Disaster, Community, Culture, and the Practice of Anthropology: Some Reflections and Lessons from the Oklahoma City Bombing

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Abstract

In anthropological theory, the allegedly timeless and changeless “ethnographic present” has long been the ideal ethnological ideal, the necessary fiction. “Culture change,” by whatever means, was supposedly the annoying exception to structure, continuity, social replication, tradition. Increasingly, both the reality and the language of massive social disruption, as well as that of incremental change, are transforming anthropological theory and practice. Disaster, trauma, cataclysm, catastrophe, crisis, upheaval, and cognate terms, are coming to occupy more the core than the periphery of anthropological thought. There is now even a sub-sub-specialty in the field called “disaster anthropology!”

Introduction: A Framework for Navigating Disaster and Community

If catastrophic change remains a nuisance to our aesthetic of group changelessness and preservation, it is nevertheless recognized as an inescapable part of ethnographic reality: both in the sense of horrible things that happen to groups of people, and what people do with, and use their culture to adapt to and make sense of, these terrible events (tornadoes, floods, wars, oil freighter spills, bombings). People are now employed in role of “change management,” “disaster planning” (sic), and “disaster management.” Further, people are everywhere always organizing and reorganizing their experience. How is this process in extreme situations similar to and different from what occurs in more ordinary circumstances -- or are we prisoners of language here, also? In this paper I draw from my experience in Oklahoma City following the April 19, 1995 bombing of the Alfred P. Murrah Federal Building, and present some implications for applied anthropologists’ work as consultants, management team members, and other practitioner roles.

In the 2 1/2 years since the bombing of the federal building in Oklahoma City, I have conducted informal consultations with organizations in and around the Oklahoma City area. Much of what I have learned and practiced comes from my day-to-day roles as clinical teacher and member of many Oklahoma communities. I have served in a variety of applied fieldwork positions, ranging from individual consultations with physicians and physician groups, to government agencies. My methods and viewpoints have been more acceptable in informal, even “underground” clinical and political groups, than in the more official ones. There is thus the further issue of communication of what I learned, since, within informal, unofficial circles it often was greeted as valuable knowledge, while in more official circles, it did not constitute knowledge at all. Rather than there being a culturally homogeneous Oklahoma community, there were in fact numerous “cultures of response,” numerous communities and units of risk. There are, in sum, differing types of post-disaster knowledge and of people, ranging from official (for instance, the widespread model of Critical Incident Stress Debriefing [CISD]) adopted by mental health and police agencies, to long-term grieving and reorganization.

This paper outlines some of the “lessons” -- principles, generalizations, implications for practice -- I have learned. My goal is to be global; omissions are inevitable. Although the paper is case-oriented, also try to identify what is strictly local, and what is more universal. My organization or taxonomy of themes is of my own construction (etic), but it draws heavily upon local images and language (emic). I am in part observer, participant observer, and by twenty years residence in Oklahoma and identification, partially Oklahoman.

I approach the Oklahoma City bombing with an
already comparative frame of reference, although within the national culture of the U.S. Among the traumas, widely understood, I have observed close-hand are, adaptation of Slavic-Americans to the U.S., the closing of steel mills in the once industrialized northeastern U.S., the Oklahoma farming crisis in the mid-1980’s, economic and ethnic upheaval in a midwestern farming city, the closing of an inpatient child psychiatry unit in a major urban hospital, the closing of a family medicine clinic in one Oklahoma town, the downsizing and reengineering of urban hospitals, the corporate managed care movement in biomedicine, the stress of downsizing upon the U.S. Naval Medical Center in Portsmouth, Virginia, the on-going threat of closing to Tinker Air Force Base in Oklahoma City and Vance Air Force Base in Enid, Oklahoma, and such weather disasters as tornadoes, droughts, and floods on the prairie.

As an applied psychoanalytic anthropologist, I situate the Oklahoma City bombing and the short- and long-term response to it, in the broader cross-cultural and cross-historical context of disasters and catastrophes, ranging from fires (Ablon 1973), to floods (Erikson 1976; Rangell 1976), the Nazi Holocaust and the bombing of Hiroshima (Kren and Rappoport 1980, 1994; Niederland 1968; Luel and Marcus 1984; Lifton 1979; Lifton and Olsen 1976), social change (Devereux 1955; La Barre 1972); tornadoes and mine disasters (Wallace 1956, 1957, 1987), and mass organizational firings or “downsizing” (Stein 1997; Allcorn, Baum, Diamond, and Stein 1996). (The popular distinction between “natural” and “human made” disasters overlooks the role of human agency in ostensible acts of Nature and God to which we see ourselves entirely as passive victim.). This intimate, “experience-near,” case study of the adaptation to the Oklahoma City bombing must be situated as part of the larger, on-going adaptation to catastrophe, the creation of catastrophe, the construction of meaning following catastrophe, and the constellation of meanings, feelings, fantasies, and defenses brought to the experience of the catastrophe. Following the Oklahoma City bombing, accounts and models of what happened, and what should be done, overlapped and competed with one another through human agents.

Trauma, Culture, and Community

Since the 1950’s or so, many anthropologists have come to realize the ubiquity of change in all culture(s); that permanence, the eternal “ethnographic present,” is a cherished illusion, often born of the nostalgia that massive social rupture unleashes in the face of loss. Permanence of circumstance, changelessness, is every nativist’s dream-wish and no society’s reality. What, then, is the place of trauma, disaster, or catastrophe in this understanding of culture’s dynamism? This paper attempts an answer.

All groups suffer traumas, which I take to be events (of varying durations) that are experienced as overwhelming. Some of these overwhelming experiences are imaginable but unexpected; others are utterly unimaginable. Some can be prepared for, instrumentally (practically), expressively (symbolically, emotionally), or both. Others can only be prepared for in one of these ways, or neither. These traumas or disasters draw upon prior cultural and social structural baselines, and further, they spawn “disaster narratives” that weave reality with fantasy, emotion, wish, heroism, victimization, survivorhood, dread, into a legend or myth the reality of which supersedes the event itself, termed by Volkan (1991) “chosen trauma.” Further, a disaster is a “test” of the community as structural-functional unit, as unit of sentiment or emotion, and as unit of affiliation or personal inseparability.

Finally, before I attempt to organize themes from the bombing aftermath into categories that make sense to Oklahomans (and more widely, to Americans), and to me as participant-observer-consultant, I want to offer a brief sketch of how I have come to understand “disaster” (or “trauma”) and its relation to the nature and experience of “community,” the latter of which concept is the theme of the 1997 annual HPSfAA conference. To oversimplify: community is fundamentally the sense of “us” (group, reified object) and “we” (group, subject). It is at once the sense, belief, conviction, and construction of a symbolic membrane of group identity, a social skin, of boundedness, of safety, of symbolic representation of self-and-other within this skin, and of containment. It is not a social “unit” that
stands apart from these crucial sentiments. It is a social group’s sense of selfsameness and continuity over time, which Erik Erikson (1968) called “psychosocial identity.” Disaster, then, is the experience of rupture, of disruption, to that sense of community that includes its culture. In disaster, the group’s sense of integrity, its imagined skin, its sense of invincibility, is shattered (Lifton and Olsen 1976).

If the two concepts are heuristically distinct, in practice (“functionally”) they are inseparable. Namely, as a unit of we-ness (emergent, changing, consolidating), a community implicitly defines what would shake it to its foundations, and thus what would constitute a disaster. In a formula: people adapt with . . . as well as adapt to. Conceivably, the identical event could happen to one community that deeply suffered from the it, while a second community welcomed the same event: it was not equally “traumatic” to both (La Barre 1972). While, phenomenologically, people experience trauma as happening entirely to them, coming from the outside, it is also enveloped within them. It can be seen as happening both outside of and inside what Hallowell described as a “behavioral environment” that is “culturally constituted” (1955). It is as important to ask “What kind of culture is it?” as it is to ask “What kind of event is it?”

Counter-intuitively, then, a “trauma” is not an altogether independent, causal variable. It is not exactly a noun, except as a reification. “Trauma” is inseparable from “community” (social unit) and its “culture.” Having said that, I must confess that we are not much better off than before I did, because “community” is far from immune to reification, romanticization, and other distortions. With the end of the Cold War, a host of domestic “wars,” corporate buyouts and takeovers, downsizings and reengineering, and other forms of depersonalization have led to a longing for a place of belonging, reciprocity, loyalty, continuity . . . in short, to a longing for a sense (but not merely any sense) of “community.” The longing is for an imagined form that is not so much lost as is felt to be desperately needed. To borrow from Levi-Strauss on totemism (1963), “community” might not be so good to eat, but it is certainly becoming good to think. As I discuss the Oklahoma bombing trauma in relation to Oklahoma community(-ies), I wish the reader to be aware (as I must also) of the larger cultural discourse or debate in which the very term “community” is currently embedded.

I take as problematic the issue of the relationship between (1) disaster as event that happens to a community (event-centered, cause-and-effect) and (2) disaster as something that happens within a community that defines it as a disaster (meaning-centered). What is traumatic about trauma (Berger 1996)? What makes trauma disruptive, disorganizing, that is, different from other kinds of change? What is the relationship between disaster as event and disaster as representation (inner, collective)? What is outside and what is inside? How should, and how may, an applied anthropologist help? An understanding of trauma, community, and adaptation, takes us to the heart of the role and experience of boundaries in human affairs. The material from Oklahoma will test this theoretical framework. The framework is at best heuristic; particular items could be in many categories.

**Some Disaster Themes and Their Taxonomy**

**Methodology**

Where do these data come from? What did I do? I conducted the informal study everywhere in the course of daily living and employment. Since I teach physicians, primarily in family medicine, I had access to the medical response from the inside. I had and continue to have a weekly group meeting with the chief medical examiner of Oklahoma, a family physician, a clinical psychologist, a grief counselor, a police sergeant and Critical Incident Stress Debriefers, among others. I consulted formally and informally with many organizations and agencies. I read local and national newspapers and magazines; I purchased special commemorative issues of magazines. I watched local and national television.

I listened; I observed; I wondered aloud with my colleagues and prairie compatriots. I persevered with them, first through official stories, publicly acceptably renderings of trauma and loss, and often then through more uncomfortable
accounts of the depth and tenacity of grief, of the bombing’s unmasking of earlier losses, rages, and traumas. Gradually I learned about culture behind culture. I learned about grieving beyond culturally stylized grief. The learning together was the helping. In the process, the boundary between “etic” and “emic” continuously shifted; at its best, it congealed into a mutual “third culture” of shared understandings (Useem, Donoghue, and Useem 1963).

Everything, every moment, became applied fieldwork. I asked often bizarre hypothetical questions -- such as to compare the emotional effects of the bombing with those of downsizing -- to middle hospital managers in Oklahoma City after several waves of layoffs. Long after most media personnel, politicians, and medical professionals had ceased talking about the bombing, I continued listening for hints of its presence, and would ask about what was supposed to be settled and past. The vernacular of the disaster can be classified into (at least) the said, the unsaid, and the unsayable.

Moreover, the conventional anthropological distinction between “etic” (outside observer) and “emic” (culture member) constructions proved too simplistic, since there were multiple, often competing, “emic” constructions, such as between FEMA (Federal Emergency Management Agency) and local rescue/recovery professionals, the fire departments, the police departments, medical organizations, local and national mortician-associations, Project Heartland and academic psychiatry, and so on. The fact that in much anthropological writing, “etic” is reserved for scientific or professional viewpoints and discourses further complicates the issue of nomenclature. Although, say, both the Department of Psychiatry at the University of Oklahoma Health Sciences Center, and Project Heartland Center, both did crisis counseling and psychotherapy, and both could be called “etic,” within the local authority-, power-, and status-hierarchy, some practitioners in Project Heartland, and in other less officially recognized healing circles, came to be treated as though they were folk or indigenous healers, that is, as lesser, “emic” natives.

Within the local, official, academic mental health and health care community, I have found little common ground for my own work. Proprietary ownership of research data or “turf” became a major issue for many clinical groups in the months following the bombing. Role was often limited, or at least judged, by one’s place in the status hierarchy than by one’s actual task in the disaster. Many community-based mental health professionals told me they felt themselves to have been regarded as second class citizens by the Department of Psychiatry at the University of Oklahoma Health Sciences Center, many of whose staff acted as if all mental health related data collected by anyone belonged to them. There were clearly several tiers of knowledge, and much potentially valuable informally-derived knowledge did not even have the status of knowledge to those higher in the academic/political hierarchy. The “what” of data was often subordinate to the “who” it belonged to. I spent most of my time working on the margins of the formal, official system. One clinical psychologist colleague bitterly characterized the bombing as having become a “cottage industry” developed by powerful, political, media, health, mental health, and other indigenous interests. I have found thus far that my presence and ideas are most welcomed in unofficial, informal circles, circles that might well include official responders, but who choose to relate in informal, even private contexts.

**Sense of place, group boundaries, and the Unimaginable and Unprecedented**

(This “category” -- like the others -- is too vast for a single entry, so it is discussed elsewhere in the paper as well.) In understanding catastrophes, it is vital to know the cultural baseline against which the catastrophic is measured. Horrible, but expectable, imaginable events occur on the prairie, ranging from tornadoes to explosions in a fireworks factory (e.g., “Terrible. I don’t want to imagine it, but I can.”) But the bombing was uncategorizable, unthinkable, unimaginable, and indigestible within conventional thinking. Oklahoma and prairie inhabitants had to re-think, to re-define themselves in order to assimilate the bombing. Despite the technical or material preparation and inter-agency coordination that was seen in Oklahomans’ immediate response to the bombing (“Out here, we are prepared for large-
scale disasters.”), there could be no emotional preparation possible for it.

What was most traumatizing is not the loss of life per se, or even the magnitude of the deaths, but the type of disaster it was (a bombing) and where that disaster took place. The most disturbing loss was loss of the sense of place, and in turn the threat of loss of meaning. What people do with “what doesn’t happen here” or “what can’t happen here,” when it in fact does happen here, is at the crux of that task of trauma-mastery. After the bombing, cultural risk-perception and risk-expectation had to be reassessed. Recovery from that trauma to identity will remain a cultural task far into the future, long after the physical wounds are healed.

I hasten to add that the burden of this process is not limited to Oklahomans or even to prairie peoples. For instance, professionals from FEMA (Federal Emergency Management Agency) who had come from all over the USA to Oklahoma immediately after the bombing said repeatedly that, accustomed as they were to the gore of plane crashes and bombings, they were utterly unprepared emotionally for this kind of disaster. They were not only overwhelmed by the cataclysm, but overwhelmed in a different way by the hospitality and gratitude that greeted them: virtually all food, clothing, lodging and other material needs were offered even before they could be voiced. The physical shows of affection from supposedly stoical, reserved prairie folk often met needs unfulfilled in the FEMA “rescuers” own families, workplaces, and communities. When they returned home after their two-week paramilitary mission, many FEMA members felt traumatized again: now by the utter loss of the intimacy and camaraderie they had felt and so unexpectedly received in Oklahoma.

As a specific type of social unit, FEMA professionals are, I propose, at risk for physical and mental problems that derive not only from intimacy with the bombing, but from the isolation they felt “back home” when they returned to those with whom they did not share the Oklahoma experience. While in Oklahoma, the “rescuers” had felt emotionally rescued by the very Oklahomans they had come to rescue. Isolation turned to desolation when they felt more at home in Oklahoma than with their own families. (This example, by the way, gives additional support to the “relative deprivation” theory of David Aberle and others.)

This example points, in turn, to the need for subtle attention to the multiple cultures and communities (ethnic, religious, professional, regional, organizational) involved in disasters and in disaster-response, and in turn, to the different experiences of risk, many of which will not be intuitively immediate. Even in geographically “the same place” there are in fact multiple places (e.g., roles, identities). Firefighters were highly feted and thanked publicly; similar public acknowledgment was not extended, say, to the police or to the emergency room nurses. Lack of acknowledgment led to fewer opportunities to express emotion and thus to have one’s suffering vindicated, and to the greater need to “stuff” emotions and to “get on with the job” with one’s story of trauma left private and incomplete.

The sense of place, its tie to group identity, and their role in turn in group boundary formation, violation, and protection, are at the core of the bombing experience. They help us to specify what type of disaster or catastrophe the Oklahoma City bombing was. For those who experienced it, the trauma was non-scalar, discontinuous, not “as bad as” or “worse than,” but incomparably singular, unlike any others. Its inconceivability underlies its incomparability. Adaptation to the bombing begins as much with coping with the fact that it happened -- its conceivability -- as with the rubble of lives and buildings. The bombing occupies (and signifies) an eerie, uncanny, almost haunted, almost holy, physical space in downtown Oklahoma City. It also occupies a similar type of mental space in the imagination. However terrible other prairie disasters have been (and what all constitutes/does not constitute a disaster will be considered below, including the crucial question of “Whose disaster?”), they have not been experience as evil. The bombing is. To understand the bombing, and to work with people here in its long aftermath, one must understand the kind of interior and intersubjective space it constituted, inhabited, and violated.
Key images, metaphors, symbols, and euphemisms that organized and defined the event and its meaning

The recurrent post-bombing theme of victimhood and innocence omits mention of historical and current violence within Oklahoma (and wider prairie Euro-American) culture, that is, by those now victimized. To understand a people’s core metaphors -- which also serve as euphemisms -- is to tap into their world: a world both hidden and revealed. Following the bombing, phrases such as “loss of innocence,” “loss of immunity,” “victims,” and “survivors” quickly became incorporated into the most ordinary conversations among news reporters and among those Oklahomans interviewed. They are desperately guarded half-truths. One local colleague stressed to me that this event certainly did not mark the first loss of that supposed innocence: witness, for instance, the ravages of the Dust Bowl in the 1930’s, the Edmond Post Office shootings in 1986, the current presence of teen gangs in Oklahoma City, the random devastation wrought by tornadoes, and the increase in drive-by shootings. Still, his voice is the exception. And, in his enumeration, he did not even mention the 1921 race riot in Tulsa, America’s worst, in which Whites burned down much of the Black community. Nor, for that matter, did he describe the histories of various Native Americans currently or formerly in Oklahoma, ranging from Cherokees exiled to Oklahoma by President Andrew Jackson (the ignoble “Trail of Tears”), to prairie peoples chased out to make room the largely Euro-American late 19th century Oklahoma land runs.

I have wondered whether the protest of innocence against victimhood might in part be a way of avoiding any guilt feelings associated with ancestral violence in the acquisition of the lands from Native Americans. The claim that “Our land was violated” absolves the claimant of status of “violator”; one may thereby deny one’s own aggression, or justify it entirely as an act of self-defense. The label “Unassigned Lands” on Oklahoma Territorial Maps euphemized the fact that these at one time unoccupied or “empty” spaces had in fact been emptied of Indians by the Federal Army, that, in a sense, descendants of the violated had originally acquired the land by violation as well. The sense of violation presupposes a sense of right to be and make a moral claim on where one is: a claim that is protected unconsciously, ideologically, and legally.

For most Oklahomans, and for many Americans outside the state, there is the conviction that something has irrevocably changed in and about Oklahoma, that the bombing was singular, a catastrophe unprecedented by anything however horrible. And that has everything to do with the belief that we who had lived in safety in “America’s Heartland” now live in fear -- and the question of whether we can learn to feel safe here again. Contrary to the self-representation and the national representation of Oklahoma, there has long been a marked lack of safety in that legendary bastion of safety, the home and family. Although Oklahoma Governor Frank Keating is “pro-family” with respect to the conservative political philosophy of “family values,” as Frosty Troy, editor of The Oklahoma Observer, wrote in the lead article of his newspaper on 25 April 1995, “His budget proposes cuts in the very agencies designed for family and youth services.” Troy then enumerates the program cuts. Earlier in the article he writes that:

Oklahoma has long been a killing field for children. What is one to expect from an ultra-conservative state that prattles endlessly about “family values” but whose actions belie that professed concern. Despite political posturing, Oklahoma children are among the most desperately poor and abused in the nation. (1995, p. 1)

This article was uncannily titled “Sooner Killing Fields” and subtitled “Kids Battered and Murdered” (Oklahoma is called “The Sooner State,” proudly named for those who violated the law during the land runs, crossed the boundary before the official opening, and hid close to the land they wished to claim.). Though the newspaper was dated April 25th (Volume 27, Number 8), it arrived on the 21st -- that is, the second day after the bombing, during a time when the public deepest revulsion was over the fact that seventeen children had died in the day care center on the second floor of the federal building.
A cartoon at the bottom of this newspaper’s first page featured an open left hand, and on the palm was written “WARNING! Being a Child in Oklahoma is Hazardous To your health.” The article, written prior to the horrific event, compels us to bring private motives and public pieties uncomfortably close together. Children’s death -- and the domestic violence long tolerated if not encouraged by the sanctity of the family -- was already in the air.

Let me situate this epidemiologically. The Oklahoma Institute for Child Advocacy gathers data on the welfare of children in Oklahoma and publishes an annual report. Their 1997 report states that, based on data from the Oklahoma State Department of Health, “Oklahoma’s infant mortality ranking relative to other states slipped from 29th to 33rd during the most recent year (1993) measured” (1997: 11). Further, “During this past year [1996] the proportion of Oklahoma child abuse and/or neglect actually confirmed continued to worsen to a record high (from 12.8 to 13.5 per 1000 children in the community), with comparable rates also worsening in the majority (45 of 77) counties” (1997: 13). “A higher proportion (13.5 per 1000) of children are confirmed to be child abuse and/or neglect victims than were in the mid-1980’s (8.5 per 1000), with such rates also worsening in the vast majority (60 of 77) of Oklahoma counties during the same period” (1997: 13). “A total of thirty-four children died from child abuse and/or neglect in FY 1995” (1997: 13), which is to say twice as many as were killed in the 1995 bombing that occurred in the same year. The local and national image of the “heartland” differs markedly from the less palatable reality contained in these numbers.

To say this less impugns Oklahomans’ legendary generosity during this terrible event as it places it frighteningly close to other, competing, values, fantasies, wishes and feelings, which is to say, ambivalence. To mourn our loss of safety we must also mourn the state and national mythology that perpetuates our lack of safety, and alas, our lack of innocence. Consider as euphemism the notion of “innocence” and of innocence violated in the bombing. If Oklahomans humbly pride themselves as being a kind of buckle in the Bible Belt, Oklahoma is also high in teenage pregnancy, wife-beating, child-beating, and family-related child-death, all conducted “behind closed doors” of family inviolability and privacy. There is a disingenuous protest quality (“‘They,’ not ‘we,’ do this heinous kind of thing.”) to the outrage directed toward outsiders who would dare harm our children. The terrorism that cannot be publicly discussed, the terrorism that begins at home but cannot be labeled as such, is now safely displaced onto and focused in outside “terrorists.”

A conspicuous split took place between violence done to Oklahomans (and more widely, the grain-and-cattle Heartland) and violence done by Oklahomans (such as widespread child death, from family beatings called “domestic violence”). On the latter, there was mostly silence, and an effort to enforce silence on any who might wish to associate the two. This is, I believe, a cultural variant on violence done to “us” by “them” (e.g., terrorists) or by “it” (bad weather [which is a matter of public discourse]), in contrast to violence “we” do to “ourselves” (which is kept a closely private matter).

Models of disaster response, recovery, and disaster preparedness

How do we approach the tri-partite model of A.F.C. Wallace and others, of pre-trauma organization, disorganization, and post-trauma reorganization, when a pre-trauma cultural baseline also influences all three phases? What fosters cultural healing? What is therapeutic? What is even the appropriate language of this process? For instance, many local and national practitioners of CISD (Critical Incident Stress Debriefing), emphasized that their approach is “crisis intervention,” not “psychotherapy,” that their goal is prevention of “post-traumatic stress disorder” (PTSD), and that “grief” is not an appropriate stress-management tool. At a CISD course, its originator, Dr. Jeffrey Mitchell said: “CISD is order, structure, antidote to chaos” (notes, 28 March 1996). The language of the post-bombing period in Oklahoma reminded me that in modalities of healing as in all problem-solving, how we first label something determines how we subsequently attempt to solve it (In the vernacular: What we call it determines what we try to do about it.).
The sense of time, of how time is and should be organized, is inseparable from the sense of how we should cope with disaster. “What should happen?” (events) is inseparable from “When it should happen?” (that is, the timetable or sequence of events). In a global way, time was organized into short-term and long-term. Over the short term (several weeks after the bombing, at most ending on July 4, 1995, when the governor ordered all American flags raised to full mast), abundant, unrestricted emergency medical and psychiatric crisis-care were offered and provided. Beginning as early as several weeks following the bombing, notions such as “closure” began to be articulated. Early on, pressure in families and workplaces, including health and mental health facilities, was already being placed on members to finish with their “mourning.” One can see the affinity of Oklahomans and other prairie peoples, and professional culture, for the highly structured and time-compressed CISD model of crisis-debriefing. To put it in a formula: Since critical incidents require post-traumatic debriefing, there is little or nothing to mourn; there is nothing long-term to do except to avoid the long-term reawakening of post-traumatic stress disorder.

The trouble is that many people, professional and lay alike, told me over the 2 1/2 years that although they suffered specific trauma from the bombing, they also had long-term issues of loss and grief. We ended talking informally, quasi-therapeutically, about matters that supposedly either did not exist or had no need for therapy. Any thought of long-term emotional problems conjures culturally thoughts of being “crazy,” of being “out-of-control” (redoubled because the bombing had disrupted control), of being dependent on others. The rush to quick and total “closure” was thus already a part of the cultural fabric of the Great Plains. It led to massive short-term funding and generosity following the bombing, and to equally massive evaporation of funds and time in the later months and years. The expectation was that people either did not suffer long-term “mentally” from the bombing, or at least they should not, if they only worked hard enough, were religious and faithful enough, and had “true grit.” As a result, the eruptions of rage, despair, anxiety, physical symptoms, and acting out in the ensuing months and years are given few opportunities for resolution, and set the stage for interpersonal “bombs” to go off in many workplaces (a term I have frequently heard).

Only slightly beneath the official level of pronouncement and urban renewal, cultural revitalization is incomplete or is a sham. Enforced “closure” ultimately means that people must learn well to lie to themselves and to each other until they believe what they do not believe: that it is over, that being tough (gendered = male) triumphed, and that life is back to normal.

Any analysis of Wallace-type revitalization (organization-disorganization-reorganization; illusion-disillusionment-reillusion) misses the depth of ambivalence and contradiction of disaster-response if it fails to encompass what official clinical and political models exclude -- their failures to heal even as they claim to do so. The present analysis, by contrast, implicates culture in pathology, even as culture treats pathology. To put it in a formula: my experience in Oklahoma suggests a classification into (a) primary traumatization, that is, people who where overwhelmed in various ways by the actual bombing; and (b) secondary traumatization, that is, people who were overwhelmed in various ways by the treatment model and system itself.

For those officially labeled as immediate living “victims” and “survivors” of the bombing, especially people in the Murrah Building, mandatory participation in one or several CISD interventional workshops was standard. “Debriefing” was the central concept. Often lasting from two to three hours, debriefing consisted of an early highly structured intervention, opportunity for catharsis, opportunity to verbalize trauma, a finite behavioral structure, group education, peer support, and follow-up (Mitchell and Everly 1995: 40-41). Participants are, among other things, encouraged to express their feelings, reassured that the unusual things they may feel are normal rather than “crazy.” Several colleagues and friends who were in such debriefings and “defusings,” in the days after the bombing, expressed to me their outrage that they were “dragged” away from work at their makeshift offices in new buildings and made to “sit around and talk about our feelings.”
Although I first wondered about the possible role of psychological “denial” in this process, I quickly came to realize that culturally, one important form of trauma-mastery among prairie peoples is work itself; and that, at least, in the early days following the trauma, and for the short term, work is therapeutic rather than a flight from therapy. Many people whose work-equipment and office-worlds were in shambles said to me, that “All I wanted was for them to help me to get back to work. Instead what they did was to take me away from the very place I could put my world back together and have some semblance of control again. Right then, that would have done more for me than all the sitting around and talking about how I’m going to feel. I knew how I felt: I didn’t want to be there. I wanted to be back at work. They had it backwards.” The official CISD model ran in the face of the folk-work model; many workers felt discounted, interrupted, rather than helped by the debriefings. A more culture-sensitive model of disaster-response (one in fact adopted by many CISD trainees who allowed themselves to be influenced by those with whom they worked) would have inquired into what is indigenously healing rather than assuming and imposing a supposedly universal model that inadvertently retraumatized the bombing victims.

I wish to offer here a final illustration of the importance for applied anthropologists, and all their/our clients, to take into account (never uncritically, of course) often counter-intuitive cultural solutions to disaster. We need the wisdom of both the cultural “inside” and “outside.” Almost immediately after the bombing, a group of Oklahoma morticians came to the State Medical Examiner’s Office in Oklahoma City to offer their services in the face of the overwhelming death, mutilation, and destruction. Several days later, when the national D-MORT (Disaster Morticians) team arrived in Oklahoma City to go to the disaster site and the morgue and help with identification of the dead, officials from the Medical Examiner’s thanked them for volunteering their help and said that they could return home now. They revolted, saying that they wanted to continue to work in any way they could, that their being here was a way funeral directors from all over the state could be here (by proxy, by identification) and everyone feel connected. They emphasized that they had left care of the local dead with their hometown competitors, in exchange for which they would represent the entire town in Oklahoma City. It was a way that all funeral directors could, at least symbolically, be here in Oklahoma City and offer help. If one could not physically be here, then he could be here in the person of another, even a business competitor. The Medical Examiner’s Office, realizing its innocent error, promptly found plenty of work for both national and local -- outside and inside -- groups.

Symbolism of the Alfred P. Murrah Federal Building, and other Buildings (including their lack of official, public symbolism)

As the targeted site for the bombing, the Murrah Building has received the greatest attention as symbol. Other places, such as the now-demolished State Water Resources Board, where two people were killed, or Children’s Hospital, whose ICU nurses stayed behind with the infants in their charge, during a bomb threat the day after the Murrah Building bombing, have been excluded from public acknowledgment and symbolic recognition. This is so much so that as much as four months after the bombing, the Water Resources Board sent out requests for a bid for a package of workshops and consultations because the agency, located across the street from the federal building, had received no debriefing whatsoever. Further, the Murrah Building-as-Federal Building is far less discussed as a symbol than as the site of the children’s day care center, or the Murrah Building’s location in America’s Heartland.

I have often wondered whether the recurrent manifest themes of Heartland innocence and violence against it might serve to displace attention from the latent, intense ambivalence many prairie folk, especially rural, have long harbored toward the federal government, which is culturally construed as “political” rather than “workplace.”

I am tempted to propose that the primary or manifest trauma narrative, the violation of the Heartland by some kind of outsiders, serves at least in part as a defense against a secondary or latent trauma narrative, that of ambivalence toward
“paternal,” federal authority, one that has existed among Oklahomans since pre-statehood territorial days. Beneath, or alongside, political and religious conservatism, is a proud “rebel” streak, a defiance of authority -- even by authorities. A punitive enough conscience is also one eager for a moral holiday -- and for a pretext to take it. Several years ago, many Oklahoma county commissioners went to jail for violating the law in behalf of their fierce localism. For many Oklahomans, Colonel Oliver North is a culture-hero. Early in the state’s history, the Ozark mountains and the western grasslands hid many of the nation’s most notorious, and secretly admired, outlaws.

Certainly this ambivalence toward authority, especially authority defined as “external” (from bankers to the federal government), did not alone “cause” the bombing of the Federal Building, but neither is it mere historical background. It is a nutrient, as in a petrie dish, where rage toward “outside government” can grow and thrive in the sacred name of American self-reliance. And it is part of the deeper meaning of “innocence” in the heartland.

“Violence in the workplace” as an increasingly prominent cultural category in the U.S.A

The bombing of the federal building was rarely construed as an example of increased workplace violence similar to the Edmond, Oklahoma, Post Office massacre of 20 August 1986, at which 15 people were killed. Of course, in the Oklahoma City bombing, deaths occurred in many workplaces, many but not all of which were in the federal building. Media and popular focus was on the deaths of seventeen children in the child care center in the Murrah Building, and on the terrorism in the American “Heartland” region.

Although the “strong work ethic” remained personified by the Great Plains region and was reaffirmed as a virtue by the response to the bombing, the image of terrorism stressed the innocence of the victims rather than the fact that the place the bombing occurred was a (multiple) worksite. The “attack on the Federal Government” as symbolized by the federal building as a workplace, was considerably downplayed. Several health and mental health colleagues speculated to me that the FBI and other federal agencies might have a vested interest in this diversion of attention. At work is what might be called the cultural construction of violence: an answer to the question, “What kind of violence (aggression) is it?”

Culture shock and “future shock” (Alvin Toffler): Two Types of Change

The former is disruption via a major change over space (e.g., migration overseas, or from rural to urban settings); the latter is a disruption via a major change over time, when one has not geographically moved at all. The Oklahoma City bombing is an example of the latter. The idealized national repository of “traditional” agrarian values and family structure, suddenly was temporally juxtaposed with New York City and Beirut; not only did “there” become “here,” but Oklahoma rudely became modern.

Denver, and more broadly Colorado, too, experienced something of a similar dislocation and disorientation in space as the trial of Timothy McVeigh was located and unfolded in Denver. Friends and colleagues in Denver have said to me in various ways that “It’s [the bombing] suddenly very immediate to us in Denver. It isn’t just over there in Oklahoma. I’ve been to the Federal Building in Denver where the trial is/was. I’ve been told of bomb threats here. So suddenly it’s very real to us.” To imagine the bombing is suddenly to transpose “there” to “here.”

Two Competing Ethno-Medical Models: Managed care and the bombing -- “lean and mean” scarcity versus temporary abundance

The several-week aftermath of the bombing offered a naturalistic “experiment” or “test case” of the corporate-sponsored managed healthcare movement. It, in turn, sheds further light on the question of whether, under conditions of disaster, culture(s) temporarily becomes (regresses to?) more traditional and then reassumes its later form. For those designated as bombing victims and their families, health care professionals and institutions simply gave of themselves with little or no thought to compensation. Either capitalism was given a moral holiday, or, practitioners assumed that
money would eventually come from somewhere to pay for it all. The main point is that, at the time, it did not matter precisely to some of the very people to whom it very much had mattered and would once again completely matter.

At first I was tempted to interpret the generosity and mutual aid ethos as more prairie-traditional, older, and the corporatist medical and downsizing ethos as more current, but the more I observed and thought, I have come to regard them as competing models “horizontally” rather than “vertically” organized (the latter as in conscious/unconscious, manifest/latent, newer/older). The more familiar I became with the response to the bombing, the less culturally novel it seemed.

There is precedent to seeing in the sequence and punctuation of the response to the bombing an old, familiar, northwest Euro-American prairie social structure: the communal “barn raising” or “house building” event following a calamity such as fire. Via implicit culture, people somehow “intuitively” know what to do, what needs doing, and for how long. If a farmer dies suddenly during wheat harvest, neighbors almost immediately show up, often with their combines, to finish the job so that the family will have at least the security of a completed harvest. Without anyone directly asking whether the stricken farm family needs help, everyone in the local community physically capable of lending a hand offers assistance in kind, helps the family to restore home, hearth, barn, and functioning, then quietly withdraws to the individual farmstead-style of family autonomy.

Put technically, emphasis is placed on more “instrumental,” rather than “expressive,” facets of life. The goal is to “help people to get back on their feet, then let them alone, don’t meddle in their business.” Such mutual assistance is not without sentiment, but it is unsentimentalized. Its aesthetic is functional. Its paramount goal is the restoration of autonomy at the unit of the individual if not the productive family. The support offered is short-term, mechanical, not long-term. If the assistance is social, it is decidedly not “socialist” (with all its connotations of communalistic meddling and outside rule). If my interpretation is even approximately accurate, then “mutual aid” and “make it on your own” constitute two recurrent phases of the prairie culture, rather than exclusively “traditional” versus “modern.”


Several health, mental health, and law enforcement colleagues characterized the two or three weeks after the bombing as a “Moment of Grace” in their lives, when their petty, drudgery-filled work-lives became suddenly meaningful, fulfilling, redeemed in even a religious sense. “This is what I went into medicine [or psychology, or social work] for, not paperwork and patients who only think they’re sick.” The action-oriented, acute care, emergency, crisis-oriented, interventional model that permeates health, mental health, law enforcement, firefighting, and other professions (and which is a core value orientation in the West) was unleashed. The situation was, or felt like, “war,” and everybody “gave their all.”

In the months and now 2 1/2 years later, many of these friends and co-workers look reverentially and nostalgically to the sense of “connectedness” and “purpose” of those days. Anniversary reunions at an agency -- the State Medical Examiner’s Office, for instance -- are occasions for prolonged handshakes, tight hugging, shedding and sharing tears, retelling stories of vulnerability as much as of valor. One male physician, speaking for many, said to me: “What I miss most is the lost camaraderie, of people hugging each other, men hugging other men. It’s more of a loss to me than the end of the generosity in giving things, food, supplies.” A clinical psychologist who had been an early “responder” at the scene of the bombing said, objecting to the idea of “closure”: “It would be a great loss if we would just forget about the bombing. What does it even mean to ‘get over’ the bombing? There should be some kinds of holding on that are pathological, and some others that are normal. It feels pathological to not hold onto the deep feelings and bonds people came to have after the bombing.”

Many people saw profound theological meanings for themselves in the human rubble from the bombing. They recoiled from holding God
responsible for causing the bombing itself, but felt God’s loving presence in this redemptive “Moment of Grace” when there was such a community outflowing of giving. This, they saw as evidence of God’s, not only human, presence. To them, there was no irony or paradox, to the entry of the sacred into the profane, the profaned, the desecrated space and time. If anything, it signified a kind of death-and-resurrection. But the sense of epiphany was short-lived. It soon decayed into the secular, profane, pre-bombing combination of prairie “grit” and economic “bottom-line” frenzy. The austerity of corporate managed care soon replaced war-zone abundance.

Perhaps, in its way, the rush toward closure over the bombing has been displaced onto an ambitious, faction-ridden, downtown Oklahoma City revitalization project. I have misgivings about grief that has been too soon built over. It is as if, what is emotionally unfinished, because still indigestible, becomes instead culturally punctuated as finished. Glittering new office buildings and complexes, sports stadiums, theaters, and restaurants can easily give the impression that something has been completed, finished, indeed restored. But, to invoke a medical metaphor, they are a crusty scab over a festering lesion.

Conclusions: Community, Culture, Trauma, and Transcendence

This paper has explored what one anthropological practitioner learned from the Oklahoma City bombing about community, culture, and trauma. As a case study, it contributes to an applied and comparative anthropological understanding of disaster and human adaptation. Methodologically, much of the data in this paper come from practical, “applied” settings. Ironically -- and is the experience of all applied social scientists -- , much of what I learned is not regarded officially as knowledge per se, and often competes with official knowledge about the Oklahoma disaster. I found that what I learned became most socially useful, acceptable, knowledge in more informal, often marginal circles, and over time rather than initially.

In “The Wasteland,” T.S. Eliot wrote, “April is the cruelest month.” This study has taught me that April in the prairie spring of 1995 was filled with courage, kindness, irony, and paradox as well as cruelty. It also has taught that groups adapt to events in their history with history-making that is not always especially adaptive, even when memorialization makes its members feel better for a time. Too exclusive an attention to the bombing in April distracts attention -- because it is designed to displace that attention -- from the violence and cruelty that has long been the ethnohistory of the North American great plains. The study of one culture’s ethnomedical response to mass trauma suggests that what people do not want to know and to feel is at least as important a factor in the disaster response as what they do know and feel. Perhaps one theoretical lesson of this ongoing study is that trauma, and a group’s response to it (if I may “emically” reify for the sake of argument), make clear the outlines of a culture’s contradictions and ambivalences in ways that are made invisible and silent during more ordinary times. When a healing system is a socially defensive system, it cannot heal within. The “healing” that occurs is as short-term as the solutions themselves.

I conclude by suggesting that meta-cultural healing can begin when peoples can begin to hold in a single thought both “our” and “their” traumas, what “we” did to them as well as what “they” did to us. Such a healing is no longer fueled by hate (which in turn destines repetition), but is based on an acknowledgment and a relinquishing of it (Alford 1997). Only a widened community of tears, and of an acknowledgment of historic wrongs, can lead to a transcendence of the narcissism of victimization and a widened community of reconciliation. For this writer at least, the bombing and its aftermath were a life-changing experience. I have only begun to metabolize their significance for my life as an anthropological practitioner. This paper is an early signpost.

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