

Editorial: Clinical Social Workers and 9/11

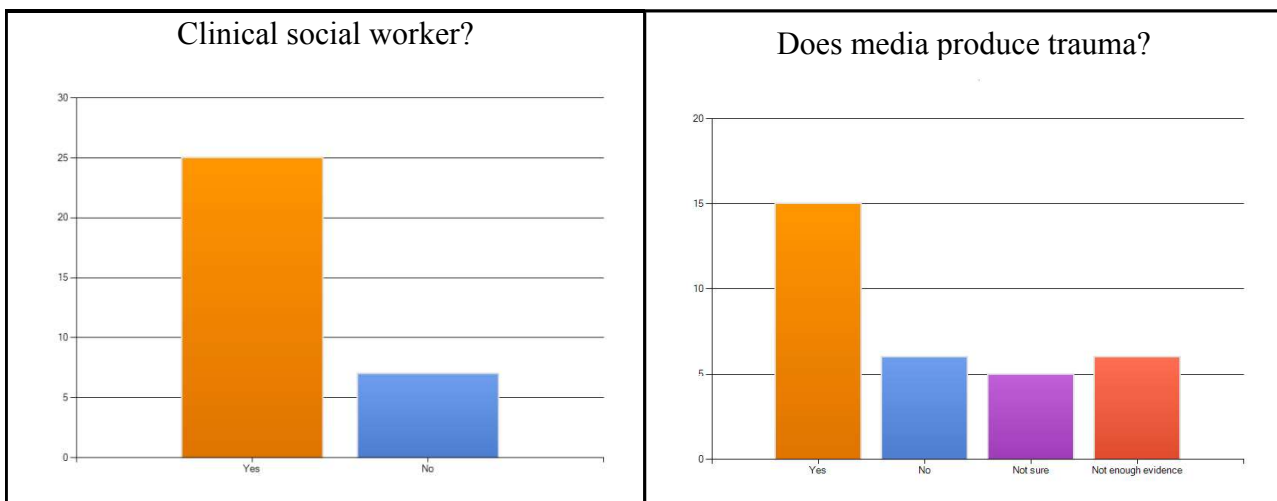
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Within the fall 2011 issue of *The Journal of Social Work Values and Ethics*, I included a survey to obtain our readers' assessment of the media's impact on the victims of 9/11 [see: <http://www.socialworker.com/jswve/fall11/fall111.pdf>].

Following are the descriptive statistics:



Our point biserial analysis ($r = .41^*$) demonstrates a moderate degree of association between years of clinical practice and perceived trauma ($p < .009$). Here, we see that social workers with the greater amount of practice experience are more likely to envision that the media increases trauma among 9/11 victims. Although the sample is *very small* and does not comply with scientific standards of randomization, the data suggests that we have a direction for further research.

*Based on past experience, if we increased the sample size ($n = 31$), r would improve.

The most intriguing results of our survey include the comments at the end. We are interested in hearing your continued comments. The survey is still available.

Here are the comments thus far:

Feb 23, 2012 2:22 p.m.

I have been deeply concerned about this since the OK bombing.

Jan 23, 2012 8:29 p.m.

Perhaps revising the 4th question to read: "Based on your clinical experience, do you envision the

media as creating ongoing re-traumatization related to survivors of terrorist attacks?” would cause me to declare “yes” beyond a reasonable doubt to question #3.

Dec 21, 2011 9:15 a.m.

Survivors must constantly relive the experience, and remember their loved one at that moment of death, as opposed to remembering their loved one at other times.

Dec 13, 2011 8:50 a.m.

It largely depends on whether and how the survivors mourn their loss. In some cases individuals need all the help to process a death & being reminded could facilitate this. On the other hand it could be very intrusive as well as minimizing.

Dec 11, 2011 10:01 a.m.

Individuals grieve in their own fashions. I suspect those who are affronted by media propaganda may elect to simply isolate away from it. As a multiple tour combat veteran, I eschew any news stations- guarding against the emergence of intrusive thoughts. I have that power- so do the families affected by disaster- man-made or natural. A similar argument might be made for the Holocaust. I wonder how those families were affected by the atrocities committed against them? Some persons in that group might be near-peers to some people directly affected by OKC or 9/11.

Dec 9, 2011 11:55 a.m.

Although I have not worked with clients who lost family and friends during the attack of 9/11, I have helped a number of clients work through unresolved grief issues. Based upon my clinical experience I have seen how varied reactions and responses are to grief and loss. What is viewed as comforting and supportive from others is also individually determined. The social work value of beginning where the client is applies in dealing with this issue. We need to hear what clients tell us regarding their experience with loss and what will

help them process it. It is indeed possible that the media focus on 9/11 can be a way to raise issues of grief and loss with clients. I appreciated the opportunity to comment on this very interesting editorial.

Dec 7, 2011 2:56 p.m.

I not only think that those ‘survivors’ are not able to ‘move on’ I think it’s also a way to keep the anger and hatred fresh toward ‘those terrorists’...and in the name of honoring those who’ve been killed (and those loved ones ‘left behind’) our ‘govt. war machine’ can keep eating up dollars/resources so badly needed for the welfare of this country’s needy/deprived citizens! Just my ‘not so humble’ opinion... Jim Korsog, MSW, LLMSW Dearborn Heights, MI

Dec 7, 2011 2:52 p.m.

National tragedies require reporting to process and collectively heal. All of us... family members and the public... can tune in or tune out. No one is forced to read or view anything, or to be interviewed.

Dec 7, 2011 2:51 p.m.

With a sudden traumatic loss of my 19-year-old only daughter, the last thing I wanted to do was to have any conversation about her death. I thought I would cry and never be able to stop. However, I found that I needed every opportunity to talk about her and her death so that I could heal. The loss of a child is a life-changing event. I am not the same person but I can live and enjoy life. For over a year my husband and I went to a bi-weekly open ended support group for parents whose children have died and that was the single most important help I got. It forced me to relive her death every time we met. I could have used more opportunities for that.

Dec 7, 2011 2:40 p.m.

Clinical Social Workers are frequently asked to participate in crisis or critical incidents due to

concern about traumatic response in victims of tragedy. Throughout practice over 15 years, those events that receive little media coverage require less aftercare for individuals than those events that receive media coverage for more than 2 days. In my region of practice, individuals and families experienced loss of family members, homes, belongings and friends in a devastating flood. The media coverage occurred the evening of the flood but there were no reports thereafter. Those individuals moved through that trauma much more quickly than individuals in a similar flood that received media coverage for the following week. Individuals that experience a personal tragedy and have to undergo lengthy legal trials for either testimony of their experience or through lawsuits demonstrated a greater degree of PTSD from their experience than those that have no legal involvement. Whether the reminder of the event(s) is media, legal, medical or familial, frequent or constant reminders prolong the healing process and exacerbate the severity of the trauma response (PTSD).

Dec 7, 2011 2:38 p.m.

It's not logical. Very few survivors will literally have a microphone in their face and would have options about what they read, what phone calls they answer, and/or what requests for information they respond to.

Dec 7, 2011 11:15 a.m.

It is difficult to make a broad clinical comment but this is clearly an important issue. The line between informed readers and too much is a challenge. At what point do we protect people from "too much" and accept that the reader or listener can stop reading or listening when it is too much. I do not know the answer but am interested in other social work perspective.

Dec 5, 2011 6:50 p.m.

The media has had an active, though covert, role in the re-traumatizing of families and friends of 9/11 victims. Traumatic loss already wears a deep groove into one's psyche; add the repetitive prod-

ding by opportunistic, self-interested media and any reconciliation of the loss would seem hopeless, and the trauma is likely enhanced due to repeated re-enactments of the tragedy. Current literature on PTSD would generally support this. Even basic common sense would support it.

Dec 5, 2011 5:48 p.m.

This is a clear intrusion into the fundamental right of freedom enshrined in the United States constitution.

Dec 5, 2011 5:29 p.m.

I too share concerns about the repeated exposure of victims and loved ones in these major traumatic events. I feel there needs to be more research on the impact, especially of doing interviews immediately after or on anniversaries. I wonder if for some this may be helpful as many people do benefit from telling their stories. But for others this may reawaken trauma "symptoms".

Dec 5, 2011 5:12 p.m.

Since you asked: I worked as a social worker in Oklahoma City in the immediate aftermath of the bombing there. Beginning within 24 hours of the blast I was in ongoing contact with individuals who had been directly impacted by the blast itself or who had lost loved ones in the blast. The media there seemed to present a constant threat of intrusion. Some of the threat was valid, some was exaggerated and some is the stuff of folk legend. I clearly saw the emergence of a part of my job that was to protect people who were potentially vulnerable, from the media. And while there were in fact clear troubling intrusions, I want to be clear, on reflection much of the threat seems to have been grossly exaggerated at the time. I was also sent to New York City to work in the immediate aftermath of 9/11. I arrived there on the first morning that air-traffic was resumed. (9/14) In that event, I did not see the media's presence as as great an intrusion or threat as I had experienced in Oklahoma City. I was however extremely concerned about the a portion of the medias portrayal of every reaction and symptom as evidence of PTSD: the airwaves

in NYC were full of “social workers,” “psychologists” and personalities rattling off diagnostic BS. (Galea’s great epidemiological research performed through the year after 9/11 offers some wonderful insights into this issue!) Upon my return to Kansas City, I did encounter some kids who were becoming distressed with the incessant replaying of images of planes crashing into the towers. Younger kids were not seeing these as replays: each new angle represented a different plane. I heard of more than one child asking plaintively, “Why can’t they make it stop?” (And in fact the parents did have control over that: it is called the remote control.) Now a couple of months after my return home I encountered some circumstances that compelled me to reconsider the definition of “trauma survivors” and their relation to the media: I started encountering children as young as 3, but generally school aged, who were having sleep disturbances or were becoming increasingly phobic about mommy and daddy leaving for work in the morning. There seemed to represent a small epidemic of separation anxiety. (Largely in middle and upper income families.) What was the trigger? It turns out that the evening news magazines and morning news shows began in late November, running special interest interviews with other children and parents describing their final works with loved ones who died on 9/11. “I kissed my daddy good-bye and he went to work and never came home...” And parents in Kansas City (and everywhere else) were watching these shows without a clue to the acuity and sensitivity of little ears playing at their feet. Terrorism is much more about fear and dread than it is about physical destruction. When Hitler’s forces invaded Poland and France in 1939, his Stuka dive bombers were equipped with a wind driven siren that served to panic folks in a much wider circle than were actually threatened by the relatively small bomb load they carried. And the mass of panicked individuals conveniently blocked the avenues upon which possible reinforcements relied. We know the end of that story. Blitzkrieg, lightning warfare, the impact is small but the threat is immense. The TV and radio today can

serve much the same function as that infamous siren. Another clear example is in Orson Wells’ broadcast of “The War of the Worlds.” Now, for what it’s worth, I also think the media’s portrayal of the events of 9/11 contributed to our abdication of social responsibilities and sensibilities as we sought revenge against what seemed to be clear and persistent threats to our nation’s security. You might also want to check out the work done in the late 90s by the Anti-Violence Partnership in Philadelphia. Through a DoJ grant they developed a training model for working with “co-victims” of homicide. Their training manual, developed by Deb Spurgeon contains a chapter on working with the media. Gary Bachman, MSSW, LSCSW