Introduction

For many Americans, the gruesome and frightening events of 9/11/01 were viewed through the media or television, but thousands of traumatized New Yorkers experienced the terrorist attacks firsthand. While we have all been affected, the recovery from the trauma will be much more difficult for those who were there. Thousands of others, who may or may not have personally viewed the events, suffered as their homes were in the vicinity of the World Trade Center (WTC) or its immediate neighborhoods. Many of these families have been forced out of their homes either due to recovery efforts or as a result of damage caused by the attack.

The families of SoHo and neighboring communities live in close proximity to the WTC. Residents of that neighborhood may have experienced the loss of family members and have surely lost friends. Without a doubt, their daily lives have been irreversibly changed as a result of the events of 9/11.

The Children's Museum of the Arts, located in SoHo, is a community center where children and families create together through involvement with the visual and performing arts. The families that participate in the programming offered by the Museum are living, and perhaps working and going to school, in the shadows of what used to be the WTC. In an effort to offer a neighborhood center for families to collectively process the events of 9/11 and to heal as a community, the Museum's director and staff reached out to its members and others in the community through the use of art and art projects.

This brief report discusses the work I did at the Museum with a parents' group with the intention of creating a healing place within the SoHo community. Examples of the art produced during this session, comments made by participants, and suggestions made to these parents concerning their own healing and that of their children are included in this discussion. The effects of posttraumatic stress and strategies for response through art therapy are addressed.

Trauma

Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (Herman, 1997, p. 33)

Individuals who have experienced a traumatic event often suffer psychological stress related to the incident. In most instances, these are normal reactions to abnormal situations. Individuals may feel that they are unable to regain control of their lives or may experience the symptoms for a prolonged period of time and may need to seek professional help. According to the Diagnostic Standards Manual IV (3rd ed.) of the American Psychiatric Association (2001), symptoms or behaviors that may occur as a result of exposure to trauma include: recurring thoughts or nightmares about the event; trouble sleeping and/or changes in appetite; increased anxiety, fear, and vigilance; overwhelming depression and low energy; memory lapses; feeling “scattered” or numb and unable to focus on work or daily activities; an inability to face certain aspects of the trauma; and avoidance of reminders of the event.

Factors influencing the severity and duration of the traumatic effects, which may be relevant to the SoHo community, include: the degree to which one felt his or her life threatened; the intensity of bereavement and loss; the length and severity of stressors; the extent of displacement of people from familiar environments; the confrontation with death, injury, destruction, and social upheaval; the moral issues involved in the situation; and the consequences of the trauma for the community (Williams & Sommer, 1994).

The overwhelming nature of the events of 9/11 and their impact on an entire nation make a typical healing process difficult. Those who are in the position to offer help may have also been traumatized. Both therapist and client may question whether the traumatic events have ended; both therapist and client live in dread and fear of new terrorist attacks occurring.

Perhaps the closest situation to which we can compare this tragedy is the bombing of the Federal Building in Oklahoma City on April 19, 1995 in which 169 people were killed. Until 9/11, this was considered the most devastating act of terrorism in United States history and on United States soil. Jones (1997) lists dimensions of the devastation affecting the lives of Oklahoma City survivors that were beyond typical reactions to trauma. Many of these dimensions are also relevant to survivors of the...
WTC disaster: loss of worksite and all the personal and professional items it contained; loss by immediate death or critical injury of colleagues, friends, and family members; profound survivor's guilt; strained interpersonal relationships; and lack of respite from the horrors due to the extensive media coverage, delay in finding victims, multiple funerals, and coping with serious physical injuries.

Jones (1997) found that art therapy techniques were very effective when used to stabilize and treat survivors of the bombing of the Federal Building in Oklahoma City. Some of these techniques were:

- Drawings of bridges to symbolize bridging from pretrauma to present time
- Feeling maps that offered an excellent measure of progress
- Anger resolution where survivors were encouraged to cover a large piece of butcher paper with dark scribbling from graphite sticks and then given a large gum eraser and asked to create something positive from the sea of black created
- Loss and grief resolution where memorials were constructed and survivors were encouraged to produce images celebrating their own lives.

Jones' (1997) rationale for the use of art therapy with this population focuses on the multidimensionality of loss suffered and the fact that these victims had already talked and cried extensively without experiencing relief. Additionally, Jones noted that art therapy is a flexible, multidimensional therapeutic approach. It employs the total brain in the therapeutic process, involving the emotional, perceptual, and creative worlds of the client. It is also a powerful approach in significant areas such as working with groups, children, and families. The trauma victims with whom Jones worked were able to experience the full power of art therapy by dealing with specific emotions directly and meaningfully. The nature of the activities helped restore feelings of caring, togetherness, and safety that had been damaged by the tragedy. This paper offered valuable guidance when considering developing a program for survivors of an even greater monumental tragedy.

Program: Operation Healing

Following the events of 9/11, the Children's Museum of the Arts of SoHo advertised “Operation Healing,” an outreach program open to anyone who wanted to come to the Museum to create art in response to these events. The director and staff expanded existing museum hours to accommodate the average workday. Art therapists and art therapy students facilitated the artmaking sessions. The art therapists made note of any actions or behaviors that suggested the need for more serious intervention and made recommendations to participants. The art made was discussed and/or displayed in temporary and rotating exhibits.

Parents’ Group

As an advisor to the Museum, I was called to help after the attacks. I suggested a group specifically for the parents. My intention was to help the parents cope with their trauma and grief, as well as to offer them guidance in dealing with their children’s trauma and grief. It seemed important to offer them a forum where they could experience communal support, learn about how people react after traumatic events, obtain explanations about how children deal with trauma and grief, and learn about common indicators of trauma found in children's art and/or play.

Additionally, I wanted to offer the parents a place to discuss how best to respond to the questions their children were asking, as well as to open up and share those thoughts and feelings that they were concealing for the sake of the children.

Although many parents brought their children along for the evening session, I felt it best that the children play elsewhere in the Museum and that the parents have some time to themselves. Parents were asked to do a quick piece of art reflecting their own personal reactions to 9/11. Artwork that the children had done in the Museum in response to 9/11 was shown to the parents and discussed in order to help the parents become aware of potential indicators of trauma in their children's art. The parents were encouraged to look at their own art and to share the feelings and responses evoked by it. They were supported in becoming more aware of their feelings so they might be better able to help their children process the events.

One parent drew the single tower still standing with flames and smoke surrounding it, which has been identified as a commonly reported memory (Figure 1). Another parent’s response was very interesting. She drew a lemonade stand very lightly and rather small on the page. She explained that her children were very upset by the loss of some local firefighters who frequently had waved to the children as the children were on the way to school, came into the schools to discuss fire prevention, and were visible members of their community. The way the children dealt with the loss was to set up a stand to sell lemonade and home-
made cookies, which raised a substantial sum of money for the families of the lost firefighters.

Another parent seemed exceptionally sad. She drew ghostly towers, depicting the skeletal structures of the ruins that remained after the buildings collapsed (Figure 2). She quietly expressed that she missed the buildings and felt bad saying so because of the tremendous loss of human life. Others agreed with her. One parent stated that the Metropolitan Transit Authority, which had been housed in the WTC, had lost a fortune in art. She, too, felt bad talking about that aspect of the loss. I reflected back to them that their reluctance to express their feelings of sadness over lost objects, as opposed to people, was very understandable. However, I affirmed the importance of acknowledging that much has been lost—even the familiar daily landscape that also must be grieved (Jones, 1997).

Conclusion

After experiencing the terrorist attacks of 9/11, our nation is healing, but New Yorkers have an especially difficult journey due to their proximity and personal experiences. Art therapists must all be aware of how the aftermath of such an event affects our feelings and behavior. “Operation Healing” at the Children’s Museum of the Arts in SoHo offered invaluable opportunities for community families to make art together, to process the trauma, and to begin to heal. This model can serve as an example for others working within communities that have experienced trauma. Jones’ (1997) model of work with survivors of the Oklahoma City bombing can also inform such work. Characteristics of trauma and grief, as well as a sense of community and hope, can be seen in the art of parents who were directly affected by the terrorist attacks of 9/11 and whose art has been shown here.

References


