Journal of Gerontological Social Work

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wger20

An Exploratory Study of the Impact of the Year of 9/11 on Older Hispanic Immigrants in New York City

David L. Strug PhD a, Susan E. Mason PhD a & Frances E. Heller MSW b

a Wurzweiler School of Social Work, Yeshiva University, 2495 Amsterdam Avenue, New York, NY, 10033, USA
b Wurzweiler School of Social Work, USA


To cite this article: David L. Strug PhD, Susan E. Mason PhD & Frances E. Heller MSW (2003): An Exploratory Study of the Impact of the Year of 9/11 on Older Hispanic Immigrants in New York City, Journal of Gerontological Social Work, 42:2, 77-99

To link to this article: http://dx.doi.org/10.1300/J083v42n02_06

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.tandfonline.com/page/terms-and-conditions

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to
date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
An Exploratory Study of the Impact of the Year of 9/11 on Older Hispanic Immigrants in New York City

David L. Strug, PhD
Susan E. Mason, PhD
Frances E. Heller, MSW

ABSTRACT. Hispanics are the largest minority in the US and may be at increased risk for the mental health consequences of disasters. Elderly Hispanics are vulnerable in terms of both age and ethnicity and are the fastest growing subpopulation among the aged. We conducted an exploratory, qualitative investigation of the impact of the year of 9/11 on older Hispanic immigrants in New York City. Six focus groups were conducted with a total of 31 elderly Hispanics attending a community senior center day program. Participants reported on their psychological reactions to the traumatic events of 9/11, the crash of Flight 587, and the anthrax scare. Most subjects had recovered from their acute distress reactions to 9/11 and Flight 587 four months post-September 11, but many still experienced a wide range of psychological reactions related to these traumatic events, including anxiety, avoidance, and hypervigilance.
To develop relevant interventions for this population, social workers need to learn more about the psychological impact that the events of the year of 9/11 had on older Hispanics. Such interventions are necessary, especially given the continuing preoccupation in the US over the threat of terrorist acts and the possibility of war. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2003 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Anthrax, elderly, Flight 587, Hispanics, immigrants, New York City, posttraumatic stress disorder, senior center day program, September 11, trauma

In an exploratory investigation of the impact of the year of 9/11 on older Hispanic immigrants living in New York City (NYC), six focus groups were conducted with a total of 31 Hispanics attending a community senior center day program. Study subjects reported psychological reactions to the traumatic events of 9/11, the crash of Flight 587, and the anthrax scare (Anthrax). A traumatic event is defined as an unusual experience that would be markedly distressing to almost anyone (American Psychiatric Association, 2000).

This article presents the results of this pilot study, which was carried out in Washington Heights in the north of Manhattan in the months of January and February 2002. It addresses the following questions: (1) What psychological reactions did the study population have to these traumatic events? (2) How did they cope in the aftermath of 9/11?, and (3) What are the implications of this study for social work policy and practice? These are important questions because Hispanics may be at greater risk for the mental health consequences of disasters (Galea et al., 2002) and because the Hispanic elderly represents a vulnerable population in terms of both age and ethnicity.

Many of the 265 persons who died aboard Flight 587 from New York City bound for the Dominican Republic on November 12, 2001 were Dominican residents of the Washington Heights community or their relatives (Vasquez, 2002). Flight 587 traumatized Washington Heights, which is comprised of mostly poor Hispanic immigrants from several Latin American countries, people who were acutely distressed by the attack on the World Trade Center (WTC) only two months earlier (National Association of Social Workers, 2002). The crash of Flight 587 led the authors, who work in Washington Heights, to ask how older His-
panic immigrants in this neighborhood were coping in the aftermath of both 9/11 and Flight 587.

The purpose of this pilot investigation was to document the reaction of a group of older Hispanic immigrants to a unique series of disasters and to gather information for use in constructing a quantitative instrument to survey a larger population of elderly Hispanics at a later date. Focus groups are used to generate and explore hypotheses, which can be subsequently tested with more representative samples (Krueger & Casey, 2000). Focus groups are also helpful in eliciting richly textured data from people like the Hispanic elderly, whose voices are typically not heard through survey research.

Hispanics in general may have a higher prevalence of posttraumatic stress disorder than persons of other racial and ethnic backgrounds (Ortega & Rosenheck, 2000; Ruef, Litz, & Schlenger, 2000). Hispanic elders fare comparatively worse than non-Hispanic older persons on most dimensions of mental and physical health, including functional status (Andrews, Lyons, & Rowland, 1992; Burnette, 2000). The investigators wondered whether prior life experiences of coping with hardship might not protect older Hispanics from the psychological effects of exposure to disaster, or if they might feel especially vulnerable because of their mental and physical profile.

The importance for social workers to understand the challenges faced by the older Hispanic population is underscored by the 2000 Census data that places Hispanics in the number one category of minorities in the United States (U.S. Bureau of the Census, 2003) and the Hispanic elderly as the fastest growing subpopulation among the aged (Torres-Gil & Kuo, 1998). This is especially important at a time of heightened anxiety and concern in the US over war and future terrorist attacks, including the danger of bioterrorism (Stoesen, 2003). It is necessary for social workers to understand how older Hispanics react and cope with trauma in order to develop appropriate policy and treatment interventions for this large minority group.

The term “Hispanic immigrants” in this paper refers to those persons born in a Latin American country, including the Spanish-speaking Caribbean, who now reside in the US on a permanent basis, including people from the Dominican Republic, Puerto Rico, and Cuba. The investigators note that it is important to distinguish among specific US Hispanic subgroups based on their country of origin. These subgroups may differ in their psychological response to trauma (Hough, Canino, Abueg, & Gusman, 1996), their overall level of psychological distress (Mui, 1996), and their support services needs (Strug & Mason, 2002).
Research with veterans from the Vietnam War (Ruef, Litz, & Schlenger, 2000) and with U.S. urban police officers (Pole et al., 2001) shows that Hispanics have a higher prevalence of posttraumatic stress disorder (PTSD) than non-Hispanics. PTSD is a psychological condition resulting from exposure to a traumatic stressor or event to which the individual responded with fear, helplessness, or horror and has distinct types of symptoms consisting of re-experiencing the event, avoidance of reminders of the event, and hyperarousal for at least one month (American Psychiatric Association, 2000). The higher prevalence of PTSD among Hispanics may reflect specific cultural, community or minority group experience, history of perceived victimization, or a cultural patterning of reporting stress (Hough, Canino, Abueg, & Gusman, 1996; Ortega & Rosenheck, 2000).

The rates of both PTSD and depression were found to be higher among Hispanics than non-Hispanics five to eight weeks after the 9/11 terrorist attacks (Ahern, Galea, & Vlahov, 2002; Galea, Ahern, Resnick, Kilpatrick, Gold, & Vlahov, 2002). Hispanics expressed nearly twice as many negative emotional and physical symptoms than other groups five-to-seven months after 9/11, were more likely to say that they discarded their mail (in relation to the Anthrax scare), and avoided crowds (Smith, 2002). Hispanic public school students in NYC reported more signs of trauma than non-Hispanic students six months after 9/11 (Applied Research and Consulting, 2002).

In the general population, there is little information on the effects of trauma or coping strategies of older adults after a traumatic event (Averill & Beck, 2000). This lack of information includes not knowing which symptoms of PTSD are more salient to the elderly. Prevalence estimates of PTSD for older persons vary and the expression of trauma in this group may be related to premorbid conditions (Norris & Murrell, 1988).

The extent to which older persons in the general population were at greater risk for PTSD as a result of 9/11 remains unclear. A national survey of adults designed to estimate the prevalence of PTSD and clinically significant, nonspecific psychological distress in the second month after the attacks found higher PTSD symptom levels among younger versus older adults (Schlenger et al., 2002). Analysis of data from a post-911 telephone survey of NYC residents (Ahern, Galea, & Vlahov, 2002) suggests a significantly high prevalence of PTSD among Hispanics 65
years of age and older, six to nine months post-9/11 (S. Galea, personal communication, December 20, 2002).

The authors found no social work journal articles dealing with the reactions of the elderly to 9/11. Anecdotal information about the effects of 9/11 on the elderly one year after the event provided “a mixed picture” according to the editor of the Journal of Gerontological Social Work. Reactions to 9/11 seemed to be influenced by the older person’s overall life experience, including experience with trauma over the course of the life time (Dobrof, 2000). The president of the NYC Latino Gerontological Society indicated that 9/11 still caused considerable anxiety in the elderly Hispanic members of his organization 15 months after 9/11 (Manuel Tapia, personal communication, December 12, 2002).

METHODS

The Design

The community senior center day program where this research took place is a non-profit organization that provides a congregate luncheon program, nutrition counseling, recreation and meals-on-wheels to the homebound, five days a week. It is located in a church basement, employs two full-time professional staff persons, and is funded mostly by the city of New York. The center serves a population of over 1200 women and men living in Washington Heights, three-quarters of whom are Hispanic immigrants. The Latin American countries where these Hispanic immigrants were born reflect the countries of origin of the larger Hispanic immigrant population of Washington Heights (Hispanic Research Center, 1995).

The investigators had selected this center based on the recommendations of a number of community-based providers of social services in Washington Heights. These experts indicated that the center was similar to other facilities serving Hispanic seniors in Washington Heights.

Procedures

The Spanish-speaking case manager introduced the investigators to potential focus group members. The researchers described the purpose of the study to prospective study participants in Spanish. They explained that participation was voluntary, and that the information collected would remain confidential. The researchers spoke with 39
potential participants and 31 of them (80%) agreed to participate and signed a consent form. The primary criteria for inclusion in this study were Hispanic ethnicity and residence in Washington Heights. All participants had to be at least age 60 to attend the center.

Each focus group lasted about 60 minutes, was audio taped, and took place in a private area of the center. The data were reviewed and discussed several times with all the focus group respondents in order to avoid miscommunications. The program staff was not present for the focus groups and members were not paid for participation. The groups were facilitated by the investigators and carried out in Spanish. Following all sessions, the researchers met and reviewed the data, noted any inconsistencies in the application of the interview questions and process, discussed how specific questions did or did not work, and clarified observations on issues that arose in the groups. Approximately five persons attended each group.

Measures

Participants filled out a 10-item demographic background sheet translated by the researchers into Spanish prior to the beginning of each focus group. Members were asked the following open-ended questions: (1) How would you describe your reactions to 9/11, Flight 587, and Anthrax? (2) In what ways did you cope with the feelings these events produced in you? (3) Did you feel that you needed to talk to someone in your community about these events and your feelings? (4) In your view, what was the overall mood like in Washington Heights in the aftermath of 9/11, Flight 587, and Anthrax? (5) Do you think that older people in Washington Heights reacted differently than younger people to 9/11, Flight 587, and Anthrax? and (6) Was there any difference in the reactions of men and women?

Data Analysis

Audiotapes were transcribed and translated. The investigators read the transcriptions, and hand-coded and transferred transcribed notes to matrices following the model suggested by Miles and Huberman (1994). Subjects’ responses were categorized into three classes of data: descriptive and inferential themes, and patterns. Meanings were generated through the process of counting, clustering, and searching for patterns and themes. Unique opinions were labeled and included in the data set. Subjects’ perceived causal chains
were included, but were not checked for accuracy, as this is a study of perceptions. The data analysis was purpose driven by its primary goal, as suggested by Krueger and Casey (2000), which was the discovery of psychological reaction to disaster and of ways of coping with traumatic events.

**The Sample**

The six focus groups were formed from volunteers at the center. Although no person was excluded, the participants were told about the content of the focus groups in advance, and this resulted in recruiting those who were interested in the subject. In this respect, the sample was purposeful within the center and because key informants in the community recommended the center, it was purposefully chosen. The small sample size (n = 31) and the non-random nature of the sample are typical of qualitative studies that do not claim to be representative of a larger population, but aim to examine in-depth the ideas of people with knowledge about the topic being studied (Krueger & Casey, 2000).

Table 1 shows selected demographic characteristics of the 31 focus group members who participated in this study. More females (18) than males (13) participated. All focus group members lived in Washington Heights at least five years or more, and many had resided there for more than 30 years. All but one said that Spanish was their primary language. The mean age for the group was 72. The men were on average five years older than the women. A larger proportion of women than men were married (33% or 6 women versus 23% or 3 men). Also, a higher percentage of the women than men had graduated from high school (66% or 12 women versus 31% or 5 men). More than half (19) of the focus group members were from the Dominican Republic (n = 10) and Cuba (n = 9). The rest were from Puerto Rico (n = 5), Ecuador (n = 2), Mexico (n = 1), Peru (n = 1), Honduras (n = 1), and Colombia (n = 1). Forty-five percent (14) of the group said they lived alone, 26% (8) resided with a spouse, 10% (3) with lived their children, and 3% (1) resided with another relative (data not shown). None of the 31 focus group members were directly exposed to 9/11 although four had family members who were working at the World Trade Center (WTC) the day of the attack. Only one group member lost family members in the crash of Flight 587.
FINDINGS

Psychological Reactions to 9/11

Twenty-seven respondents (87%) stated that they felt acute distress when they first found out about of 9/11. Practically all of the focus group members first learned about the attack on the WTC from watching live coverage of the event on TV. Most reacted with shock and in some cases, with disbelief at what they saw. One Dominican woman (age 68) reported:

I saw it on TV, but I thought it was a movie. I then went to Church as usual and they told me it really happened. A heavy lethargy took hold of me and when I came out of it, I really thanked God for being alive.

Group members reported intense physical reactions to the graphic images of the burning and collapsing Twin Towers that appeared in the media. Respondents used words like “emotional shock,” and “a cold feeling,” to describe their reactions. A 74 year-old Puerto Rican man said:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Females (N = 18)</th>
<th>Males (N = 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (years)</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Single</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Primary Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>English</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Years of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;12 years</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>≥12 years</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Country of Origin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cuba</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Mexico</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Colombia</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ecuador</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Peru</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Honduras</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

TABLE 1. Demographics of Focus Group Participants, N = 31
My first reaction was as if an electric shock went through my whole body as I saw the smoke rise from the collapsed buildings.

An Ecuadorian female respondent (age 64) said that her entire body shook as she watched on TV as the Towers collapsed. “It was the worst thing I ever saw in my life,” she stated. Seven respondents (23%) said they were horrified each time they viewed the scenes of the attack and the collapse of the Twin Towers that were rebroadcast for days after 9/11. A Puerto Rican female (age 62) indicated that she was traumatized by shouts of horror from a fellow worker at the factory where she worked when that woman received a phone call informing her that her daughter’s body was identified in the remains of rubble at the WTC site.

Most respondents reported that their psychological reactions to these catastrophes had diminished considerably at the time of interview, four-to-five months after 9/11.

One 75 year-old Puerto Rican female stated:

Life goes on, and I do not allow myself to go crazy thinking about what happened.

Psychological reactions to 9/11, though diminished, were nevertheless still strong among respondents. Twenty-two (71%) said they still felt anxiety whenever they read the words “9/11” in the paper or heard them spoken. Respondents said thinking about 9/11 made them very sad. A few found it emotionally difficult to shop in a section of downtown Manhattan popular with Hispanic consumers because of its proximity to Ground Zero. Others avoided going to this area of the city altogether.

Four group members reported continued loss of appetite that began on 9/11. Six (19%) said they cried whenever they were reminded of 9/11. Nine (30%) reported sleep disturbances due to 9/11. Watching the television news about possible terrorist threats and seeing war reports from Afghanistan made it difficult for a number of focus group members to fall asleep. One 64 year-old Peruvian man said:

I feel in my dreams like someone is going to visit me. I just can’t sleep.

Four respondents (13%) reported psychological reactions to 9/11 that interfered with their daily routines. For example, a Honduran woman (age 77) stated:
The other day I had a doctor’s appointment and I could not even get dressed. I felt like I might shout uncontrollably and tried to hold it back. I was that anxious. I still can’t sleep at night. I happened to see the date 9/11 mentioned in the newspaper and afterwards, I couldn’t eat or get dressed. I wanted to shout, to run, and I was too emotionally upset to go to my doctor’s appointment.

Nine group members (29%) reported a variety of physical complaints associated with 9/11, including high blood pressure, dizziness, and chest pains that either began or grew worse after 9/11. One 67 year-old Dominican female developed pain in her mouth that her dentist told her was most likely due to anxiety caused by 9/11.

Post-9/11 anxiety was also reflected in increased worry about the safety and well-being of family members, especially among those respondents whose adult children were working in the vicinity of the WTC on the day of the attack and who described in detail for respondents what they saw. Several respondents said that they feared for the safety of their children who drive and whom respondents worried might be hurt if there were a terrorist attack on the highway or on a bridge. A 62 year-old female group member said:

I call my kids two or three times a day to make sure they are all right. I worry every time they get into the car. I worry if someone is planting a bomb somewhere. They ask ‘Mommy, what’s wrong? You were never this way before.’

More than a third (38%) of all focus group members reported staying indoors more than before 9/11, especially in the evening when they might otherwise be out on the streets socializing. One Colombian focus group member said:

I am gripped with fear and do not go out much. I sometimes cry. I think about the dead bodies and Ground Zero and the pain that family members of the dead must be feeling. I just don’t want to go outside.

One male respondent said he would not get into the elevator at the local subway station because of his fear that “a Taliban” might have planted a bomb inside the elevator.
Flight 587 and Anthrax

Approximately a quarter of all respondents said that they knew someone who had lost either a friend or relative in the crash of Flight 587. A 75-year-old Dominican male respondent reported that that his sister, brother-in-law, and their child had died on this flight. Most focus group members did not volunteer to talk about their reactions to Flight 587 and only spoke of it when asked the open-ended question “How would you describe your reactions to Flight 587?” Respondents reported that they had been re-traumatized when Flight 587 went down only two months after 9/11.

Focus group members told of their fears of flying and feelings of anguish over those who died on board as the two most frequent responses to the question on the crash of Flight 587. About half of the group members felt that the crash was the result of terrorist sabotage and the other half felt it was a terrible accident.

Only one group member had flown since the crash. Another study participant en route from Israel to the Dominican Republic where she lives part of the year postponed her return in order not to fly after the Flight 587 event. She decided to stay with relatives in NYC for the indefinite future. Focus group members explained that not flying was a great hardship for them because they could not visit family in other parts of the country or in the Caribbean.

The discussion about Flight 587 was emotionally too difficult for the Dominican man who lost loved ones in the crash. He stood up dramatically in the middle of the focus group interview, too upset to continue, and said:

I can’t talk anymore about this. I want to be strong, but it is too much. I don’t want to be reminded of what happened. I just feel like screaming, thinking about it. Do you know what it means to have lost three loved ones? And besides that, I have a sick wife at home to care for!

The acute distress caused by Flight 587 had subsided somewhat for a number of the respondents two months after the crash. One group member stated that when Flight 587 first happened, she had cried repeatedly for “the lost souls” onboard, but with the passage of time and after much praying and crying, she no longer felt so much mental anguish. The one female focus group participant who had resumed taking trips by airplane stated with resignation:
I felt terror at flying after the crash. But I have sick relatives and I have to travel on a plane to see them. So I do.

The anxiety generated by the anthrax scare was not of the same magnitude as that generated by 9/11 or Flight 587 according to focus group members. Three group members (10%) said they had taken precautions to wash their hands after opening their mail when Anthrax first happened in early October 2001. One member reported that he always wiped off his letters with alcohol after first hearing about Anthrax. But respondents did not mention Anthrax as a major ongoing psychological concern. Although not altogether forgotten three-to-four months after the first death due to anthrax inhalation in early October 2001, Anthrax was beginning to recede from the minds of the focus group members.

A Colombian male (age 73) respondent said:

We are not afraid to open our mail now. We don’t think our poor neighborhood is much of a target for the Anthrax terrorist.

Prior Traumatic Life Events

Several respondents reported having experienced major traumatic events earlier in life, which influenced their reactions to both 9/11 and Flight 587. The nephew of a group member had been murdered in Chicago, and the father of another respondent was killed on his ranch in the Dominican Republic many years ago. A 64 year-old Cuban man, who lost his daughter in a fire 27 years earlier, stated that he would not allow 9/11 to rattle his nerves out of a fear of becoming emotionally immobilized. He said that he knew just how psychologically fragile he felt as a result of his daughter’s death years ago. Therefore, he asked his physician for extra medication to calm his nerves after 9/11. A female group member stated her need to remain emotionally strong:

Of course I was affected by 9/11, but I will not allow it to make me crazy. I have had so many difficulties in my life including a failed marriage. I cannot let 9/11 and the airplane crash make me sick. I can’t fix what was broken in my life in the past and I cannot now let these other things [9/11, Flight 587) get me into emotional trouble. What is in the past is in the past!
How Respondents Coped in the Aftermath of 9/11

Twenty group member (63%) reported that they used religion as a primary way of coping with 9/11. They prayed for the deceased and the families of the dead, and for themselves. A Dominican focus group participant said:

I did not have to go to the doctor, because I have a doctor who is great and that doctor is God. Pray, pray, and with the help of God, everything will turn out okay.

Another 68 year-old female exclaimed:

I held fast to God. I asked him to give me the strength and courage to withstand. I prayed for all those persons who died and for the sadness of their families. And I still pray that everything will turn out all right.

Respondents said that more people in the community went to church since 9/11 where they prayed to God for no more terrorist attacks. They turned to their church leaders out of despair over 9/11 and Flight 587 and said that these leaders gave them emotional strength, especially through their weekly sermons. The primary message of these sermons was for congregants to remain strong in the face of tragedy and to place 9/11 and Flight 587 in the past.

Eight group members (27%) said they accepted the inevitability of 9/11 because if God had not wanted 9/11 to occur, it would not have taken place. They invoked their belief in “destiny” or “destino” to explain both 911 and Flight 587. Destino refers to the belief that events unfold in a way intended by God. “Destiny is the law of life,” one Puerto Rican group member stated. However, one female participant was not so sure and she cynically suggested that God must now be too old to prevent horrible things like Flight 587 from happening.

Four focus group members (13%) said they went to their physicians because they were so anxious as a result of 9/11. These doctors prescribed medication, which they took to calm their nerves. No respondent reported calling any of the mental health hotlines established by the city in the aftermath of 9/11 and Flight 587, which were advertised in the media. The Dominican male study participant who lost close family members was referred to a psychiatrist by his medical doctor and was placed on medication. A number of respondents said that if they
needed help they would see their physicians, at the major medical center in the neighborhood, or go to the local social service agencies that serve Hispanics. These responses to the question, “Did you feel that you needed to talk to someone in your community about these events and your feelings” indicated an awareness of the seriousness of psychological trauma and places to get help. On the other end of the continuum, two male focus group members explained they had no need to seek psychological assistance from anyone because they were not “weak.”

Several participants reported that they coped with their emotional reactions to 9/11 in a variety of ways, including spending time with their families and with friends at the senior center, watching less TV, reading, playing cards, listening to music, and knitting. Others said they used will power in order to prevent the memories of these tragic events from dominating their thoughts and feelings. One Cuban male focus group member stated:

I can’t bring back the dead or do anything about the poor economy. I need to be strong, go outside and work, and move on with my life. So I don’t think excessively about 9/11.

A Depressed Community and Feeling Vulnerable

Focus group members reported that the general atmosphere in Washington Heights remained somber when asked the open-ended question “In your view, what was the overall mood like in Washington Heights in the aftermath of 9/11 and Flight 587?” They said that Christmas 2001, normally extremely festive in this Hispanic community, was joyless. One focus group member explained:

Nobody wanted to have a party with so many of our neighbors in pain.

Community members were depressed because of war in Afghanistan, the threat of more terrorist attacks, the likely imposition of stricter immigration policies that would affect the undocumented Hispanic immigrants, and the downturn in the economy. They felt that the post-9/11 economic slowdown disproportionately affected poor and working class residents of Washington Heights, some of whom had already lost their jobs. They were especially worried about the effect that a future economic decline would have on their grown children.
Twenty respondents (65%) said that older Hispanics had been affected by 9/11 and by Flight 587 more than younger Hispanics when asked the open-ended question “Did older people in Washington Heights react differently than younger people?” They explained that older people were more severely affected than younger individuals because older people are more socially isolated and frail, more aware of depressing world events, and think more about death than younger people.

Male focus group members reported that women in the community had been affected by these catastrophic events more than the men because, as one male respondent noted, “women are more sentimental and men are harder.” Female respondents disagreed, saying that the men were equally affected, but that they did not openly acknowledge their feelings to themselves or to others.

**DISCUSSION**

Study subjects had begun to recover from their acute distress reactions to 9/11 and Flight 587 four months post-September 11, as had most other NYC residents (Bucavalas, Galea, & Morgan, 2002). However, respondents still experienced a wide range of psychological reactions related to these traumatic events, including anxiety, deep sadness, and somatization, which resulted in the disruption of daily routines of a number of subjects.

A number of study participants reported attempting to avoid remembering these traumatic events, while others experienced symptoms of hyperarousal, anxiety, including insomnia, hypervigilance, and increased startle reactions. Avoidance, hyperarousal and hypervigilance are among the diagnostic criteria for PTSD in persons directly exposed to traumatic events (North et al., 1999). We do not know if any of our study subjects actually suffered from PTSD and none were directly exposed to 9/11. It was not the goal of this research to diagnose PTSD and we did not ask about the psychological condition of focus group members before 9/11.

It is difficult to compare these study results with the available literature from larger scale studies of posttraumatic stress disorder (PTSD) in response to 9/11 (Ahern, Galea, & Vlahov 2002; Perilla, Norris, & Lavizzo, 2002; Schlenger et al., 2002; Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002) because our exploratory, qualitative investigation did not directly measure PTSD, as noted above. However, our finding that many Hispanic respondents still experienced a wide range of psychological reactions to 9/11, including recurrent and distressing
recollections of the event, dreaming, physiological reactivity, and hypervigilance, is consistent with results from larger scale studies.

The larger scale study most relevant to our investigation, a major survey of adult residents of Manhattan, showed that Hispanics with two or more life stressors in the year prior to 9/11, or who had a household income less than $30,000, had a higher prevalence of posttraumatic stress disorder (PTSD) than other Hispanics, Blacks, or non Hispanic Whites (Ahern, Galea, & Vlahov 2002). However, other nationwide studies of 9/11 and PTSD (Schlenger et al., 2002; Silver, Holman, McIntosh, Poulín, & Gil-Rivas, 2002) have not found an association between ethnicity and posttraumatic stress disorder, despite the fact that Hispanic ethnicity has been identified as a risk for PTSD in a number of other major epidemiological studies (Pole et al., 2001; Ruef, Litz, & Schlenger, 2000).

Respondents in our study believed that older Hispanics were more affected by 9/11 and Flight 587 than were younger Hispanics. This is consistent with findings from the Manhattan survey cited above, which reported a significantly high prevalence of PTSD among Hispanics 65 years of age and older, six to nine months post-9/11, as noted earlier (S. Galea, personal communication, December 20, 2002). However, national research teams who have studied 9/11 have, for the most part, not found age to be related to PTSD, according to a national expert on PTSD and trauma (Dr. Roxanne Silver, personal communication, July 16, 2003). Other studies of posttraumatic stress disorder in older adults have provided mixed conclusions about whether older persons are more or are less distressed by exposure to stressful life events (Averill & Beck, 2000).

It is necessary to carry out further research among older Hispanics in New York City in order to further clarify the relationship between age and ethnicity as risk factors for PTSD. It is important to explore how factors such as religion, family support, and attitudes of acceptance or resignation in the face of disaster affect how older Hispanics respond psychologically to exposure to traumatic life events. These factors were mentioned by study subjects as influencing their psychological reaction to the events of the year of 9/11. It may be that the use of religion, talking with family members, and the use of active coping strategies, including the acceptance of the fact that a disaster has occurred, may reduce the likelihood of psychological difficulties after a trauma (Silver, Holman, McIntosh, Poulín, & Gil-Rivas, 2002).

Our research showed that a number of study subjects had been exposed to traumatic experiences earlier in their lives. These prior stress-
ful life experiences may have led these individuals to cope with events of the year of 9/11 in ways that protected them from even greater trauma. A number of study subjects used prescription drugs after 9/11 and Flight 587 to keep them from feeling debilitating psychological pain of the sort they had experienced earlier in life, resulting from personal tragedy. Others coped by accepting the reality of 9/11 and Flight 587 and by embracing the view that it was now necessary to put the memory of these tragic events in the past and move on with their lives.

This exploratory study does not allow us to generalize about the possible psychologically buffering effect that exposure to prior stressful life experiences may have on the subsequent development of PTSD in the larger community of older Hispanic immigrants. Exposure to prior life stressors may even increase the risk of developing PTSD symptoms, as was noted in the Manhattan survey of the psychological sequelae of the September 11 terrorist attacks in New York City. Exposure to prior traumatic events may be associated with the subsequent development of PTSD symptoms, in particular among minority group members such as Hispanics, who suffer from hostility, prejudice, and neglect. These factors can heighten the effects of a crisis (Kaniasty & Norris, 1995).

The fact that study subjects did not seek mental health counseling for their distress may not be surprising given the stigma associated with mental health treatment in Hispanic culture, the barriers that exist to accessing services, including the existence of long waiting lists at neighborhood mental health centers, and a paucity of Spanish-speaking social workers (Malgady & Rodriguez, 1994; Strug & Mason, 2002). The Hispanic elderly may tend to depend on themselves or on informal helping networks for solving their mental health problems, rather than depending on social service providers (Starrett, Rogers, & Decker, 1992; Vega, 2001).

It may be that some study subjects talked to their doctors about their stress and were prescribed psychotropic medication because of the tendency for Hispanics to experience psychological distress through physical symptomatology and to seek relief for these symptoms through the use of medication, especially Hispanics in poor physical health (Schurman, Kramer, & Mitchell, 1985). Stress symptoms reported by study subjects, including, hypervigilance, sleep disturbance, startle response, and other symptomatic manifestations of PTSD, closely resemble complaints that may be somatic in character (Hough, Canino, Abueg, & Gusman, 1996).
The fact that respondents reported that they talked to their medical doctors about their stress may also reflect the large number of medical doctors and the existence of a major medical center in the neighborhood where these study subjects live. Furthermore, the doctor in Latin America is a common source of help for psychological distress, a pattern that continues after migration for some U.S. Hispanic immigrant populations (Karno & Edgerton, 1969).

Implications for Social Work Policy and Practice

That study subjects did not seek mental health counseling for their distress, although not surprising given the stigma associated with mental health treatment in Hispanic culture as noted above, should nevertheless be of concern to social work policy makers and practitioners who work with the Hispanic elderly. Proportionately fewer Hispanics than non-Hispanics contacted the mental health service hotlines that were set up in NYC after 9/11 (K. Chernin, personal communication, December 20, 2002). The underutilization of mental health resources by Hispanics in general and the data from this study suggest a special need for assertive social service efforts in caring for older Hispanics exposed to trauma. Failure to seek treatment for the mental health consequences of trauma may increase the risk of PTSD and other psychiatric disorders, including depression, among the Hispanic elderly (Kulka et al., 1991).

It may not be easy for social work practitioners to reach the older Hispanic population. This is because of their traditional dependence on either themselves or on informal helping networks for solving their mental health problems, as we have noted. The stigma attached to mental health treatment in Hispanic culture, the barriers to accessing services, and other factors, that have yet to be identified, indicate the need for aggressive outreach with this population at the local community level (Cantor & Brennan, 2000).

On the positive side, respondents reported utilizing the church and their physicians to cope with the psychological and health consequences of trauma. This suggests openness to the concept of needing help and may provide an opportunity for social service agencies to work with physicians and clergy to identify Hispanic elderly who need support services related to traumatic events. It is important for social work professionals to be trained to identify and assess older Hispanics who may be suffering from trauma or who may be at risk for developing trauma-related psychological disorders, including depression. These
Practitioners, working in local community agencies, can encourage individuals identified in this way to speak with them either individually or in a group setting about their psychological reactions to trauma. The focus group members who participated in this study said they felt better after talking in a group about their reactions to 9/11, Flight 587, and Anthrax. This suggests that a group intervention may be one effective method for helping older Hispanics to cope with the effects of trauma by encouraging them to talk about it with other individuals like themselves.

Practitioners can also refer older Hispanics suffering from trauma-related mental health problems to relevant culturally sensitive treatment programs within, or outside of, the local community. Practitioners can serve in the role of bridge or “cultural broker” linking older persons attending community based social services programs to relevant resources beyond the community, such as the special mental health services set up in NYC to aid the families of persons directly affected by 9/11 (Paolino, 1998).

It is also necessary to train and hire more Spanish-speaking social workers with ethnogerontological skills and with expertise in trauma to work directly with the older Hispanic population in social service settings at the local community level and beyond. Schools of social work can help by educating students about the Hispanic elderly and about culture-specific reactions to trauma in their social work curricula.

**Study Limitations and Need for Further Studies**

This pilot study did not include a comparison group of non-Hispanics and was carried out at only one community senior center. We did not measure posttraumatic stress disorder among focus group members although many focus group members reported acute stress responses to 9/11 and Flight 587. No information was collected about the psychological well-being of study participants prior to 9/11 and therefore we do not know how much of the reported psychological distress was directly caused by, or was triggered by these events. It is not known whether the psychological distress reported by respondents at the time of interview has remained the same, diminished or grown worse over time. The number of study subjects was too small to compare respondents’ psychological reactions or ways of coping by their country of origin.

The extent to which the psychological reactions reported by focus group participants were typical of the responses of nonparticipants at this center is not known. However, directors of other community senior
center day programs told the investigators that they observed similar psychological reactions to the events of the year of 9/11 among the older Hispanic members utilizing their centers. Finally, the degree to which the psychological reactions reported by study participants were representative of older Hispanics in the general population is also not known.

Despite the study’s limitations, this qualitative investigation generated important information about how a group of elderly Hispanic immigrants reacted to a unique series of disastrous events and suggests the importance of gathering more information about this important topic. The next step is to carry out a more representative, mixed quantitative and qualitative method investigation in the Washington Heights community with a larger number of elderly Hispanics from different subgroups. Data collected from such a study can then be used to develop relevant social work interventions for this population. Such interventions are necessary given the continuing preoccupation in the US over the threat of future terrorist acts and the possibility of war.

REFERENCES


