

SIX MONTHS LATER: A THERAPIST REMEMBERS 9-11

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These are the author's reflections about learning of the terrorist attack, of preparing to work with clients that day, and of her own existential growth in the process.



Photo courtesy of ABC News

It was one of those perfect Midwest mornings when late summer conjoins with early fall. I had listened to clinical tapes during my two-hour Tuesday morning commute and reviewed a mental list of the tasks I expected to perform during my weekly "clinic day." When I stepped out of my car, I waited momentarily to walk to the building with another therapist.

He asked, "So have you been following the terrorist activity?"

I assumed he was making small talk about some incident that had happened in the Middle East.

"No," I said. "What happened?"

"A plane flew into the World Trade Center a little while ago," he answered. "When I was getting out of the car, they were saying that there seems to have been a second plane."

Once we were inside the building, a small black-and-white television was whisked from its storage place and the four of us who were present—three therapists and the administrative assistant—stood glued to the set, open-mouthed. Two planes were confirmed as having slammed into the towers. A third plane had damaged the Pentagon. A fourth plane had crashed. A car bomb was suspected near

the White House. Things seemed to be happening at twenty-minute intervals.

"Like a Tom Clancy novel," were the words that both the administrative assistant and the TV commentator used—almost within seconds of each other—to describe the emerging scenario. I remember having almost surrealistic memories of air-raid drills when I was in elementary school during the Cold War. I recall one drill that had been a surprise even for the teachers. The feelings I was having today, September 11, 2001, were frighteningly similar. Some part of my being wondered whether I—or any of us, or our planet—would be alive by the end of the day. If we were, in what kind of world would we live? I called my husband, who was still sleeping, to tell him what had happened. When I told him I loved him, I wondered if it might be for the last time.

It was at that point that I realized I had to choose between the existential panic that could so easily set in, and the need to be of some use to the clients I would see that day. Either nobody would keep their appointments, or we would be swamped with emergency calls. I realize that I had decided to remain at the practice instead of going back home. The drive back was a bridge I would cross—literally—when the time came.

The decision to remain meant that I then had to figure out a way to help clients. We were all faced with the same crisis, and I had no guarantees of safety to offer. It was at that moment that I recognized that real safety is an internal condition, rather than an external one. Much of what we perceive as external safety is illusion. Most of what we do in psychotherapy is to be present to clients and to offer what support and help we can as they—and sometimes we—struggle with this reality.

Internal safety at that point meant connection. My initial reaction had been to telephone my husband, even though I knew logically that neither he nor I was in immediate danger. (As he was to remark later that day, smaller cities have their distinct advantages.)

By choosing to remain at the practice, I would be with some of the best people I knew. I would be offering hope, and perhaps some healing, in the limited way that was available to me, and whether I lived or died, this day would have some meaning. In the midst of this came a kind of peace, a wholeness, a recognition of the sacredness of life that would seem akin to what theologians describe as grace.

My memories of much of that day are spotty, impressionistic. I had been at the practice only three weeks, and I remember that day as a time of deepening therapeutic relationships. A few people used their time to make decisions about travel, to plan for personal safety, or to examine priorities. Mostly, however, clients who attended therapy groups came for mutual support as they expressed shock and disbelief.

We are in the Midwest, and we got off easy. We do not see an altered skyline as part of our daily commute. We do not each know someone—or perhaps several people—who won't be coming back. We probably do not have to worry about being the next target. Yet, the events of that day—and the feelings they catalyzed—did impact therapy, more for some than for others. In the weeks that followed, clients described sadness and depression, anxiety, vivid nightmares, anger, and grief. A couple of individuals expressed relief after hearing from family and friends who lived or were traveling in the Northeast. Some individuals considered the kinds of emergency preparations they might need. Others focused in a new way on pursuing goals and dreams. The full-time therapists continue to report having more new clients requesting services than can comfortably be accommodated.

Today, March 10, 2002—the eve of the half-year anniversary of that terrible day—the future, even in our corner of the world, seems less certain than it did September 10, 2001. At some level, all of us are waiting to see what happens. In the meantime, we live.

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