Grieving is not linear. Grieving is a spiral. The mind takes in only what it can handle. A person may seem to be moving on, until a memory or a sensory detail invades or further trauma piles on; then the person loops back and down into the vacancy of despair, and another thrust forward is needed to complete the loop and move forward again. For the families of 9/11, the constant reminders in the news and the confused accounts of what allowed those towers to vaporize—all the why's—kept them tumbling, spinning, hurtling round and round in the messy spiral of grief. They no sooner took a few steps forward than they lost their footing, again. And being kept off balance made it almost impossible to begin the passage to recovery.

September 11 was not the first time Americans were intimately devastated by an act of terrorism. The families and survivors of the Oklahoma City bombing have been on their journey of recovery since April 19, 1995, when a domestic terrorist blew up the Alfred P. Murrah Federal Building. The figure of 168 people killed does not begin to tell the story. More than two hundred children lost a parent, seven thousand people lost their workplace and beloved colleagues, twelve thousand volunteers and rescue workers were exposed to the horrors of the site, and over one third of the population of the city knew someone who was killed or injured. The invisible psychological wounds and secondary trauma persist to this day.

Man-made disasters are more stressful than natural ones. Usually, relatives and local grassroots groups make the first efforts to care for victims' families and survivors, well before officialdom moves. A new community of the dead gives rise to a magnified mirror image—a much larger community of caregivers who are willing to share the trauma. As the psychoanalyst Erik Erikson conceived of it, this enlarged community of "spiritual kinship" functions as a "source of commonality in the same way that common languages and common cultural backgrounds can." Such communities sprang up immediately after the 9/11 attacks in many places: at Ground Zero; at the family assistance centers at Pier 94 and in New Jersey's Liberty State Park; among the Pentagon family; in Shanksville, Pennsylvania; and in all the Middletowns of America. This spontaneous outpouring of love and caring and commemorative efforts is the part of the story we like to focus on—the progressive narrative.

"I don't think there is such a thing as grief therapy or grief counseling" was the startling opening by Doug Manning, a grief facilitator from Oklahoma City. "I think that the only effective effort is through 'companioning.' People in grief usually need someone to walk with them."

Manning, who describes himself as "a recovering Baptist minister," became interested in grief intervention when a church member who had lost a child came to him back in the mid-seventies, hysterically sobbing. Everyone was trying to calm her down. She snapped back, "Don't take my grief away from me!" His ineffectuality led him to read the fewer than half-dozen books on grieving then available. Manning tried putting together grief groups and recognized that the standard mental health model was insulting to those in grief. "They're not mentally ill, they're having a normal reaction to terrible loss," he concluded. In 1982, he resigned from the church and began writing books and training grief facilitators and giving seminars. The candor of his talk in New Jersey gained him respect from many of the clinicians: "Every one of us who has written in terms of stages of grief stole from Elisabeth Kübler-Ross," the M.D. and psychiatrist who wrote the groundbreaking 1969 book *On Death and Dying*. "But I don't like the concept of stages—they're too clear-cut. There's a different way to talk about it. Grief is like peeling onions. It comes off a little at a time, layer by layer. Nobody has an onion like anybody else's onion. Your layers will come off at your own pace."

The grim truth we should have absorbed from Oklahoma City is that terrorist-caused psychological trauma is *cumulative*. And "getting even" doesn't fix it. Manning made a profound plea to the clinicians: "In the New York–New Jersey area, you have to learn how to get past the anger at a horrible event. In Oklahoma City, at least we had a villain to catch. We thought when they caught McVeigh, that would help. It didn't. Then they tried him. We thought that would help. It didn't. Then we fried him. And a lot of us watched him fry—we were certain *that* would help. It didn't."

Three years after the bombing in the heartland, many survivors were just entering the bleakest period of grief. In fact, the need for help in containing the psychological fallout and behavioral problems began *increasing* after three years—among many survivors, family members, and ever greater numbers of rescue workers and their family members who had initially been the most resistant to help. It was no coincidence that this bleak period began right around the time that Timothy McVeigh received the death sentence. Now the universal target of rage for the survivors and families had been neutralized, and they were left to wander in their own private hells. The healthiest person among the bereaved of Oklahoma City, as Manning sees it, was the man who declared he would not attend the McVeigh trial or his execution. Why not? Manning asked him. "Because Timothy McVeigh has already taken every moment of my life he's going to get," the man said. "I'm going to live every second of life I have left."

Manning says in the last stage of peeling the onion, you turn a corner and decide to get well. The pain will still be there, but it will be a dull ache.

The lessons for mental health professionals and the recovery workers at Ground Zero were clear. When constant stress persists for much longer than a month, the normally protective rush of stress hormones is disrupted and, over time, can run amok. After twenty years of resistance by many in medicine, there is now widespread acknowledgment that chronic stress can invite illness and even serious disease. It does so when it derails the finely tuned feedback between mind and body and weakens the immune system. Dr. Bruce McKuen, director of the neuroendocrinology laboratory at Rockefeller University, has shown that when our systems are not given a chance to rest and replenish the brain's chemical equilibrium, we can damage our brains, shrink our memories, damage our hearts, and invite depression, stroke, diabetes, and rheumatoid arthritis, and accelerate our aging.

It's not just the stressors themselves that do it; reminders of past trauma make the heart beat faster and blood pressure soar and stress hormones flood the body and interfere with digestion and sleep. Then there are the by-products of this state of mind: the tendency to self-medicate by eating fatty foods, smoking, overindulging in alcohol, skimping on sleep, and driving oneself to the point of withdrawing from soothing social contacts and inviting family backlash.

The dirtiest word to the families and survivors struggling through the passage out of traumatic grief is "closure." It isn't a clinical term. Closure is a feel-good notion that comes out of the self-help movement. Doug Manning, the Oklahoma City grief facilitator, believes the rush to closure is wishful thinking that things will return to normal, an attempt to anesthetize ourselves to what has been incontrovertibly changed. "When we urge others to seek closure or 'get over it,' it comes from our own very human need," he suggests. "We try to shut people down because we don't want to face death."

THIS STORY CAME AS no surprise to mental health experts who were working with people traumatized by 9/11. "The witness-survivors group is the one that keeps expanding over time," said Charles Brown, the administrator of mental health services for Monmouth County. "They defer to the families of victims. If the survivors do inquire about problems they are having, they often pull back and say the same thing: 'How can I ask for any help or even sympathy? I just got scared, but so many other people lost a loved one.' " Exactly the situation with the Planers, who were very likely suffering from PTSD, but who saw themselves as the lucky ones.

After the first anniversary, however, the psychological trauma that had gone untreated in most of the witness-survivors was showing up in their inability to maintain their usual work performance. "Some are phobic, some can't leave their homes," said Brown. "I think what we'll see over time is a presentation of cases that have gone unattended, by virtue of the fact that people didn't seek help or didn't think they were 'worthy' of help, but they're still not sleeping well, or they're drinking or eating more, or their relationships are crumbling."

"Symptoms of stress response after exposure to the Trade Center attack can last a year and still be normal," says Dr. Eth, who directs St. Vincent's participation in Project Liberty, the New York mental health response. He points out, however, that if symptoms persist beyond a year and begin seriously to limit a person's normal activities or lead to depression, they are unlikely to fade away by themselves and are more likely to get worse. In the case of survivors like Bob Planer, he suggested, "the tragedy is not that he has developed symptoms, but that he has deprived himself and his family of the escape from his symptoms."

On the anniversary of 9/11, St. Vincent's was inundated with people who thought they had weathered the '93 Trade Center bombing. Nearly ten years later, they came into the psychiatric clinic very surprised that they weren't "over it." Some hadn't sought treatment, and others might have had short-term crisis counseling. "They had thought they were handling it with support from family and friends, or that an increase in their use of alcohol would be temporary—but when they were retraumatized by 9/11, it all came back," says Dr. Eth.

"The long-held notion that early intervention is the be-all and end-all of treatment for the trauma is nuts," he told a meeting of the American Psychological Association. "Many people in the acute stress phase are made worse by early intervention. Better in the short term to use denial. Or an antidepressant."

With time, many healthy, normally optimistic people are able to find a meaning to attach to the traumatic event that allows them to go on with their lives without the restrictions of psychic numbing, displaced anger, or phobic reactions such as *I can't go into a large city with tall buildings;* or *I can't fly.* And some who were plunged into the dark find they are suddenly able to see.