and more than eighty percent were unable to answer the question, “Why me?” or “Why my baby?” In another study, this one of adult survivors of childhood incest, ninety percent reported—twenty years after the experience had ended—that they were still searching for meaning in the abuse or trying to find a way to make sense of it. Time did not decrease the importance of finding meaning for the women in this study, and of those who were still actively searching for meaning in their abuse, more than half reported that they were unable to make any sense of what had happened to them during their childhood. Clearly, adjustment to a traumatic event does not mean one can simply find meaning in the experience and move on.

HIGH LEVELS OF ACUTE AND POST-TRAUMATIC STRESS SYMPTOMS POST-9/11



Based on data from “Exploring the myths of coping with a national trauma: A longitudinal study of responses to the September 11th terrorist attacks,” by R.C. Silver, M. Poulin, E.A. Holman, D.N. McIntosh, V. Gil-Rivas, and J. Pizarro, *Journal of Aggression, Maltreatment & Trauma*, 2004.

Obviously, the results of my research didn't take shape the way one might have predicted, and so we began to question the entire framework. Our long-held myths about how a person should respond to a traumatic event don't seem to account for variability of reactions, but variations do exist. In the aftermath of 9/11, many of us felt any number of emotions: shock or emotional numbness when we first saw or heard about the attacks; a sense that it could not be "real"; a calm, collected feeling that allowed us to "do what needed to be done"; intense fear or anxiety about the future; an overwhelming sense of sadness or depression. And these feelings may have continued and been exacerbated as world events unfolded—the initiation of military conflict, economic strain, heightened anxiety about subsequent terrorism at home and abroad. Physical symptoms, including nausea, loss of appetite, headaches, nervousness, and gastrointestinal distress or chest pains, also may have been quite common. Overall, some people experienced less distress than others might have expected; others responded with pronounced distress for far longer than might have been judged "normal" under the circumstances.

ALMOST IMMEDIATELY FOLLOWING 9/11, I began examining the impact of that day's attacks in the United States. This study was the only large-scale national longitudinal investigation of emotional, cognitive, and social responses to the attacks, and we surveyed several thousand people, repeatedly, from about two weeks after the attacks through the three-year anniversary.

We found that post-traumatic stress symptoms declined over the years after the attacks. We also found, though, that the degree of any one person's response was not proportional to that person's loss, degree of exposure to the attacks, or proximity to the World Trade Center. Our results demonstrated, quite clearly, that 9/11 had widespread consequences across the country: Psychological effects were not limited to the communities directly impacted.

Two months after the attacks, seventeen percent of subjects living in places other than New York City reported symptoms of post-traumatic stress, including ongoing and intrusive ruminations and dreams about the attacks, and repeated attempts to avoid thoughts about them. Six months after 9/11, six percent continued to experience these problems. We also discovered, both immediately after the attacks and in the following years, that some of those who were only indirectly exposed to the attacks, meaning they watched them occur on live television and personally knew no one who died, reported symptoms at levels comparable to those who were directly affected or exposed to the trauma.

All across the country, we found people who wanted to be close to those they cared about—their families, friends, and neighbors—and many reported feeling a need to get in touch or "get back in touch" with important people in their lives.

Many felt a need to talk about the trauma and their fears about the future. Many felt a sense of relief relative to those whose losses were greater than theirs, focusing on their own "luck" or "good fortune," but this sense of relief sometimes went hand in hand with a dose of "survivor guilt." Still others felt a need to do something, perhaps to regain a sense of control or simply to help in some small way. Accordingly, we saw an outpouring of donations—blood, money, time, goods and services for the recovery efforts or for survivors themselves. People who used active coping strategies, such as giving blood or attending a memorial service, showed lower levels of distress.

But beyond the post-traumatic stress symptoms, which are the typical focus of research after a catastrophic event, we also found that many people recognized unexpected positive consequences following the attacks. This was not totally surprising: Victims of spinal cord injuries, for example, often focus on the support they get from family and friends. Positive emotions can be quite prominent in the context of coping with loss.

For some of those we surveyed, the events of 9/11 actually had positive personal consequences: a change in their worldview, a new appreciation of the value of life, recognition of increased kindness and altruism among others ("People have put aside their differences"; "People went out of their way to help out, even risking their own lives"). Some saw benefits in the increase in religiosity that was apparent after the attacks ("Our nation has turned back to God and prayer") and in the increase in sociality ("People seem to put more value on family and friends now"). Others reported seeing political benefits as a result of the attacks, such as increased patriotism and a greater appreciation for the freedoms our country offers its residents. To some, there were benefits resulting from the increase in national security. A narrow focus on psychopathology that ignores these benefits devalues the resilience most people demonstrate when dealing with loss and keeps us mired in the same misunderstandings of how people cope with traumatic events.

Disasters like 9/11 cause physical damage and destruction, but they also disrupt life, alter routine patterns, and change our views of the world. Those who attacked us on 9/11 did far more than murder innocent civilians, shatter thousands of families, and destroy enormous buildings; they interrupted the rhythm, the cycle, the entire social fabric of our country. While the physical impact of this disaster may have been over in a few minutes, the psychological consequences are likely to extend over years and, for many of us, perhaps for the rest of our lives.

All of which makes inaccurate assumptions about the coping process even more devastating. Not only can such myths lead to the self-perception that we are not coping appropriately, but they also make it difficult for members of our social network to provide effective support. The best thing we can do to help our communities and ourselves is to recognize and respect people's need to respond to loss in their own ways and on their own timetables. Only in this way can we, as a country, expect to pull through traumatic events intact. ☺