

Beyond the Numbers

Interviewing the traumatized about their trauma

By Mark A. Schulman

Numerous surveys were conducted post-September 11 to report and document the public's anguished response to the horrific terrorist attacks on American soil. The polls included reactions to the tragedy, President Bush's leadership, and the nation's military response.

Schulman, Ronca & Bucuvalas, Inc. (SRBI) faced an even more daunting task. Our post-attack research, spearheaded mainly by New York Academy of Medicine investigators and published in the January 3 issue of *The New England Journal of Medicine*, was directed not at the general national reaction, but at an even more sensitive topic: the human and psychological toll, especially the onset of post-traumatic stress disorder (PTSD) and depression among New York City residents, particularly in Manhattan.

PTSD symptoms we needed to measure included distressing memories and dreams, efforts to avoid thoughts of the events, and difficulties sleeping or concentrating. Respondents were also asked wrenching questions regarding whether they had directly witnessed the attacks, if they had friends or relatives who were killed, if they had feared that they themselves would die, if they had been displaced from their homes, and if they had lost a job or possessions because of the attacks.

Many of our respondents were, in fact, eyewitnesses and even survivors whose lives were tragically altered by the terror. Indeed, the first readings for the *New*

England Journal of Medicine study, conducted between five and eight weeks after the attacks, found 7.5% of Manhattan residents reporting symptoms consistent with current PTSD. Those living near the World Trade Center had a 20% prevalence.

SRBI has worked with post-traumatic stress syndrome specialists on many post-crisis studies. These have included family members of the Lockerbie, Scotland, Pan Am crash victims, Californians residing in the Loma Prieta earthquake belt, and members of the US military who fought in the Gulf War.

The September 11 follow-up studies were more challenging than previous efforts because we ourselves were so near the front lines: fieldwork was conducted at our New York City interviewing center, just a few miles from Ground Zero. Our main offices are also in Manhattan, and our researchers and interviewers were eyewitnesses. One recounted,

I live on 27th Street and 8th Avenue, and the line of sight to the towers is—or was—perfect. I remember looking out past a neighbor's terrace while we watched the events unfold on TV. We were moving between looking out the window and looking at the TV. I was looking at the TV when the first tower fell, and then I saw a split second of it out the window.

Our people had never had such a close, personal involvement with the tragedies we had studied in the past. September 11 was truly a defining moment for all

of us. As the smoke streaming from the tower wreckage continued to darken our sky, we mobilized our resources and our still-shaken staff.

The first challenge was to replace our “eyewitness and participant hats,” at least momentarily, with our “researcher hats.” Interviewers were specially selected from our regular pool based upon their experience, sensitivity and skill at building rapport with respondents. We held extensive briefings with them, not just to review the questionnaires, but also to prepare them to cope with what they were about to hear. Dr. Joel Gold, a psychiatrist at Bellevue Hospital Center in New York City, worked with the study team.

Interviewers were asked to be especially sensitive to respondent feelings and to offer a sympathetic ear while maintaining their neutrality. This was extremely difficult. A senior interviewer commented, “My feelings of empathy were always apparent to me, but, as a professional interviewer, I struggled to hold them in check.”

Others battled to maintain their objectivity, neutrality, and composure as they proceeded with the work day after day. Said one interviewer, “Frankly, it was draining on me, and it sometimes felt like I was reliving that day again and again through these people as the interviewing went on. Having to hear about how many times they saw the images of the planes and the towers collapsing got depressing after a while.” We offered counseling to any interviewers who may have required it, but none did.

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In the early days and weeks following the attacks, interviewers found they were often among the first persons with whom respondents had shared their true feelings and experiences. Working with the New York Academy of Medicine, they were trained in the use of a “counseling protocol” (see box, page 41), and to offer counseling referrals to respondents overcome with emotion.

This procedure quickly proved its value. One of our first respondents was a woman living near the World Trade Center who was retired from a firm located in the twin towers. She told the interviewer that she was sitting at her window when she saw the first plane hit. She described how she had

Another respondent, when asked where he was during the event, divulged that he was a member of the New York Fire Department who had participated in the World Trade Center rescue effort. His voice then began to quiver as he struggled with his emotions. The interviewer instituted the Counseling Protocol, asking if he wished to terminate the interview and be contacted by a counselor. The man chose to continue. At the questions regarding how many people he knew who were killed or missing the man responded, “Hundreds...!” The phone went silent; then there was a dial tone.

One interviewer had several refusals from friends and relatives of deceased police officers and firefighters who were still grieving and not prepared to talk about their losses. One police officer she interviewed responded that he had lost six fellow

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sat frozen as the towers collapsed and she had lost hundreds of friends, colleagues, and acquaintances. A supervisor who was monitoring the call recounted:

A flood of emotion came over the lady early into the interview. She began to fall apart on the phone. Luckily we had the Counseling Protocol to follow. [The interviewer] went directly into this protocol, ended the survey, and brought the entire matter to the attention of the Head Supervisor. Dr. Gold was contacted, and the respondent received assistance.

officers. She reported that, “He took a lot of time thinking about his answers. He was really detailed about the timeline—what he was doing that day—and other answers.”

The interview experience seemed to be therapeutic for some respondents. One woman who lost her son, a police officer, thanked us for giving her the opportunity to express her thoughts. Another, who had watched from her bedroom window as the towers fell, requested counseling assistance from an interviewer because the trauma had led her to drink heavily. She was very grateful to have the opportunity to recount her feelings and for the referral we provided.

Not all the eyewitnesses we interviewed were terribly shaken by the catastrophe. One woman, who lived directly across from the World Trade Center and had witnessed the collapse, seemed very detached from the events. She told the interviewer that she was over 80 years old and had lived through the bombing of Berlin in World War II.

In the days and weeks immediately following the attacks, a number of veteran interviewers reported that the shared tragic experience produced a sense of community. Refusals to participate were rare. Otherwise cantankerous New Yorkers were very willing to share thoughts and feelings with interviewers. In these early days, interviewers rarely had to invoke the standard refusal-fighting mantras, such as, “This is not a sales call.”

While September 11 was unprecedented, all disasters—earthquakes, wars, massive fires, crashes—produce lasting psychological and social effects as well as physical destruction. As researchers, we play a critical role in gauging the human toll among the people who have survived. In undertaking such assessments, there are a few guidelines to follow:

- Interviewers must be specially chosen for their sensitivity and ability to establish a rapport with respondents who often are in mourning or who have suffered substantial emotional, physical and economic trauma. The interviewer in some cases may be among the first persons with whom the victim shares his or her deep feelings.
- Researchers and interviewers must never cross the line and become personally involved or attempt to counsel respondents. Our role is limited to collecting data that measures impact and the need for follow-up assistance.

- Training sessions must prepare interviewers for the tragic stories they are likely to hear and how they should respond. Extensive mock interviewing sessions are critical to this training.

- A counseling protocol should be in place, with professional counselors on call to recontact respondents requiring assistance. Interviewers need to be alert to such respondent needs and offer to terminate interviews as well as arrange counseling calls if respondents are overcome with emotions and grief.

- Interviewers working for extended periods of time on post-crisis surveys may themselves need support and counseling as they relive tragic events again and again with respondents.

For SRBI interviewers, the effects of having worked on the 9/11 and follow-up studies have extended beyond the completion of the surveys. Several report that they no longer feel like automatons when they go about their business of conducting fieldwork, asking questions and recording responses in an almost rote way on issues that usually have little bearing to their own lives.

Rather, having been eyewitnesses to tragic events that became the subject of their polling, they now listen more intently to what respondents are saying, and they feel more involved in communicating with them.

“It made me want to listen to the respondent and the nuances rather than just wanting to complete the questionnaire,” one interviewer said. “It made me learn to be a better listener, more empathetic

overall, no matter what the subject,” commented another.

Many interviewers also derived a sense of comfort from the thought that, through their efforts, they were helping their fellow New York City residents cope with anxiety and grief. At a point when people throughout the country were

searching for ways to help those most affected, many of our interviewers felt they were contributing by doing their jobs well.

“It was more than just doing it for work,” said one. “It made me feel that I was doing it for New York City.”

When Respondents Fall Apart

Counseling Protocol used by Schulman, Ronca, & Bucuvalas, Inc.

SRBI interviewers conducting sensitive studies, such as the 9/11 New York area tracking surveys, are trained as follows:

1. If the respondent is having a difficult time maintaining composure, or if crying, allow a brief period of silence. This brief pause can be followed with a comment such as, “I realize that this might be difficult for you. If you’d like we can take a short break until you feel better... Just let me know when you would like to continue.”
2. Let the respondent know that they can control the pace of the questioning by telling you when to continue and when to pause.
3. If the respondent still has difficulty continuing, offer to stop and complete the survey at another time if they would rather not continue at that moment. Respondents may also request that they not be recontacted.
4. If the respondent is unable or unwilling to continue, say, “I just want to be sure that you are feeling okay. Are you still feeling emotionally upset or are you okay now?”
5. If the respondent is still feeling upset, say, “If you would like to talk to someone about how you are feeling, I can have one of our counselors give you a call. Would you like me to have someone call you?”
6. If the respondent requests counseling, ask, “Do you need a counselor to get back to you (today/this evening) or can I have someone call you (tomorrow/Monday) during regular business hours?” We then request respondent contact information.
7. If the respondent is unable or doesn’t want to continue the survey, you should still try to complete this protocol before ending the call.
8. If the respondent hangs up abruptly—wait 30 minutes and then call to try to administer the protocol.