

# ADELPHI SOCIETY FOR PSYCHOANALYSIS & PSYCHOTHERAPY

## NEWSLETTER

### 9-11 MEMORIAL EDITION

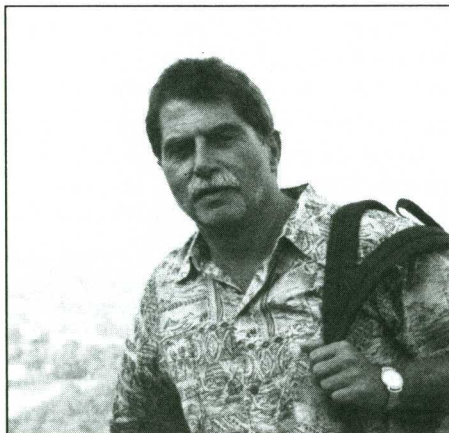
#### PRESIDENT'S MESSAGE

**I**t's Sunday morning, December 2nd, a little after seven and I am wide awake from a nightmare that is still reverberating in my mind and body. Sunday is usually a day for sleeping late, taking a walk to get the newspaper and having a leisurely breakfast. But in my dream . . .

*I am back in Rockaway in my official capacity as head of the Crisis Response Teams in my school district. Channel Four News is doing a follow-up to the plane crash of November 12th. During the live broadcast, from the school that was closest to the disaster, I hear loud noises in the background followed by people rushing about looking agitated and upset. All of the newscasters including the anchor who was in the middle of broadcasting, stop speaking and run into the street to investigate what has happened. Somehow, I am left alone in front of the rolling cameras and I know what has happened. I had become the anchorman and in a calm voice, I begin to inform the city that there has been another plane crash near Kennedy Airport. I give vivid descriptions of body parts that are found strewn around the area of the crash and I describe in gruesome detail how one woman was found with the lower part of her body missing, but still holding her baby.*

I wake up, my eyes filled with images of severed limbs laying in the streets, stretchers wheeling, moaning people taken to waiting ambulances.

Pearl (Ketover) Prilik, our editor, called yesterday and in a very gentle and loving way reminded me that the President's Message was overdue. She laughingly referenced the English teacher in her and offered me four questions to help guide my writing. She suggested these questions would help relieve my



Harry Kahan, Ph.D.

#### EDITOR'S NOTE

This edition of the newsletter has been dedicated to a forum for reflection and reactions to the devastation that transpired on September 11th, 2001 when four commercial airliners were hijacked and flown into the Twin Towers in New York; The Pentagon in Washington, DC, and the ground in Pennsylvania. The editor would like to thank all those whose took the time to share their thoughts at this momentous time in history as it continues to unfold. — PKP

writer's block. Over the past few weeks, I mulled over a President's Message but I somehow could not get it to the word processor. I promised Pearl that I would finish the message this weekend and wrote down the four questions just in case. One of the four questions was something like, "How did the World Trade Center affect you?"

Understanding my dream seemed fairly straightforward in the days following the WTC. I struggled as we all did. The day after WTC, the school district in which I am the Clinical Supervisor of Psychologists, convened a meeting of the administrators and support services of our 40 plus schools. I prepared a training presentation on crisis response for all administrators and support personnel, most of whom had arrived home very late the night before since we had to keep schools

open and available to students whose parents were lost or missing in the WTC attack.

When schools opened that Thursday, I spent most of the morning in P.S. 114 located in Belle Harbor in the Rockaway section of Queens. This is a finger of land that is four blocks wide and juts out into the Atlantic Ocean. The community is made up in large measure of police officers and firefighters, close to 300 families live in this neighborhood. Many of the adult children from this community worked in the financial center of the WTC, there having been some local pipeline to Cantor-Fitzgerald. I later calculated that 30% or more of the families in this small town lost someone in the WTC disaster. The bells rang everyday for memorial services; P.S. 114 had an unobstructed view of Manhattan and the two fourth grade classes were watching the twin towers burn when the buildings collapsed.

Organizing the teams and taking care of the children was the easier part of that day. The staff, on the other hand, exhibited a wide range of reactions, from crying over the death of family and friends, to anger at the school for being open during their grief. I visited many schools that day, and in most cases I was doing grief counseling and support work with the principals and other administrators who after putting up a brave front to reassure their staff and children, felt it was OK to unburden themselves and cry to me behind closed doors.

On November 12, during the day, I received a phone call from my school district notifying me that a plane had crashed in Rockaway a few blocks from P.S. 114, and that the

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## President's Message

*Continued from page 1*

school would be closed the next day. The damage was not yet known, but students were going to be bussed to other schools and P.S. 114 was going to be used as a temporary morgue. After my initial shock I was incensed and practically screamed my objection to this plan. What thinking had led to the idea of moving frightened and traumatized children to a new home, so to speak, in order to have a place in which to lay out the body parts of the disaster? How could you then return children to this place and not have them think of what was recently in their classroom? Fortunately, by the end of the day, the decision was made to take the bodies to another location and to open the school for the children. I spent that week in P.S. 114.

It was to be one of the most difficult weeks of my life; the stories went on and on. One woman, obviously a parent, was standing and crying quietly in the school yard watching the children line up to enter the school. I approached her, and before I could introduce myself, she began to talk. She told me how she had moved here after several of her relatives had died in the Oklahoma City bombing. A part of the airplane had landed on her back porch and her house had been filled with police and fire personnel during the previous day. She and her children did not sleep the night before. They huddled together and she thought they would feel better being in school than at home. One eight-year-old girl after talking with me, laid down on a blanket on the floor of my office and slept for a couple of hours. A ten-year-old boy told me he would not cry because his firefighter father died a hero and he was now "the man of the house." My own questions continue: What do you say to a tear filled seven-year-old who blurts out accusingly, "You told us that we were safe after the World Trade Center." Or to the teacher whose firefighter husband died in the WTC and now

her son, who was off duty and ran to help during the crash, is in the hospital with a collapsed lung from smoke inhalation?

One of my colleagues this past week commented that I have stopped telling jokes. George Johnson, in his article "Acting Normal When Nothing Is Normal," in the November 11th *New York Times*, commented that "Humor soothes the soul, yet it trivializes." After 9/11, I guess I was to some degree able to still use humor. I remember sitting around talking after dinner at Jeronimos. The WTC had been the topic of conversation for most of that day. In a half humorous tone I announced that I had two possible courses of action for the United States. First, after finding Osama bin Laden we could kidnap him and perform a sex change operation on him and return him to the Taliban or some other fundamentalist controlled nation to live out his life as a woman. My second suggestion was that instead of dropping explosives on Afghanistan, we could bomb them with Nike sneakers, FUBU clothes, Kate Spade handbags, Sony discmen, Harry Potter books, Happy Meals, pizza, bagels, Coca Cola . . . you get the idea. However, after the crash of 11/12, that part of how humor "trivializes" must have sunk in, I can't seem to find a joke worth repeating.

In this message I have not written about my reaction to the WTC in my work, as an analyst. (One of Pearl's questions). I must say that at times I found myself angry that the person across from me was too self involved to even mention the tragedy or to address it even at my prompting. Other times, it was almost unbearably painful as the stories of personal loss and pain blanketed the room. During still other times, I found it was healing to focus on the issue in front of me so that I would be distracted and forget for a time the traumas of the past months.

It is unclear to me just how deeply these events have affected me. (More of Pearl's questions). But I do try to

live as Susan Wilder once said ". . . as if death is on my shoulder." I try to be in the moment as much as I can. I find myself treasuring every moment I spend with my family. They are very patient with me, since I have become a maniac, of sorts, in the kitchen trying to cook all sorts of bizarre and exotic specialties and then insisting that they eat them with me.

The woman without the lower body, in my dream, comes from a story that Nick Dellis shared from his work with the trauma of Fight 800. The bodies in the street I reported on stayed with me from a newscast of terrorist bombings of a mall and a bus in Israel. The *deja vu* and the pain are all my own.



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**ASPP NEWSLETTER***Editor 1999 -* STEPHEN W. LONG, Ph.D.*Co-Editor 2001 -* PEARL KETOVER PRILIK, D.S.W.*Past Editors 1995-1999* SALLY B. LAUVE, Psy.D.

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**Dates To Reserve:**

Saturday, December 8, 2001 Psychoanalytic Conference with Anthony Molino, Ph.D.

Sunday, January 6, 2002 ASPP Holiday Party, George Washington Manor, Roslyn

Saturday, February 9, 2002 Conference by Marriage &amp; Couple Therapy Program

Sunday, February 10, 2002 Joint Meeting of Post-Doc and Society Executive Boards, Garden City

Saturday, April 6, 2002 Conference by Group Psychotherapy Program

**Classified Ads**

**OFFICE SPACE FOR RENT:** P/T and F/T office space in attractive centrally located suite in Forest Hills, one block from Queens Blvd. and subway. Parking easy. Call Dr. Ann Gracer at (718) 261-1925.

**OFFICE SPACE WANTED:** Psychologist in part-time practice seeking office space in Port Jefferson, Mount Sinai. Miller Place, Rocky Point, Shoreham vicinity. Please call Dr. Gately at (631) 474-7479.

**NOTES FOR AND ABOUT MEMBERS**

*Welcome to: Candidate, Lynn Hugger, Ph.D.* (What follows is an autobiographical note by Lynn.)

I am excited to be entering the Adult Postdoctoral Program in Psychoanalysis and Psychotherapy where I can continue to mix further clinical training with clinical practice. My career began in the field of psychology, changed over to psychiatric-mental health nursing and then returned to psychology. I have recently completed my Ph.D. in Clinical Psychology from the Derner Institute for Advanced Psychological studies, as well as a Postdoctoral Fellowship in Child and Adolescent Psychiatry at Schneider Children's Hospital. My interest has always been in psychodynamic psychotherapy, where I have integrated other approaches as needed. I have also obtained additional training in pediatric neuropsychology as part of an ongoing interest in understanding the blend of constitution and environment. Prior to my doctorate in clinical psychology I practiced as a Clinical Nurse Specialist in Psychiatric/Mental Health Nursing. I am fortunate to have worked in many different settings (inpatient, day hospital and outpatient), and have enjoyed working with children, adolescents and adults. I have integrated my nursing background with psychology by working with children, adolescents and their families who have medical problems. This fall I will be working at Schneider Children's Hospital as the treatment coordinator for children and adolescents with fibromyalgia and will have a private practice in Great Neck where I will work with children, adolescents and adults. In addition to psychotherapy, I provide psychoeducational evaluations and help patients understand and advocate for children who have special learning needs. My family continually enriches my career and me and I hope that my career has continually enriched my family. My husband Michael and I have just brought our daughter back for her sophomore year at Washington University in St. Louis and our 13-year-old son will be entering the 8th grade this fall.

*Condolences to: Jill Hunzinker, Ph.D.,* on the passing of her father.

*Condolences to: Henry (Hank) Schneider, Ph.D.,* on the passing of his father.

**George D. Goldman** was elected, on November 1, 2001, to be the delegate (trustee) from the American Board of Psychoanalysis in Psychology to the Board of the Trustees of the American Board of Professional Psychology, Inc. This latter board is the governing body of the organization that certifies all psychologists in all specialty areas as trained and competent in their respective specialty areas of psychology.

**Joseph, L.** (2001) *The Seductive Superego: The Trauma of Self-Betrayal*. International Journal of Psychoanalysis.

**Joseph, L.** (2001) *Psychoanalysis as Forbidden Pleasure*. Contemporary Psychoanalysis. The Josephs, Laura, Aaron, Matthew, and Sam have a new addition to the family: Archie Josephs, a black Labrador Retriever.

**ASPP Position:**

Someone is needed to take over membership and directory responsibilities. Note that a data base is already set up for this position, which will made available to you upon your acceptance. This is a relatively uncomplicated way to make a contribution. Please respond directly to Shoel Cohen: ([shoelcohen@mindspring.com](mailto:shoelcohen@mindspring.com)).

## IRWIN HIRSCH, Ph.D.

I have no special sense of expertise on what happened on 9/11 and its aftermath. I, like all in our profession, respond to this in a very personal way — not with professional distance or wisdom. Perhaps this is why, in the first weeks post 9/11, I found myself speaking to patients far more symmetrically than normal. Most people I saw had something to say in most sessions about this unique and shocking series of experiences. I tended to speak about this with them in ways no different than I do with friends and colleagues. In many instances I spoke about my reactions and feelings with the same lack of reserve as my patients. I must add that, for better or worse, my reactions were usually not at the far end of the extremely emotional continuum, and I do not know how comfortable I would have been, for example, sobbing uncontrollably or expressing panicky levels of anxiety. When patients came in to see me, if I had not turned on the radio for a period, I would tend to ask them if there was anything new, and react to it with them if there was. Needless to say, I do not normally function in this manner. Further, it is usually my practice to ask patients how they feel about my intervening in ways that are unusual for me, but in most of my interactions around this subject I did not do this.

I never expected anything like 9/11 to occur here, and I was deeply shaken. What happened was an external event that was shared by every patient and analyst pair — each individual reacting in his or her unique way, internally and externally. I have never before been exposed to a world event that so palpably dissolved the boundaries I normally maintain in my work. On the other hand, I hope I was still able to a reasonable degree, to analytically address each patient's idiosyncratic experience. As time passes, as is typical for me, I am able to compartmentalize, and my work with patients more closely approximates the way it was before 9/11. However, unfortunately there

is likely to be more terror. Our analytic work (or mine) may never return to the level of asymmetry that existed prior to this trauma. I do not see this as good or as bad — I think it just is, and can probably be no other way.



## LEO KATZ, Ph.D.

For someone who was traumatized by events in Germany under Hitler, the trauma of 9/11 aroused much fear, perhaps more than for others. But then, I also went through World War II as an American soldier, where I experienced the hope and support that community can give.

I also learned to cope with the unexpected and to trust my ability to improvise. I became aware that the other side makes mistakes we can use to help us. So now, I am wary but resolute.

I also felt useful and involved by volunteering for group therapy at the walk-in center at the Garden Center Community Church (organized by the LI Center for Group Training). This experience helped me to persist and continue to do what I can.



## TED SARETSKY, Ph.D.

## The Compulsion To Visit Ground Zero

One of the most common phenomena that analysts in New York have encountered since September 11th is that most aspects of life go as normal while we all know that something is terribly wrong. Our sleep is fitful and disturbed, we open unfamiliar envelopes with caution, we spend every night glued to the television set to watch CNN for hours, and yet to most outward appearances, we continue to live the same kind of lives as we did before. This split feeling of being disconnected and alienated from ourselves is, I believe, what draws us to ground zero. It makes us feel "grounded," more in touch with what we really feel, more whole, more real. The awe and reverence that we feel for people who were there when "it really happened" (as opposed to watching it on television) is a measure of our need to identify in the human capacity to triumph once again over unspeakable suffering and loss. Lorelle and I contributed some pro bono time with survivors of the twin towers attack, got within four blocks of the devastation and visited a fire house which lost twelve men a week after the incident. I noticed an interesting phenomena and I wonder how many of you have felt the same way. Right along side my therapeutic self there was also a need on my part to share, to connect, to be part of something larger than myself. Lorelle and I spontaneously attended the memorial services at Yankee Stadium, the type of event which we would ordinarily never go to. I didn't simply want to be in a removed but helpful therapeutic role. I needed something more nourishing for myself, an opportunity to express my own concerns deeply sometimes even to complete strangers. I wanted to gain strength by being part of a larger community around me and to find myself having powerful unfamiliar feelings being stirred up inside of me that felt strangely comforting in the midst of all the chaotic tragedy.



## LORELLE SARETSKY, Ph.D.

How do we say good-bye to our security, our smugness, our absolute confidence in our bustling, civilized safe city? It isn't easy. The luxury of a comfort zone has been replaced by painful memories of ground zero.

Ted has written about some of the people to whom we spoke after the September 11th tragedy. It was heartbreaking, but, we went home and they were left living with their losses and their nightmares.

I saw a TV program on HBO the other night. It was a segment of "*Band of Brothers*," the story of a company of soldiers who fought together from D-Day to the end of World War II. The comment that lingers with me and offers a more hopeful slant on things was made in different way by many of the surviving veterans. That is, one that to "deeply trust and believe in the guy next to you." They came through for each other just about every time. This common bond brought the men together and gave them courage, perseverance, and hope through the most terrible suffering and hardships.

Now, when even civil liberties seem fragile, I sense a new brotherhood, patriotism, and kinship between people. Perhaps we can cultivate what is good in our society and lessen the fruitlessness of our grief.



## MARY ROSE PASTER, Ph.D.

## Reflections On Trauma

I return from the Ramada Inn where I have provided death notification to the many families who have lost loved ones on American Airlines Flight 587. Five years have passed since the TWA Flight 800 crash. The ballroom looks the same. I am not. I reflect on my experiences and what I have learned over these years. My heart and soul feel stretched for a while and then I am able to find words to write which lend comfort and meaning.

No one, despite intensive clinical training, can ever be truly prepared for what one may uncover during the initial phase of a disaster. Perhaps the best description of the many roles, flexibility and endurance required was shared by me in an article I wrote for the *New York Times*, following the Flight 800 crash (August 11, 1996, pages 1 and 9). The words still capture the experience I have witnessed, felt and lived through in my recent work at Ground Zero in the wee hours of the morning (I misspell and type mourning as I write) on the 11th. Extensive training has been provided since that time by both the American Red Cross and NYSPA. Several models for debriefing can also be found on the following website:

<http://www.omh.state.ny.us/omhweb/crisis/crisiscounseling.html>. The initial phase of critical incident stress debriefing has been well covered. Yet, when the immediate crisis has passed crucial interventions must be made in order to promote healing. These require both psychodynamic and cognitive interventions to effect positive outcome. As this piece is brief, I will share a few interventions that I have found to be essential in working with family members who have lost victims in disasters.

Clients who have experienced traumatic loss often initially feel an overwhelming sense of guilt about their own impotence in protecting and saving a family member. I listen to the words of a wise and empathic Police Officer at the Ramada, "Nadia

sabien" (translated, "No one knew.") These words provide an immediate solace and provide temporary exculpability. Nevertheless, as clients cycle through the mourning process, unique when the loss has been heinous or traumatic, the words will have to be repeated until the client has resolved guilt and disillusionment. It is necessary to gently challenge the magical thinking, borne out of denial and bargaining. Magical distortions can be observed even in more integrated clients who usually possess a better capacity for reality testing. The wish for control and reorganization of reality must gradually be replaced by acceptance of the realistic limits one has in both protecting both oneself and those we love, from harm. A profound sense of disillusionment may set in and also characterize countertransference reactions. At this time more cognitively based interventions emphasizing the unique aspects of the trauma are needed to replace hopelessness with a more realistic sense of risk.

Frequently, the client fantasizes about the last moments that the loved one suffered. This appears to be especially so when a body has not been found or only partial remains have been recovered. This is not a flashback as it is based on fantasy elaborations, yet over time has the potential to function as a flashback with respect to re-traumatizing the client each time the fantasy is reawakened or elaborated upon. Factors related to guilt and sense of impotence may contribute to the recycling and reliving of this fantasy. Dimensions of time are lost and each fantasy-memory is experienced as if the loved one is again experiencing the imagined moments of death. This pattern can result in secondary traumatization and intensify, as well as elicit, post-trauma stress. Without intervention it may result in Post-Traumatic Stress Disorder. It is important to initially listen to and reflect the client's feelings about these fantasies and the memories of these fantasies.

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When the therapeutic connection is strong enough and the working alliance has been established, it is important to begin to gently challenge time distortions. That is, the client needs to know in a very concrete way that the trauma is over and that the loved one has passed and suffers no more. Such a trite intervention can result in an overwhelming sense of relief and death can in fact, be experienced and understood as merciful. The re-elaboration of fantasy and its potential for re-traumatization can then be challenged. The timing of such interventions must be made with a great deal of consideration with respect to the client's premorbid functioning as well as current personality organization. Initial attempts to challenge time distortions must be carefully monitored with regard to client's responses. Confirmation of interventions by a client's affective as well as cognitive responses will allow basic therapeutic instinct and training to assess if further interventions of this nature can be tolerated and integrated. Usually, an initial client response of almost visceral relief paves the way for gentle probing and further cognitive-dynamic interventions.

When a client has lost a loved one in an unexpected horrific way, the actual learning of this death can result in trauma. Often there is an experience of alienation from others. In the course of disaster, natural or otherwise, an initial period of a few months may obscure sense of alienation. During the initial phase of trauma, heightened altruism in the community may serve to provide a sense of connection and feeling of being cared for and by others. Within a few months, a period of sense of disillusionment often follows. Acts of altruism may be replaced with a collective apathy, hopelessness and mild depression in the community. It is at this time that the client may more directly experience alienation, feelings of abandonment, anger and irritability. It is essential to educate clients as to this process and to help them to monitor reactions so that they can continue to receive support

of friends, loved ones and co-workers after the initial phase of the disaster has passed. I often let clients know that they can expect this pattern and to monitor their reactions so that they do not alienate others in the process of feeling alone, victimized and unique in their sorrow and tragedy. Continued support is essential to recovery. At the same time, when we are working with clients who have suffered disasters, it is important to reach out to other colleagues so that we can continue to receive emotional support. Parallel countertransference patterns and distortions can become highly useful, but also prevalent at this time. This is why this current Adelphi Society publication is so very timely and meaningful to all of us. Anyone who would like to contribute to a publication about the interventions that I have just discussed is welcome to contact me at DrPaster@aol.com. Let's all keep in touch!



## SHARRON KAPLAN, D.S.W.

### My Experience Following The Disastrous Attack of September 11th

It is September 19. I have just completed a day of "debriefing" corporate employees five blocks east of Ground Zero. It is the first day back to work for most of them. I have heard almost 30 people tell their "stories" of what they remember about their trauma. We work in small groups. I have struggled all day to maintain my balance. From my training at Postdoc and in hypnosis, I want to support their need for catharsis without retraumatization. With each group I have waited for someone to talk about what they did to comfort themselves, so I could highlight that side of the dynamics of trauma in this one shot deal I was handed. I have listened to vivid descriptions of an ominous roaring sound of a low flying jet, of dense black smoke obliterating all daylight and employees being terrified, in limbo for over an hour, not being given any instructions to guide them to safety — answering whether they should stay put or evacuate the building.

The sky is the same brilliant blue of September 11. As I leave the building, drained, being guided to the subway by a friendly guy from EAP staff. He says he wants to see Ground Zero. I have been ambivalent about going there, saying to myself that being a sightseer seemed disrespectful, and maybe my curiosity, "morbid." As soon as I hear his suggestion, I realize I do want to go. I hadn't been fearful of being "disrespectful." I was simply fearful. Now I would have company and my fear was not so great.

By now walking only a block west, we left the blue sky behind us. We entered a box of gray. The air was gray. All the buildings, bricks, windows, doorways were coated with a film of gray. My new friend said he was amazed by how thorough the clean up had been. I showed my amazement. Nothing looked clean to me. He said, "When

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I ran down this street that day, everything had a least 3-4 inches of ash." We had reached Broadway. "We are almost there," he said. I turned around to look back through the grim air — I could still see the blue, in the distance. I looked south — yes in the distance was the blue sky. As we walked north — yes blue sky in the distance there too.

Suddenly, as the street curves, I am visually hit by devastation. The angle of the street had protected us from seeing the site from a distance. I have no memory of any thoughts — just the visual impact of the most dense, opaque, black smoke swirling and rising about two-three stories high in the middle of rubble and huge shards of steel surrounded by ghost buildings. All buildings are thickly covered with gray ash. Windows are blown out. Building walls are down. The edges of several of the buildings are cut raw; the corner steel girders sculpted outward reaching toward the blackness like claws high in the air. And there is the World Trade Center's skeletal frame of the photos hovering over the entire scene. There is no blue sky visible to the west. I am feeling overwhelmed, very small and weak.

The police are repeatedly saying, "Keep moving." We turn into Liberty Plaza, perpendicular to the site, so we can continue to take it all in as we walk backwards. Again, suddenly, I am hit viscerally as I have the thought, "Oh my god, this is hatred." My gut is churning. My friend asks me how my mouth and throat feel. I realize I have a foul coating inside my mouth into the back of my throat. We rush into the subway station. I decide I don't want water. I don't want to swallow this foul stuff into my gut. I hurry home where I have to gargle for five minutes to feel my mouth and throat normal again. Later I have the further thought, "That intense hatred I felt did not come from the air. That feeling arose within me."

I spend four more of the next ten days listening to over eighty people traumatized by that day. Then on September 30 I fly to Seattle, as prearranged, to visit my son and daughter-in-law for a four-day weekend. They both have colds,

which I proceed to catch. I usually can stop or throw off a cold by a combination of vitamin C, Echinacea, and zinc. This time I "somehow" don't take care of myself. I am sick all of October, but by the first week of November I'm feeling well again.

I go to the Postdoc meeting on November 25 where we break up into small groups for mutual support in response to 9/11. I tell some of my story including the moment of hatred impacting me. A friend is in the group who knows me well enough to speak personally. He asks me gently (and I don't recall the exact words) "Whose hatred was it?" Yes, I had acknowledged the hatred was mine, but I had not stayed with my awareness for long. Not a desirable place to be. Now my attention was focused again. I had mainly experienced vicarious trauma after September 11. Unfortunately, I have known trauma in my personal history with reason enough for hatred. I am grateful to have had an analyst who helped me to know and accept "murder in my heart," even to use the energy creatively. I thought I had "worked through" that phase of my life. Also, I have lived with the sudden death of that analyst. I have been in a second analysis to handle the impact of that trauma and to keep alive the love in the center of my grief. I slept fitfully the night of the 25th. When I wake up Monday morning, the cold has returned in full force. This time I take care of myself so the symptoms have abated within the week, but I know I have memories to digest again.

The teachings about trauma are true. We never "get over" trauma. The body keeps score. The challenge is to keep our hearts open to the raw stuff. Enter the territory of trauma with great care. These are difficult times.

SHARON WINDWER, PsyD.

9-11

Bright blue skies overhead  
Beautiful and blessed Tuesday  
Bloodied crew and passengers  
Our busted cockpit

Buildings crashed  
Bodies burned  
Pieces blowing, microscopic.

Falling bodies  
Bursting in flames  
Buildings fall

Brimming with anger  
Bursting with tears  
Security blunders into  
Broken hearts  
Still believing.

❖ ❖ ❖ ❖

❖ ❖ ❖ ❖

## KAREN SHORE, Ph.D.

The Relevance of Erich Fromm  
to September 11, 2001

I still weep for the losses we sustained on September 11th. So many people — too many to fathom. We lost a crucial part of our city. The Twin Towers seemed so solid, so New York, so permanent, to us. The Pentagon damaged and on fire. We lost our naivete and our sense of safety. Suddenly, we are so very vulnerable. And very, very sad.

How could this happen? No group is in a better position than psychoanalysts to understand the potential for destruction of disturbed societies and disturbed psyches, and the very dangerous mixture of the two. We did not use what we know to inform society and government of the potential danger. We did not heed the warnings from Erich Fromm.

In *The Anatomy of Human Destructiveness* (1973), Fromm wrote of malignant aggression, which includes sadism (the passion to destroy life and the attraction to all that is dead, decaying, and purely mechanical). Fromm wrote this book to analyze the nature and the conditions of malignant aggression, for he knew malignant aggression was a danger to man's very existence as a species. Indeed, fearing that Saddam Hussein, bin Laden, and others of their ilk have nuclear devices or massive amounts of war-grade biological weapons, we can envision the death of millions . . . and maybe of life itself.

Fromm wanted us to know what "evil" looks like before it is too late. His analysis of destructiveness included an analysis of Adolf Hitler. He wanted us to know that there were many potential Hitlers. He wrote: *I believe that the majority of people do not have the intensely destructive character of a Hitler. But even if one would estimate that such persons formed 10% of our population, there are enough of them to be very dangerous if they could attain influence and power. To be sure, not every destroyer would become a Hitler, because he would lack Hitler's talents; he might only*

*become an efficient member of the SS. But on the other hand, Hitler was no genius, and his talents were not unique. What was unique was the sociopolitical situation in which he could rise; there are probably hundreds of Hitlers among us who would come forth if their historical hour arrived.* (pp.480-481). The historical hour is here for many men in the Middle East.

Malignant aggression in the form of sadism and necrophilia are described as "character-rooted passions" that develop as forms of relatedness. Fromm believed that we all have certain existential needs, such as the need to be related to others, to have an impact on others, to be devoted to something, and to achieve a sense of oneness and unity. He believed that we lack the instincts necessary to satisfy such needs and must, instead, develop automatic ways of reacting to these needs. The character-rooted passions are our own unique ways of satisfying our needs. Freud wrote that if we grow up in a general life-furthering environment (family and society), we would develop the biophilous passions of love, tenderness, justice, and the desire to grow things and to further life. If life-furthering solutions to our existential needs are frustrated, we are likely to develop the necrophilous character — rooted passions of hate, greed, jealousy, envy, cruelty, narcissism, and destructiveness. Our relatedness might develop as the desire to control others (sadism) or the desire to tear things apart and bring living things to a stop (necrophilia).

In particular, Fromm saw the necrophilous character as one whose passion it is to transform that which is alive into something that is unalive, to destroy for the sake of destruction, to tear apart living structures. Such a person believes that the only way to solve a problem of conflict is by force and violence, not by sympathetic effort, construction, or example. There is a marked interest in sickness in all its forms. He said that the necrophilous person is attracted to all that is dead, decayed, putrid, and sickly, and to all that is mechanical. In addition, he said that

they are attracted to bad odors and said that "they look as if they are always smelling a bad odor," emphasizing this as a characteristic of Adolf Hitler. Bin Laden's expression is different from Hitler's, but the most prevalent picture of him clearly shows an expression that looks as if he had just smelled something foul. Fromm said that necrophiles want to destroy everything and everybody, often even themselves; "their enemy is life itself" (p.387). Such people who have gained great power end up destroying their society, their nation, and eventually themselves. They may describe themselves as great liberators and builders and saviors, but in truth, they bring massive death and destruction. I expect we will find bin Laden lying dead, relatively alone, amid ruin.

Fromm wrote that the character-rooted passions form the basis for man's interest in life, his enthusiasm, and his excitement. They underlie dreams, religion, myth, drama, and all that makes life worth living. He believed that man seeks drama and excitement, and when he cannot set satisfaction on a higher level, he creates for himself the drama of destruction. He wrote that the passions are "man's attempt to make sense out of life and to experience the optimum of intensity and strength he can (or believes he can) achieve under the given circumstances" (p.30). Little could provide more intensity than bringing down two of the tallest buildings in the world and crushing thousands of American bodies and lives.

According to Erich Fromm, "if man cannot create anything or move anybody, if he cannot break out of the prison of his narcissism and isolation, he can escape the unbearable sense of vital impotence and nothingness only by affirming himself in the act of destruction of the life that he is unable to create" (p.407). I wonder about Osama bin Laden's life among his 50+ siblings and about how well he was accepted and loved by his parents and siblings, even as a young boy. Has he found his way of making an impact by becoming the most

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infamous and destructive person on the face of the earth? In a brief story on Mohammed Atta, there were hints of a demanding father who criticized — maybe mocked — his son for being too soft emotionally. I do not know whether it is true or not, but one article I saw spoke of the acceptance of the use of young boys for sexual gratification. If true, this would certainly help explain a portion of the anger of the young men of the area.

Over the past decade or two, the increasing brazenness, destructiveness, and immensity of the statements and acts of Al-Qa'eda and related terrorists, bin Laden and his followers and close associates, and the Taliban before September 11, 2001 should have informed us of the potential danger. The Taliban's treatment of the people of Afghanistan, especially its women, became hideously destructive of freedom and life. They publicly murdered their own people and pushed many women, virtually forbidden to see the light of day or to make noise, to deep depression and suicide.

It will be useful to do psychohistories of bin Laden, his followers, other leaders, those who hijacked our planes, and even of the many suicide bombers exploding themselves and dozens of others in Israel. I am certain that understanding their personal psychodynamics as well as the sociopolitical cultures of the area will provide a great deal of information the whole world needs to know in order to prevent future war and mass destruction. This, however, is not enough. We will also need to look at ourselves and at our allies.

Are we as innocent as we would like to believe, or have our businesses and governments been exploitative and arrogant in our dealings with the Palestinians and others involved in the destructiveness taking place? Have we made it easy for their leaders to point to us as the enemy? Do we help them deflect the fact that they take advantage of their own people and keep their people in poverty?

Studying the personal dynamics of leaders in industry and government on both sides of the conflict and analyzing the sociopolitical dynamics of the

nations involved will provide crucial information about what is happening and why. Just as unhealthy parents and teachers harm the psyche of children, destructive and exploitative leaders in business and government too often seek and gain power and damage the psyches of those subject to their power — from employees, to the general consumer, to whole classes of people, to populations of nations. They thwart life, freedom, and growth as surely as do political dictators. We know the cycle of mistreatment and hate, the cycle in which one who is deeply hurt grows up to hurt others. We also know the cycle of love, responsibility, and caring, the cycle in which one who is loved and cared for grows up to love and care for others.

Psychoanalysts know better than anyone else how to describe dangerous persons, groups, and governments. We also now better than anyone how to describe the conditions needed for the development of loving human beings and societies. I hope more of us will use what we know to inform society and government so that we can prevent such horrors in the future. In the meantime, we will, from time to time, weep for the loss of peace, the loss of safety, the loss of our skyline's towers, and most deeply, for the loss of so many lives.

*Karen Shore, Ph.D. is the founder of the National Coalition of Mental Health Professionals and Consumers (1-888-SAY-NO-MC; [www.TheNationalCoalition.org](http://www.TheNationalCoalition.org)).*



## DAVID KIRSCHNER, PH.D. Reactions of Children In Psychotherapy To The World Trade Center Disaster

The following impressions, are based on individual psychotherapy sessions, with dozens of Long Island children, ages 6 through 12, describing their reactions to the events of 09/11/01. Interestingly, the vivid re-plays of planes smashing into the WTC, and the buildings collapsing, did not seem to traumatize these children nearly as much as might be expected. Most said it looked just like a movie, like the *Independence Day*, and only a few appeared clinically disturbed by what they saw. Some even described the images as *cool*. Not surprising, as they've all been desensitized watching horrific visuals on TV ad infinitum, let alone computer enhanced disaster movies too numerous to list.

The images that were intensely confusing and upsetting to most children I spoke with were not of the destruction at Ground Zero — but rather the scenes of Palestinian children cheering, waving flags, and being treated to candy and other goodies, in celebration of the horror. This was *different and real*, these clips of Arab children's jubilation that juxtaposed with images of Americans suffering. One twelve-year-old's response was; *I felt disgusted, how could they celebrate? Now all I want is revenge*. Another ten-year-old said; *They're happy because they think they're stronger than America now, but they're not, and we'll bomb them, and win*. Children relate to and compete with their age-group, and seeing their Muslim peers dancing with joy — separating reality from fantasy for many of America's children.

Almost every child I spoke with had the same question; *Why do they hate us so much?* One twelve-year-old boy (with a learning disability) said; *The smart kids say it's all about Arab oil, but I don't think so. You can*

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*live without oil, but you can't recreate people. So they must hate us for another reason. And a seven-year-old girl's response was; I wanted to watch my cartoons, but all they had on TV was about the Twin Towers, and then I saw the Arab kids acting stupid, dancing and cheering and waving flags. Some of those kids were my age even, so I felt mad that they were happy . . . but I don't know why they're so angry at us. And a ten-year-old said; I thought the (Palestinian) kids cheering were just retards or jealous that Americans were richer and had more video games and stuff — but then I saw some Arab kids jumping up and down the same way in New Jersey, so they must really hate us, but I don't know why.*

Anger/rage, much more than fear/anxiety, were the predominant emotions expressed repeatedly by my young patients. No need for "grief counsel" (except for one child who lost a deeply loved uncle at ground zero) — but many sessions have been needed with most of the children, for talking out and understanding the anger. Human nature has equipped all of us with a protective defense mechanism called hatred. When threatened, our automatic nervous system prepares us to run or defend ourselves (flight or fight) — and Long Island's children have reacted to the events of 09/11/01, much more with anger than with fear; and realistic anger/rage can be healthy and protective. 50 parents, teachers, and therapists should validate this justifiable emotional response; and educate our children about his enemy they never knew existed, explaining (in age-appropriate language) why these Muslim extremists hate Americans. Acceptance and validation of anger, can be just as healing, as talking-out feelings of loss and pain. America has real enemies such as Osama bin Laden, who are threatening our sense of security, and we do our children a disservice by not educating them about this.

*The following were the opening remarks by Estelle Rapoport at the Adelphi Community Meeting of September 30, 2001. Estelle called the meeting to allow our community to come together to share our experiences and feelings and develop means of supporting each other.*

### ESTELLE RAPOPORT, Ph. D.

**O**ur purpose in being here today, is to help each other to cope with the trauma that has invaded our personal and professional lives. These are unprecedented times that call for us to develop new methods of support. I would like to begin by telling you what I have been going through during this past 2 1/2 weeks.

It started at 8:55 am on Sep. 11, 2001. I had just received a cancellation for my 9:15 appt. When I walked from my office into my house, my housekeeper, Daphne was watching TV. I asked what she was looking at. She told me her two daughters had called her to tell her a plane had crashed into the WTC, which was where her son worked. I walked over to the TV and saw the first tower in flames. I thought there must have been an airplane accident. Maybe two planes collided. Within a few minutes, the second plane came toward the other tower, went behind it and then the explosion. I was stunned. I could not comprehend what had happened. Next came the news that the Pentagon had been hit and I knew it was an attack. But I was numb. I was transfixed. I ran back to my office for a 10 o'clock patient. I couldn't imagine working in a session. When I opened the waiting room door, my patient was sitting there sobbing and said she had to go home. Her husband was working in New Jersey and she couldn't have her session. I totally understood. I ran back to the TV. When the first tower collapsed, I felt sick. The TV commentators spoke in disbelief, and I was horrified. Then the second tower. How could this be happening? It was so unbelievable, and I still can't quite believe it. I had one more patient, and one more cancellation. Midday I was glued to the TV.

All my afternoon and evening patients came to their sessions, talking about the events in a dazed tone. I found myself having difficulty staying focused on their words, since I was so preoccupied with events of the day. All the evening sessions focused on reactions to the attacks.

Since that tragic day I have had so many reactions, and I would like to share some of my thoughts and questions about the effect of this tragedy on all of us and on our work. As a start, I felt a need to look up the word "terror" in the dictionary. "Terror"; it said is "extreme fear." Synonyms are panic, dread, alarm, and horror. To be terrified is defined as being *horrified, shocked, frozen, paralyzed*. To terrorize is to "scare to death" or to "use Gestapo tactics on". The antonyms of terror are security, reassurance, encouragement, comfort, calm and tranquility. I hope we can offer some of this to each other today.

Some of you know me for a long time and know my history. My parents were both holocaust survivors. My father survived 3 years in labor camps, my mother 1-year in Auschwitz. My early years were filled with their mourning, their search for any surviving relatives and these same issues with all their friends from Czechoslovakia, of whom there were many. I was terrified. The outside world was clearly not a safe place. I knew from an early age that anything could happen and life can be forever changed in a minute.

My parents represented two different modes of living through these horrific horrors. My father was, I now realize in a continual state of posttraumatic stress, depression, and terror. He never regained whatever zest for life he had before the holocaust. My mother tried to look forward and make the best of whatever she could. As an example, on this Yom Kippur as we were driving home from the Saretsky's, where everyone commented on how well my mother looked. She said: "you know I look so good because in the camp, I didn't eat the daily margarine ration, I put it on my face to keep my

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skin from drying out." While that may express her narcissism, to me it also expressed her hope and determination to have a future where the ordinary concerns of life would again be important. That her horror would one day be over and she would prevail and flourish.

After about 800 years of analysis, I was finally able to differentiate between my parents' life in holocaust Europe and my own life in privileged, safe, USA. I could say to myself, I refuse to live my life in fear. I would repeatedly tell myself, I am in America now and I have to take a leap of faith that this world is more stable than Europe in 1943.

So since September 11, 2001 I have experienced my safe, hope filled world become a world of terror. My mother's response to the attack on the WTC was to say, through her tears "I thought I finally came to a safe place". So that's the emotional lens that I as an analyst have been bringing in to sessions with my patients for the last 19 days. That a major belief system upon which I was able to construct some sense of security has been badly damaged. And what have I been hearing from my patients? From some, the same anxiety, confusion, terror and projection of worse scenarios. From others the determination not to succumb to the terrorists. It is apparent that each person reacts through his or her own lens. But everyone is deeply affected, no matter what his or her emotional history. How can we as analysts help ourselves and our patients.

These are some of the issues I have been thinking of:

1. *Is it helpful for us to remember that even terrible experiences can have within them the seeds of some positive personal change. Can a different perspective on the value of life emerge from this event?*
2. *It is helpful for us to focus on the analytic task of helping people put into words what they are experiencing. Putting feelings and thoughts into context helps us to feel more sane?*
3. *Is it helpful to realize that we are all mourning? Some mourn a person, some a job, a sense of*

*security, safety, hope. Mourning the loss of the way we were able to feel about the world on September 10th.*

4. *As analysts we have always focused on helping individuals develop their own sense of self, inner strength and empowerment. Is it helpful for us to focus on how to maintain our sense of inner self in the face of such strong feelings of helplessness?*
5. *We can focus on the resilience of human beings. The world, unfortunately, has been in horrifying straits before, and many have survived and even flourished.*
6. *Is it possible to focus on where and how we can feel some sense of personal empowerment and avoid falling into despair?*
7. *How do we balance analytic work which often involves deconstructing long held defenses with the need for support and possible strengthening of just those defenses we may have been tugging at?*
8. *To what degree do we alter the frame during these times? We are experiencing the same general trauma as our patients. Those who were at the WTC and those who lost family members are of course feeling much more personal devastation. When our patients ask us if we are OK and if our families are OK do we inquire as to the reason for the question or do we tell them?*
9. *It is helpful to let patients and ourselves know that our reactions are understandable?*
10. *We don't offer spiritual or religious solace. We offer a way of listening, understanding, conceptualizing and integrating our emotional and mental being. That is very healing. We can offer to ourselves and to our patients the determination to find a way to live with and through the awful feelings we are all having. At a meeting yesterday I heard someone quote a book that talked about stages in dealing with a serious illness. First there is shock and denial; then there is nothing else but the illness, everything else in life feels meaningless; then there is living with the unlivable, it becomes part of life, not all of life. I suppose we have to help all live in this third phase, for now.*

11. *I think we have to come to some new existential understanding about life, the uncertainty of life, the appreciation of the moments in which we live. Under the stress of continuous anxiety and threat, I think it helps to develop a fatalistic view. After all we were always vulnerable, we were able to deny it more easily because there was not an organized attempt to kill us.*

There are so many more questions and thoughts and ideas. I'm sure that all of our minds are racing. I have great confidence in us as people of strength and character who are determined to keep living life in the best way we can. I am very proud to be a part of this community and the community of mental health. So many of our members have volunteered their time. And all of us are working under great stress with our patients. We have a critical role to play in our country. It is now widely recognized that the mental health of our nation is vital and we are being called upon.

Since this is all unprecedented, I think we have to be creative. I believed it was important for us all to be together and together determine what will be helpful for us. These needs may change and evolve as time goes on. I want us to have a vehicle for communicating with each other and responding to whatever we may need to do to support each other.

On November 18, 2001, a second Community meeting was held to continue the process of our education and support. Dr. Nicholas Dellis was the guest speaker. Dr. Dellis, now retired, was a Professor in the Postdoctoral Program for over 20 years. He was also a professor at the William Alanson White Institute for over 30 years. Nick was the Director of Mental Health Services for the Nassau County Red Cross for 5 1/2 years and shared some of his experiences and expertise with victims of trauma from a psychoanalytic point of view. These are some of the highlights of Estelle's opening remarks:

Our meeting today is a continuation of what I hope will be a

series of meetings to enable us to develop a personal and professional response to the events since September, 11th. Since our last meeting I have been thinking about responses. It seems to me that as psychologists we need to form both a treatment and a community response. Do we need to rethink some of our psychoanalytic goals? We try to help patients to feel internally safe — How do people develop that when they feel externally unsafe? We need to help people regroup their defenses to cope with ongoing anxiety. Do we reinforce denial, intellectualization? We have to help each individual find what is most containing. We can then perhaps generalize to a more global view of what helps under these circumstances. We will have to study the effects on this prolonged threat on psychic structure. What are the psychic consequences of living in an atmosphere of continual threat?

We have always focused on the integration of libido and aggression. Maybe we need to foster more aggression and assertion in self-defense, to feel stronger. We have to find a way for our aggressive impulses to break through the haze of depression and shock and find our way back to our joy and vibrancy. We have to actively fight psychological terrorism. What is the impact on psychoanalytic work when both patient and therapist are under mental siege. We are all facing, more starkly than ever, the existential given, the inevitability of death. How do we live well while so aware of death. Perhaps if we can develop a more fatalistic attitude, we can better accept the fragility of the state of life, at the same time knowing that while we are alive we are not fragile. We are strong individuals living in a strong country. Should we as psychoanalysts be moving beyond our individual focus to involve ourselves in the world at large?

I was reading the APA monitor and came across this discussion by Martin Seligman, a former APA president: He believes that we must all focus on the urgent task of national defense and the defense of

civilization. The feeling of national unity and purpose that we have now can be fragile and it needs to be maintained. *"I think of the Manhattan Project, and I wonder if enough bright social scientists got together and asked whether there are major projects that could be undertaken that would aid the nation at a time like this, what would we generate. I believe that putting together, on an urgent basis some of our best minds to brainstorm how psychology can help the nation is a pressing thing for us to do."*

Should we, in our Adelphi Community develop projects that we believe would help guide local communities and even larger communities to help people cope with terrorism? These are all thoughts and ideas that we might talk about in our group meetings. The first part of our meeting will be a discussion with Dr. Nicholas Dellis about the effects of trauma and treatment from a psychoanalytic viewpoint.

During the second half of our meeting, the plan is for us to break up into groups and talk about our personal and professional responses and what we would like the Post-Doc to provide for our continuing support and knowledge. Perhaps we can also consider any project that we would like to undertake.

Nick was beloved in all these places for his intelligence, his humanity and his willingness to be involved whenever he was needed. Nick has a unique ability to put all his experience, knowledge and wisdom into a form that is eminently useful.

*(Following a discussion with Dr. Dellis, the large group broke up into smaller groups for discussion purposes and reconvened later).*



## PEARL KETOVER PRILIK, DSW

Like many, I felt the attacks of 9-11 viscerally, as a psychic blow that approached intense physicality. Yet, I also felt curiously strengthened, by a passionate, protective love for the ideals upon which this country was founded. The concomitant swirl of loss, empowerment, pride in individual altruism and courage in the face of incomprehensible horror, coalesced into a reawakened faith. A belief in country, and in the power of a collective human consciousness imbued with basic positive humanity. Thus reawakened, I was drawn back to earlier Septembers when flags snapped crisply in blue skies and there was a certainty about things devoid of relativistic equivocation. And through the conflux of such thoughts and emotions the simple theme of America, the song and the idea, continued . . .

## America, america

Oh beautiful for spacious skies  
cut deep by silver steel  
For purple mountain majesties  
above the  
gaping  
hole

America, america  
heart cut  
and bled and teared  
Lift now  
her face  
from evil  
brace  
from all  
that now  
is feared

Told us they  
did of  
brotherhood  
of hand held  
fast and  
strong  
those purple mountains  
majesty  
above a rising  
dawn

America, america  
I gave my heart  
to thee  
through bombs  
that fell  
and napalms  
hell I held  
you close to me

America, america  
I marched and sung  
and cried  
for liberty, equality  
for others lost and died

We learned of  
pots of melted  
walls  
a land of one  
for all  
A special land  
where freedom  
rang a universal  
call

A place where  
free we all  
could be  
no crematorium  
sweet stink  
the evil  
things that  
happened then  
too distant far  
to think

And through it  
all  
our self-control  
belief in moral  
might  
a land that's  
free for all  
to be  
whatever is  
felt right

We didn't always  
get along  
We didn't all agree  
But that we learned  
was just the point  
of sweetest liberty

And so our  
buildings went  
unscanned  
our skies  
unmanned  
and free  
our streets marched  
through by many feet  
for causes differently

America, america  
I gave my heart  
to thee  
to noble  
cause and  
idealized flaws  
in name of  
liberty

It served us well  
until this  
hell unleashed  
its heinous face  
but never more  
than here a door  
to courage  
rich embrace

It takes no  
strength to fight  
for right when  
fear is far away  
when babies cry  
in distant lands  
and others  
starve and die

Our alabaster  
cities now  
agileam with  
tears and dust  
From this came  
we to liberty  
As then and now we must

America, america  
I gave my heart to thee  
gave my belief  
a child of grief  
to dream  
of liberty

All children  
of a certain age  
remember  
with crisp  
pride  
that we stood  
so much  
taller then  
and that we did believe

America, america  
it's simple  
to believe  
when safe and  
warm and tall  
and strong  
invincible we seemed

America, america  
for oh so very long  
we've mouthed  
the words  
without a test  
of right against what's wrong

America, america  
you raised me in your  
arms.  
So strong  
and warm  
and held so high  
america's no lie . . .

