2015

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Narrative and Meaning-Making Among Manhattan Social Workers in the Wake of September 11, 2001

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This qualitative study was a thematic analysis of categories of meaning-making contained in the written narratives of 139 clinical social workers living and working in New York City on September 11, 2001 (9/11) related to their personal and professional experiences of the World Trade Center attack. Themes included personal growth and benefit found in the wake of 9/11, the ongoing experience of adversity, and professional growth and lessons learned. Situated in the context of the literature on narrative and meaning-making, the findings offer further support for meaning-making as an intrinsic human activity and shed light on the various ways clinicians integrate an experience of shared trauma. Implications for theory, practice, policy, and future research are suggested.

KEYWORDS narrative, meaning-making, September 11, 9/11, trauma narrative, shared trauma

In the wake of the September 11, 2001 (9/11) terrorist attacks, citizens of the United States widely perceived themselves to be collectively besieged (Schuster et al., 2001). In addition to causing 2,471 deaths, 9/11 left 15,000 minor children mourning the loss of mothers and fathers (Neimeyer, 2005; Webb, 2002), and countless others coping with loss from death and destruction, and the task of searching for a new or renewed sense of meaning.
in the face of the unimaginable. In a way that is essentially different from other violent acts, the experience of terrorism within our country inexorably altered the American consciousness, compelling us to reframe our notions about our identity and place in the world, and stimulating deeper thought about the very nature of terrorism. Neimeyer (2005) writes, “The events of 9/11 transformed not only the vista of New York, but also the vision of a nation that could no longer sustain a sense of invincibility and relative insularity from conflicts seemingly taking place a world away” (p. 132).

Unprecedented levels of media coverage made it possible for individuals to receive prolonged and repeated exposure to graphic and potentially traumatic images and other stimuli. Stress reactions were widely experienced in the days and weeks that followed (Galea et al., 2002; Laugharne, Janca, & Widiger, 2007; Marshall et al., 2007; Schuster et al., 2001; Underwood & Kalafat, 2002). In a particular way, individuals who lived and/or worked in the New York Metropolitan area were impacted by their proximity to Ground Zero (Boscarino, Galea, Ahern, Resnick, & Vlahov, 2002; Colarossi, Heyman, & Phillips, 2005; Schuster et al., 2001; Underwood & Kalafat, 2002). Those who experienced the attacks on the World Trade Center in a more direct way were more likely to report acute stress reactions (Colarossi et al., 2005; Jordan, 2005).

A particular set of reactions was found among those who functioned as helping professionals on that day and in the days and weeks that followed (Tosone, Minami, Bettman, & Jasperson, 2010; Freedman, 2004; Palm, Polusny, & Follette, 2004; Pawlukewicz, 2003). Fire fighters, police officers, health and mental health professionals, and a host of others collaborated out of professional duty, as well as a desire to be of service. For many, this kind of involvement served as a means of coping with their reactions to the attacks (Schuster et al., 2001).

Clinical social workers and other providers of mental health services in New York City were exposed to the tragedy of 9/11 in a distinctive way (Colarossi et al., 2005; Palm et al., 2004). Many provided counseling, debriefing, and support to survivors, family members of victims, and rescue workers (Boscarino, Figley, & Adams, 2004; Naturale, 2007). A still larger group processed the experience with clients in agencies, private offices, and other practice settings. This placed them at heightened risk for what researchers and theorists have variously termed secondary trauma, compassion fatigue, and vicarious trauma (Adams, Boscarino, & Figley, 2006; Boscarino et al., 2004; Colarossi et al., 2005; Creamer & Liddle, 2005; Naturale, 2007). For those who lived and worked in New York City, their proximity to Ground Zero meant dealing with the events in both personal and professional ways, and potentially elevated the nature of the experience to one of shared trauma (Altman & Davies, 2002; Tosone et al., 2003; Pawlukewicz, 2003; Saakvitne, 2002; Serani, 2004). While related to the more commonly encountered constructs of secondary traumatic stress/compassion fatigue and vicarious
trauma, the term shared trauma connotes the particular and unique dual impact that results when clinicians live through the same potentially traumatic experience as their clients and thus must cope with and integrate this experience not only professionally but personally (Tosone, Nuttman-Shwartz, & Stephens, 2012).

Narrative is a central vehicle for the processing of shared trauma and the construction or reconstruction of meaning. Scholars have investigated the way narrative emerges from the human need to make meaning of experience (Arvay, 2001; Bruner, 1986, 1990, 1991; Frankl, 1984; Josselson & Lieblich, 1995; Neimeyer, 2001a, 2001b, 2005; Tilly, 2006). Others have investigated the ways narrative may help traumatized individuals integrate and make meaning of their experience (Davis, Nolen-Hoeksema, & Larson, 1998; Eid, Johnsen, & Saus, 2005; Norman, 2000; O’Kearney & Perrott, 2006; Romanoff, 2000; Tuval-Maschiach et al., 2004; Wigren, 1994). However, while some have discussed the meaning-making of survivors of 9/11 (Rennicke, 2007) and others have explored social workers’ efforts to help their clients make meaning of their traumas (Norman, 2000), no research had been done to understand the ways in which social workers strive to make meaning of the traumas to which they are themselves exposed, particularly in the context of 9/11.

A significant body of theoretical and empirical work has been done to understand the nature and centrality of meaning-making in the human experience. Perhaps most renowned in this area is the work of Victor Frankl (1984). Frankl aimed to address what he saw as the existential importance of making meaning of adversity as a way of accessing inner resources that could lead to survival and transformation, or what has since been referred to as posttraumatic growth (Calhoun & Tedeschi, 2006).

Neimeyer (2001a, 2001b, 2004, 2005, 2006) has contributed a great deal to the theoretical and research literature with respect to loss, grief, mourning, and meaning reconstruction in their wake. Loss, Neimeyer (2001a) states, “whether of cherished persons, places, projects, or possessions” (p. 263), challenges our sense of narrative coherence and our sense of identity. When our assumptions about the nature of the world, ourselves, and ourselves in the world have been shattered (Janoff-Bulman, 1992; Janoff-Bulman & Frantz, 1997) we seek pathways, even outside of our conscious awareness, to rebuild a sense of meaning.

For their part, Park and Folkman (1997) propose a distinction between what they refer to as global meaning and situational meaning. Global meaning involves the broadest categories of individuals’ assumptions and beliefs about the world, its nature, and their place in it. Situational meaning is the sense that individuals make of the particular circumstances in which they find themselves. Park and Folkman further suggest that a recursive relationship exists between these two wherein each informs and challenges the other. In most instances, meaning is retained and even fostered by assimilating
the experience of the situation into one’s global framework of meaning. However, when a situation or event is overwhelming, this global perspective needs to be expanded or otherwise altered so as to accommodate the data of the new experience.

The current study examined the thematic content of a series of narratives written by clinical social workers who lived and/or worked in New York City on 9/11 related to their personal and professional experience of the events of that day. It sought to understand these narratives as expressions of their effort to make meaning of those tragic events.

METHOD

Participants and Procedures

The data for this study were part of a larger investigation, the Post-9/11 Quality of Professional Practice Survey (PQPPS) (Tosone, McTighe, Bauwens, & Naturale, 2011). The population for the PQPPS consisted of Master’s and Doctoral level social workers who identified as having a specialization in mental health and were members of the New York City Chapter of the National Association of Social Workers (NASW-NYC) at the time the study was conducted. A stratified, random sample of the membership of NASW-NYC was drawn by InFocus Media, a marketing company retained by NASW to manage its membership lists. The total number of surveys returned was 507 (39% response rate). Twenty-six of these were received from social workers who were retired and therefore ineligible to participate in the study. This resulted in a final sample of 481 (38% response rate). A sub-sample of this number (n = 198 or 40.5%) chose to respond to an open-ended question at the end of the survey instrument that invited participants to “please feel free to add any additional comments you choose related to your personal and professional experience September 11th experiences.” This subgroup served as the sample for the present study.

Data Analysis

Selective dominant thematic categories of meaning-making were extracted and coded using a procedure based in the thematic analysis technique described by Boyatzis (1998). Boyatzis defines a theme in the following way:

A theme is a pattern found in the information that at minimum describes and organizes the possible observation and at maximum interprets aspects of the phenomenon. A theme may be identified at the manifest level (directly observable in the information) or at the latent level (underlying the phenomenon). The themes may be initially generated inductively from the raw information or generated deductively from theory and prior research. (p. 4)
Written narratives were read and compared repeatedly in an effort to discern patterns that spoke to the ways in which respondents made or attempted to make meaning of the events of 9/11 as they experienced them personally and professionally. Passages within the narrative were determined to be reflective of meaning-making activity inasmuch as they expressed respondents’ efforts to make sense of or interpret the events and the way they have impacted their philosophy of life, and/or manner of engaging in their personal and professional activities, families, relationships, and communities.

As suggested by the quotation from Boyatzis above, it was anticipated that some of these efforts might be found in the manifest or explicit content of the narratives, while others might lie in their latent or implicit content. Particularly with regard to the latent content, repeated and comparative reviews of the narratives were used to discern recurrent strains of thought and experience related to meaning-making.

For purposes of methodological rigor, two additional raters were trained in this conceptual understanding of meaning and meaning-making, their operationalization, and the method of coding that was being employed. Using categories extracted by the primary investigator, these raters coded the narratives independently. Following independent coding, the three raters arrived at perfect agreement on the coding of the narratives in 43.2% of the cases ($n = 60$). Furthermore, considering that the coding schema allowed for the possible presence of all categories of meaning-making in each narrative, the raters agreed on the presence of at least one category in an additional 48.20% of the cases ($n = 67$), for a total of 91.36%. In the end, all discrepancies were resolved and final codes were assigned based on the consensus of the raters.

Themes that were particularly consistent and dominant in the narratives were selected for inclusion. They were labeled, defined and their contents described. Verbatim texts from the narratives were extracted to illustrate each theme. Themes were then organized into three dominant categories of meaning-making, each comprising several sub-themes.

RESULTS

The sample was comprised of 139 social workers between the ages of 28 and 85 years ($M = 60.68, SD = 8.06$). Participants reported a mean of 26.5 ($SD = 9.04$) years in the field. Additional demographic data on the respondents may be found in Table 1. As described above, participants’ narratives were coded and organized into three dominant categories, each containing several sub-themes. A list of these categories and themes along with the frequency with which each was endorsed may be found in Table 2. As noted, each narrative had the possibility of containing all or any combination of the categories and sub-themes. A detailed description of each category and the contents of its sub-themes follows.
TABLE 1 Demographic Profile of Respondents

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>94.9</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1.4</td>
</tr>
<tr>
<td>Asian</td>
<td>0.7</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>2.9</td>
</tr>
<tr>
<td>African American/Black</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
</tr>
<tr>
<td>Female</td>
<td>82</td>
</tr>
<tr>
<td><strong>Religious Affiliation</strong></td>
<td></td>
</tr>
<tr>
<td>Affiliation with some religious group</td>
<td>80.3</td>
</tr>
<tr>
<td>Jewish</td>
<td>51.8</td>
</tr>
<tr>
<td>Protestant</td>
<td>8.8</td>
</tr>
<tr>
<td>Catholic</td>
<td>7.3</td>
</tr>
<tr>
<td>Christian</td>
<td>2.2</td>
</tr>
<tr>
<td>Buddhist</td>
<td>2.2</td>
</tr>
<tr>
<td>Other</td>
<td>8.0</td>
</tr>
<tr>
<td>Atheism</td>
<td>3.6</td>
</tr>
<tr>
<td>No religious identification</td>
<td>16.1</td>
</tr>
<tr>
<td><strong>Borough of Residence</strong></td>
<td></td>
</tr>
<tr>
<td>Manhattan</td>
<td>94.1</td>
</tr>
<tr>
<td>Brooklyn, Queens, or Bronx</td>
<td>5.9</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>Over $100,000</td>
<td>50.0</td>
</tr>
<tr>
<td>$80,000–$99,000</td>
<td>15.4</td>
</tr>
<tr>
<td>$60,000–$79,000</td>
<td>18.4</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Master’s in Social Work</td>
<td>73.3</td>
</tr>
<tr>
<td>Completed Doctoral Degree</td>
<td>13.3</td>
</tr>
<tr>
<td>Some Doctoral Coursework</td>
<td>13.3</td>
</tr>
<tr>
<td>Institute Training</td>
<td>82.4</td>
</tr>
<tr>
<td><strong>Extent of Ongoing Impact of 9/11</strong></td>
<td></td>
</tr>
<tr>
<td>Very much affected</td>
<td>7.9</td>
</tr>
<tr>
<td>Somewhat affected</td>
<td>35.3</td>
</tr>
<tr>
<td>A little affected</td>
<td>18</td>
</tr>
<tr>
<td>Not at all affected</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Witnessed 9/11 in Person</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42.2</td>
</tr>
<tr>
<td>No</td>
<td>57.8</td>
</tr>
<tr>
<td>** Experienced major loss due to 9/11**</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12.2</td>
</tr>
<tr>
<td>No</td>
<td>87.8</td>
</tr>
</tbody>
</table>

Meaning-Making through Benefit-Finding and Growth in Difficult Times

The first major category contained those themes that suggested the experience of benefit or growth in the wake of the events of 9/11.
TABLE 2 Categories and Themes of Meaning Making With Frequencies

<table>
<thead>
<tr>
<th>Categories and themes of meaning making</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaning Making through Benefit Finding and Growth in Difficult Times</strong></td>
<td></td>
</tr>
<tr>
<td>Post traumatic growth</td>
<td>34</td>
</tr>
<tr>
<td>Turn to spirituality or a philosophical perspective</td>
<td>40</td>
</tr>
<tr>
<td>Support from Relationships and Community</td>
<td>24</td>
</tr>
<tr>
<td>Carrying on with Life</td>
<td>19</td>
</tr>
<tr>
<td><strong>The Ongoing Experience of Loss and Adversity</strong></td>
<td></td>
</tr>
<tr>
<td>The Ongoing Nature of the Experience</td>
<td>51</td>
</tr>
<tr>
<td>Concern for Loved Ones</td>
<td>41</td>
</tr>
<tr>
<td>The Traumatic Impact of September 11</td>
<td>46</td>
</tr>
<tr>
<td>An Unknown Future in a Changed World</td>
<td>36</td>
</tr>
<tr>
<td><strong>Professional Growth and Lessons Learned</strong></td>
<td></td>
</tr>
<tr>
<td>Individual Responses, Individual Needs</td>
<td>17</td>
</tr>
<tr>
<td>Sharing Between Therapist and Client</td>
<td>24</td>
</tr>
<tr>
<td>Getting Down to Work</td>
<td>39</td>
</tr>
</tbody>
</table>

**Posttraumatic Growth**

A number of respondents commented that in the wake of 9/11, they experienced growth in ways that they might not have expected.

Such things as greed, small-mindedness and pettiness seem all the more irrelevant and unenlightened since 9/11—I feel more mature, more knowing, more human and more loving. It brought things to a common denominator for me and my colleagues and loved ones that is healthier—there is a sense of honesty and directness—we have a different and more compassionate edge since 9/11.

Others commented that 9/11 reminded them of the preciousness and precarious nature of life: “I have more hope than ever now—because I realize how time is limited in ways we cannot predict—so easy now to enjoy & live in the moment; be kind to other people, not hold on to grudges, forgive more quickly. Life is precious!”

For some the experience of growth prompted a paradoxical sense of discontentment with their work.

I have found being a therapist more burdensome and I have felt regret for choosing this field. The healthier I get the less I want to sit in a room all day listening to people’s pain. What a place to find myself. So, now my goal is to reshape my practice so I can get out of this office more and delight in the joy of moving through this world.
TURN TO SPIRITUALITY OR A PHILOSOPHICAL PERSPECTIVE

Some respondents commented that 9/11 sparked or renewed an interest in spirituality and spiritual concerns:

I believe 9/11 had a profound effect on my life. I've become more spiritual, more existential, more solitary. The profound despair & anxiety stirred me to confront my relationship with God, community, family & self more.

I'm grateful that 9/11 occurred at a time in my life when I've lived most of my life (age 66). It makes it easier to bear. What is helpful to me is a spiritual/fatalistic view that when “your number's up, your number is up,” & the recognition that life is precarious. And wearing shoes I can run in!

The Ongoing Experience of Loss and Adversity

The second major category was comprised of themes with a negative emotional valence. These subjects chose to share their ongoing experience of pain and loss with respect to the events of 9/11.

THE ONGOING NATURE OF THE EXPERIENCE

A great number of participants reflected on the ways in which they felt forever changed by the experience of 9/11: “I will never forget my reaction that day... I have accepted the fact that I will never be quite the same when I hear an ambulance go by or a fire engine attending to an emergency”; “My step son died in the world trade center. Life changed.”

For some participants, the experience of loss remains intimately tied to their relationship with New York itself: “I worked at the World Trade Center for 8 years in the 70’s and 80’s. Visiting ground zero after 9/11 was like losing a part of my life, my history—the neighborhood was gone!”

CONCERN FOR LOVED ONES

A very common theme involved participants’ memories of the worries they had for loved ones on that day and in the days, weeks, and months that followed.

As much as I wanted to volunteer, it was too soon for me, and my job was to look after my 13 year old son who had witnessed one of the planes flying low over Manhattan (he did not see the explosion, but instantly knew something was terribly wrong). In early November, my son became depressed and by January, 2002, he was suicidal. Now 18, he remembers
very little of the chain of events, but does remember seeing the plane, getting depressed, wanting to die . . .

THE TRAUMATIC IMPACT OF SEPTEMBER 11, 2001

Participants spoke in a variety of ways about the traumatic nature of the events of 9/11.

I was right in the thick of the 9/11 experience living and working about one mile from the towers. I saw the 2nd tower go down and was so traumatized that I had nightmares and reflective thoughts related to the horror of it. I continued to work, although it was very sad, cried a lot with patients, and felt for at least one year a great deal of anxiety.

For many participants, past or concurrent traumas notably impacted the way in which they experienced the attacks on 9/11:

My father died (at 83) two weeks before 9/11. My mourning was hijacked by the attack. I was dissociated for about 2 weeks post 9/11, triggered by planes flying (though I only saw the planes hit on T.V. I did see the burning buildings) & steam stacks on the street.

Others reflected on their associations to past experiences of war or other terrorist events while several specifically noted the impact of the Holocaust on their reaction to the events: “My parents were refugees from Nazi Germany. Parts of our family died in camps. This has definitely affected my views.”

Having lived myself in Israel during the 1973 War and volunteering w/ the injured and staying on came back to me with full force on and after 9-11. My work with Holocaust Survivors & their children also prepared me for what I would hear and how I would practice.

For some, their work in the aftermath of 9/11 was experienced as secondarily traumatizing.

I volunteered with the Red Cross on 9/12 and 9/13. My assignment was to “counsel” family members of victims at the Armory. This entailed finding people who were sobbing, approaching them and finding out who had died and then walking them up to the Medical Examiner’s office. These family members were told to go home and get dental records and x-rays. They could not understand why they couldn’t just go and identify their loved ones’ bodies. It was up to me to explain to them why this was not possible. It was the most heart wrenching work under awful conditions. I could only do this for two days. I was physically and emotionally exhausted.
AN UNKNOWN FUTURE IN A CHANGED WORLD

While many subjects reflected on issues of the past, others chose to focus on their view of the future in a post-9/11 world. For them, the world was experienced as a different place now: “I believe 9/11 has subtly & insidiously changed every aspect of my functioning both professionally & personally”; “I just wanted to add that the main way that 9/11 has changed my life is that I no longer feel that the future is guaranteed (to the extent it ever is) and that living and working in Manhattan we are all vulnerable to a certain future terrorist attack.”

Professional Growth and Lessons Learned

The final category of meaning-making was comprised of the lessons that social workers reported learning about their work and themselves as professionals.

INDIVIDUAL RESPONSES, INDIVIDUAL NEEDS

Participants frequently commented on what they learned from the tragically unique circumstances surrounding 9/11 about focusing on the needs of the client and intervening appropriately: “I cannot stress enough my feeling that this event landed on us all collectively, but as with any other trauma, it is processed vis a vis one’s own personality structure and, we, as practitioners, must follow our patients not push them.”

For some, this understanding of individual needs highlighted the importance of flexibility and respect in one’s professional response.

I watched as firemen emerged from the conflagration into an area of “safety” that looked like the worst of Beirut. They looked in complete shock, like they were barely holding it together and yet had to hold it together because their work was far from done. They wanted no part of talking. The basic and elemental things mattered—finding pals, a lot, water food and mostly silence. There really is a time to leave traumatized people alone, to offer the basics and just let them know someone is there—and then go away until you are invited.

SHARING BETWEEN THERAPIST AND CLIENT

A very common theme in participants’ narratives involved the shared nature of the experience of 9/11. A number of participants framed this as an often unfamiliar blurring of boundaries. For some, the experience altered their way of practicing to this day: “At the time (9/11) I was more opened to talking about my feelings with patients. This has continued to this time”; “The experience of 9/11 . . . required that I work out a new, and essentially
more intimate relationship with my patients. In many cases the event and reactions to it, brought out hidden aspects of self & of the transference.”

Finally, a number of the social workers who shared their experiences commented on the importance of the work they did, and the meaning of sharing themselves with others in need at such a crucial time.

On 9/12/01, the day after 9/11/01 I volunteered as a mental health practitioner for the Red Cross and Mentor, USA. I worked as a group therapist for the policemen and firemen working 14 hours a day searching for survivors at ground zero . . . and with firemen’s families in grief as their therapist. I consider the work I did following the events of 9/11 as the most important work I have ever done.

My work has been trauma related for many years. 9/11 allowed me to share my knowledge with others. A real Privilege!

**DISCUSSION**

September 11, 2001 had an important impact on social workers who lived and worked in New York, many of whom responded in one way or another to the attack on the World Trade Center. This study attempted to understand their stories in greater depth. In tones reminiscent of Scoville’s (1942) description of the role of social workers in Britain during World War II, the participants in this study shared their stories of meaning-making through growth, loss, and the exercise of their profession in the face of adversity. The analysis of the qualitative data revealed three dominant categories of meaning-making that echo and reinforce themes and concepts already discussed in the theoretical and empirical literature. With respect to the first category, Meaning-Making Through Benefit-Finding and Growth in Difficult Times, the findings of the study are consistent with those of Janoff-Bulman (1992), Affleck and Tennen (1996), McMillen (1999), and Calhoun and Tedeschi (2006). Specifically, Janoff-Bulman (1992) addressed the possibility of finding some benefit in trauma. Likewise, Affleck and Tennen (1996) described the ways in which individuals affected by traumatic events may experience a strengthening of their relationships, positive changes to the personality, and a deepening of values with respect to one’s priorities and goals. This also resembled McMillen’s (1999) description of the variety of pathways to experience benefit following adversity, as well as Calhoun and Tedeschi’s (2006) description of posttraumatic growth in the three areas of one’s view of oneself, changes in the experience of relating to others, and changes to one’s overall philosophy of life.

Themes in this category have also been cited by those who examined the ways in which individuals affected by 9/11 coped with that experience.
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Schuster et al. (2001), for example, found that it was common for people to turn to religion, social support, loved ones, and community. The use of these strategies was clearly described by many of the social workers in this study.

With respect to the second category, The Ongoing Experience of Loss and Adversity, some of the participants in this study reported that they found the experience secondarily or vicariously traumatizing. This experience was well documented in the literature. Pulido’s (2007) interviews with 50 social workers who were involved in the response to 9/11 revealed the respondents’ struggles with a variety of distressing symptoms as well as their efforts to contain them in order to carry on with the work. Creamer and Liddle (2005) documented the presence of secondary traumatic stress symptoms in mental health workers following 9/11, while Colarossi et al. (2005) reported their impact on social work students and field instructors.

Naturale (2007) noted the importance of warning potential trauma workers of the increased risk of experiencing symptoms. Nonetheless, while some expressed regret about the ways in which they felt their personal reactions limited their availability, shame or guilt over these reactions did not constitute a dominant theme in the narratives (Colarossi et al., 2005; Saakvitne, 2002; Wall, 2001).

Finally, regarding the third category, Professional Growth and Lessons Learned, many social workers who participated in this study described the need to “do something”—to turn passive into active by becoming involved. To this end, they told stories of providing counseling and support to survivors, family members, and rescue workers. The findings of other investigators similarly revealed the desire to use one’s skills both to be of service and to cope with the adverse nature of the events (cf. Boscarino et al., 2004; Naturale, 2007; Schuster et al., 2001).

The experience of blurring of boundaries between therapist and client that led to new and often unfamiliar types of sharing has also been documented elsewhere. Mishne (2003), for example, shared the ways in which she personally became more self-disclosing to clients in the wake of 9/11. Others (Altman & Davies, 2002; Tosone, 2006; Fox, 2003) described the new and ambivalent bonds they felt with clients as a result of the shared trauma of 9/11. This experience was further echoed by scholars who have detailed the demands of living with clients in a shared traumatic reality (Baum, 2004; Kretsch, Benyakar, Baruch, & Roth, 1997; Nuttman-Shwartz, 2008; Nuttman-Shwartz & Dekel, 2009). They noted the ways in which, through the process of appropriate self-disclosure and sharing, therapists can help model effective coping for their clients.

While the present findings do reinforce observations already present in the literature, they also expand our understanding in important ways. First, the responses of the participants offer documentation of the pathways by which individuals affected by the experience of 9/11 have made meaning
of that experience in the long term. Through responses collected almost six years after the event, the participants spoke powerfully of the ways in which they have been changed by the experience of 9/11. For many, these changes have had a positive emotional valence; for others it has been more negative. In either case, documentation of alterations to both the global and situational meaning-making (Park & Folkman, 1997) of the participants over time is of importance and adds further depth to our understanding of the shared traumas to which social workers and other clinicians may be exposed.

The findings of this study provide further support for the value of narrative in understanding the experience of those affected by adverse events like 9/11. Additionally, although some (Bonanno, Wortman, & Nesse, 2004; Rennicke, 2007) have written of the absence of meaning-making in samples of individuals affected by adverse events, these findings offer further documentation of the nature of meaning-making as an inherent human process. They also speak to the importance of an ample and nuanced definition of meaning-making as well as attention to the latent dimensions of participants’ reports (Boyatzis, 1998).

The narrative structure of human consciousness seeks pathways of understanding, the means by which particularly challenging and potentially overwhelming life experiences may be integrated into our sense of ourselves, the world, and ourselves in the world. Although these participants were not asked to report explicitly on meaning-making activity, their response to an invitation simply to share anything they wished about their personal and professional 9/11 experience revealed their efforts to make sense of or interpret the events and the way they have impacted their philosophy of life, and their manner of engaging in their personal and professional activities, families, relationships, and communities. This understanding of the intrinsic nature of meaning-making is of value both for research and for clinical intervention with those whose lives have been marked by adversity.

Bruner (1986, 1990, 1991, 2004) writes of the relationship between narrative and culture. The narrative testimony of the social workers who participated in this study bore witness to the ways in which the experience of 9/11 has inexorably altered our collective narrative as professionals living and working in the context of the larger culture of New York, the United States, and beyond.

Bruner (2004) goes on to describe narrative’s ability to structure the expectations and parameters within which life can be experienced. For all of us, there is quite literally a “before 9/11” and an “after 9/11,” a legacy that continues to be revealed in our language, our private and social behavior, our sense of ourselves and our place in the world. It has changed the canon of our public and shared system of meaning. On a larger scale, we are similarly constructing, in an ongoing way, the collective story of those who intervened in the wake of 9/11 as well as the story of the social work profession even more broadly defined.
Josselson (1995) suggests that narrative as the record of a meaning-making system gives a privileged place to the human experience of the observer or teller who is embedded in the matrix of society and culture. This is the nature and goal of the present study—to give pride of place to and invite the experience of the subject as the narrator of that experience. These findings highlighted the importance of this kind of research, wherein meaning is generated both by the participants and the researcher operating at different levels of reflection.

The participants in this study provided ample data regarding the ways in which they have attempted to make meaning of the experience of 9/11. With respect to the phenomenon of shared trauma, the qualitative findings of the present study are a particularly salient record of the experience of living through an extraordinarily adverse event alongside one’s clients. They normalize the experience of the blurring of boundaries between therapist and client as well as the potentially ambivalent bonds that therapists may experience with clients as a result of having shared such difficult experiences as 9/11. This challenge to traditional boundaries is especially relevant for social workers living in a shared traumatic reality such as occurs in areas exposed to ongoing terrorism (Kretsch et al., 1997; Nuttman-Shwartz & Dekel, 2009) and speaks to the importance of therapists’ ability to address these issues in therapy and to model coping.

LIMITATIONS

The open-ended question in response to which participants crafted their written narratives did not prompt them in any explicit way to address the issue of meaning-making, nor was there an opportunity for follow-up questions. Thus, the data do not constitute the results of focused, in-depth inquiry into the meaning-making efforts of these subjects. This could be undertaken in a future study. Nonetheless, the data were analyzed and thematically coded for both latent and manifest references to the subjects’ meaning-making activity in the narratives.

Additionally, the fairly homogenous nature of the sample, while providing a compelling window into the experience of these participants, may limit the generalizability of the findings. All of the participants in this study were members of the New York City Chapter of the National Association of Social Workers who identified as having a specialization in mental health. The majority of respondents also reported having institute training. Each of these characteristics may distinguish these participants from the wider social work community and, therefore, limit the generalizability of these findings. Future research should attempt to gather data on the narratives and meaning-making activity of a more diverse sample of social workers exposed to potential instances of shared trauma. Such diversity should include not
only gender and ethnicity, but other categories such as geography and field of practice. An exploration of these dynamics following both natural and man-made traumagenic events would also be beneficial.

CONCLUSION

It has already been noted that social workers are increasingly called on to respond to disasters and other similar critical events in order to attend to those potentially affected by trauma (Bride, 2007; Naturale, 2007). It has also been acknowledged that this work puts them at increased risk for adverse reactions of their own (Adams et al., 2006; Colarossi et al., 2005; Creamer and Liddle, 2005; Cunningham, 2003; Hesse, 2002). The findings of this study, perhaps most particularly the third category of meaning-making, Professional Growth and Lessons Learned, highlight the importance of mitigating the impact of stressful events on social workers by providing them with ample training, support, information, and resources. Groups like the American Red Cross or the National Association of Social Workers, as well as government offices, hospitals, and community mental health agencies must build these components into their response plans for critical events such as terrorist attacks. By doing so, they will not only provide high quality intervention services to those who may have been traumatized, but also ensure that those who are putting their professional skills at the service of others are well cared for. This may lead to the maintenance and even growth of a corps of such helping professionals who are ready to serve when needed.

REFERENCES


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