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The surviving sisters club: Examining social support and posttraumatic growth among FDNY 9/11 widows

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ABSTRACT

This paper examines the relationship between social support and posttraumatic growth (PTG) among a sample of 55 widows who lost their firefighter husbands in the 9/11 World Trade Center attacks. Data revealed that 73% gathered informally with other 9/11 widows in the years following the attacks and 55% participated in one-on-one therapy. Results found PTG was related to attending an FDNY-sponsored support group ($r = .37$), one-on-one therapy ($r = .37$), and socializing with other FDNY widows ($r = .29$). Qualitative responses suggested the primary benefits of informal peer support were a shared understanding of grief, close companionship, and emotional strength.

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Introduction

The untimely death of a spouse is one of the most stressful experiences that can occur in a person's lifetime (Bacon, Condon, & Fernsler, 2000; Scannell-Desch, 2003, 2005). If the fatality is a duty-related death, as in the case of firefighters and police officers, the potential for prolonged traumatic stress is intensified due to the sudden and sometimes violent nature of the event. Family members of slain first responders and public safety officers often undergo further trauma related to investigations, court proceedings, and media exposure (Miller, 2007). Such traumatic losses often shatter dreams and expectations and require the bereaved spouse to take on new tasks and roles, such as becoming the sole breadwinner or a single parent (Davis, Wohl, & Verberg, 2007). Research has shown, however, that in the face of such challenges people sometimes report a growing sense of themselves as becoming a stronger and more able person (Znoj, 2006). This change is referred to as posttraumatic growth (PTG), defined by Tedeschi and Calhoun (2004) as "the positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (p. 1).

Tedeschi and Calhoun (2004) note that supportive others can aid in post-traumatic growth, particularly mutual support from people who have “been there” and shared similar experiences. Prior studies have examined the relationship between social support and PTG with mixed results. Cordova, Cunningham, Carlson, and Andrykowski (2001) examined breast cancer survivors and found no relation between social support and PTG. A subsequent study of Holocaust child survivors, however, found growth to be significantly predicted by social support from friends (Lev-Wiesel & Amir, 2003). More research is needed to better understand this relationship. The purpose of the current study is to examine social support and PTG among widows who lost their firefighter husbands in the September 11, 2001, World Trade Center terrorist attacks. I will present findings from an exploratory survey conducted 10 years after the events to address the following research questions:

1. What formal and informal social support services were used by the firefighter widows during the past 10 years?
2. Which types of social support were related to posttraumatic growth?
3. How have these women’s lives changed with regard to career, family, and new relationships?

The 9/11 firefighter widows are a unique population: They all experienced their trauma and loss at the same time, related to exactly the same event. Three hundred forty-three members of the Fire Department of New York City (FDNY) were killed on the morning of September 11, 2001, with an average age of 40. This was the single deadliest day in U.S. firefighting and law enforcement history (Miller, 2007). Seventy-two percent of the firefighters were married, leaving behind 246 widows and domestic partners. Prior studies on widowhood have primarily focused on women older than age 60 and have largely ignored the experiences of younger widows (Scannell-Desch, 2005). Furthermore, research on 9/11 victims has focused on the general New York population (Galea et al., 2003; Hobfoll, Tracy, & Galea, 2006), as well as specific segments such as rescue workers (Daly et al., 2008) and children (Brown & Goodman, 2005), but there has been little empirical research on the widows and widowers of the victims. The findings from this paper will therefore further our understanding of the young widow experience, as well as add to the growing body of literature on social support and PTG.

Social support and widowhood

Prior studies have shown that perceived social support is one of the most consistent predictors of psychological adjustment to widowhood (Bacon, et al., 2000; Bankoff, 1993; Gaudet, Kitson, Miller, & Smerglia, 1998; Scannell-Desch, 2003, 2005; Violanti, 1996). Social support may come from informal sources such as immediate and extended family and friends, as well

as formal sources such as licensed therapists or traditional bereavement groups. In the case of line-of-duty deaths, social support may also come from the agency or related organizations for which one's spouse worked. Violanti's (1996) study of police spouses found that increased quality of interactions with police-related groups lowered psychological distress among widows.

Research suggests that the type of support is related to its effect on distress (Gaudet et al., 1998). For example, professional support from clergy and medical and mental health professionals is important, but some widows find it is not nearly as effective as informal help and companionship from friends and family (Scannell-Desch, 2003). Stylianos and Vachon (1993) conducted a review of social support during bereavement and found that widows find support from family members helpful soon after a spouse's death, but support from friends and peers becomes more important with the passage of time; they concluded this is the most important type of support. Informal support from peers creates continuity and stability through familiar group kinship (Scannell-Desch, 2003).

Finding the right support is particularly important for line-of-duty widows, who are more likely to experience symptoms of prolonged traumatic bereavement in the aftermath of their loved one's death. These may include anger, anxiety, depression, isolation, irrational guilt, hyperstartle responses, appetite and sleep disturbances, decreased resistance to infections, and ultimately PTSD (Miller, 2007). Furthermore, in high-profile line-of-duty deaths, it can be more difficult for the widow to remove herself from the constant coverage of the event on television, radio, newspapers, and Internet. There is little room to escape the attention of the media and scrutiny of outsiders (Miller, 2007). At no time was this more evident than in the aftermath of the September 11, 2001, terrorist attacks. They were witnessed in real time by millions of people across the globe. Continuous TV news coverage, Internet updates, and newspaper headlines depicted the physical devastation and aftermath, and much attention was focused on the efforts of the New York City firefighters (Menendez, Molloy, & Magaldi, 2006). According to Tedeschi and Calhoun (2004), this occurrence of a major life crisis can set in motion the process of posttraumatic growth.

Social support and posttraumatic growth

PTG refers to positive changes in people after a traumatic event. This may include a greater appreciation of life, a changed sense of priorities, closer and more intimate relationships, or new possibilities for one's life (Calhoun & Tedeschi, 2006). For many people, the cognitive processing of trauma into growth is aided by self-disclosure and rumination in a supportive social environment (Tedeschi & Calhoun, 2004). Social support is particularly beneficial if it remains stable and consistent over time so that a strong level of

intimacy develops. In studies of bereaved parent support groups, members spoke about the group becoming “family” because they revealed more to each other and have been accepted more than in other personal relationships (Tedeschi & Calhoun, 2004). While the benefits of formal bereavement groups have been well documented (Tedeschi & Calhoun, 1993), there is little research on the benefits of informal groups that form organically. The current study provides an opportunity to explore some of the perceived benefits of such informal sources of social support. In doing so, I hope to further our understanding of peer support and PTG in the aftermath of terrorist trauma.

Method

Participants

I collected both qualitative and quantitative data via an online questionnaire. Potential participants ($n = 103$), all female, who had previously provided their e-mail addresses in an FDNY Family Assistance Unit widow directory, were informed about the project via e-mail. The e-mail described the purpose of the research project and provided the URL for the Web-based survey. In total, 70 women started the anonymous survey and ultimately 55 (53%) completed it. To encourage participation, individuals who completed the questionnaire were awarded a \$10 Amazon.com gift certificate. In order to maintain anonymity, after completing the questionnaire respondents clicked on a link to take them to a separate website where they could enter their e-mail address to receive the gift certificate. No data was collected linking the survey responses with the e-mails provided. The questionnaire and study methodology were approved by the Pace University Institutional Review Board.

Measures

Posttraumatic growth

The Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) was used to assess posttraumatic growth. Participants were asked to indicate the degree to which they experienced the change described by each item using a 6-point Likert scale ranging from 0 (“I did not experience this change as a result of my crisis”) to 5 (“I experienced this change to a very great degree as a result of my crisis”). The 21 items are summed to create a PTG composite score ranging from 0 to 105.

Social support services used

I asked widows to report which of the following social support services were used in each of the years following the attacks: meeting one-on-one with a licensed therapist or practitioner, meeting with a local support group

(e.g., in their town), meeting with an FDNY support group (e.g., organized by the FDNY Counseling Services Unit), attending an FDNY-sponsored “Managing Me” workshop,¹ meeting with other 9/11 widows to specifically discuss 9/11-related issues, and meeting with other 9/11 widows to socialize.

Perceived quality of social support services

I asked respondents to rate “the degree to which each support service helped with your personal healing related to September 11, 2001” on a 6-point Likert scale ranging from, “No, it did not help” to, “Yes, it helped to a very great degree.”

Open-ended questions

For those participants who gathered informally with other widows, I asked, “Please tell me a little about how you all met and found each other,” and provided an open-ended response box. I also asked, “If these peer groups have helped with your personal healing related to September 11, please tell me how,” and provided an open-ended response box.

Demographics

I collected demographic information on age, number of children, spouse’s rank, employment before and after 9/11/01, and current relationship status.

Analyses

I entered all responses into SPSS 17.0 for Windows and calculated general descriptive statistics and correlations among the constructs, as well as Cronbach’s alpha reliability coefficients for the PTG scale and subscales (see Table 1). For social support services, I summed the responses to calculate the number of years the widow used that source of social support in the previous decade (e.g., years attending a FDNY support group).

For the two open-ended questions, there were approximately 10 pages of single-spaced text representing 99 responses. The analysis consisted of two phases. In Phase 1, three coders (the present author and two research assistants) read each response independently. The data were reviewed to search for patterns and themes within the responses, following the interactive synthesis approach of Huberman and Miles (1994). We then met as a group and discussed our interpretations and conclusions in order to identify themes that occurred across the cases. In Phase 2, we used a binary coding system to independently categorize the responses into quantitative data. Any response that mentioned a particular theme (e.g., “emotional strength”) was coded as 1 and if it had no mention of that particular theme it was coded as a 0. We met again to arrive at a consensual agreement as to whether a particular response referred to a particular theme. Responses could have multiple themes.

Table 1. Descriptive statistics and correlations.

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Age	49.5	6.4																	
2. Years married	13.6	7.6	.74																
3. Children on 9/11	0.8	0.4	.23	.39															
4. FDNY tenure	14.9	7.7	.84	.64	.10														
5. FDNY rank	1.8	0.9	.50	.44	.13	.57													
6. Yrs discuss 9/11	3.7	3.5	.12	.20	.16	.15	.30												
7. Yrs widow socialize	6.3	4.1	(.11)	.05	.07	(.09)	.11	.57											
8. Yrs local support group	1.6	2.4	(.14)	.09	.23	(.17)	(.22)	(.02)	.16										
9. Yrs FDNY support group	2.1	2.9	(.03)	.04	(.14)	.05	.09	.40	.30	.20									
10. Yrs Managing Me	1.5	2.5	(.03)	.01	(.03)	.03	.10	.47	.35	.23	.43								
11. Yrs therapy	3.9	3.5	(.10)	(.08)	(.08)	(.15)	(.18)	.04	.09	.19	.22	(.08)							
12. PTG	65.3	19.5	(.15)	(.05)	.07	(.18)	(.18)	.19	.29	.27	.37	.21	.37	.91					
13. PTG Relate to others	20.8	7.5	(.06)	.00	.08	(.14)	(.16)	.14	.26	.24	.31	.17	.42	.89	.79				
14. PTG New possibilities	15.3	5.7	(.12)	.03	.02	(.11)	(.13)	.09	.21	.27	.27	.26	.23	.82	.63	.81			
15. PTG Personal strength	14.5	4.4	(.23)	(.19)	(.03)	(.21)	(.21)	.08	.14	.08	.27	.09	.24	.77	.60	.52	.71		
16. PTG Spiritual change	4.8	3.4	.00	.13	.16	(.01)	.16	.39	.18	.20	.45	.24	.21	.62	.45	.40	.44	.74	
17. PTG Appreciation life	10.0	3.4	(.30)	(.23)	.06	(.29)	(.35)	.12	.36	.26	.16	.00	.29	.73	.58	.52	.52	.33	.61

Correlations greater than 0.25 are significant at $p < .05$; Alpha internal consistency reliability coefficients for scales appear on the main diagonal in bold.

Results

Demographics

The average age of respondents was 49.5 (age 39.5 on 9/11/01). They were married for 13.6 years (SD 7.6) and 80% had children on 9/11/01. The mean number of children was 2.2 and the average age was 20.3 (age 10.3 on 9/11/01). Their husbands had worked for the FDNY for 15 years (SD 7.7), ranging from 1 to 29 years. Eighty-seven percent of the women were employed on 9/11/01 working 35 h per week (SD 12.2 h) and 25% are employed today, working 23 h per week (SD 14.7). Only 20% of respondents are working in the same job, and 33% have gone back to school to further their education. Over half of the women (53%) have moved and no longer live in the same home as they did on 9/11/01. Finally, almost half of respondents (44%) are either remarried ($n = 12$) or involved in a long-term committed relationship ($n = 12$). Six women have had children since 9/11/01.

Social support

The data revealed respondents used a variety of formal and informal social support services that included both individual and group formats. Over 50% sought one-on-one counseling during the first two years after the attacks. This percentage dropped to 40% in 2003, and continued a slow decline to just over 30% by 10 years later. Attendance at formal group therapy sessions, in contrast, has dwindled dramatically to less than 10%. When asked to what degree one-on-one therapy assisted with their personal healing related to 9/11, 55% of respondents reported either “great” or “very great.”

The most frequent form of social support was meeting informally with other 9/11 widows. During 2001 and 2002, almost 70% of respondents reported meeting with other 9/11 widows to specifically discuss issues related to 9/11; and 73% of respondents reported meeting with each other to socialize. Over half of the respondents (52%, $n = 26$) reported that they met through their husband’s firehouse. Another quarter of respondents (24%, $n = 12$) reported meeting other women through their widow friends, forming larger support groups independently. Finally, some respondents reported meeting through FDNY connections other than their husband’s firehouse. For example, 18% ($n = 9$) reported meeting through a support group organized by the FDNY Counseling Services Unit (CSU) and 14% ($n = 7$) noted they were introduced to widows by other firefighters they knew.

Through 2007, two thirds of the women reported meeting with other 9/11 widows to socialize. By 2011, this number decreased only slightly to a consistent 60%. I asked how often respondents currently get together with their widow peers, and a third reported at least once a month or more. Another 42% reported meeting once every 3–6 months. When asked to what degree

Table 2. Themes of informal social support.

Theme	Definition	% cited	Example quote
Shared pain and grief	Sharing the same trauma experience and therefore knowing and understanding exactly what each other is going through.	56%	<i>They know the awful trauma it was and remains ... there are no words to adequately describe the pain—but the other widows know.</i>
Friendship	Comaraderie and bonding with each other; development of lasting friendships.	26%	<i>The friendships I have forged with other widows have been such a source of comfort to me even until this day.</i>
Child rearing and support	Ability to discuss issues regarding their children and support each other as single parents.	23%	<i>Being able to listen to and support each other in respect to child rearing issues helps.</i>
Emotional strength	Ability to draw strength from each other to deal with emotions and feelings.	21%	<i>These women were my friends, sisters, confidants, therapists, and didn't have to be afraid of what we said or how we said it.</i>
Trust	Ability to discuss all manner of topics openly and honestly, without judgment.	16%	<i>Certain topics such as the Fund Money, college being paid for our children, and the death of Bin Laden can be discussed with a deeper understanding.</i>
Paperwork	Assisted each other with the myriad of paperwork and forms that needed addressing.	14%	<i>As problems arose, whether with paperwork that needed to be done ... we confided and compared with each other.</i>
Vacation	Taking vacations together.	9%	<i>In March of this year, a few of us were able to get away to a nearby resort/spa ... it was the best time with my sisters!!</i>
Moved on	No longer gather with other widows.	9%	<i>It helped to avoid feeling isolated, but we were very different women and the socializing stopped after the first year.</i>
Feel less alone	Feeling less isolated.	7%	<i>You would feel like you were going crazy or you weren't sure if what you were feeling was normal. It was comforting to hear another woman say you weren't the only one.</i>
Learn from each other	Provide a resource of information.	5%	<i>It was invaluable to have a group of people to share information ... when there was not a lot of information to go around.</i>
Talk about loved one	Ability to discuss deceased husband.	5%	<i>Being able to talk about our men as we remember them, not as the world looks at them.</i>

these informal peer groups assisted with their personal healing related to 9/11, 58% of respondents reported either “great” or “very great.”

Posttraumatic growth

I calculated the overall PTG score as well as scores for the five subscales. The average overall score was 65.3 (*SD* 19.5), which is slightly higher than the average score of 50 reported by Baker et al. (2008) and Cann et al. (2010). Data revealed that PTG was positively correlated with FDNY-sponsored support groups ($r = .37, p < .01$), one-on-one therapy ($r = .37, p < .01$), socializing with other FDNY widows ($r = .29, p < .05$), and local support group ($r = .27, p < .05$). Examination of the subscales revealed that “relate to others” was positively correlated with one-on-one therapy ($r = .42, p = .001$) and FDNY support groups ($r = .31, p < .01$). “New possibilities” was positively correlated with local support groups ($r = .27, p < .05$) and FDNY support groups ($r = .27, p < .05$). “Personal strength” was related to FDNY support groups ($r = .27, p < .05$). “Spiritual change” was positively correlated with FDNY support groups ($r = .45, p = .001$) and discussing 9/11 with other FDNY widows ($r = .39, p < .01$). Finally, “appreciation for life” was positively correlated with socializing with other FDNY widows ($r = .36, p < .01$) and one-on-one therapy ($r = .29, p < .05$).

Qualitative responses

Coding of qualitative responses revealed 11 themes. The most frequently cited theme was that of shared pain (56%), followed by friendship (26%), child rearing and support (23%), and emotional strength (21%). More detailed descriptions and examples are found in [Table 2](#).

Discussion

This paper presents findings from an exploratory study of women who lost their firefighter husbands in the 2001 WTC terrorist attacks. Through a combination of qualitative and quantitative data, I examined the frequency with which these line-of-duty widows used formal and informal social support services and assessed PTG by administering the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996). I collected demographic information to shed some light on how respondents’ lives have changed in the decade since 9/11/01 with regard to career, family, and new relationships. I also inquired as to how informal peer support, in particular, assisted with their personal healing related to 9/11/01. This was the first empirical study to explore this unique population and several interesting findings emerged from the data.

The most frequent form of social support was meeting informally with other 9/11 widows. Some women knew each other beforehand, but most had never met before the attacks. Analysis of their responses revealed the majority of widows (52%) found each other through their husbands' firehouses. Data revealed that this happened through a combination of gathering at the firehouses and also being invited to the firehouses for memorials and events. They therefore became friendly with the widows of the firefighters who were killed on duty along with their husbands. Entire fire companies were lost on 9/11/01, and some double firehouses (e.g., engine and ladder company) lost as many as 12 or 14 men. The individual firehouses were natural meeting places for many of the families in the early days after the attacks. This speaks to the importance of finding quality interaction with the agency where one's spouse works when there is a line-of-duty death. As time wore on, the FDNY Counseling Services unit began organizing a variety of group therapy sessions at which a small minority of women reported meeting (18%). Some widows (26%) reported meeting in their town or surrounding local area. The sheer scale of the loss for the FDNY (343 men) made it all the more likely that the widows would be able to find peers close by, which may not necessarily be the case in other line-of-duty deaths.

In the first few years after the attacks, almost three quarters of respondents reported meeting informally with other 9/11 widows to specifically discuss issues related to 9/11 but also to socialize. Ten years later, almost two thirds (60%) reported they continue to see each other on a fairly regular basis. Results suggest that these informal peer support groups flourished into lasting friendships that have stood the test of time. This sense of kinship is very analogous to the brotherhood that their husbands experienced as firefighters. The degree of camaraderie and length of time spent with colleagues is a factor that is almost unique to the firefighting culture (Regehr, Dimitropoulos, Bright, George, & Henderson, 2005). It is as if these women picked up where their husbands left off. To provide further evidence of this sense of camaraderie, some groups of friends gave themselves nicknames: The Surviving Sisters, the W's, the Core Four, The Wives. This also suggests a possible aversion to using the term *widow*. The average age of respondents on 9/11/01 was 39, whereas the average age that women become widowed in United States is 61 according to the 2009 Census Data Report (<http://www.census.gov/prod/2011pubs/p70-125.pdf>). Just like their firefighter husbands, these women were in the prime of their lives on 9/11/01 and did not identify with the stereotypical older widow.

Overall PTG scores among this population were higher than other reported studies (Baker et al., 2008; Cann et al., 2010). PTG represents personal growth or a change in outlook, and since this data was collected 10 years after the trauma experience, there was more time for these respondents to potentially experience growth. The findings revealed that both formal and informal

sources of social support were related to PTG. Almost half the women participated in one-on-one therapy and this was positively correlated with PTG, as was attending an FDNY-sponsored support group and a local support group. Among these, FDNY support groups were related to four of the five subscales of PTG (relate to others, new possibilities, personal strength, and spiritual change). Earlier studies on line-of-duty deaths found increased quality of interactions from the related organization was important to lowering distress among widows (Violanti, 1996). These findings add to this literature by suggesting that such interactions may not only help with recovery, but may also lead to PTG.

This study was one of the first to examine informal sources of social support as a means to PTG. Although meeting specifically to discuss 9/11-related issues was not related to overall PTG, it was related to the subscale of spiritual change. It may be that during these 9/11-focused gatherings, widows attempted to make sense of the great loss of life and perhaps draw from spirituality to find some greater purpose or meaning. For the large majority of widows who met informally to socialize, examination of subscales revealed that this type of social support was most strongly correlated with appreciation for life. Perhaps these friendships that developed represented a silver lining, or intangible benefit, that came as a result of this traumatic experience.

While much has been written about the benefits of formal bereavement groups, an important contribution of this study is the collection of qualitative responses that begins to reveal some of the perceived benefits of informal peer support in a line-of-duty death. Similar to formal bereavement groups, one of the primary benefits of informal peer support is being able to share the pain of their trauma experience. Over half of respondents (56%) reported that it was invaluable to be with other widows who shared the same experience because they *know* and *understand* exactly what each is experiencing. In a line-of-duty death, this type of empathy may be more critical. For the 9/11 widows, in particular, there were aspects to their husbands' deaths that made it quite different from other firefighter losses: the scale and magnitude of the disaster itself, the high profile and worldwide public response, the initial aftermath of not knowing if their husbands were dead or alive, and the fact that many of them did not receive any of their loved ones' remains until many months later, if at all. This tragedy was so unprecedented that the need to find a peer bereavement group was all the more critical.

Beyond discussing their grief and shared pain, the findings revealed that there were some unique benefits attributed to the informal peer support groups. When people lose a spouse, they lose the very person to whom they would go for comfort and emotional support. Data suggested the women leaned on and supported each other to find emotional strength and discuss all manner of feelings and topics. Now that many of them were single parents, they discussed their children and sought child-rearing advice. They consulted

with each other about paperwork that needed to be filed and procedures to follow to obtain benefits from the FDNY, federal government, public agencies, and not-for-profit charities established in their husbands' honor. As time wore on, a deep level of trust developed among these women as they began to navigate the many challenges in the aftermath of 9/11. They confided in each other for all manner of significant changes in their lives, including children, finances, and new relationships. They even vacationed together.

Finally, the findings provided a brief glimpse into just how these women's lives have changed over the past 10 years. While 87% of the respondents worked pre-9/11, only 25% are employed today. Although studies have shown that widowed women commonly experience substantial drops in income following the loss of their husbands (Kitson, Babri, Roach, & Placidi, 1989), it is common practice for line-of-duty widows to receive a pension. For example, the FDNY widows received their husband's salary, tax-free and inflation indexed, for the rest of their lives, in addition to a payout from the federal Victim's Compensation Fund (Fishman, 2004). Only 20% of respondents are working in the same job, and a third went on to further their education. Over 50% have moved to new residences. This suggests that change is something that a majority of these women have embraced, and yet one constant for them has been the informal peer support. Almost half of them are either remarried (22%) or involved in long-term committed relationships (22%). Prior studies have suggested that widows are reluctant to report nonmarital romantic partnerships (Moorman, Booth, & Fingerman, 2006), so these findings reveal that social stigmas regarding such new relationships may be lifting. Overall, evidence suggests these women are rebuilding their lives in the aftermath of their husband's loss, while continuing to take care of their children and, for a small minority, even starting new families.

Limitations and conclusion

This study examined the social support services used by FDNY 9/11 widows in the context of PTG. Results, however, should be interpreted in light of the study limitations. I was only able to send an e-mail with the survey link to 103 widows out of a possible 246, and ultimately 55 women responded. This is approximately a quarter of the population, which may not be representative of the entire sample. I do not know whether individuals who chose not to respond did so out of disinterest in the survey, feelings of concern regarding the subject matter, or other reasons. It is possible that their responses may have altered the results. Likewise, the group of women who responded may be a more resilient group to begin with, which may have influenced the findings with regard to PTG. I did not collect data on whether any of the women attended individual counseling before 9/11/01, so it may be that some of the women who continue to use one-on-one therapy may have done so before

their husbands' deaths. I also did not ask specifically about support from clergy or religious organizations, although there was an open-ended question for respondents to list other types of social support they used. The small number of participants who provided answers did not mention religious organizations.

I must also recognize the unique attributes of the 9/11 WTC attacks that may make these findings less generalizable to other line-of-duty death experiences. This was the first major terrorist attack on American soil with large-scale casualties, both in terms of uniformed personnel and of civilians. The significant loss to the FDNY alone made it much more likely that women would be able to find peer support. It is important to note, however, that these widows have a lot to share in the likely event of future line-of-duty deaths, albeit on a smaller scale. Unfortunately, we have not seen the last of the 9/11 first responder fatalities. Ninety-two firefighters have died from 9/11-related illnesses since the 2001 terrorist attacks (Ilnytzky, 2014), and there will also be future line-of-duty deaths in the regular course of firefighting. Findings from this study suggest that it is imperative for uniformed services departments to reach out to the newly widowed and put them in touch with those who have been there before. This will help spouses to obtain the necessary emotional support and guidance that they may need for many years to come.

Note

1. "Managing Me" programs were organized by the FDNY Counseling Services Unit (CSU) for spouses and significant others who lost a loved one in the line of duty. Workshop topics included home repair, interior design, landscaping, travel, and stress reduction.

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