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 **CommunityWorks**

Sanctuary in the Workplace

**Authored By: Sandra Bloom
PMB 138
12 West Willow Grove Avenue
Philadelphia, PA 19118-3952
www.sanctuaryWeb.com**

Creating Sanctuary in the Workplace

Sandra L. Bloom, M.D.
CommunityWorks

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- ***Why are we only now hearing about traumatic stress?***

The events of September 11, 2001 have riveted the nation on the issue of trauma. We have been invaded, our security jeopardized in an unprecedented way and we have watched while thousands of our countrymen and women have openly expressed their suffering. Our minds seek a way to encompass the enormity of this tragedy in a way no previous violation of our security or sense of values has done before.

The profound effects of trauma have been recognized since ancient times, particularly in literature related to combat and disaster (1). There is nothing new about human tragedy and the long-term effects of overwhelming stress on the mind, body, and soul of the victims.

What is new is the contribution that science is making to our understanding and response to these effects. The field of traumatic stress studies and research is a relatively new and rapidly growing field. The main interdisciplinary organization focusing on the effects of trauma, the International Society for Traumatic Stress Studies (ISTSS), was founded as recently as 1985 (2). The original impetus for traumatic stress studies was a growing recognition of the toll the Vietnam War had taken on combatants, caregivers, and civilians. Holocaust studies, disaster studies, and research on family violence, child abuse, criminal victimization, torture, and terrorism have all contributed enormously to our understanding of how trauma impacts on individuals, families, and even systems. The research base is now extensive and focuses on every aspect of human experience from biology to spirituality.

- ***What are the signs of traumatic stress?***

Responding strongly to an overwhelming event is NORMAL, as concentration camp survivor, Dr. Victor Frankl has said, “a normal reaction to an abnormal event”. Immediately after a trauma, many different aspects of a person’s functioning may be affected. The way we think, feel, behave and our physical reactions may be dramatically altered. Every individual responds differently to every traumatic event. Table 1 illustrates some of these reactions. Over time, and if further trauma does not occur, most people will recover and get “back to normal”, as long as they have not experienced personal losses, severe injury, or witnessed first-hand the death and destruction that accompanies a mass traumatic event. For these latter people, recovery may be more difficult and take longer.

- ***What does trauma do to a person?***

A traumatic experience overwhelms the capacity of our central nervous system to process information in the normal way. Our responses to trauma are biologically based, complicated, and designed to provide us with the capacity to respond to immediate threat. However, human beings are very complex and interconnected. As a result, every aspect of our lives can be affected by an overwhelming, confusing, frightening, damaging experience. Interpersonal violence is particularly damaging, and man-made trauma tends to be more injurious than even devastating natural disasters.

- ***What is the most critical psychologically destructive aspect of trauma?***

Traumatic experiences rob us of our basic sense of safety and security in the world. Research has demonstrated that maintaining a certain level of “positive illusions” is associated with health. Under normal conditions we make certain assumptions about our lives that enable us to get through our everyday lives without being overwhelmed with fear: that we are safe, that other people can be trusted, that life is predictable. On most days of our lives these necessary illusions are borne out to be true. But on a day like September 11, trauma shatters these assumptions and suddenly the world is not safe, nor predictable, and other people cannot be trusted – or we don’t know who can and who cannot be trusted (3). Obviously, our sense of security involves more than physical safety. We also need to be safe with ourselves, each other, and live in what can be called a “safe moral universe”. For us to feel truly safe again we will have to experience a restoration of all four levels of safety – physical, psychological, social and moral safety.

- ***Why does trauma have such profound effects?***

We rely on this basic sense of security in order for our minds to function properly. Without safety, it is difficult to think clearly and we develop problems in managing our emotions. This can lead to difficulties in working, in our relationships, in our self-care, and ultimately can lead to more violence directed at ourselves, our families, or other people.

- ***Will we ever “get back to normal”***

For the majority of us, over time most of our reactions will go back to normal, although like every other significant life event that we experience, a traumatic event will change us permanently because it becomes part of our history, part of our ever unfolding life experience. We cannot choose to undo the experience. All we can choose is how to react to it and how to incorporate it into the narrative of our lives. Many of us will remain vulnerable to the effects of this disaster in the future. Later reminders of this trauma may trigger responses for many years ahead, although the people most affected are likely to be those with the greatest degree of trauma exposure.

- ***Who will have the most difficulty feeling normal again?***

From previous studies we do know something about the risk factors for developing long-term effects of trauma. People who have experienced the greatest losses – loss of loved ones, of physical abilities, of important property, of life opportunities – are likely to be profoundly affected and it will take time and effort for them to heal and move on. Those who have had the most exposure to the event itself and to the horrific aftermath of the event, like the firemen, police officers, emergency workers, witnesses and survivors who were present on the site can be expected to have a relatively high rate of posttraumatic stress. Those people who were already vulnerable going into the traumatic event are also likely to have difficulty feeling normal or returning to their usual level of function. This includes people with chronic physical, psychological or social problems as well as those who have a previous life history of exposure to traumatic life events. The effect of traumatic experience can be cumulative. There will be people who had no symptoms after a previous traumatic event who may feel undone by even relatively low exposure to recent events.

- ***Why is it so important to pay attention to all this and not just expect that people should “pull themselves together”? Isn’t there a danger of overindulging ourselves?***

Unfortunately, pulling oneself together is often not as easy as it may appear. Trauma can literally reset the central nervous system so that our bodies start reacting to even minor stresses as if they were life threat. It is as if the “on/off” button designed to provide us with an emergency response, gets stuck in the “on” position. The person experiencing this problem would like nothing better than to “get back to normal” but their body won’t let them. This is unhealthy for the mind and for the body. Chronic stress takes a terrible toll, as do the many adjustments people frequently make to cope with the chronic stress, like consuming too much alcohol, smoking, sexual addiction, and using other drugs. As a result, PTSD can become a very chronic and serious condition that severely impairs the person’s capacity to function at work and at home. The unresolved effects of trauma can also contribute to serious medical problems as well as other psychiatric conditions. Any kind of serious and chronic condition can also negatively affect a parent’s ability to function properly in their care-giving role, and in this way, the effects of trauma can unwittingly be passed on to the next generation. As a result it is extremely important that people who are seriously affected get proper help for their conditions and that we continue to do research around what kinds of treatment, treatment settings, workplace environments, and school environments are the most conducive to recovery.

- ***Did we learn much about the impact of terrorism from the bombing in Oklahoma City?***

Different kinds of trauma have differing impacts on people, and terrorism is a particularly damaging form of traumatic experience. Researchers studied the effects of the Oklahoma City bombing on children, adolescents and adults in the area. Of the adults, 34% developed PTSD and 45% of the adults experienced some kind of psychiatric disorder after the attack. Consistent with earlier research, women and people who had a

psychological problem before the disaster were most at risk. The researchers were able to diagnose most of those suffering from PTSD right away, at the time of the crisis, and these people were most likely to suffer from the avoidance and numbing symptoms associated with trauma. Virtually everyone involved experienced the intrusive symptoms like nightmares and flashbacks as well as being hyperaroused, but these symptoms early on did not appear to contribute to further psychiatric problems for the victims and were largely addressed by supportive, non-psychiatric interventions (4).

Another study looked at the effects of the Oklahoma City bombing on the general population. Of the adults in the metropolitan area, 61.5 % reported experiencing at least one direct result of the bombing. In population terms, about 433,000 adults (between 412,000 and 457,000) were exposed to one or more of the consequences of bombing. Oklahomans reported higher rates (about double) of increased alcohol use, smoking more or starting smoking. They reported more stress (about double), psychological distress (about double), PTSD components and intrusive thoughts (double) related to the bombing than in the area used as the comparison group. Oklahomans also reported higher rates of seeking help for their stress or taking steps to reduce stress. The difference persisted into 1996, more than a year after the bombing (5).

A third study looked at sixth-grade children who resided within 100 miles of Oklahoma City at the time of the bombing in 1995. These youths neither had any direct physical exposure nor personally knew anyone killed or injured in the explosion. A survey conducted two years after the bombing assessed their exposure, PTSD symptoms, and level of functioning. Media exposure and having a friend who knew someone killed or injured were significant predictors of symptoms in the children. These findings suggest that children geographically distant from disaster who have not directly experienced an interpersonal loss, report PTSD symptoms and some impairment in function associated with increased media exposure and indirect loss as a result of exposure to the traumatic experience (6).

- ***What protects against long-term impact? (Resilience factors)***

Although there are a number of people who will be profoundly affected by this disaster - and all of us have been affected to some extent - recovery from trauma is possible, even from terrible and repetitive life events. Both internal and external resources can make a difference in how a person responds to trauma. Social support after a traumatic event is vitally important in determining how a person responds. For this reason creating workplace environments that promote recovery is critically important. People who maintain a sense of personal commitment, faith, and meaning are likely to do better after a traumatic event than those who lose faith and purpose. Using ways of coping that promote health rather than dysfunction leads to better outcomes. Talking, writing, drawing and expressing the feelings associated with a traumatic event rather than avoiding reminders of the trauma can promote recovery. Working through the grieving process that is normally associated with any kind of significant loss is critical to recovery.

Table 1 Some Common Reactions to Overwhelming Stress			
<i>Thinking</i>	<i>Feeling</i>	<i>Acting</i>	<i>Body</i>
Difficult concentrating	Inability to calm	Attempts to re-	Sleep difficulties,
Inability to maintain focus	Fear, terror	Use of substances or behaviors to	Sudden images, feelings, sensations
Preoccupation with external events, keeping safe, contacting loved ones, exclusive focus on all the positive aspects of trauma response	Sadness, profound sense of loss	Efforts to make social connections that have been	Feeling physically calmer in the company of known
Thoughts seized by images, memories of the traumatic events	Sudden, apparently unprovoked tears	Active avoidance of anything that evokes reminders	Inability to feel physically relaxed, to enjoy relaxing
Preoccupation with thoughts of unavoidable catastrophe,	Hopelessness, helplessness, question-	Engaging in activities to feel more	Gastrointestinal symptoms – diar-
Minimizing impact, efforts to put it behind, forget about it	Numbness, inability to feel	Efforts to control other people's behavior, finding	Cardiac symptoms – palpitations, chest pain or
Exclusive focus on responding to the event fully and constantly	Exhilaration, excitement	Rushing to the scene, overactivity,	High physical energy, hyperalert-
Not remembering details or remembering too many details of the events, forgetful in general.	Confusion, frustration, worry, not feeling like your-	Disorganization, wandering without purpose	Physical sense of numbness, cut off from body, not
Preoccupation with revenge, getting even	Anger, rage,	Seeking a target to	Muscle tension,

- *What are “acute stress disorder” and “posttraumatic stress disorder”?*

Most people recover after a traumatic experience. However, when symptoms last a long time or are particularly severe, a person may be diagnosed with acute stress disorder or posttraumatic stress disorder. There are also other psychiatric diagnoses and physical problems that have been associated with a past history of traumatic experience. Table 2 & 3 describe the characteristics of acute stress disorder or ASC and posttraumatic stress disorder or PTSD.

The present criteria for Acute Stress Disorder 308.3 from the DSM-IV

A. The person has been exposed to traumatic event in which both of following are present:

1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to physical integrity of self or others.
2. The person's response involved intense fear, helplessness or horror.

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

1. A subjective sense of numbing, detachment, or absence of emotional responsiveness
2. A reduction in awareness of his or her surroundings (e.g., “being in a daze”)
3. Derealization
4. Depersonalization
5. Dissociative amnesia (e.g., inability to recall an important aspect of the trauma)

C. The traumatic experience is persistently reexperienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g. thoughts, feelings, conversations, activities, places, people)

E. Marked symptoms of anxiety or increased arousal (e.g. difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle responses, motor restlessness)

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.

H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

Diagnostic and Statistic Manual of Mental Disorders, Fourth Edition (DSM-IV). Washington, D. C.: American Psychiatric Press.

The present criteria for Post-Traumatic Stress Disorder 309.81 from the DSM-IV:

- A. The person has been exposed to traumatic event in which both of following are present:
- the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to physical integrity of self or others.
 - the person's response involved intense fear, helplessness, or horror. In children this may be expressed instead by disorganized or agitated behavior.
- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
- Recurrent and distressing recollections of the event, including images, thoughts, or perceptions. In young children, repetitive play may occur in which themes or aspects of the trauma are expressed
 - Recurrent distressing dreams of the event. In children, there may be frightening dreams without recognizable content.
 - Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashbacks episodes, including those that occur on awakening or when intoxicated. In children, trauma-specific reenactment may occur.
 - Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
- Efforts to avoid thoughts, feeling, or conversations associated with the trauma
 - Efforts to avoid activities, places, or people that arouse recollections of the trauma
 - Inability to recall an important aspect of the trauma
 - Markedly diminished interest or participation in significant activities
 - Feeling of detachment or estrangement from others
 - Restricted range of affect (e.g. unable to have loving feelings)
 - Sense of foreshortened future (e.g. does not expect to have a career, marriage, children, normal life span)
- D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:
- Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Hypervigilance
 - Exaggerated startle response
 - Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month
 - The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if:
- Acute: If duration of symptoms is less than 3 months
 - Chronic: If duration of symptoms is 3 months or more
 - With delayed onset: If onset of symptoms is at least 6 months after the stressor

Diagnostic and Statistic Manual of Mental Disorders, Fourth Edition (DSM-IV). Washington, D. C.: American Psychiatric Press.

- ***With so many traumatized people in the workplace, how will our businesses continue to function? Does everyone need therapy? How will we pay for it and where will we find enough qualified helpers?***

Life demands that regardless of what has happened, we have to go on working, living, raising children, making a living, paying our bills, running our offices. The fundamental problem is that life keeps moving even though time has stopped for the trauma victim at the point of the traumatic event. Perhaps the most remarkable aspect of trauma is that it freezes people, as in a stop-action film sequence. There is no going back to before the event, but it seems that there is no moving ahead either. Think of your trauma survivors as stuck behind what appears to them to be an impenetrable wall. They can see you, see people moving around them, but they are frozen on the spot. Their brains, their bodies, their minds, and their spirits are trapped.

It is the job of their social group to get them out of the trap. And every trauma survivor requires a different way out. This is why therapists often appear to have such unique skills – we tend to think outside the box on how to help people change. But anyone can do it if you and your colleagues are able to think creatively and gain an understanding of how people heal from traumatic events.

This is important because a workplace has to work and if everyone has to stop working while they get therapy, businesses will collapse. Nor is it likely that there will instantly be enough qualified individual therapists to help all the individual trauma survivors.

However, it is just as potentially damaging to encourage a “get tough and get back to work” philosophy as an exclusive response because a large body of scientific research has demonstrated that emotional suppression can take a very large toll on physical, emotional, and social well-being and may be a major contributor to many kinds of physical disorders.

So, we need to think together “outside the box” about how to create workplace cultures that are fundamentally healing, responsive to individual needs while maintaining a vision of health, success, productivity and prosperity.

- ***How can we promote a workplace environment that promotes recovery, healing and even transformation?***

We now recognize that a substantial proportion of psychiatric dysfunction is related to exposure to overwhelming stress. One of the early steps forward in the treatment of psychiatric problems began in the 18th century in England and America and was called “moral treatment”. Originated by the Quakers, a prime focus of treatment was work in a safe and compassionate setting. Hard work has always been recognized as playing a vital role in a person’s recovery from trauma.

Since 1980, we have been developing and maintaining treatment environments for psychiatric patients who have had a number of problems with health, family, work, and self. Since 1985 we have specialized in the treatment of adults who are survivors of trauma, with a particular focus on childhood trauma. Our program was called “The Sanctuary”, derived from the concept of “sanctuary trauma” – expecting a safe environment and finding only more trauma (7). We have come to believe that the basic practice of creating safe environments applies not to some special group of psychiatric patients but to all of us. Creating Sanctuary” refers to the shared experience of creating and maintaining safety within a social environment - any social

environment(8, 9).The Sanctuary Model provides a trauma-informed template for system change, for creating “trauma-sensitive workplace cultures”.

- ***What is a “trauma-sensitive workplace culture”?***

The workplace environment provides an excellent opportunity to create a culture that can potentially reverse the effects of trauma and promote recovery, while still promoting the goals of the organization. And it doesn't require everyone in the workplace to become a professional therapist, nor does it mean that the work setting must become a psychiatric facility flooded by therapists.

On the contrary, a culture that promotes recovery from trauma is an environment sharing many of the characteristics of the progressive workplace “learning organization” as described in books like *The Fifth Discipline Fieldbook* (10). Corporate consultant, Peter Senge and others like him, have been making the case that many of our present workplace environments are more suited to the needs of the Industrial Age than an era of Globalization, and that pyramidal hierarchies, strict bureaucracies, punitive supervisory policies, isolating work environments, and the dominance of competition over cooperation are no longer adaptive to the needs of the day. As it turns out, the changes that these business consultants advise for the modern workplace are entirely consistent with the kinds of settings trauma survivors require for healing and recovery (11-15).

Trauma survivors need environments that are safe and compassionate in every way and that can tolerate and contain emotional expression; that promote belonging, participation and involvement; that encourage empowerment, personal responsibility, achievement and social commitment; and that place an emphasis on resilience, mastery, and productivity. Trauma survivors need understanding, compassion and support. They do not need pity, indulgence, or an environment that encourages pathological adjustment to stressful events. A workplace culture that can respond to the needs of trauma survivors will end up being a healthier and more productive environment for everyone. It will not make special rules for trauma survivors that entitle them to privileges afforded no one else. Instead, a healthy workplace culture will become a “trauma sensitive culture”, able to recognize and respond to the needs of the individual within the context of the needs of the whole. Such a culture needs to be flexible, tolerant of and responsive to individual foibles and vulnerabilities, while setting high standards of personal and social responsibility and accountability.

- ***What does “safety” really mean?***

A culture that reverses the effects of trauma is a culture that is physically, psychologically, socially and morally safe – and that sense of safety can only be adequately defined by the people who comprise the culture. A sense of safety must emerge from within a culture; it cannot be externally imposed. True safety requires a shift away from the limited concept of “zero tolerance” to the more active principle of creating a *culture of nonviolence*. A safe culture is one within which painful emotions of anger, grief, shame and guilt can be tolerated, managed, and redirected rather than suppressed, ignored, denied or punished. A trauma-sensitive culture provides the passage, direction and support for victims to transit through the stages of grief while continuing to build a future. It is a culture that confronts negative behavior and resolves conflicts before they escalate into any form

of violence. Such a culture provides a vision of shared health, of freedom, nonviolence, and democratic processes that help to reestablish the basic sense of trust and meaning that is shattered by trauma.

- ***How do we modify our setting to create such a culture?***

Changing a culture, even a workplace culture is a process. It does not happen overnight. Change requires patience, commitment, and a willingness to learn. Human beings do not change easily or quickly and human systems change even more slowly than individuals – unless the change is traumatic change. Building always takes longer than destruction as testified to by the events of September 11.

The chronic problems, tensions and conflicts that existed in your company before the attack will not magically disappear because of these events. For awhile, as we adjust to the radical changes that have occurred, they will fade into the background but as things return to a more normalized status, these chronic problems are likely to “return with a vengeance”, exacerbated by the stress that everyone feels.

So, now is the time to engage in a new process together. This process should involve looking at where you’ve been as a company, the nature of the company before September 11, how the traumatic events have impacted on your company, and the beginning development of a vision of where you want to go from here. Smaller companies can engage in this process together. Larger companies can appoint a representative team who will be the “culture carriers”, bringing change back into the larger organization.

- ***What do we need to know to create a “trauma sensitive” workplace culture?***

A trauma-sensitive culture is a culture within which it is understood that most human behavioral pathology is related to overwhelming experiences of exposure to abusive power, disabling losses and disrupted attachment and therefore symptoms must be understood and responded to within the context of these dynamic forces. To create a trauma-sensitive culture it is necessary to begin with some fundamental bases of knowledge:

- 1) Everyone in the workplace environment needs to know what trauma actually does to a person in more detail. *Trauma theory* is a comprehensive, biopsychosocial and philosophical model for understanding the human response to overwhelming stress. A thorough understanding of trauma theory leads to less victim-blaming, less punitive and judgmental responses, clearer and more consistent interpersonal boundaries, earlier identification and confrontation of negative behavior, higher expectations for performance, a clearer linking of rights and responsibilities, and a recognition of the need for self-organizing change.
- 2) Everyone in the workplace environment needs to shift the emphasis away from an attitude of “zero tolerance” and towards the active creation of a *nonviolent* environment. Zero tolerance focuses only on physical safety and an immediate response to breaches of physical safety and security. This is a necessary-but-not-sufficient strategy. If as a company or a nation we only focus on physical safety we will end up working and living in prisons, not in a free society. True safety has its roots in cultures that care about moral integrity and consistency (practice what we preach), and that focus on what it takes for us to be safe with ourselves (psychologically safe) and safe (socially safe) with each other.

- 3) Everyone in the workplace needs to develop greater experience with and respect for *social learning*. Social learning describes the process of change that may result from the interpersonal interaction when some conflict or crisis is analyzed in a group situation, using negotiation, collaboration, conflict resolution and conflict transformation skills. We live in a very individualistic culture, despite the fact that as a species, we evolved as tribal cultures. In the workplace, we often try to solve very complex problems as individuals, and we compete individually, instead of using the power of the group to solve problems *and* to bring about interpersonal change and conflict resolution.
- 4) Everyone in the workplace needs to develop an understanding of the postmodern concepts of *complexity, chaos, and emergence*. If you work in a progressive company, then you already know how valuable teamwork is. You know about that magical experience of coming into a meeting, facing what appears to be an insurmountable problem that becomes resolvable when you put your heads together – when something *emerges* out of your group interaction that cannot be explained solely on the basis of individual contributions – those moments when the whole is actually greater than the sum of the parts. What you may not fully recognize is that those same team skills that work to solve complex engineering, financial, advertising, and other business problems can also be successfully applied to interpersonal problems as well. But to more effectively utilize our group skills it means we have to set aside the existing paradigm that focuses on intense competition and learn how to more effectively collaborate. Life is now far too complex to effectively address complicated problems with yes-no, right-wrong, competitive pressures. The recent tragedies have piled on even more complex dilemmas than most of us have ever imagined. To deal with complexity we need as many good minds as are available to link together and work collaboratively, while actively synthesizing and integrating all points of view.

Understanding the impact of traumatic experience, creating nonviolent environments, learning how to work more successfully together and more effectively deal with complexity – these are simultaneously the key ingredients to creating environments that promote recovery for trauma survivors and that encourage the development of healthier learning organizations for everyone.

- ***How does learning about trauma theory produce the results you describe?***

The recent tragic events have focused us all on the dramatic ways in which exposure to trauma affects us. We all feel injured and those who have lost the most, who have had the most exposure to the horror of the events, are the most injured of all. Because these events have been so public, socially shared, and because the victims are innocent of any responsibility for bringing this on themselves, we will continue to see them as injured, even as many of them go on to develop a variety of physical, psychological, and social problems. We will have compassion for them and we will try to make adjustments to help them cope with how profoundly their lives have changed.

There is an opportunity here, what educators call a “teachable moment”. What we have discovered in

over two decades of working with psychiatric patients who have been labeled as “sick”, is that they too have sustained profound injuries. Only these injuries occurred in their homes or on their neighborhood streets, when they were innocent children, at the hands of people they knew, often in secret, and without any social support. The Center for Disease Control in Atlanta released a large survey indicating that over 50% of Americans have been exposed to one category of adverse childhood experiences and a quarter of Americans have been exposed to two or more categories of adverse childhood experiences. The research showed that the greater the exposure to adverse childhood experiences the greater the likelihood of developing a variety of psychiatric, social and physical problems including substance abuse, depression, and many life-threatening diseases (16). A growing body of scientific evidence indicates that people who are as labeled as “bad” are also far more likely than the average person to have had horrendous experiences of abuse, neglect, and exposure to violence in their childhood backgrounds as well.

Trauma theory helps us to recognize that the effects of violence are contagious, multigenerational, and far-reaching in the impact on individuals, families, institutions, and whole societies. And because this knowledge is relatively new, it has not yet played a significant role in our explanations of human behavior, human problems, institutional failures, or historical events.

- ***Why does it matter whether we think of people as “sick”, “bad” or “injured”?***

It matters because very often being labeled as “sick” – particularly emotionally sick – or “bad” arouses a sense of shame in the other person. As a corrective for inappropriate behavior, shaming someone can be effective, but no one responds positively from being ashamed of their self. Shame is experienced as a toxic emotion that must not be endured. And yet any experience of helplessness evokes shame in us – and any traumatic event provokes helplessness. The events of September 11 were so socially visible, comprehensible, and there are such clear cut victims, that traumatic stress as a label for people’s distress, is losing some of the sense of shame that most psychiatric labels carry with them. This makes it more likely that instead of just denying or burying their problems, people will instead face them and deal with them and in doing so undercut the sense of helplessness that goes along with being victimized. Recognizing that victims sustain psychological “injuries” instead of viewing them as “sick” or “bad” (i.e. malingering) can help to promote faster recovery.

When we recognize that most of our seemingly unsolvable problems actually are a result of “injury” instead of “sickness” then we can adopt an entirely different focus. Traditionally, we turn “sickness” over to experts who understand the mysterious realms of disturbed minds and body. Injury, on the other hand, is something we can all relate to. We know what to do for injuries – treat the injury, do no more harm, nurse it for awhile, learn everything we can about how to promote healing, gradually and carefully resume functioning at the pace the injured part can tolerate, recognize that the injured part may need some extra protection because of its vulnerability for a long time – and sometimes forever – but that doesn’t have to keep us crippled. Socially, as embodied in the American Disabilities Act, we expect injured people to be responsible about their own recovery and not do anything that will make their injuries worse, but we also expect that we will do whatever we can, as a society, to eliminate any obstacles in the way of that recovery. The objective is to get people who have been seriously injured back to living whole and functional lives – despite whatever disabilities they have to overcome.

Psychological injuries require a similar approach: respond, do no more harm, nurse the injury, learn

about the injury and what is required for healing, gradually increase function and normal stress, add extra protection to guard against reinjury, keep moving and growing and working and learning despite whatever disability keeps you from being the way you once were.

- ***Who among us will have the most difficult recovering from the traumas of September 11?***

Most of us will recover from the attacks of September 11. We won't forget. Images, emotions and physical sensations will remind us of the events. But as long as the trauma is not compounded, most of us will resume our normal lives and feel relatively normal again. This resumption of normality on the part of other people will be difficult for those people who have been most personally affected by the disaster. For them it will be a long time before things seem "normal" again and when your own life has been radically and destructively altered it is difficult to watch other people close to you go on about their everyday lives. Nonetheless, we must.

The people who will have the most difficulty recovering will be those people who have sustained the most injuries – both in the present and in the past. Those who have had the most exposure to death, dying and destruction are at risk for the development of more severe forms of psychological distress. So are those who have experienced the most loss – of loved ones, limb, property, wealth, stability, security. Another at-risk group are those people who have a history of previous trauma, particularly childhood trauma. Physical injuries tend to heal far more quickly than the psychological injuries, and psychological injury originating in childhood can remain dormant and relatively unnoticed, even by the person, until a present-day trauma activates all the unresolved pain from the past. Sometimes it's like opening up an old wound you never knew you had, or if you knew you had it, you didn't know it was as bad as it feels now.

However, these are people who are most *at-risk*. That does not mean that everyone who fits these descriptions will develop complicated psychological problems. Human beings are surprisingly resilient, even under conditions of overwhelming stress. Everyone has been affected by the tragedy, but human beings tend to "bounce back". You want to create a workplace environment that encourages and supports this "bouncing back".

The creation of healthier workplace environments that consistently promote recovery and resilience is important for other reasons as well. Traumatic events in the present can have long term and unpredictable effects. Psychological or physical injuries in the future may open or reopen the psychological wounds from the present attack so that someone who apparently sustained the shocks of September 11 remarkably well may later succumb to more serious symptoms after a far less traumatic event in the future. This is one of the profound difficulties in determining liability and disability in the field of traumatic stress. There is no simple cause and effect relationship – the situation surrounding any traumatic event is actually far more complex than that. Therefore, it is in all of our interest to approach these enormous problems in a different way – not as sickness and disability and continued dysfunction, but as individual and social injury that will best respond to a combination of individualized and social approaches. The workplace can provide the proper context within which injuries can heal and disabilities overcome by being safe, nonviolent, informed, supportive, structured, and by establishing norms that encourage normal adult achievement, resilience and mastery.

• *What do we know about violent vs. nonviolent organizations or communities?*

Researchers have studied violent communities and organizations and have noted the differences between violent cultures and nonviolent cultures that we have elaborated on in this table (17).

Table 4 Violent vs Nonviolent Communities	
Search for knowledge diminishes	Knowledge is respected and sought
Working together decreases	Working in true teams increases
Individualism increases	Consensus is actively sought
Authoritarian solutions dominate	Democratic solutions dominate
Rules of the community are increasingly tangled and meaningless	Rules of the community are clear and meaningful
Emphasis on action and short-term solutions	Emergency responses are available but always with a thought to long-term
Impaired leadership increases and may become corrupt	Leaders and followers are dynamically interactive and mutually respected
Action and violence come to be seen as signs of success and strength	Violence is deplored and every act of violence is analyzed and understood
Nonviolent interventions considered absurd	Nonviolent interventions preferred
Law enforcers no longer taught nonviolent interventions	Law enforcement taught conflict resolution skills
Community lacks a sense of purpose or mission	Community purpose clear and central
Increase in pathological escapism	Decrease in pathological escapism
Bullying increases and is not curbed	Bullying decreases is is addressed whenever it appears
Violent norms come to dominate	Nonviolent norms firmly in place
Increase in victims and perpetrators in community	Decrease in victims and perpetrators
Denial that violence is a problem through three main rationalizations: <i>“It’s not that violent”</i> <i>“If we just get rid of the violent people everything will be fine”</i> <i>“Keep being violent because it works”</i>	Violence is addressed whenever and wherever it emerges – regardless of who is being violent, conflict is surfaced and resolved. The community perceives violence as failure, nonviolence as success.

This information provides us with some guidelines for what we want a nonviolent workplace to look like. We want people to search for knowledge and accept no easy, simplistic answers. We want them to work together, collaboratively in true teams, where consensus is sought, everyone’s opinions are solicited and respected. We want a workplace that can respond to emergencies and any breaches of safety rapidly and effectively without creating workplaces that deprive us of our personal liberty and sense of freedom. We want to address the early signs of violence – like bullying, and racial slurs, discrimination, and cruelty – without waiting for the violence to escalate. In doing all this, we want to actively establish social norms of mutual respect, nonviolence,

kindness, and personal as well as social responsibility.

- ***This information is all so complicated and complex. Is there any way that we can organize it so that our reactions in the workplace setting can be clear, automatic, and useful?***

In working with over 7,000 trauma survivors, we learned that it was critical to keep in mind a “map of recovery”. We call our map S.A.G.E. an acronym that stands for “Safety”, “Affect (emotional) Management”, “Grieving” and “Emancipation”. These are not stages of recovery but instead represent the major components of learning how to work through painful life experiences that we have to revisit throughout our lives (18).

- ***What would “Safety” in the workplace look like?***

We define safety very broadly to include physical, psychological, social and moral safety. In the workplace setting, and throughout society, much attention is currently being placed on making environments physically safe. This is necessary because we can never feel safe if we are in danger of physical harm. Every workplace must look at their own disaster and security measures, plan for the worst and be able to respond immediately to emergencies.

Physical Safety. The workplace needs to be secure not just against terrorists who invade from distant lands but also from family and workplace “terrorists” – batterers who seek to invade the workplaces of their spouses who live their lives threatened by nightly terror, and disgruntled employees who can only manage their own overwhelming emotions by venting their rage onto others. After mass trauma, domestic violence incidents increase – violence breeds violence – so now is the time to incorporate strategies of protection that include securing the workplace environment against incursions from domestic assailants (19). The expected changes in many businesses due to downturns in the economy may increase the danger of workplace violence and changes in security should also take this threat into account.

Psychological Safety. Psychological safety is the ability to be safe with oneself. A movie was released in the 90’s titled *Fearless*. This film does a reasonably good job demonstrating how exposure to trauma can make an otherwise sane and healthy person become extremely unsafe with himself, and unsafe for other people as well. In the movie, the protagonist is in a plane crash and his business partner in the seat next to him is killed while he survives. The rest of the movie recounts the self-destructive and life-threatening course he pursues while he tries futilely to run from the overwhelming feelings that assail him.

Psychological safety includes the ability to protect yourself, to exert self-discipline and self-control, to be able to direct your mind where you want it to go, to know yourself and feel reasonably good about your abilities and accomplishments. Trauma deprives us of our sense of psychological safety because try as we might, we could not prevent the traumatic experiences from occurring. Helplessness defeats our sense of psychological safety and robs us of our need to be in control of our lives. Helplessness is hard for any human being to tolerate, but it is particularly difficult for people who are accustomed to being in charge and leading other people. Overcoming helplessness can lead to positive or negative actions. Negative actions include trying to

retrospectively control traumatic past events by over-controlling people in the present. If you are a manager and find yourself becoming somewhat tyrannical, this may be happening to you. Positive actions are directed at mastery, building capacity, promoting resilience, and helping others.

Traumatized people do the best they can to cope, but not infrequently, the coping skills they utilize turn into compulsive behaviors that could destroy them. Drinking, drugs, smoking, risk-taking behavior, bingeing, purging, starving, exercising excessively, shopping-'til-you-drop, gambling, sexual promiscuity, and workaholism all represent psychologically and often physically dangerous behavior. In the general culture, extreme behavior often gets labeled as "crazy" which essentially means "impossible to understand". But these behaviors are completely comprehensible within a trauma framework. They all represent attempts to deal with unmanageable emotions, and although initially used as coping skills they can rapidly turn into acts of self-destruction.

To create a psychologically safe environment the workplace must provide both information and resources. The mental health system has been radically degraded in the past decade as a result of changes in the health care environment. Mental health services have been far more negatively impacted than general health care. According to the Hay Group Report, between 1988 and 1997, mental health benefits were slashed 670% more than health care benefits and this has been reflected in decreased inpatient AND outpatient services. For the overall society, this is an example of short-term profit in exchange for long-term loss. The annual economic burden of anxiety disorders alone – and PTSD is considered an anxiety disorder – is estimated at \$63.1 billion in 1998 dollars (20). Employers need to take a closer look at the implications of the research that has been accumulating in the last ten years indicating the close connection between trauma, abuse and exposure to all forms of violence and increases in direct and indirect costs, in order to reevaluate and expand mental health treatment coverage.

EAP services also can help provide an environment of psychological safety because they can serve as the bridge between the employer and other resources, while providing oversight that the services promised are in fact being delivered. Employee Assistance Programs are able to provide mental health and health information in many different formats. At the same time that mental health care benefits need to be expanded, it is reasonable to require mental health providers to perform by tying continuing benefits to improved function. However, performance has to be realistic. It is unreasonable to believe that lifelong problems can be significantly altered in five sessions. The traumatic stress field is still new and actively being researched, but given the changes in health care financing it has been extremely difficult to get treatment research adequately funded. Treatment should ultimately be based on evidence that it works, not just that someone thinks it should work.

Workplace environments can look at the resources that already exist for assisting employees and expand the definition of assistance. Mentoring and coaching programs that already may be available for improving job performance can also be used to provide psychological and social support to traumatically injured employees, although training may have to be expanded. Wherever possible, utilize these naturalistic sources of support that already exist within the organization.

Social Safety. The workplace is uniquely able to provide workers with a sense of safety with other people. Social support has long been recognized as an important factor contributing to resilience. People who can draw strength from other people, who can establish meaningful and sustained social relationships do better under conditions of normal and traumatic stress. Many workplaces have used this human achievement to

promote productivity and quite naturally use teamwork to accomplish complex tasks. It may be a relatively small step for many work settings to actively use these strengths to build the kinds of workplace communities that can serve as an antidote to traumatic experience.

Increasing existing social safety will require an even greater emphasis on the acquisition of interpersonal skills than has already been accomplished in your workplace. Social safety requires a more leveled hierarchy and an ongoing program for interpersonal conflict resolution that goes into play at the first sign of conflict and is a routine part of the workplace environment, not a special procedure that is only applied to the most critical or escalating interpersonal conflicts. Social safety means that negative behavior in all its many forms – any violation of physical, psychological, social, or moral space – needs to be immediately confronted and responded to, but without ever humiliating or shaming the people involved. It means bullying must be defined, mutually understood, and responded to as a sign of violence. And it means creating an overall environment of understanding, respect, and compassionate regard for the other – an environment that gives the other person the “benefit of the doubt” and that minimizes blame while still emphasizing responsibility and accountability.

Moral Safety. Harder to define, a climate of moral safety is a workplace environment within which leaders model the very behavior that they want employees to emulate. It’s about “walking the talk”, being sure that your words and actions are consistent. It is a climate within which it is safe for people to have discussions and disagreements about ethical dilemmas, right conduct, and value systems, all within the framework of an agreed upon clear mission. The values that businesses aspire to have to apply not just to customers, or to the nature of the work, but to how people treat each other every day in the office, how managers and supervisors treat employees and how employees treat managers and supervisors.

Creating a climate of moral safety, at its root defined as a climate centered on a reverence for life, is more challenging than creating any other kind of safety because it drives us to confront the heart of the matter – even where we work. It compels us to confront our own hypocrisy and define the kinds of environments we want to create for ourselves and for our children. Every business in America is part of the whole that is America and therefore each is either a part of the problem or a part of the solution. And figuring that out is a difficult and challenging process. It’s tough, but ultimately rewarding, work for a group to engage in. It gets to the most devastating effect of trauma – the loss of meaning and purpose that we routinely assume. It forces us to focus on what we really believe in, what’s really important in life, why we are doing what we are doing, and looks at what kind of world we are trying to create.

- ***What do you mean by “affect management” and how does it apply to the workplace?***

The “A” in SAGE stands for affect management. “Affect” is the term used to describe the biological component of emotions. Our emotional responses are built-in; they come with the equipment that makes us human beings. We don’t get a choice about whether or not to have emotions, we only get to choose what to do with them.

Impaired ability to manage emotions is a hallmark characteristic of any traumatic experience. If you think back to September 11 and the days that followed, you probably felt extremes of emotion, perhaps in an

alternating fashion. Trauma makes us feel either too much emotion or too little – emotional hyperarousal or emotional numbing. Either way, too much or too little emotional response is not a good thing. Since our emotions are “hard-wired”, emotional hyperarousal is extremely stressful to the body, to say nothing of its effects on the mind. And the emotional suppression that characterizes emotional numbing also takes an extraordinary toll on mind and body, with long-term negative physical consequences to the cardiovascular system, the gastrointestinal tract, and the immune system.

But that’s not all. We have emotions because we are a social species. The origins of emotional experience can be found in our evolutionary history. The more care a young animal needs after birth, the more a system has to be in place to keep parents and offspring connected. We call that “attachment”. Human beings have the most well-developed and intricately connected emotional system because we have to take care of our offspring – and each other – longer than any other species. Emotions subserve *relationships*. Every emotion has a different role to play in our complex social dance. Anger helps us protect our interpersonal boundaries. Joy brings us together and promotes social interaction, social protection, and reproduction. Shame keeps us from getting literally carried away by our emotions so that we fail to pay attention to important information in our environment. Fear promotes survival since what arouses fear we should also avoid and should make sure our loved ones avoid as well. We feel sadness whenever we lose something or someone important to us and it is sadness and its intense relative, grief, that helps us make closure on existing attachments so that we can move on and create new attachments.

As a consequence of all this, any impairment of our capacity to respond to a present event with an appropriate emotional response leads to trouble in our interpersonal relationships. After a traumatic event we tend to either under respond, over respond, or make an inappropriate response. The way this can look is that people who need to feel sad, instead express too much anger. People that may be angry at one person who they fear, take out the anger on someone else. Other people who are continuously sad really need to feel their anger. Some people who are in a chronic state of fear become more comfortable adjusting to the fear than feeling other, even more unpleasant feelings of anger, shame or sadness. And some people just don’t feel anything, a situation that can easily lead to increased cynicism, withdrawal, loss of empathy, and destructive cruelty. In such situations, joy is hard to attain and joy and its younger cousin, pleasure, is what makes life worth living. Since most workplaces are intensely interpersonal these kinds of interactions are – and have been – going on all the time. We have all known people who have “affect management problems”. It is a rare working person who cannot recall an unreasonable boss, a raging supervisor, a chronically miserable colleague, a manager who couldn’t care less about the sufferings of his employees.

- ***If we are adults, shouldn’t we know how to handle our own emotions by now?***

A main job of parenting is to help children learn how to handle these wild things we call emotions. To the extent that we have good parenting, our parents taught us well. To the extent our parents had shortcomings in their ability to manage their own emotions and to teach us how to handle ours, we will have difficulties with other people. Traumatic experience tends to emphasize what is already there. In the early stages after a disaster, the need to pull together and protect each other in service of survival promotes harmony. After the immediate impact has passed, the emotional problems may become more acute than they have been in the past, and even well adjusted people may have difficulties managing one or more emotions.

There are two serious problems with all this. The first is that emotions are contagious. We “catch” each other’s emotions within one-hundredth of a second – a useful evolutionary adaptation for a social species that needs to draw together in times of danger for protection. Panic is a typical example of this contagion but in reality it is not just fear that we “catch”. Sadness is contagious, so is anxiety, despair, anger, and helplessness. The contagious aspect of emotion can be extremely problematic in the workplace because it is almost impossible to get work done, to think clearly, process information and make good decisions when your mind and body are seized by a strong emotion. Leaders – both formal and informal - have an important role to play in conveying a sense of emotional competence, flexibility, and responsiveness that set an example for everyone. This does not mean that leaders should not show emotions – it means they must model emotional management. This is another “burden of leadership” but leaders are leaders because they set the tone and expectations for an entire organization.

The second is that we will do almost anything to help us manage our emotional states when we feel “out of control” or when we feel emotionally numb. If we happen to hit on something that is constructive and healthy than we are numbered among the lucky. Unfortunately, we often hit on something that is more or less destructive – alcohol, drugs, cigarettes, gambling, fighting, risk-taking. Emotional management is about learning to balance your emotional states and we can only do that with a balanced response. Too much of even a good thing easily can become a problem, including sex, shopping, exercising, working. When we are using a substance or a behavior to suppress our emotions and to keep our normal or post-traumatic emotions at bay rather than to help us manage our emotions, we get into a great deal of trouble.

- *What can we do in the workplace to promote “affect management” skills?*

Workplaces can educate their employees about the basics of emotional literacy and create a more emotionally literate work setting. After the recent events, workplaces must be prepared for a potential increase in substance abuse problems, family violence, and violence of all kinds. A “zero tolerance” approach does not address the very real needs that people have, and will have, to get help in learning how to more effectively and appropriately manage overwhelming emotional states. Punishing people does not solve the problem. The workplace must be seen as a place of emotional *containment*, where emotions are understood and responded to with effective emotional management strategies that help traumatized people while keeping the work rolling. When containing and managing emotions becomes a workplace norm, then no one – not even the boss – can be allowed to discharge emotions inappropriately without an appropriate response.

Employees can learn active listening skills to provide mutual support for each other. Traumatic experiences are hard to listen to. Research has demonstrated that listeners frequently react to victims’ stories by turning away, changing the subject, implying that the victim had more control over the situation that he or she in fact had, and sometimes by even blaming the victim. This is a serious problem because trauma survivors need to express their thoughts and feelings about what happened to them. Having time limited, structured group process experiences at the workplace might be helpful for some people. Other people may be more comfortable leaning on resources that already exist in their lives – friends, family members, therapists, clergy. Other simple techniques include journaling about the traumatic experiences – as long as the writer also reads what he or she has written, preferably aloud. The more emotional the writing is, the more likely the benefit

from the writing (21). Likewise, the survivor may benefit from tape recording or videotaping an account of the troubling events and, when ready, reviewing the recordings. Other people may find ways to express themselves through artwork, performance, music, crafts or sports.

No one should be forced or compelled to do anything, however. The more control the survivor experiences in working through their own experiences, the better. The important issue always, is safety and containment. If people push themselves too hard or too fast, so that they become unsafe, then they should slow down, pull back, and respect their own limitations. Remember, these are psychological *injuries* and as such the healing process should be careful, protected, gradual. The last thing the psychologically injured person needs is more injury. Teaching people emotional management skills can be helpful – relaxation techniques, breathing exercises, yoga, exercise, journaling – all can be incorporated into corporate wellness programs. It is likely that there are already employees who know yoga, some simple relaxation techniques and exercise, and other skills for managing difficult emotions. Ask them to share their experience with others and in doing so they can be helpful to others while simultaneously helping themselves.

Workplaces can also be places of joy. Laughter is healing. Camaraderie, kindness, collegiality are like balm to an injured soul. Feeling safe, respected, and valued by colleagues and supervisors increases loyalty and commitment to the job.

- ***How do we deal with the overwhelming grief that this tragedy has incurred?***

Grieving is the “G” in S.A.G.E. Grief is the emotion, but the word grieving has an “ing” ending because it is a process, a verb as much as a noun. All change represents a combination of gain and loss, even changes that are ostensibly for the better. Trauma signifies the virtual absence of gain – at least in the beginning. Grieving is so powerful that most people do what they can to avoid it. Signs of avoided grief include chronic depression, a preoccupation with death, cynicism, loss of humor, destructive behavior, lack of growth or progress, an inability to experience pleasure.

Unresolved grief is often called “depression” because the person does not recognize that they are grieving. The only entirely socially condoned loss for which people are “allowed” to grieve is death of someone close. But any significant loss may involve a grieving response, including loss of self-esteem, of property, of safety, of people or objects with symbolic value.

Consider an unresolved grief reaction when people at work inappropriately express anger, become increasingly irritable and even start fighting, are often late to work or unable to complete tasks that were formerly easily accomplished, and are often absent from work. There are other employees who may fall between the cracks because they are doing the job, showing no obvious defects, but who are not at all truly ok. Be on the alert for radical changes in behavior including major disruptions in previously stable relationships. Other people, particularly high performance workers, may manifest unresolved grief by pushing too far, too fast, doing too much. They refuse to take vacations, work on their time off, and manifest a frenetic, driven quality to their work life, almost like they are running away from something. In more extreme reactions, people may engage in behaviors that appear bizarre or absurd, like clinging to some object or habit from the past; may become preoccupied with seemingly unimportant details, are increasingly unable to tolerate any kind of change, and develop inappropriate and angry reactions when anyone suggests that it is time to “move on”. These reactions may come after a period of apparently normal adjustment has occurred and appear to be

happening “out of the blue”. Because there is a disconnection in time between the events entailing loss and the problematic feelings and behavior, the grieving component is often unrecognized. Other common manifestations of unresolved grief are physical symptoms such as headaches, gastrointestinal problems, muscular problems, or exacerbations of pre-existing symptoms.

Lingering or unresponsive symptoms of depression are often related to unresolved traumatic grief. A traumatic loss in the present can open up old wounds that may be only vaguely recognized by the suffering person, and if medication is the only form of treatment, the depressed person’s sense of frustration, anger, and hopelessness may grow as with each successive medication trial they get only a partial response. Grief can also be “stigmatized” or “disenfranchised” meaning that sometimes grieving people do not feel they have a *right* to grieve (22, 23) People who have not actually lost a loved one in the disaster may feel guilty at even expressing sadness or loss of their own because they have not suffered enough. This is related to a sense of “survivor guilt”, in which people feel a sense of guilt, discomfort, sadness at having survived when so many others have lost their lives.

One of the simplest and most useful interventions that can be offered to a grieving person is to give permission for grief. In every culture, grieving is perceived as a social passage, a process not an event, and every cultural group has some recognition of this. Reframing depression and other negative mood states and behaviors as unresolved grief automatically provides people with a different framework for thinking about and responding to their troubling feelings. They can create rituals, seek religious and spiritual support, read books on grieving, get involved in a support group – all without feeling pathological, crazy, or ridiculous. Grieving also implies that at some point, it will be over, that we all transit through the grieving process and then carry on. The purpose of grieving is not to feel sorry for oneself or wallow in self-pity, but to complete a vital emotional task that is fundamental to our basic psychobiological development, enabling us then to move on without staying stuck in the past.

In many businesses that have sustained significant losses of person, place, or things, it may be of benefit for the EAP service to create some bereavement groups that are often a way for people to talk about their grief with colleagues who are also willing to talk and to listen. Many survivors who have witnessed horrible things feel uncomfortable talking about these events to anyone who has not experienced them, often because listeners inadvertently give off signals for the traumatized person to stop talking by changing the subject, or denying the magnitude of the experience in some way, or just cutting off the conversation. It may be useful to conduct a time-limited group experience that enables employees to talk about how September 11 has impacted their attitudes toward work, thus enabling people to recognize how normal their reactions are and make decisions about where to go from here.

- ***Why do you consider the concept of “emancipation” to be important enough to be part of your “map of recovery”.***

Emancipation is about vision. It is about preparing oneself for “life after trauma”, restoring hope, maintaining faith, and living on. Emancipation represents the ability to choose responses based on the needs of the present, rather than having responses that are dictated by the traumatic past. This is particularly critical for the traumatized workplace environment because employees are the main resource of a company and if they

are no longer dynamic and growing, neither is the company.

Leaders will play a critical role in defining and redefining this vital point on the map of recovery. It can be a tricky process to honor the past without having to stay stuck in it. No one's recovery can be rushed, but recovery can be postponed, delayed, or arrested if the environment does not respond appropriately to individual needs, strengths and vulnerabilities. By definition a traumatic experience is a defining event, but exactly what that definition *is* will determine health, regression, or arrest of the individual and the system. Leaders have the opportunity to embody healthy and safe recovery for their employees. Leaders can embody the values that the company has always cherished while allowing themselves to be impacted by the events of September 11 in positive and progressive ways. Many business consultants suggest that the current practice of business needs to change in order to reflect a new era, a different way of thinking about the world. The recent crisis provides leaders with the opportunity to engage employees in a visioning process that in the long run may help make the company more progressive, productive, and responsive to environmental demands. This may require the reiteration and modification of the company mission, the development of more democratic and representative workplace environments, a leveling of the typical bureaucratic hierarchy, the development of better conflict resolution techniques, and a clearer and more practical definition of company values. Ultimately, we hope that survivors will develop a "survivor mission" and transform the negative energy of terror, horror, anger, and pain into something of great social benefit. In this sense, the best revenge *is* success.

References

1. Shay J: Achilles in Vietnam: Combat Trauma and the Undoing of Character. New York, Atheneum, 1994
2. Bloom SL: Our Hearts and Our Hopes are Turned to Peace: Origins of the ISTSS, in International Handbook of Human Response Trauma. Edited by Shalev A, Yehuda R, McFarlane AS. New York, Plenum Press, 2000
3. Janoff-Bulman R: Shattered Assumptions: Towards a New Psychology of Trauma. New York, Free Press, 1992
4. North CS, Nixon SJ, Shariat S, Mallonee S, McMillen JC, Spitznagel EL, Smith EM: Psychiatric disorders among survivors of the Oklahoma City bombing. Journal of the American Medical Association 1999; 282(8):755-762
5. Smith DW, Christiansen EH, Vincent RD, Hann NE: Population effects of the bombing of Oklahoma City. Journal of the Oklahoma State Medical Association 1999; 92(4):193-198
6. Pfefferbaum B, Seale TW, McDonald NB, Brandt EN, Rainwater SM, Maynard BT, Meierhoefer B, Miller PD: Posttraumatic stress two years after the Oklahoma City bombing in youths geographically distant from the explosion. Psychiatry 2000; 63(4):358-379
7. Silver SM (ed): An inpatient program for post-traumatic stress disorder: . New York, Brunner/Mazel, 1986
8. Bloom SL: Creating Sanctuary: Toward the Evolution of Sane Societies. New York, Routledge, 1997
9. Bloom SL, Reichert M: Bearing Witness: Trauma and Collective Responsibility. Binghamton, New York, Haworth Press, 1998

10. Senge P, Kleiner A, Roberts C, Ross R, Smith B: *The Fifth Discipline Fieldwork: Strategies and Tools for Building a Learning Organization*. New York, Doubleday, 1994
11. McGehee T: *Whoosh: Business in the Fast Lane*. Cambridge, MA, Perseus Group, 2001
12. Seifert H, Economy P: *Leadership Ensemble*. New York, Henry Holt, 2001
13. Hock D: *Birth of the Chaordic Age*. San Francisco, Berrett-Koehler Publishers, 1999
14. Helgeson S: *The web of inclusion*. New York, Doubleday Press, 1995
15. Chawla S, Renesch J (eds): *Learning Organizations: Developing cultures for tomorrow's workplaces*. Portland, OR, Productivity Press, 1995
16. Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, Koss M, Marks J: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *The Adverse Childhood Experiences (ACE) Study*. *American Journal of Preventive Medicine* 1998; 14(4):245-258.
17. Hall HV, Whitaker LC (eds): *Collective Violence: Effective Strategies for Assessing and Interviewing in Fatal Group and Institutional Aggression*. Boca Raton, CRC Press, 1999
18. Foderaro J, Ryan R: Mapping the course of recovery. *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations* 2000; 21(2):93-104
19. Bloom SL (ed): *Employers Working Group Report on Family Violence*. Attorney General Mike Fisher's Task Force on Family Violence, Commonwealth of Pennsylvania. Harrisburg, PA, Office of the Attorney General, Commonwealth of Pennsylvania, 1999
20. Kessler R: *Journal of Clinical Psychiatry* 1999
21. Pennebaker J: *Opening Up: The Healing Power of Expressing Emotions*. New York, Guilford., 1997
22. Sprang G, McNeil J: *The many faces of bereavement: The nature and treatment of natural, traumatic and stigmatized grief*. New York, Brunner/Mazel., 1995
23. Doka KJ: *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA, Lexington Books., 1989

This material was developed for the New York Business Group on Health by Dr. Sandra L. Bloom, President and CEO of CommunityWorks®, a systems consulting firm. From 1980-2001, Dr. Bloom served as Founder and Executive Director of the Sanctuary® programs, inpatient psychiatric treatment programs for trauma survivors. She is a Past-president of the International Society for Traumatic Stress Studies (ISTSS) and of Philadelphia Physicians for Social Responsibility. From 1998-2001 she served as the Saul Z. Cohen Chair at the Jewish Board of Family and Children's Services in New York City, introducing the Sanctuary concepts to a large residential program for children and adolescents. The Sanctuary Model is also being used at the Julia Dyckman Andrus Memorial Center in Yonkers, New York. She is the author of *Creating Sanctuary: Toward the Evolution of Sane Societies*, and co-author of *Bearing Witness: Violence and Collective Responsibility*. As CommunityWorks, she and her team now consult with various social service and business organizations to help develop nonviolent, health promoting environments and provide intensive training for individuals and groups in resolving traumatic experiences.