

ADELPHI SOCIETY FOR PSYCHOANALYSIS & PSYCHOTHERAPY

NEWSLETTER

9-11 MEMORIAL EDITION

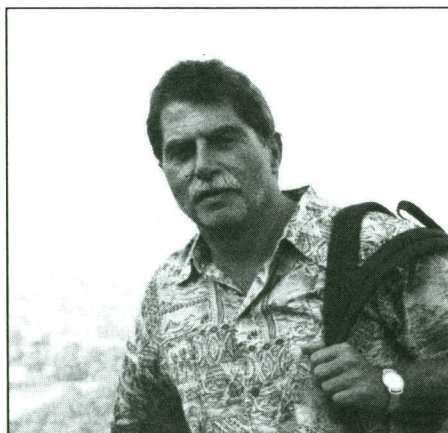
PRESIDENT'S MESSAGE

It'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

Continued on page 2

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.



VOL. 16, No. 2 9-11 MEMORIAL EDITION

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.

1991-1996 LINDA S. BERGMAN, Ph.D.

1987-1991 SERENA W. RESWICK, Ph.D.

1984-1987 CAROLIDA STEINER, Ph.D.

1974-1984 NEIL S. GROSSMAN, Ph.D.

Associate Editors MARJORIE S. MALTIN, Ed.D.

SUZANNE B. PHILLIPS, Psy.D.

Editorial Consultants

RUTH FORMANEK, Ph.D. STEPHEN HYMAN, Ph.D.

ALICE T. ZIEHER, Ph.D.

The ASPP *Newsletter* is an official publication of the Adelphi Society for Psychoanalysis and Psychotherapy whose membership is open to the candidates, graduates, and faculty of the Postdoctoral Programs in Psychoanalysis and Psychotherapy, Gordon F. Derner Institute of Advanced Psychological Studies, Adelphi University, Garden City, NY 11530 Copyright © 2001 by the Adelphi Society for Psychoanalysis and Psychotherapy, Inc. (ISSN 0897-5841). The *Newsletter* is published Fall, Winter, Spring, and Summer. E-Mail submissions preferred to: DRPKP@aol.com. Please send 2 sets of typed, double-spaced manuscripts or letters Pearl Ketover Prilik, D.S.W., 226 7th Street, Garden City, NY 11530.

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 & 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.

ASSP 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 be 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).

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.

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