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9/11: The Pain Goes On

She delicately pulls another piece of debris from her patient's bruised torso. Covered entirely in bits of plaster and dust, the woman screams in horror while Renée Wright-Farnum, RN, carefully undresses her. What began as a routine day on September 11, 2001 in the ED of New York City's Beth Israel Medical Center, (BI) part of the Continuum Health Partners, Inc., will leave this nurse changed forever.

On that day, Charge Nurse Wright-Farnum, had been caring for the usual array of medical patients. These patients were quickly triaged to accommodate the injuries from what Wright-Farnum believed at first to be a horrible accident.

As the morning progressed, 211 patients passed through Wright-Farnum's department - victims of smoke inhalation, back injuries, and crush fractures as people were trampled, running from the collapsing towers. Many patients were rescue workers. Wright-Farnum thought about her husband, Dachary, a fire department EMT, who had worked all night and was supposed to be attending school in a funeral director residency program. He went instead to Chelsea Piers, readying the skating rink to be used as a morgue.

As Wright-Farnum finished admitting the injured patients, details of this tragedy filtered in through the ED. She was proud of the way her colleagues handled this unthinkable situation.

She blinked away the tears as she left the hospital, more exhausted than she had ever felt. Arriving home, she hugged and kissed Dachary and her stepdaughter, Frances, and called her mother for comfort. Dachary soon left to work at Ground Zero, where he spent the night rescuing victims and recovering body parts for identification. She feared for his safety as he crawled through the rubble.

Day two was the most difficult. After setting up an information area for families, Wright-Farnum tried to keep a positive outlook knowing that most of the missing relatives were dead. The families held pictures of their loved ones and wrote special messages or memories about them, which left Wright-Farnum emotionally drained. "I gave out more hugs and tissues that day than I have in my entire 12 years of nursing."

The haunting memories have stayed with Wright-Farnum. Almost daily, Wright-Farnum sees the chunks of plaster embedded in her patient's clothing, and hears her scream again and again. Wright-Farnum is suffering from vicarious traumatization - trauma that is experienced through the pain and suffering of others.

Affected by Others' Anguish

Vicarious trauma is a malignant process that can have dramatic and dangerous repercussions for the professional.¹ The emotional impact of experiencing the terror and anguish of another can produce a unique set of symptoms remarkably similar to those of posttraumatic stress disorder (PTSD). Helplessness, rage, depression, isolation, paranoia, and hypervigilance are often present. Research shows that these feelings of helplessness and being overwhelmed by the scale and unexpectedness of disasters are psychological responses of identification with the victims.³

As nurses, we often deal with the results of trauma, from minor to major, young to old. That we can care for a patient dying of AIDS, a victim of a terrorist attack, or bathe, clothe, and photograph a dead fetus and remain unaffected is unrealistic. On a daily basis, nurses experience these difficult situations without identifying the potential emotional effects. By recognizing the possibility of damage to the caregiver and using a healing focus to assist each other during difficult situations, we may be able to soften the blow to our souls.

Serious Consequences

One consequence of vicarious traumatization is professional burnout. Symptoms include exhaustion, depression, loss of empathy, discouragement, boredom, despondency, and the development of negative attitudes.¹ These may lead to diminished job performance, substance abuse, impaired interpersonal relationships, and potentially the loss of employment and social functioning.

An active member of the disaster preparedness team at BI, Wright-Farnum relives a part of 9/11 with every meeting. These terrorist attacks have been the catalyst to improve disaster preparedness throughout hospitals across the country. "It's just so sad that many innocent lives were taken, leaving so many children without parents,"

says Wright-Farnum.

Assistance Available

There are many resources available such as Employee Assistance Programs, clergy, counselors, and support groups for the traumatized caregiver, but we must realize that no one cure fits everyone.

At BI, a debriefing approach was used. Debriefing is a valuable tool in lessening the psychological impact of secondary trauma. Initially providing an opportunity to vent feelings of guilt, helplessness, fear, and rage in a safe setting, it promotes positive outcomes, such as participation in or creation of professional support groups.²

The feeling of being proactive is an excellent antidote to the negative impact of vicarious trauma. Recognizing and responding to the warning signs of vicarious trauma will help us care for ourselves, each other, and our patients. Wright-Farnum relies heavily on the support of her husband, stepdaughter, and the long inspirational conversations she has with her mother and 95-year-old grandmother to get her through this experience. She has not flown since 9/11 and feels that she's "always on edge." When she looks at photographs of Ground Zero, she is amazed that the towers are no longer there. "They're just gone." This thought follows her as she dresses wounds, administers pain medication, and comforts other grieving souls every day.
