

only for a short while. It has happened again with the terrorist attacks, and I believe it will be longer lasting because this time it is not only that we have been through a shared trauma. This time there are many victims, the threat continues, and it is more apparent that we need each other. These are some of the same factors that contributed to the strong sense of community among the troops in Vietnam. There have been many signs of community-building in the wake of the terrorist attacks—flags, memorials, blood drives, and, perhaps most telling of all, people making eye contact in elevators and talking to each other over their fences.

It is unfortunate that it takes a disaster and a common enemy to remind us that we are all in this together. Somehow, humankind needs to find a way to unite without the need for enemies. But in the meantime, we must be a strong community and take care of one another. We must not let fear shape our perceptions and make our decisions. Ironically, it is also important not to banish fear, especially through converting it to anger. That only leads to letting ourselves become that which we are fighting against. It can be hard to remain in touch with fear, but if we also remain in touch with each other then the fear is bearable.

It is heartening to see the signs of community across the country. It brings courage to everyone. The more deeply we can hold onto those connections, the stronger we will be, and the weaker our fear. So say hello to your neighbor.



The Helpers and the Helped: Viewing the Mental Health Profession Through the Lens of September 11

Peter Fraenkel, Ph.D.†

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ON September 11, my day began rather routinely—heading into New York City to attend a dissertation defense; from there I would travel on to City College for a day of teaching. It ended rather uniquely, sitting in an auditorium at the Red Cross Center at 160 Amsterdam Avenue, waiting to be deployed to a downtown shelter to provide emergency counseling to survivors of the attack on the World Trade Center. As I sat waiting for hours in that auditorium, surrounded by about sixty other mental health colleagues, I reflected on the forces that brought us there. Sitting to my left was a brilliant young clinical-community research psychologist who I'd met about a year ago when I presented my research at his university; to my right, a thoughtful psy-

† Associate Professor of Psychology, City College of New York; e-mail: pfraenkel@aol.com.

chodynamically oriented social worker who I'd just met; next to her, a psychologist with years of experience working with the trauma of political torture. Behind me, an older couple, he a psychiatrist, she a psychologist, said that they shared a large behaviorally oriented practice. Later I encountered a psychiatrist/psychopharmacologist I'd known from my days supervising at Lenox Hill Hospital, and several more family therapists I'd met in workshops at the Ackerman Institute. And for my shelter assignment I was paired with (by her own description) a Freudian analyst. Quite a diverse group in terms of therapy theory and practice—unlikely to meet at many conferences or to pursue advanced training at the same institutes; unlikely also to read the same journals or share many referrals. But here we all were, united by a motive rarely discussed among mental health professionals, and then, often with slightly supercilious contempt: the desire to help.

Indeed, the overt expression of the urge to help, to be useful to others in need, to be of service, is so maligned in mental health that we routinely advise eager students applying to doctoral programs in clinical psychology (and I imagine, other graduate programs) to avoid mentioning it in their personal statements and interviews. Pity the poor applicant, not so advised, who describes with enthusiasm her or his lifelong experience of being sought out for informal counseling by family or friends, and the challenge and satisfaction that has brought. Much preferred is the student who speaks of their intellectual fascination with some aspect of human experience. Likewise, much clinical writing has been devoted to monitoring the strength and content of the therapist's empathic responses, constraining them, and analyzing their unconscious or family-of-origin roots to make sure they are not excessive. Of course, we recognize the importance of therapeutic empathy and sensitivity, and become concerned about students (or colleagues) who seem to lack it. But, as a field, we seem uncomfortable openly acknowledging the desire to be helpful. It's the motive behind our work that dares not speak its name, lest we be viewed as unsophisticated, or overly invested in our work.

As I stood by the picture windows of the top floor of my building at City College far uptown, and watched the smoke rising in the downtown distance from the site of the World Trade Center, I found myself reflexively engaging in a bit of self-analysis about my powerful desire to help out. Was it driven by survivor's guilt? A biologically based urge to gather with others at times of stress? The need to contain my own anxiety? Grandiosity? An overactive superego? Empathy and altruism? Whatever the complex mix of forces that drove or informed me, in the end, I knew I wanted to, had to, help. It just seemed like the thing to do at a time like this.

So it was a relief to find myself about a half hour later at the Red Cross Center on that terrible day in September, surrounded by other experienced therapists and trainers, with our care and concern, our wish to serve and help laid out for all to see, as naked as our faces. Not entirely clear what we'd be asked to do, not sure which of our theories and techniques would be relevant to meet the challenges of this unimaginable trauma, we were reduced to our helping essence, and it felt good, and real. Indeed, this openness and unabashed altruism pervaded the city in those first few days and weeks following the disaster. Everywhere, it seemed, typically tough, guarded, seen-it-all New Yorkers shed their pretenses, looked each other in the eyes, and lent a hand in whatever ways they could. Like the enormous quiet that settles on New York after a major snowstorm, the city seemed transformed: the mood was muted, oddly peaceful, yet profoundly uneasy. From being a city of strangers, we were transforming

into a community of care, bonded by the urge to help, manifested in different forms of action through the sieve of our particular skills and talents. The hierarchy among helpers got leveled: carrying water, giving blood, counseling, pulling metal off “The Pile” in the search for survivors, tending to the wounded—all were necessary, none more important than another, although some certainly more urgent in those first few days and weeks.

The hierarchy between the helpers and the helped was also leveled during this crisis, although in ways not immediately apparent. On the one hand, we helpers felt enormously appreciated, even elevated, far more than our simple efforts seemed to deserve. At the shelter I counseled one wide-eyed, jumpy, curly-headed woman who the day before had run from under the rain of metal and body parts, wandering the streets all night. I listened to her story, answered questions about her trauma symptoms, and during a pause in the conversation, offered to get her a donut. She received it with two hands, as if it were the first donut she’d ever had, or the last she’d ever taste; her lips trembled as, wet-eyed, she thanked me.

So while there was inordinate appreciation for our simple efforts, we helpers clearly were helped by the opportunity, the privilege of being able to help. In this way, those we helped, helped us. During a time when many in the city felt aimless and anxious, not knowing whether, how, or when to return to their daily rhythms of work, we had a purpose, an activity, we drew on our existing skills and identity, allowing us to build a bridge between our lives before the disaster and our lives now, as we struggled like everyone else to comprehend the outlines of the “new normal” emerging before us (Fraenkel, 2001). Indeed, as impatient as we were when sitting at the Red Cross Center for hours before being deployed to the field, it allowed us to huddle together in the safety and shelter of each other, waiting to help, being helped as we waited. In the wake of this major “relational trauma” (Sheinberg & Fraenkel, 2001), in which family, work, and friendship relationships were abruptly severed by the deaths of thousands, and in which people’s very relationships to the city were compromised, we were blessed by the occasion to make new friends and renew old ties with mentors, colleagues, and students.

In the ensuing weeks, I’ve counseled other individuals and families distressed by the events of September 11, and conducted a number of trainings on responding to trauma for faculty, therapists, and college counselors at my university. My repeated experience of simultaneously helping and being helped has led me to reflect further on the nature of the act of helping in our everyday therapy relationships. I’ve become more acutely aware of those moments in which clients report on a current struggle, a difficult emotion, a challenging, unpleasant pattern of interaction; I recognize some part of it in my own experience, offer an idea, a question, a reframe, soothing reassurance, an interpretation, or simply deep listening and witnessing; clients respond with relief or enhanced understanding; and I too feel better, not only because I was effective for them, but because my words and gestures helped me make sense of my own referent experience just a bit more.

Put differently, in the relationship between the helper and the helped, there opens a space into which troubling experiences are offered up by the help-seeker; these “resonate” with the sensitivities and experiences of the helper; the helper offers up words and gestures to make sense of, soothe, transform understanding, and encourage action that will shape future experience; these words and gestures are taken in by the help-seeker, but also reinternalized by the helper, furthering her or his own ongoing

transformation. In the language of developmental psychologist L. S. Vygotsky (1978), this open semantic-emotional space between helper and helpee serves as a zone of proximal development for both parties; a zone in which our utterances often emerge ahead of our full understanding of them, as we try out the laying of meaning upon a previously inchoate experience or event. The affirming or negating responses of the helpee to these tentative offerings are as critical to the development of sense and meaning as the offerings themselves. Both parties contribute equally but in different ways to the development of local life wisdom.

In offering these reflections on the act of helping, I am certainly not advocating abandonment of theorizing, of developing and testing specific interventions, of vigorous dialogue among the many particular approaches to the conduct of therapy and counseling, and of attempts at thoughtful integration. Such considerations have occupied much of my thinking and teaching for years (Fraenkel, 1997; Fraenkel & Pinosof, 2001). Although the psychotherapy outcome research literature repeatedly finds that nonspecific (relationship) factors weigh more heavily in therapeutic outcomes than do model-specific interventions, and that one model of therapy rarely proves more efficacious than another, I do not believe this means we need only be genuine, empathic, and structuring in order to assist clients in change. And of course I certainly believe we must remain alert to the line between empathizing with our clients versus seeing their situations as no different than our own; and we must remember that although we certainly benefit in numerous ways from our role as professional helpers, our focus is always on those who engage us to help them; and their needs must supercede our own. My point is simple, really: that in the urgent, glaring light of September 11, a core, often unappreciated and, (dare I say in a postmodern world) *universal* aspect of doing therapy re-revealed itself and helped me remember the “basics”—namely, that a big part of what keeps us going day in and out in the work of being a therapist is the urge to help, and that in the act of helping, we too are helped. Although we contribute different things, the helper and the helped are all in this together. It helped me to remember this at a time like this.

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