The Left Out and The Forgotten: Notes on the Etics and Emics of Disasters [1]

Howard F. Stein[2]

It isn't what you know, but what you learn after you know it all, that counts.
Oscar C. ("O.C.") Newman, M.D., physician in Shattuck, Oklahoma, early Twentieth Century

No man is an island, entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for Thee.
John Donne, *Devotions* (1624), 17

Abstract:

This paper explores the applied anthropology of disaster via the multiplicity of perspectives that people bring to, and create following, catastrophe. The point of departure is the fire in Worcester, Massachusetts, on December 3, 1999 in which six firefighters died. Vignettes from this and other disasters illuminate methodological and theoretical issues. If we are to help people in the face of calamity, we must attempt to understand the stories (narratives) of disaster, and the issues of emotion, meaning, language, narrative structure, and power that shape the experience of disaster and adaptation to it. The etic/emic, formal/informal, distinctions are useful in the understanding of catastrophe and in practical work with groups. Emphasis is placed on listening, and on formulating one's practical suggestions and activities based upon attentiveness to the conscious and unconscious processes at work in the making of disaster narratives.

Prelude

The occasion for this paper was the first conference held by the Worcester (Massachusetts) Institute on Loss and Trauma, held 20 October 2000. December 3 approached, the first anniversary of a fire that consumed the Worcester Cold Storage and Warehouse Company, and the lives of six firefighters. The fire was (presumably) begun by two homeless people who had been living in the building, accidentally knocked over a candle, could not put out the fire themselves, and left the building without reporting the fire. This paper is about that disaster, and about understanding and responding to any disaster – however it comes to be defined and experienced, however short or long it lasts. As I prepared this paper, in the spring, summer, and fall of 2000, I attended and learned about many local and national medical conferences devoted to disaster planning, specifically, to emergency preparation for terrorist attacks with biological, chemical, and nuclear weapons. Catastrophic thinking and imagining was in the air.

I begin with a confession that borders on apology: the story about disaster that I am about to piece together and tell lacks the elegance, simplicity, compactness, linearity, and sheer adventure that constitutes a "good story" as we culturally understand it. It is more polyphonic argument than short declarative sentence. Part of the "McDonaldization of culture" (Ritzer 2000) is the McDonaldization of narratives and their storylines: acceptable stories as virtual "sound bites" like fast-food bites. Further, I wish that my account had the ring of aesthetic "rightness" possessed by, say, the essay, "The Perfect Fire," by Sean Flynn, in the August 2000 issue of *Esquire*. Obviously, the fire and its story sufficiently gripped the national imagination (current and remote) to warrant an essay in so national a periodical.

To choose a different metaphor, my piping hot bowl of "cream of wheat" cereal will be unpalatably "lumpy," rather than effortlessly smooth. It will be my argument that my inelegant, polyphonic stories and my lumpy cream of wheat will be truer to the complexity, breadth, and depth of understanding and of helping in disasters than stylized and conventionalized stories and homogenized cream of wheat. And if the reader

dislikes my image of lumpy cream of wheat, consider lumpy mashed potatoes versus creamy, thoroughly blended, homogenized mashed potatoes (or even instant mashed potatoes, McDonaldized in a package); or oatmeal, lumpy and smooth; or coffee, ground or instant…. The metaphor is the same irrespective of the specific product!

I wish that it were different. The hard part is not *imposing* stories, plots, characters, and endings, but *listening* to the polyphony if not cacophony of stories that is part of the real life experience of disasters. The same is true, I shall argue, for healing – ranging from individuals to families to communities and larger cultures. I start by recognizing that a conference devoted to understanding the December 3, 1999 fire is – whatever else it might be – part of the disaster and the response to it. At this conference we are writing and rewriting the story of which we are a part and in which we have a role. How long does a fire burn, symbolically speaking? How do we deal with a fire we have already been burned by – some literally, some symbolically? How do we deal with the (at least) twin temptations of "becoming" the fire ourselves and insisting that we are not even "singed" by its far-reaching flames?

This paper addresses these simultaneously urgent and timeless questions about the Worcester fire and about any disaster. Reality is lumpy cream of wheat, fresh ground coffee, always aesthetically imperfect. We often omit this fresh and lumpy reality from our scholarly accounts and clinical strategies. As a consequence, practically speaking, real people (individuals, groups, categories of people) get left behind because we fail to notice them or to grant them a place in our drama. They are, in effect, abandoned to their own grief and resourcefulness. This is part of the price we all pay for overly homogenized, stylized "cream of wheat."

Opening Stories

I begin with two brief stories about disaster. I teach an annual seminar called "behavioral sciences in occupational medicine" to physicians and physician associates (P.A.s). Over its seventeen weeks I invited several speakers to teach us about the real world. One of these is a P.A. who is the occupational health manager for the City of Oklahoma City. Prior to P.A. school, he was a firefighter, from which he retired after years of service. The date of class was 3 March 1997. Early in his talk he described a fire in which three Oklahoma City firefighters had died in 1989. His account went something like this: "There was a flashover and backdraft. These were the first deaths in the Oklahoma City Fire Department since the 1950s. 1989. *TODAY*! 3 March 1989." Having started to *tell* a story, he suddenly found himself *re-living* it. His pupils were, for the moment, dilated and fixed in the distance, nowhere in the classroom. For a few seconds there was utter silence in the room. He then re-composed himself and continued with his part in the three-hour seminar.

Suddenly, a portion of a talk about memory and disaster becomes a moment in traumatic remembering itself. He was far enough away in time from the original event not to be conscious of the anniversary date. Yet, in the unconscious, the event was still emotionally volatile, and as soon as he recognized the date, he was briefly swept up in the narrative rather than simply recounting it.

It also is parable and metaphorical for what I have learned about understanding disasters and helping people afterwards. Much of what is most important, short term and long term, is not immediately obvious from direct vision. It rather comes more via peripheral vision – from the corner of the eye. It takes us unprepared precisely as the calamity itself once did. I do not dispense with our official clinical and crisis intervention categories and methods, but I question their ability to contain "the whole story," especially one that continues to emerge. Philosopher Alfred North Whitehead long ago stressed, "Seek simplicity and mistrust it." In life as in medicine and science, there must be a healthy tension between rules and exceptions.

Around two and a half years after the bombing of the federal building in Oklahoma City, a University of Oklahoma Health Sciences Center faculty physician colleague was taking family medicine residents on a community medicine rotation at a local clinic for indigent patients. In a getting-acquainted fashion, the faculty physician was talking with the clinic nurse about her work and experience. At one point, she asked her whether she had been involved in the medical community's response immediately after the bombing. The nurse burst into tears, and a geyser of feelings and memories erupted. My colleague said that she talked and talked, as if for the first time. She said that 2½ years ago, no one had "debriefed" her and asked what *she* had gone through. After volunteering some time to the emergency effort, she returned to her work, which everyone treated as "business as usual." Because she had not been in or around the buildings at the time of the bombing, she did not occupy the mental and

linguistic category of "victim" or "survivor." Certain kinds of people were regarded as having been "traumatized." Others simply pitched in to help.

The occasion that unleashed memory and emotion was my colleague's simple expression of interest in her possible role in the bombing-recovery effort. My colleague, Allene Jackson, M.D., had been one of the early responders to the bombing site and had learned to inquire in this manner. The occasion was not an "anniversary"-style reaction, but, like the first story above, a crucial ingredient was similar: an event in the present strongly resembled a catastrophic event in the past and provided the environmental "stimulus" for the release of unconscious memory and effect. To quote Whitehead again, "Seek simplicity and mistrust it." Especially when dealing with catastrophes, it is difficult not to seek simplicity and to take comfort in it, for it feels as if the world is falling or ripping apart.

Things Are Not Always What They Seem

Substantively, this paper studies disaster, the human experience of disaster, the social construction of disaster, and the contribution of applied anthropology to being useful following disasters. *Methodologically* this paper explores anthropologically generic a) *epistemological* issues (Often, what we think we know is at best a part of the complex cultural picture.); b) *ontological* issues (fidelity to data and to learning from experience versus fidelity to theory and method); and c) *relational* issues (learning from and with others in the very process of "applying" what we know). This paper adds further dimensions to ongoing emic/etic understandings of culture(s) and culture change, and to the necessary tension between intensive case study and comparative study. Finally, this paper can be situated at the intersection between theory, praxis, and ethics.

This paper begins with a specific event: the fire on December 3, 1999, at the Worcester Cold Storage and Warehouse Company, in which six firefighters died. It concludes with an understanding of disasters that encompasses both intensive case study and comparative approaches. In disasters or catastrophes as in the rest of life and culture, *things are not what they seem*. They are not what we want and need them to be. Further, *despite our claims to learn from experience, we often do not*. More often than not, we impose our narrative and ideological order on experience. In disasters, as in life, we often think we know, and act, before we ask. We often get in the way and label it "being helpful." Our fidelity is often more to a theory and method than to the phenomena themselves.

We say, for instance, that we wish to be of help – in better understanding disaster, in helping those overwhelmed by it. Do we assume entirely that we know how to be of help and that we merely need to ply our trade? Or do we also *learn from those whom we are helping* as we are offering our assistance?

Part of the getting-in-the-way is the American cult of the expert, the One Who Knows, the one who presumably possesses god-like "expertise." Whatever in fact any "expert" really knows, the expert in fact is a person who is projectively imbued with and embodies the wished-for omnipotence and omniscience in the vulnerable group – which is what charismatic leadership is all about (Devereux 1955; La Barre 1972). By contrast, I suggest that expertness is not necessarily an inherent or projected property of a person, magically endowed. It is rather the dance of relationship in which all participants bring out the best in each other and step beyond a victim/victimizer mode. Ultimately, I do not have "the answer" or all of "the answers." I bring what I know, but so do you. I help to foster an environment of emotional safety in which new answers have the possibility of emerging – from many people who are working together. We Americans tend to solve urgent problems by descending on them – and the people who have them – with armies of experts. There is a more respectful, inclusive, way of "getting the job done."

From firefighter and policeman to doctor and social worker, perhaps the ancient notion of the "wounded healer" is closer to who and what helps in the long run rather than the persona of invulnerability inherent in the man or woman "made of steel." Knowing our woundedness, and access to it, is part of our strength, though from the point of view of our defenses, we and clients often insist that it is only a sign of (moral) weakness.

One might reply that in emergency situations, one must be prepared to respond immediately, that there is not the luxury of reflective thought. I do not quarrel with emergency response as a general idea – so long as we are attuned to reality. I do have questions when part of the emergency is our own erupting anxiety that we try to quell through "doing something," usually dramatic. This is my central theme amid many variations. It is important to know when the main problem we are trying to solve is our own anxiety. And that anxiety often clouds our understanding of very basic things. The effort to be "made of steel" often compromises our ability to think, to feel, and to respond.

We Americans have clinical and cultural notions of "crisis management" and "incident management" that draw upon notions of *managing* – that is, *controlling* – virtually anything. Through language and ritual, we often engage in magical thinking and acting. Similarly, some trauma, disaster, or catastrophe is utterly unimaginable (e.g., the 1995 Oklahoma City bombing); another is thinkable (e.g., a tornado, hurricane, or flood), but usually not with respect to *us*. In either case, we are at least in some respects utterly *unprepared* for what befalls *us*. Yet, when we are overwhelmed by something, we wish not only to be better prepared in the future, but to magically reverse the past as well. That is, the wish is to re-master the past in the future. Part of what is so frightening about disaster – which is to say the subjective, as contrasted with the objective, side of it – is that it first takes us by surprise and then seems to "possess" us. It is hard to fight demons when they are also inside us.

Each disaster occurs within the "fabric" of how we view the world and how we expect the world to "go" – which is to say, the narrative structure of events. In 1950, Immanuel Velikovsky created quite a stir among cosmologists, geologists, astronomers, and other intellectuals in his assertion that the history of the earth and of the solar system has been one ridden by cataclysm, and not one ruled by uniform, incremental change. Dramatic change, not perfect Laplacian function, is the rule. However one judges the cosmological theories and evidence of Velikovsky (1950), he points at a central official tenet of western civilization: namely, that things go smoothly for the most part, that things belong and stay in their place. Only in the past few decades have social scientists begun to recognize that even massive *cultural change might be ordinary rather than historically exceptional*.

The implication of this debate for the experience of disaster and adaptation to disaster is that while *objectively, disasters are not infrequent, subjectively, disasters feel infrequent*. More precisely, disasters rarely befall us, but only if the "us" is defined and bounded narrowly. Part of the issue is the unit of affiliation, that is, those who feel that the disaster is or was theirs. Who owns it? Whose fire, flood, or bombing is it? How narrow or broad is identification with, or influence by, the disaster? The intensive *case study method* and the *comparative method* complement each other and help us to sort out what is local, what is universal, and how we might learn from each other how to be of help (see Ablon 1973; Erikson 1976; Oliver-Smith 1992; Terry 1984; La Barre 1972; Luel and Marcus 1984; Krystal 1988; Kluckhohn and Strodtbeck 1961; Volkan 1988; Young 1996; Stein 1995, 1999).

I do not say this in order to smuggle in fields such as anthropology, sociology, political psychology, or psychohistory as having *the answer*, for we would be back in the same place I first identified as a *cul de sac*. I less advocate a specific field or assortment of fields, as I suggest that a theory or method is valid and ethical insofar as it honors the experience of people as a place of departure and of reference. It is not the only view, but it is an essential one. It is also one that the history of science, even social science, most dreads (Devereux 1967). The "code words" that describe the approach I advocate include: story, narrative, listening deeply, attending to others, phenomenology, careful observation, intersubjectivity, and experience (see Mattingly 1998; Kleinman 1988; Brody 1987; Stein and Apprey 1990). Most of all, fidelity to what makes us most uncomfortable.

Event, Language, and Story

A disaster is an *event*, and a disaster is a *language*. In their outward contours, some disasters are brief, acute, while others are long-lived, chronic. Over time, a disaster can become a language that hijacks an event. A disaster is a story, a set of stories, an evolving story, about an event, *after* an event. A disaster is also a kind or type of story line about an event, one that *precedes* an event. The story line is replete with characters, plot, sequence, structure, and the "right" kind of ending. A story line or "narrative" is a form we use to say how a story – and its event – *should* go. There are story lines for how a "good fire" or a "good bombing" goes, and for how heroes, healers, and the public respond.

In a disaster and its accounts, there are categories of people, categories of time, categories or types of timetables. Certain categories of people are publicly recognized, acknowledged; certain other categories of people are publicly unacknowledged, overlooked, ignored. Some categories of people court publicity, while others shy away from it. Some are discountable, whether in heroism, suffering, or even memory (Javors 2000; Doka 1989). Who counts? Who is treated as though they do not matter? Who is remembered? Who is forgotten? Who is, or becomes, a social symbol, even a "social cynosure" (La Barre 1946), a category of persons to whom much attention is devoted? What are the costs to each? When the armies of Mongomery and Rommel fought in North Africa during World War II, who gave much thought to the Bedouins who were caught in the clash of worlds? In disasters who gets left out, and what becomes of them?

There are public stories of heroism. There are also private, secret, stories, often at odds with those that are told and retold. There are many kinds of suffering: speakable, unspoken, unspeakeable. Many people get left behind. Many stories are only partially told, if even partially. Many stories are undiscussable. Can heroes have flaws, or must they have perfection? Can heroes have affairs or drink alcohol to excess, or abuse their spouses and children? Can heroes be among the living, or must they be sacrificially dead? What do we do with what *is*, but which *cannot be*, because it is so intolerable, unthinkable? When we – as professionals, as lay people, as plain citizens – read and write stories of catastrophes, we are often more faithful to the way "things *should* go" (which is always someone's view) and to our methodologies than to the phenomena we are trying to understand and the people we are trying to help. We even have expectations about how disasters themselves *should go*: e.g., what a good fire and what a bad fire are. Part of the terror is when "the perfect fire" goes bad (Flynn 2000).

To use my earlier metaphor: If we are more faithful to *smooth* cream of wheat than to the more ordinary and distasteful *lumpy* variety, when happens when the world serves itself up to us lumpy? Can we accept the "lumpiness" as part of the given – to understand, within which we try to help – or do we insist that what is before us is smooth? The image would seem to pervade many facets of our response to disaster.

Individuals, organizations (fire and police departments, hospitals, clinics), and whole communities often take pride in their response to a catastrophe. Community pride can rest on a simple, fundamental sense of the goodness of place. It can also rest on feelings of inadequacy and shame that can never be expunged, a badness that cannot be erased. There often lingers a secret shame and guilt that the calamity happened at all, that it happened in this place, that we should have done differently or better.

Some people have asked, directly or indirectly: How dare the 1995 bombing take place in the "Bible Belt" – and by someone who is not identifiably "foreign"? In Worcester, Massachusetts, where many citizens aspire to a higher status and self-image for their city ("Paris of the 1980s" vs. "ageing mill town" and "New England's utility closet"); how might the 1999 fire feel like an affront to the community as well as, in the response to it, a source of pride to be a New Englander? A disaster, and the response to it, may feel redeeming for a while as if it suddenly put a place "back on the map" as a good place rather than as a backward or deficient place. The disaster can become a part of redefining a person and community's sense of place. Conversely, *where* something happens is part of the "happening," the eventfulness itself. To repeat a theme of this paper: things are not always what they seem.

There is an abundance of studies of "cultural bereavement" (e.g., Eisenbruch 1984a, 1984b, 1991, 1992; Stein 1978) with respect to such large social categories as ethnic groups, nationalities, and religious denominations. But far less attention has been paid to such local place units as, say, states/provinces, cities, towns, communities, workplaces, work groups, military battalions, and the like. Yet the sense of loss occurs everywhere people develop and define a sense of "we-ness," from a fire station to a factory or union. Some losses are publicly recognized, and others are not. In the process, those of us in the "helping" professions miss and overlook a great deal of grief because it does not occur to the "right" categories of people. There are many styles, rites, and narratives of loss and grief that we have not bothered to learn.

The challenge, I believe, is to *listen to the people whom we are trying to help*, better than we listen to our theories and methods. We need to ask, to wonder, "What is it like to be you?" What I happen to think a trauma looks like, how long I think it should take to "heal" or to "get over it," how I think resolution occurs, may differ from how you see or how you think about time. Now, as an anthropologist I don't think that the "native" is always right; nor is the helper or consultant. But one starts somewhere, and respectfulness begins with listening, observing, attending.

Consider two terms widely used in association with mass disaster: "survivor syndrome" and "debriefing." The former term was developed by psychiatrist and psychoanalyst William G. Niederland from his work with survivors of the World War II holocaust (1961, 1964). It refers to the often-unconscious sense of guilt, and chronic anxiety, experienced by many people who lived while so many of their family had perished in the death camps. Through its usage in increasingly wider clinical and popular circles, *interpretation based on inference from data insidiously "becomes" the data themselves.* All "survivors" become presumed to possess and to evidence the "syndrome" that characterizes them (cf. Terry 1984). Ironically, a felicitous concept that began with serious listening turns into a cultural sign of a failure to listen and a prescription for that failure. One purports to "know" people even before one hears them. Explanation becomes sacrificed for projection. It becomes difficult

if not impossible to know who suffers from the survivor syndrome if we assume that everyone does, and equally so.

The second term, "debriefing," is widely employed by practitioners of Critical Incident Stress Debriefing/Management. It derives from the twin military terms of the official "briefing" of combatants prior to battle or another military "operation," and of "debriefing" them afterwards. In relation to disaster, victims and disaster workers are expected to "debrief" DISD/M practitioners about their highly emotional experiences immediately after their involvement in order to prevent subsequent post-traumatic stress disorder (PTSD). Medical colleagues involved in responding to the Oklahoma City bombing, to tornadoes, and to day-to-day clinical encounters, often approach me and say, "I need to debrief to/with you." I am expected (reciprocally) to understand the request, to stop what I am doing, and to listen. Even though I question much of the theory and methodology of CISD/M, I accept their need to talk, to be heard, and I accept their choice of me as a person whom they trust. Because they can label whatever intersubjectively takes place between us as "debriefing," they can, among other things, save face in not having to label it something beyond emergency management. In short, I accept their cultural term and offer my help within it.

Anniversary Reaction and "Identity of Perceptions:" Markers of Loss

The widespread clinical concept of the "anniversary reaction" or "anniversary syndrome" can also be situated more broadly in culture and language than strictly within the realm of health and mental health. I concur with "clinical wisdom" that it is certainly important for individuals, families, clinicians, organizations, and communities to be alerted for physical, emotional, and behavioral volatility as an anniversary date of a catastrophe approaches and occurs. The concept may help to explain the timing and intensity of the reaction. But if we think only in terms of the cultural category "anniversary reaction," we see the trees but miss the forest, as it were. When "anniversary reaction" becomes obligatory folklore, it loses explanatory power as science. We think very concretely about the anniversary date and forget the more general issue of a contemporary "trigger" or environmental precipitant evoking a return of what is repressed or split off. It is less the anniversary per se as it is *the anniversary as an exemplar* of something or of events in the environment that releases the repression or splitting, and that becomes the occasion for regression.

The core issue is not "time," but resemblance between present and past. Freud's (1900) notion of the "identity of perceptions" between the current event and the earlier repression helps us to understand that there may be a vast array of environmental cues, in space and in time, that may act as "triggers." This realization does not diminish the importance of thinking about "anniversary reactions." Rather it situates these reactions within a far broader range of time, places, and persons that might lead to the same physical, emotional, or behavioral eruption. For a brief example, several clinician colleagues told me one morning during March 2000, how they had been spooked the previous night by the very dark hue of the sky and by the severe weather warnings. Why haunted? "Because it looked like the tornadoes of May 3, 1999, that ripped through central Oklahoma." Our clinical and therapeutic inquiries should include anniversaries, but we should broaden them to include resemblance, as in the question: "Is there anything in what you're experiencing now that was at all *like* something terrible you went through in the past?"

Learning to Help as We Try to Help

In short, *can we learn from the very people we are trying to help, even as we are helping them?* Can we let them help us to help them? Put differently, how can we help people feel understood whose inner and outer worlds have become disorganized? Could we, the responders or caregivers, overly *organize* ourselves with methods and techniques *in order to* avert feeling disorganizing anxiety in ourselves?

In the days following the federal building bombing in Oklahoma City, workers in some of the buildings immediately affected by the explosion were gathered in mandatory "debriefing" sessions ranging from one to several hours in length. They were encouraged to express their feelings in the group and told that the wide range of feelings they would have in the near future were normal. Several people who had been in the federal building and in the Journal Record building across the street (as well as in other nearby buildings) told me that they thought these debriefings were a waste of time, at least at the time. What would have been far more helpful to them, they continued, was for people not to take them away from work but to help them put their world together again. They needed help in moving to new, strange work sites. They wanted to get their computers and other equipment going again. In short, as I have discussed elsewhere (1999), the Oklahoma and wider prairie work ethic served the purpose of mastery in the face of cataclysm. At least

for the moment, getting back to work felt like healing, not like the avoidance of healing.

One person – who would have been killed had he been in his actual office at the time of the explosion – kept finding slivers of glass in his filing cabinets and in his books. He carefully took each one and collected them all in a small compartment in his top desk drawer. On the one hand, he was eager to return to work and try to put his world together again, via working. On the other hand, he was symbolically memorializing the bombing by putting and keeping all the reminders of the explosion in one familiar place.

It is not easy. In time of great pressure to "Do something," to intervene, when we want answers to questions driven by intense anxiety about death or aggression or sexuality or vulnerability, *can we tolerate to learn as we go*, to learn even as we are "doing"? Can I afford to make you more important than what I think I already know best? Can I learn partly from you what I should do to be helpful? Can I listen at least as well as I talk? Can what I say come from first having listened to you before I decide what to say and how to proceed?

Both with respect to the 1995 Oklahoma City bombing and in the 1999 Worcester fire, I have heard people say, either directly or in effect: "We, who *don't have* these kinds of problems, *have* these kinds of problems. What becomes of us now?" People respond not only to events as singular events but to events as symbols. When an event comes to represent something, often two interrelated disasters must be faced: the event itself, and what it means. How, people ask, can something happen here that doesn't happen here? The fact *that it happened* may be as crucial a part of the trauma as *what* specifically happened.

Many questions come to mind that can help us to understand how people experienced what happened to them: What kinds of things do people do to help themselves and each other? What do they say as their needs? Can we start here rather than only with our own truths and solutions? Can we not just label others' response as say, "denial" or some other technical or psychiatric term, but instead start where they are, with how they *experience* the disaster, rather than with where we want them to be?

In psychoanalysis at its ideal and best, the therapist approaches each session with an attitude of what Freud called "evenly hovering attention" (*"gleichschwebenden Aufmerksamkeit"*) (1912: 111-112) (as in the image of a fulcrum balancing two plates on a scale). The attitude of attentive not-knowing best characterizes the consultant and applied social scientist who is trying to be of help after disaster. Such an approach helps to correct the tendency to "apply" our favorite theories. Consider an example from a highly popular "cognitive" approach to mental functioning. Shelley Taylor (1983) proposes a theory of "cognitive adaptation," whereby people come to terms with threatening events via certain strategies. This adaptation involves the search for meaning, the attempt to gain control, and the effort to rebuild one's self-image.

What, however, is the process of adaptation if it extends beyond individuals to families, communities, whole cultures? Is the entire process a strictly "cognitive" one? What of the feelings of loss, of rage, of despair, and of the numerous forms mourning takes? Are these, too, not part of adaptation? What, in this model, is the place for futility and fatalism, as well as active mastery? What do we make of a wide, if not universal, tendency to attempt to turn a passive, victimizing experience into an active one, in face restaging the menace in a new, later, disguised form? Where does repetition fit into this rational scheme – and where does reason fit into the process of repetition? What vulnerabilities did the self-image (person, group, place) have prior to the current threat to it? If theory other than a strictly cognitive one raises some of these issues, the sovereignty of multiple sources of data does also.

How Should a Disaster Go? Events and Their Narratives

How should a fire go? How long does a fire burn? How long should a fire last? What are a good fire and a bad fire? An earthquake, a flood, a tornado, a bombing, a war? What is the "unit" of trauma? Who is affected? How do we know? How do individuals, families, and large groups structure and punctuate catastrophes in time? Of all the terrible things that happen to people, how is it that some come to be selected or chosen (Volkan 1991) for inter-generational memory, and others are "metabolized"? When disaster occurs, what leads to resilience, and what leads to paralysis? What is the relationship between the "objective" and the "subjective" facets of disaster? That is, disaster both *happens to* people and to culture (in the abstract sense) and *occurs within* the membrane of people's and culture's lives. Catastrophe is both outside and inside. We need to examine both what people *bring to* disaster and what the disaster *induces* or

unleashes. This is the dual face and paradox of disaster.

Hardly has a disaster begun when it takes shape in some recognizable aesthetic form, narrative and otherwise. Perhaps the form by which we account for and recount it even precedes a particular catastrophe. As if we were all cultural Platonists, we know an event before it happens: how it goes or should go, its outcome, who its protagonists are or should be. We even know how to recover or to try to recover before it happens. Disasters – however we come to define them – seem to be in our heads and in our cultural protocols prior to their appearance in the world – or at least the current or next appearance.

In this study of learning from disaster, I say in many ways that despite our claims to learn from experience, we often do not. More often than not, we impose our narrative and ideological order on experience. For example, we herd people into crisis management debriefing sessions. Or, alternately, we descend on them with armies of grief counselors. Or alternately again in public ceremony, we say a prayer, order the American flag raised to full mast, and declare the disaster to be over. Or again, we declare mourning to be for sissies, and tell ourselves and tell others that we should be glad we were not killed, and insist that everyone get back to work as if nothing had happened. Each approach is highly rationalized culturally, even scientifically.

What goes omitted is that there are *many* earthquakes and fires even in "the same" one, not only a single one, and that many people are omitted (and leave themselves out) from assistance, or too many are included in assistance, or they are given the wrong assistance. Formulas and protocols replace personal experience. The formulas and protocols come to define and prescribe experience. Often, our healing rituals not only protect us; they imprison us and teach us to fool ourselves. We thereby avoid the disorganizing anxiety that is at the root of psychological catastrophe. The process becomes an even more closed system when the healers or counselors avoid their own anxiety through treatment of clients and communities.

To state the point again, things are not always what they seem. Disasters, we say, are terrible, unwelcome events in the communities on which they wreak so much destruction. Yet, during the people of rescue, recovery, and rebuilding, there emerges a camaraderie, a feeling of brotherhood and sisterhood, and an open expression of feelings that are all but absent during ordinary times. Even as the destruction to community is mourned, a sense of community erupts in the midst of the rubble. Often, when a disaster is "over," at least officially, many participants look back longingly to the sense of closeness and connectedness people had back then. Even in the midst of calamity, people sense that the intimacy and generosity will come to an end. They ask: How long can we sustain the feelings, or how can we get them back?

Terrible as disasters are, the relationships that emerge during them feel more real than life. In addition to the disaster "proper," these intense temporary relationships, too, eventually are over and must be mourned. If disasters are often experienced as desecrations to property and to life, the work in their midst is often felt to be sacred – a kind of consecration. Disasters are *symbols* as much as they are terrible events. They are imbued with significance we cannot know without inquiring.

Can we tolerate to learn as we go, or do we require finished formulas, airtight mass disaster planning, beforehand? Can we ever be completely prepared for the next disaster? Is, perhaps, the wish to be totally prepared for the next time in part a response to having been caught unprepared, vulnerable, feeling helpless before – in short, an effort, via repetition, to correct the past in the future?

What Are We Talking About? Disaster, Language, Meaning, Feeling, Power, and Fidelity

This conference is about remembering, understanding, helping… in relation to events – however defined – in which people feel their worlds to be ripped apart. It is about social groups we call communities, about people who label themselves "us," and about the labeling of others as "them." For example, it is about the word "healing" as it applies to all sorts of people afflicted by the event, "touched" by the event: people we variously label as victims, casualties, survivors, rescuers, healers. It is about healing the healers as well as those whom healers help. It is about categories and words, and about what these words mean and omit.

In fact, many people detest the very word "healers" and "healing!" They bring to a fire and to other disasters other images, experiences, and languages. So we must not even take the "what" for granted. This conference and paper are thus about the multiplicity of viewpoint and experience in relation to the "same" event we call disaster or catastrophe. It is about

language, what language includes and excludes. It begins with the approach of the first anniversary of a fire that killed six firefighters in Worcester, Massachusetts, and that shook a community – many communities and senses of community – as much as any earthquake could.

Whatever else this paper is about, it is also about the issue of *fidelity* in relation to understanding and helping in disasters or catastrophes (Apprey 2000). Oddly perhaps, many of us – researchers, clinicians, healers – are more faithful to theory, method, and technique than we are to the phenomenon itself and to the people afflicted with it, ourselves included (Devereux 1967; Boyer 1999; Stein 2000). Our words get in the way of the very process of understanding, even as we must use words to help us to understand. Conceptually and perceptually, it is hard to know what is cultural *prism* and what is *prison*.

In families – however we choose to define *that* unit! – all members do not go through the "stages" in the identical sequence or have the same "rates" or "timetables" for mourning. Even though "the same" person died, each person in the family, or each grouping of people in the family, has lost a "different" person, due to a host of factors: age, how long the person had been known, the nature of the relationship, etc. In certain respects, it is no different in nations and in large cultures. Not only do some individuals "process" an event differently from others, but groups "process" the event differently from one another. Losses reactivate earlier losses, and characteristic defenses against them. Further, in mass disasters, some may lose people and places they know *personally*, while others may experience these losses as *public symbols* (symbolic objects), that is, primarily if not exclusively through projecting and identifying, as representations.

The larger the symbolic magnitude and burden of the event – political assassinations, military defeats, bombings, fires, weather catastrophes – the broader the sense of loss, whether of people or of place. The federal building in Oklahoma City was a place where many people throughout Oklahoma had been or might have been if they had had business there at the time of the bombing. Many people throughout Oklahoma knew people who had been there or were related to them. Practically speaking, the federal building was an edifice that occupied the consciousness of many rather than of only a few; it represented an inclusive "us" and not an exclusive "them." The federal building was also a highly visible symbolic presence of the ambivalently held federal government. Of all the categories of the 168 people who were killed in the bombing, greatest and most prolonged attention was paid to the children who died in the facility's day care center. Even in traumatic death, some categories of people are ranked as more intolerable than others.

The Worcester Cold Storage, though long vacant, was nonetheless a massive monument-like structure in the downtown area, one virtually everyone knew of and had been past. Other buildings, and other deaths, are often far less symbolized and are thus far less noticed – for instance, wives of firefighters who died in less spectacular blazes, widows of World War II or Korean War (often called "The Forgotten War") veterans, and Vietnam War veterans themselves. The consequences of symbolization and of its lack are a central issue in disaster response. We often lose these seemingly subtle, local distinctions, in our attempt to develop broadly applicable theories and methods of disaster response.

Consider but a few of the terms we use habitually now: stress, stressor, trauma, disaster, catastrophe, critical incident, post-traumatic stress disorder, critical incident stress management, debriefing, defusing, flashback, emergency response, healing, psychotherapy, crisis intervention, and so on. Many of us act as if these terms were self-evident, real, and universal. I know legions of people – and not only of Oklahoma culture – who insist that they not only do not have, but couldn't have, "stress," that only "wimps" have stress, that if one is truly a Christian, one would not possibly have stress because one has faith instead. They are affronted if one insinuates that they are under "stress," even after a bombing or a tornado. Although the work of comprehending and helping following a disaster is not limited to people's proclaimed language, it is a place respectfully to begin. Fidelity to the phenomenon and to the people who are inseparable from "its" influence helps us to hone theory, method, and technique. The first vignette illustrates both the difficulty of maintaining this fidelity and the depth of understanding that occurs when this faith is kept.

Vignette 1: A Vignette from the Worcester Institute Planning Committee Meeting

My first extended vignette consists of an example from a meeting of the planning committee for the conference at which this paper is being presented. It turns out that this planning committee is not only a decision-making "body," but also a microcosm of group processes from Worcester to the USA. About ten of us

had a weekly, and later, monthly, lunch meeting or visit, one of which occurred on May 25, 2000, for about an hour and fifteen minutes. I was "present" via a long-distance telephone placed on the conference table – between the chicken salad and yogurt, specifically, as Marjorie Cahn later told me in an e-mail message. We discussed speakers, topics, workshops, and sequence. Nearly an hour through the meeting, someone noticed that in the entire planning thus far, the fire itself had not been explicitly, directly mentioned – something that occurred in earlier meetings as well. Another person wondered where we should bring it up, how we should bring it up at the conference: "The fire, NOT the fire, where do we put it?"

I said that I had the fantasy, similar to that in families of alcoholics or drug addicts, that there is this giant elephant in the middle of the room; everyone knows it is there; yet it is too emotionally enormous, taboo, to talk about, *even among us*. Now, here, in Worcester, what's in the middle of the room is the fire, far more dangerous, consuming, than a mere elephant. Someone brought up the issue of communication at the conference: How do we talk about bad events? On the one hand, we try to avoid them – speaking, for example, only about courage and the wish to get the fire behind us; on the other hand, we hyperbolize about the fire. I said that my fantasy, and perhaps our fear, is of being consumed by the fire. It is very hard to "put" a fire, and even its subject, anywhere. Maybe we were identifying with it as a way of trying to control it.

As we approached the end of our meeting, someone brought up the issue of a "wrap-up" of the conference at the end, on the subject of communication and synthesis. Another person then mentioned coffee and tea, evaluations and CEU presentations, and said that the wrap-up is "not a nuclear melt-down," an even more violent image of the fire. I said something to the effect that it was important for us, the planners, to track our own imagery and feelings, because they are mirrors of the kinds of metaphors and emotions that are, and will be, percolating throughout Worcester and far beyond. As the planning committee, we not only must deal with our resistance to the event that prompted the conference, but our process is part of the conference. In plain English: This is how people, including "professional" people, including people of very good will, deal with the fire and with its equivalents in other places. We struggle to understand; the struggle is part of the understanding. Helpers – of all professions – can be deeply and unconsciously affected by a disaster, and thus not even recognize its presence until it is *enacted* in some way.

I cannot help but speculate further that the attempt to place "me" (via the telephone) on the conference table was a kind of condensation of the wish to have me present (person, nutrient) against the backdrop of enormous loss and grief. When we talk about gathering data about the fire, some of the most crucial data we can "gather" is not only from "them," but also from "us." Ultimately, fidelity to genuine healing begins with fidelity to the catastrophe itself and to people's experiences and accounts. Part of that fidelity is to the observer, clinician, or consultant's own emotional response, that is, to one's countertransference.

Traumatization and Victimization: Or, What's in a Word?

A formulation of Frank M. Ochberg (1997), one of the early formulators of the controversial concept of the "Post-Traumatic Stress Disorder" (PTSD; Young 1995), is especially enlightening in the understanding of the Worcester fire and any calamity:

> There is a considerable difference between the impact of human cruelty, a particular form of trauma, which I call, arbitrarily, "victimization," and natural or accidental events. The generic term for any catastrophic encounter, including earthquake, fire and flood, is, by contrast, "traumatization." When we defined PTSD, we ignored this difference. PTSD was traumatization. But every "victimized" patient of mine complains less about "traumatization" than about "victimization." What are the symptoms of victimization? These include shame, self-blame, feeling lowered in dominance, disgust, paradoxical gratitude (the Stockholm Syndrome), and other stigmata of encounters with evil (see Ochberg, 1988). Victims of cruelty are not just terrified by death and destruction – they are dehumanized and belittled. Primo Levi used the expression "to lie on the bottom" to explain how he and his fellow concentration camp victims were diminished. In some respects, dehumanization is worse than death. Death is biological. Dehumanization is spiritual.
>
> …[W]e should attend to assaults on spirit, as opposed to assaults on flesh. We need, in my opinion, to explore the human response to cruelty, because forms of endurance and adaptation perpetuate cruelty. Silence may be merely diminished oxygenation of grey matter.

> Silence may be unexpressed shame. Silence may be the price of survival in a totalitarian state or a totalitarian family (1997: 202-203).

Now, I do not want to overdraw Ochberg's typological distinction between "natural" and "human" assaults and make them polar opposites. In a similar vein, Volkan (2000: 3) argues that "a closer look suggests that it is sometimes difficult to discriminate between different types of disasters." For example, North American prairie grain (wheat, milo, corn) farmers whose fields are devastated by "severe weather," and who are certainly "traumatized" by storm, flood, tornado, hail, and drought, also highly personalize (anthropomorphize) the destructive event. Further, they often feel a sense of guilt, shame, and blame for some dimly recollected wrongdoing, as though a "natural" disaster were punishment by divine forces. Traumatization can be experienced *as* victimization. A personalized, anthropomorphized, Nature, even God, can feel cruel. Further, "bad" weather can be blamed on "bad" government and on "bad" cities, as if even natural disasters can be deliberately caused.

Consider a related example: During the summer of 2000, a fire raged in and around the Mesa Verde National Park. When the Ute Mountain Ute Indians look eastward to the national park, many do not simply see a natural disaster. "They see spirits that are mad – blazing mad," reporter Nancy Lofholm writes (2000: 7A). Lofholm quotes Terry Knight, spiritual leader of the Ute: "The old spirits that are there are not at rest. Their energy is off-balance, and this causes things to happen in the metaphysical world.... There is something happening with that tribe within the ground. These spirits are getting back at people for doing this and that" (Lofholm 2000: 7A). Anger is directed both toward the white man and toward Indians for various metaphysical violations, such as disturbing Indian remains and storing them in museums.

In many Utes' experience of the prolonged, devastating fire, the cataclysm is personal, not purely natural; it is retaliation for peoples' unexpiated guilt and shame. In short, the experience of being the intended target or victim of hurt seems to be of critical psychological importance in influencing the course of responding to any disaster or trauma. What we might regard as "pure" trauma, others might imbue with the quality of victimization – induced by one's own group and/or by others. If some of our clinical and managerial categories illumine, reveal, they also obscure, conceal. PTSD and CISD must be included among them. Things are not always what they seem.

"The Rest of the Story" – Or At Least More of It: Who is Affected by Trauma?

Throughout this paper, I take the radio editorialist Paul Harvey's approach or methodology of noting the conventional, if not official, obligatory story and exploring more of it, if not "the rest of the story." I ask you to do so likewise, in the spirit of earnest play. I say repeatedly: Things are not what they seem, what we want them to seem, even what we insist that they are. If our terms, our language, help us to help others and ourselves in times of cataclysm, our language also gets in the way. Notions of "healing," "intervention," "closure," "faith," and "resilience" can wound and impede healing as much as they can help it.

For instance, the view of time is part of the solution and the problem created by catastrophe. Timetables of healing, individual, family, organizational, and community can sometimes artificially foreclose or prolong the process of healing. Timetables can become inner and group deadlines, achievement scales, which prescribe when something should be finished, completed, and which add to guilt, shame, anxiety, and isolation, when the "outcome" is not attained.

Who – who all – are "affected" by a disaster? What "units" or "categories" of people are included in, and excluded from, consideration? Who is recognized, and who passes (and is isolated, perhaps self-isolated) as unrecognized and overlooked? What is the geographic and temporal compass or scope of the event? Who should be taken seriously as affected by it? Who merits empathy? When we think in terms of cultural *units*, we likely think in terms of ethnic group, religion, and nationality. Yet workplaces and work roles (occupations, professions, jobs) are often units of affiliation and belonging: for instance, the firehouse, the fire department, the police department, the company, the corporation. Traditionally at least, the men in a fire station lived and functioned and "bonded" as a family. When loss occurs, members of other cultures – not necessarily "foreign" in the ethnic or national sense, but in the sense of unknown – might not comprehend the depth of the sense of loss.

In Oklahoma after the 1995 bombing, three categories of people were quickly identified (created) and then reified: "those killed" (the victims), "those who survived," and "those who were forever changed." Who is a "survivor" or "victim" of a catastrophe? Who is "forever changed"? Following the Oklahoma City bombing, firefighters were publicly honored, but in large measure many police officers and nurses felt left

out, overlooked, as if nothing catastrophic had happened to them, as though their own efforts had been less than heroic. Who, we must ask, *deserves* to be considered as affected by the disaster? Are not all "helpers" of first-line "helpers" themselves `at least potential casualties of their attempt to hold onto and process experiences that are unbearable (often called "secondary traumatization")? To complicate matters further, not all people will be "affected" at the same time – a view of "effect" that differs from the official one. If it is widely accepted that all pragmatics contain an implicit ethics, often the official ethics omits many people and categories of people from its compass.

Months, even years, after the Oklahoma City bombing, I will visit a clinic or give a talk to a clinical group and the subject of the bombing will come up. I will ask the doctor or nurse, or a spouse of a health care giver, in a seminar about the "effect" of the bombing, and suddenly tears will flow. The person will often say: "No one asked me before what it was like. They just told us to get back to work and be glad we had a job." Or, they'd say: "What are you whining about? You weren't the ones killed." The inward- and outward-enforced delay is part of the catharsis. This raises the further question: Whose disaster is it? To whom does it belong? Who merits listening to, or "intervention" of some kind? Who has the power to do the including, the excluding, and the defining?

Power and the Construction of Disaster

Consider, for instance, the widely used language of the Jeffrey Mitchell International Institute. When Mitchell says, "CISD (Critical Incident Stress Debriefing) is structure, order, the antidote to chaos" (28 March 1996, Naval Medical Center, Portsmouth, Virginia), what do the words mean, what are their relationships, what is presupposed about order and chaos? When we speak of "critical incident management," what precisely makes an incident critical? To whom is the event critical? Who possesses or is imbued with the power to define the event? Whose event is it? When an "event" occurs, what are its boundaries in time, space, and person? Who is counted and who is discounted as critically affected? Who has the power to define eventfulness? How much of a critical event is the psychophysical property of the raw event itself, and how much is the property of projection, perception, and meaning (La Barre 1971, 1972)? What is inherent to the event, and what is imposed so as to become definitional of the event itself?

In a classic study of a West Coast U.S. fire in a Samoan church, Ablon (1973) showed how different Samoan American long term responses to the fire were in comparison with that of mainstream Whites to similar fires (e.g., the Coconut Grove fire). Differing family and community support systems, and differing body aesthetics, distinguished responses to outwardly the same type of disaster. It is not so much that we have more questions than answers, but that we must take care not to neglect local community and cultural particulars when we attempt to make sweeping generalizations, such as the "effect" of disaster on culture and community.

How can we humans truly "manage" or control experiences that are felt as overwhelming the normal range of human experience? What assumptions do we make about what constitutes a "normal range"? And who is empowered to define what is and what is not overwhelming? What is the role of culture(s) – ethnic, national, local, community, professional, organizational... – in this process of definition, inclusion, and exclusion? What about wars and civil wars, persecutions, expulsions, which take place for years, if not for decades? What happens to people when these become included within the realm of the ordinary, if not the "normal"? "Critical Incident Stress Debriefing" and "Management" have a distinctively American cultural ring or connotation to them in their emphasis on the causality of the external event, the decisiveness and brevity of the emergency response, the standardization and bureaucratization of response, and the expectation of rapid recovery. The logic of "crisis intervention" has little room for long-range planning or long-lasting suffering from loss. There is also the homogenizing assumption that one language fits all.

Clearly, all languages are not created equal: some are accorded more power, status, and funding than others. What, and whose, language(s) should we use? Does healing require that all participants agree to the same language (e.g., therapy, debriefing, etc.)? When we are dealing with human suffering, it is the suffering, spoken and unspoken, that should occupy the center, not the languages we are most comfortable with in translation. Yet, political factors such as power, authority, public symbolism and meaning, and professional stature all affect the response to suffering.

What, for instance, is the relationship between *disaster* (or cognate terms) and their *narratives*, between disaster narratives and experience (Frank 2000; Mattingly 1998)? What do people bring to disasters, and what do people make of and take away

from disasters? What do we – and who are all the "we" – think a disaster looks, sounds, feels, and smells like? What constitutes the "scene" or occupies the "front stage" of a disaster? What is relegated to the "wings" or the "backstage"?

What disaster accounts or stores become public, and what ones are kept or relegated to secret or private? For example, can "heroes" also have extra-marital affairs, engage in spouse or child abuse, cheat on income tax returns? What is the human cost of a psychological splitting of people into acknowledgeable public ideals – containers of popular wish – and unacknowledgeable private shame? What kind of help is helpful? A trauma industry, like an alcoholism and drug abuse industry, now flourishes. How does one distinguish between opportunity and opportunism? These questions, if also "academic" or "intellectual," are dire ones: how we answer them directs us to what we will do and not do, whom we will consider and not consider.

Whom do we "treat" or conduct "emergency interventions" with? What and who are a "victim" or "survivor" (etc.) of a disaster? What helps to rebuild destroyed inner and outer worlds? What happens to the grief at the flashpoint of loss in times of disaster? What is "its" story, not only the story of the calamity itself? How does making sense of what happened "here" (Worcester) help in the understanding, rebuilding, and disaster planning for what happened and will happen elsewhere? And, the reverse as well: how can the comparative method of understanding adaptation to disaster help us in our own disaster?

To understand a group's conception of disaster and of preparedness, one must understand the philosophy behind, say, its "strategic planning" (or its lack), and the theology behind what is included in (and excluded from) the "procedures manuals," SOPs (standard operating procedures), and the cultural equivalents. One must know about technological and logistical matters, but also about much more. One must be willing to learn what many people do not want to know – including a society's gatekeepers of healing.

The test of whether a given clinician's "therapeutic emplotment" (Mattingly 1998) is therapeutic or anti-therapeutic depends on whether the clinical strategy and clinical ideology serve as an "automatic" defense against anxiety (Devereux 1967) and thus assures ignorance and emotional anaesthesia in both therapist and client, and wider. Here, culture – as a systematization of thought – can both help and hinder the healing process (or whatever other term one prefers to call it). Certain clinical narratives and therapeutic employments are culturally empowered, if not enforced. That is, they receive their authority and power by the abnegation of critical thinking and the ceding of judgment to the imagined omniscience of other, "higher" authorities (Boyer 1999: 103-112). Some clinical ideologies and methods achieve their effect by first re-traumatizing ("secondary traumatization") the very clients or patients to whom their practitioners are offering help. By the coercive and exclusive power ascribed to some clinical narratives and therapeutic emplotments, "outcome" measures are highly circumscribed and prescribed, and in turn become "proof" of the truthfulness of the narrative and ritual form. If surprise in the patient and client alike is essential to healing, it is also the element most often excluded from healing – ranging from individual conflict to collective disaster.

Meaning and Disaster: From Concreteness to Cultural Philosophy and Its Emergence

To understand a group's – or many groups' – response to disaster, one must learn – more indirectly than directly – what they are afraid of and what they are not. To understand what a group is prepared and unprepared for, one must ask how they see themselves in relation to the cosmos, in relation to time, in relation to causality (or will) and responsibility. To understand a group's concepts of disaster and preparedness, one must understand their conception of their relationship to nature, to time, to agency (e.g., being, becoming, doing) (Kluckhohn and Strodtbeck 1961).

For example, to understand how a group "fights" fires, one must know what they "fight" and to what they submit or yield to. One must know what meanings, feelings, fantasies, and fascinations fire holds for them – and for their wider constituency. For the most part, these *emerge* over time and are not present or stated from the outset. A disaster may be deeply meaning-ful and feeling-ful to people other than those whom we regard culturally as "directly affected." Among many people, there are two injuries: the original one, from the disaster, and the later, narcissistic one, from others' response to the disaster. Neglect and indifference lead to the latter hurt and to the development of a sense of entitlement – or, alternately, non-entitlement. As if the original disaster were not damaging enough, there often emerge issues of justice and injustice with respect to acknowledgment. "Grief" and "grievance" share a common sense of *loss*.

The experience of loss and of widespread public recognition on the part of one group often triggers identification among related and even seemingly unrelated groups. It unleashes the sense of vulnerability, the memory of suffering, and the claim of entitlement if not the demand for restitution. Public recognition of one group triggers a sense of narcissistic injury and the protest of injustice in other groups. It is as if to say: "What about us? We suffered too." Still others, differently defended, will respond less with regression and narcissistic demands, as much as they will with reaction formation, as if to say, "We (or they) suffered too, but we moved on with our lives." More generally speaking, *the current loss from disaster will trigger or rekindle memories and feelings associated with losses often far removed in time from the current event*. We will only take notice of, and try to understand, these subsequent unfoldings if we can accept that things are not what they seem. This is all part of the "fidelity" of which I speak. I illustrate this with a second extended vignette.

Vignette 2: The Retreat with the F-5 Game Plan

My second vignette comes from a medical department's faculty retreat, the goal of which was to foster group coherence via several small- and large-group exercises, such as designing the first page of a newspaper that would have headlines, pictures, sidebars, and stories depicting the department's imagined future. The date was May 7, 1999. The retreat was held at a pastoral conference center in Oklahoma City. As we worked, we could see the lovely, quiet spring day through the gigantic picture windows. As we went through our various groups and tasks, I wondered what all the retreat was about.

In my own small group, through energetic participation, we developed an image of the Medical Center arising, phoenix-like, out of the rubble of the collapse and ruins of downsizing, restructuring, hospitals, managed care, and national health. Debris everywhere surrounded the stately columns marked "education, service, and research" that stood out from the destruction. In a subsequent large group, several people commented that we needed the force of a tornado to achieve our goals; that we required a total flattening of the organization to make things work; that the debris from all this change is in Kansas (an allusion to the movie, *The Wizard of Oz*); and that we were going in so many directions as a department that we needed "The Force" to be with us to accomplish our avowed goals (an allusion to the Star Wars movie series, in which "The Force" was a great power on the side of goodness). One person spoke of "The ivory tower scattered like a tornado." One group offered a bold new idea for clinics' reorganization at the end of the day. Images of major reconstruction alternated with images of massive destruction. At the end of the day-long retreat, we named the departmental plan for the future "The F-5 Game Plan."

Four days earlier, on May 3, 1999, a series of tornadoes ripped through central Oklahoma, killing twenty-five people and destroying over a thousand homes. The path of one of the tornadoes lay only a couple of miles away from the idyllic site of the retreat. Whatever else the departmental retreat was officially "about," it was also about the reverberation of the catastrophe in the emotional life of an organizational group. Outside had become inside, variously energizing, terrifying, organizing, and disorganizing. One could offer a variety of interpretations – beginning with the most obvious, identification with the (anthropomorphized) aggressor. However, my present point for introducing the vignette is to describe and evoke how *psychologically* present a disaster can become, how it can influence the *work* of a group – and the group be oblivious to the very catastrophic psychology it is enacting. Having first been a terrifying *reality*, the tornado became a personal and group psychological *representation*, a presence that may have fused both fear and wish with respect to aggressiveness.

Fidelity to people's experiences – including experiences that are enacted and articulated as symbols – can take us to the heart of a disaster and to cues as to how to be of help. If one is going to "fight" fires (military, war metaphor), one must learn something not only about firefighting, but also about the phenomenology and meaning of fire itself (see Bachelard 1964). The same holds for tornadoes, hurricanes, bombings, floods, and wars. It is not accidental that competitive sports teams often name themselves after hurricanes, tornadoes, and other fierce forces of nature (and human as well) that strike a region. Through identification, team members hope to strike – and win – with the ferocity of "mother" and "father" Nature.

Disaster and Its Many Damages: Place and Sense of Place

Any assessment of the "damage" or destruction a catastrophe causes or unleashes must be made both from the outside and the inside (what anthropologists-linguists call "etic" and "emic" perspectives). Such

points of view, both inside and outside, are numerous and not at all self-evident. There are the official measures such as loss of life, injury, loss of property, loss of productivity, and the like. There is often also damage to the (anthropomorphized) group psyche, to the collective self-image, to the "tissue" or "fabric" (K. Erikson 1976; Rangell 1976) of a community – which is to say, to those networks without which massive separation anxiety is unleashed.

Consider how one compensates – and feels compelled to compensate – for one's (reified) place and sense of place when, through a disaster, the projected place/image and its associated group self-image comes up tarnished. I think of Dallas, Texas, in the shadow of President Kennedy's November 22, 1963, assassination; or of Galveston, Texas, in the wake of the September 8, 1900, hurricane that swept over the island and killed 6,000 people and left another 10,000 homeless; or of Hartford, Connecticut, whose Barnum and Bailey circus tent, waterproofed by paraffin and gasoline, caught fire and consumed 167 people on July 6, 1944. The death of 118 Russian sailors during late August 2000 on the flagship nuclear submarine *Kursk* received world shock and grief, while the Russian army felt its thousands of dead neglected and forgotten in the still-popular war against separatist Chechnya.

Grief, resilience, and recovery are made more complicated the more a group's identity and self-image prior to the disaster is bound up with shame or pride – e.g., the Russian government's reluctance to ask for international help as soon as their submarine was in trouble. Galveston, Texas, was the self-proclaimed "Queen of the Gulf (of Mexico)" in the years before the hurricane for which it was so neglectfully unprepared. Hubris and shame are part of the damage. The sorrow and publicity around the September 1, 2000, deaths of two Oklahoma officers – an Oklahoma City policeman and a highway patrolman – during a high speed automobile chase is linked at least in part with the lack of public acknowledgment the police received and felt after the 1995 bombing, especially in comparison with the adulation feted on the firefighters. The assessment of material damage to a *place* is inseparable from the assessment of the damage to the *sense of place* (which dislocations include separation anxiety that interrupts the fantasy of merger with an idealized maternal object). Place symbolism (together with identity and role symbolism) deserves to be part of the "damage assessment" in any calamity.

Disaster is rarely, if ever, a purely objective, physical event. It is invested and imbued with meaning, symbolism, and emotion. Is the scope of death on the ocean liner Titanic even thinkable apart from the audacity, if not hubris, with which the ship was launched and set sail? Is not the self-image and national image of the American "Heartland" – innocence, "true grit," virtue – and its violation inseparable from the experience of the 1995 bombing of the federal building in Oklahoma City? One can almost propose a "formula," to the effect that, the greater the symbolic, meaning-ful, and emotional burden of a cataclysm, the more its mourning and recovery will be complicated by defensive, narcissistic dynamic in individual, family, community, and culture. Military defeats, losses of land and property, that are bound up with childhood trauma and conflict often cannot be mourned. They become internally encapsulated, transmitted to subsequent generations for restitution, revenge, and repair. What cannot be mourned will be repeated (Volkan 1988, 1997). This "complicated" reaction to loss averts the disorganizing experience of grief. It manifests itself through blame, through lawsuits, and other action against a world experienced as "bad" (Fornari 1976). Individuals, families, communities, and whole national cultures that cannot let go of a loss will find some way to restage it – in some kind of "war" or "sacrifice." This is an especially good reason to make sure no one following a disaster is overlooked or allowed to "slip through the cracks," no one is discounted, so as to help prevent malignant narcissism from growing under the scab of the wound.

My third vignette shows how a potentially complicated grieving was averted through early, perhaps fortuitous, attention to symbol, meaning, and feeling.

Vignette 3: Outer and Inner Catastrophes: A Vignette from the May 3, 1999, Great Plains Tornado

My third vignette comes from Oklahoma City. Two days after the May 3 tornado, 1999, I was in the process of leaving a meeting in a clinical department. As everyone else was quickly leaving, a senior physician with whom I had worked for nearly two decades approached me. The meeting had been uneventful and had been like similar ones I had attended. As he came closer, I noticed that his eyes were very red. He looked exhausted. He said to me: "You're kind of in the psychological field. Is it normal for a man to get tearful after a tornado rips through your town? I'm teary all the time. Will they stop? What am I asking you for? I know what you'll say. But I've never had feelings as intense as this. I'm a physician and a specialist in

workplace catastrophes, so there ain't much I haven't seen. I don't know why I keep getting tearful. It's embarrassing. It comes over me in waves."

I stumbled to say *something* to a man I deeply respected as a scientist, physician, pathologist, and toxicologist in occupational medicine. My family and I had crouched low in our bathtub on the night of the 3. I think I just asked him to "Tell me what's going on. You look exhausted" – a look different from what I had ever seen of this spry, usual, witty man in his sixties.

He continued, saying something like, "I spent all night down in Moore, Oklahoma (one of the heavily populated areas hardest hit by the F-5 tornado). That was on top of my regular job. I was trying to help people sort through the rubble of their homes, to help people fill out insurance forms and file insurance claims, trying to do anything that might be helpful. I saw all these people out in the streets looking back at heaps that had been their homes. It was unreal. I was spooked. This one fellow started pacing back and forth near the curb that had his house number on it. His house was completely gone. It looked almost like a vacant lot. What was someone supposed to do to help him? I put my arm around his shoulder and just stood there with him. The world had been taken away, and all I could do was paperwork to help folks remember what they had."

He continued speaking for several minutes, relating incident after incident from that night, as if he were trying to put together broken glass. He described the eerie sight at shelters where he had seen people standing vigil over their few possessions. They wouldn't let them out of their sight. He returned to the theme of not understanding why he was so *emotional* about this, why he couldn't get it out of his mind, why he couldn't let go of the images of the rubble. I thought to ask him about the rubble, what he "saw" in it, but I didn't want to bombard him with questions. Instead, I listened to him via listening to myself, so to speak. I sensed that he needed to tell someone who would listen, someone who would hold onto the story as it was coming to him, and to help him make sense of it.

As he spoke, my thoughts and feelings entered a surreal "twilight zone" that collapsed space and time. I remembered that he had been an early "responder" at the scene of the bombing of the Murrah Federal Building in downtown Oklahoma City four years earlier. I wondered aloud whether there might be some connection between the tornado and the bombing. He said that it was an interesting idea, one that he'd never thought of. We visited for a few more minutes. As we parted, I said stumblingly that I appreciated that he was comfortable talking with me about this difficult subject, and that I wanted him to know that I wanted to make myself available to talk with him any time – even by phone at night if he needed it. He thanked me.

About a week later, we were at a similar clinical meeting. After it was over, my friend approached me. He looked tired, but very much like himself rather than someone haunted. I asked him how he was doing. He said, "I'm doing much better. I want to tell you how much I appreciate our visit last week, and to tell you that something you said helped me to figure out what was going on that had made me so emotional, so volatile. You provided the trigger, the missing piece: the bombing. You asked me whether there was any connection between the tornado and the bombing. It got me to thinking: What bothered me *most* about all the devastation after the tornado was that I kept seeing all this blackened stuff in the rubble. I tried to avoid looking. (He was speaking now in a different "voice," as if in a kind of trance, re-living something.) I got to thinking: I remember where I saw this before. I was one of the people the authorities had go through what was left of the Murrah Building less than twenty-four hours after the bombing to determine where it was safe to go. This was even before a lot of the rescuers and recovery personnel were inside. The police wanted to know what we were dealing with toxicologically. What kinds of solvents, or explosives, were around that the rescuers and fireman might be exposed to? So they had me walk around in stuff where no one had been yet."

He paused, then continued: "As I was looking for possible exposures, I kept seeing blackened body parts, blackened blood on body parts. I don't remember looking directly at them. It's like I didn't want to see it but I saw it anyway. I couldn't help but see them. Nobody should have to see sights like that, burned bones poking through metal and stone. *That's* what was so overwhelming when I was helping out after the tornado. It was a *flashback*! I'd never had them before. I thought I saw the same thing again. I couldn't be sure, just as I didn't look closely enough in the Murrah Building to say for positive that charred flesh and bones are what I saw. But I didn't want to see it again."

As he told the latter part of the story, my abdomen tightened; I began to feel nausea. I trust my countertransference, my emotional response, to convey the revulsion he had experienced. I do not know whether there was in him a forbidden wish behind the revulsion, but I sense the disgust and horror. He

thanked me for helping him to "piece together" what had happened and to help him understand why the tornado had had such an emotional effect on him. If he felt understood, I also felt understood, capable of understanding, capable – at least then – of *bearing* to hold on to not-knowing to be able to accompany him in discovering more of the story. He became re-connected to the "more" that overwhelmed him. One might say that he had dissociated the experience into an alter-self or ego-alien fragment, but what is most crucial is the phenomenology, and the relationship that permits the phenomenology to emerge, and for healing to occur.

My colleague and friend can be considered to have been a "direct" helper and early responder following both the 1995 Oklahoma City bombing and the 1999 central Oklahoma tornado. My role was more indirect, more unofficial. I brought to our visit multiple conceptual viewpoints, ranging from a psychoanalytic developmental one to a cross-cultural comparison of trauma. Most of all, I sought to suspend these and listen to him, and not listen primarily through the defensive use of theory and method. He, together with the emotions, fantasies, and body sensations that our discussion engendered in me, led me to "provide" what he needed to be of help (Boyer 1999).

Transference, Place Symbolism, and Disaster

Much of the memory, symbolism, and emotion linked to a disaster can be understood through the concepts of "transference objects" or "transference targets." Cataclysms do not occur in value vacuums; they do not just "happen" neutrally. They are assigned meaning – often before they occur. These objects and targets – ranging from persons, to groups, to places – can be the focus of "positive transference," that is, overestimation and idealization, or of "negative transference," that is, hatred or demonization. In either case, one is unconsciously "transferring" to them, projecting on them feelings and images that originated in an earlier relationship, often one from childhood.

A few brief examples will illustrate this process. In the contemporary U.S., the response to the idea of, and attitudes toward, firefighters is inseparable from the "positive transference," while the response to the idea of, and attitudes toward, postal workers and the U.S. Post Office, is inseparable from the negative transference. Put differently, the image of the firefighter is of the generous, kindly, self-sacrificial parental rescuer, while that of the postal worker is of the disturbed person who might suddenly "go postal," as the popular expression holds, and massacre people. The firefighter occupies the image of the "good parent," and the postal worker occupies the image of the "bad parent." Cultural myth – which may be informally and officially exploited – makes some people greater than life and others less than life. Some people are more than human, while others are less than human. Here, reality is not somewhere "in the middle," but is overridden entirely. Heroes can do no wrong, and villains can do no right. Through stereotypes – positive and negative alike – we claim to know people without ever meeting them. Stereotypes become further compounded by wider social reality. For instance, in today's steeply competitive and privatism-ridden America, firefighters are one of the increasingly rare groups dedicated unabashedly to the public good.

Positive and negative stereotypes, and the transferences behind them, hold everyone hostage to fixed images. For instance, benevolent and heroic acts by police have a hard time combating the popular image of the policeman (or –woman) who gives you a speeding ticket, who arrests you for doing something you wished to do but at which you instead were caught. The policeman prevents you from doing something, or punishes you for having done it. In many cases, police represent our own projected guilty consciences, our own sadism, and our own prohibiting and punishing parents. Fire trucks are more often children's toys than police cars. Firefighters are perceived to be unambivalent, while police are viewed more suspiciously as "political." Firefighters are seen as good-to-all, while police are seen as partial to some members of ethnic groups and heavy-handed to others. Firefighters are also more so "experience-near" public safety officials than police, bringing fire trucks into residential communities and letting children climb all over them.

To cite another example, homeless people, who are often fused with people who are chronically mentally ill, have an almost anti-hero image. In a productivity-driven and independence-espousing culture they are seen as embodying sloth and dependency. They, like firefighters, postal workers, and police, are what La Barre (1946) called "social cynosures," categories of people who attract a lot of attention – and people who are culturally recruited to contain unwanted or unattainable parts of ourselves.

Through these socially held transferences, we claim to "know" people whom we have never met. When disaster strikes "good" people and places, public shock and grief are longer and more intense than when disaster strikes "bad" people and places. To the effect

of this splitting must be added the complicating factor of unconscious ambivalence beneath firmly held "positions" of idealization and demonization, or at least disparagement. The hated villain may be secretly admired, while the admired hero may be secretly envied. Positive and negative group-held social transferences to persons, groups, and places help to shape the response to their injury, damage, death, or destruction during disaster.

Further, in some cultures, people can be regarded as heroes only if they die for the cause and community they serve, that is, if they are "sacrifices." The term "sacrifice" was widely used to describe the heroism of the six Worcester firefighters who died on December 3, 1999. One wonders whether, when a term is so frequently used, there is a fantasy that the dead heroes are somehow community sacrifices as well as self-sacrifices. In the least, the image or stereotype of "sacrifice" adds to the idealizing transference.

The question *then* becomes when, under what circumstances, outer and inner, these stereotypes become forcefully applied and under what circumstances they are not. When does the emotional valency or power increase, and when does it diminish? In Oklahoma City, many members of the police force feel virtually left out of the public acknowledgment that was feted on the firefighters after the bombing. From my understanding of Worcester, Massachusetts, following the fire, there is a greater sense of fraternity and shared recognition between the two groups. One wonders what accounts for the differences, and what communities can learn from one another.

In Worcester, Massachusetts, the two homeless people who started the fire in the Worcester Cold Storage, and who left the building and did not report it, are not being charged and prosecuted, at least as of late September 2000. There seems to be widespread popular compassion in Worcester for homeless people, in contrast to elsewhere. What accounts for the difference? What fosters healing and integration, instead of splitting and fragmentation? Perhaps local leadership is part of the explanation – the fire chief's decision to have firefighters enter the building as part of the definition of civic (and role) responsibility. Stereotypes play a large role in making categories of people larger than life or lesser than life. The issue is how, when, and why the stereotypes are applied and not applied.

To summarize: If catastrophe brings out the *best* in us, the most adaptive, it also brings out the *irrational* as well. In the fourth vignette, as in the third, the eruption of the irrational when it is least expected, comes to be recognized as a consequence of premature "resolution" or "closure."

Vignette 4: The Pain Beneath the Scab: From Non-Verbal to Verbal

My fourth clinical vignette illustrates the cultural psychodynamics of Oklahomans around nine months after the bombing. Although it occurred in Oklahoma, the scenario might be anywhere. To speak metaphorically, it reveals the levels or layers of meaning and feeling beneath a disaster one had thought to be now "behind us." It explores not only what emotionally takes place "beneath the surface" topographically, but precisely the role that "surface" (the scab over the wound) plays in dynamic relation to what is beneath it. In early December (1995) I was giving a talk to an Oklahoma mental health group on the long-term emotional consequences of the bombing. I had brought into the room and laid on the conference table a piece of granite from the Murrah Building.

One participant, a psychologist and pastoral counselor, continued to eye this artifact with misgiving long before I introduced it into my presentation. When I passed it around the room he pulled back, and handled it as if he were trying not to touch it. I asked him to help me to understand his intense discomfort, one I had labeled aloud as "anger." He assured me that he was surprised, not angry. Courageously, he continued to free associate to my presentation and to the unwelcome piece. He said he didn't want to hear about the bombing yet again, eight or nine months later. The scab was healing, and here I came and picked it off. Then his voice softened, and his tense body relaxed.

"Maybe I need to feel what I don't want to feel. Maybe I still have strong feelings I haven't dealt with. Maybe I need to have the scab picked off and I'm afraid how much it will hurt. I look at that stone from the Murrah Building and I'm thrown right back into April again. I hurt, but not as much as before. Maybe this time the open wound will take less time to heal and I'll heal more quickly." We then briefly discussed two types of wound healing: from the top down, and from inside out. He had thought that he was healing properly from the top-down, now to discover that the authentic healing could only occur from the inside out. Between us was a moment of unimaginable grace. He said something generous like: "We keep helping each other. That is the best we can do." This case taught me the importance of interpersonal intimacy, the

intersubjective fashioning of a "holding environment" (Winnicott 1958) and "container" (Bion 1977) in which the work of understanding, working through, and some healing could take place.

This vignette also illustrates the limits of externally and internally imposed *timetables* of when "closure" is supposed to occur, when grieving is expected to be "finished" or "over." From the viewpoint of theory and methodology, such seemingly universal (and universalized) terms such as "closure" and "completion" are cultural superimpositions upon life in the guise of "natural" time. They reflect a condensation from intrapsychic to political agendas. The question of "When should it be over?" is culturally prescribed and ritualized, sometimes helpfully, sometimes hurtfully. In the absence of a respectful, compassionate holding environment, any "intervention" will be damaging in the guise of being helpful.

Memory and Memorials: Disaster and How We Remember

Perhaps the ultimate personal and group expression of "containing" and of "holding" the memory of disasters is a memorial space itself. Human groups of all kinds and sizes memorialize their victories and defeats, their triumphs and tragedies, their "chosen" glories and traumas (Volkan 1991). Sometimes both are contained and condensed into one. In a paper on "Trauma, Memory and Memorials," Michael Rowlands (1998) asks "why some monuments 'work' at the personal level of healing and reconciliation whilst others evoke distaste and condemnation" (1998: 54). I add to this the question of how a consultant or applied social scientist can be of help to a community, organization, or culture in helping to foster this reconciliation and healing. It is one thing to observe and interpret how and what groups remember and forget through their memorials. It is another to be asked, invited, to play some role in recommending how, and where, and what, of remembering and memorializing.

Here I am less thinking of design and architecture (which are certainly not the only tangible ways of remembering) as I am thinking of fostering an emotional atmosphere of listening deeply (Stein 1994) in which the fullness of grief can wend its way into creative work. My emphasis is on the process: I trust the "outcome" to take care of itself. Psychoanalyst James Masterson (1983), in a context of training, likewise stresses that "You are the servant of a process." To borrow Bion and Winnicott's concepts, I trust the content to take shape so long as it is "contained" in a safe "holding environment" in which anxiety may be expressed and processed. I expect that a memorial cultivated in this way will foster further mourning, integration, differentiation, and, in turn, resilience, both in its creation and by those who visit it.

Certainly memorials and memorialization can serve aggrandizement and bitterness as "paranoid-schizoid" forms of healing (Klein 1946). They can also serve to help complete – and continue – the mourning process as "depressive" styles of healing (Klein 1946). The former would become volatile symptoms as well as symbols; they would help incite action that aspires magically to reverse if not undo the fact of the disaster and loss. The latter might lead to action, but of a more secure, serene, kind.

Mourning that is fruition rather than defense allows both a remembering and a forgetting. The forgetting is a gradual letting go, a part of a larger synthesis or reorganization, rather than an all-or-nothing repudiation or repression. The remembering is a sometimes fond, sometimes painful, recollection, rather than a compulsive clinging or stylization. If the process of mourning is full, honest, and possesses integrity – words not usually associated with grief – the memorial and memorialization will also. "Applied" social science and consulting is best that can help committees, organizations, communities, and cultures to navigate these turbulent emotional waters.

Conclusions, Implications, and Recommendations: We Can't Learn from Something We Try Entirely to Prepare For

It is emotionally tempting to try to "tie up all loose ends" and tightly "package" recommendations at the end of a paper, especially when the subject is as destructive a disaster such as the death of six firefighters on December 3, 1999, in the Worcester Cold Storage and Warehouse fire. Consider the firefighter both as personal or professional, and as metaphor. If there is a certain social role for people who try to put out literal fires, there is also the popular notion and image of much corporate and organizational problem solving as "putting out fires all the time." I do not equate them, but I draw attention to the fact that much of everyday cultural workplace life has something of the dramatic intensity of "crisis management." Managers and bosses are often known to say, "All I get done around here is going from fire to fire, putting out fires everywhere." The task is of rescuing something or someone from the brink of

disaster. The danger is of being consumed by the conflagration oneself – if only by one's own disastrous, devouring anxiety.

Even as we keep the "emergency" metaphor for part of the story, what can we learn from other parts of it? In this concluding section, I offer some suggestions about what this framework "implies." Even in the face of *compelling storylines or disaster narrative forms*, can we allow ourselves to imagine, even to listen to, alternatives? Catastrophes rarely, if ever, happen neutrally. They happen to people and places that have some significance. The Worcester Cold Storage and Warehouse had been a massive, century-old building near the downtown area, one that most people could identify, and one that firefighters knew in their fears. The building had been insulated in multiple layers of materials, largely petroleum-based. The site, the place, the fire, and the men who "fight" fires are all symbols.

Consider next, notions of healing or simply of helping. An *absolutist*, perhaps official view designates, "What you should do...," and "Who you should talk to...." What I would call a *naturalist* – not a relativist – view might ask the questions, say, to firefighters or to emergency room staff, "What do you need now?" or "Who do you need to talk to…?" These differences pervade the who, what, when, where, how, issues. The point is not to presume what others need or want in times of disaster, but to ask them, to enlist their participation in the mastery of their own circumstances. To return to the firefighting metaphor: Help them to put out the *figurative* fire; do it *with* them. The same applies to timetables for recovery and how recovery (or many other words) happens: ask, don't merely tell. There might not yet be the relationship in which your "telling" is acceptable. "What helps"? is no simple, self-evident question. It is rife with anxiety, with assumptions, and with agendas.

Next, consider the fact that during and following a disaster there are *multiple, often competing frameworks*, viewpoints, starting points, feelings, narratives, and agendas. Stating "whose" event and "what kind of" event it is – let alone becomes – is far from simple. Disaster, like much of culture, is as much the language of argument as it is of consensus. On December 3 and thereafter, there were many fires in the imagination, not only a single one. The December 3, 1999, fire in Worcester rapidly spread from a local into a national event. The funeral was attended by many public officials, including the President. The August 2000, issue of *Esquire* featured a lengthy story and pictorial on the fire and on the six firemen who died (Flynn 2000). It became an American saga – a lucrative one.

Next, the unit(s) of care – who all are affected, and how – cannot be entirely known beforehand or through the imposition of external categories. The same external trauma can have many different "effects" on people. This fact directs us to the inner and outer reaction to the disaster as much as to the disaster itself (La Barre 1971). This reaction may, in turn, come to be experienced as part of the disaster. Related to the question of *unit*, are those of *duration, preparedness, the multiplicity rather than the singularity of response, rationality and irrationality of response, style of mourning, and usefulness or effectiveness of help*, among others. We can, paradoxically, plan better for catastrophes if we can accept that a) irrespective how prepared we are, at least some facets of the next disaster will take us by surprise and unprepared; b) resilience is largely a function of the values, attitudes, strengths, and childhood experiences *brought to* the disaster *in interaction with* the availability of a "holding environment" (Winnicott 1958) to "contain" (Bion 1977) and help process the emotions that emerge, both short term and long term, following the disaster. Disaster planning is best when it is not manic-inspired.

Containment and *mastery* are vital parts of the mourning and reorganization process precisely because disaster consists of an event of such devastating, overwhelming proportions that could not be contained and mastered at the time. Part of the letting-go of the past in the future, rather than repeating it, is; a) acceptance that the terrible event already occurred and cannot be prevented from happening, and b) acceptance of one's part, small or large, in the fact that it happened.

The *symbolism of place* and of disaster, that is, the *sense of place* and what takes place in it, influences the direction and outcome of mourning. Attention to the *language* of disaster is part of healing and of helping. In disaster there is not only loss of life and property, but at least a threatened loss of identity – not only *what we have*, but also *who we are*. Identity and its politics also affects recovery after disaster. I imagine, for instance, that the relationship *between* Youth Opportunities Upheld, Inc. and the University of Massachusetts, the co-sponsors of the symposium on loss and trauma, will have some part in shaping the long-term resilience of the greater Worcester community – and the reverse. That is, the relationship between two *workplace cultural identities* influences the larger *community identity of recovery* – and vice versa.

Permit me to conclude with an image. The developmental task of catastrophic loss is the "digestion" and "metabolization" of the event. If the disaster cannot be absorbed and used by the "organism," it will remain swallowed whole, and take on a life as a permanently installed foreign object that will continue to haunt its host (introject). Whatever else we label individual, family, workplace, community, and cultural response to disaster, the ultimate measure of its adaptability lies in how much it helps or interferes with this process of digestion and metabolization – integration. *The distinction between the fullness of mourning and the inability to mourn* (Mitscherlich and Mitscherlich 1975*) would seem to lie at the heart of the question of how long a fire burns and how long a shadow any disaster casts.* Long after the fire itself is extinguished, its passion continues to burn, and its significance enflames memory. The question of how long this symbolic fire burns is largely a question of the *human space* we create in our communities to hold, contain, and process its still emotionally hot coals. In disasters as in other problem solving, we will do well if we allow our metaphoric "cream of wheat" or "mashed potatoes" to be lumpy and not obligate them to be smooth. In doing so, we are being true to reality and to the people whom we are trying to understand and to help.

Notes

1. Based on a keynote presentation, "Catastrophe: Community Impact and Healing," Worcester Institute on Loss and Trauma. Sponsored by the University of Massachusetts Medical School and Youth Opportunities Upheld, Inc., Worcester, MA. Given on October 20, 2000. The paper owes much to conversations with Marjorie Cahn, the Worcester Conference Planning Committee, Fred B. Jordan, Allene Jackson, John Tassey, and Cynthia Calloway. I dedicate this paper to the memory of L. Bryce Boyer, eminent psychiatrist, psychoanalyst, and friend who died on August 8, 2000.

2. Department of Family and Preventive Medicine, University of Oklahoma Health Sciences Center, 900 NE 10, Oklahoma City, OK 73104. Phone: 405-271-8000, ext. 32211; Fax: 405-271-2784; email: howard-stein@ouhsc.edu

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