of PTSD and comorbid disorders. For example, Scott F. Coffey and colleagues used a 60-second recording of a personalized trauma script to show that negative emotion triggers alcohol craving in persons with comorbid PTSD and alcohol dependence. This line of research helps explain the role of trauma triggers in maintaining PTSD and commonly comorbid disorders.

Lynn C. Waelde

See also Cognitive Behavioral Therapy; Cognitive Restructuring and Trauma; Encoding Trauma, Neurobiology of; Memory Work; Mowrer's Two-Factor Theory

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Trauma-Organized Systems

At the heart of traumatic stress studies is a recognition that trauma occurs within social, economic, and political contexts. Judith Herman, one of the pioneers of the traumatic stress field, has even stated that the systematic study of psychological trauma depends on the support of a political movement. Regardless of whether the focus has been on combat veterans, Holocaust survivors, victims of crime, disaster, or terrorism, or victims of family violence in all of its forms, it has been impossible to separate the external events that cause or precipitate the traumatic experience from the person who experiences the trauma. The concept of *trauma-organized systems* has been applied at individual, family, organizational, and societal levels as a way of describing the complex and interactive impact of exposure to trauma and adversity over time.

At its core, the study of traumatic stress is a study of systems. General systems theory first emerged in other areas of science, and for the better part of the 20th century, systems thinking dominated much of psychiatric and psychological practice. The main premises were that every individual component of any system influences and is influenced by every other component; thus, human behavior can only be understood by understanding these component parts and the complex interactions that emerge from those interactions.

As a result of general systems theory, the mental health professions recognized that individuals could be understood and helped only in the context of understanding their family system, their cultural framework for constructing reality, and the larger systems within which they live and work—school, workplace, friendship patterns—as well as the network of connections that composes each individual's personal and cultural history. Family therapists such as Virginia Satir, Salvador Minuchin, Jay Haley, Murray Bowen, Carl Whitaker, and many others used systems theory to design and implement approaches to whole family systems and even extended networks.

Trauma-Organized Families

Beginning in the early 1990s, Arnon Bentovim, a British psychoanalyst, family therapist, and child psychiatrist, described *trauma-organized systems* as a conceptual way of understanding physical and sexual abuse within families. He derived the idea of "organized systems" from previous work that introduced the notion of "problem-organized systems," meaning social action systems defined by those actively involved in communication about a particular problem so that the way of communicating in turn becomes the problem. He also drew on the work of Murray A. Straus and Richard J. Gelles on

abusive families that observed the process of interlocking emotional responses by which individuals with complementary difficulties come together and the resulting reciprocal nature of abusive interaction in family life. As Bentovim saw it, relationships in such situations are "organized" by traumatic events and become "mindless action systems" that come to dominate family life because of secrecy, loyalty, and patterns of trauma and violence that are repeated in family relationships. Referring to the concept of the *traumagenic dynamics* in the family system, Bentovim described how physical and sexual abuse organize and create the personality style of the abused child and thus help determine the subsequent choice of partners, family life, parenting patterns, and then the reenactment of traumatic abuse in the next generation.

Bentovim made special reference to the tremendous difficulty encountered in breaking what he called the "taboo of silence" within the abusive family (Bentovim, 1992, p. 89). This taboo against referring to the traumatic event created a "hole" in the family conversation similar to the hole in the mind of the traumatized individual as a result of which the overwhelming distress of a traumatic event is deleted as is any talk about events of major importance. As Bentovim saw it, the result was the emergence of self-perpetuating stories, which in turn created trauma-organized systems wherein abusive behavior was reenacted and reinforced. As he explained, the essence of trauma-organized systems was that "they are focused on *action*, not *talking* or *thinking*" (p. 49).

Organizations as Trauma-Organized Systems

Enlarging the scope of this conceptual framework from families to organizations, Sandra L. Bloom and Brian Farragher applied the notion of trauma-organized systems to the organizations that provide services to traumatized individuals and families. Their starting point is that organizations are, like individuals, living systems. Being alive, they are vulnerable to stress, particularly chronic and repetitive stress. Bloom and Farragher asserted that chronic stress stealthily robs an organization of basic interpersonal safety and trust and thereby robs an organization of health. Similarly, they believe that organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.

In their work, Bloom and Farragher observed that the impact of chronic stress and adversity on organizations has been thus far minimized and denied except in the most dramatic of circumstances. As a result, managers and leaders remain largely unaware of the multiple ways in which organizational adaptation to chronic stress creates a state of dysfunction that in some cases virtually prohibits the proper delivery of services to the individual clients who are the source of the organization's original mission, while damaging many members of the organization's workforce. As Bloom wrote,

> Just as the encroachment of trauma into the life of an individual client is an insidious process that turns the past into a nightmare, the present into a repetitive cycle of reenactment, and the future into a terminal illness, so too chronic strain insidiously impacts an organization. (Bloom, 2010, p. 139)

Bloom and Farragher use the concept of "parallel process" taken out of the individual context and applied to organizations as a useful way of offering a coherent framework that connects different system levels. The definition Bloom and Farragher use for parallel process derives from work done in industrial settings:

> When two or more systems—whether these consist of individuals, groups, or organizations—have significant relationships with one another, they tend to develop similar affects, cognition, and behaviors, which are defined as parallel processes. . . . Parallel processes can be set in motion in many ways, and once initiated leave no one immune from their influence. (2010, p. 13)

Bloom and Farragher recorded that the effect of chronic and repetitive stress on social service and caregiving organizations is that these workplaces tend to have problems that parallel or mirror the problems of their clients, including organizations that are chronically crisis-driven and hyperaroused, having lost the capacity to manage emotions institutionally. This results in a failure to learn from experience, which Bloom and Farragher term as a form of *organizational learning disability* that is accompanied by "organizational amnesia" as knowledge formerly gained is systematically lost. Bloom and Farragher observe that under such circumstances, the most emotionally charged information in any organization becomes "undiscussable" resulting in a

form of "organizational alexithymia." As this dysfunction unfolds, organizational leaders are likely to become more authoritarian and punitive, while workers respond with more aggressive and passive-aggressive behavior and an attitude of learned helplessness, while the entire environment becomes progressively more violent, punitive, and unjust. Despite this apparent deterioration, the likelihood is that, unless this process is stopped, chronically stressed organizations will simply continue to repeat the past, engaging in reenactment and as a result steadily deteriorate in function. In this way, an entire organization and even the larger system within which it is embedded become organized around a history of chronic stress, adversity, and trauma, unable to adapt to changing circumstances and, therefore, chronically failing.

Just as family systems theorists such as Bentovim believe that treatment has to be addressed "with each individual involved in the trauma-organized systems as well as the system as a whole" (Bentovim, 1992, p.107), Bloom and Farragher recommend a systems approach that they have called the Sanctuary Model to address the complex needs of every individual within the organization as well as the organization as a whole.

Sandra L. Bloom

See also Complex Trauma; Culture and Trauma: Public Health; Sanctuary Model; Secondary Traumatic Stress; Systemic Trauma Research; Workplace Violence

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Trauma-Related Ethical Dilemmas

See Ethical Dilemmas in Treatment of Trauma

Trauma-Related Happiness and Pleasure

Happiness can be defined as one's pleasant emotional experience, positive cognitive judgment, and behavioral expression of satisfaction during and after pleasant events. Pleasures can also be defined as particular enjoyable events; physically, intellectually, and socially based activities; interactions; achievements; and material things that may lead someone to the state of happiness. In Western civilization, the discourse about happiness began nearly 2,500 years ago with the efforts of Greek philosophers to explore and explain exactly what happiness is. Thus, Aristippus of Cyrene referred to *hedonic happiness* as one's subjective experience to get things that one wants, leading to pleasant affects. Aristippus believed that pleasure is the only way to make one happy and, hence, a pleasure was acceptable as long as it made one feel good. *Hedonic happiness* is associated with one's sense of feeling relaxed, excited, losing track of time, forgetting personal problems, and so forth. Conversely, Aristotle contended that happiness (*eudaimonia*) is the objective expression of a moral virtue as a way to get whatever is worth desiring and having in life through intense involvement in daily tasks and one's feeling of being challenged, competent, concentrated in having clear goals, and intensely alive. Aristotle pointed out that this kind of expressiveness of happiness advances human beings' potentials, skills, talents, and purpose in life. Accordingly, the Aristotelian perspective of happiness requires high pleasures to achieve satisfaction. In the modern era, social scientists and theorists have continued exploring and discussing the nature of happiness. Since the 1970s, many theories have developed that define happiness as a goal-oriented mission, an activity-based task, the ability to adapt to certain events, the sum of small pleasures, one's view about incidents, and one's feeling in comparison with others.

Associating Happiness and Pleasure With Trauma

In the mid-1970s, some researchers believed that happiness is closely related to being young, well-educated, and healthy, with a high personal income. However, the advancement of research in