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This is the final text of the article which appeared in :

Hormann, S., & Vivian, P. (2005). Toward an understanding of traumatized organizations and how to intervene in them. *Traumatology, 11*(3), 159-169. doi:10.1177/153476560501100302

1 | Page

Authors:

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Title:

Toward An Understanding of Traumatized Organizations and How to Intervene in Them

Abstract:

The thesis of this paper is that organizations, just as individuals, can suffer from trauma. The nature of an organization's work directly impacts the culture of the organization: organizations that provide services to traumatized individuals, families and/or communities are susceptible to becoming traumatized systems. The effects of trauma influence an organization's identity and worldview in the same way that an individual is influenced by her/his trauma experience. This article explores the phenomena of organizational trauma. It describes different types of trauma, e.g., direct and indirect, sudden and cumulative. Using examples from their practice as managers and consultants, the authors offer insights into how organizations might become traumatized systems and present characteristics of those traumatized systems.

Recommendations are proposed for assisting traumatized organizations to recover and for intervening in a preventive way with organizations at risk for becoming traumatized. This framework of organizational trauma makes it easier to identify the systemic and inherited aspects of trauma, improve organizational functioning, and enhance resilience. Ultimately understanding organizational trauma and helping traumatized systems to heal offer hope for the future.

Key Words: organizational culture; group trauma; compassion fatigue; traumatized systems; organizational trauma; cumulative trauma

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Parallel to individuals' experiences, organizations can suffer from trauma. Sometimes this trauma is direct as in the bombing of a women's health clinic that provides abortions. Often trauma is indirect, the result of an organization's continual exposure to trauma through the very nature of its work. Domestic violence service agencies and emergency response organizations are examples of organizations susceptible to indirect trauma.

For the past thirty-five years the authors have worked as managers and consultants with community-based non-profit organizations and government agencies that may be defined as 'highly mission-driven'. A highly mission-driven organization is one whose mission is compelling and pervasive; the mission and values define not only the nature of the work but also the approach to the work and the nature of the internal relationships. For example, in response to historical and current patterns of blaming the victim, sexual assault centers founded their advocacy on the core values of treating clients with respect, which included being listened to, believed, and responded to in a supportive way. These core values also created the expectation that staff listen to, respond to, and support one another.

Based on our understanding of the culture of highly mission-driven organizations and our experiences with systems we viewed as traumatized, we have developed ways of thinking about organizational trauma. In this article we explore the phenomena of organizational trauma. We present our ideas about how organizations might become traumatized systems and identify characteristics of those systems. We also offer strategies for intervening in both traumatized organizations and organizations at risk for becoming traumatized.

From Individual to Organizational Trauma

In the early 1980's researchers and practitioners began writing about the experiences of those exposed to others' trauma. Earliest works focused on families and friends; for example Figley and others write about secondary victimization (White & Rollins, 1981; Figley, 1982; Remer & Elliot, 1988). Using such concepts as secondary traumatic stress (Figley, 1983; Stamm, 1999), vicarious traumatization (Pearlman & Saakvitne, 1995), and compassion fatigue (Figley, 1995), researchers and practitioners expanded their thinking to include first responders and helping professionals. This expanded work offered explanation for the posttraumatic stress-like symptoms shown by first responders and other helping professionals. "Regardless of their theoretical frameworks, all constructs refer to the negative reactions of helping professionals specific to their work with trauma survivors" (Bell, 2003, p. 514).

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3 | Page

These frameworks offer ways to understand these symptoms and suggest how to address them. Strategies include individual self-care (Stamm, 1999; Violanti & Gehrke, 2004), team-based approaches, (Munroe, Shay, et al., 1995; Figley, 2002) and institutional responses (Catherall, 1995; Bell, 2003; Violanti & Gehrke, 2004). The individual remains the focus.

We think that the effects of trauma influence an organization's identity and worldview in the same way that an individual is influenced by her/his trauma experience. That impact embeds itself in the organizational culture. Schein (1992) defines culture as a deep level of basic assumptions and beliefs shared by members of an organization that define in a basic 'taken for granted' fashion an organization's view of itself and its environment. Diamond (1993) adds that organizations have unconscious processes that lead to organizational identity as expressed by the culture.

Culture offers a common language and way of thinking about organizational purpose and primary work. Culture supports the experience of belonging, understanding, and acceptance, defining insiders and outsiders: it provides sense of 'home' and bounds the organizational identity. We believe that elements of culture imbue every aspect of organizational life and that over time these elements become part of the organizational unconscious. Organizational culture makes sense of its members' experience, provides answers, and protects against collective and individual anxiety. Those answers influence the ways in which group members perceive, think, and feel about the world and the organization's place in it (Schein, 1992; Diamond, 1993).

This cultural protection - or defense - oftentimes arises from dynamics related to the nature of the work itself and can strengthen or weaken the effectiveness of highly mission-driven agencies (Obholzer & Roberts, 1994; Vivian & Hormann, 2002). In response to external and internal forces, organizations may become redemptive organizations (Couto, 1989) and/or develop reparative cultures (Hirschhorn, 1988). Redemptive organizations seek to change the wrongs of society through socially useful actions; reparative organizational cultures seek to integrate contradictory organizational elements to serve valued purposes. The need to make sense of and affirm organizational work and its place in a society not always supportive, as well as account for needs of its members, makes organizations vulnerable to traumatization.

Stein (Stein, 2001; Stein, 2004; Stein, 2005), Volkan (Volkan, 1988; Volkan, 2002; Volkan, 2004), Hudson (Hudson, 1998), and Kahn (Kahn, 2003) directly address the concept of traumatized systems. Systems can become traumatized through natural disasters or human behaviors, through single events or over time. Stein describes the impact of the World Trade

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4 | Page

Center attack, the Columbine school massacre, and the Oklahoma City bombing on the American cultural psyche; Volkan describes societies traumatized by ethnic warfare and names the dynamics of chosen traumas and chosen glories, by which one societal generation hands trauma down to subsequent generations. Hudson speaks to the large-scale impact of trauma, such as a minister's suicide or church arson, on the unconscious institutional processes of congregations. Kahn details collective trauma in caregiving organizations. Stein explores the traumatizing impact of organizational downsizing, using images and metaphors that speak to cultural manifestations of psychological processes such as death anxiety.

Stein offers a compelling definition of organizational trauma.

“Groups, for example workplace organizations, can experience traumas just as individuals and families can. We speak of September 11, 2001 as a ‘national trauma,’ not just metaphorically, but literally. The protective emotional membrane was penetrated, violated, perhaps destroyed. At any level, trauma is an experience for which a person-family-group is emotionally (not only cognitively) unprepared, an experience that overwhelms ones’ defensive (self-protective) structure and leaves one feeling totally vulnerable and at least temporarily helpless” (Personal communication, 9/28/04).

How Organizations May Become Traumatized

We think that organizations – as organizations – can experience trauma directly and indirectly. Traumatization may be sudden or cumulative, from external or internal events, even from the deleterious effects of dysfunctional internal dynamics that develop over time.

Some organizations have traumatic beginnings. The experiences of individuals associated with an organization's founding may influence the initial thinking about the problem, societal response, desired changes, and the need for collective action. Organizational values and strategies may run counter to societal norms: society denies the problem, marginalizes those served, and denigrates the work. Justification of the need and effort and rationale for a preferred approach come from these early individual and collective experiences. In their struggle to survive, organizations create an affirming emotional and cognitive worldview that frequently contains an ‘against all odds’ feeling. The developing culture often includes a powerful perception (or real experience) of the external environment as unsupportive, uncaring, and sometimes dangerous. These early characteristics become part of the organization's story, and through ritual and repetition embed themselves in the organization's culture and continue to influence the organization's identity.

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5 | Page

We share a couple of examples that show different ways an organization's beginning may be traumatic.

Some external groups and institutions directly threaten organizations. In the early 1980's a small sexual assault/domestic violence agency decided to seek state funding for expansion. The agency met with harsh resistance from prominent administrators in the state social service systems. The administrators organized efforts against the funding request, including a radio interview in which they stated that sexual assault services were not needed in that part of the state. The agency rejected any alliance with social services and turned to the public safety administration for support. A result of this beginning was an enduring separation between the mental health service system and services for victims of sexual and domestic violence.

The story of the beginning of a mental health agency for lesbian, gay, bisexual, and transgendered individuals, which began in 1969, illustrates the persistent influence of its early history. Conceived to provide therapy for the lesbian, gay, bisexual, and transgendered (LGBT) individuals when being "out" was not safe and the wider community viewed gays and lesbians as aberrant, this organization had offices in a secret location with lighter fluid kept close at hand to burn any records that might endanger clients. For good reasons this agency erected a protective organizational boundary. Decades later, well into the 1990s, when the LGBT community was more visible and "out", this agency still described itself as somewhat hidden and separated from the wider community. Members acknowledged a combination of agency early history and continuing desire to protect the community as influential dynamics in the organizational identity.

External injurious events may also traumatize an organization. These events may be catastrophic as in the example of the bombing of a women's health clinic that provides abortion services. The clinic responds to hostile actions in various ways: it becomes more wary and self-protective. The bulletproof Plexiglas in a clinic's reception area and the diligent observation by staff of strange cars parked on the streets are physical manifestations of a vigilant and wary organizational culture. Or these events may be cumulatively debilitating. Continual harassment of staff and clients of a clinic eventually traumatizes the organization and makes it more self-protective. Even actions against one clinic may result in another clinic's becoming wary and taking precautions.

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6 | Page

Organizations may be traumatized by internal acts. Though these acts may be single catastrophic occurrences or a series of wounding actions, many times they are a combination of the two. Examples include embezzlement of funds, sexual abuse by a pastor of congregational members, a leader's suicide, workplace abuse, a controversial leader's termination, and mass layoffs as part of organizational downsizing.

The case study of a rape crisis center (Hormann & Vivian, 2004) offers one example. Tension between staff and board members mounted in a series of misunderstandings and hurtful written communications about racism and lack of respect in the agency. After months of no resolution the board of directors fired one co-director, who was a woman of color. Within the next several months, five additional staff (of a total of 10) resigned or were fired. Although the center engaged an external consultant to assist them in dealing with the situation it did not address the confusion, pain, and rifts within the staff or between staff and board members. Staff of color who continued working at the agency reported persistent feelings of guilt for not resigning in solidarity with the fired co-director. Staff who joined the agency long after that period reported being strongly influenced by emotionally intense stories about the co-director's firing that continued to be told.

In a corporate example of internal wounding Stein (1998) uses vivid language to describe the traumatic impact of organizational downsizing: "Downsizing is not primarily about economic competition and survival. Its hardened heart is about death...It is about endless cycles of sacrifice to keep 'the organization' alive, cleansed, profitable, and competitive, while consuming, one way or another, everyone in its midst" (p. 72). He is describing dynamics that are systemic and enduring, and as Noer's research shows they affect those actually involved as well as subsequent generations of workers (Noer, 1993).

Organizations may also be cumulatively traumatized by their primary work. Cumulative trauma may develop from ongoing, continuous exposure to the pain and suffering of clients/consumers. As Figley (1995) and Pearlman (1999) have described, trauma workers rely on their empathy to intervene effectively: that empathy enables emotional concern and comes with the risk of emotional contagion. That impact falls not just on individuals: rather a contagion effect results in traumatic stress being spread among co-workers (Braiker, 1986; Herman, 1992).

We think that over time the value of caring and skill of empathy as well as the impact of emotional contagion become parts of the organizational unconscious. These aspects are incorporated into an organization's culture and passed on to subsequent generations of

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7 | Page

workers via conscious and unconscious socialization processes that communicate concepts and language developed earlier in that organization's life. For example, jargon, organizational shorthand, develops to explain the experience of stress. Before experiencing stress from their own experiences, staff learn to pay attention to it and talk about it in the "organizational" way.

Cumulative trauma also might come from the social change efforts of the organization. The enormity of the efforts demands deep commitment and carries the risk of falling short. Commitment, the gap between commitment and success, and internalized feelings about those gaps all become part of the organizational culture. For example, a colleague was part of small group that offered training and consultation on diversity and anti-oppression. They folded because the challenge of the work itself so influenced the internal dynamics that the collegial relationships were destroyed.

Lastly, injurious organizational patterns may emerge from the unconscious life of the organization. Hidden and powerful, they influence both internal and external relationships. Often they are missed because they are experienced individually or interpersonally. Our case study of a rape crisis center provides an example (Hormann & Vivian, 2004). Over its life, the mission and work of this agency became more and more influenced by an anti-oppression analysis. As staff deepened their understanding of oppression, they became more sensitized to dynamics such as racism and classism inside the agency. The very sophistication of the analysis kept the agency in constant turmoil about those dynamics. Conversations never resulted in healing or significant understanding; rather they led to a fearful atmosphere that worsened over time and contributed to the agency's closure.

In the same way that all individuals who suffer from trauma do not develop posttraumatic stress disorder and all first responders and care givers do not suffer from some form of secondary traumatic stress, we think that not all organizations that experience trauma become traumatized systems. The reason why some organizations become traumatized systems and others do not is beyond the scope of this paper. We turn now to characteristics of a traumatized system.

Characteristics of a Traumatized System

Closed Boundaries between Organization and External Environment

To the extent that an organization experiences or perceives its environment to be unsupportive and hostile, it protects itself. The external environment (they) is vilified while the

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8 | Page

organization (we) is idealized. Boundaries become less permeable, and less information and energy enters; the organizational system closes down. Closed systems tend towards sameness (Trist, 1969), defensiveness, and resistance to change (Allport, 1960). As the system's boundaries close, the organization becomes isolated from the external environment and incapable of correctly assessing external reality. Its self-image becomes distorted.

Centrality of Insider Relationships

Closed boundaries intensify internal organizational life, and internal relationships take on greater importance. An "emotional field" (Friedman, 1985) naturally develops from the normal occurrence of emotional interdependency in an organization. We think that highly mission-driven organizations develop an especially intense emotional atmosphere -- from individuals who care deeply about the work itself, from the organizational culture, and from the nature of the work itself. Trauma intensifies all of these aspects. Loyalty and caring for each other are emphasized, and threats to relationships are disturbing: consequently many of these systems become conflict avoidant. Highly normative systems develop, excluding in subtle and overt ways those who do not act or think "appropriately". Relationships may become enmeshed and in extreme cases incestuous (White, 1986).

Stress and Anxiety Contagion

Emotional contagion (Figley, 1995), stress contagion (Braiker, 1986; Figley, 1995), or trauma contagion (Herman, 1992) may occur as organizational members are swept up in co-workers' feelings, anxieties, and stresses. Reliance on internal relationships coupled with a dependence on empathy to accomplish the work, overload the stress-absorption capacity of the organization, and the organization, as an entity, never calms down. The internal atmosphere remains stressful, and stress becomes an organizing framework, a lens through which the work is experienced. The interplay of atmosphere and organizing framework results in a culture partially defined by its stress.

Loss of Hope

Fueled by a lack of organizational efficacy and a view of the world as unchanging, the organization begins to doubt itself. The collective understanding of what is possible is compromised. A gap develops between the idealism of desired change and the ability of the organization to accomplish that change. The result is an organizational culture hypersensitive to the same dynamics it is trying to change, dynamics such as power, authority, oppression, and

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9 | Page

exclusion. As it cannot succeed in changing the external world, it also cannot succeed in changing itself. Ultimately, the organization is damaged spiritually, losing its ability to make meaning of its work and to connect itself to wider purposes and movements.

Though we have described each characteristic separately, pragmatically speaking they are interconnected and mutually reinforcing. Closed boundaries offer little new energy or perspective to organizational processes. Continuing to view the world as uncaring and unchanging reinforces protective boundaries. Both promote involvement in internal dysfunction and distract the organization from its purpose. This in turn exacerbates the feelings of hopelessness about making any real impact on the external world. In extreme cases the organization dies.

Intervening in Traumatized Organizations

Now we turn to what can be done to help heal a traumatized organization or help prevent traumatization in the first place. We address in turn intervening in an organization suffering from trauma, or having a history of trauma, and intervening in an organization at risk for traumatization. In any situation it is important that the practitioner who is called upon to help the organization show care, concern, and love. It is also important that he or she “maintain a non-anxious presence” (Friedman, 1985, p. 39) to avoid being swept up into the anxiety of the system. Practitioners balance validation—honoring the history and experience—and the need to change. They model compassion and offer hope while allowing anxiety on the part of others. They also offer reprieves from the emotional stimulation and provide safety for all involved. For example, they can limit discussions that recycle the same information or escalate the systemic anxiety. All of these actions set the stage for a multi-faceted dialogue about the experience.

Intervening in an Organization Suffering from Trauma or Having a History of Trauma:

Containing the anxiety and despair felt by the organization is the first step. The ability of the practitioner to act as a non-anxious container is critical. The practitioner can offer guidelines for protecting and stabilizing the organization. These might include calling a truce on harmful patterns and structuring organization-wide conversation. Conceptualizing and then naming the traumatic situation comes next. Frequently individuals express the organization’s distress in traumatic situations, and the organizational processes tend to remain hidden from view (Hudson, 1998; Vivian & Hormann, 2002). Using the concepts of organizational trauma surfaces these processes and offers a way to talk about them. Using them also helps to normalize the reactions and patterns and to allow individual and collective recognition that

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10 | Page

they are not alone, not lost, and not crazy. These concepts and discussions provide a non-personalized and non-politicized way to describe the experiences and systemic anxiety. Ultimately the practitioner offers the opportunity for collective meaning making and healing.

Intervening in an Organization at Risk for Traumatization:

In an organization at risk for traumatization the concepts of organizational trauma offer a systemic way to understand organizational culture and the impact of the organization's work on that culture. They provide a method for surfacing what may be unconscious aspects of organizational life. Surfacing these aspects enables members to understand and address those aspects in a direct and non-blaming way (Obholzer & Roberts, 1994).

Practitioners need to be sensitive to the readiness of the organization to think in these ways. In our training and consultation we have found organizational leaders and colleagues open to using these concepts because the concepts help them make sense of their organizational experiences. Discussions about the organization's enduring and changing patterns expand the ways organizational members understand and respond to their experiences. Understanding the sources of trauma helps organizational members collectively make sense of organizational history and assess the organization's risk for traumatization. Do dynamics result from normal developmental stages in the organization's life or are they better explained by organizational trauma? Are tensions and dilemmas related to interpersonal dynamics or organizational cultural patterns? Is the nature of the work impacting the organizational culture as well as individual staff members?

Because traumatized systems close down, interventions that promote openness and healthy external relationships are essential. Encouraging inter-organizational cooperation and collaboration helps information and energy flow across boundaries. Helping organizations understand how they fit in a larger system of service delivery or social change efforts acts to mitigate the over-emphasis on uniqueness and counter organizational isolation.

Since traumatized systems also focus inward, developing internal systems and structures that deal with tension, conflict, pressure, and stress build capacity for resilience. They are particularly helpful to reduce stress contagion, the vehicle through which traumatic stress spreads and persists.

In any intervention leaders need support to acknowledge their role in influencing the organization and to understand how their own histories and experiences of trauma influence

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11 | Page

their work and the organization's culture. In fact all organizational members need the opportunity to reflect about the connection of their individual history to organizational culture and work.

Finally we think that spiritual dimensions of organizational life are often ignored or discounted. Attending to the organization's spirit helps kindle hope. Organizations, like individuals, need ways to replenish and sustain themselves and to make meaning of their work and experiences. The organizational capacity to accept the existence of trauma and act anyway allows it to succeed.

In this article we have explored organizational trauma: ways an organization might become traumatized, characteristics of that organizational trauma, and ways to intervene in traumatized systems. We think that these concepts make it easier to identify the systemic and inherited aspects of trauma, improve organizational functioning, and enhance resilience. Ultimately understanding organizational trauma and helping traumatized systems to heal offer hope for the future.

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12 | Page

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13 | Page

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14 | Page

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15 | Page



The screenshot shows a web browser window with the URL www.sherpa.ac.uk/romeo/search.php. The browser's address bar and tabs are visible. Below the browser window is the SHERPA/ROMEO logo. The main heading of the page is "earch - Publisher copyright policies & self-archiving". Below this heading, it states "One journal found when searched for: **traumatology**". A table provides details for the journal *Traumatology*, including its ISSN and ESSN, its RoMEO status (green), and its availability for open access. The table also lists the archiving policies for pre-prints, post-prints, and the publisher's version, along with general conditions for authors.

Journal:	Traumatology (ISSN: 1534-7656, ESSN: 1085-9373)
RoMEO:	This is a RoMEO green journal
Paid OA:	A paid open access option is available for this journal.
Author's Pre-print:	✓ author can archive pre-print (ie pre-refereeing)
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