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## Helping First Responders Heal:

### A CONVERSATION WITH **BOB KUPFERMAN, LCSW**

By Beth Sarafranz  
Managing Editor, NY Blue Now Magazine



Photo Credit: Beth Sarafranz

**B**ob Kupferman is a New York State Licensed Clinical Social Worker who has treated over 1,000 clients using hypnosis, since 1999. He is president of the New York Milton H. Erickson Society for Psychology and Hypnosis (NYSEPH), which is the most highly regarded clinical hypnosis training institute in the Metropolitan NYC area. After graduating Columbia University with a Master of Science in Social Work, Bob began his career at St. Vincent's Hospital in Manhattan as part of a specialized team of trauma experts in their Trauma and Wellness Unit, treating hundreds of patients who were victims of domestic violence, sexual abuse, and AIDS. After Hurricane Katrina, Bob was a member of a team that travelled to Louisiana to work with survivors there. Bob was also deployed to military bases under the auspices of the renowned Wounded Warrior Project to treat wounded combat survivors. The focus of our conversation here, for NY BLUE NOW MAGAZINE, is Bob's work with rescue and recovery workers – police, firefighters and EMS workers, using hypnosis in counseling these heroic members of law enforcement.

#### **COULD YOU TELL US A BIT ABOUT YOURSELF? WHAT MADE YOU GO INTO THIS FIELD?**

I was intrigued by the idea of social work, of being of service to others. So after graduating Columbia University, I got my first job at the Jewish Board of Family and Childrens Services, where I was hired to be the substance abuse counselor for people – all of whom had AIDS. In those days, everybody pretty much died. It was lethal and there was no cure. I was there from 1998 until 2002. What I learned was, some people were willing to relapse because they wanted to "enjoy" whatever was left of their lives. Others wanted to stay clean and sober and these people worked with me to maintain their sobriety, so they could have as much of a healthy life as possible. What was very touching for me was that I ended up going to all of their funerals. Every month, another person died.

#### **AND YOU WERE A ROOKIE? THIS WAS YOUR FIRST JOB?**

It was my first job. However, in my own private life, I'd had many losses -- many people dead from AIDS and a suicide -- so I knew about grief and how to work with people who had to deal with it.

#### **HOW DO YOU WORK WITH PEOPLE WHO ARE GRIEVING HARD?**

I took a course called Ericksonian Hypnosis, named after the 20th century psychiatrist and hypnosis specialist, Milton Erickson. The process he developed was less authoritarian in style. It worked especially well for patients who desired hypnotic therapy, but at the same time, had an underlying resistance to previous methods used for inducing trance. I chose hypnosis because I felt it would be an intriguing way for me to understand the unconscious mind. I knew that, to really help someone, it's usually what's in the unconscious that needs to change. In traditional talk therapy, a person talks

about what's on his mind – the conscious part of his mind, telling me, for example, "I need to give up cigarettes." But all efforts to quit end up failing, because the unconscious still has the desire.

#### **THAT MAKES SENSE. PLEASE TELL ME HOW YOU ENDED UP COUNSELING FIRST RESPONDERS, AFTER 9/11?**

When the federal government and FEMA (Federal Emergency Management Agency) started Project Liberty, I began counseling police officers and other first responders at two airports -- La Guardia and JFK. One thing that was rather interesting was that some of them took turns wanting to drive me to either the bus stop or the subway station, so I could get back to the City late at night. I thought it was just a courtesy. As it turned out, they gave me these rides because many of the police officers wanted private time with me. They couldn't talk in front of their buddies about their drinking problems, or erectile dysfunction, or that they were having marital problems, or they had a mistress. They needed the one-on-one.

#### **SO INSIDE THE AIRPORTS, YOU WERE COUNSELING IN GROUP SETTINGS AND OUTSIDE, IN THE CAR DRIVING BACK, YOU WERE DOING PRIVATE SESSIONS?**

Yes. This went on for over a year, two nights a week, at the airports, counseling Port Authority Police, NYPD officers, EMS workers and FDNY firefighters.

#### **YOU DID HYPNOSIS IN THE CAR, WHILE DRIVING?**

No, especially not if my client was driving. In that case, it was more talk therapy for PTSD – Post Traumatic Stress Disorder, which means: An abnormal situation occurred and you have a normal response – that is to say, the way you are responding to what happened is normal, because it fits a pattern.

#### **DID YOU ALSO COUNSEL CIVILIANS SUFFERING FROM PTSD?**

Yes, civilians who lost loved ones and family members, people who had evacuated the Towers, and other recovery workers came into the program, Project Liberty. My counseling sessions with them were held at St. Vincent's Hospital's office downtown, a block away from Ground Zero, on the days when I wasn't at the airports.

#### **CAN YOU TELL US MORE ABOUT PTSD?**

Post Traumatic Stress Disorder has four categories: (1) Something happened. In the cases I treated, what happened was the experience of the September 11 terror attacks; (2) Re-experiencing. The re-experiencing could be nightmares, obsessions, flashbacks or a somatic stress response. "Somatic" is the body -- so that could mean high blood pressure, perspiration, trembling, intrusive recurrent memories; (3) Numbing and avoiding. That's when people don't want to leave the house or be with other people. They can't deal with loud noises. They could be doing drugs to just space out; (4)

Hyper-vigilance or hyper-arousal. This means always looking over your shoulder to see if there's going to be another threat.

### **HOW CAN YOU HELP A PERSON COPE WITH THESE EXTREME EMOTIONAL REACTIONS?**

The way I look at all of those things I just listed – is that, if we tone them all down, it's called "normal." Because what it is, is that something happened – but in normal life, something's always happening. Instead of re-experiencing, the normal reaction is remembering. Instead of numbing and avoiding, the normal reaction is forgetting. Instead of hyper-vigilance and arousal, the normal reaction is: "I've learned something from this and I know how to protect myself in the future." So, part of the process is to bring down the intensity of how the memory occurred.

### **HOW DO YOU DO THAT?**

One of the ways of doing that is called inoculation or exposure, meaning: If you tell the story of your trauma, you're taking the experience and translating it into a narration of your story. The act of doing that gives you control -- whereas before, you did not have control -- you can say the ten-minute version, the five-minute version, with profanity, or for children's ears. It gets to the point that, when you tell your story so much, you know what happens in the next sentence, you know when people are going to start to cry. Ultimately, it loses its power over you.

### **YOU SAID EARLIER THAT ONE CATEGORY OF POST TRAUMATIC STRESS DISORDER WAS "NUMBING AND AVOIDING." YOU MENTIONED SPACING OUT ON DRUGS AS AN EXAMPLE OF THIS. IS DRINKING EXTREME AMOUNTS OF ALCOHOL ANOTHER EXAMPLE OF THE SAME THING?**

Yes, some people suffering PTSD were drinking because they didn't want to wake up every day realizing: "This is not a nightmare. This is my life, it's true, it's real. I am going to die from this." When people made statements like that, I would ask the question that's never on any assessment form: "So how much time do you think you have left?" All of them would say, "Bob, what, are you kidding me? I'm on borrowed time. I shouldn't be here." That answer explained much of their behavior.

### **SO WHAT WAS THE STRATEGY YOU DECIDED TO USE, IN ORDER TO HELP THESE PEOPLE? AND DID IT WORK?**

One of the principles that I learned about group work was that, every week when somebody new came to the group, it was important to include that person, so he wouldn't feel like an outsider. My way of doing that was to go around the table and have each person tell their story. They each had a time limit, so they knew when their turn was going to come up. If it wasn't comfortable to do that, it was okay to pass up the chance to speak. I thought I was doing fine with the group! But there was a very high attrition rate. People were not coming back. Fortunately, I had a good supervisor and she explained, "Listen, Bob, you're asking them to talk about their experiences. So they're re-experiencing each other's traumas. They're contaminating each other with stories – as if they don't have enough of their own, they're hearing it from each other!" To remedy this, she suggested borrowing something from the Twelve Step Program, which was that rather than focusing on the past and sharing terrible stories about that, you focus on the present by helping people get in touch with their strengths, hopes, and experiences.

### **INTERESTING REVELATION HERE, THAT A MENTAL HEALTH PROFESSIONAL WOULD BE LOOKING IN THE ONE DAY AT A TIME**

### **AA PLAYBOOK FOR STRATEGIES THAT ACTUALLY WORK, LIKE SHARING STORIES ABOUT HOW TO JUST MAKE IT THROUGH THE DAY WITHOUT CRACKING UP OR BREAKING DOWN, OR 101 WAYS TO MAKE SOMEONE ELSE HAPPY EVEN THOUGH YOU, YOURSELF, ARE NOT. SO HOW DID IT WORK OUT, CHANGING THE FOCUS OF WHAT KIND OF STORIES YOU WERE TELLING EACH OTHER?**

It was good. It created a positive mood and they started giving each other ideas. One person said, "Now I run." Someone else shared that one thing he found really helpful was "I helped my friend who died that day, I helped his family -- the widow and the kids -- rebuild the house because it needed repair work. And then I took the kids to a ball game." So, people were sharing ways that they could use their strengths and be there for themselves and for others.

### **WHAT KIND OF THINGS DID PEOPLE CONFIDE ABOUT THEIR HOPES FOR THE FUTURE?**

Many people who've been traumatized have asked me, "So, Bob, how long does it take for me to get back to my baseline, where I was?" I would respond, "Your baseline? Why would you want to go there? You want to be much more than that! You could use this like a trampoline and sail higher!" They would ask how to do that? I would explain, "Listen, sponsors in Twelve Steps hit a bottom – they may have lost their jobs, they may have killed somebody in a car accident, they may have broken up their family. Guess what? They were traumatized. What are they doing now? They're helping other people save their lives by being their sponsors. So you can take what happened to you as a resource and do something so much more." I started thinking of famous people who were able to take their trauma and transcend it, like Nelson Mandela – the man was in prison, he came out, became the head of his country and did not kill others. He said, "Let's live in peace." Discussing that was very powerful.

### **WHAT OTHER THINGS DID YOU COME TO UNDERSTAND ABOUT HOW PEOPLE ABSORB TRAUMA?**

One of the other anecdotes I want to relate is how people see things. I use hypnosis sometimes, or just talk therapy, to help people in therapy see things differently. For example, a fireman came to see me. Our office, at the time, was about a block from Ground Zero. We were in session and outside the window, we heard sirens. I noticed that he started to smile. So I said, "Why are you smiling?" He explained, "You know what, Bob? That's the sound of people helping people." I remember to this day, how he heard that sound, because that was his life's work. Meanwhile, a civilian I was treating heard the same sirens and started to fidget and sweat – reliving that day, 9/11, when the sirens were blasting -- from fire trucks, ambulances, and police cars. After time passed, there was a lot of construction going on rebuilding the site and a new subway station, and so there were jackhammers. The same fireman, hearing the jackhammers, was sweating bullets and shaking. I said, "What's going on?" He said, "Bob, that was the sound of each floor collapsing down on the next." That was what he heard the jackhammer doing. When the civilian heard the same jackhammer the same day, he was smiling. I said, "Why are you smiling?" He said, "We're finally repairing the City, finally fixing what happened." Here were two different types of people seeing and hearing something differently. So I learned, in doing my work, I had to be aware of my audience. I realized that I don't have all the answers, but I know the answer is in the room – because I don't see my clients as "damaged goods," I see them all as survivors. They each have a piece of the puzzle, which I have the responsibility of putting together. When I learn something from one, I'll teach it to another client.

## **REGARDING HEALING, WHY WAS THE PROCESS DIFFERENT FOR FIRST RESPONDERS?**

The ones who were healing the fastest were the first responders – police, firefighters and EMS workers. The reason for this became obvious to me, early on -- they had to be physically fit in order to do their jobs. If your body is in good shape, your mind can handle things. The ones who were recovering the slowest were the ones who were couch potatoes – people who were retired, on disability, and those that had too much time sitting inside their own heads doing the re-experiencing with lots of opportunity for numbing and avoiding. But the first responders had healthier bodies because of what they had to do, physically, in their work.

## **ANY OTHER REASONS?**

Another reason they were healing faster was because they were accustomed to the sounds of sirens, of going where other people were evacuating. You know, if your house is on fire, you're a fire-fleeer. The others are the firefighters. In survival, it's fight, flight, or freeze. Police, firefighters and EMS workers are used to fighting. Of course, appropriately, in survival, you have to know when to evacuate, when to freeze (meaning, let's wait and see before we take action) and when it's time to get in there and do something. But people in this category have a greater tendency for fighting than most people, so they're better skilled and prepared than most people and therefore, they were healing faster.

## **WHAT ABOUT THEIR MOTIVATION? PEOPLE IN WARRIOR TYPE JOBS ARE STEADFAST, LOYAL AND COMMITTED TO THE MISSION OF RESCUING OTHERS, EVEN WHEN IT'S DANGEROUS. HOW DO THEY STAY THAT WAY?**

They put their lives on the line – and they know it. You don't get that kind of courage from gas station attendants or librarians. So one of the rituals they have is that, when somebody dies in the line of duty, they hold huge, grand style funerals so that everybody there knows: "You matter to us." Nobody has a lonely funeral. "You matter to us." It keeps them loyal to the mission of what they're doing.

## **IS THAT THE REASON WHY, ON EACH 9/11 ANNIVERSARY, THE POLICE PRECINCTS HOLD THEIR COMMEMORATIONS OUTSIDE THE STATION HOUSE, IN THE STREET, IN PUBLIC, INSTEAD OF PRIVATELY INSIDE THEIR FACILITIES?**

It's to make it public, not only for those who are in the Department, but also for the public to see: "Look who is fighting for you."

## **WHAT'S THE DIFFERENCE BETWEEN PUBLIC AND PRIVATE TRAUMA? IS THERE A DIFFERENCE?**

Yes. After the Red Cross took over some of the funding, we expanded our services. We began treating people who were traumatized from other causes – some of them were from childhood, from being sexually molested as a child. What I learned about the difference, was that in personal traumas, there's a lot of shame, people don't want to talk about it, so they tend to hide, and they don't want to talk about what happened to them as kids. There was a greater readiness to go for counseling after September 11 because of all of the media attention, the ceremonies, and the commemorations. Nobody commemorates the anniversary of their rape.

## **IN PRIVATE TRAUMA, A PERSON COULD FEEL HE/SHE MIGHT NOT BE BELIEVED. BUT IN PUBLIC TRAUMA, WE ALL SAW, WITH OUR OWN EYES, WHAT HAPPENED.**

Right, that's one factor. For people who were ashamed of a trauma they went through – they witnessed a murder, whatever -- they

want to numb and avoid – it's difficult to go into counseling. The other thing that's important is that, if you're dealing with somebody who had a childhood trauma, you're now dealing with him or her maybe 20-30 years later. With September 11, we were catching them quickly.

## **CAN YOU DESCRIBE GROUP HYPNOSIS?**

I used group hypnosis for soothing anxiety – de-stressing. What most people really want is symptom relief. Symptoms may be insomnia, stressing too easily, claustrophobia, other phobias, and some addictions. They want to be able to cut back, or stop, the drinking or the cigarettes. So I give them tools. One of the things I developed was being able to record the trance, so they could listen to my voice over and over again between sessions. It's all about: How do I move forward, not how do I remember every little detail of what happened that day?

## **HOW ABOUT HYPNOSIS FOR RELIVING A PAST EXPERIENCE?**

I helped them re-experience the past if they wanted to, after making sure they were calm and relaxed. You know, if you have to give somebody bad news, you want to calm them first: "Can we go into this room? Please, have a seat; I need to talk to you." If you have to give someone bad news, you don't just yell across on the bus. You create an environment where they feel safe enough to hear and experience what they have to hear. So, I use hypnosis to help them "remember," if that's what they want, but I first get them relaxed and calm in the seat so they can deal with that more readily.

## **IS THERE A PLAN IN PLACE FOR FIRST RESPONDERS AND CAREGIVERS, IN THE EVENT -- GOD FORBID -- ANOTHER DISASTER OCCURS?**

Yes. First responders and caregivers are trained to give first aid in different ways. As a member of the Medical Reserve Corp, I learned to provide what is called Psychological First Aid. If there's a major disaster, they have my phone numbers-- landline and cell – as well as my email address.

## **WHAT'S PSYCHOLOGICAL FIRST AID?**

One of the things that I've learned to do is that, when you are a caregiver, you know how to give advice to others but you don't know how to take advice. We care for others more readily than we know how to care for ourselves. For example, I'd use what we call drama therapy or role reversal when a police officer is sitting there in front of me and he's very tearful and upset because of survivor guilt -- "You know, I should have died that day. I can't believe what happened." -- I'd say to him, "Just imagine you're advising your clone. He is Tony #2. What would you tell him if he said 'You know, I should have died that day?'" Then it all pours out: "What, are you kidding? You were on your third shift. How the hell did you know the building was going to come down?" It all flows naturally; they know exactly what to say to a buddy who is having survivor guilt. Once he's said it out loud, I'd say, "Could you do me a favor? Could you repeat that while looking in the mirror – what to say to somebody else, to make a difference?" They learn to do that, and it works. You're caring for someone else and the reason why you could do that is, you're less emotional.

## **HOW DO YOU AVOID BECOMING DEPRESSED YOURSELF AFTER LISTENING TO SOMEONE'S HORRIFIC STORY? AFTER ALL, YOU'RE HUMAN, TOO.**

The way that I do that is rather simple: I know what happens in the next chapter – they survive, they're in the room with me.

### **OKAY BUT SAY THEY'RE TELLING YOU ABOUT THEIR BEST BUDDY WHO DIED AND WHO IS NOT IN THE ROOM WITH YOU?**

They're telling me about their best buddy, but they're in the past. I can hear it but I can also keep it compartmentalized, keep it in its own place because this is a survivor, that other person died. We might revisit the past and an event that happened there, but visiting doesn't mean we're going to stay there. We always have a lifeline to come back to the present, a round-trip ticket that the two of us are going to be in the same room together and processing it. You can make it real if you use the present tense: "And NOW, where are we? Well, now we are in the jungle. We're about to go to that village that we think is an ally. We find out that it's the enemy." When you use the present tense, you're living it. But then you can change the tense to say, "We WERE going to that village." So then we start to detach as we're now in the future. In hypnosis, it's how we use words.

### **BUT BOB, DOES HYPNOSIS REALLY HELP EVERYONE? DID YOU EVER HAVE A SPECTACULAR FAILURE?**

I never had a spectacular failure -- everybody improved. On the other hand, some people desired improvement only in small increments while remaining stuck where they were -- and that felt good enough, to them. There were other areas of their lives that they didn't necessarily want to work on, like being obese, like smoking their cigarettes, like being lonely, like not working on grief for other people who were important to them that they never truly grieved over. However, the thing about hypnosis is that everybody experiences change after the first session because they're feeling soothed and hopeful. It's kind of like getting a massage -- you do feel better. How long do you feel better? Sometimes it can last days, sometimes weeks. What really helps, what I can do in my hypnotic work that a massage therapist cannot do, is make a recording to listen to the voice again. You can't repeat a massage again, outside of the session. But nowadays, because people have Smartphones, they come to me and record the trance in every session. Some people come to me for three sessions, some come for weeks or months on end. It depends on either their insurance or what they want to pay out of pocket.

### **DESCRIBE AN EXPERIENCE COUNSELING SOMEONE THAT GAVE YOU THE MOST PROFESSIONAL SATISFACTION.**

I must say that working with first responders is the most rewarding -- they teach me so much and that's really where I get my strengths. They know what it's like to work as a team. They know what it's like to be prepared. They know what it's like to be physically fit.

### **WHAT ABOUT NOW, ALL THESE YEARS LATER, ARE YOU COUNSELING PEOPLE WHO HAVE BECOME ILL AS A RESULT OF WORKING IN THE WRECKAGE OF 9/11?**

You're talking about people who may not have been appreciated for what they did and may have resentments that counseling could help them to resolve. Coping with serious health issues contracted from working at Ground Zero, after 9/11 and the attendant combination of medical intervention and financial distress, can bring about feelings of fear, grief and anxiety; likewise, somebody who, in the line of duty, lost a limb or ended up in a wheelchair after performing a police activity, may experience depression and stress in coming to terms with permanent lifestyle changes forced upon them. Such feelings could arise from having fought in a war that the country doesn't even know about, let alone appreciate. How would any person feel about things like that? Even if they get all the medical care, they may still feel "less than," or betrayed. Of course I work with them. It's no different than somebody

who had a loss, grieves, feels alone and expresses their situation in statements like, "Nobody knows what I'm going through." I become that person who can work with them so they're not alone, helping guide them through to whatever can be next for them.

### **CAN MEN AND WOMEN EVER FEEL WHOLE AGAIN AFTER SUSTAINING A SERIOUS PERMANENT INJURY? CAN ANY COUNSELING THERAPY HELP THEM GET BACK THE POSITIVE SENSE OF THEMSELVES THAT THEY HAD BEFORE?**

Counseling can help such people feel whole in an emotional way. What happens is that people reprioritize what's important -- it's not how much money they spend on Christmas gifts, it may be that they make more phone calls to people they haven't spoken to in years. In other words, they shift the meaning of life to find value in things that are not so materially-oriented.

### **DO YOU EVER COUNSEL PRAYER?**

When I talk about strengths, if they tell me they're religious or spiritual, I then ask them questions like, what does that mean? For them, it may be prayers at home, it may be going to a church or synagogue, whatever it happens to be. Then I encourage them to do more of it.

### **DO PEOPLE EVER ASK YOU, HOW COULD GOD LET THIS HAPPEN?**

They do and I'm very careful not to tread on that area because I'm not an expert in it, no more than if they asked me a medical question about if this or that medication is better. There are experts in that area. All I can say is that the way the unconscious mind works is, if you believe it, it can happen. If you believe that those hot coals on the floor are ice cubes, you can walk on them. There are people I help get rid of their toothaches, using hypnosis.

### **CAN THE DENTIST DRILL SOMEBODY'S MOUTH WITHOUT NOVACAINE AND NOT CAUSE PAIN, IF THE PERSON IS HYPNOTIZED?**

There are people who are allergic to anesthesia and they go for hypnosis. Or sometimes, the hypnotherapist is in the surgical suite with them and they are totally conscious throughout a procedure -- it could be open-heart surgery or brain surgery. They are totally conscious and they don't feel the pain. Hypnosis can do that.

### **HAVE YOU EVER DONE THAT?**

No, but I've heard enough about it. It's based on the belief that you can detach your mind from the central nervous system; you can make that break temporarily. The depth of the trance depends on the situation. Hypnosis is: You're watching a movie; you're totally engrossed in the movie; you're focusing on the movie. To focus on something means everything else is out of focus. You're not thinking about your toothache; you're not thinking about your financial situation; you're not thinking about what's for dinner tonight. You are engrossed in that movie and you choose to believe what's being suggested to you, that she loves him, that this is the 16th century and the lions are coming after her. You believe because you suspend reality, you take it in, and your emotional response is really real. You know, you could cry your eyes out at the end of West Side Story -- and you know it's only a movie. Part of it is conscious, part of it is unconscious. It may be the soundtrack -- you may not remember what the music was like, but it is creating a mood. Some of it is coming in on the conscious level, some on the unconscious level. That is a trance and it can be very powerful by eliminating distractions.

### **THE FIRST RESPONDERS -- ONE OF THEIR STRENGTHS IS BEING IN CONTROL. ARE THEY ABLE TO GIVE UP CONTROL IN ORDER TO ENTER A TRANCE STATE?**

Good question. They're not giving up control. Actually, they can go into trance better than most people and that is because they can detach their emotions from what they have to do.

**IN A PREVIOUS INTERVIEW, A POLICE OFFICER WHO HAD BEEN ON DUTY AT THE WTC DURING THE 9/11 TERROR ATTACKS CONFIDED THAT IT CAUSED A BIT OF CONFLICT AT HOME. HE EXPLAINED THAT HIS WIFE JUST DIDN'T "GET IT." SHE, AFTER ALL, HADN'T BEEN THERE AT GROUND ZERO, SHE WASN'T A POLICE OFFICER, SHE DIDN'T UNDERSTAND WHY THE EXPERIENCE ON 9/11 CONTINUED TO BOTHER HIM. HER IDEA WAS "GET OVER IT ALREADY! COME ON, THERE'S A SALE AT THE MALL, LET'S GO."**

He was right -- she didn't get it. I hear those stories particularly from guys who come back from Afghanistan, from the war. That's why they redeploy, putting themselves back into action, because they can't relate to civilian life. It's too mundane. It's like, the big issue of the day is that you got the wrong hair color? Or that they ran out of the food at the sale? They can't cope with that. The way I would deal with it is to have couples counseling: Bring your spouse in so that we can talk about what it's like to be the other person. That's where I would get him to tell her what it's like for him.

**THE POINT ABOUT FIRST RESPONDERS WHO CAN'T RELATE TO MUNDANE CIVILIAN LIFE CALLS UP THE MEMORY OF PRIMO LEVI. DURING WORLD WAR II, HE WAS PICKED UP IN ITALY BY THE NAZIS AND IMPRISONED IN A WORK CAMP WHERE PRISONERS WERE BEATEN, TORTURED, STARVED, AND FORCED TO PERFORM BACKBREAKING WORK TILL THEY DROPPED DEAD. SOMEHOW, HE SURVIVED IT. WHEN HE CAME HOME, HE COULDN'T BELIEVE IT THAT DAILY LIFE IN THAT SMALL TOWN WAS EXACTLY THE SAME AS BEFORE. WHILE HE WAS FIGHTING FOR HIS LIFE, CIVILIANS BACK HOME WENT TO WORK AND SCHOOL, GOT MARRIED AND HAD BABIES, ATTENDED CHURCH, PLANTED GARDENS AND CALLED THE DOCTOR IF THEY WEREN'T FEELING WELL. RETURNING HOME, HE FELT LIKE SOMEONE FROM ANOTHER PLANET, COULDN'T HANDLE IT, COULDN'T MAKE HIMSELF FIT IN. SO HE KILLED HIMSELF.**

It's interesting you say that because I've also done a lot of work in suicide prevention. A lot of people believe that the big months for suicide would be in the winter, when it's cold and bleak. But most suicides occur in April and May. The reason for that is that people think, once the spring comes, it will be okay. But if they're still feeling down and out, it's like, "Oh, my God. It's not going away." It's very similar to when somebody has had loss and everybody attends the wake or the shiva. But then, a week or a month later, everybody else is getting on with their lives and they are still feeling blue: "What's wrong with me? When am I going to catch up and heal like everybody else seems to be doing?" That's when they go deeper in. That's why it's important that if you're going to be there for somebody who's in grief, you should be there after the mourning period ends.

**WHAT THOUGHTS WOULD YOU LIKE TO LEAVE US WITH, ABOUT YOURSELF, ABOUT HAVING COUNSELED FIRST RESPONDERS AFTER 9/11?**

I learn from my clients, which is what sustains me -- and I re-gift that and give it to others.

**ON BEHALF OF NY BLUE NOW MAGAZINE AND OUR READERS WHO WORK IN LAW ENFORCEMENT, I WANT TO THANK YOU, BOB KUPFERMAN, FOR EXPLAINING HOW COUNSELING STRATEGIES AND METHODS--HYPNOSIS AND TALK THERAPY--HELP SURVIVORS OF THE 9/11 TERROR ATTACKS HEAL FROM POST TRAUMATIC STRESS DISORDER. IT SEEMS ESPECIALLY APPROPRIATE TO TALK ABOUT THESE THINGS NOW, AS WE COMMEMORATE THE 12TH ANNIVERSARY OF THAT HORRIFIC EVENT.**

*For more information about hypnosis therapy, visit Bob Kupferman's website, at: [www.rkhypnotherapy.com](http://www.rkhypnotherapy.com). Bob can be reached via email, at: [info@rkhypnotherapy.com](mailto:info@rkhypnotherapy.com) or by phone, at: 917-517-2447.*



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