2015

Boston Marathon Bombing and Experiences of Solidarity: The Race to Understanding

Caitlin M. Price
Virginia Commonwealth University

The Boston Marathon Bombing and Experiences of Solidarity:
The Race to Understand

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Science at Virginia Commonwealth University.

by

Caitlin Mackenzie Price

Bachelor of Arts, Saint Louis University 2013

Master of Science, Virginia Commonwealth University

Thesis Chair: Dr. Jesse Goldstein

Assistant Professor, Department of Sociology

1

Table of contents

Abstract

BOSTON MARATHON BOMBING AND EXPERIENCES OF SOLIDARITY:

THE RACE TO UNDERSTANDING

Caitlin Price, Master of Science

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science at Virginia Commonwealth University

Virginia Commonwealth University, 2015

Thesis Chair: Dr. Jesse Goldstein, Assistant Professor, Department of Sociology

Near the Boston Marathon's finish line on April 15, 2013, an innocent looking backpack disguising a pressure-cooker bomb full of shrapnel detonated. Seconds later, another explosion happened amidst crowds of marathon spectators. Despite being one of the worst attacks on United States soil, an outpouring of positive and pro-social behavior occurred. Communities come together after disasters. Solidarity was felt between victims, first responders, and the community but with varying experiences. Through a content analysis of 12 oral histories collected by the WBUR Our Marathon Collection, three distinct kinds of solidarity experiences were uncovered: visceral, care-work, and virtual. This case study of the Boston Marathon Bombing discusses the experiences of solidarity and implications for future research.

Near the Boston Marathon's finish line on April 15, 2013, an innocent looking backpack disguising a pressure-cooker bomb full of shrapnel detonated. Seconds later, another explosion happened amidst crowds of marathon spectators. The blasts turned the celebration of Patriot's Day, a legal holiday in Massachusetts commemorating the start of the American Revolution, to one of gruesome destruction. The media showed pictures of body parts lying in the streets, bones visible through skin, and blood soaked people. Three spectators died in the carnage, while more than 260 were injured, several losing limbs. Countless doctors, runners, and spectators helped treat victims at the blast site. Runners crossed the finish line and continued running to Massachusetts General Hospital, where they donated blood to victims. So many people followed suit that they stopped accepting blood donations. Businesses opened their doors offering Wi-Fi, phone charging, and water. "Pay only if you can," tweeted El Pelon Taquería. With flights grounded and an excess of spectators and runners without hotel reservations, many were stranded. Runners were given rides, clean clothes, warm meals, and showers by a wide range of Bostonians. Online, boston.com opened an online forum for those offering and looking for a place to stay. Within an hour and a half, "the spreadsheet of locals with room to crash, ranging from a floor in an MIT dorm to space for a family of four, had nearly 3,000 offers," ("10 Heroes of the Boston Marathon"). The event showed how, in the aftermath of a disaster, social relationships are both strengthened and formed anew as a result of displays of altruism as well as renewed

contacts with others (Kreps 1984). The solidarity felt and the rise in cooperation and togetherness is undeniable following this event.

A clear parallel was drawn between the Boston Marathon Bombing and the biggest terrorist attack in the United States: September 11th. In the aftermath of September 11th, heroic tales emerged of strangers helping people down the stairs and to safety. There was a "mass convergence and volunteer activity at the attack scenes (Kendra and Wachtendorf 2001). Similarly, heroic tales emerged out of Boston of strangers running to the aid of victims, or bystanders on the sidelines one moment and tying tourniquets the next. After September 11th, thousands of people lined up at blood-donation stations across the US and people donated food, clothing, supplies and money (Peek and Sutton 2003; Turkel 2002; US General Accounting Office 2002). After the Boston Marathon Bombing, runners who had just crossed the finish line kept running to the nearest hospital to donate blood. In the wake of a terrible event, people came together to help and support each other. Reactions to Boston were similar to September 11th. Tributes to those who lost their lives popped up all over the city, and even all over the world. A flood of patriotism was felt across America (O'Connor 2011). Despite being one of the worst attacks on U.S. soil, an outpouring of positive and pro-social behavior occurred.

Communities come together after disasters (Dynes and Quarantelli 1975). Though this may seem counterintuitive, this is the norm not the exception. Political thinkers from Machievelli to Thomas Hobbes and John Locke to present day Republicans have postulated that humans are competitive, self-serving and only interested in what will get them the most private gain. Seventeenth century theorist

Thomas Hobbes, whose work has become foundational to modern liberal thought, argued that human beings are inherently selfish and the only reason we form a society (or 'social contract') and agree not to harm others is to keep ourselves from being harmed. Thus the role of the government is to protect humankind from itself; everyone is against everyone else for his or her possessions. One might suspect that disasters, as a site of limited resources, *would* reveal this competitive 'state of nature' where everyone is out for themselves. However, research into disaster recovery from the last sixty years discredits disaster myths; instead it is reiterated how people and groups actually respond altruistically to mass emergencies (Deutscher and New 1961; Dynes and Drabek 1994; Dynes and Quarantelli 1975; Gist and Lubin 1999; Kaniasty and Norris 2004; Kreps 1984; Kreps 1985; Luis et al, 1989; Miller 2007; Oliver-Smith 1996; Quarantelli 1993; Quarantelli and Dynes 1977; Sweet 1998). Though there are exceptions, these are largely times of fighting for, not against, and mass panic and chaotic disorganization are not frequently reported following natural disasters (Fischer 1998).

Recently, there has been a spike in interest in studying communities after terrorist attacks (Abrams, Albright, and Panofsky 2004; Turkel 2002). Post September 11th, disaster research has included both disasters and acts of terrorism. Sociologists have been interested in disasters for years because it is a site ripe for examination. Disasters both reveal and explain. Though new norms emerge during recovery periods, social order is generally maintained. In a disaster, people come together to help, to rescue, to mourn, to unite. This is known as pro-social behavior. Pro-social behavior factors into the broader concept of social solidarity, which has

been a focus of sociological research since Durkheim helped establish the field. While, social researchers have studied solidarity, from Durkheim to Freud to Randall Collins (Durkheim 1893/1997; Hechter 1988; Collins 2004; Alexander et al. 2004) it remains an elusive concept. Though recently the idea has been most closely associated with the labor movement, the sociological concept of solidarity can be applied more broadly to any situation where people feel a sense of community and connected to those around them. Various studies have often underlined that disasters do not drive local communities into chaos, but rather that after disasters there is a rise in social solidarity and cooperation (Drabek 1986; Quarantelli and Dynes 1977; Sweet 1998; Nurmi et al. 2012).

Disasters and terrorism are a part of the world we live in, thus it follows that understanding more about positives that can come out of disasters is beneficial. While there is an abundant amount of research into post disaster recovery (Dynes and Drabek 1994; Dynes and Quarantelli 1975; Oliver-Smith 1996; Quarantelli 1993; Quarantelli and Dynes 1977; Sweet 1998) there has not been much work focusing specifically on the aspect of solidarity. Those that have studied solidarity (Ryan and Hawdon 2012; Nurmi et at 2012) concentrate on the factors that contribute to solidarity or how long it lasts. Though community-wide togetherness and solidarity occurs after a disaster, little is known about how it is experienced. Accordingly, this research is concerned with how people, particularly victims, experience solidarity after crisis. The main contribution made by this research is shedding light on the variety of ways that people experience solidarity.

Understanding how solidarity is experienced can provide insight for programs and aid relief in order to better help those in need.

When the bombs went of on Boylston Street, people ran towards the site of disaster to help the wounded. Strangers removed debris and bystanders with no medical training tied tourniquets, and saved lives. Family, friends, and communities came together to support the victims, emotionally, physically and financially. Charity events were held, donations poured in and Boston Strong spread like wildfire. The experience of this created solidarity between survivors and their close circles, first responders, and communities. However, these experiences of solidarity were not all the same. Literature on solidarity describes it as a concept that is either there or not, yet through a close analysis of oral histories conducted by survivors of the Boston Marathon bombing, I will show how solidarity is a variegated and constantly changing experience.

Using the Boston Marathon Bombing as a case study, I examined oral history accounts to analyze how individuals participate in and experience solidarity. Results of data analysis indicate solidarity experiences are qualitatively different during phases of relief following the bombing. I develop a typology of solidarity experiences, , distinguishing experiences focused on **visceral solidarity** stemming from the moments and hours following the attack (typically coming from life-saving behavior, physical help, emotional reinforcement), **care-work solidarity** felt with families (providing both emotional support and a physical presence) and **virtual solidarity** (a solidarity of imagined communities, spurred by sacrifice and donations of unknown others and susceptible to out-group conflict).

In what follows, I will first examine the concept of solidarity from a sociological perspective. I will then review disaster research and show how solidarity has been captured within disaster research thus far, while highlighting the gap in the literature where solidarity is concerned. In the methodology section, I will detail the accounts selected and process of analyzing. Findings and survivors' experiences of solidarity will then be presented. The typology of solidarity experiences developed will be discussed and further avenues of research suggested.

II. LITERATURE

Theory

The concept of social solidarity dates back to Tonnie (1887) though most methodologically articulated by Emile Durkheim (1893/ 1997; 1912/1995) in his attempts to understand social cohesion. After a crime or collective crisis, Durkheim noted how people felt a bond of unity and were more connected to each other. This experience united community members and created a collective bond, solidarity. This bond was likely due to more frequent social interactions within the community, causing togetherness or social cohesion and thus solidarity.

Building on Durkheim and Erving Goffman's later sociology of face-to-face encounters in *Interaction Ritual (*1971), Randall Collins' *Interaction Ritual Chains* (2004) argues that interactions produce emotional energy. This energy that comes from interacting causes individuals to feel solidarity with one another. Interaction

rituals are a mechanism of mutually focused emotion and attention, which produces a shared reality and thus generates solidarity and symbols of group membership. The symbols are 'sacred' to the group and are protected and reinforced. "Pockets of solidarity" can be seen wherever there are people who identify with the group (Collins 2004: 235).

Group membership is a hallmark of conflict theory. According to Simmel, conflict creates boundaries between groups by strengthening group consciousness and awareness. Conflict with outside groups tends to increase internal cohesion (Coser 1956), which can reinforce or reproduce solidarity. Solidarity in this sense marries Durkheimian and Conflict theorists. These groups exist already because of interaction that initially produced solidarity and formed the group. Interaction rituals create solidarity, which draw the lines between group membership, and outside conflict of a group can further increase solidarity within the group.

Disasters

Charles Fritz, the first to put forth a definition of disaster in 1961 stated, "a disaster is defined as a basic disruption of the social context within which individuals and groups function" (Fritz 1961: 651). Fritz's definition points to three core properties: disasters are 1) events that can be designated in time and space, which have 2) impacts on social units. Social units in turn enact 3) responses or adjustments to the impacts. Early efforts to define disaster reflect this idea. According to Carter (1991: xxiii), disaster is "an event, natural or man-made, sudden

or progressive, which impacts with such severity that the affected community has to respond by taking exceptional measures." Disaster has also been defined as a product of social, political, as well as economic environments, which is different from natural environments (Wisner et al. 2004). For the purpose of this research, Quarantelli's five criteria for a disaster are the definition I follow. They contain that a disaster must be (1) sudden-onset occasions, (2) seriously disrupt the routines of collective units, (3) cause the adoption of unplanned courses of action to adjust to the disruption, (4) have unexpected life histories designated in social space and time and (5) pose danger to valued social objects (Quarantelli 2005: 345). Under this definition, the Boston Marathon Bombing is considered a disaster, though the type is undetermined.

Types of disasters and disaster classifications have been varied and inconsistent. Classification determinations have ranged from the character of the precipitating event and the scope of the resulting cultural collapse (Carr 1938) to differentiating between natural and technological disasters (Erikson 1978) to intent being the most important factor in conflict-consensus paradigm (Quarantelli 1975). One possible explanation for this is that disaster research was driven by funding agencies seeking to be able to predict the behavior of Americans in the event of a nuclear war (Quarantelli 1975). Practical concerns have always been at the forefront of disaster research, especially now with the field of emergency preparedness booming. Theoretical issues have taken a backseat and because of that, there is no set of typologies or classifications of disasters that all researchers use. Not having a set classification has its benefits, as it allows for flexibility and for

new kinds to be created. However, it can also prove detrimental when trying to compare events and responses: this case study was not given a specific classification

Solidarity and Disasters

Research has consistently found that following a disaster impact, community members come together in unity, share resources and work to solve common problems, sometimes even among groups where collaboration did not previously exist (Deutscher and New 1961; Dynes and Drabek 1994; Dynes and Quarantelli 1975; Gist and Lubin 1999; Kaniasty and Norris 2004; Kreps 1984; Kreps 1985; Luis et al, 1989; Miller 2007; Oliver-Smith 1996; Quarantelli 1993; Quarantelli and Dynes 1977; Sweet 1998; Oliver-Smith 1996).

In the sociological and anthropological literature on disasters there is a broad consensus on the tendency of disasters to produce social solidarity, especially among the survivors (Fritz 1961; Wallace 1957). The first reported instance of these findings was in 1961. Challenged to provide insights on how American communities might respond in the event of nuclear war, Charles Fritz used World War II England as a proxy. What he found in social reactions was not chaos and panic, in fact it was the opposite. Most people ran to aid others and had a euphoric sense of togetherness (Fritz 1961), what he referred to as the "Blitz spirit'. Fritz found no evidence that disasters caused dysfunctional behaviors such as panic and looting or that they result in collective demoralization or mental health problems, debunking the common perception of what would happen after a disaster.

Solidarity is a term familiar to sociologists, but not all disaster researchers are sociologists, and in fact sociology is one of the smaller subsets. In the arena of disasters filled with multiple disciplines and backgrounds, researchers use different words to describe the same thing. "Emotional healing" and "togetherness" are two of the most frequently used. (Eyre 1999; Kaniasty and Norris 1995; Rodriguez et al. 2009).

In the *Handbook for Disaster Research*, solidarity is referred to as "sentiment" (Rodriguez et al. 2009). Sentiment is the aspect of community that is "felt, experienced, conceived, or communicated" and "exists as much in the hearts and minds of people as in the material components of its makeup (Campbell 2000:43). It is the symbolic and cultural side of community and includes the things, behaviors and ways of being that give any particular community its singular character (Rogriguex el al. 2009). It is the psychological attachment and emotional bond members have with their community and the sense of togetherness, norms of trust and reciprocity or solidarity that members share with each other. It is also referred to as the psychological sense of community, collective efficacy and social capital (Kendra and Wachtendorf 2001; Marshall, Picou, and Gill, 2003; Tierney 2002).

Altruistic or "therapeutic community" is another concept that has different names, thought it has been frequently documented. The therapeutic community has also been known to disaster researchers as "altruistic community," "democracy of distress," "heroic and honeymoon phases," "emotional togetherness," "post-disaster utopia," or "stage of euphoria" (Barton 1969; Drabek and Key 1983; Kaniasty and Norris 2004: Kutak 1938; Wallace 1957; Wolfenstein 1957; Frederick 1980).

Disaster research has long shown long shown that "community wide disasters elicit a therapeutic community response" in which disaster victims assist other victims (Barton 1969; Kaniasty and Norris 1999).

Solidarity is not easily seen but manifests in actions. Working together, talking and listening, expressions of affection, formal and informal expressions of condolences, and providing help in practical matters are concrete ways to express solidarity (Dillenburger, Akhonzada, & Fargas, 2008; Nurmi et al. 1999). Social solidarity and bonds are needed to keep society functioning and stable; they are key ingredients in altruistic society. An altruistic society, where members are concerned for others' well being and act benevolently, has also been described as a therapeutic community. Although the term solidarity is a very misued concept, "it's applicable…to describe those behavior patterns which give people the feeling of unity, assistance, and cohesion in difficult circumstances (Dombrowsky 1983). It is, therefore, not surprising that Durkheim's findings on solidarity after crime can be applied to disasters.

Research on disaster solidarity is continual. Phases of solidarity have been suggested (Barton 1970; Drabek 1986; Dynes 1970) though there is currently movement away from such a paradigm. Disaster periods or phases refer to temporal categories like before or after an event (Dynes 1970) and in other cases, the phrases are noted by activities like recovering and getting supplies, or the combination of both (Drabek 1986; Barton 1970). Some use 'periods', like Baker, Feldman, and Lowerson (2012) to name the differences between periods of 'evacuation', 'surreal' (where it's hard to comprehend and fathom) and the 'new

normal' (adjusting and reestablishing normalcy). This, although, does little to differentiate between it and phases. In a disaster, there are no clear ends and beginnings, no boundaries that are set from the outset. Linear or cyclical models generally have assumptions of determinism: assuming that the phases must occur in a specific order and the next phase can't occur until after the last one is completed. The phases within the disaster life cycle fall outside the scientific necessity of well-defined mutually exclusive concepts. In each phase, period, or point, actions and interactions are different, implying solidarity and the experience of it are as well. Yet we know the boundaries of disaster are fluid. "The primary concern scattered throughout the literature is that the disaster phases are not mutually exclusive…the phases appear to overlap or blend into one another," (Neal 1997: 252). Phases, therefore, are not definitive.

"Phases" are not an outlandish concept all together; Phases reflect social time rather than objective time. Giddens (1987) defines objective time as regulated by clocks and calendars, time as structured activities regulated by concrete ideas. Social time is contingent on the needs or opportunities of a society. Neal (1997) uses harvest time for farmers as an example of this concept. Though the general time of the harvest does not vary, farmers must wait until conditions are right for harvest, not just according to the calendar. Social time is a concept recognized in disasters (Dynes 1970; Haas, Kates and Bowden 1977). Social time emphasizes how different groups go through the different phases at different times (Bolin 1982; Phillips 1991; Quarantelli 1982). It is important because "[h]ighlighting social time, or how those affected move through a disaster is one way to improve understanding

of what disasters are and to enhance theoretical conclusions" (Baker, Feldman, and Lowerson 2012: E1).

"Generally, researchers have imposed their reality of disaster phases upon others. Thus, the field has derived neat, clean patterns of disaster phases. Yet disasters (and social reality/ies) are not neat and clean" (Neal 1997:256). Solidarity is also not neat and clean and neither are experiences. Experiences of solidarity are subjective and deeply personal; neat and clean patterns are unlikely. Therefore, instead of focusing on patterns or phases, this research aims specifically to understand *kinds* of solidarity experiences in this post-disaster situation.

Solidarity and Disaster Studies

Immediately after the impact of a disaster, victims burst into action to save and help each other. Wenger et al.'s study (1985: 36) observed that "initial search and rescue activity, casualty care, and restoration of services are accomplished by the victims themselves." Performing search and rescue tasks as the actual first responders, victims often times in the prominent organizing roles with no time to register what is happening, they just *do*. The survivors are fast to recuperate as they become determined and jump into action. The victims are the ones who are doing the work initially, there is not room for people standing around watching. Nothing better epitomizes the initial surge of coping frenzy than the instantaneous post-disaster mobilization of help and support. (Bolin 1989; Drabek 1986; Eranen and

Liebkind 1993; Kaniasty and Norris 2004) "High levels of mutual helping often intensely materialize, and previous community conflicts and race, ethnic, and social class barriers appear temporarily to fade away," (Kaniasty and Norris 2004:202)

"Once the impact stage of a disaster event has passed, people take stock of the personal effects and then quickly move into an increasingly broadening orientation toward community that can extend through a period of long-term recovery" (Shklovski, Palen, and Sutton 2008: 2). Immediately after the impact, communities of victims rally to rescue and assist fellow community members and often go to great lengths to organize, protect, and provide help.

Most studies of sudden natural disaster describe reciprocal helpfulness and huge emotional solidarity in the disaster affected populations (Barton 1969: Fuerdi 2007). Disasters give rise to therapeutic communities because the experience of disaster increases social solidarity and pro-social behavior. Many have studied solidarity after disasters, though little is known about the experience of individuals feeling solidarity. Most researchers studying disaster solidarity look for indicators of solidarity, levels, and time frames.

Hawdon and Ryan, in their 2011 study, surveyed solidarity in the aftermath of the shooting of 2007 Virginia Tech. Looking for the social relations that generate and sustain solidarity after a mass tragedy, they surveyed students, faculty, and staff 5 months and year after the April 16 killings. Specifically wanting to know the kinds of behaviors and relationships those effected participated in, they found that community level activities were "solidarity building." Participants who went to community picnics held by local businesses, ate at local restaurants, even attended a

public memorial reported higher levels of solidarity indication (Hawdon and Ryan, 2011).

In a separate analysis by Hawdon and Ryan (2008) about Virginia Tech, they looked at the community response to the shootings finding factors that associate a crisis with a rise of solidarity. They suggested that the tragedy must be defined as affecting the collective to disrupt its everyday life. For a tragedy to produce solidarity, the collective facing the crisis must be seen as a 'moral community'. In addition, the whole collective must also be an unwilling participant in the tragedy (Nurmi et al 2011; Ryan and Hawdon 2008).

The mobilizing of social support results in the creation of an altruistic community. The therapeutic/altruistic community emerges soon after the impact of disaster (Dynes 1998; Shklovski et al. 2007). Fritz (1961) referred to the heroic-post crisis benevolence and community cohesion as "therapeutic features" of disasters that might result in an "amplified rebound".

The most distinguishing features of an altruistic community are high levels of mutual helping, increase in solidarity, disappearance of community conflicts (Perry and Quarantelli 2005). Social conflict is suppressed following disasters as community residents pull together to cope with disaster impacts. Private properties become community property and needs are met through cooperation and support. Social support helps individuals during the initial phase of the crisis as they help others (Abrams et al. 2004; Breakwell 1986; Nurmi et al. 2011; Ryan & Hawdon 2008). The social support provided by members of the victimized community promotes recovery and further togetherness (Fritz 1961; Lowe and Fothergill 2003;

Steffen and Fothergill 2009). The increase in social solidarity is, without question, a good and necessary phenomenon for a community facing a crisis, according to Nurmi et al (2011). This solidarity plays a central role in uniting and strengthening the sense of unity in the community.

Solidarity can also have negative aspects, such as collective guilt and stigmatization. After a shooting incident in a small Finnish community of Jokela, Nurmi et al (2011) sought to explore aspects of solidarity. Their results indicated a rise in solidarity after the school tragedy. However, the increased level of solidarity was also followed by negative phenomena: stronger divisions between groups, guilt, and stigmatization were all found within the Finnish community.

Guilt and grief, despite being negative, if collective can be solidarity building. Traumatic events can produce responses of collective grieving. Collective grieving can take place at a mass memorial or any other mass gathering. Being together and participating in collective action after a disaster or tragedy enhances the collective sense of pride, resolve, and togetherness associated with community: thus the group becomes more united or solidified. Social solidarity after crises helps both individuals and communities as a whole to recover from tragic events (Barton 1969; Fritz 1961; Quarantelli and Dynes 1977)

Following the Virginia Tech shooting, the administration brought trauma counselors to the university. However, seeing a therapist was actually found to have a negative impact on solidarity (Hawdon and Ryan 2011). This supports the idea that there is a community level to healing after a crisis. Interventions that focus solely on treating the individual failed to recognize the healing that can be

experienced through engaging in community level rituals of solidarity and bereavement. Disaster-struck communities and societies naturally develop therapies that quickly and effectively overcome the losses, traumas, and privations of disaster – without the intervention of mental health professionals (Fritz 1996). When therapists and counselors enter a community experiencing communal bereavement, they can strip the community of its inherent ability to heal. It can also undermine the solidarity producing effects of having masses of people gather in collective grief and collective support. Collective grief not only serves as a place to express grief but can also promote solidarity.

That solidarity or "an outpouring of altruistic feelings and behavior, begins with mass rescue work and carries on for days, weeks, possibly even months after the impact" (Barton 1969: 206). The time frame for solidarity is largely unknown and dependent on the disaster, which is why it is seldom studied. Most researchers believe community-wide solidarity to be fleeting (Dynes and Quarantelli 1975; Peek and Sutton 2003; Euchus 2014). In a rare longitudinal study, Stephen Sweet of State University of New York at Potsdam examined the social effect of a devastating ice storm on January 8, 1998 that shut down electrical power grids and caused extensive environmental damage. He surveyed residents of Potsdam, New York on their perceptions of their community one month after the disaster and compared the data to a survey of the same town three years before. Social cohesion increased in the immediate aftermath of the disaster, findings implied. However, one month after the disaster perceptions returned to pre-disaster levels (Sweet 1998)

Months and even years after Hurricane Katrina came ashore, New Orleans was

rebuilding. However, solidarity in New Orleans post-Katrina, within each community group, lasted for months. "It turned into a community effort. Everybody cooked. They fed one another. They scavenged the food that they had from stores that had been vandalized, whatever, but they were really really nice. I saw people being compassionate about people they had never met, people that they never saw, people that they never knew reaching out to them, feeding them fiving them clothes. You know, we didn't have no use for money so the basic was the clothes and food. This was New Orleans everywhere. This was everywhere in New Orleans" (Solnit 2009: 280). Each disaster is different and likely to have a differing timetable of solidarity depending on many factors.

One of the reasons why solidarity lasted so long in Katrina, besides the major government screw up and dire conditions, is because of volunteers. Beyond the Red Cross, church groups, school clubs, even a group of old hippies known as Common Ground went to New Orleans to help. Volunteers are common after a disaster. Disasters are a "focusing event" and site of convergence that often elicit a "mass assault" of volunteers (Barton 1969; Birkland 1997). Despite American culture being individualistic, Mileti contends that the country also has an "altruistic orientation that fosters volunteerism and involvement in community activities" (1999:145). In disaster situations, this orientation is intensified, as can be seen by the response to the Boston Bombing. Mileti also points out that volunteer behavior may emerge spontaneously or be institutionalized as part of an organization such as the American Red Cross. Research shows that individuals put their self-interest aside to volunteer to help others in need (Tierney et al. 2001), as was the case for

September 11th. Interviewing volunteers after 9/11, Lowe and Fothergill's (2003)

analysis found that the experience of action impacted the volunteers' community

emotions by fostering new levels of identification with and affinity for members of

their community. Because the interviews were in two waves spaced three years

apart, they also found that community response work in the aftermath of a disaster

appeared to increase community engagement in non-disaster times. The altruistic

motives of volunteers to serve members of their community during a devastating

crisis served not only their community's needs, but also increased solidarity among

the community as well.

Communities demonstrate a formidable capacity for resilience as they rely on

each other to get through the hard times; (Jones et al. 2004). 'Hard times' is an

understatement of what a community goes through. The resilience is necessary

because there is so much to deal with after a disaster or terrorist attack. There is

physical destruction and emotional turmoil, which can fuel social turmoil. The

extreme racism and prejudice post-Katrina led to people guarding the borders of

their towns with weapons drawn, as people assumed anyone trying to enter their

town was trying to steal from it. Usually, the people trying to enter a town were

those who were fleeing the flood of the levee and needed help not threats. Racial

tensions escalated quickly within Louisiana as people exerted prejudice while

operated under the guise of protecting their resources. White-militias popped up

with lawn signs saying they'd shoot anyone who trespassed. The number of people

killed under these situations will likely never be known. After September 11th and

again after the Boston bombing, anyone with dark skin became a target of racist

remarks and suspicion. Additional efforts to protect minority groups like increased

patrolling of dominantly Muslim neighborhoods in New York were enacted. Prior to

9/11, the FBI recorded just 28 hate crimes against Muslims. The following year it

jumped to 481, a 1700% increase (Anti-Defamation League 2005).

Though there is research where solidarity is measured, tracked, or determined

to exist, to date there are no major studies detailing the variegated experiences of

solidarity after a disaster. There is a major gap in the literature where solidarity

after a disaster is experienced, consistent to the lack of types solidarity experienced.

We can reasonably predict closeness in a community after a crisis, but have not

studied what it is like to go through that crisis and then feel connected. When

analyzing mass shootings results suggest that in the aftermath of mass violence,

solidarity and conflict may occur simultaneously.   Solidarity is not always the

response of a community, and even when it is it is not guaranteed to be widespread,

or even positive. Solidarity can be a negative experience: collective grief and trauma

are both forms of solidarity that have drastically different experiences and effects

than positive solidarity within an altruistic community and togetherness. In this

area of study that has been usurped by practical disaster management, theoretical

insights into the bonds created between people in crisis have been uncharted. With

this in mind, this research seeks to understand the experience of solidarity after the

Boston Marathon Bombing

III. METHODOLOGY

Of interest is to determine how survivors of the Boston Marathon Bombing experienced solidarity. Solidarity has been studied for centuries, and yet we know little about how people experience it and the kinds of solidarity they experience. Few studies, if any, have been done into the investigation of solidarity beyond its presence, factors associated with it, and length.

This research was guided by the main question: **how do survivors of the Boston Marathon Bombing experience solidarity?**

The Boston Marathon Bombing was chosen because it is a unique disaster. It was a large scale, intentional disruption of everyday life, like other disasters. However, unlike a hurricane or other disasters, it was a quick moment of disruption. It was a terrorist act, which means there was intent and planning involved. However, unlike other terrorism, this was the first domestic terrorist act perpetrated in the United States. Furthermore, it took place on Patriots Day, a legal holiday in Massachusetts. Commemorating the battles of Lexington and Concord, the start of the American Revolution, it is a source of great pride for Bostonians. The history of early Boston is parallel to the early history of the United States, making it quite a unique context for a terrorist bombing. It is a unique situation, where the history of the location and the dynamics of the population affected must be taken into account. The things that made it selected as a case study are also the things that

make generalizing difficult. Boston Marathon Bombing was a specific event with a specific historical context at a specific point in time in a specific location. While the findings are not generalizable to *all* disasters, terrorist attacks or otherwise traumatic events, the framework of kinds of solidarity experiences can be adapted for any context.

To answer how survivors experience solidarity, I performed a content analysis of oral histories. "Social solidarity is a wholly moral phenomenon which by itself is not amenable to exact observation and especially not to measurement" (Durkheim 1893/1984: 159). Quantitative methods are insufficient for capturing the nuances and details of a concept like solidarity. Oral history is the investigation of an event or period by way of personal recollections, memories, or life stories. The individual shares their experiences, attitudes, and values with the researcher or narrator (Hitchcock 1995). It is the oldest research method and way of gathering history, as pre-literate societies passed down information in this way, though not officially a part of academia until the creation of the Columbia University Oral History Program in 1948.

Oral histories are a "source of data of rare quality-revealing in content, rich in detail, intimate in character, evocative in tone, which are extremely difficult to locate through more traditional documentary methods" (Jupp 2006). Oral history makes history a living, breathable, current thing and can widen its scope, opening up new areas of inquiry (Thelen 2003). This method has a strong history of focusing on the experiences of "ordinary people" as history "from the bottom up" (Collins

2002; Terkel 1970). Oral histories look to open novel routes for understanding the past, the relation of past to present and the lives of others through time by listening to the voices of individuals talking extensively about the events and experiences through which they have lived (Jupp 2006). Because I did not collect the oral histories myself (they were already collected by an academic, public source), I used content analysis to uncover experiences detailed in each account.

The *Our Marathon: Boston Bombing Digital Archive and Oral History Project* is a project developed by Northeastern University. The WBUR Oral History Project collects stories from individuals whose lives were immediately and irrevocably changed by 2013 Boston Marathon Bombings and their aftermath. "Our Marathon has tried to ensure that these stories are not forgotten. We believe that these stories matter, and that they demonstrate the ways historical events transform the lives of the people who lived through them" ("Our Marathon" 2015). Conducted by Jayne K. Guberman, Ph.D., and Joanna Shea O'Brien, the oral histories were audio recorded and retrieved from the Oral History Project website. Each account was between one hour twelve minutes to two hours six minutes in length. Twelve total oral histories were listened to, leading to over twenty hours of data. Currently on the *Our Marathon* website, fourteen oral histories are listed. When data was gathered however, only twelve were available. Those twelve were selected and analyzed months previous to the uploading of two additional oral histories, so those were not included in the data.

Each phrase or sentence was a unit of analysis. Only those pertaining to the experience of solidarity were coded for content. Wanting the histories to be

understandable in future historical contexts, the interviewers asked about the participants' background, upbringing and other relevant personal information before questions about the day of the bombing. For instance, when describing where he met his fiancé, Marc Fucarille said, "I can't remember the name of the bar, oh my god, she is going to kill me." This was not coded because it did not relate to the experience of solidarity following the bombing.

Data was analyzed using nVivo software. At first, the interviews were transcribed. They averaged approximately 30 pages a piece. After transcription, data was loaded into nVivo software. Coding was completed for each interview, regardless of saturation point. Using nVivo's node system, open coding was performed.

An open coding process was used to allow a full range of experiences to be examined that could not have been predicted before entering analyzing process. Solidarity is a concept that is not always clear, especially to those who are unaware of what it is. Using open coding allowed me to capture the wide variety of the experiences without the histories explicitly saying the term "solidarity", which was particularly important because the data was in each interviewee's own words. The most often ways solidarity was described in their own words in ways like "coming/came together", "support" "saving my ass" and detailing a bond between their group that will never be broken. Some of the most prevalent themes to emerge from the data were "physical help" "emotional help" "taking care of someone" and also emotions for gratitude, fear, thankful (different from gratitude because

interviewee actually describes thanking someone), concern, astonishment, and confusion.

Coding was also not mutually exclusive. For example, the bystander Kayla, dragged a victim away because she had heard there were more bombs. This would fall under "fear" but also "gratitude" for the victim as he saw her as saving his life again in this situation. It was also "physical aid" and the "helping behavior." The way in which these themes were most commonly arranged or grouped together became the orientating principle for the kinds of solidarity experiences. Experiences ranged from lifesaving behaviors in the immediate moments following the explosions (both performing and receiving care), to support from family and friends, to support from the community and nation-wide emotionally and financially. Dominant categories emerged regarding the experience of solidarity: support, timing, and relationships.

Table 1. Theme Examples by Kind of solidarity experience

Visceral	Care-work	Virtual
Fear	Aid - emotional	Togetherness
Aid - physical	Physical presence of another	Aid - donations
Aid - emotional	Concern	Thankful
Grateful	Support	Aid-emotional

Intense	Not alone (physically or mentally)	Not intense bond, but strong enough to identify
Descriptive of bloody area/ scene	Some resemblance of everyday norms (New Normal-Baker et al 2012)	Support
Intimate contact	Existing relationships strengthened	Encouraged/encouragement
Removal of everyday norms		
Creates new relationships		

IV. FINDINGS AND DISCUSSION

The Boston Marathon Bombing on April 15, 2013 killed 3 and injured more than 260. Of the thousands of people who were affected, twelve were interviewed for oral histories of which this analysis is based. Examining the data for experiences of solidarity produced three distinctly different kinds of experiencing solidarity.

From the themes that emerged, certain patterns were discernable and able to be transformed into a typology of three distinctly different kinds of solidarity experiences. Though they are different experiences, all kinds are similar because they produce solidarity. Solidarity is this feeling of togetherness, a collective effervescence that descends amongst the group, identifying shared emotions, validating them, and reinforcing them. Those within the group have strengthened bonds through this solidarity. Through the research, it was found that the experiences during or after the bombing determines what kind of solidarity is experienced. These three kinds are visceral, care-work, and virtual.

Visceral solidarity experiences happened at the scene of the bombing. There was immense confusion and uncertainty, but one thing was clear: people were severely injured. Bystanders and first responders spurred into action, with the focus on stopping the bleeding for most victims. Visceral solidarity, like the needed medical response, was instinctual, messy and disorganized. Victims depended on those who could taking performing life saving measures, from making tourniquets to taking vitals to reassurance that it would be okay. In the experience of care-work solidarity, the emphasis on staying alive is lessened as the immediate danger has passed, and a wellbeing prompt emerges. Emotional support and encouragement are hallmarks of this solidarity experience, as are physical care and presence. It strengthens already existing relationships like those with family or friends, as well as strengthening bonds just created in the experience of visceral solidarity. This kind of solidarity is experienced after the initial shock of the event. Virtual solidarity is experienced in the following days, weeks, and even months after. It is characterized largely by being the least intense for the victims themselves, but possibly the only solidarity those not living in Boston experienced regarding the bombings. Those tangentially connected to the bombings or just through the idea that it was an attack on America experience this solidarity. It is not urgent or dependent on physical care like visceral solidarity, but rather is shown through the caring of others. This is seen through charities and donations from people to victims, who don't know each other and are likely to never meet. It is an emotional connection, in this case with the American people in general, who rallied around "Boston Strong." This experience is also more susceptible to out-group conflict, as

many institutions were reported by interviewees as being antagonistic in an out-group role that solidified their experience of solidarity with Americans.

Visceral Solidarity

The Visceral solidarity experience occurs immediately after the event. It is the initial actions of people jumping in to help, of life saving measures. At this time, it is unknown whether the event is over or not, causing fear and confusion. It is characterized by experiences of fear, gratitude, and physical care. The visceral solidarity experience happened after bombs went off on Boyleston. During this time, interviewees experienced fear, gratitude, dependency, and physical care. Physical care was the foremost experience of the visceral solidarity.   Bystanders and first responders ran into the fray to help. Victims relied on strangers to help them, to find tourniquets or apply pressure to wounds.

Bystanders were covered in victims' blood just as much as the victims themselves. It was invasive and personal, but neither victims, bystanders, nor first responders recognized and reported it as such. There were body parts everywhere, along with blood, smoke, and fire. A police officer maintains that Marc handed him his own foot at this time. Normally, people wouldn't lay and crouch in the middle of the street, they would think twice using their mouth on a stranger's shirt to rip it with their teeth. Bystanders tore off victim's clothes to get to the injuries and clamped arteries in their fingers. No one thought twice about asking if they could

touch their leg or pick them up, they just did. In this context, this was the norm. Personal boundaries disappeared and the individualization that we have become used to as society is undone. It's seen as quaint, and a luxury there isn't time for in this form of solidarity.

Victims were dependent on them and totally at their mercy. Because the people that ran to help could have ran the other way, victims knew that while they were bleeding on the pavement. Both victims and bystanders knew that were it not for them they probably would have died. This created a sense of responsibility and determination to help for the bystanders and first responders (thought it was the first responders' actual responsibility) and overwhelming gratitude from the victims for going against normal personal space rules and saving their lives. The scariest thing, according to the interviewees, was not knowing what had happened or if it would happen again. The victims feared they would die, and while the first responders and bystanders were worried the person they were helping would die, they also feared another explosion would hurt themselves. It was a very distressing situation where emotional care was also performed emotional care. Victims and bystanders reminded victims of their loved ones and repeatedly reassuring them their physical condition would be remedied soon, calming the unease and fear.

There was immense confusion, worry and fear in the initial period after the bombing. Many were alone at some point and uncertainty persisted. When another person came, they were comforted by their presence and validated emotions.

Before he cleared the sweet shop, Jimmy was outside on the street. "I looked up and there was just a pool of blood, it must have been about an inch deep and it

was strewn across the sidewalk. It was smoking, it was surprisingly quiet, I'll still never forget that and the fact that the pause people on the ground weren't screaming. You know I've seen people shot stabbed pinned by cars and different things…the shock the silence, you know , the reverberation of it in the background you could hear all sorts of noise. People asked me did you hear your radio did you hear them say he don't that was possibly a bomb don't go in there let's wait and do this you know…it was all white noise I heard nothing, I just, kinda tunnel vision to say this is the worst thing I've ever seen." Before Finding Victoria, Jimmy was alone and surrounded by devastation in this eerily quiet situation. He got to Victoria and tied a tourniquet, a typical life saving behavior made atypical by the circumstances. Jimmy stayed with her, carrying her to safety, uncertain of other potential dangers. The fear that brought them together and left Jimmy feeling responsible for her created an intense emotional bond between them.

Emergency Medical Technician Jimmy Plourde ran into a sweet shop on Boyleston and was telling people to get out when someone yelled back that he had to help this girl. Victoria needed a tourniquet, which Jimmy quickly applied, after promising another stranger he would take care of this stranger. "I just saw people with limbs blown off outside, trying to think where can my skills be used so they help. I just took one look down and thought, I can't leave this girl here. So I said 'we gotta go'. She screamed "I'm not going back out there" and I said were going. So I scooped her up and hit the ground running outside." He took care of her until an ambulance of familiar EMTs took her to the hospital.

This connection is not typical for Jimmy in his line of work. He helps many people and saves lives routinely, but this connection was unexpected, intense and emotional as well as physical in that he physically took care of her before sending her to the hospital. His actions saved her life and the two feel deeply connected. In his interview, he details how they have come to be great friends, taking that initial experience of shocking quiet on the streets to finding Victoria and helping someone her, producing solidarity and a friendship.

Another interviewee, Bruce Mendelsohn, was determined to help but just getting down to the scene was a task. He was at a part above the finish line with his little brother when the bomb went off. He smelled Cordite, an ingredient used for fireworks and knew it was a bomb. After telling everyone at the party to get away from the windows and leave, he went downstairs to help. "I have to push open the door because there's glass, glass all over the ground." He finds Victoria, "and her left calf is shredded and she's bleeding out. My first instinct is tourniquet; I had rudimentary medical training in military" when Jimmy Plourde yells to get out and promises to take care of her. He sees Carlos (the cowboy from the pictures) "loading some guy without legs below the knees onto an ambulance" and helps him, then starts tending to others on the ground. Struggling to get to the scene might have made Bruce feel more connected for being there and helping.

Much of the initial triage was done by bystanders or ordinary citizens. They ran to the aid of others, because "it had to be done." Some had medical training, like Kayla Quinn, the nurse who helped amputee Marc Fucarille. "I remember a lot of pressure I my chest and everything was still grey. And who that was was Kayla

Quinn, a nurse practitioner. That came out of the crowd. She ran over from drinking, she was just having a drink and ran over and took off her belt put it on. I was by myself when she came over, she didn't realize that someone had been to me. And she went to put to her belt on me and realized there was already one on. She was keeping me down because I kept trying to sit up she said and she kept pushing me down I remember feeling the pressure on my chest. I kept saying I don't want to die ive got a little boy and a fiancé. She kept talking to me. And I kept going in and out of consciousness…and the whole process starts over again." Kayla stayed with Marc and kept talking to him.

Everyone who helped, trained to or not, described intense connections with the people they helped. The medical professionals who stepped up reported feeling closer to those they helped than their typical patient. While Kayla was with Marc, she was choking on the smoke. "And the smell of my flesh. She didn't realize I was on fire. So she did finally realize it and she said "holy shit he's on fire!" Outloud. She actually apologized for saying it out loud because it panicked me." As others came over to help, they heard that there were more bombs. "I remember her also saying mark hold on this is gonna hurt but there's more bombs we need to get away from the building." The impromptu group tending to Marc dragged him away from the building to a safer spot to catch an ambulance. Indicative of the emotional connections formed between these people at this time is word choice. Kayla said *we* need to move you, *we* need to get away. She had aligned herself and Marc together in her head. Their situation created an extreme bond, which they say as having tied fates and resulted in intense solidarity.

Strangers helping Marc were influential to his initial feelings of togetherness and experience of solidarity after the bombing, as he noted that they had no ties to him but still put themselves in perceived danger (at this time, they thought there were more bombs) to come to his aid. In his interview, Marc describes waking up and not feeling pain. "I was awake, looking up, and it was dusty you know debris falling, smoke, and I was amputated instantly. My right leg, amputated. Awake not feeling any pain." The fire fighter that first came across me was Pat Foley, boston fire fighter. I said, he said I handed him my foot, I don't remember that. I don't know if my mind chooses not to remember it. But I said I have a fiancé and a little boy and I don't wanna die he said just keep thinking about them and you wont. He put a tourniquet on me."

Other bystanders jumped into the fray and many felt solidarity knowing that others were helping who weren't first responders. "Everyone was doing whatever they could", grabbing clothes for makeshift tourniquets, taking vitals, keeping a conversation so the person wouldn't pass out, engaging them in reasons to stay awake and keep fighting, to "hold on, the ambulance is almost there"
People did everything they could to help him, even using a van instead of an ambulance, an officer yelling out the window of the van instead of using sirens, and ignoring their own physical limits. They often ignored their own limitations to help. "People got sick…people threw up there was so much blood…Couldn't believe what she saw it was disgusting everybody was covered in blood" Everyone was doing whatever they could, creating a "we're all in this together feeling."

Shane, manager or Marathon Sports, went out of the store to start tearing down the scaffolding after the first bomb. When the second went off, "no one was standing except the people crouching helping the people on the ground. There was a wall of people and then suddenly there was no one [standing]." "People usually don't know what to do in those situations, the average person. They show up and I wanna help but like they don't know what to do at that point. People that stayed and helped knew what to do. They weren't trained. But they said I gotta stop the bleeding what to I do, and I just started screaming like other people "tourniquets, tourniquets, wrap anything". Knowing that those with no training were helping created a make-shift first responders group. The frantic pace, while chaotic and disorganized, bonded those through the sense of urgency and created a subsequent feeling of closeness while tending to the injured.

The scene was garish… "it was just like any of those horror movies lately like platoon or saving private Ryan like you have to watch your footing you're slipping on blood and there's glass and there's screams and alarms going off and sirens and screaming." But it wasn't just Shane who did that, there were a lot of bystanders. "Everyone who was helping in that situation, everyone who was coming into the store and taking apparel and providing whatever resources they had." Shane

"Then we started hearing people crying that they need tourniquets, material for tourniquets. I thought man the shower towels are all downstairs but that's a long way to run. So we just started tearing all the apparel off the hangers in front window. And started running those out" (Shane).

The time sensitivity was clear to Shane, there was no time to get the towels. Seeing the bloodshed and knowing how close he was to the blast scared Shane but also gave him a sense of responsibility to help because it could have been him. He wanted to help by whatever means necessary, even if that meant destroying products and profits. "People went into the stores, people were coming out from Marathon Sports with tshirts. I said I need something and this guy took his belt, the guy just ripped it off. And its not too easy to take a leather belt off!" (Jimmy). In fact, when detailing his efforts, Shane didn't even stop to consider whether they should use clothes from his store, he and his employees just did it. He was proud people of his store's ability to help in that moment, physically saving lives with T-shirts. In this moment he shifted from store manager concerned with profits to citizen concerned with doing whatever necessary to save lives, out of solidarity.

Even runners themselves were coming to the assistance of those who needed it. "There were people who literally ran 26.2 miles...and these guys are running like they never ran and its just the adrenaline that kicks in for them. You're probably freezing at this time and they're taking off their shirts and giving their own shirts to the people there." "Its amazing to me to see strangers on a cold day ripping off their shirts, taking off their pants, whipping off their belts. Anything and everything." It wasn't that they were told to do anything, its that they *knew* they had to do something. They were trying to be a comforting person but also they knew to just stop the bleeding. The average guy and girl on the street weren't trained and weren't prepared, "but they stepped up to say 'We're being attacked and I need to be

a patriot and help people.' So they did." People were stepping up, stepping in and through that experience creating solidarity.

Through the ordeal of riding to Massachusetts General Hospital in the back of a 'paddywagon' together, Marc and Rosanne felt they were in this together. Marc tells of sliding around in the back of the van, the terrifying feeling that came over him when the doors shut and everything was pitch black. "I thought I was dead. And the only reason I knew I wasn't dead was because Rosanne Sedoya screamed…she screamed so I screamed, at least I knew I was awake." While in transit, they also reminded each other of reasons to fight and stay alive. They were panicking and scared: Marc thought he was going to die. "Rosanne was like just think of your boys you're not gonna die you're not gonna die 'cuz I was like 'I'm gonna die' or whatever. She said no you're not just think of your family, think of your family. And I was sayin' the same thing back to her." With potentially fatal injuries being sped to the hospital, thinking he was dead and being reminded of his son and fiancé, Rosanne's urging encouraged Marc to live. They had made it thru the initial part of uncertainty, and knew they just had to get to the hospital. The solidarity experienced between them was similar to that of the initial solidarity, but minus the physical aspects of helping. They identified with each other as both being victims relying on help of others but there was an interplay of victims going through similar experiences, of being near death and covered in blood, of strangers rip at their clothes having them be covered in their blood, of people grabbing their bodies. They had, just recently, been through the same thing, and were trusting and depending on others to take care of them physically. Emotionally, there weren't as

many restrictions in the back of the paddywagon. Marc and Rosanne were able to talk and reassure and encourage. Because it was between two victims who were severely injured and bleeding out and not physically helping the other or capable of helping, the experience was mainly one of emotional support and encouragement. Thus the slightly different solidarity reinforced positive feelings and, most importantly, hope.

The immediate solidarity described was all about remedying the problem and helping the injured. Having just been through the bombing, devastation and people running to help in any way they could, interviewees were terrified and uncertain. They were also inspired and propelled by the willingness to help from strangers, both bystanders and first responders alike. Bystanders and first responders made tourniquets, applied them, stayed with those to comfort them, moved them out of potentially more harm, and put out fires.

There was not time to think, only do and this experience of solidarity is characterized by urgency, just like the need to stop the bleeding. Applying pressure, helping by any means possible produced a solidarity experience characterized by feelings of togetherness and care from strangers. This was intense and focalized on specific people, unlike other experiences of solidarity focused on the abstract idea of people. The solidarity stemming from the ride to the hospital was less urgent and time sensitive, therefore having a more emotional than physical experience of solidarity. Though each experience is different, all data where the interviewee was at the scene felt this sense of togetherness felt and strong positive feelings.

Time-sensitive physical needs made this experience of solidarity different

than any other experience reported. Having someone literally grab your insides and not only not thinking its weird but then thanking them for it is a kind of reality where 'normal' behavior is suspended. The removal of personal boundaries allowed a more abrupt and intense solidarity to emerge because of these experiences, categorically different care-work and virtual.

Care-work Solidarity

Care-work is another kind of solidarity experienced. It is a less physical than the visceral kind of experience but physical care is still reported. After the imminent threat has passed, physical care work continues but in a different capacity; bringing flowers to the hospital is certainly not the same as covering a wound with your hand. In this experience, interactions are the currency of the realm, supporting Collins' theory (2004). When a visitor came to the hospital to see the victim, they were happy to know that someone cared enough about them to visit them. They were grateful for their kindness and appreciate of their willingness to stay the night, take shifts, or bring things victims wanted. For others, the physical care-work manifested in friends bringing clothes to practice or a friend letting them sleep on their couch. Being physically there for you connects with being emotionally there for you. The emotion-work is much more prevalent in this kind of solidarity experience. Everyone asks how everyone is, shows concern, and shares their own experiences of the bombing. By discussing how they are doing, both parties show and feel concern, validating and reinforcing emotions. Care-work strengthens

existing relationships between family and friends, but also relationships forged during the visceral experience. They work through the trauma and devastation, the outrage and the depression together.

This event was entirely unique. It was unexpected, shocking the community and effecting innocent people who were in the wrong place at the wrong time. It impacted the whole community because it was aimed at something so distinctly 'Boston.'   The fact that it was labeled domestic terrorism just furthered the outrage and created a sense of betrayal by one of our own.

Care work is not intended to produce solidarity. However, in these particular instances, solidarity was created and experienced. The care-work at the hospital, rugby field, and friends couches was intended to help the person interviewed, to make them feel better: to cope and recover. While this did make them feel better and caused them to be immensely grateful, the people they were seeking solace from were part of the same community effected. They too, were grappling with what happened: they were going through the same things, feeling the same emotions and concern. Solidarity is the collective emotional sentiments that make a person feel closer to someone or a part of a group. It was the interactions, the sharing and way care-work was performed that made the mechanism for solidarity different, creating particular kind of solidarity experience.

Interviewees had left Boyleston Street for the hospital, for the firehouse, and for friends' houses to stay at and regroup. In these secondary locations, the solidarity experience differed greatly than the intense and urgent initial solidarity. Immediate physical survival was not the main concern, since they were out of the

scene. Emotional support and wellbeing were the main interest. This was experienced by visits to hospitals, talking through what they had witnessed and experienced, and outreach from family and friends. In this experience, you feel solidarity because of people showing they care about you. This is a very different experience of solidarity from people showing they care about you by saving your life and tying a T-shirt around your leg. In this situation, your life is not threatened and people don't have the stimulus to respond in that manner. Participants felt emotionally connected because of others concern and care for them. Already existing relationships were strengthened and new ones created from these experiences. This stage of solidarity is about forming new and stronger connections with people you already know or met in the first stage.

The solidarity experience, as expected, was different for survivors than for responders because of their differing needs. Survivors in the hospital felt solidarity when people were there for them, therefore a great deal of the experience of solidarity came from who was there and who came to see them. "I remember waking up, Jenny was right in my face. Right there. Everybody was right there. Right there." Having such a crowd after being in a coma for a week was a positive for Marc, knowing he was so supported. His face and hair were burned, so many visitors (including his fiancé's mother) thought they had the wrong room. Visitors weren't only just family and friends. "The Red Sox came to visit us, Obama came and saw me, Deval Patrick came and saw me." Many volunteered to stay with Marc in the hospital. "I had a ton of support being in the ICU..I had a million people willing to stay with me." Because of the amazing doctors and nurses Marc "felt like I was in a

10 star resort. These people were caring passionate people. Everything they did, the nurses aids, everyone, the people that would come in and take the trash and smile, just the nicest people…support from them and from friends was huge."

In addition to forming new connections with hospital staff, the personal care needed at the rehab center strengthened existing bonds between Marc and his friends. They'd sneak him off site, bring him food, and even bed pans when needed. The emotional and physical support showed they were there for him and made him feel connected to them. The solidarity experience changed relationships. "Me and Dave really developed a friendship that we never really had before ya know. Now I call him my right leg. Because he's always there to help me."

Like Marc's old friends who helped him at the hospital, for first responders and bystanders who rushed to the aid of strangers, feeling connected to those relationships already in their lives became more important. At the firehouse, Jimmy Plourde details the importance of his peer network and the solidarity that came from that. Having made it back from the site, "[a]ll our gear, our jackets, our boots, our radios, anything we had [were] covered in blood. It all has to be taken away to be professionally cleaned or just thrown away so we're all stripping down and trying to clean ourselves and were all a little shell shocked." Being around those who had just experienced the same thing made him feel better. "You were glad to see faces [saying] you're alright? How you doin? Where were you, whats going on and did you hear this happened did you hear this happened so there's a lot of rumors a lot of things goin on at that point but I was glad they put us in a circle."

The day after the bombings, when Bruce still hadn't been home, he was supposed to have rugby practice. "So I get to rugby practice. And there are all my guys. And this one's got clothes for me and this one has dinner for me and this one has beers for me. And these are all my friends and they care for me. And that that to me was the first time I lost it, the first time I was able to decompress a little bit and say wow…these guys, that was part of my community. And so I'm forever indebted to those guys." What Bruce described was the strengthening of his relationships and solidarity he felt with his friends and teammates after this experience

Talking about and sharing encounters reinforces this experience of solidarity. Discussing the devastation with others and their role in it reinforces the common experience and is a method of showing emotional support by not It renews the connection by recalling the situation and how it felt: it was frequently found in the data. Jimmy Plourde describes the "social worker" that comes to the firehouse for therapy. "We have group therapy sessions…it's the kitchen table. You go to a bad call, you sit around the kitchen table with a cup of coffee and you sit there….you get it out, you put it out there and you talk about it. 'Geez I cant believe that happened. That sorta thing … We talk about it, we joke about it, we give each other a tough time." Joking and teasing friends is a way of talking about it but also highlighting the relationship and connection. Bruce Mendelson's friends poked fun at him for being in the media spotlight. "They kinda, as guys do, they made a joke out of it. Which is what I needed at the time." After Jimmy was in the media as a 'hero', his firehouse buddies would say things like, "Hey we got a call, what are you doin'? You want special attention? Let's go!" The teasing was perceived as good natured and

illustrative of his relationships that were strengthened through this experience of solidarity, showing how solidarity can be multi-dimensional and types can be vastly different.

In the aftermath of an event like the Boston Marathon Bombing, people want to feel together. Whether someone is visiting you in the hospital or bringing clothes for you for practice, the occurrence of someone doing something for survivors makes them feel more connected. "People wanna feel connected and associated with it in some way to help it. That's what I felt on the rugby pitch." In the days following the Marathon Bombing, the experience changed for survivors and first responders from the initial attack, but solidarity continued to be felt.

In the visceral experience, the focus is on saving lives and abating death. The kind of experience of solidarity reflects that: it is abrupt and dirty and intense and chaotic. The fear of death and confusion is prevalent, causing everyone to cling to each other. In the care-work experience, the prevailing themes were on supporting the quality of life. Quality of life is a phrase typically used by doctors and medical sociologists at the end of someone's life. In this case, its used as an indication of recovery and coping. Care-work solidarity is less time-sensitive and more equal parts physical and emotional care. Those known previously to interviewees and those recently met via visceral create an atmosphere and experience that is calmer, more caring, less fearful and less physically dependent. Those you interact with want you to get better, to recover and for themselves to recover. Though both kinds produce solidarity, these two solidarity experiences are qualitatively different. The difference between the two is

preserving life vs. nourishing life.

Every interviewee who felt visceral solidarity also had the care-work solidarity experience. However, not all those who felt the care-work solidarity felt the visceral. Similar to the 'square is a rectangle, but a rectangle is not a square' paradox, the experiences and circumstances around each experience are diverse and you can have one without the other.

Those not in the immediate vicinity of the bombs were not exposed to visceral solidarity. Those interviewed who were not at the marathon or who were farther away from the finish line and didn't see the explosions (but grabbed their loved ones left) didn't have the opportunity to experience visceral solidarity. Upon arriving on their friend's couch or the hospital to visit a friend, they experienced care-work solidarity from the concern and interactions.

For those who had experienced the visceral, the care-work is less intense. However, it stands to reason that care-work solidarity would be more intense for those who had not experienced the visceral. Perhaps there would be unequal identification of solidarity intensity because of (or lack of) a previous solidarity experience. Nevertheless, more research would need to be done to make any statements on that; family members of those who lost limbs most likely felt the care-work solidarity but none were available for interview analysis.

Virtual Solidarity

The virtual kind of solidarity is least likely to be physical or related to

physical actions comparatively. Because it isn't reliant on physical space or presence, it is capable of reaching farther spacial boundaries and people. It is a different group than first responders and victims or victims and families: it is nation-wide. Those experiencing virtual solidarity reported feeling positive and united with the country or with those who donated. The idea that they would never know who the people are who donated was flabbergasting and made many feel immense gratitude. One interviewee emphasized that you expect people you know to be there for you, but you don't expect people you'll never meet to send you money for groceries. The kindness and outpouring of support was moving. Knowing that the country was cheering for you and wishing you well impacted the interviewees. They were thankful and encouraged and felt like they could do anything. Many who weren't physically hurt turned felt obligated by their virtual solidarity to create charities and give to others themselves.

This experience of solidarity is wide-reaching and broad. It is not specifically located and focalized in one area, it is directed towards a large number of people, even ones the participants had never met. It is not strengthening relationships with family members or co-workers. It is not urgent and dependent on physical care like visceral solidarity. It is an emotionally dependent connection, because the entrance of strangers into the frame and people who are likely to never meet.

This outpouring of material and emotional support resonated with everyone involved. Marc frequently described being touched by the idea that people who don't even know him supported him. "I found my strength in people. People that supported me, people that donated, sent cards, sent prayers… people were buying

my son clothes for the season because Jen was beside me so long that seasons changed. That's where I find my strength in that people who don't know me that support me and I think that's what's great about America and about our community."

Virtual solidarity's experience is largely represented by the donations, well wishes, and emotional support of strangers to the victims of the Marathon Bombing. "In America how we help people is with money" (Peter). After the bombing, people donated money, sent cards, and gifts. They set up charity drives, 5ks, and restaurant donations. Clothes and toys were bought for the kids effected, gift cards and prayers and more money for the adults. Numerous crowd-funding sites popped up for victims, and the One Fund Boston raised over $61 million dollars.

This was largely due to "Boston Strong." "Boston Strong" was created by two college students in the aftermath of the Marathon Bombing. Taken from "Army Strong", the idea of Boston Strong was meant to evoke a certain mentality of strength and resilience within and for the Boston Community. It quickly became the phrase used when mentioning Boston and was put on clothing, social media, and Fenway. Even New York, with its long running rivalry between the Boston Red Sox and the New York Yankees flew a Boston Strong banner at Yankee Stadium. Boston Strong helped create and perpetuate an imagined community.

A country is an imagined community, socially constructed by people who perceive themselves as part of a group. It is imagined because thought they'll never meet, members identify as part of the same nation. Solidarity, at this level of abstraction, is also imagined, but seen through physical actions like donations and

patriotism as well. When the group is threatened, it becomes closer. News organizations were among the first to label the bombing as terrorism. Feeling threatened and attacked for just being American, this created an immense nationalism and patriotism and comparisons to 9/11. An increased sense of solidarity is a common reaction in the face of a terrorist incident (Collins 2004), as those tangentially affected cope with the event. Experiencing the same things (worry, concern, anger from the public) validated emotions and reinforced them, defining the group as 'Americans'. Ideas and concepts like Boston Strong further this kind of virtual solidarity.

The experience of Boston Strong and subsequent solidarity evoked was different for those who were victims than for those who were first responders or not hurt themselves. Boston Strong was the vehicle used to connect with. For most, "Boston Strong" was a positive concept, an idea that evoked a feeling of togetherness, strength and community. Taking part in the Boston Strong movement made Bruce feel "very much a part of the community and have a lot of pride in the city and its people." Christie said, "I think it just shows that Boston Strong really speaks to the community and how people came together and supported each other." "I love Boston Strong," said Peter. "I have it on my car, I love the marathon and wear my jackets proudly and I'm proud of how people responded. I'm proud of how the community's come together and the country's come together."

Boston Strong as disseminated through the media reached all over the country and became "a way for people outside our area to use it too," mentions Christie. Through the prolific declarations of Boston Strong shown, the American

public was frequently exposed to it, potentially increasing donations to supporting charities. Jimmy stated, "its wonderful, its just amazing to see the guy in the $5,000 suit with the Boston Strong hat on, you see the homeless guy and he's got a Boston Strong t-shirt on, you see the average person on the street with the bracelets. It brought us together as a "caring community" from across the country. Shedding light on why he thinks it spread, one interviewee stated, "in the immediate moment, I think people wanted to be connected, I think tragedy sadly brings us together in a way that is very very adhesive and it keeps us together. And that's what its done to our community."

The solidarity experiences can be equated to being connected because of saving your life vs. connecting because of caring for your life vs. connected because of supporting your life because this awful thing happened to you. These kinds of experiences of solidarity are different in intensity, frequency, and duration. Like phases of a disaster, these kinds of experiences fall outside the scientific necessity of well-defined mutually exclusive concepts. You can experience differing kinds of solidarity simultaneously while someone else is having another solidarity experience at the same time. Like the phases, these kinds of solidarity experiences uncovered overlap and blend. The spatial location of visceral, care-work and virtual solidarity is not deterministic and dependent one occurring before the other. Those experiencing care-work solidarity don't need to experience visceral first to experience care-work. Family members and friends of victims took part in care-work solidarity and experienced that without being involved in the visceral. Similarly, virtual solidarity isn't necessarily the last experience of solidarity. For

those on the periphery, it is the first and only. And yet with Boston Strong's wide

circulation, the virtual solidarity likely occurred at the same time or even before the

care-work solidarity for victims and survivors. These experiences can occur at the

same time for different people depending on their circumstances. They are also not

mutually exclusive since several can be experienced at the same time. Findings

through this analysis also support the necessity of measuring by social time instead

of objective time because of the subjectiveness of the experiences. Social time

emphasizes how different groups go through the different phases at different times

(Bolin 1982; Phillips 1991; Quarantelli 198). Yet disasters (and social reality/ies)

are not neat and clean" (Neal 1997:256) like the kinds of solidarity experiences

found in the data.

Interviewees were also mentioned that the Boston Strong idea might have

been corrupted. "Sometimes it got a little bit abused" according to Christie, while

Bruce said he hoped the spirit from which it was created and sustained instead of

wavering. Some went as far as to call it a publicity stunt. Marc Fucarille described

Boston Strong as being primarily publicity. "I think it's a joke. I think it's a publicity

thing, I think its money. The people that donated, the people risked their lives that

stood by us while there were bombs getting blown up, that's Boston Strong. So I do

believe in it not being a joke, but I think its people strong, community strong, they're

the real heros. I just got blown up….the people who take time out of their lives to

make fundraisers, to do things for victims they don't even know, that's strong. I

think that's just community and people and I think that's America."

There was an overwhelmingly positive report of community and coming together in relation to Boston Strong. However, it should be noted that those who praised the trope were not physically victims themselves. It seems that for those who weren't injured, Boston Strong supported an increase in solidarity and positive experiences. Yet for those who were affected, they identified more with their city and Americans than with the Boston Strong moniker. For those throughout the country, Boston Strong evoked an image of a resilient city and people and felt connected through the trope. Another way the American people felt connected was through donations and charity for those affected. This is particularly interesting because those affected who benefited financially and emotionally from "Boston Strong" did not report experiencing it as a contributor to solidarity or even identify with it as a cause for solidarity. Conversely, those who donated to people like Marc likely experienced a great deal of solidarity from the Boston Strong signature, though more research would need to be done to confirm.

CONCLUSION

The WBUR Oral History Project, oral history analysis produced many themes. These themes from experiences of solidarity were different overall. However, a pattern emerged in solidarity experiences that allowed for the development of a typology of kinds of solidarity experiences. These three detailed experiences are visceral, care-work, and virtual.

Visceral solidarity happened at the scene or en route to the hospital, or interactions that happened that day. There was immense uncertainty and fear, suspension of norms, and physical care. Blood was on the street, on the bystanders, on each other and no consulting happened before plunging into action. It was quick, messy, and dirty. This experience was different than the experience of care-work solidarity with family and friends. Care-work solidarity is having the experience of being cared for create solidarity. Norms of interaction and personal boundaries are reinstated for the most part. Being physically there for you connects with being emotionally there for you, though it is physically different than saving a life, it is still lifesaving. The emotion-work is much more prevalent in this kind of solidarity experience. Care work is not intended to produce solidarity, however because of the unique situation the families and community were comforting each other as much as the victims. They too, were grappling with what happened: they were going through the same things, feeling the same emotions and concern. It was the interactions, the sharing and way care-work was performed that made the mechanism for solidarity different, creating particular kind of solidarity experience.

Virtual solidarity felt like "a group hug" (Clarence). It was experienced by the donations and gifts and constant well wishes to victims and families from strangers and Americans they were likely to never meet. Just knowing that others were cheering them on made them feel connected and created this experience of solidarity that was unique compared to the two other types of solidarity.

This solidarity with Americans filled a void. This void was left by an imagined community or institution that survivors had expected to help those

affected. Instead of helping its citizens, institutions created bureaucratic red tape and didn't keep their promises. The distrust of the state and institutions of power can be seen in seven of the twelve interviews, suggesting a theme that people can organize better without the state. Although, it should be noted that there were better relations and more experiences of solidarity counting the prolonged solidarity with Americans that was reinforced with the state as an out-group. In place of the institutions that were purported to help (like government agencies and the media), the American people at large stepped in. There were donations, gifts, tickets, and clothes that came pouring in. Emotional support in forms of donations defines this period, as its not integral to stopping the bleeding or characteristic of emotional support from family members. Experiencing the generosity of people, after the initial experiences of visceral and care-work highlights an imagined community of American citizens that connects with ideas about nationalism and patriotism. This solidarity produced feelings of togetherness and identification with the idea of ordinary people, seeing them as closer and more favorably than the macro level forces like 'the government' many like Marc Fuccarile thought would help more.

As the disaster field continues to grow, further research should explore the similarities if any between these solidarity experiences and other events. These kinds of solidarity experiences may be present in other disasters or acts of terror and future research may use the types of experiences developed here to further understanding of solidarity after disasters. While the Boston Marathon Bombing is situationally specific, what experiences are similar that could identify a

commonality among disaster responses? Furthermore, is this a western, first-world reaction? What would solidarity experiences look like in England? In China? In Israel? Theoretical implications into the kinds of solidarity endeavors about kinds of solidarity experiences can also follow, along with so that future research and programs can orientate themselves to better help those in need.

Boston Strong as a concept that took America by storm, creating this imagined community that turned into tangible support. There's a really interesting dynamic at play in how the victims identified with Boston Strong. From this research, it was gathered that the victims felt Boston Strong was just an idea, an embodiment of principles they already knew to be true about their Boston community. Another avenue of research could focus on the periphery, those experiencing the virtual solidarity identified with it so strongly that they donated. It could also draw attention to the interplay between the donations victims received that produced virtual solidarity for them while not specifically endorsing the Boston Strong epitaph that made these people want to contribute. In this analysis, the media was first seen by victims as another victim, and then as an annoyance or antagonist during other solidarity experiences. Another research question, going forward, could be what happens to ideas of social institutions when victims experience differing kinds of solidarity?

April 15th, 2013 was a horrific day for Boston and for Americans. The remnants of the domestic terror attack are still in the news today, two years later, as Dzokhar Tsarnaev was just recently convicted of 30 charges and is about to sit for the punishment deliberations soon (Levitz 2015). In an open letter penned by a

victim during the trail, she stated "what you tried to destroy, you only made

stronger" (Gregory DiMartino 2015). The twelve interviewees reported similar

adages. As a case study, this research provided insights into how solidarity is

experienced. It also allows organization around certain types of solidarity

experiences, showing how the experience of solidarity are different.

<center>References</center>

"10 heroes of the boston marathon." 2013. *Obsessivemommy. Com* ():-. Retrieved from
        on Feb 10, 2015.

Abrams, C., Albright, K. and Panofsky, A. 2004 "Contesting the new york community:
        from liminality to the "new normal" in the wake of september 11." *City &*
        community 3(3):-. Retrieved from on Jan 1, 1980

Anti-Defamation League. 2005. "2001 Hate Crime Statistics"
        http://archive.adl.org/learn/hate_crimes_laws/hcsa_fbi.html Accessed Feb 13,
        2015.

Barton, A. 1969. *Communities in Disaster: A Sociological Analysis of Collective Stress*
        Situations. Garden City, New York: Doubleday and Company, Inc.

Carr, L . 1932. "Disaster and the sequence-pattern concept of social change." *American*
        journal of sociology, 2 38: 207-218.

Collins, Randall . 2004a. "Rituals of solidarity and security in the wake of terrorist
        attack."*Sociological theory* 1(22):53-87. Retrieved from on Jan 1, 1980

Collins, Randall . 2004b. *Interaction ritual chains*. Princeton, Princeton University Press.
        Consequences of Traumatic Events. In C. Figley (ed.) Trauma and Its Wake: The

Coser, Lewis. 1956. *The Functions of Social Conflict*. New York: The Free Press, 1956.

Drabek, T., McEntire D. (2003) "Emergent phenomena and the sociology of disaster:
        lessons, trends and opportunities from the research literature", Disaster Prevention
        and Management: An International Journal, Vol. 12 Iss: 2, pp.97 – 112.

Durkheim, E. 1893/1997. The Division of Labor in Society. (W. Halls, Trans.) New
        York: The Free Press.

Eranen, L. and Liebkind, K. (1993). "Coping with disaster: the helping behavior of
        communities and individuals." In International Handbook of Traumatic Stress
        Syndromes, ed. J. P. Wilson and B.Raphael, pp. 957–964. New York: Plenum
        Press.

Erikson, K. (1976). Everything In Its Path. New York: Simon & Schuster.

Erikson, K. (1994). A New Species of Trouble: The Human Experience of Modern
        Disasters..New York:W.W.Norton & Company.

Fischer, H. W. , 2003-08-16 "The Sociology of Disaster: Definitions, Research Questions, Measurements in a Post-September 11, 2001 Environment" *Paper presented at the annual meeting of the American Sociological Association, Atlanta Hilton Hotel, Atlanta, GA Online* <.PDF>. 2009-05-26 from http://www.allacademic.com/meta/p108165_index.html

Foa, E. B., Stein, D. J., & McFarlane, A. C. (2006). Symptomatology and psychopathology of mental health problems after disaster. *J Clin Psychiatry*, *67*(Suppl 2), 15-25.

Fritz, C.E. (1961) Disasters. In Contemporary Social Problems, ed R. K. Merton and Nesbit, pp. 651-694. New York: Harcourt.

Gardner, P. 2006. Oral History in V. Jupp (ed). The SAGE Dictionary of Social Research Methods. (pp.207-209). London, England: SAGE Publications, Ltd.

Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor Books.

Gregory DiMartino, R. *Rebekah Gregory DiMartino's New Day New Hope.* 2 March 2015. Accessed March 7 2015. https://www.facebook.com/newday.newhope.rebekahgregory/posts/77067391971 5226

Hawdon, J and Ryan, J. . 59. "Social relations that generate and sustain solidarity after a mass tragedy."*Social forces*, 4 59(2011).

Hechter, Michael . 1987. *Principles of group solidarity*. Los angeles, University of california press, ltd

Kaniasty, K. and Norris, F. 2004. "Social support in the aftermath of disasters, catastrophes, and acts of terrorism: altruistic, overwhelmed, uncertain, antagonistic, and patriotic communities." Bioterrorism: Psychological and public health interventions. ed. R. J. Ursano, A.E. Norwood & C.S. Fullerton. Cambridge University Press, Cambridge.

Kendra, J. and Wachtendorf, J. 2003 "Elements of resilience after the world trade center disaster: reconstituting new york city's emergency operations centre." *Disasters* 27(1):37-53. Retrieved from on Jan 1, 1980

Kreps, Gary A. 10. "Sociological inquiry and disaster research." *Annual review of sociology*, 10(1984): 309-330.

Kreps, Gary A. 3. "Disaster and the social order." *Sociological theory*, 1 3(1985): 49-64.

Levitz, J. 2015. *Defense Rests in Boston Marathon Bombing Trial.* Wall Street Journal. http://www.wsj.com/articles/dzhokhar-tsarnaevs-defense-rests-in-boston-marathon-bombing-trial-1427831860. 31 March 2015. Accessed April 1 2015.

Mileti, D. (1999). "Disasters by design". The Changing Risk Landscape: Implications for Insurance Risk Management Conference, Australia.

Nurmi, J . Rasanen, P. Oksanen, A. 2012. "The norm of solidarity: experiencing negative aspects of community life after a school schooting tragedy." *Journal of social work*, 12 3(2012).

Peek, L.A., Sutton J.N. 2003 "An exploratory comparison of disasters and terrorist acts." *Disasters*27(4):319-335.

Quarantelli, E. L., & Dynes, R. R. (1977). Response to social crisis and disaster. *Annual review of sociology*, 23-49.

Quarantelli, E.L. 1985. An Assessment of Conflicting Views on Mental Health: The Consequences of. *Trauma and its wake*, 173.

Quarantelli, E.L. 1993. Community Crises: An Exploratory Comparison of the Characteristics and Consequences of Disasters and Riots. Journal of Contingencies and Crisis Management 1(2): 67–78.

US General Accounting Office. (2002) Combating Terrorism: Funding Data. Reported to Congress Should Be Improved. GAO-03-170, 26 November, Washington.

Sweet, Stephen . 1998 "The effect of a natural disaster on social cohesion: a longitudinal study." *International journal of mass emergencies and disasters* 16(3):321-331. Retrieved from Ebscohost on Oct 24, 2014

Turkel, G. (2002) Sudden Solidarity and the Rush to Normalization: Toward an Alternative Approach. Sociological Focus35: 73–9.

Wallace, A. (1957). Tornado in Worcester.Disaster Study Number Three. Washington, DC: Committee on Disaster Studies, National Academy of Sciences: National Research Council.

Webb, Gary R. 2002. "Sociology, disasters, and terrorism: understanding threats of the new millennium." *Sociological focus* 35(1):87-95.