



BABY TALK

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October 2001 **SPECIAL ISSUE: THE 9/11 TERROR AND AFTER**
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Notes From the President by *John Kinsel*

This issue of **Baby Talk** was all but ready to go to press with a humorous (I hoped) column in this space when the events of 9/11/01 took place. Encouraged by a conversation I had with Dr. Marion Sherman, I decided to write instead about how we as Infant Mental Health professionals may be touched by this national tragedy. And then I got the call to go to New York to work with the children of the families affected directly by the terror at the World Trade Center. Now I feel a need to write about that, too.

Baby Talk Takes Manhattan I am a volunteer for an organization called Disaster Childcare in a program called Childcare Aviation Incident Response (CAIR for short). We work closely with the Red Cross to respond to families of victims subsequent to an aviation disaster with mass casualties. We set up childcare centers near the crash site where the children can be cared for safely and lovingly while adult victims go about the myriad of adult activities associated with recovery from such an event. I was in the second wave of CAIR folks sent to NY.

New York is a different town than I remember it being. There is an almost palpable sadness that hangs over the city like the smoke that still stains the sky and clings to people's insides as tightly as the concrete dust coats their shoes. It manifests itself as black armbands on sleeves, as sandwich board signs bearing the visage and description of a loved one not yet found worn by haggard faced, not-yet-convinced-they-are widows and in street side memorials to lost comrades outside every fire station and precinct.

But that is not the only way NYC seemed different. I'm pretty certain that last time I was in town there weren't American flags everywhere: plastered on shop windows and the sides of buses, flying from Rockefeller Center and from corner hotdog vendor carts, printed on t-shirts and in the NY Times, pinned on lapels and painted on tenement walls. Posters declaring "I ♥ NY EVEN MORE!" were everywhere. And as my two-week stay unfolded, I saw a steady increase in the traffic on street and sidewalk, more seats full in the delis and longer lines at the will-call windows on Broadway. But here's the biggest difference: strangers made eye contact on the street! Many returned a smile! Doors were held for people-by native New Yorkers! Cabs stopped so pedestrians could cross the street! Observing these phenomena began to give me a sense of optimism to counter the initial impression of sadness. But my strongest sense of hope came from the children and families.

The World Trade Center has more than 110 stories now. As I entered the scene at the Family Assistance Center on Pier 94 on the Hudson River, death certificates had just been made available to families. Ferry rides from the pier to Ground Zero for family members had been initiated. Many families were just beginning to accept the finality of what had happened to their loved one. Many others were not. The children we served ranged in age from six weeks to 16 years. Unless they or their caregiver told us, we didn't know who in their family had died. We didn't ask.

We were simply there with them in a safe place where they could be themselves. We tried to be attentive and sensitive adults who were not so caught up in our own grief as to be less than fully available to them.

Many of the children never said anything or played out anything about their changed lives. They just enjoyed being in a fun, safe place. Others told us about their losses; some in passing comments, others in detailed drawings, still others in tearful narrative. Some we learned about by reading their behavior. In a number of cases, the children's parents sat with us and spoke of their painful journeys. I want to share two of those stories with you now.

My last day, I spoke with a young father who was trying to figure out how to tell his children that their mother was dead. He agonized over this not only because of the enormity of such a task, but also because his in-laws were refusing to accept that his wife was dead and resisted his request for support in talking with the kids. "I'm pretty sure my 11-year-old knows," he told me, "but she hasn't said anything to me. My 4-year-old keeps asking, 'When's Mommy coming home?' She has been drawing all these maps so mommy can find her way back. She even invented an imaginary friend who she then sent out to find her mom." Listening to this man, newly a single father, I was struck by his bravery, his love for his children and by his wisdom. My listening and clarifying helped him see he already knew what to do. And that day he did it.

The second story concerns our youngest family. They had brought their 6-week-old with them, planning to take the ferry to the site of her grandmother's death. They didn't know that no children under 12 were allowed on go. The nursing child had never been in anyone-else's care before. With trepidation, the couple left her with us so they could complete the grief journey to Ground Zero they felt compelled to make. When they anxiously returned, they found their baby in a caregiver's arms, happily playing with an infant toy. With relief at her okayness and emotional fatigue from the activities of the day, they sank onto one of the couches in the childcare room. As many parents did, they stayed and watched the children playing and the caregivers caring. And they talked. Here's what I want to share about what they said: Ever since 9/11 and their realization that the wife's mother was one of the victims, they had vacillated between denial, rage and despair, gradually settling into the latter. But, they said, the experience of finding their baby well cared for by a stranger coupled with the life they saw in the children in the childcare room caused them for the first time to feel hopeful for themselves and for the world.

That night in our nightly debriefing I told my team had we come here and touched only that family the effort was worth it. Families like these, volunteers from all over the country giving of themselves to strangers and native New Yorkers who smile back are some of the reasons I left what could have been a discouraging experience with a hope for new life.

Lessons learned and what about us? Bowlby wrote for us some time ago about how infants respond to the loss of their attachment figures, but little replicable research has

informed us about how infants handle the trauma of disaster. My observations of the young ones in NY are consistent with Bowlby. We saw much protest, not only at point of separation, but often later, when unfamiliar hands held a bottle or changed a diaper. Whenever possible in these instances, we tracked down the parent so as to reduce the amount of distressed separation. We also saw withdrawal, with babies and toddlers that slept or lay alone for longer than typical periods. All the children, regardless of age, displayed a heightened startle response, with many showing signs of hypervigilance.

Parents also displayed in their behavior a heightened vigilance. Many of them returned multiple times during the day to check in on their child and make sure they were okay. Sometimes they'd just peek through the door, sometimes they'd bring their child some food, and sometimes they would come in to hold their child. This was so common that by the end of my stay I was referring to it as "Parental Rapprochement." This "checking in" phenomena was much more frequent and widespread than I have seen in other disaster responses.

What is clear about infant response to disaster is that the qualities of their environment--the level of anxiety present, the availability of their attachment figures, the consistency of their routines--strongly affect the child's level of resilience. One hypothesis growing out of a study of children of the boat people who were infants during that transitory period is that it was the disturbance of all three of the above named factors that led to the later emergence of serious emotional problems.

Response to disasters, like grief, has been defined in terms of stages. Ordinarily we would now be in the Recovery Period, with the primary task being to rebuild, both buildings and personal lives. However, we also find ourselves in a time of war and a time of terrorist threat. As I write this, yet another case of anthrax infection has been reported. We don't have clear guidelines for times like these because as Americans we've never had times like these. What we can do is use what we know from the experiences of others and from trauma and disaster research.

Here are a few simple ideas that as Infant Mental Health Professionals we can be thinking of using. I'm sure you have your own ideas, too.

1. Respond to the caretakers. Everybody has a 9/11, war, terrorism story. Listen to your families' stories. Help them to express their feelings, name their anxieties. Many of our clients, parents had issues prior to 9/11 that make them more vulnerable now. Assure them, as much as you can, of your continuing availability. Help them to use you and other adults to explore their current worries and encourage them to attend to their children.
2. Attend to the children. Watch for increased vigilance, startle response, signs of protest or withdrawal, or developmental regression. Help normalize these responses for your families and encourage appropriate adult responses.
3. Encourage appropriate adult responses. Help families reduce separations.

Encourage the keeping or introducing of routines, particularly feeding and sleeping rhythms, to help establish predictability and the accompanying sense of security. Reinforce nurturing physical contact. Suggest limiting network TV.

4. Suggest limiting network TV. One of the three most significant factors true for Oklahoma City children who developed PTSD was that they had high levels of exposure to TV accounts of the bombing. Adults need to get their news when the children aren't there. Infants and toddlers tune in to the feelings of adults who are tuned in to disturbing news programs. Toddlers and preschoolers can be affected by the repeated images of tragedy. TV limiting is one issue on which you should not take your lead from the child.

5. Advise and model taking your lead from the child. This is an extension of a central Infant Mental Health principle, i.e. read the babies cues. In this case it includes looking for signs of stress. If this principle is normally important, in times like these it is doubly so. With older, verbal children who may have questions, this principle also holds true. Start by asking a simple question of your own that helps you get a sense of the child's level of understanding ("Tell me what you know about that.") You can then devise a simple response using age-appropriate words that clarifies confusion, offers a simple explanation or offers assurance of the child's current and future safety. Offer them one or two sentences, and then let the child take the next step. They may decide to go play, ask another question or tell you a story of their own. After all, we're all in this together and we all have a story to tell.

6. We're all in this together and we all have a story to tell. Take care of yourself. Find someone to tell your story to--a mentor, supervisor, friend, colleague, spiritual guide. Share what you were doing on 9/11. Talk about your fears for your kids. Or how you can't bring yourself to open the mail some days. Or what you think we should do about bin Laden. You may find yourself feeling more anxious. You may wonder if you are sort of depressed. Many of us are and it's okay. Unburden yourself to someone you care about so you can be someone who cares and is fully available to your families. You know, we talk a lot about how children regress under stress, but the reality is we all do. I think this whole terrorism thing has driven most of us back to Erickson's first stage: our basic sense of trust has been shaken. We can't take tomorrow for granted like we could two months ago. In times like these we need reassurance of some pretty fundamental things. Find someone you love and share a hug.

I wish you all safety and security and hope. JDK