

# Traumatic research Interviewing survivors of 9/11



**PAUL V. GREENALL** and **MELISSA MARSELLE** report on an issue of potential significance to any psychologist engaged in sensitive research.

*We went into his office and he had just picked up the phone to call his wife and there was a roar; I mean a roar! And we looked up and it was the aeroplane coming right at us, the second plane. And all I remember saying, was 'Oh dear God just take my soul'. And as it was coming towards us, I could see the pilot and there was absolutely no expression on this man's face at all...*

**T**HIS article describes our experience of obtaining accounts like the one above, from a sample of people who escaped from the World Trade Center (WTC) in New York on 11 September 2001. Within an engineering project investigating the evacuation of the WTC (see Galea & Blake, 2004), we were part of a team of researchers conducting face-to-face interviews with a sample of WTC survivors. In some instances, being exposed to their stories resulted in us becoming vicariously traumatised. We think it is important to raise this as an issue for a wide range of psychologists, to suggest possible signs and ways of coping.

## WEBLINKS

The World Trade Centre Evacuation Study: [www.wtc-evacuation.com](http://www.wtc-evacuation.com)

Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy: [www.tsicaap.com](http://www.tsicaap.com)

US Center for Posttraumatic Stress Disorder:  
Working with Trauma Survivors Fact Sheet:  
[www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_working\\_disaster.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_working_disaster.html)

World Trade Center Survivors' Network:  
[www.survivorsnet.org](http://www.survivorsnet.org)

### The events of 9/11

At 8:46:40 on the morning of 9/11, American Airlines Flight 11 crashed into the north face of the WTC North Tower between floors 93 and 99. Hundreds were killed instantly and hundreds more were trapped above the impact zone. Sixteen and a half minutes later, United Airlines Flight 175 crashed into the south face of the WTC South Tower between floors 77 and 85. Once again hundreds were killed instantly, including many waiting on the 78th floor 'sky lobby' for lifts to evacuate. Because United 175 banked before impact, portions of the impact zone in the South Tower, including one stairwell, remained undamaged and this allowed a small number of people to evacuate from above. Fifty-five minutes after the impact of United 175, the South Tower collapsed killing all those left inside. Then at 10:28:25, one hour and 42 minutes after impact of American 11, the North Tower collapsed killing all but a few left inside (Kean Commission, 2004).

### Interviewing survivors of 9/11

Interviews with WTC survivors were conducted by researchers from the Universities of Liverpool, Greenwich and Ulster, in and around New York. Interviews commenced with participants being asked to describe their evacuation experience from the point they entered the WTC towers, until they finally evacuated them on 9/11. Participants were then asked a series of questions to clarify the nature of their evacuation experience. Interviews generally lasted 90 minutes and were recorded and later transcribed, to facilitate a thematic (Boyatzis, 1998) and content (Bryman, 2004) analysis.

From a practical point of view most interviews were relatively easy to conduct: participants were often not fully aware of what was happening on 9/11 and did not see any casualties. However, some participants had very traumatic experiences on 9/11, which were painful for them to recount and difficult for us to listen to.

Like the lady in the opening quote, some participants witnessed the plane approach and crash into their own, or the other tower. Mesmerised by this spectacle, some wondered whether the pilot was insane, drunk or had suffered a heart attack. One lady in the South Tower described American 11 hitting the North Tower:

*It almost looked like the plane went into cotton. It went in so fully, completely, that you couldn't see any more of the plane... the building just swallowed up the plane...*

Some participants were knocked off their feet by the impact, and their tower leaned so much they thought it was falling over. One man just beneath the impact was dazed by the crash, and the

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first thing he saw when he recovered was an injured person staggering towards him, only to collapse and die at his feet. After the crash several floors filled with smoke and fire and some participants took refuge in an office where they stuffed wet towels along the bottom of the doors to keep out the smoke. These people owed their lives to the remarkable bravery of others who rescued them.

One participant was so frightened, she wanted to jump out the window; fortunately her friends stopped her. Unfortunately, others did jump and several participants watched this. At the bottom outside, the Austin Tobin Plaza resembled a 'war zone' and the scenes of human carnage that some participants witnessed out there were appalling.

When the towers collapsed, those outside ran for their lives. However, one

man on the ground floor of the complex heard the floors collapsing above. Within seconds everything went black; he couldn't breathe, he couldn't see and he thought he was going to die.

### **Vicarious traumatisation**

When exposed to the traumatic experiences of our participants, we sometimes found ourselves psychologically affected by what

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### **'mental health professionals are routinely exposed to the human consequences of trauma'**

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we were researching. Indeed, on more than one occasion during these interviews, we had tears in our eyes and almost had to halt some interviews for our own benefit, let alone the participant's.

This is known as vicarious traumatisation: the psychological process of becoming traumatised as a consequence of empathic engagement with survivors and their traumatic stories. The symptomology of vicarious traumatisation is similar to that of post-traumatic stress disorder (Hafkenschied, 2005; Lerias & Byrne, 2003). For example, we found ourselves re-experiencing 9/11 through recurrent recollections of survivors' stories, and they even formed the basis of the occasional nightmare. Some interviews were so traumatic and emotional that afterwards we experienced feelings of detachment and estrangement. We experienced feelings of dissociation from the normal world. The trauma we were exposed to made us feel different from others; consequently, one of our team withdrew from social interaction and distanced herself from her partner. Although people outside the team were interested in our project, some of the stories we heard concerning human casualties actually made it difficult for us to discuss with anyone outside the team. Psychological distress at reminders of the event was experienced by one of the team – like many WTC survivors, she became distressed when exposed to video images of 9/11. Consequently she avoided media accounts and conversations about the event.

Similar reactions were reported by Etherington (2000) in the context of childhood sexual abuse: 'I had vivid dreams, intrusive thoughts and images. The subject matter made it difficult for

me to talk about or other people to listen to... So I withdrew from social contacts; my intimate friends and family were kept at arm's length and I felt alone with it' (p.380). These reactions are, according to Saakvitne and Pearlman (1996), an 'occupational hazard, an inescapable effect of trauma work' (p.25), and they have also been experienced by other research psychologists (Campbell, 2002; Etherington, 2000), aid workers (Quaite, 2005) and jurors (Robertson *et al.*, 2006).

While researchers can be affected by trauma stories, a large proportion of the literature on vicarious traumatisation focuses on clinical practitioners (Hafkenschied, 2005; Saakvitne & Pearlman, 1996). This is understandable, as mental health professionals are routinely exposed to the human consequences of trauma from their clients. Although researchers do not have frequent or long-term exposure with any one trauma survivor, we discovered that exposure to trauma can come from different individuals telling similar stories about a single event.

### **Coping mechanisms**

So how can psychologists, whether they are researchers or practitioners, cope with vicarious traumatisation? Saakvitne and Pearlman (1996) outline three coping mechanisms: awareness, balance and connection. Awareness involves identifying the personal signs of vicarious traumatisation, employing methods of self-care and involvement in self-nurturing activities. Balance emphasises establishing healthy boundaries between work and life, engaging in activities separate from work and distant from pain. Connection with others is used as an antidote to the isolation experienced by vicarious traumatisation. Peer groups (Saakvitne & Pearlman, 1996) or formal supervision (Etherington, 2000) can facilitate connections with colleagues. Indeed, social support has been found to enhance readjustment by reducing distress experienced by exposure to vicarious trauma (Lerias & Byrne, 2003).

We coped with traumatic interviews using the above techniques. Firstly, in a place like New York it was easy for us to establish a work-life balance as an important way of gaining psychological distance from our research. Secondly, we had the benefit of working in a large research team where we could share our experiences and the effect of participant stories with colleagues who had had similar

experiences. Finally, when experiencing feelings of social estrangement, one of the team found it beneficial to talk to a supervisor, to learn her experiences were not unique and, indeed, were called vicarious traumatisation.

As there is little in the literature regarding the experience of vicarious trauma in research psychologists, coping for researchers of trauma is often not considered. As Etherington (2000) describes, 'I needed to talk about my feelings...and receive support. The culture of research did not provide this kind of supervision' (p.380). Consequently, vicarious trauma in researchers needs to be discussed and studied in order that coping strategies are implemented as a matter of course, both at the individual and organisational level, in research investigations.

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**Conclusion**

9/11 was a day that changed the world, and the survivors of that event have a unique story to tell. However, in attempting to document our participants' experiences, we discovered that it is not only the likes of clinicians who may be affected by their work. Therefore, we suggest that a wider discussion of the psychological consequences of working with trauma survivors should include researchers.

Although some were difficult, these interviews were a privilege to conduct and they made us feel like we were truly walking through history. More importantly, they revealed some positive aspects about

human nature and the heroism of ordinary people. Indeed as one lady stated:

*One of the most amazing things about evacuating... no one left anyone behind. If someone was sitting on the stairs people waited and tried to coax them to go. Pregnant women, older women and people with canes, you saw people on*

*both sides lifting them... These are people who could have ran much further ahead and they risked their lives to save others...*

Silke (2004) asked if 9/11 was psychologically special, we at the Centre for Investigative Psychology believe it was. Whilst our engineering colleagues might focus on evacuee travel speeds, the number and width of the stairwells and any egress impediments within them, our data confirms previous findings that show a strong psychological element exists in how people react to emergency situations (Canter, 1990). Although this was a challenging research experience, we are as a result closer to understanding how ordinary people responded and behaved inside the WTC, during the events of that historic day.

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**DISCUSS AND DEBATE**

What should you do if a distressed participant refuses your offers to halt an interview, at what point can/do you overrule them and stop it?

If researchers become distressed during an interview what should they do, should they continue with the interview, and is it unprofessional to show these emotions?

What levels of support should organisations provide for staff conducting field research into subjects that are potentially traumatic?

Have you been affected by vicarious traumatisation? If so, how? And how did you cope?

Have your say on these or other issues this article raises. E-mail 'Letters' on psychologist@bps.org.uk or contribute (members only) via www.psychforum.org.uk.

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