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Organizational Trauma: A Phenomenological Study of Leaders in Traumatized Organizations

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ORGANIZATIONAL TRAUMA:
A PHENOMENOLOGICAL STUDY OF LEADERS
IN TRAUMATIZED ORGANIZATIONS

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DEDICATION

This dissertation is dedicated to my father and mother, Beverly H.
Hormann and LaReine M. Hormann, and to my son, Devin F. Hormann-Rivard.

Dad and Mom, thank you for supporting me all these years with your love,
your interest in my work and your humor. As I worked on the dissertation here in
Seattle and with you in Texas I was held in your absolute confidence in me that I
would finish and do well. When I 'fell down' while writing I reached back in my
mind to all the times I got hurt playing ball. Mom, you always said, Are you all
right? and, Why were you sliding, young lady? Dad, you kept it simple and asked,
Were you safe? Mom, I am happy to report that I now only slide under deadlines.
Daddy, I know you're here to see me safe at home. I love you both dearly.

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ABSTRACT

ORGANIZATIONAL TRAUMA: A PHENOMENOLOGICAL STUDY OF
LEADERS IN TRAUMATIZED ORGANIZATIONS

While some organizations die when trauma erupts, others do not

succumb. They live and even thrive. The purpose of this study was two-fold: 1)

To learn from leaders their perspectives about key conditions that allow

organizations to withstand and heal from organizational trauma; and, 2) To

inform practice about building and strengthening these conditions in

organizations. Participants were leaders who led their organizations during an

organizational trauma or who came into programs after the trauma occurred to

facilitate recovery.

Nine executive directors for sexual assault programs participated in this

hermeneutic phenomenological study, sharing their experiences and reflections.

Two composite depictions were created that share the richness of the leaders'

lifeworlds, including rural and urban differences, the distinctions in the traumas

they experienced, and their responses. Each composite was analyzed and

interpreted using current conceptualizations of organizational trauma.

Three themes emerged from the experiences shared by the leaders:

spirituality, commitment to anti-sexual violence work, and community. Spirituality

was named by participants as foundational, one of their strongest relationships

and a core belief. Commitment to the work included feeling called to work with

victims, a personal history of violence, and being part of the larger anti-sexual

violence movement. Both internal and external communities were identified as important for support and for service delivery.

A review of the literature revealed a gap between clinical research on secondary trauma that focuses on individuals and does not consider organizational trauma or a systemic approach to addressing trauma, and organizational development research, which is systemic in nature but does not address trauma, individual or organizational. Leaders in this study shared their experiences of secondary trauma and organizational trauma and expressed that at times the two were intertwined, affirming the need for interventions that bridge individuals and organizations.

The author argues for a coherent theory of organizational trauma and suggests an approach for practitioners who work with traumatized systems. She also offers a model to assist practitioners visually represent and understand entry points for trauma and entry points for healing within a system.

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Prelude

"The People are awake!"

(Coyote, 2007)

Coyote lived on the mesa long before human beings came to the area. He knew the wisdom of Earth, the feel of Wind on his skin, the way Wind played with Rain. Coyote knew the glories of the day and the blessings of the night.

When two-leggeds appeared on the plateau Coyote observed them carefully. He approved their coordination as a pack, was shocked at the amount of care over extended seasons required to care for their young, regarded their need for additional skin in times of cold weather as odd, and was entertained by their crude hunting methods.

But none of this was as amazing a discovery to Coyote as the fact that The People slept at night. Coyote moved freely among them in the hours of darkness. At first, nuzzling one and leaving a kill for another was a game. But fairly quickly Coyote became bored of the play and irritated with the two-leggeds who lay with eyes closed. He wanted to pick one up by the scruff of the neck and ask, "Why are you asleep? Why aren't you paying attention?" Instead, he went to his place of quiet to reflect and return to harmony.

He considered that night is sometimes lit by Moon. Moon shadows provide a different perspective than one has in the light of Sun. On other nights, light is hidden and darkness is absolute. Those are magic nights when one steps carefully with all senses alert and meets Earth anew. Awake! One must be awake! Coyote wondered about The People. Were they afraid of their own

darkness? Did they know how to stay awake? After a time of solitude he returned to observe them, ready to again be bemused by their actions.

However, on this night Coyote saw a great hot light like The People used for their food preparation, but this light was larger and shone a great distance. He saw a circle of two-leggeds slowly moving around the fire. His own heart beat in time to drumming that drew him closer to the gathering. Coyote drew himself up on two legs and moved with the circle for a turn. He then dropped back onto all fours and slid onto his belly to lie still with the little ones on the blankets. Up and moving with the circle, down and still, over and over. Suddenly the drumming stopped. Around the circle people pointed at Coyote; some moved away while others flung themselves onto blankets with the children. Coyote waited. He rose and stood on four legs, as still as rock.

A gasp arose when a small child stood up next to Coyote and threw her arms around his neck. Coyote did not move. Using Coyote for balance the youngster walked around, feeling him and laughing. She pulled his tail, she fell and used his legs to pull herself up, she grabbed his head and looked in his eyes. She knew all of Coyote and licked him to prove it.

Coyote threw his head back and howled. "Awake!" he howled at the other animals. "The People are awake!"

CHAPTER ONE

BACKGROUND

Introduction

This study is an inquiry into the experiences of leaders in times of organizational trauma. My goal was to develop an understanding from the leaders' perspectives of the phenomenon of organizations that have experienced trauma and remained intact. Executive directors of sexual assault treatment programs with recent histories of organizational trauma were the focus. I drew on the strengths perspective from social work, a perspective that emphasizes building on existing strengths and on what is working, rather than emphasizing approaches that begin from a problem-based orientation. Stories from my practice and work with graduate students are presented to further an understanding of this perspective. My intention is to create meaning about organizational trauma and healing that will inform practice in the field of trauma work and particularly the practice of leadership within sexual assault treatment programs.

I began this journey of inquiry into organizational trauma following the death of Seattle Rape Relief in 1999. Exploring why SRR died led me to observe that similar conditions can be experienced by one system as a mild disturbance, by a second as a crisis, and by a third as a trauma. An injury that is traumatic for all systems will result in death for one, illness for a second, and imbalance for a

third. One system will meet trauma and fall to its death or implode, a second will survive, and a third will thrive. What is this difference? What are the conditions that help systems thrive in the midst of trauma?

Definitions

The following definitions will be used in this study.

Crisis. (Steinmetz, 1998)

1. A turning point, as in a sequence of events, for better or for worse

2. A condition of instability that leads to a decisive change

3. A personal tragedy, emotional upheaval, or the like

… crisis is a good indicator of adaptive issues that have festered. Crises represent danger because the stakes are high, time appears short, and the uncertainties are great. Yet they also represent opportunities if they are used to galvanize attention on the unresolved issues … the level of disequilibrium is very high (Heifetz and Linsky, p. 61).

During times of crisis there is internal and external pressure to "fix it," to create order, whether or not the system has achieved healing or equilibrium (Heifetz & Linsky, 2002).

Trauma. (Steinmetz, 1998)

1. A body wound or shock produced by physical injury, as from an accident

2. Psychological shock or severe distress from experiencing a disastrous event outside the range of usual experience, as rape or military combat

Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force…. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning (Herman, 1992, p. 33).

Most systems will experience crisis at some time. Not all will experience trauma, the experience of one's protective emotional membrane being penetrated, violated, and perhaps destroyed. Individuals, groups, and communities describe feeling not only vulnerable, but helpless and powerless as the result of trauma.

Organizational trauma.

I define organizational trauma as:

1. An injury to the body of an organization resulting from a single event or an accumulation of injuries

2. Severe distress from experiencing a disastrous event outside the range of usual experience, as the bombing of a building or embezzlement

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…. At any level, trauma is an experience for which a person-family-group is emotionally (not only cognitively) unprepared, an experience that overwhelms one's defensive (self-protective) structure and leaves one feeling totally

vulnerable or at least temporarily helpless (H. Stein, personal communication, 9/28/04).

Trauma is experienced across a wide range of organizations. The source of the trauma may be internal or external to the system and may be in our relations among one another, or between human beings and the natural world (Abram, 1996).

This study focused on sexual assault treatment programs, agencies that are often first responders for victims of sexual abuse, their families and friends. Other first responder organizations include law enforcement agencies, disaster relief agencies, hospitals, and domestic violence shelters. Sexual assault programs are caregiving organizations in addition to serving as first responders. Kahn (2003) stated that "trauma radiates throughout caregiving organizations" (p. 366) and that these organizations may become "stuck" as a result. Traumas to caregiving organizations may be *direct* as in violent episodes, *cumulative* (and perhaps more subtle) as in ongoing harassment or property damage, or *vicarious* as in exposure to the trauma of others. When trauma is not resolved, it becomes embedded in the organizational culture and it negatively impacts functioning (Kahn, 2003). Unresolved organizational trauma creates lasting psychic impact across the system.

Resilience.

1. The power or ability to return to the original form or position after being bent, compressed, or stretched; elasticity

2. Ability to recover readily from illness, depression, adversity or the like; buoyancy

"resilience is neither ethically good nor bad. It is merely the skill and the capacity to be robust under conditions of enormous stress and change" (Coutu 2002, p. 51).

Characteristics of resilience identified in the literature can be grouped into three distinct areas (Coutu, 2002):

- Facing down reality
- Search for meaning
- Ritualized ingenuity

The first, facing down reality, is acceptance of people, places and things as they are in this moment. The second, the search for meaning, is an individual and collective journey into values and beliefs. Finally, ritualized ingenuity is an uncanny ability to improvise within established practices and procedures, especially during times of great stress.

From Trauma to Resilience

Systems have self-correcting mechanisms to restore balance; that is, they seek to "right" themselves following disturbance. Resilient natural and social systems have the capacity to recover structure and function, to return to stasis within a short period of time following catastrophe. A highly resilient social system, for example a community or organization, may be completely disrupted by disturbance yet quickly returns to a balance among the elements. These self-

righting tendencies are evident in all living systems (Cicchetti, Rogosch, Lynch, & Holt, 1993; Werner, 1995).

Current definitions of resilience range on a continuum from survival to wellness. Increasingly the resilience literature focuses on wellness and on building capacity. Focusing on wellness magnifies health and strengths, rather than illness and weaknesses. Organizations that have survived trauma may hold important stories and experiences that can strengthen resilience, inspire hope, and be of use to other leaders when they are faced with similar conditions.

Sexual assault centers provide services and bring hope to women, men, adolescents, and children who experience sexual assault directly as victims of violence and indirectly as victims' friends or family members. Hope is carried through personal connection, through what Herman (1992) referred to as "healing relationship." Counselors and advocates who work with individuals and families provide personal, compassionate connection. Connection is critical because one symptom of trauma is isolation, loss of healing relationships. Connection is needed to restore balance, to break isolation.

Like individuals and families, organizations can suffer trauma. Like individuals and families, organizations need connections and healing relationships. My experiences as a social worker and educator led me to believe that traumatic experiences may create life-giving forces and galvanize organizations into innovation and creativity. What is this experience? What are the conditions that allow for and promote this strength and hope? What is the leader's role during these times?

The following are individual and organizational examples of resilience.

Individual Examples

Face reality. To face reality requires willingness to face truth about a given situation, to not slide down the slippery slope into denial. Geoff Bellman, organizational consultant, described the role of consultants as mirrors rather than experts. He stated that "clients resist understanding their reality. Our job is to bring our perception of their reality to them" (G. Bellman, personal communication, 10/28/2005).

I was a program manager of a girls' unit at a Washington State facility for youth adjudicated for committing crimes. The young women ranged in age from 12 to 20 years. During their time with us (minimum—one year) they attended school, were involved in individual and group therapy, and engaged in activities for restitution. While staff in some units made a point of using physical force ('taking kids down') to demonstrate their authority, I considered it a failure if my staff could not use verbal diffusion and had to physically restrain a girl. In ten years, I put hands on a youth only one time: Sarah[1] entered our unit as a 14-year old with a three-year sentence for first degree assault. Within a week, she cut out eight tombstones from colored paper, wrote R.I.P. on each one, and hung them on her walls. I learned from her that the symbols represented family members and friends who had died from violence within the last year. This tough, angry gang kid was a very sad and frightened girl.

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[1] All names are changed to insure confidentiality.

One morning, she was crying hard during a session with her staff. She walked out of the session and headed down the hall to her room. (I still play this scene in my mind in slow motion.) Sarah turned around with her fists raised and broke into a run, back toward her staff. I flew into motion. I ran across the room at a diagonal and another staff member ran from the other end of the hall. The two of us grabbed Sarah and held her in a tight embrace between us, our bodies shielding her from seeing her staff, our voices calmly and slowly repeating, "Sarah, you are in the day room. You are safe." About two minutes later Sarah's eyes cleared, and she was stunned to find herself being held. She had gone into what she described as "a white heat" and didn't remember even turning around. All she remembered was that she wanted to get out of the pain and the fear that she did not feel big enough to hold. The staff team "held" her for three years.

Two years after she paroled, she called me. Her family, fearing for her safety in her old neighborhood, had sent her to live with her aunt in another state. This young woman, who at one time expected to end up as a name on a tombstone before she turned 15, had finished high school and proudly told me about her life. She related feeling sad that because of her past gang-related activity beginning at age 12 and continuing until she was locked up at 14, she cannot return to Washington State and stay alive.

Make meaning. Leaders have responsibility for helping those around them to make meaning of events. How one frames a discussion or story will reflect resilience or trauma, strengths and healing, or injury and loss. For example, are women, men, and children who have experienced sexual abuse "victims" or are

they "survivors?" Being a "victim" does not imply that one has strengths. Being a "survivor" implies that one has suffered and is resilient.

All youth at the juvenile rehabilitation facility were expected to work on ways they had hurt other people (their crimes) and ways they had been hurt (their abuse issues). Ninety-eight percent of the girls had sexual abuse histories. This statistic held true over 15 years of data collection (Chambers & Langeness, 1983; Hormann, 1998). In my unit, each of the girls participated in an eight-week educational group on sexual abuse healing. They then had an option to join a 16-week therapy group known as "Sisters." Each of the long-term groups got to choose a reward for completing the group, such as an all-campus barbecue. One year the girls, ranging in age from 15 to 18, chose a slumber party. (None of them had ever been to one.) For one memorable night, a group of 10 girls and two female staff stayed up all night in the gym playing music, watching videos, eating junk food, and laughing. Formal authority in the facility recognized the importance of the young women getting to have age-appropriate and gender-appropriate experiences and the need for them to celebrate being survivors. Individually and collectively, the girls began to adopt an identity as survivors of sexual abuse rather than victims.

Ritualized ingenuity. Resilience may look different over time. Building on capacity is an ongoing process as needs change and resources shift. Being able to make use of whatever is at hand is a mark of ingenuity.

At the age of 12, Maria was committed for two years for a string of auto thefts. During this time, she built a very strong relationship with her staff and

related her history of sexual abuse by a family friend, abuse that began for her at a very early age and continued until she was adjudicated. Her staff helped Maria to tell her family about the abuser and to share her need to be protected from him. On her first night at home after two years in the institution, this man was invited over to dinner. Maria stole his car and drove it to the police station, resulting in her return to the institution. She hugged me when she came back to the unit and announced that she "made it home in time for Christmas." Maria was resilient; she recognized that being in prison was her safest option.

There are costs for *both* resilience and for trauma. The costs of trauma may be hidden. Sometimes when weighing the costs of each, individuals believe that it is easier and safer to choose denial (to not face reality) and to suffer the impacts of trauma. However, long-term denial is not a healthy or an effective strategy. In the above examples, denial could have resulted in a young woman being victimized yet again, a group of young women continuing to struggle with unresolved sexual abuse trauma, and a teenager returning to Washington State and being killed. Unaddressed trauma can be lethal.

Organizational Examples

Face reality. In the early 1980s, the accountant for a northwest domestic violence shelter embezzled thousands of dollars; the funding sources were largely state funding and community donations. In this instance, an internal source, a staff member, caused direct trauma and placed the organization in

jeopardy with the federal government and within its community. An internal source of trauma could have resulted in the death of the organization.

However, within the local community there was widespread support for the agency and the agency's mission. In addition to staff cuts and salary reductions, the agency went public and appealed to their supporters to donate money, an effort that enabled them to pay back the bulk of their debts within the year. Donations, layoffs, and salary reductions impact real people. Decisions to take these actions were not made lightly. However, the speed with which these decisions were made and the collective spirit throughout reflected the health and values held organization-wide.

Organizational resilience does not mean that every relationship remains intact or that every relationship is strengthened. In fact, trauma echoed within the organizational culture as the result of staffing being laid off. The goal of organizational resilience is resilience for the organization, a difficult concept for individuals when faced with the prospect that one's livelihood is impacted.

Make meaning. The following e-mail exchanges between me and one of my advisees tell a story about cumulative trauma within a first responder organization. She was an M.A.-level student in organizational psychology and a chief park ranger with the U.S. National Park Service (NPS). My comments are in italics.

Senior park ranger "H" writes:

Yesterday was a "run from the building" day.... Here is the string...

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Thursday noon to 2: Conversation with the sister of M, a 22-year-old climbing ranger who was killed on a rescue 10 years ago. Dialogue about line of duty, deaths, her family's struggle, frustrations with the NPS, what has changed in the last 10 years as a result of M and A's deaths (the two of them died together on a rescue when A's crampon failed and they both slid 1,000 feet to their deaths). She wanted to know what have I, as a Chief Ranger, have done to make sure it doesn't happen again. Believe it or not, we actually talked about emerging adulthood and how can the NPS expect 21- and 22-year-olds to make the kind of decisions that we want them to make in life and death situations. *[Note: Six students and I engaged in a collaborative learning community as they went through their research and thesis writing during the last six months of their graduate program. "H" was one of the six. "Emerging adulthood" was the topic of a second student's thesis.]*

Thursday 8 p.m.: Vehicular fatality. Second year ranger, 27 years old, is first on scene of a car vs. tree. The tree won and the passenger is cut in two. Driver is having a heart attack.

Friday 7 a.m.: Rescue for a firefighter who is climbing the mountain ... turns into a recovery at 8:30 as we finally see that CPR is in progress. 26-year-old ranger has to pull his climbing partner off of him on 50-degree slope. The partner has been doing CPR for over 2 hours; and we still had to get him off the chute because the sun was now up and the rocks were starting to rock and roll

Friday 9 a.m.: Death notification to a father who in turn would tell a 29-year-old [she had become a] widow with 3 and 6 year old children

Friday 9:20 a.m.: Death notification to a fire chief; professional condolences

Friday 3:00-ish: Meet the climbing ranger who was on scene during the morning. Defuse with him one-on-one.

Friday 3:30 p.m.: Climbing partner interview; connect him by phone with father of the man who died so he can relay what happened.

Friday 5:00 p.m.: I can finally leave to go home.

A sense of wanting to run away from it all. I wasn't feeling too resilient today ... my staff seems to be much more resilient than I ... a good thing since they are picking the bodies up off the mountain. Thanks for listening. "H"

Hi. When I first wake up in the morning I check in with myself and with the Holy Mother (Insert your own Source or Higher Power here ... Why do we think the Creator cares how we refer to Her?). This morning I went to this deep place and connected with grief. I don't think we have any choice about grief—death and loss cause grief. Our grief honors our heart connection to those we love. You spoke to resilience. I've come to respect that resilience is about accepting life as it presents itself and seeing creative options at the same time. This does not mean accepting life and going into resignation. Nor being overly idealistic and only creating options without doing what is in front of us to do.

You could have filled your e-mail with cries of, "Why me?" You didn't. You showed up in each situation and met life, caring for the people God put in your path. Without getting too heady, this is walking the path of social justice. We have to identify that there are needs for change, for changes in our systems (e.g., What can we do for these young 20-something rangers who have life-and-

death decisions to make?); we have to work for change, and we have to not be attached to outcome. Without being attached to outcome we still need to work for justice. "Pray for the dead and fight like hell for the living," said Mother Jones. A key component of resilience is acceptance of reality, life on life's terms. Not resignation. I have been amazed and grateful over and over again for the kind of resilience you demonstrate, and the resilience that is demonstrated by your staff, as you make clear in your stories. Resilience is not about being "in good shape." Events like you described in your e-mail do not leave us "in good shape"...
-Shana

I had always thought of resilience as not letting them seeing you sweat or that things bothered you. I had not looked at it through the acceptance filter ... that life is what it is. This is going to take much more reflection. Thank you for sharing this. –"H"

Ritualized ingenuity. Group members can take steps to intervene when they observe unhealthy and potentially destructive behaviors, building on strengths in the system to militate against traumatic events occurring or spreading. A week-long snowstorm in 1995 created five-foot drifts, took out the electricity, and froze the pipes at the Washington State facility for adjudicated adolescents where I worked. There was no backup generator, although each of the 13 units had a wood stove that provided heat in the main living area. A lot of staff worked double shifts and slept on the grounds, willing to work when needed, to insure adequate coverage. Sixteen girls lived in River Cottage. The River staff

melted snow on the wood stove, and youth cleaned up to a minimal amount; "camping cleanliness" was the standard. However, after about four days, morale was low and tension was high among the girls and the staff. One team ritual was the structure of reviewing the residents, individually and as a group. We came together as a staff team and determined that we needed to take action to avoid escalation and increase the health and wellbeing of the group.

As program manager, I got permission from headquarters to take the medium security girls who had no recent infractions off campus with a one-to-three ratio of staff to residents, and we headed for the local area swimming pool. The group spent less than 30 minutes at the pool, all of that time in the showers and dressing room. The girls were so happy that when they returned to campus, each dressed in her one dressy outfit, and walked around campus, freezing but looking good. This intervention cost $1.25 per person, for a grand total of ~$35. Ingenuity is about using whatever is available, often in ways not previously considered. This includes tools or materials, human resources, and symbols. Staff earned "good will' from the youth and their families by the action of going to the swimming pool and a story of resourcefulness and caring became part of the organizational culture.

Purpose

Figure 1. Purpose.

Purpose of the Study

My purpose is two-fold: 1) To learn from leaders their perspectives about key conditions that allow organizations to withstand and heal from organizational trauma; and, 2) To inform practice about building and strengthening these conditions in organizations.

I am committed to practice and research that will assist agencies like SRR, the National Park Service, and other first responder organizations that provide needed services to trauma survivors to survive trauma themselves. When these organizations are not functioning well, or even worse, when they die, there are costs. Communities lose needed resources. When a sexual assault agency falters, services to victims and their families suffer or may cease to exist

within a one to two-county radius. Thousands of dollars are then needed to start up a new agency, a burden for the community and the state.

Organizational life may be examined through the lens of developmental stages, one of which is transformation, which may result in closure or ending (Mathiasen, 1984). These developmental stage-related endings are not included in this study. Furthermore, organizational trauma may impact an organization at *any* developmental stage and not necessarily result in the death of the organization.

I am well informed about the impact of unaddressed trauma on organizations and ways to intervene when trauma becomes embedded in the organizational culture (Hormann & Vivian, 2005; Kahn, 2003). However, I know that some sexual assault organizations do not succumb to trauma. Some live and even thrive when faced with severe adversity. I do not know what the conditions are that foster life in these agencies. My interests are in learning from leaders their perspectives about what allows organizations to withstand and heal from trauma and in informing practice about ideas for the building and strengthening of these conditions in organizations before, during, and following trauma.

Research Questions

1. What are the leaders' experiences of leading during organizational trauma?

2. What are the key conditions in organizations that increase their chances of successfully getting through trauma?

3. What are the key conditions in these organizations that help them to

    remediate trauma?

The research questions were approached through open-ended questions like

the following, constructed to elicit a description of experience of leaders during

times of trauma:

- Given the traumatic experience, how were you able to maintain a

  sense of hope and possibility?

- What role did you play in resolving the trauma?

- What sustains you doing this work?

Literature Foundation

The trauma and resilience literature is heavily biased toward individuals as

primary and secondary victims of trauma. While models have been developed

that may inform a system-wide trauma response, overall there is little

acknowledgment of organizational trauma or the impact of trauma embedded in

the organizational culture. In addition, there appears to be an assumption that

organizational strength and resilience are dependent on individual strength and

resilience.

The organizational development literature is beginning to address

organizational trauma. There is little research that focuses on first responder

organizations, particularly sexual assault programs. This literature review will join

these two fields, one clinical, with an emphasis on individuals and the other

organizational development, with an emphasis on systems. This combination will

create a foundation to address organizational trauma and increase organizational resilience.

Clinical Perspective

Trauma workers rely on their empathy to intervene effectively. That empathy enables emotional concern and comes with the risk of emotional contagion, which may result in the workers developing symptoms very similar to those demonstrated by the traumatized individuals with whom they work (Figley, 1995; Herman, 1992; Pearlman, 1999). First responders and others in the organization have to be aware of the risks involved in trauma work and take steps to be healthy and resilient themselves in order to be effective responders for others. The frameworks of secondary traumatic stress (STS), vicarious traumatization (VT), and compassion fatigue (CF) offer ways to understand the posttraumatic stress-like symptoms evidenced by trauma workers and how to address them (Figley, 1999, 1995; Pearlman, 1999; Pearlman & Mac Ian, 1995; Stamm, 1999a, 1999b). In each of these models, the individual is the focus.

Organizational Development Perspective

The impacts of trauma work fall on the individual trauma workers and on the organization (Kahn, 2003; Stein, 1998, 2001, 2004, 2005). I believe that the nature of an organization's work directly impacts the culture of the organization. Therefore, organizations that provide services to traumatized individuals, families, and/or communities are highly susceptible to becoming traumatized

systems (Hormann & Vivian, 2005). There appears to be a connection between the nature of the work and the organizational culture.

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 (Hormann & Vivian, 2005, p. 159).

Sexual assault centers are examples of highly mission-driven organizations whose mission and work influence their cultures. A highly mission-driven organization, like any organization, is a social system whose existence is expressed through the hearts, minds, and hands of its employees, members, and volunteers (Vivian & Hormann, 2002). Stated another way, organizations are relationships, an ever-changing landscape of internal and external connections. The internal relationships occur within the bounds of *organizational culture*, the cohesion of values, myths, heroines, and symbols that have come to mean a great deal to the people who work within the organization. A metaphor for organizational culture is that it is water to a fish; in organizations the culture is the sea in which we swim but do not notice until we stir it up. Hofstede (1997)

defined organizational culture as "the collective programming of the mind which distinguishes the members of one organization from another" (p. 89). He emphasized the importance of recognizing that culture is a construct (Hofstede, 1997). Schein (1992) defined culture as

> A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (p. 12).

These assumptions are learned responses to a group's problems of survival in its external environment and its problems of internal integration.

Organizational culture is pervasive and enduring; therefore, culture survives beyond any given set of relationships (Schein, 1992). In an organizational context, trauma takes on a life of its own and may become embedded in the organizational culture (Moylan, 1994). Just as members of the organization maybe largely unconscious of its very culture, trauma embedded in the culture may be unconscious (Obholzer & Roberts, 1994), although artifacts of trauma such as dysfunctional dynamics within groups may be identified. These dynamics are often perceived as interpersonal in nature when in fact they are systemic and operating at several levels within the organization. They remain consistent over time regardless of the individual players because the dynamics are illustrative of the organizational culture.

Leadership

The leadership literature does little to address trauma. Experiencing crises in organizations is addressed, and leaders are identified as having a central role in moving organization members and the system through crisis (Bennis & Nanus, 1997; Heifetz, 1994). Organizational trauma is rarely acknowledged. Indeed, leadership *is* important during times of trauma, to foster healing and resilience (Cameron & Caza, 2004; Dutton, Frost, Worline, Lilius, & Kanov, 2002). There are individuals in positions of leadership who do not foster healing and instead are coercive toward others and abuse their positional power. According to Burns (1978), these individuals are not leaders, although they hold positions of formal authority. Abuses of power may occur in sexual assault programs. Instead of healing and resilience, the results of these abuses are harmful to staff, the organizational culture, and perhaps to the individuals who need services.

Many in positions of formal authority use their power appropriately and work to be in service to others and on behalf of social change yet are still mistrusted given their position within the organization. When leadership is suspect, when no one is authorized to use authority and *any* use of power is considered abuse, the safeguards are not in place to heal wounding, to counteract trauma contagion (Herman, 1992).

Strengths Perspective

The "strengths perspective" in social work is built on the assumption that reality is socially constructed and that social workers join with clients to discover and build on clients' strengths and resources (Schatz & Flagler, 2004). This perspective shifts attention from client problems, deficits, and pathology to an orientation that emphasizes client strengths, resilience, and resourcefulness (Bell, 2003; Saleebey, 1992; K. E. Weick, 1993). The strengths perspective is a value stance with a decidedly social justice emphasis (Staudt, Howard, & Drake, 2001). This approach aligns with characteristics of resilience as described in the literature: 1) Face reality; 2) Make meaning; and, 3) Ritualized ingenuity (Coutu, 2002).

Situating the Researcher

According to Hubert Locke, Distinguished Honorary Fellow, Center for Creative Change, Antioch University Seattle: "One does not work for social justice for the outcome. One works for social justice because it is the right thing to do" (Presentation, Global Issues and Perspectives lecture series, Winter 2006).

Commitment to social justice took me into social work. My education and professional training is as a social worker. I spent 30 years working as a treatment provider, clinical supervisor, manager, and consultant with community-based nonprofit organizations and state agencies in Alaska and Washington. These organizations include sexual assault agencies, domestic violence shelters,

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hospice programs, community mental health centers, chemical dependency treatment programs, and institutions for adult and juvenile offenders. In addition, I have served as a faculty member in higher education, spending 10 years with the University of Alaska-S.E. in Juneau and six years with Antioch University Seattle. My teaching opportunities were and are quite varied. I have facilitated courses within university settings, in a maximum security prison, and via teleconference with students in rural villages.

Specifically related to this study, I worked in the field of interpersonal violence from 1975 to 2000, a total of 25 years. In addition to my hands-on experiences as a social worker, I provided training for clergy and military chaplains, lay people, law enforcement officers, medical personnel, therapists, crisis workers, and teachers about ways to assist individuals and groups in trauma.

I come to this study as a reflective practitioner scholar. My research questions arise out of practice in the interpersonal violence field and my current understandings of organizational trauma. My intent is to give back to practitioners my findings. I am a storyteller. I will honor the stories that participants share with me and, in turn, will give stories to practitioners about organizational trauma and recovery.

Van Manen (1990) stated that researchers can know too much about the phenomena they wish to investigate and that this "knowing" may predispose them "to interpret the nature of the phenomenon before we have even come to grips with the significance of the phenomenological question" (p. 46). Rather than

deny or attempt to ignore what I already know, I will explicitly state my assumptions; or, in systems theory terms, my mental models (PM. Senge, 1990).

One assumption I carry is that trauma will always be with us. Individuals, organizations, and natural systems will at times be "rendered helpless by overwhelming force" (Herman, 1992, p. 33). Sometimes those forces will be natural disasters such as hurricanes and sometimes they will be atrocities committed by one human being against another. Based on my own personal experience, my work with individuals and groups, the wisdom of others, and the literature, I assume that trauma recovery can be a long and difficult process. The first step is stabilization and establishing physical safety. Our inability as a nation to accomplish this in a timely manner for communities in New Orleans and along the Gulf Coast following hurricanes Katrina and Rita exacerbated situations and caused additional trauma for individuals and families. Relief agencies were not able/did not respond as expected to the survivors. As a consultant and trainer with a number of first responder agencies (i.e., US Coast Guard, National Park Service, Alaska State Troopers) and an advisor to students and alumni in these organizations, I believe that the level of inability to respond and to rescue, will impact negatively on the organizational cultures of the relief agencies.

I believe it urgent to understand organizational trauma. While we may not be able to prevent trauma, we can increase our ability to respond to trauma and to help individuals and organizations to move beyond recovery to building resilience, strength, and hope.

Research Criteria

I chose qualitative research for its emphasis on how participants perceive, understand, and describe their experiences. I specifically chose phenomenology because, as Patton (2002) suggests, phenomenology focuses on "exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning" (p. 104). More specifically, I chose hermeneutic phenomenology for its attention to historical and cultural contexts as well as the conditions that shape our understandings and interpretations.

Text and story are integral to hermeneutic phenomenology. My dialogue and interplay with the text must remain open for an extended period of time. That is, I will go over the material repeatedly and be engaged with participants around the text until we are satisfied that their transcripts truly speak their lived experiences. This openness will provide the space for reflection on the descriptions of lived experiences and description of the essence, the deep meaning of the phenomena. My goal is to be open to seeing the everyday world "without being obstructed by pre-conceptions and theoretical notions" (Van Manen 1990, p.184).

What is the trustworthiness of qualitative research study? Does this type of study reflect the authentic voices of appropriate participants? Are the conclusions drawn consistent with the data, or are they not? Guba and Lincoln (1985) ask that researchers consider four questions. I have updated the

questions to reflect current thinking about research criteria (Denzin & Lincoln, 2003).

The first question is whether the sample—participants and context—are appropriate. Washington State, the state chosen as the site for the research, has a large number of Community Sexual Assault Programs as well as other agencies that provide services to victims of sexual assault. Due to my length of history in the field I had ready access to a number of executive directors in these organizations, leaders whom I believe to be appropriate participants for the study because they provided leadership during and/or immediately following organizational trauma.

The second question is, how applicable is the study beyond the agencies studied—are the findings relevant to others? I am cautious about making claims for transferability. However, systemic and organizational cultural patterns emerged from the data that will inform practices in sexual assault centers and other organizations that are at risk for organizational trauma. In addition, the findings may inform these organizations about practices and research on organizational strengths and resilience.

Third, are the findings consistent and replicable? Chapter Three includes a description of how participants were selected, a summary of data collection operations, software information, an overview of analytic strategies, and inclusion of key data (e.g., comments from interviews). These pieces provide a strong audit trail. Interviews were recorded using a digital recorder and then transcribed. All transcripts, research memos, and field notes were kept on compact disc. Very

few qualitative studies are truly replicable. This study invited participants to delve deeply into their own lived experiences as they have reflected on and perceived them to be at the time of the interviews; interviews with these same participants at a later time could result in different responses. Interviews with others in the field would reflect those individuals' lived experiences and would likely be different than those given by the respondents in this study.

Finally, do the findings represent the views of the participants or the biases of the researcher? (Guba & Lincoln, 1985) One strategy I used was to compare patterns that emerged from the interview and document review data with the existing literature on organizational trauma and resilience. A second was to have my colleague, Pat Vivian, present at interviews whenever possible, to spend time in collaborative discussions during which we engaged in collective meaning making, and to review the composites and emergent themes with her. These strategies revealed that there was fidelity to the participants' viewpoints.

Self-Hermeneutic

How do I describe my faith, which gives me strength and hope? How do I thank my ancestors and all who have walked before me? How do I convey the profound love of family and friends in which I am rooted? How do I share *from* my heart rather than *about* my heart? These questions are a beginning.

I am a woman who, given my blonde hair, very fair skin, and blue eyes moves through the world as a member of my society's dominant culture. Many times I've been asked whether I am Irish. In fact, my Dad is full-blooded German

and my Mother is Canadian Indian (Blood tribe), Welsh and Scottish. I look like my father with my mother's face shape and eyes. I grew up on reservations— military reservations, not Native American reservations.

Family stories give context to my inner landscape. When I was about a year old and living in Regensburg, Germany, two German women used physical force in an attempt to take me away from my mother as they were sure she was a Gypsy and she was stealing a German baby. A year later, a 19-year-old young German woman came knocking at our door. She begged my mother to take her in, offering to clean our flat and provide childcare. My Dad was a corporal at the time with three children. Translation: We did not have money. However, the year was 1956; Germany was destitute as the result of WWII and military personnel appeared wealthy, regardless of rank. After all, we had places to live and food to eat. This young woman and many others like her had been sexually servicing American GIs to provide for parents and siblings. My mother took her in and she became part of our family. My mother's experience of being victimized by German women because of her color did not blind her to the need of a young German woman who was a victim of war.

My parents emphasized that we girls were ambassadors for the US while we were overseas. As we grew and my father was promoted in rank, my parents took us traveling in Europe and reinforced that concept. I learned core values like caring for others, service, and the centrality and expansiveness of family. At the age of 17 I left home for college, having lived 10 years in Germany and having moved 18 times in 17 years.

Ten years after leaving home, I moved to Alaska and connected strongly with Native peoples. Native women and men told me stories, reminded me (repeatedly) that there were ways to live my life without alcohol, and laughed at/with me when I took myself too seriously. During this decade, I was also gifted with my son and sobriety. My sense of self began to deepen. My capacity to love overflowed its banks and continues to flow free.

I intentionally sought out Native people upon returning to the Seattle area in 1991. In the past 15 years, I've left restaurants and stores when staff people were eager to serve me but ignored my Native friends. I have experienced Native people ignoring me or treating me with detached politeness unless or until a Native person introduced me, giving me context.

Sometimes I am silent about being biracial and bicultural, choosing instead to find ways to be an ally and help give voice or speak on behalf of marginalized peoples. I am aware that I am granted access where many are not, based on my coloring. Sometimes I remain silent out of respect for the pain that people of color have endured, pain that I have not experienced. And sometimes I remain silent because internalized racism threatens to strangle me, tells me I am wrong no matter what I do … and I become disoriented and exhausted. But I do not stop. Disorientation and exhaustion cannot hold me for long.

I return to my calling to create safe places for women and children, a calling that was born during my sophomore year in college when I worked as a resident counselor in a group home for girls. My sad discovery was that every young woman in that group home had been sexually abused at home. This was

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my introduction to anti-sexual violence work. After one year at the home I began

volunteering for Seattle Rape Relief (SRR). I was associated with SRR from

1976 through 1978 as a volunteer advocate/counselor, public speaker, and

interim co-director. This early training and experience in trauma work and

advocacy informed my social work practice with clergy and lay people, law

enforcement officials, medical professionals, teachers, therapists, and students

over the next 25 years.

Each of these various contexts—family, international, cultural, military,

educational, and organizational—have strengthened my ability to be open to

cultures and contexts. I hold many paradoxes and contradictions as the result of

the various contexts in my lifeworld. One gift from struggling with these

paradoxes is my deep resilience as well as my ability to be adaptable and

flexible.

Chapter Review

In the following chapters, I detail the method and findings of this study and

draw conclusions about their meaning and relevance for organizational practice.

Chapter Two reviews the previous research and theory on secondary trauma,

organizational trauma, and the strengths perspective.

The process of the research study is detailed in Chapter Three. This

chapter includes a discussion of hermeneutic phenomenology, the research

method. It also details how participants were chosen and the ethical

considerations that were addressed.

Chapter Four contains the major findings of the study. Two narratives, composites of the leaders' stories, are presented to illuminate their experiences of leading during organizational trauma. Three emergent themes are described: Spirituality, Commitment to the work, Community.

Analysis and interpretation of the data is presented in Chapter Five. I consider what the new data from this study has to say about two existing frameworks: characteristics of traumatized systems (Hormann and Vivian 2004) and principles for healing organizational trauma (Kahn 2003).

Finally, how the findings relate to previous research on organizational trauma and resilience and what these findings might contribute to practice are discussed in Chapter Six.

CHAPTER TWO

RELATED WORK

Introduction

This chapter outlines the research and theory that provided the background for the present study. The first section presents two areas of research relevant to this study and details the gap that exists between them: 1) Clinical Perspectives—a focus on the impacts of trauma work on individual trauma workers; and 2) Organizational Perspectives—a focus on the impacts of trauma on organizations.

The second section of this chapter introduces the strengths perspective in practice, including research on both the strengths approach and resilience. The strengths perspective provides an opportunity to shift the focus of discussion from problem-solving about organizational trauma to an exploration of the life-giving, positive opportunities within organizational trauma.

Section One: Review of the Literature

Clinical Perspectives

"Trauma is contagious." (Herman, 1992, p. 140)

Current Conceptualizations

Trauma workers rely on their empathy to intervene effectively. That empathy enables emotional concern and comes with the risk of emotional contagion, which may result in the workers developing symptoms very similar to those demonstrated by the traumatized individuals with whom they work (Figley,

1995; Herman, 1992; Pearlman, 1999). Researchers and practitioners began writing about the experiences of those exposed to others' trauma in the early 1980s. Figley and others wrote about secondary victimization and secondary trauma with a focus on families and friends of trauma victims (Figley, 1982; Remer & Elliot, 1988; White & Rollins, 1981).

Figley (1982) suggested distinctions between the diagnostic criteria for primary and secondary traumatic stress disorder:

STSD [secondary traumatic stress disorder] is a syndrome of symptoms nearly identical to PTSD [posttraumatic stress disorder], except that exposure to knowledge about a traumatizing event experienced by a significant other is associated with the set of STSD symptoms, and PTSD symptoms are directly connected to the sufferer, the person experiencing primary traumatic stress (p. 8).

The symptoms of secondary trauma parallel PTSD and include "unwanted thoughts and memories of traumatic events, detachment and withdrawal, difficulty concentrating, and sleep disturbances" (Motta, Newman, Lombardo, & Silverman, 2004, p. 67).

Using such concepts as secondary traumatic stress (STS) (Figley, 1983; Stamm, 1999a) vicarious traumatization (VT) (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995), and compassion fatigue (CF) (Figley, 1995), researchers and practitioners expanded their thinking about secondary trauma to include first responders and helping professionals.

These concepts describe the "negative affective response brought about by close and extended contact with traumatized individuals" (Motta, et al, 2004, p. 67) and offer an explanation for the posttraumatic stress-like symptoms shown by first responders and other helping professionals.

Conceptually, researchers have differentiated "burnout" from secondary victimization. Burnout is described as having three dimensions: emotional exhaustion, depersonalization, and reduced commitment to one's work or profession (Bell, Kulkarni, & Dalton, 2003). Burnout may occur as a result of working with *any* difficult client population (Steed & Downing, 1998). Because of exposure to the horror and suffering presented by the survivors, the effects of working with trauma survivors are distinct from those of working with other populations (McCann & Pearlman, 1990). Therefore, for the purpose of this study, the literature on "burnout" is not included. Researchers have also clarified distinctions between compassion fatigue and vicarious traumatization, both of which relate to the negative, secondary effects on helpers who use empathy to understand and assist clients.

Compassion fatigue. Charles Figley developed the concept of compassion fatigue (CF): "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced … by a person" (Figley, 1995, p. 7). CF has been described as the "cost of caring" for others and the natural result of unprocessed traumatic memories from one's personal life and/or trauma work (Violanti & Gehrke, 2004). CF has been applied broadly; the range of application includes mental health professionals, law enforcement officers,

firefighters, social workers, victim advocates, trauma workers, and physicians. For the purposes of this study, CF is defined as the physical and mental fatigue generated as the result of caring and using empathy in response to assisting others who have experienced trauma (Boscarino, Figley, & Adams, 2004; Figley, 1995; Thomas & Wilson, 2004).

Vicarious traumatization. Vicarious traumatization (VT) is a term coined by Pearlman and McCann (1990). They described VT as:

> the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experiences and their sequelae…. Vicarious traumatization is an occupational hazard for those who work with trauma survivors and it reflects neither pathology in the therapist nor intentionality on the part of the survivor client (p. 558).

The VT framework views the ways that individuals adapt to trauma as dynamic interactions between the needs and coping styles of the individual and aspects of the traumatic events themselves. Making meaning from the traumatic event is the task of the trauma victim and becomes the task of the counselor who also experiences:

> significant disruptions in one's sense of meaning, connection, identity and world view, as well as in one's affect tolerance, psychological needs, beliefs about self and others, interpersonal relationships, and sensory memory, including imagery (Pearlman and Saakvitne, 1995, p. 151).

For the purposes of this study, VT refers to identity alterations and other transformations that occur within trauma workers as the result of engagement with clients' trauma experiences (Boscarino et al., 2004; Collins & Long, 2003; Motta, Newman, Lombardo, & Silverman, 2004; Pearlman & Mac Ian, 1995; Thomas & Wilson, 2004).

In summary, researchers strive to determine the psychological consequences of working with traumatized clients. They hope to uncover variables that might indicate the presence of secondary trauma in trauma workers as well as the independent variables that might predict it, such as the trauma workers' personal trauma history, gender, and current life stresses (Pearlman & Mac Ian, 1995). To this end, research has been conducted with an array of trauma workers including mental health therapists (Baird & Jenkins, 2003; Boscarino et al., 2004; Brady, Guy, Poelstra, & Fletcher Brokaw, 1999; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995), domestic violence and sexual assault counselors (Baird & Jenkins, 2003), disaster mental health workers (Creamer & Liddle, 2005), and law enforcement officers (Violanti & Gehrke, 2004).

Critique of Current Research

The literature reviewed in this section meet the following criteria: The studies focused on individuals who do trauma work and/or who work in organizations in the field of trauma; and the authors related their findings to the

larger organizational system, stating implications for professional development, treatment, and agency support systems.

Pearlman and Mac Ian (1995) surveyed 188 self-identified trauma therapists in a study on VT. Sixty percent of participants answered yes to the question, "Do you have a trauma history?" but no specifics about trauma were given in the question or in the answers. The 60 percent who reported a trauma history also reported higher distress levels, less clinical experience with trauma survivors, and little or no supervision as compared to the 40 percent of respondents who reported no trauma history. With trauma history, the more professional experience therapists had the less disrupted schemas they reported. Perhaps resilience built for these therapists over time. For those without trauma history, the longer a therapist had been in the field, the greater were the disruptions in their self-intimacy and other-esteem. Perhaps there is a cost to trauma work, specifically to learning about cruel behaviors and victimization.

The authors noted several weaknesses in their study, including the need for clearer definitions of the terms "trauma" and "trauma therapist" and the fact that their sample was a self-selected group. While the researchers' constructivist perspective allowed the participants rather than the researcher to define what was traumatic, the problem of very different phenomena being studied under the broad heading of "trauma" limits the transferability of their results.

The authors believe their research has important implications for trauma therapists. They called for more training, supervision and support, for trauma therapists, including understanding of VT. They urged trauma therapists to pay

attention to their own self-care and to be supportive colleagues to one another. The authors' comments related to organizational context were brief and maintained focus on the individual: Therapists need training, supervision, and professional relationships within which to process their reactions to trauma work.

Four studies in this section focused on clinicians or advocates working with victims of sexual abuse. The first is a study by Schauben and Frazier (1995). They built on Pearlman's work and, using survey research and open-ended questions, assessed the impact on counselors of working with sexual assault victims. In addition, the researchers proposed learning whether counselor history of victimization is associated with VT and identifying the strategies used by counselors to cope with trauma work. Therapy management, especially boundary issues, was the most commonly reported difficulty in working with survivors, followed by working with client emotions about the abuse. The third most commonly reported difficulty involved systemic issues such as legal injustices; fourth for the counselors was dealing with their own emotions about their clients' abuse.

Of particular relevance for my study are the comments in the studies reporting enjoyable aspects of working with survivors and counselors' coping strategies because these may relate to resilience. Enjoyable aspects of the work included watching clients grow and change; being a part of the healing process; observing the creativity, strength, and resilience of the human spirit; working for social change; support from colleagues; and legal justice (such as hearing that an assailant was convicted). The most common coping strategies used with

work-related stress included problem solving, emotional support, and humor. The researchers concluded that the counselors in these studies reported relatively few symptoms, perhaps because their coping strategies were effective (Schauben & Frazier, 1995).

Like Pearlman and Mac Ian, Schauben and Frazier stated that training is needed for counselors about trauma (especially sexual violence) and the impacts of trauma. With regard to organizational context, Schauben and Frazier stated, "Counselors should be encouraged to acknowledge and work through whatever effects they may be experiencing and agencies should provide the time and resources for this healing to take place" (p. 63).

The second study specific to sexual assault was a phenomenological study of VT among psychologists and professional counselors (N=12) working in the field of sexual abuse/assault conducted by Steed and Downing (1998). Based on their findings, they posited that therapists experience both a variety of severe negative effects and positive sequelae. They joined the voices who argue that VT is an inevitable outcome for trauma counselors (McCann & Pearlman, 1990). Steed and Downing provided quotes from respondents to shed light on their findings. They recommended educating therapists about VT as well as presenting coping and preventive strategies to them.

The third study was conducted by Brady, Guy, Poelstra and Brokaw (1999), who surveyed 1,000 women psychotherapists nationally to examine VT among the clinicians working with trauma survivors. Their emphasis was on spirituality. They found that the more sexual abuse clients on the

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psychotherapist's caseloads, the higher the likelihood of trauma symptoms for the clinician herself. However, these symptoms were likely to be mild, leading to the authors' concluding that these female clinicians were doing well, overall. In addition, "Practitioners who treated more abuse survivors reported a more existentially and spiritually satisfying life than those with less exposure to trauma clients" (p. 391). The authors cautioned that this is not a cause-and-effect relationship. That is, spirituality may or may not strengthen as the result of working with trauma victims; "a stronger sense of spiritual wellbeing may lead therapists to work with more traumatized clients" (p. 392). They concluded that agencies "must take responsibility for reducing the likelihood of vicarious traumatization in the workplace" (p. 390). Their recommendations for establishing an emotionally supportive, physically safe, and respectful work environment parallel those of other authors in this review. These include time set aside during clinical staff meetings to address feelings and concerns related to trauma work, consultation and continuing education for clinicians, and competent trauma therapy supervision. They added that agencies need to examine systemic issues that may contribute to VT, but did not give any examples (Brady et al., 1999). Still, it is worth noting that this study specifically addresses the organizational context.

The fourth and final study regarding service providers to victims of sexual assault focused on advocates, paraprofessionals who are trained in crisis counseling but are not therapists. The researchers set out to provide descriptive information about types of self-care strategies rape crisis advocates employ as

well as the organizational settings they work in, and to examine the relationship between organizational support and use of self-care strategies by advocates (Wasco, Campbell, & Clark, 2002). The authors cited research in community psychology and concluded that, while working with rape victims can be emotionally strenuous, a supportive organizational environment may address or even prevent VT, STS, and CF. In essence, organizational structure and culture can either assist or work against individual wellness.

This research is a multiple case study of eight experienced staff members at various sexual assault treatment programs. Rape victim advocates are an understudied population, and this work gives voice to their experience. However, only advocates with the longest tenure at their agency were included in the study, so the results must be carefully considered (Wasco et al., 2002).

Wasco, Campbell, and Clark's (2002) findings specifically address organizational settings: a.) The organizational culture or procedures may facilitate or inhibit opportunities for self-care strategies, and, b.) The organizational culture, policies, or procedures may create or eliminate the need for self-care strategies. In other words, the organizational culture may cause harm that the individual has to mitigate or the organizational culture may provide support and lower the need for the individual to practice extensive self-care. In essence, rape crisis work is already hard and the organization can make it harder. The authors concluded, "Although individualized self-care routines are essential, current findings suggest that it might be equally important for

organizations to develop and maintain agency-wide policies and procedures to promote advocates' self-care" (p. 759).

Holly Bell presented a number of specific suggestions as the result of a study of domestic violence counselors (2003). Bell found that the counselors she interviewed presented as coping well under the stress of working with trauma victims, a finding she had not anticipated. Her grounded theory study focused on whether the stresses inherent in domestic violence counseling contributed to secondary trauma among 30 counselors who provide clinical services to battered women. She also pursued the question of how these counselors experienced their work with female victims of domestic violence. Bell learned that personal stresses were named as more stressful by the counselors than work-related stresses. She divided the counselors into three groups—high, medium, and low—based on their self-reported levels of stress. Counselors who were less stressed were identified as creative and resilient when approaching difficult situations both at home and at work. Bell discussed five of their strategies:

1) Having a sense of competence about coping

2) Maintaining an objective motivation

3) Resolving personal traumas

4) Drawing on positive role models of coping

5) Having buffering personal beliefs

Bell extrapolated her results to organizational cultures and educational settings, although she did not draw on the organizational development or organizational behavior research or the research in education. She presented the

social work "strengths perspective" and concluded that organizational cultures may foster strengths by focusing on progress rather than problems. Although Bell referenced only one study on resilience, (Horwitz, 1998), the strategies she presented are supported by the research literature on resilience. For example, she encouraged the recognition and celebration of small successes for both clients and counselors. She also stressed the importance of context and the need to support viewing trauma within the context of a person's life experiences. Finally, she cautioned against labeling or stigmatizing counselors who experience secondary traumatic stress, instead encouraging the affirmation of their contributions to the workplace (Bell, 2003).

A descriptive correlational study of secondary trauma, (VT and CF as well as burnout) considered the occupational hazards of providing therapy to trauma victims. Baird and Jenkins (2003) concluded that therapists' adverse reactions to clients' traumatic material have "implications" for training, treatment, and agency support systems (Baird & Jenkins, 2003). However, they did not provide specifics regarding what these implications might be.

Police officers are frequently first responders in cases of trauma. Violanti and Gehrke (2004) measured CF among police officers. Prior research on police officers has indicated that occupational and environmental stress may cause personal stress. This study examined the impacts of work stress on officers' psychological wellbeing. The researchers found that an increase in the frequency of traumatic events also increased the risk of trauma symptoms. Two examples: 1) Law enforcement agency personnel are susceptible to secondary trauma

through their work as emergency response providers. 2) Losing a fellow officer in the line of duty is also a source of trauma (Violanti & Gehrke, 2004).

Violanti and Gehrke described the organizational context of police work and addressed incidents of trauma that are part of law enforcement officers' daily experience. They recommended institutional policies and procedures to normalize the experiences, including recognition of the impact of CF. One such recommendation: "when officers and families are affected, the department dispatches the best help possible to help them recover as quickly as possible" (p. 79). Specific interventions recommended are use of Critical Incident Stress Management (CISM), assisting officers with building strategies for disengaging from their work after hours, and establishing realistic standards with built-in recognition for achievement. In addition, the researchers encouraged "allowing and welcoming support from others" and concluded that "Caring for others is an admirable quality for police officers, but caring without knowledge of result, perceived effectiveness, the possibility of prevention, and departmental support can lead to debilitating results. This is the pressing psychological dilemma for the police officer" (p. 79). Developing system-wide practices as well as the need for departmental support for officers and their families were emphasized.

Responders to the September 11, 2001, national trauma are the focus for these next two studies on CF. Creamer and Liddle (2005) used the term 'secondary traumatic stress' to include both VT and CF in their study. They surveyed 9/11 disaster mental health professionals who were not themselves, and had no family or close friends, within 15 miles of the attacks. Their sample

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was garnered from workers who responded to announcements posted on listservs or identified by the APA Disaster Response Network. Unlike Pearlman and Mac Ian (1995), workers' histories of trauma were not found to be significantly correlated with STS. However like Pearlman and Mac Ian, a history of discussing reactions to clients' traumatic material was significantly correlated with STS. The authors concluded that what may be important is the similarity of the traumatic material, and that needing to talk about others' trauma may be an indicator of STS (Creamer & Liddle, 2005). The authors recommended that disaster mental health agencies "assign at-risk workers to assignments associated with lower STS" (p. 95).

Boscarino, Figley, and Adams (2004) assessed CF among social workers who cared for victims of the September 11 attack in New York City. Their findings suggest that important variables to predict CF are degree of exposure to graphic traumatic material, therapists' personal history, social support, and a supportive work environment.

In summary, the frameworks of secondary traumatic stress (STS), vicarious traumatization (VT) and compassion fatigue (CF) offer ways to understand the posttraumatic stress-like symptoms evidenced by trauma workers and to address them. In these models the individual is the focus. Researchers' discussions of their findings included organizational interventions for neutralizing the negative effects of trauma work. Their recommended interventions centered on taking care of individual trauma workers who provide services for people in trauma. The researchers relied on data from studies on individuals, including

data from clinicians who do not work in an agency setting, for their remarks on implications for organizations regarding addressing secondary traumatization.

Strategies suggested to mitigate trauma workers' symptoms of secondary trauma include: actions for individual self-care, team-based approaches, and institutional responses. Individual self-care strategies include resolving personal traumas, engaging spirituality, recognizing positive thoughts and feelings related to being part of the healing process, and working for social change (Bell, 2003; Brady et al., 1999; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995). Suggested team-based approaches include: departmental support, time in staff meetings to address workers' feelings and concerns, and clinical consultation (Bell, 2003; Brady et al., 1999; Schauben & Frazier, 1995). Institutional responses include: providing training and support around secondary trauma, celebrating successes within the work environment for workers and clients, and examining systemic assumptions and practices that may contribute to STS (Baird & Jenkins, 2003; Bell, 2003; Boscarino et al., 2004; Brady et al., 1999; Pearlman & Mac Ian, 1995; Steed & Downing, 1998; Violanti & Gehrke, 2004). The latter set of strategies acknowledges that there is frequently an organizational context for trauma work; however, the authors placed the onus on the organization to provide time and resources to promote healing for trauma workers. All strategies, even the institutional strategies, maintain a focus on individuals rather than on organizational culture or the organizational context.

Each of these studies concluded, to a greater or lesser degree, that secondary trauma needs to be addressed within the systems themselves.

However, the overall focus remained on individual clients in trauma and on themselves as individual service providers; the proposed solutions are from the focus-on-the-individual perspective. And yet, there are individuals missing from this individualistic perspective. Even those clinicians and researchers who demonstrated understanding of secondary trauma and confirmed that within treatment agencies "trauma is contagious," (Herman 1992) paid scant attention to managers, supervisors, or administrative personnel who may also be impacted by STS. In addition, there was little or no attention paid to unprocessed trauma that becomes embedded in the organizational culture and negatively impacts organizational functioning.

It is appropriate to recommend that organizations provide time and resources to take care of the trauma workers, and the entire system *does* need to pay attention to the health of individual members. However, there is no evidence that the researchers were thinking systemically about their recommendations. Missing in the recommendations is acknowledgment that requests for time and resources may become extensive and a huge financial and resource burden for the agency. For example, Creamer and Liddle (2005) recommended that "at-risk workers" be given assignments with lower secondary trauma associated with the tasks, but they did not say for how long or that too many of such assignments could have grave system-wide impact.

The authors' voices are not collaborative in their recommendations; instead, they make points *to* administrators *about* clinicians. All levels or all parts of the system need to engage and collaborate with one another about use of

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resources and place appropriate boundaries around time and other resources to create balance, knowing that sometimes a subset of the system will need more resources than at other times.

Finally, individual voices were lost in the reporting out of the correlational studies in this review. Trauma has deep effects, impacts that did not ring with authenticity except in the phenomenological study by Steed and Downing (1998) and the grounded theory approach taken by Holly Bell (2003). These two studies included actual statements from the participants, breathing life into the findings. Overall, I missed the depth and wholeness that stories bring.

Organizational Perspectives

"Trauma can thus be collective; it can be a property of the organization itself or of specific units, not simply of individual members" (Kahn, 2003 p. 366).

Current conceptualizations

Organizational culture has almost as many definitions as there are researchers and practitioners interested in the phenomenon. The following definitions provide a foundation: Organizational culture is comprised of the assumptions and beliefs that are shared by organizational members and define in "taken for granted" fashion an organization's view of itself (the internal landscape) and its environment (the external landscape) (Schein, 1992; Vivian & Hormann, 2002). "Culture provides the means by which people receive, organize, rationalize, and understand their experiences in the world" (Saleebey 1996 p. 301).

According to Hormann and Vivian (2005):

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…. 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 (p. 160).

Organizational culture in the corporate realm has been described as the

whole created by values, myths, heroes, and symbols that, over time, have

meaning for the organizational members (Deal & Allen, 1982).

Processes that lead to organizational identity are largely unconscious; this

collective unconscious is expressed by the organizational culture (Diamond,

1993). One piece of organizational identity is the nature of the work itself, which

may directly influence the organizational culture (Kahn, 1993, 2003).

For example, crisis-response organizations tend to have crisis-

oriented management, workers in victim-advocacy agencies tend to

report being victimized by structure and internal dynamics, anti-

oppression organizations tend to create cultures highly sensitive to

any oppression dynamics within the organization (Vivian &

Hormann, 2002, p. 38).

As noted earlier, the majority of the research in the trauma field focuses on the impact of trauma on individuals. A very small number of researchers focus on the impact of trauma on organizational context and culture or, as William Kahn called it, "the revelation of organizational trauma" (2003, p. 364). His research has helped to conceptualize organizational trauma (Kahn, 2003):

> Trauma may be direct and acute, an episode that erupts within the organization like an earthquake, strikes a target and radiates distress through the rest of the organization. It may be direct and chronic, as caregivers experience their own trauma in relations with care seekers. Or it may be vicarious, created by constant exposure to care seekers' traumas. In any of these forms, trauma seeps into caregiving organizations and affects not only those involved but the organizations as well (Kahn, 2003, p. 365).

Organizational trauma has been described as a "critical organizational health issue" (Brown, 1997, p. 176) that impacts productivity and the organization's financial bottom line.

My colleague, Pat Vivian, and I drew on 30 years of experience as practitioners with nonprofit organizations and described sources of trauma as well as intervention strategies (Hormann & Vivian, 2005). We identified four characteristics of traumatized systems: 1) closed boundaries between the organization and the external environment; 2) centrality of insider relationships; 3) stress and anxiety contagion; and, 4) loss of hope. Our work led us to conclude that traumatization can occur from a number of sources, external and

internal. An external injurious event "may be catastrophic as in the example of the bombing of a women's health clinic that provides abortion services" (p. 159). Internal acts 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" (p. 162). Our case study of a rape crisis center that suffered trauma uncovered lasting psychic impact for the staff, evident years after the agency closed. In addition, organizational members who joined the organizational culture long after the specific trauma happened reported being negatively impacted by the on-going dynamics, including the telling of emotionally intense stories about the trauma (Hormann & Vivian, 2004). The organization and its members did not heal.

Kahn (1993) provides a pathway to healing organizational trauma. He proposed three principles important for healing organizational trauma: move toward anxiety; recognize and reclaim projections; and, for those in the role of leaders, facilitate exploration of underlying tensions, issues, and events rather than not giving time and space to the resolution of trauma and loss. These principles are explored here.

The first, move toward anxiety, is to address causes of anxiety instead of constructing defenses against them. Addressing causes of anxiety also helps to contain anxiety across the system (Hormann & Vivian, 2005). Kahn noted the trauma contagion that occurs in caregiving organizations and stated that healing

requires organizations to reconstruct their narratives, tell their stories, talk of their experiences.

In the organizational context, stories help people share and clarify information, help organizations compete better, and help organizational members remain calm, not panicking during crisis or trauma (Coutu, 2003). Publicly told stories elucidate organizational patterns and history, including working alliances and unresolved conflicts, while establishing and reinforcing group membership for the storyteller and listeners (Kleinberg, 2002; Olson & Eoyang, 2001). Storytelling is also one method for sharing feelings and allowing organizational members to develop a collective sense of concern for one another and for the group as a whole. Human and financial recovery are enhanced by stories of kindness and care, stories that hold themes of compassion and hope (Cameron, 2003).

Finally, stories reveal the 1) events, 2) patterns of behavior, 3) systems, and 4) mental models that are operating simultaneously within the organization. These four levels provide a wealth of information from across the system (Kemeny, Goodman, & Karash, 1994). The patterns that are identified may hold clues as to sources of trauma and sources of healing (Brown, 1997). The systemic information makes clear whether the organization is moving toward the anxiety and therefore toward healing, or constructing defenses against the anxiety.

Organizational development practitioners need be aware that organizational stories may represent the espoused values of an organization, not

necessarily the operational values. In addition, the content of stories may not be

accurate. For example, in the case of a newcomer, the purpose of long-term

members sharing stories is probably to transmit important values; content may

be viewed as less important than sending a message about values. Additionally,

conflicting stories in an organization can reveal inconsistencies and/or values

held by subcultures, helpful data for OD practitioners. Schein (1992) encourages

storytelling but cautions practitioners and leaders to not stop at stories. This is

consistent with Kahn (2003), who lists stories as *one* way to address the causes

of anxiety.

Kahn's second principle is to recognize and reclaim projections. This

requires the group as a whole to identify and embrace their full range of reactions

rather than to split off their angry, vengeful emotions and project them onto

others. The resilience literature categorizes the latter behaviors as regressive.

Systems that are not resilient tend to engage in regressive behavior for long

periods of time (Horne & Orr, 1998). This regression can become destructive,

including such actions as blaming others and projecting individual or group

reactions onto others (Kleinberg, 2002). Resilient systems have the capacity to

hold feelings rather than project them, and the capacity to build organizational

compassion.

What is organizational compassion? "Organizational compassion exists

when members of a system collectively notice, feel, and respond to pain

experienced by members of that system" (Kanov, Worline, Dutton, & Frost, 2004,

p. 809). Giving and receiving organizational compassion is healing for

individuals, groups, and the system at large. However, those who give

organizational compassion are susceptible to compassion fatigue, the fatigue

that may result from one's use of empathy to assist others in pain. Researchers

have cautioned that organizations and their members can become emotionally

drained from caring so much (Figley, 1995; Kanov, Maitlis, Worline, Dutton, &

Frost, 2004). Given the fact that organizational life includes pain, staying alert to

the symptoms of compassion fatigue in individuals while building the capacity for

organizational compassion are likely to increase an organization's overall

resilience (Kanov et al., 2004).

The third principle is for those in the role of leaders to facilitate exploration

of underlying tensions, issues, and events, giving time and space to the

resolution of trauma and loss (Kahn, 2003). This exploration may uncover

processes and relationships within the organization that are not healthy or not

working very well. Uncovering the processes and relationships that are or are not

working requires specific leadership skills, including an ability to listen deeply and

skill at facilitation with groups when there is a lot of emotion and conflict

expressed (Schwarz, 2002).

Leadership studies have made explicit the influence exerted by leaders in

organizations (Burns, 1978; Northouse, 1997; Rost, 1991; Sinclair, 1998). The

feelings modeled by leaders and feelings that leaders endorse in others have a

significant impact on the range of expression within the organization (Kanov et

al., 2004). Leaders can model compassion and help members see both the

strengths and shadows that exist in themselves as well as in the organizational

culture. They can also model taking responsibility for their own individual

shadows, which helps other organizational members to take responsibility for

theirs (Bellman, 1994).

Leadership must recognize that there is heightened emotional involvement

among members of any and all organizations during times of trauma. This

collective heightened anxiety may result in splitting (Kahn, 1993) or in a group

learning how to work together to reduce anxiety and to work through trauma

(Palmer, 1990). Courage is needed to move toward anxiety rather than react with

defensiveness, to recognize and reclaim projections rather than scapegoat and

blame others, and to empower leaders at all levels to facilitate healing (Kahn,

2003).

Critique of Current Research

The literature reviewed in this section meets the following criteria: the

studies focus on organizations in the field of trauma; the authors relate their

findings to the larger organizational system; and/or the authors address the

impact of trauma on the organizational culture.

William Kahn (1993) used a qualitative case study approach to explore

internal networks of caregiving relationships within a social service agency, an

agency that provided homeless children with responsible adult volunteers as role

models. He stated that: "Caregiving organizations may be understood in terms of

the networks of caregiving relationships that occur among their members" and

that "the extent to which caregivers are emotionally 'held' within their own

organizations is related to their abilities to 'hold' others similarly" (p. 540). When caregiving was not given, organizational members from line staff to the executive director experienced pain and reported feeling demoralized, both of which contributed to loss of meaning. From an organizational perspective, loss of meaning meant loss of resources to the agency as individuals emotionally withdrew, physically retreated and, in some cases, absented themselves altogether. Systemically, how organizational members demonstrate caring or show lack of care may be representative of an underlying organizational pattern (Kahn, 1993).

Kahn made the connection that the organizational culture reflected the nature of the agency's work. The unconscious dynamics that resulted in splitting off the social workers from the rest of the agency caused the social workers to be "homeless," mirroring their clients' lives. Kahn perceived that bridges were needed, especially where the splits resulted in fragmentation within the organizational culture. He identified a split in this organization between administration and social work. This situation was urgently in need of resolution as the agency faced very limited material resources and needed to prevent further draining of emotional energy. Kahn concluded that organizations need to allow their members reflect on giving, receiving, and withholding caregiving, followed by storytelling, a sharing of their experiences with one another. He stated that this process may illuminate the systemic patterns that exist with regard to caregiving.

In 2003, Kahn wrote a second case study based on an action research project he conducted with a traumatized surgical unit. He identified that trauma may occur in three ways. 1) Trauma may be direct and acute; 2) Trauma may be cumulative, building over time; 3) Trauma may be vicarious, the result of providing caregiving services to victims of trauma. His emphasis in this study was how trauma affects organizations, particularly caregiving organizations, which he described as "repositories for trauma" (p. 367). An internal trauma erupted within the surgical unit he studied, and some individuals were impacted more than others. Examination of the patterns of relationships on the unit uncovered blame, resentment, scapegoating, and self-protection rather than sharing of experiences, collective meaning making, and collegiality.

As in the study of a social services agency, Kahn noted that the work of the unit impacted its organizational culture, including decision making and choice of action. One nurse was singled out and treated as a scapegoat by the other members; she was subsequently fired. According to Kahn, the firing made sense in surgical terms "of how organisms are fixed: Diseased parts are isolated and surgically removed, leaving organisms to right themselves and recover" (p. 375). The unit had a temporary reprieve when the nurse left and an interim was hired. Morale lifted and members believed that "identifying and removing 'diseased' people seemingly solved the unit's issues" (p. 375). However, within a relatively short time frame the new hire was targeted although she had not been an employee during the traumatic incident. Kahn interpreted this situation as an

indication that the organizational culture dealt with unresolved anxiety caused by trauma by creating a scapegoat.

Kahn proposed three principles, strategies to help organizations and their members free themselves from unhealthy and dysfunctional patterns between individuals both among group members and organization wide. These are 1) Move toward anxiety rather than creating defenses against it; 2) Recognize and reclaim projections rather than blaming or scapegoating others; and 3) Leaders facilitate explorations of tensions, issues, and events that underlie the anxiety rather than maintaining polarities within the organization. (These principles were discussed in detail in the earlier part of this section.) Kahn concluded that applying these strategies can help organization members create new patterns that will support their work and relationships.

A third case study is included in this section, this last one by Howard Stein (2003). Stein wrote a narrative case study about a poorly managed medical case as told to him by a colleague, a physician who had been involved with the case. The story is an example of a system that allowed no innovation, including considering alternative possibilities, and permitted no questioning of authority, resulting in a "collusion of authority" (p. 459) with the senior physician's judgment. The closed system shut out all possibility for reflective practice. Telling the story to a trusted colleague allowed one physician to reflect, grieve, and learn, as well as achieve some measure of closure. Stein pointed out that a system's necessary protocols may become traps when the protocols do not allow for new information, for learning. He stressed the importance of "retrospective

reflection through the compassionate and disciplined use of memory and remembering … reflection on past action" (p. 462) that can then inform current decision-making and action. He also encouraged resisting the temptation to blame others, instead choosing to face the emotions that arise with reflection (Stein, 2003).

The final piece of research in this section focused on the organizational culture of a rape crisis center. Organizational theory, feminist theory, and environmental features are the foundation for a grounded theory study of a rape crisis center's dynamics and character. Amy Fried (1994) used what she called "a grounded theory perspective" (p. 566) to study a rape crisis center located on a university campus in the center's first six months of operation. Fried conducted intensive interviews and was a participant observer in training sessions and meetings, during which she took detailed field notes. She did not say who she interviewed or how the interview data were analyzed.

Fried's work identified fragmentation in the organizational culture that resulted in two subcultures, those who wanted a politicized organization and those who wanted a service organization. These two groups differed in goals and strategies. For example, group dynamics were seen as very important to the "politicized" subculture as the dynamics were viewed as an expression of relations of gender, race, and class, with power as an emphasis. Group dynamics were not as important to the "service" subculture members, who believed that relations among members should be harmonious so that services were delivered well (Fried, 1994).

STS, VT and CF were not mentioned for service providers, and only alluded to for friends and family members of sexual assault victims. Fried (1994) reported that "Supporters of the service organization perspective used [the term] secondary victim … whereas adherents of a politicized organization preferred [the term] concerned person" (p. 576). Both terms are focused on the individual. There appeared to be no understanding that the work of providing sexual assault services would impact the workers and the organization in and of itself.

As the studies in this section indicate, organizational trauma is slowly being identified as a system-wide issue, as is the need to develop systemic responses. The authors cited took various approaches to identifying trauma in organizations and to healing that trauma. These included storytelling (Kahn, 1993; Stein, 2003), reflective practice (Kahn, 2003; Stein, 2003), attention to organizational culture and identifying organizational patterns (Fried, 1994; Kahn, 1993, 2003), and the need for leadership (Kahn, 2003).

Behaviors demonstrated by organizational members may be links to underlying organizational patterns. For example, whether or not members show care for one another may be an indicator about whether or not there is compassion in the culture. Kahn (1993) encouraged sharing members' reflections on caregiving, allowing them to remind one another of compassion, and then engaging in storytelling, a sharing of their experiences with one another. These actions build and reinforce relationships among organizational members.

Finally, leadership is important to help organizations heal. Leaders provide the container for Kahn's system-wide three-part process: 1) Move toward anxiety rather than creating defenses against it; 2) Recognize and reclaim projections rather than blaming or scapegoating others; and 3) Facilitate exploration of tensions, issues, and events that underlie the anxiety rather than maintaining polarities within the organization. Leadership is also important for modeling and encouraging organizational learning.

Studies cited in this section are qualitative research studies. Elements of story were incorporated in each of them, giving texture and depth to the work. Direct quotes and thick descriptions brought the data to life as close attention was paid to the lived experiences of the participants.

Section Two: Strengths Perspectives in Practice

Strengths Perspective Described

The social work strengths perspective provides an alternative to practice models that emphasize individual, community, and organizational pathology. The appreciative approach inherent in a strengths perspective stands in stark contrast to what, in some instances, has been a destructive emphasis on what is wrong, a problem-oriented perspective. For example, traditional clinical assessments conducted by mental health practitioners have focused on pathology, on identifying problems, concerns, and functional difficulties (Tedeschi & Kilmer, 2005). A strengths perspective orients the practitioner to the importance of building on client strengths, a philosophy that has deep roots in the history of

social work (Richmond, 1922; Smalley, 1967; A. Weick & Pope, 1988). In 1989 Weick, Rapp, Sullivan, and Kisthardt first used the term "strengths perspective" in the title of an article (A. Weick, Rapp, Sullivan, & Kisthardt, 1989). They stated that,

> A strengths perspective rests on an appreciation of the positive attributes and capabilities that people express and on the ways in which individual and social resources can be developed and sustained (p. 352).

More recent research expanded the definition to include psychological, physiological, and environmental strengths (Early & GlenMaye, 2000).

Practicing from a strengths perspective does not require denying that harsh realities such as child abuse, mental illness, and violence happen and must be addressed. Speaking to trauma, Karl Weick stated, in a conversation with D. Coutu conducted in 2003 "What makes such an episode so shattering is that people suffer from the event and, at the same time, lose the means to recover from it" (Coutu, 2003, p. 88). However, a strengths perspective does deny "that all people who face trauma and pain in their lives inevitably are wounded or incapacitated or become less than they might" (Saleebey, 1996, p. 297). All people have the capacity to grow and change; collaboration and partnership between clients and practitioners may be a catalyst for that growth and change (Early & GlenMaye, 2000).

A strengths perspective requires a social constructionist approach to understanding social problems. This approach stipulates that social problems,

like all human interactions, are based on socially constructed views of reality. Who is doing the looking and from what vantage point is essential to the identification and understanding of any situation (Chapin, 1995). Practitioners respect that the client's definition of reality is critical, and empowering clients is the goal (De Jong & Miller, 1995). Marginalized groups and individuals rarely have the opportunity for their stories to be heard. Instead, they are silenced and isolated through others' perceptions of them, perceptions fashioned out of ignorance and stereotype (Saleebey, 1992). In response, strengths-based practitioners work to uncover individual and group stories (Brun & Rapp, 2001) and to make these stories heard and understood by others (Chapin, 1995).

The strengths perspective rests on five assumptions (De Jong & Miller, 1995): 1) Despite adversity, all social and environmental systems have strengths that can be called upon; 2) Consistent emphasis on strengths unique to a system fosters motivation within that system; 3) Discovering strengths is a process and may require the assistance of someone outside the system, an "outsider" to the system culture; 4) Focusing on strengths honors system resilience and diminishes victim stance and "blame the victim" mentality; 5) All systems have resources.

To foster strengths in an organizational setting requires embodying the strengths-based philosophical framework, including the five assumptions described above. An organizational strengths perspective would include "that people have strengths, that they are the experts about their own experience, and

that relationships of collaboration, rather than hierarchical power, assist in identifying and building on those strengths" (Bell 2003, p. 520).

In 1998, approximately ten years after "strengths perspective" appeared in the social work literature, the then-president of the American Psychological Association, Martin Seligman, argued that psychology needed to shift focus from human pathology to positive psychology. Positive psychology, organizational development, and appreciative inquiry form the basis of positive organizational scholarship (POS), "the study of especially positive outcomes, processes, and attributes of organizations and their members" (Cameron, Dutton, and Quinn 2003, p. 4). POS is consistent with the strengths approach (Cameron, Dutton, & Quinn, 2003; Clifton & Harter, 2003). In addition to POS, various authors (Early & GlenMaye, 2000; McMillen, 1999; Saleebey, 1996) have illuminated connections, supports, and challenges to the strengths perspective from areas such as developmental resilience, hardiness, positive psychology, healing and wellness, empowerment, and constructionist narrative and story. The strengths perspective is clearly aligned with the power of resilience, "of the self to heal and right itself with the help of the environment" (Saleebey 1996 p. 303). Case studies of the strengths approach in practice present interventions that build on system capabilities and resourcefulness and are consistent with research on resilience (Brun & Rapp, 2001; Early & GlenMaye, 2000). Use of a strengths perspective lends itself to questions that uncover ways resilience in a system has been demonstrated in the past as well as related questions about resources within the system that support resilience (A. Weick et al., 1989).

Resilience

As a construct, resilience is built on the underlying assumption that the individual or organization has undergone a situation of "significant adversity" and has adapted positively; that is, the system quickly returns to or increases in performance and psychological wellbeing (Riolli & Savicki, 2003). "Significant adversity" is defined in the resilience literature as a significant threat, e.g., a trauma. Resilient systems have the capacity to recover structure and function after disturbance, to bounce back. A highly resilient community or system may be completely disrupted by disturbance but quickly returns to a balance among the elements. These self-righting tendencies are evident in all living systems (Cicchetti et al., 1993; Werner, 1995). Current definitions of resilience range on a continuum from survival to adaptation to competence to healing to hardiness to robustness to wellness (Coutu, 2002; Luthar, Cicchetti, & Becker, 2000b; Maddi, 2002; Masten & Coatsworth, 1998; Werner, 1995). Increasingly, the literature reflects that resilience equals wellness, not merely evidence of the capacity to survive or an absence of dysfunction. A focus on wellness allows for building on existing individual and organizational capacity, on health and strengths, rather than focusing on solving problems, on illness and weaknesses.

What exactly is the quality of resilience that carries people through life? Psychologist Norman Garmezy began asking this question about 40 years ago with regard to children of schizophrenic parents. While many children that he studied suffered psychological illness as a result of growing up with mentally ill

caregivers, others did not. Garmezy concluded that the healthier youth had

resilience, a quality that supported and promoted mental health (Haggerty,

Garmezy, Rutter, & Sherrod, 1994). Subsequent research on high-risk children

indicated that young children with good coping abilities demonstrate the ability to

elicit positive responses from caregivers, especially under adverse conditions

(Werner, 1995). As these children grow, they find at least one competent and

emotionally stable adult with whom to bond, and they increase their ability "to

appraise stressful life events correctly" (Werner, 1995, p. 82). These children

know the importance of ongoing connection to others, remain vigilant about what

is happening around them, and are astute at reading their environments.

However, the cost of resilience can be high. Ongoing connections to

others can develop into poor boundaries or unhealthy dependence. Vigilance can

become hypervigilance. Astuteness at reading the environment can become high

anxiety or depression (Luthar, 1991). Stated from a strengths perspective, people

with poor relational boundaries have the capacity for engaging in relationship.

The gift of hypervigilance is the ability to be perceptive. Finally, anxiety and

depression are signals to the system that underlying concerns or conditions need

attention.

A focus on strengths was employed by the early resilience researchers

who helped reshape the perspective in the education and clinical communities

about at-risk groups, including high-risk youth. These researchers placed their

focus on competence, not just symptomology, and lifted up protective factors as

well as liabilities (Luthar, Cicchetti, & Becker, 2000a). A number of variables have

emerged from the research as being correlated with resilience. These include personal attributes such as positive self-views and good intellectual functioning; a nurturing, non-violent family environment; and a wider support network, including extended family, schools, spiritual communities, work environments, and community organizations (Tedeschi & Kilmer, 2005).

Resilience in organization theory often refers to

1) the ability to absorb strain and to preserve (or improve) functioning despite the presence of adversity (both internal adversity—and external adversity), or 2) an ability to recover or bounce back from untoward events … resilience is the continuing ability to use internal and external resources successfully to resolve issues (Sutcliffe & Vogus, 2003, p. 96).

Diane Coutu (2002) provided the simple yet elegant definition that resilience is the skill and the capacity to be robust under conditions of enormous stress and change. Coutu grouped the characteristics of resilience identified in the literature into three distinct areas:

- Facing down reality

- Search for meaning

- Ritualized ingenuity

As stated previously, facing down reality is acceptance of people, places and things as they are in this moment and working to change what is within your sphere of influence to change. Search for meaning is an individual and collective journey into values and beliefs. Finally, ritualized ingenuity is an uncanny ability

to improvise within established practices and procedures, particularly in times of stress.

Face reality. Facing down reality refers to the ability to truly understand and accept the reality of a situation. An ability to see possibilities, to dream big dreams, and to be optimistic can be positive traits for individuals and organizations. However, when survival is at stake, possibilities and optimism need to be firmly connected to probabilities and embedded in day-to-day reality. Resilient people and organizations are clear about what is needed for survival, a lesson that humans apparently learn at a young age. As mentioned earlier, youth who thrive despite living in adverse and even abusive conditions engage in relationship with at least one emotionally stable adult and pay attention to life events around them (Werner, 1995). They know that paying attention can mean the difference between life and death (Mallak, 1998). According to Mallak (1998), "In the extreme, resilience is needed to save lives. In more routine environments, resilience is needed to preserve sanity and survival" (p. 148).

Facing reality can be difficult and unpleasant, and at times very painful. The inability or unwillingness to face pain leads many people to succumb to the temptation to cope through denial (Coutu, 2002). Those in denial act as though there are no problems and permit no evidence to the contrary. Therefore, "undiscussables" and secrets abound as individuals distort truths or act as if what is untrue is true (P. Senge et al., 1999). Dishonesty and secrets create environments that are more likely to be traumatized and less resilient, as information will not be available when it is needed.

The addiction model can be applied to organizations when denial is used throughout the organization (Schaef & Fassel, 1988). Addiction is to a process or substance that has negative impact and over which individuals and groups are powerless. Addiction "begins to have control over us in such a way that we feel we must be dishonest with ourselves or others about it" (Schaef & Fassel, 1988, p. 57). When leaders believe they are ultimately responsible for all that happens in the organization, these beliefs lead to workaholic behavior and stress (Palmer, 1990). Denial and addiction are the antitheses of facing reality.

Sharing information expands and increases the organization's knowledge base, making denial more difficult and increasing a group's response capabilities. Parker Palmer (1990) writes, "The insight of our spiritual traditions is not to deny the reality of the outer world, but to help us understand that we create the world, in part, by projecting our spirit on it—for better or worse" (p. 6). The reality of the outer world includes trauma but it also includes healing, resilience, and hope.

Make meaning. Meaning making helps build bridges from present experiences to futures of hope; constructing meaning builds resilience and is an act of resilience. According to Coutu (2002), "Resilient people devise constructs about their suffering to create some sort of meaning for themselves and others" (p. 48).

Viktor Frankl, a psychiatrist who survived Nazi concentration camps, is quoted as saying that "Suffering ceases to be suffering in some way at the moment it finds a meaning" (McMillen, 1999, p. 460).

When an organization identifies that it is traumatized and suffering, the leaders and members may build or strengthen resilience by rediscovering meaning. Coming together to discover meaning confirms and makes explicit their shared connection to organizational values and beliefs. Employees need to have a shared understanding of the organizational reality so their decisions and actions are aligned with the organization's mission and goals. Meaning making that is done in isolation may result in fragmentation of the organizational culture and employees working at cross purposes with one another, lowering resilience.

Making meaning together addresses the fact that disconnection and isolation diminish individual and organizational resistance to illness, or hardiness, and increase vulnerability to the impact of traumatic events. Resilience increases dramatically when individuals and groups are able to take purposeful action with others, and stay connected (Herman, 1992). According to Coutu (2002)

> Since finding meaning in one's environment is such an important aspect of resilience, it should come as no surprise that the most successful organizations and people possess strong value systems. Strong values infuse an environment with meaning because they offer ways to interpret and shape events (p. 49).

Another way to find meaning is for people to take care of one another, including assisting others who have experienced trauma similar to one's own, or working to prevent others from such trauma (McMillen, 1999). When individuals begin to feel hopeless or helpless, others can remind them of hope and provide inspiration (Maddi, 2002).

Ritualized ingenuity. The third building block of resilience is the ability to make do with whatever is available within the parameters of established practices. There are two sides to this—on the one hand, making do with what is available and being very good at improvisation. On the other hand, there are rules and structures, repeatable forms. This is the paradox of ingenuity. When individuals and organizations have a strong foundation and know their parameters, including strengths and shadows, they are better able to be creative and resourceful and their creations are held within the structure.

More mature systems have experienced hard times and responded by developing coping strategies. They have policies, procedures, and improvisations; they have created options. These options and strategies need to be revisited periodically for them to stay alive and useful. A young person or young organization has little history, so when tragedy happens they must develop responses, learn to adapt. The process of responding, of positively adjusting when faced with adversity, strengthens system capacity to adjust in the future (Sutcliffe & Vogus, 2003).

Ingenuity grows as individuals and organizations gain experiences. The challenge is to learn from those experiences (Maddi, 2002). Innovation and creative thinking can be enhanced through collaboration as well as through practices that increase mindfulness. Processes that encourage mindfulness are recommended for improving organizational resilience, particularly the ability to assess and respond to threats in creative and productive ways (Sutcliffe & Vogus, 2003).

Organizational leaders must build on the existing resilience within their systems and continue to assess from a strengths perspective (Horne, 1997). Action-oriented leadership tempered by reflection is needed in times of organizational trauma. As Karl Weick told Coutu, "Once you start to act, you can flesh out your interpretations and rework them. But it's the action itself that gets you moving again" (Coutu, 2003, p. 88). Effective leadership can also help mitigate trauma.

Conclusion
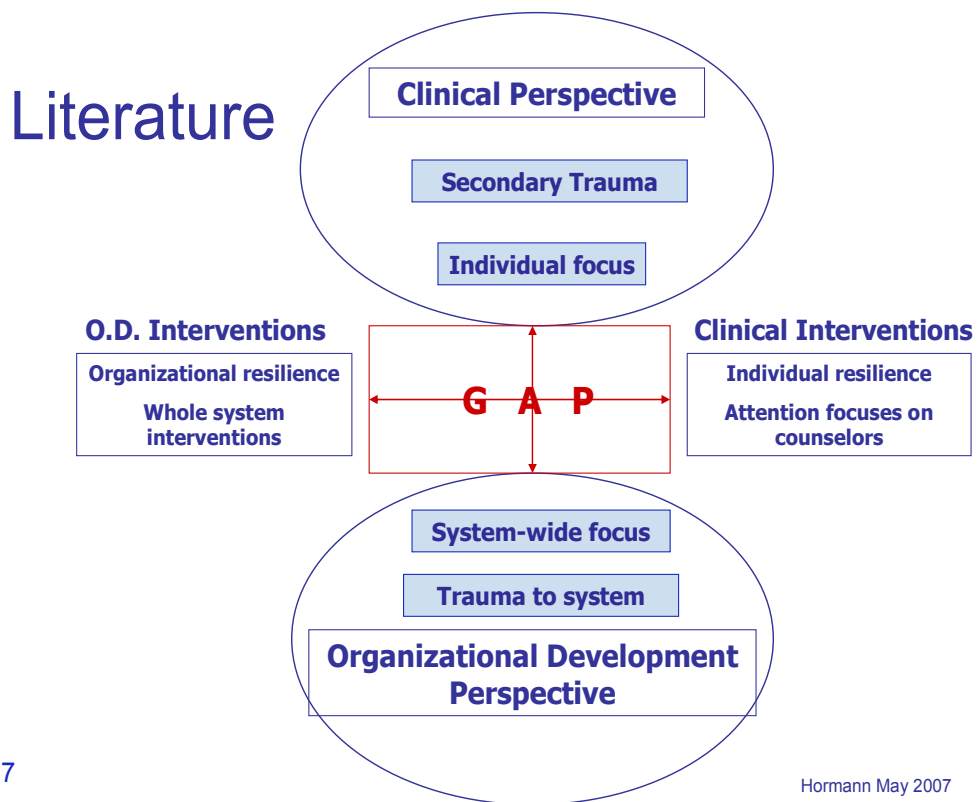
Figure 2. Gap in literature 1.

There is a gap in the literature that reflects the great distance between clinicians and organizational development practitioners. Clinician-researchers who have been impacted by secondary trauma and/or have worked with other trauma workers who have been negatively impacted strive to understand the phenomenon (Figley, 1995; Pearlman, 1999; Stamm, 1999b). A lot of attention is being paid to secondary trauma, its causes and recovery, but little attention is paid to clinicians and first responders who do not exhibit secondary trauma. Individual trauma workers who have effective coping strategies and are healthy are all but ignored in the STS literature. Bell (2003) made the point in her study of clinicians working with domestic violence victims that participants listed personal stresses as more stressful than work-related stresses. Therefore, it may be true that an organization may experience difficulty when employees bring their personal stresses to work, but it may be true as well that work is a healthy refuge for some people, a break from unresolved or conflicted issues in other spheres of their lives.

Apparently, researchers want to move away from the myth that trauma work is done by heroes and angels, super humans who suffer no ill effects no matter what trauma they encounter. They want to dispel the idea that having symptoms of secondary trauma is a sign of weakness. However, by focusing on illness they are missing the joy, the spiritual depth, and amazing relationships that are the gifts of trauma work. The experiences of the trauma workers, their holistic lifeworlds, are not represented. The focus is still on pathology, on what is wrong.

Research on secondary trauma in clinicians and other first responders focuses on the individual as suffering from trauma, and the individual as the entry point for intervention. How can organizational development practitioners "help" an agency in the midst of trauma if they do not understand the impact of trauma on individuals? This is particularly poignant when the agency works with traumatized individuals, increasing the likelihood that some organizational members will be suffering from secondary trauma at the same time that they are experiencing organizational trauma. How can clinicians come to understand that their experiences may not be individually unique, but in fact reflect patterns in the agency, patterns that are systemic? Finally, how can clinicians or practitioners identify and intervene on trauma embedded in the organizational culture if they have no awareness of organizational trauma? There is need for understanding and appreciation by clinicians and practitioners about what each brings to the table. There is also need for greater knowledge sharing about organizational trauma.
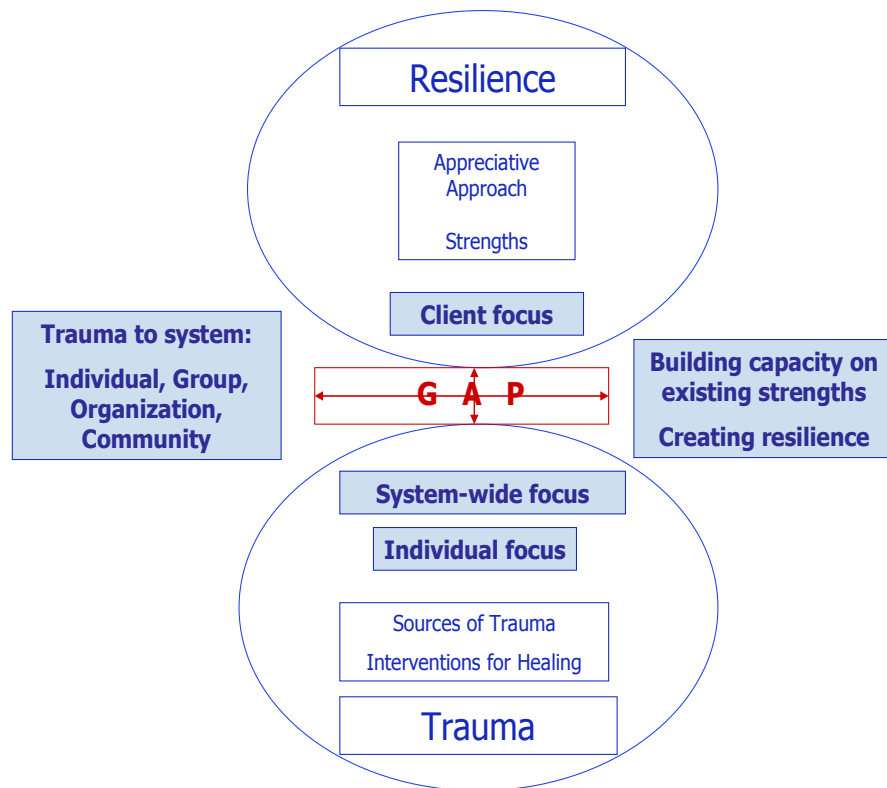
Figure 3. Gap in literature 2.

A second gap is evident in the literature. The studies cited indicate that the trauma literature and the resilience literature rarely intersect. This suggests that conditions that allow organizations to withstand trauma and that contribute to the building of resilience in organizations following a trauma must be explored. To date, the research on secondary trauma (CF and VT) is not strongly connected to the body of research on resilience, or to research in the organizational development field on organizational culture and organizational trauma. This lack of connection limits the perspective on how to address secondary traumatization. I believe this myopic focus on individuals doing trauma work, and the

disconnection from other perspectives, is due in part to the newness of the field. The field is expanding slowly, new voices are being heard, and alternative perspectives are being considered.

In summary, only a handful of scholar practitioners are studying and writing about organizational trauma. This proposed research study will build on existing work and add the voices of leaders to those of therapists, health providers, and first responders.

CHAPTER THREE

METHODOLOGY

Introduction

I chose qualitative design for this study because I am interested in developing greater understanding of leaders' experiences during times of organizational trauma. Qualitative research places emphasis on how participants perceive, understand, and describe their experiences. Participants, who are the experts of their experiences, had an opportunity to reflect on and share stories about those experiences; they shared their reflective meaning making about leading during organizational trauma. My quest was to search out "qualities, conditions, and relationships that underlie a fundamental question, issue, or concern" (Moustakas, 1990, p. 11). I chose hermeneutic phenomenology as my method for this study for its attention to historical and cultural contexts, for the emphasis on writing and text that attempts to evoke meaning making, and for the underlying premise that I will be actively engaged as well as approach my research from a place of wonder (M. Van Manen, 2002)

In this chapter I present the research methodology I chose and detail the methods and process that I used.

Constructivist Paradigm

My research and work with organizations made clear the impact of unaddressed trauma on organizations, how to intervene when trauma occurs,

and how to intervene after trauma becomes embedded in the organizational culture. Some organizations do not succumb to trauma; however, I did not know the conditions that mitigate trauma or that foster life in agencies during times of trauma. My interest was in learning from leaders *their perspectives* about what allows organizations to withstand trauma.

My research stance is rooted in the social constructivism paradigm. Simply stated, knowledge is socially constructed. Schwandt (2003) stated that "human beings do not find or discover knowledge so much as we construct or make it" (p. 305). This paradigm assumes that multiple realities exist, and that meanings shift for individuals and groups over time as they encounter new experiences and engage with one another (Creswell, 2003; Denzin & Lincoln, 2003). According to Creswell (2003), social constructivism assumes that "individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences" (p. 8). These meanings are varied, creating a rich complexity of perspectives. By inventing concepts and models individually and together, we make sense of our experiences. This sense-making is values-based (K. E. Weick, 1993). Researchers engage in "sense-making." As the researcher for this study, I engaged in sense-making and interpreted the representations of the lived experiences described by the participants.

Figure 4. Methodology.

Rationale for a Phenomenological Study

Constructivism underlies qualitative research. Qualitative researchers do not seek to predict and to control, as do positivist researchers; they seek "to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 2003, p. 5). Within the broad spectrum of qualitative research, my culture of inquiry for this study is phenomenology. A phenomenological approach seeks to discover the essences or core meanings of particular phenomena by focusing on the lived experiences of individuals or groups of people (Bentz & Shapiro, 1998; Creswell, 2003; Merleau-Ponty, 1973; Patton, 2002; Max Van Manen, 1990). According to Van Manen (1990),

"Phenomenology asks, 'What is this or that kind of experience like?'" (p. 9) Even more pointedly, phenomenology asks for the essence, the very nature of the experience itself, "what it *is*—and without which it could not be what it is" (Van Manen, 1990, p. 10). Merleau-Ponty (1973) described how one may grasp an essence: "… we consider a concrete experience, and then we make it change in our thought, trying to imagine it as effectively modified in all respects. *That which remains invariable* through these changes is the essence of the phenomena in question" (p. 78).

Phenomenological inquiry, therefore, is not interested in analytical explanation but instead seeks to "understand the essence of the experience *as perceived by those studied*" (McMillan & Wergin, 2002, p. 120). This understanding may then lead to insightful descriptions and insights that inform our ongoing engagement with the world.

Central to phenomenological research are everyday experiences, the lifeworld, "the world as we immediately experience it pre-reflectively" (Van Manen, 1990, p. 9). Simply stated,

> The life-world is the world of our immediately lived experience, as we live it, prior to all our thoughts about it. It is that which is present to us in our everyday tasks and enjoyments—reality as it engages us before being analyzed by our theories and our science ... It should be evident that the life-world may be quite different for different cultures (Abram, 1996, pp. 40-41).

Husserl's work on phenomenology introduced a radical idea, that research need not be fragmented but instead inclusive and holistic, respectful of individual's lifeworlds (C. Kenny, Personal Communication, June 27, 2006). His intention was to *not* fragment people, to use a holistic approach; Husserl insisted that the nature of lived experience is critical for describing the world (Van Manen, 1990). My lifeworld, the lifeworlds of the participants in this study, and the lifeworlds of their organizations were present in the interviews. Using mindfulness during interviews and immersing myself in the transcripts and other documents, I savored the various lifeworlds and enjoyed them from a place of open wonder.

Phenomenology posits that human beings are conscious beings and we know our world through consciousness. Husserl believed that "we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness" (Patton, 2002, p. 106). Therefore, our experience of the world is "constituted as such by our consciousness" (Bentz & Shapiro, 1998, p. 97), a consciousness that is constantly active, engaged, "always consciousness-of-something" (Denzin & Lincoln, 2003, p. 216). According to Carolyn Kenny,

Phenomenology is often described as 'the essence of consciousness' and therefore can study things that are difficult to study with other methods because [phenomenology] goes deeply into unknown territories of human experience by examining direct human experience in depth (Kenny, personal communication, 2006).

This study combined hermeneutics and phenomenology. Hermeneutics calls attention to historical and cultural contexts as well as the conditions that

shape our understandings and interpretations. Given that lived experience occurs within a meaning-rich, context it is important to note that experiences happen in one time and place and are interpreted in other times and places (Bentz & Shapiro, 1998; Patton, 2002; Max Van Manen, 1990). According to Van Manen (1990), hermeneutic phenomenological research is an interplay among six methodological themes: 1) Turning to the nature of lived experience; 2) Investigating experience as we live it; 3) Reflecting on essential themes; 4) The art of writing and rewriting; 5) Maintaining a strong and oriented relation; 6) Balancing the research context by considering parts and whole. The first three are detailed in the next section; they formed the foundation for my research methods.

Methodological Structure

The Starting Point of Phenomenological Research:
Turning to the Nature of Lived Experience

Lived experience is the whole of our experience in the here and now, our immediate awareness. It is both immediate and natural—our experience before we reflect back on it. "Lived experiences gather hermeneutic significance as we (reflectively) gather them by giving memory to them" (Van Manen, 1990, p. 37). Through interpretive acts such as meditation, journaling, and conversations we assign meaning to lived experiences.

I began this research study by identifying a topic of great interest to me, organizational trauma, specifically learning from leaders about their experiences

of the phenomenon. My orientation to the topic is as a social worker with 30

years in the field of interpersonal violence, an educator in higher education, and

an organizational consultant to nonprofit organizations. Because this topic is of

deep interest to me as well as to students and practitioners with whom I work, I

was aware that engaging in the research would profoundly impact me (Max Van

Manen, 1990). My interest in the topic was essential for the study; however, my

interest raised the question as to how clearly I perceived the truth of others' lived

experiences and how open I was to new learning about organizational trauma.

Bracketing.

The technique of bracketing is used in phenomenological research "as an

attempt to hold prior knowledge or belief about the phenomena under study in

suspension in order to perceive it more clearly" (LeVasseur 2003, p. 409). To not

superimpose my assumptions and current understandings on my interpretation of

the nature of the phenomenon, I had to bracket or suspend my taken-for-granted

"knowing," assume that I did not know fully about the phenomenon (Atkinson,

1990; LeVasseur, 2003; Moustakas, 1990; Patton, 2002; Max Van Manen, 1990).

This bracketing did not eliminate my standpoint or perspective, but rather clarified

what preconceptions I brought as an interpreter (Schwandt, 2003).

Presuppositions are important as they provide insight based on current

understanding. However, they also mislead, as our perspective and knowledge

are limited (Bontekoe, 1996). Making explicit my "understandings, beliefs, biases,

assumptions, presuppositions, and theories" (Van Manen 1990, p. 47) created space for discovery.

The phenomenological Epoche process (bracketing) releases the certainty of how things are and "whatever or whoever appears in our consciousness is approached with an openness, seeing just what is there and allowing what is there to linger" (Moustakas, 1994, p. 86). Intention and ongoing attention are needed. Use of bracketing helps researchers to move past their assumptions "and stay persistently curious about new phenomena" (LeVasseur 2003, p. 419). My first drafts of this dissertation included a model my colleague, Pat Vivian, and I developed, a visual for assisting groups and organizations to "see" their culture, especially values, internal dynamics, and behaviors. I needed to let go of this model, bracket this way of viewing organizations, to create space for discovery.

According to Moustakas (1994), "Despite practice, some entities are simply not 'bracketable'" (p. 90). I agree, and learned about my deep assumptions as I walked through the process. For example, early in the first interview I wrote down three comments shared by the interviewee. As I was writing the third comment I glanced at the other two and realized that all three comments affirmed a belief I held about the sources of organizational trauma. At that point I put down my pen and opened myself more deeply to listening. After that experience I took few notes during interviews, leaving the recording to the digital recorder and my colleague who served as note-taker.

Data gathering: Investigating experience as we live it

Interviews were the primary method for data-gathering. Interviewing individuals about their experiences serves a specific purpose in hermeneutic phenomenological human science: "a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon" (Van Manen, 1990, p. 66).

My role as the interviewer was to engage the participants in the interview process and to use in-depth probing to elicit their perspectives (Sanders, 1982). I was conscious of the fact that interviewers and participants engage in relationship, even if only for the limited time of the interview itself. Interview data are dependent on a number of relational factors between the interviewer and participant, including the interviewer's empathic listening skill, flexibility, and ability to create a climate that encourages the participant "to respond comfortably, accurately, comprehensively, and honestly in elucidating the phenomenon" (Moustakas, 1990, p. 48). Throughout the interviews, I listened deeply and empathically and observed and listened for cues from the participants about when to ask general questions and when to ask more direct questions. David Abram's (1996) words resonate with me: "The encounter with other perceivers continually assures me that there is more to any thing, or to the world, than I myself can perceive at any moment" (p. 39). Stories capture my imagination, and I was excited throughout the interplay with participants, engaging with them and assisting in bringing their lived experiences forward, sometimes to be viewed in new ways.

Participants

Washington state sexual assault services are relatively small with regard to numbers of executive directors in the field. Phenomenological studies do not require a large number of participants, however I chose to interview nine individuals for two reasons: 1) to allow for diversity of cultures and experiences; and 2) to protect the identities of participants. Nine female executive directors of Washington state sexual assault agencies that experienced organizational trauma within the past seven years (1999-2006) participated in this study. The executive directors were present during or immediately after the trauma.

Participants were purposively selected on the basis of experience of the phenomenon of organizational trauma and their ability to articulate their experience. Racial and ethnic diversity was emphasized. Urban and rural participation was also emphasized. The photographs in this document were taken while traveling to conduct interviews. These images invite the reader into the participants' physical environments and provide context for their stories.

Programs

As of July 1, 2006, there were 40 sexual assault programs with specialized certification in the state of Washington. These community sexual assault programs (CSAPs) provide crisis counseling as well as legal and medical advocacy for victims and their families and friends. The programs also provide education and prevention services within their communities. Their areas for service delivery range from a one- to two-county radius. Federal and state funds

are awarded to the programs through the Washington State Office of Crime Victim Advocacy (OCVA). Bev Emery has been the OCVA director since 1990. According to Emery, at least ten of the CSAPs experienced organizational trauma in the past seven years. She acknowledged that her information is limited as some agencies maintain a close connection with her office while others are not as forthcoming about organizational operations and dynamics (B. Emery, Personal Communication, April 26, 2006).

In addition to the CSAPs, there are agencies that receive OCVA funds to provide sexual assault treatment services to marginalized communities. These agencies serve people who do not seek services from the CSAPs, which they may perceive as not understanding or respecting their cultures and communities. Examples of these latter agencies include an agency that provides counseling services to a lesbian/gay/bisexual/ transgendered community, a mental health clinic serving Asian and Pacific Islander people, and an advocacy agency that provides services to homeless teens.

Procedure

I sent e-mails to each of the executive directors working in the Washington state CSAPs. I sent follow-up e-mails a month later to people who had not responded. The e-mail correspondence provided information about the research and about myself, gave the definitions provided in Chapter One for "crisis" and "organizational trauma," and invited the ED to participate in the study if she was ED during a time of organizational trauma or within a year of occurrence. I

anticipated, correctly, that this e-mail solicitation would elicit a number of responses. Out of 40 executive directors, I received e-mail responses from 19, seven of whom indicated that yes, there had been organizational trauma within their organization and yes, they were willing to be interviewed.

I also sent e-mails to directors of programs providing services to individuals in marginalized communities, specifically those serving communities of color, inviting them to participate in this study. Four out of these 14 responded; two agreed to be interviewed.

I called each e-mail respondent who agreed to be interviewed and talked in general about the study to determine their degree of willingness to participate and whether our schedules would align to allow for interviewing. One outcome of the phone conversations was that interview times were arranged.

Based on the review of the literature and my own experience, I believed that a limited number of questions with intensive probing would yield deep and descriptive data, as opposed to asking a larger number of questions (Sanders, 1982). I chose areas for exploration and discovered that participants often gave information about the topic areas without my asking a question, although sometimes follow-up questions were needed. The interviews were organized around the following:

1) Description of an incident of organizational trauma

2) Leader's experience of leading during the trauma

3) Given the traumatic experience, how the leader maintained a sense of hope and possibility

4) What helped to resolve the trauma and the leader's contribution

5) What hindered resolving the trauma and the leader's contribution

6) What sustains leaders doing this work

Areas to explore were designed to encourage participants to think deeply about their experience of the trauma and their leadership during organizational trauma. I chose to avoid questions that could lead to theorizing, and instead to focus on questions grounded in the participants' professional practice, questions that accessed their concrete experiences (Van der Mescht, 2004).

Participants were interviewed in person with the exception of one telephone interview with an out-of-state participant. Seven interviews were conducted at participants' work sites and one was held at a restaurant with a participant who was in Seattle on business. Interviews were approximately 75 minutes in length, with the exception of one three-hour interview. Interviews conducted at participants' work sites provided additional texture to the interview experience. I traveled to the areas, visited the centers, and met staff. I had previously visited the center and met in person with the ED with whom I had the telephone interview. The final interview, conducted in a restaurant, did not offer the opportunity for this additional sensory data. The setting did not appear to impede the interview process, however, as the participant was forthcoming and shared in detail her experience of the organizational trauma.

Each participant signed a consent form prior to beginning the interview. Pseudonyms were used to protect participant's confidentiality, and these

pseudonyms were used on all materials associated with the participants. All interviews were recorded using a digital recorder and the files transcribed.

Using a hermeneutic interview process allows researchers to engage with the participants over time about the transcripts, increasing the likelihood that participants' voices will be accurately reflected. I sent each of the participants her transcript and asked her to review and comment on the text. From the responses and richness of descriptions given in the interviews, I selected one participant to be interviewed a second time based on her willingness and demonstrated ability to delve even deeper into a description of the phenomenon. Topic areas for the second interview were designed based on her comments and the story she told during the first interview.

In addition to the interviews, I asked participants for documents they believed relevant for me to review such as e-mail, board of director minutes, or agency brochures. Two participants shared data from consultants' reports, one shared an article she had written, another participant provided extensive materials from a recent conference, and several gave me copies of agency brochures.

This data introduced ethnographic elements into my study, provided "context," and communicated information about the culture of the participants' organizations that was not fully evident in the interviews. Examples included: 1) Powerpoint notes from workshops presented by Mending the Sacred Hoop Technical Assistance Project. These notes affirmed the need for culturally appropriate responses to violence against women and children, including the

inclusion of tribal leadership in program development and the importance of community. 2) Consultant's report that pointed out the poor relationships between the agency and the external community, one symptom that the agency was isolated. This "outsider" gave feedback on patterns in the organizational culture that are characteristic of traumatized organizations. The consultant's report provided data for the new director to facilitate conversations among board members and staff about what needed to happen for organizational members and the organization to heal.

My own experiences of organizational trauma were also data. Writing my own lived-experience descriptions and reflecting on them provided understanding about the phenomenon. I kept a journal and recorded both insights and reflections. The journal is an aspect of ethnographic data collection but it is also an expression of my emic position in terms of working with organizations similar to those of my participants. In this sense, the field notes have autoethnographic tendencies as well.

Collaborative Discussions

Hermeneutic conversations or collaborative discussions and sharing text with colleagues are ways to test one's work and may be helpful in generating insights and clarifying ideas (Van Manen, 1990, p. 100). My colleague, Pat Vivian, has worked as a consultant to organizations for 25 years; we have been friends for 30. For the past five years Pat and I worked together on understanding and addressing organizational trauma. Pat agreed at the outset of this study to engage with me in a collaborative manner. Specifically: 1) She

attended six interviews and took notes. (Scheduling conflicts prevented her from attending the remaining three interviews.); 2) Pat and I engaged in meaning-making conversations after each interview; and, 3) She read the composites and the themes and we then talked about them together. Our collaborative activity of discussions and testing supported and challenged my understanding of the leaders' experiences.

Analysis: Reflecting on Essential Themes

The data gathered from interview transcripts and agency documents, as well as review of my own writing were the basis for constructing meaning. I listened to the recorded interviews as I reviewed the transcripts, listening closely to word and phrase emphasis, voice tone, pauses, and silences. Van Manen (1990) stated:

Making meaning of a text or of a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure—grasping and formulating a thematic understanding is not a rule-bound process but a free act of 'seeing' meaning (p. 79).

I anticipated that each interview would contain one or more stories. In fact, every participant shared several stories. I strove to stay faithful to how participants described their experiences, using their phrasing in the thematic statements (McMillan & Wergin, 2002). To isolate thematic statements I used the selective, or highlighting, approach. That is, I read through each transcript several times and highlighted the statements that I interpreted to be particularly

revealing about the phenomenon of leading during organizational trauma. I was cautious about rushing too quickly into themes, allowing the themes to emerge over time. Patience was an ongoing practice so that rather than imposing order on the data, I allowed the stories to speak. An "essence" is subtle and requires slow unfolding. I asked my colleague and research team member, Pat Vivian, to offer comments on my emergent themes as another attempt to exercise my "suspended judgment," or "epoche."

Phenomenology is open to wonder and discovery. This discovery is not the result of passive observing, like a non-participating spectator at a sport, but rather of attentiveness and aliveness, an openness to engage, and a willingness to be changed by the engagement. Early in this document I stated, "My intention is to create meaning about organizational trauma and healing that will inform practice in the field of trauma work, and particularly the practice of leadership within sexual assault treatment programs" (p. 4). Van Manen (1990) identifies "specific intentionality" as referring to "the directedness of thinking and acting here and now" (p. 182). I remained clear about my intention throughout the research process, all the while being open to wonder and discovery.

Ethical Issues

Participation in this research may have resulted in effects on both the individual interview participants and the agencies with which they work (Max Van

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Manen, 1990). This section addresses the ethical concerns of this human science research study.

Risks and Benefits

Participants were asked to revisit difficult times in their history. Specifically, they were asked to think about when the organization was in trauma and to make sense of their experience. Sharing stories about experiences of organizational trauma raised uncomfortable and even painful feelings for some of the participants as evidenced by their comments.

I learned during the interviews that in addition to the impact of organizational trauma, some of the participants had experienced secondary trauma as the result of working with victims of sexual assault, and/or were victims themselves. I was mindful that the interview process could trigger unresolved trauma. As the researcher, I was responsible for creating and upholding a respectful psychological climate for each participant. I endeavored to do so by treating individuals with respect and care during the interviews. In addition, I was prepared to provide immediate support and/or a counseling referral if the need arose for either. Four participants became teary during the interview process; they shared their thoughts and feelings of pain, joy, and gratitude as tears flowed. I served as witness to their emotions and offered respect and compassion in the moment.

In addition to risks, individuals experienced hopeful and joyful feelings, a sense of resolution and closure, and gained new insights from the process

(Newman & Kaloupek, 2004; Max Van Manen, 1990). Some participants in this study viewed sharing their stories as a positive contribution to social justice, to improving services for victims of sexual assault. They were and are aware of the outcomes that occur when sexual assault centers close: services to victims and their families are not available and it costs thousands of dollars to start a new agency (B. Emery, Personal Communication, April 26, 2006).

Finally, the interview process and reviewing their transcript resulted, as they stated in their interviews and in follow-up e-mail and telephone exchanges, in new learning for the participants. For example, one participant e-mailed me after receiving the transcript of her interview, told me she had shared it with her board of directors, and asked that I work with her board when my writing is completed. This participant believes that her organization is a learning organization and, as such, would benefit from the collective wisdom of the participants, myself, and my colleague, Pat Vivian. Each of the participants was told that she will receive a copy of the results from this study and that a workshop on organizational trauma will be proposed for a future statewide conference that the participants attend.

I believe that the interview process, giving voice to one's experience, is empowering and potentially healing. My experiences with these interviews reinforced my belief that interviewing was the appropriate method for this study and that storytelling is cathartic and healing. These interview experiences paralleled experiences I had when I conducted over 40 interviews with 27 executive directors, staff, and board members for a case study on Seattle Rape

Relief (Hormann and Vivian, 2004). The overwhelming majority of participants in both studies were excited to participate and grateful to have the opportunity to tell their story. In the Seattle Rape Relief example, several participants stated that the interview was the first time they had shared their experience, and they finally achieved a sense of closure. In that case, the agency died; participants were hopeful that sharing their experiences might help others.

The current study focused on agencies that have survived organizational trauma; again, participants hoped that telling their stories would be of use to others. They expressed great interest in and commitment to the strengthening of their own and other sexual assault agencies.

Individual participants were leaders from sexual assault service provider agencies within Washington State. Although participants did not represent or speak on behalf of their agencies, they shared information about them. Written consent was obtained from each CSAP agency's board of directors for its executive director to participate. Several of the executive directors had extended conversations with members of their boards prior to participating in the study, primarily with regard to confidentiality. I was available to communicate with the boards by e-mail and telephone. Board members did not contact me about the study; however, as stated previously, one board of directors requested a discussion with me when the study is finished.

Leaders and other staff members from sexual assault agencies are in regular contact with one another through statewide meetings, training events, and conferences. Agencies providing sexual assault services are nested within

communities and rely on relationships within their communities for service delivery; many receive local funding. Specifics about past or current organizational trauma may not be known outside of the agency and the agency's board of directors may be nervous about the information being made public. Therefore, confidentiality and anonymity are important for the participating agencies, as it is for the individual participants.

Information that I or the participant deemed private or damaging was "removed or disguised to protect the identity of the research participant" (Moustakas 1994, p. 110). Participants chose a pseudonym for themselves that was used throughout the research process. This pseudonym was also used in all written documents pertaining to the research. Digital recordings, printed transcripts, and data on flash drives were kept in a locked file at my home. Finally, confidentiality with regard to the data was maintained until individual participants reviewed their transcripts and agreed to my use of the data.

One last point about risk factors: Executive directors were contacted individually and asked to participate, as opposed to my contacting boards of directors and requesting permission. Once an individual director decided to participate, she then secured permission from her agency's board of directors. This insured that the board did not coerce participation. Although the boards had the option to deny participation, none did so.

Informed Consent

The following points were stated on the consent form and reiterated by me at the beginning of each interview: 1) Participants have the right to end the interview at any time without any retribution. 2) Participants may ask that some or all of their interview responses be pulled from the study at any time. 3) I will request and obtain specific permission for the use of any specific quotes from individual participants prior to using them.

Summary

This chapter presented phenomenology, the research methodology I used for the study, as well as details about the study's methods, hermeneutic interviewing in general, and document review.

In the following three chapters, Chapter Four contains my findings, including two composites of the participants, demographic data, and emergent themes. I provide an analysis and interpretation of the findings in Chapter Five. Finally, Chapter Six places the findings from this study in context with what is already known about organizational trauma. I describe implications for practice and offer ideas about further research in the area.

CHAPTER FOUR

PARTICIPANTS' VOICES:

ENTRY MODEL, COMPOSITES, EMERGENT THEMES

Introduction

Crystal prisms delight in light. Sunlight shining on prisms sitting on a windowsill bursts into many-colored rainbows around the room. Next to one another on the sill, the prisms dance with light in synchronized choreography. However, when the prisms are moved from the sill and distributed around the room, their context changes and the amount and colors of light refracted reflect their new surroundings. Standing tall and stately, the prism on the mantle is quiet until a ceiling light comes on, bringing her brilliance to life. A second prism sits at rest in the corner interacting with the fern, content to keep her light close to home. Across the room, a third prism lies unnoticed although she is highly engaged with her surroundings. An orange-and-red hand-blown vase rises behind her and next to her sits a carved turquoise heart bear. Above her, an arm of ivy waves as the ceiling fan slowly turns. When light springs forth beneath the prism, she explodes in color, drawing all eyes to her, the center of this tableau.

The findings of this study emerged from the experiences of individual leaders in Washington state sexual assault programs. Each of the programs is a prism. Executive directors for these agencies led programs that provide services to victims of sexual assault; clearly, they had similar concerns. However, they each came from very different communities and contexts. These contexts are

important to understanding the leaders' experiences of organizational trauma. Through conversational interviews and follow-up e-mails and phone calls, they reflected on their leadership during times of organizational trauma.

In the following chapter, I present a model describing entry points for trauma and healing in systems, a model that emerged from the data. Second, two composite depictions of organizational trauma and recovery using characteristics of resilience are presented as narratives. I next provide demographic data on the participants, followed by the leaders' descriptions of organizational trauma. I then describe the emergent themes I discovered through the study and conclude with comments about leadership. My intention is to re-present the life-worlds of the participants, my co-researchers, with respect and authenticity.

Figure 5. Participants' Voices.

Entry Points Model

The model visually depicts the participants' experiences of leading during organizational trauma.
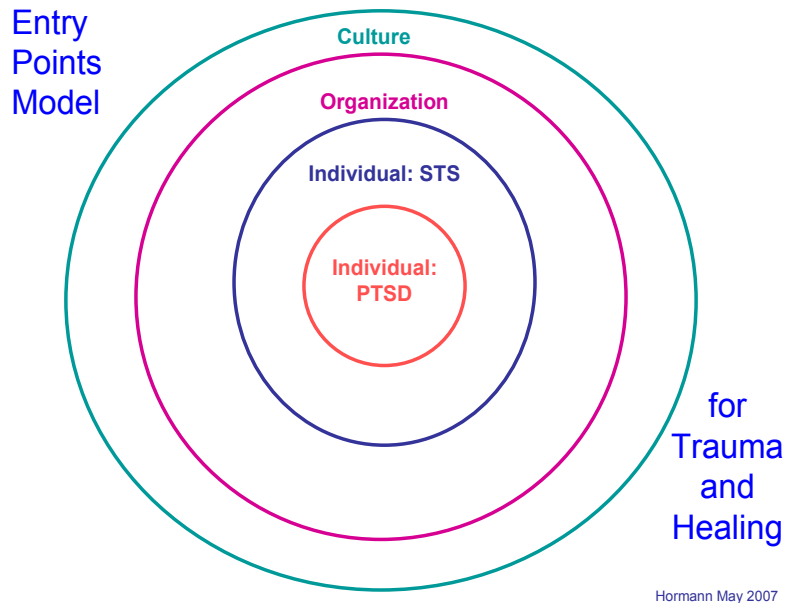
Figure 6. Entry Points Model.

I created a visual diagram using the Entry Points Model for each of the nine participants, constructed from their interview data. Visual representation of the participants' comments provided yet another lens into their lived experiences, and showed differences between areas of trauma and intervention for the organizations. Following are two examples with sample quotes.
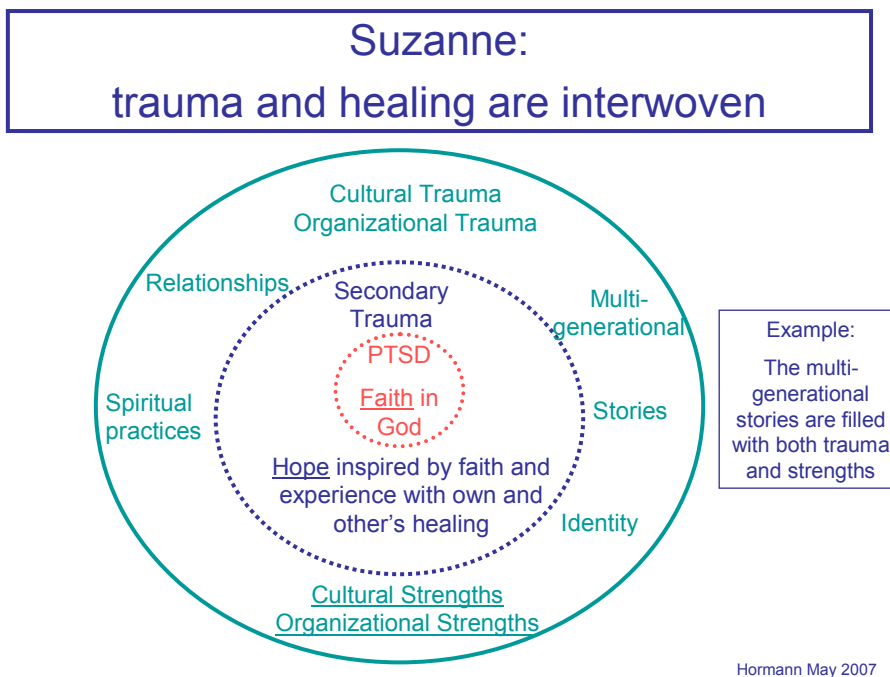
Figure 7. Suzanne.

Suzanne spoke about her own victimization and resulting PTSD, as well as the secondary trauma she experienced from working with and caring about others in trauma. She also spoke about healing, specifically faith and hope. Suzanne combined cultural trauma and organizational trauma, citing areas that are both trauma-laden at the same time that they hold strengths.

A quote from Suzanne:

Some [cases] are pretty heavy. It can be a close family member so we try to be supportive for each other. We do cultural practice like cleansing if that's their desire. We do have therapists here on the reservation … and then we have traditional healers who can work with them…
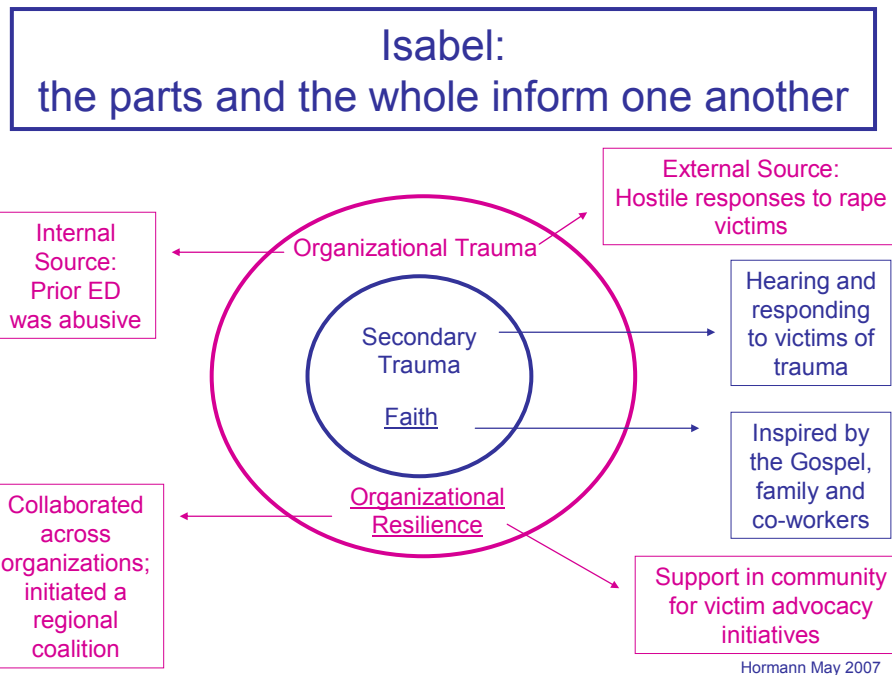
Figure 8. Isabel.

Isabel talked about secondary trauma and told two stories of organizational trauma. One story was about trauma resulting from an internal source and the second from an external source. Quotes from Isabel:

Secondary trauma

The best thing I could do was to listen. Listening to someone does not give you permission or the right to speak into that person's life ... I was present, I listened, I sometimes shared my perspective.

Faith

I have a real strong relationship with my God, and with Jesus.

Composites

Resilience Revisited

As stated previously, resilience may be presented as three characteristics (Coutu 2002):

- Facing down reality

- Search for meaning

- Ritualized ingenuity

The first, facing down reality, is acceptance of people, places and things as they are in this moment. I have renamed "facing down reality" "face reality" to emphasize that individuals and organizations need to look directly at reality; this may require someone outside the system holding up a mirror so the image is not distorted. The second, the search for meaning, is an individual and collective journey into values and beliefs. I have renamed "search for meaning" "make meaning" to emphasize that this is a process of constructing meaning. Finally, ritualized ingenuity is an uncanny ability to improvise within established practices and procedures, especially during times of great stress. Established practices and procedures are structures that become apparent and can help contain anxiety during times of trauma.

Composites

A composite is a fictionalized narrative, a story that draws readers into the lifeworlds of the participants. According to Moustakas, "The composite depiction of an experience is developed through a process of immersion into, study of, and

concentration on the experience of the phenomenon as presented by each co-researcher" (1990, p. 68). Van Manen (1990) encourages the development of narratives based on the collective experiences of participants; I followed this strategy. Composite narratives honor the participants' collective experiences and, at the same time, honor their confidentiality.

<table>
<tr><td colspan="2" align="center">Moustakas</td><td colspan="2" align="center">Van Manen</td></tr>
<tr>
<td colspan="2">
•   Immerse self in data from one participant
     Identify qualities and themes
     Construct individual depiction

•   Repeat for each participant

•   Immerse self in all depictions

•   Develop composite depiction

•   Develop 2-3 individual portraits

•   Develop a creative synthesis of the experience

<div align="right">(1990, p. 51-52)</div>
</td>
<td colspan="2">
•   Engage in iterative process of transcript and theme review with participants

•   Use highlighting approach

•   Engage in collaborative discussions/hermeneutic conversations with colleagues

•   Reflect

•   Identify qualities and themes

•   Develop narratives

<div align="center">(1990, p. 99-107)</div>
</td>
</tr>
</table>

<div align="right">Hormann May 2007</div>

Figure 9. Approaches to Data Analysis.

Two composites are presented here to illustrate the collective story of how the participants (reflectively) perceived organizational trauma in their agencies and themselves as leaders during the trauma and recovery process. My interest

is the lifeworld participants *share* as leaders during trauma. According to Van Manen (2002) I am both the researcher and "an author who writes from the midst of life experience where meanings resonate and reverberate with reflective being" (p. 238). Each individual reader brings her or his lifeworld to the narratives, as I brought mine in creating them.

Criteria

These composites are anchored in the data, and the criteria for developing them emerged from the data. I wrote two composites to represent participants' lifeworlds, and the lifeworld they share as leaders who led during organizational trauma. Therefore, the composites present both rural and urban contexts, and two perspectives: 1) The perspective of the ED who was present during the organizational trauma and recovery; and, 2) The perspective of the ED who entered the organization after the trauma erupted and helped guide the agency and organizational members to recovery. One composite tells the story of an agency with an internal source of organizational trauma, the other the story of an agency with an external source. I did not know prior to the interviews and document review whether or how these contexts and perspectives would be similar or different, or that they would be important to the participants.

Each composite contains entry points for trauma and for healing as described by the EDs. For example, one narrative speaks about secondary trauma as well as organizational trauma, suggesting that interventions to address trauma in the agency need to be at both the individual level for secondary trauma

and the system-wide level for organizational trauma. Finally, the three emergent themes of spirituality, commitment to the work, and community are represented in the composites.

Interviews were the basis for these stories; no one executive director's story is told in full. Quotes contained in the composites are taken from a number of different participants to show the common threads in their stories and to protect the identities of the participants.

Narratives

Composite #1: SHARON

<u>**In the Beginning**</u>

Sharon is in her mid 50s, married, and mother to two adult children. Born and raised in "the city," she has lived in a rural county for almost 30 years; she says that she is still an outsider to folks whose families have lived here for generations. Sharon has a master's in counseling and worked for about ten years as a counselor prior to joining the staff at the sexual assault and domestic violence agency. Eleven years ago, she was asked by a friend who trusted her work and who was one of the board members to assist with the restructuring of the agency; the plan was for Sharon to be involved for a couple of months. The board member warned Sharon that she suspected administrative problems. Even with the warning, Sharon was intrigued and interested in the work of the agency; she agreed to help out. As she said, "It sounded fascinating. I came in the fall

and the ED left within three months of my arrival. It was fascinating, all right!" (Sharon laughs.)

Before the ED left, she told the board that Sharon was obstinate and refused to follow her direction. She accused Sharon of being homophobic, racist, and shoving Christianity down people's throats. However, she presented no evidence of such behavior and Sharon spoke on her own behalf. The board members made it clear that they did not agree with the director's assessment of Sharon's work and chose to not take immediate action. A week later, the ED left the agency.

However, before she left, the former ED faced the fact that her poor bookkeeping and lack of documentation would soon be very visible as the agency was facing its first state accreditation. She placed a call to the agency's funders the day she left. The agency received a visit from the funding organizations two days after the ED left. They met with Sharon and asked "What is the scoop?" followed by the announcement, "You have no money." At that meeting, with no one in the formal leadership role, Sharon learned that the agency was not in compliance with their grant requirements. By the end of that day, most of the grants were frozen. Sharon also learned that the agency was about to undergo the first sexual assault accreditation by the Washington State Office of Crime Victim Advocacy (OCVA) and discovered, to her dismay, that there were no receipts and no paperwork. From January until April, she had to produce everything; she had four months to reconstruct a years' work, most of it prior to her association with the organization. Describing this time she said, "I

found receipts stuck in drawers, went to vendors and got copies of missing receipts, deposited checks that were sitting on her desk for a long time … it was a mess."

After the ED left, staff began sharing with Sharon about boundary and ethics violations the former ED had committed. Sharon learned that for one short period, the previous director had her entire family living at the shelter. On a regular basis, the former director lent her car to clients who were going to the store to buy food and she would have them pick up her lunch, which she then charged to the agency. Staff consensus was that the former director was horrific. However, when the ED first left, it was hard on everyone as there was no day-to-day leader. "But it was more peaceful" Sharon commented. She went on to say, "If you're standing out in the middle of the ocean, there's peace there. Although you've got this huge area around you and you don't know what you're going to do…. There is a peace with it."

Sharon agreed to step into the ED role. She had come in to simply assist with restructuring for a few months and, within a matter of weeks, stepped in as ED with no prior administrative experience. What she brought to the agency was consistency and dependability. In her words: "I was constant then and I am now."

Staff members told her up front that they expected chaos and abuse from her similar to what they had experienced with the former ED. For example, they told Sharon that the former ED threatened their jobs regularly and publicly humiliated them; people outside the agency verified the staff's accounts of how they were treated. Sharon was stunned by their recounting of incidents. She

commented that the more she found out, the more "it sounded like a domestic violence type of relationship that was going on within the agency." She expressed sadness and anger that an agency providing services to victims of abuse and providing education to end abuse would have emotionally and spiritually abusive behavior dynamics. She noted the parallel to domestic violence and was angry that abuse was directed by the more powerful (ED) against the less powerful (staff), mirroring the relationship of batterer against victim.

Sharon worked alongside staff and quickly grasped that for staff who work with crisis everyday, they handle crisis just fine with very little trauma to the organization. However, change was traumatizing for them individually and as a group. She stated that "They are well trained on what they do, but change is the unknown; for them who are so rehearsed in their job responsibilities and their response to crisis … change … just freaks them out." Sharon decided that she would approach any kind of change very *delicately* and very *slowly* because the former ED had changed things *constantly* without notice, without rhyme or reason. She realized that some staff had been personally traumatized as a result of the former ED's abusive behavior.

Sharon worked with staff and the board to slowly build and strengthen the agency, resulting in more and better services to victims of violence. She rebuilt relationships within the local communities, creating informal working agreements with the school districts and formal working agreements with local law

enforcement and the FBI. In short, Sharon worked with staff and board members to re-create the organization.

<u>The Trauma</u>

Sharon described her entry into the organization as a time of crisis of leadership that instigated organizational trauma. She represented the abusive behaviors inflicted by the ED upon individual staff members as both individually traumatizing and traumatic for the body of the organization. Individual staff and the organization recovered from that trauma through close supervision, working together on projects based in the communities they served, and working together with victims of violence. Sharon's voice was full of quiet pride as she shared stories of organizational and individual recovery as well as community service.

Sharon chose to tell another story about organizational trauma in her agency. She started by sharing about a rape case, a case in which the victim was 13 and the perpetrator was in his late twenties. According to Washington state law, any person who engages in sexual intercourse with any person at least 12 but less than 14 years old and where the defendant is at least 36 months older than victim has committed rape of a child in the third degree, which is a class A felony (Washington State Statute 9A.44.079). Sharon explained this to make clear that the sexual relations between the adult and child were automatically statutory rape.

Sharon lives in a rural county in eastern Washington. Almost everyone knew the perpetrator as he came from a well-respected, long-term family in the

community. The adolescent victim was known as well; she was known for being out late, smoking cigarettes, and coming from "*that* family." Sharon shared that this case was personally painful for her as the perpetrator had been in school with her kids. The trial was quite emotional—witnesses for the prosecution said they had seen the perpetrator and victim together, kissing and touching, while witnesses for the defense said the opposite. The young woman's mother and father had booked a cruise and chose to go so they were not present to provide support during the second week of the trial. Sharon and her staff advocates were the teenager's support throughout the trial.

> Sharon related that
>
> when the verdict came in, we were really quite *shocked* that it came back 'not guilty' ... the prosecutor was totally undone. I think everybody was because … it had *happened*. It doesn't *matter* that you have the facts. To me the trauma isn't *just* about this one case. It's about the whole condition of the county … the attitude of the citizens of the county. How intimidating they are; they're bullies. Not all, but enough so that people don't stand up and share that there's a differing opinion.

Sharon stated that a condition that creates, sustains, and escalates organizational trauma is the wider culture. The county she works in is very rural; the nearest city is almost two hours' driving time away. She emphasized that victims are repeatedly victimized by 1) the circumstances of the rural setting ("Because we're in such a small community, victims have to *face* the offender repeatedly."); 2) the justice system ("The sheriff's office put a rookie on the case

to do the investigative work. He was brand new to the department and had never investigated a sexual assault before."); and 3) prevailing attitudes about violence against women ("The law was explained to the jurors, specifically what the law states for kids who are underage, especially with someone who was that much older. And yet, comments among the jury included, 'She wasn't a virgin. This was a victimless crime.'").

Several weeks passed post-trial before there were no tears at work. Sharon and the staff spent a lot of time talking it over. They initially felt powerless to take action, recognizing that whatever they did, their number one concern had to be how it would affect the teenager. One action they chose was to have one of the advocates intervene on behalf of the young woman at her high school, where she was being harassed by peers. They feared that any public statement they made would come back on the victim; therefore, they felt paralyzed, contained in what they could say outside of the agency. Their paralysis and their feelings of sorrow and anger radiated through the agency for months. Sharon emphasized, "To me, the trauma isn't *just* about this one case. It's about the whole condition of the county." She commented that the statutory rape case was only one of many stories that provide a good picture of attitudes and actions within the county.

This community, which did not hold rape victims respectfully, also has not been responsive to the agency that works with rape victims. Sharon's perspective is that there are a lot of folks who ignore their work. She cited that people do not stop her and ask how work is going. She and her staff are rarely

invited to give presentations on sexual assault, domestic violence, or child abuse; when Sharon invites herself and gives a presentation to an audience, she has never been asked to return. She admitted that sexual assault is a very hard subject and not one that many people are comfortable talking about. But she expressed longing for an understanding community, one that would support victims and the agency and require accountability from offenders.

Sharon has support from her husband and adult children, although she does not like to take work home. She feels more comfortable talking about work and getting support from her women friends. She said, "We will just talk it out. That's strength when one of them can start saying some stuff and can get *me* to start talking. It's a huge strength when women can do that for each other." Sharon supports and receives support from other directors of rural sexual assault programs in the state. They get together once a month to talk about anything— personal and professional. Describing this group, Sharon commented, "We know that it's worth the time to just come together and talk … because this work is just *too* heavy; it's just too much." A frequent topic of conversation is the fact that in rural counties there are no other agencies so the sexual assault and domestic violence programs are expected to respond to many kinds of crises. Sharon's perspective is that the anti-violence work of education, counseling and advocacy is hard and the extra expectations are additional "heavy things that are put on us."

A final source of support is the Washington Coalition of Sexual Assault Programs (WCSAP). Sharon has experienced personal support from the WCSAP

staff but does not find their organizational or strategic advice useful. She

commented "When we *do* talk with the coalition they are extremely helpful, but

more times than not, not relevant. *Not relevant* for where we live." The coalition is

based in an urban setting and Sharon does not believe that coalition staff

members understand the challenges of providing services to rural communities.

Urban programs are not in the situation of everyone knowing everyone and

having thickly woven interpersonal connections in the county. Directors and staff

in urban programs may be able to keep their focus to sexual assault. Rural

program staff have to be involved in everyday occurrences and issues in the

county to be effective service providers. One example: There is pressure in rural

communities to keep them *rural* for "outsiders" (many from California and

Oregon) who want to build vacation homes in a rural setting. People who live in

the area may have modest homes while the outsiders build very expensive

homes using builders from out of the area, thus not creating jobs for local

residents. She said,

> We have areas where we can't pave the streets or build a road so
>
> the area 'looks' rural. When we bring a visiting dignitary to our
>
> county, they have to drive in front of his car with a water truck to
>
> keep the dust on the road down because we can't pave it. It's
>
> bizarre. You have to keep the dust down so he can breathe well.
>
> Urban programs are not woven so tightly into the fabric of the culture as

are the rural programs that depend on their relationships for survival.

Recovery

Face reality. Sharon is angry. She is angry on behalf of victims, angry about the toll that trauma work takes on the staff, angry that sexual assault continues to happen, angry that more voices are not yelling STOP THE VIOLENCE. She often feels powerless as she faces the realization about "how much control the good ol' boys have here … It's not governed by law."

On the other hand, Sharon is proud. Proud that she and her staff are available and can help when a person gets raped or assaulted. Proud of the services offered through the agency. Proud that advocacy is available through their center. According to Sharon, advocacy is "to assist somebody and be where they are, not force anything down their throat." So Sharon is angry because she is not blind to the reality of the organization's environment and she is proud of the reality that the organization helps people in need.

Make meaning. Sharon identified her Christian faith as foundational and central to her healing: "I have a real strong relationship with my God, and with Jesus. I think I know how God feels about all of these things. I know that it breaks His heart. I know that we're supposed to be correcting the oppressor and relieving the oppressed and taking care of those who are victimized."

She and the staff spend time creating meaning as a team. Sharon is grateful for this progress; she identified one of her greatest challenges as having people come on board as a team and be able to talk about *anything*. She told her staff, "If we make mistakes we can work through them."

Ritualized ingenuity. Sexual assault agencies make do with what they have and some of the structures they work in are relational structures. Sharon stated repeatedly the importance of relationships and meeting people where they are. She shared about a staff member who is friends with one of the law enforcement personnel. The staff member once said, "I can't believe you *did* that in court. I should just give you a good talking to." While Sharon does not think that is an appropriate manner for anyone in a professional capacity to talk to a law enforcement officer, the fact is he responded to it. The relational intervention was effective.

Epilogue

The 13-year old victim of rape struggled throughout her high school years. What had happened to her was public knowledge and several of her peers were openly hostile toward her. She continued to spend time with the advocate who was her primary helper during the trial and checked in with Sharon now and again. She chose to leave the county after completing high school. Her advocate and school counselor helped her select a community college on the west side of the state to attend. Sharon no longer thinks of this young woman as a powerless victim. Rather, she thinks of her as a brave and resilient survivor. Sharon said proudly, "This is social change. One person at a time."

Composite #2: ALICE

<u>In the beginning</u>

Alice is 48 years old, divorced, and an active member of the Washington Coalition of Sexual Assault Programs (WCSAP). She has been executive director for nine years for a program that has been in existence for nearly 20 years. Alice is obviously proud of the sexual assault program and the work they do:

> I believe that we provide excellent services. Our advocates and counselors are professional and have strong expertise. We engage with the community on a number of prevention projects. For example, we worked with one of our low-income housing areas in town providing education about child sexual assault and resources for childcare and counseling. 'Neighborhood Watch' signs <u>and</u> a sign that reads 'Residents Against Sexual Assault' greet you as you drive into the area.

Alice and the staff have developed cooperative agreements with the school districts; the agency is an important resource for information and referral for the schools. In addition, Alice worked hard to forge a county-wide protocol for addressing sexual assault that includes representatives from the military, the various law enforcement agencies throughout the county, the hospital, children's protective services, and the local Native American reservation-based sexual assault program.

The Trauma

Alice described two examples of organizational trauma, one of observing a sister organization in trauma and the other of leading during trauma within her own organization. She compared the two experiences.

Our experience of being in trauma was very different than our experience of watching another agency in trauma. Our perception of them was that they became insular and completely self-absorbed. Any one of us on staff here who had interaction with them could see that. We weren't surprised when they died, but there was certainly a great sense of regret. Watching them was organizational *stress* for us, but not trauma.

Organizational trauma within her own agency began with lack of attention to intense internal dynamics that escalated over time into an extended period of conflict, poor communication, factionalism among staff, and targeting of Alice in the role of leader. During this time, staff expressed a lot of fear and uncertainty.

Alice described the source of trauma using a systemic perspective: "You may think that problems begin at one place and at a certain time when they actually began at another time and place." She thought that the trauma began when one of the supervisors, Donna, became quite ill, a very sad event for Donna and for her co-workers. Donna wanted to keep all of her job responsibilities and everyone wanted to be supportive of her. However, Alice had to make hard decisions as she believed there were some activities Donna could not continue to do well as she was frequently absent due to illness. Donna

became angry and very upset with Alice and told all the staff that Alice was wrong to have restricted her. Staff members found it hard to remain neutral and took sides for either Donna or Alice. The division was so great that staff moved their offices to one side or another, a physical representation of their factions. Donna's health steadily improved and she slowly resumed her duties. Believing the organization to be in a strong place, Alice went on vacation, leaving Donna in the role of leader. Alice described what happened when she returned from vacation:

> I felt that I had not only had a vacation to my home that I love, but I'm a happy girl, by God, rested, seen all the relatives and everything's fine. I walk in and, "Good Lord, what is going on!?" My assistant said, "I almost called you while you were gone," and I said, "Why, what's going on?" She said, "Well, there's a big investigation going on." And I said, "Whoa, investigation? Who's investigating whom?" She looked at me and said, "Well, you're being investigated." You could have knocked me over.

The person heading the investigation was Donna. Alice did not know what the investigation was about; she only knew that she was being investigated. She assumed that staff all knew what was happening; in fact, they did not know and had been told not to talk about the investigation to each other, to anyone outside the agency, or to Alice. This vacuum of information created space in which rumors flourished.

Work productivity plummeted as staff members bounced between Alice and Donna, seeking leadership and direction. Behind-the-scenes conversations ranged from speculation that Alice embezzled agency money to pay for her vacation to whether the agency was closing and staff needed to consider other job possibilities. Several staff members avoided the office, calling in sick or choosing to work from home or in the community. The factions strengthened and in the perceived leadership void, a number of people began maneuvering for power.

Alice described how she felt and what she thought during this time:

I felt *lost*. I felt so *shocked* and beleaguered. And a combination of pissed off and … like I really didn't have the skills to maneuver. I thought, Why am I putting myself through this? Some days, I felt physically weak. My stomach would go into knots. My chest would ache just driving up to the building. I couldn't sleep. I had all of those physical things for almost two weeks. I thought, God, am I having a breakdown? It was unbelievable. But also thinking, I'm not leaving like this. If I'm going to leave, I am *not* going under these terms.

Alice had been through a personal trauma years earlier and stated that this period of organizational trauma was quite like that. She said "Physically, mentally … wondering who's for you, who's against you, and not knowing."

She also felt deeply sad for the organization:

Oh, my God, where is this agency going? Everybody here has

worked so hard, from board to staff to volunteers, to make it what it

is. Is it going to all be lost? This agency has been so strong and so

wonderful to this community. Will it be here? It was horrible. I had

this feeling of impending *doom*.

Throughout the trauma, Alice felt personally alone. She did not contact

sister organizations for help. Although some EDs knew that she was having a

difficult time, she was concerned about whether they would be discreet with

details so did not share any. She also did not want to burden her friends or her

adult children with her pain. She withdrew from friends by not returning phone

calls or saying that there was a lot of work to do after returning from vacation.

However, her children knew that something was wrong and "wrong" in a way they

had never before experienced with their mother. Each of them made their

presence felt on a daily basis. "They were determined to take care of me. I never

had so many people trying to feed me." *(Laughter)* One of Alice's sons was

working overseas; he took leave from his job and came home, a fact that Alice

realized only when she told her story to me. "It just dawned on me…. They were

all around, but he had to make a real effort, had to leave his job and come home.

Something that significant, you don't even grasp when you're stressed. Isn't that

ugly?"

Alice moved through each day, questioning herself and returning again

and again to the question, "What did I do to cause an investigation?" She

suspected that the investigation started with her disagreement with Donna. After

two weeks of questioning herself, doubting herself, and reflecting on her behavior an internal shift occurred.

> I'm not a quitter. I think that the goal of what work needed to be done gave me focus. I took a ride and sat by the beach and I thought, "All right, now, what *have* you done?" And I thought, "You know what? We can all do something. But if you didn't plan it and you didn't deliberately do it and you don't know you did it, then it can't be this significant. It cannot be.

By the end of two weeks, the shock had worn off and she realized that she had no more information than she did the first day she returned from vacation and staff were floundering. Her thinking moved from paralysis to reflection to action. Words of wisdom she shared repeatedly when mentoring new staff came to her:

> I would say, "If <u>you</u> go into crisis when you are with a victim, there will be no one left to do the work." Wow, that hit me. I thought, Wait a minute, now. Your feeling this way is not helpful. Staff don't know what's going on and your job is to reassure them. So get on with it. You need to get out of this right now, and just move on.

Realizing that no one had presented her with any specifics about her behavior related to the investigation no longer seemed ominous, but ludicrous. Donna had not notified the board of directors about the investigation nor had she contacted law enforcement; Donna conducted all activities herself. Increasing clarity about the investigation process increased Alice's clarity about her actions

as director. She said to herself, "You are the director. No one said you're not yet. And until that day comes, get about your business…From that time on, I knew that I would get through this."

Alice confronted Donna and demanded that Donna contact the board of directors and an appropriate outside organization to conduct the investigation. Donna then told Alice about the allegation brought by a staff person, Janet, an allegation that Alice had been present and done nothing when another staff verbally threatened her.

The incident had occurred about six months earlier and consisted of a fairly short interaction among several staff people. Alice had witnessed the interaction and perceived it as normal, well within the bounds of appropriate behavior. After Alice left on vacation, Janet stepped forward and reported that one of the other staff had threatened her and that Alice observed the interaction and did nothing. The second staff person, the alleged perpetrator, had since left the agency. Alice commented that "This was a personnel issue that took on a life of its own while I was on vacation. Because it was a personnel issue, no one other than Donna and Janet had information or knew the focus." Alice described Janet as a person that "presented well" and had worked with the agency for quite a long time. Alice knew that Janet had good skills.

But she also had personality traits that caused problems. She spent a lot of time with staff, getting to know them well. But what I found was that is wasn't only what she was doing, her behavior, but it's

how she enmeshed the other staff, involved them, pulled them in,

told them how to act at work and at home!

Alice pointed out to Donna that there were two other people in the room at the time of the incident who were still with the agency and asked whether Donna had talked with them. Yes, answered Donna, and the two of them were in agreement that no one had threatened Janet. Donna did not know what to do with the conflicting information from Janet and the other two staff people so the "investigation" had stalled. Alice demanded that the investigation have an outside agency involved. At that point, Donna dropped the investigation.

Recovery

Face reality. Although the trauma reverberations slowly lessened over several weeks, they stayed with people and continued to be played out in organizational dynamics. Alice chose to bring in a consultant who provided perspective and made suggestions for structure. She was relieved to hear someone say that what they were going through was not unusual and that the impacts would continue to lessen over time with attention to interventions. Alice believed that "Part of what was happening was some staff were acting like victims; they were victim-stancing. The 'Oh, poor us mentality,' got fed… a number of our staff were focusing on 'victim' and not on 'survivor'." She worked with the consultant to help the staff move to a strengths perspective; this perspective emphasized a focus on individual strengths; for example, courage in the people with whom they worked as well as within themselves.

The outside consultant identified behaviors that were supporting as well as others that were hindering the agency's work. Alice said, "…our types of organizations are prone to trauma. And it's everything from the amount of secondary trauma among the counselors to the 'us against the world' perspective we easily fall into." She expressed dismay that it took several months for her to bring in outside help. She thought she should somehow have figured out what to do on her own.

One outcome of working with a consultant was a set of principles for how to engage with one another and with the work of the agency. The second outcome was establishing a secondary trauma policy. If any one of the staff, not only the counselors, has problems related to secondary trauma, the agency pays for counseling sessions. The message is that *all* staff members deserve and need to be well, for individual and organizational health, and that secondary trauma may occur as the result of working with victims of trauma. Should that happen, help is available. However, issues not related to STS are the responsibility of the individual. In these situations, staff are encouraged to increase their level of self-care; exercise and counseling are two examples of self-care that are promoted.

Fortunately, the agency's past history was a strength upon which they could build. "This had never been an agency that was in trauma. Everyone was supportive of everybody else's work, even though many of us were doing absolutely different work." Their collective story helped carry them through as they created their new story together.

Make meaning. Alice grew up Catholic in a family committed to community service work and believes strongly in "giving back." Asked about her spirituality she said, "After 9/11, I started going back to church. My faith is a foundation for me. Very much so." She created a box in the air with her hands and said, "I can box and shelve some thoughts and feelings. I can separate day-to-day work from who I am and what is important to me."

She believes that staff are now happy and proud to work at the agency. As a community the staff are accepting, welcoming and apolitical in a positive way with the people they serve and the communities with whom they engage. Alice used the word "mainstream" to describe where most people are that they serve and therefore where their work is focused. Staff members work hard to not alienate people in conversations or presentations.

Ritualized ingenuity. "Resiliency" was identified by Alice as amazing, ineffable, and important for the work, a quality more important than money. On resilience:

> I can't tell you that I truly know what resilience is, but there's something that makes one person more resilient than the other. Give me a little resiliency and common sense, because I can live through another day without that money.

Alice and the staff team are vigilant about organizational trauma today. When she notices behaviors or patterns that remind her of those months of trauma, she takes time to pause and to think, "We have an opportunity to do this differently." What happened then is referred back to today, a reference point for

assessing current dynamics. Clearly, there are ways that what happened at that time informs their learning now. When struggling with an issue, Alice tells herself, "It's been worse. This is nothing compared to *then*. If you got through that and you didn't know what you were doing, you can certainly get through this if you have a sense of what you're doing." She now has confidence because she and the agency have come through trauma and emerged healthy.

Epilogue

Part of the recovery process was to give everyone the opportunity to opt in or opt out. Janet moved on as did her best friend in the agency, and Donna retired within a year. Operational changes were also instituted. Alice added time into staff meetings for open discussion "about cases, about anything." In-house communication about problems sooner rather than later is emphasized. According to Alice, "I think we've done much better because we all really stick with the philosophy that if someone has an issue, you need to talk about it right now."

I reminded her about the comment she made watching another program in trauma: "Our experience of being in trauma was very different than our experience of watching another agency in trauma. Our perception of them was that they became insular and completely self-absorbed."

She commented quietly, "Trauma is so isolating. Perhaps what looks like self-absorption is actually quiet desperation."

The Participants: Demographic Data

The sexual assault field in Washington state is relatively small; therefore, I will describe the participants in a general way to protect their identities. All of them were women. Seven were Anglo, one was African American and one was Native American—Pacific Northwest tribe. The African American and Native American women were leaders of organizations that provide services to underserved populations. One of these programs is reservation-based and the other serves various constituencies, including people who are young, of color, queer, incarcerated, poor, and/or have disabilities. The Anglo women were directors of Community Sexual Assault Programs.

The greatest population density in Washington state is on the west side of the mountains. Seven participants were from the west side of the state, representing six counties; two were from the east side, representing three counties. County population and landmass ranged from 2 million people per 2,000 square miles to 10,000 people per 2,000 square miles. One program is reservation based (not county-wide); one program covers two counties, serving a population of 105,000 across a land mass of 4,800 square miles. Some programs are situated with everyone in the same physical location and driving/working in an urban landscape. Some programs have multiple sites with staff in a number of different areas of the county. Finally, some programs are centrally located and their staff travel great distances on a weekly basis. Each of these conditions has implications for sources of organizational trauma and for healing strategies.

The participants served in formal leadership roles within sexual assault organizations. Seven of the nine participants were not experienced in administration and had not held an administrative role prior to becoming ED of the sexual assault center. No one had been an ED before taking on that role in the sexual assault center.

Two participants were founders of their programs. Two were "insiders" who promoted from within the program and five came to the organization from "outside." Their average length of time in the ED role was 11 years, with a range of less than five years to more than 20 years. Based on my 30 years of experience working in the field of sexual assault services in several different agencies and roles, I believe that the composition of participants is representative.

Descriptions of Organizational Trauma

After reviewing the definition of organizational trauma, I asked participants to describe what had occurred in their agency. Four told stories about intense unhealthy internal dynamics as the result of personnel action. Three told stories about abusive former directors and the resulting impacts of their actions. One told a story about an external source of trauma, the community, that exacerbated organizational trauma. One told a story of cultural trauma. One told a creation story about an agency birthed out of the ashes of a second agency that fell victim to trauma and died. (One director told two stories—one story about a former director and a story about the community.) Details of the stories were beautifully

relayed. Each storyteller gave contextual elements, described who was involved, relayed a dramatic and tragic climax (the impacts of which still echo throughout the organization) and talked about recovery—for the organization and for herself. Resilience, humor, personal reflection and reflection on organizational patterns were evident in each story.

Participants distinguished between organizational trauma and the workplace stress that is a common factor in sexual assault agencies. They also spoke to the impacts of secondary trauma (vicarious traumatization—VT, compassion fatigue—CF) and the need for everyone in the agency, especially advocates and counselors, to pay attention to their mental health. According to one ED., "I knew a lot about stress. I knew a lot about workplace chaos and environment … but vicarious trauma—I had no clue." Her organization made counseling available for people in the grip of VT. She found that coming to understanding of VT took time:

> The words "vicarious trauma" started to have a huge power swing
> in this organization…. Use of [the term] VT made everybody step
> back two or three spaces. If you raised issue with that then you
> weren't understanding what VT was. I think once you understand
> what's vicarious trauma, you're probably in trouble. But you also
> don't want those words to stop you from investigating further or
> checking it out. I can tell you I got pretty screwy when I had too
> much stress and pressure in a non-social services setting.

Here are examples of organizational traumas presented by the participants:

Internal Dynamics

I think it was probably staff vicarious trauma that wasn't diagnosed that played itself out in the organization and was seen as behavioral problems … "It's those people [in the sexual assault program] having problems in the community because they don't play well with others." And it probably played out exactly that way. And probably most of the board members were my type of background: non-social service, professional settings; typically when your employees are out of control what do you do? You bang down on them! (I was brought in to deal with personnel problems, out-of-control staff.) Except that very quickly it wasn't personnel problems…. We had to all learn about vicarious trauma.

Former Directors

There was trauma left over from the former director. The person sabotaged people, projects, and ultimately the agency**.…** Whether that was professional embarrassment, threat of losing their job, because the performance was never good enough. There was a lot of public humiliation. There was no trust. Our agency was on probation with the state. I mean it was kind of like broken from an internal standpoint and it was broken from a system standpoint, too.

When I came into the organization, it was totally traumatized. From

all sides. [The] organization could have died. It was on the brink.

Cultural Trauma

Did you know that in Indian Country or most Native Indian

languages there is no word as "rape?" Isn't that terrible? Sexual

assault is a very hard subject in the Native community. A lot of our

people are in denial. And [sexual assault] is normalized now; you

have to act as if nothing happened. You have to cover everything

that's going on because you don't know if anybody's going to

believe you. With our court system, if somebody's on probation for

domestic violence or has to sign up to be a sex offender, there's no

accountability. There are no consequences because there's not

enough room at the jail for these kinds of people. And this is such a

small community…. It's really hard working in your own tribal

community.

Creation Story

At first we were all *really, really* invested in fighting to keep the

former agency alive. Even though we felt legally and *righteously*

that the organization was ours.… It just became all the sudden very

clear to all of us that what we wanted to do was to stop fighting and

to build a new thing. We developed a culture in which our identity

was dependent on to *whom* we were in opposition. We had been

used to an identity that was in opposition to "the man" or whoever

had the most power, or at least whoever was perceived to have the

most power. We were freaked out about leadership, freaked out

about being exploited…. I think that *this* issue was the source of

many years of debate and pain.

Each of the descriptions speaks about relationships. These leaders *intentionally* moved through their work in the world in relationship with others. Their stories demonstrate that organizational trauma is exacerbated or mitigated by relationships, both internal and external to the organization.

Next I will present themes that emerged from the data.

Emergent Themes: Spirituality, Commitment, Community

Three themes emerged from the participants' stories and served as shining lights in the darkness of trauma: spirituality, commitment to anti-sexual violence work, and community. For each theme I provide a brief description, depict the theme visually as well as with key words and phrases, and share comments from the leaders. These themes are analyzed and interpreted in Chapter Five.

Spirituality

Spirituality emerged from the leaders' stories and was identified time and again as foundational. Participants spoke about their faith in God, and their

spiritual practices, including prayer, using the 12 steps of Alcoholics Anonymous, and participating in Native American ceremonies.

Theme: Spirituality

- **Faith in God, Creator, Goddess, spirit**

- **Spiritual practices**

- **Private/Community**
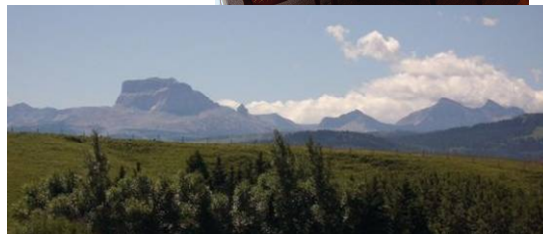
Figure 10. Theme - Spirituality.

These leaders connected spirituality to their work, as indicated in the following comments.

"I have a *huge* belief in God. I know that every time that a woman gets out or a child gets away that we had some role in it."

"I grew up Catholic ... Family very aimed at community service work ... I *believe* that you've got to be giving back … We're making it different for my six-year-old niece. I can cry about that, because it really is hopeful work."

Commitment to anti-sexual violence work

Participants identified three reasons that individuals are committed to
working in programs that provide services to victims of sexual abuse: 1) Feeling
called to work with victims and their families; 2) Personal history of violence; and,
3) Being part of the larger anti-sexual violence movement.

Figure 11. Theme – Commitment to the Work.

I need to *believe* that the work that we're doing is moving towards

something. That it's dynamic ... I don't think it needs to be goal oriented

but I think it needs to be constantly moving and the movement is building

towards something big … to end global oppression.

"I started working for the agency … I knew of their existence because my

sister had used their counsel years ago to get out of town, away from her

abuser."

Community

Community was identified as important for support and for service

delivery. Participants spoke to internal and external communities relevant to their

agencies. Internal communities included comments about collegiality and

friendships developed among staff members, creating emotional safety and

support. Participants acknowledged that there is ongoing need for the sexual

assault programs to build and maintain working relationships with other service

providers, with external communities.

Theme: Community

- **Important for support**

- **Important for service delivery**

- **Internal and external**

Figure 12. Theme – Community.

"I need community of like-minded people. Not the same, but like minded. Who are not afraid to challenge me and who will support me when I'm 'wigged out'."

"I have a pretty strong family sense. I also have had a few women that have been good for me … It's good strength from those kinds of women. Of course JR, and that's been years and years. I pretty much consider her my mentor…"

 "I think it's our successes [with service delivery] but also the turn around in our community regarding our agency ... Our agency is looked up to at this point instead of down at ... We can be pointed to as community leaders..."

In addition to sharing about spirituality, commitment to the work, and community, the executive directors expressed concern about lack of preparedness for leaders of sexual assault programs. As one said, "We don't have a culture of training our leaders." The final section of this chapter offers comments on leadership by the current leaders.

Leadership

Executive directors communicated interest in the development of new leaders for sexual assault organizations. Most of the participants said they liked the ED job, are fairly well compensated, and are excited to be contributing in a meaningful way. When they considered their own inexperience coming into the leadership position, they expressed hope that new EDs will not have to make the same mistakes that they made. Six of the nine participants had specific recommendations for future leaders. I chose the tone of the recommendations to make the text consistent.

- Show up. Staff members need you to be constant and caring. Be present. Listen.

- Practice saying out loud, "I don't know how to do this." Get these words out of your head where they can spin round and round. If you do not know something, probably somebody does, somebody on the staff or somebody "outside." Do not get buried in thoughts and feelings of incompetence and powerlessness, because they are killers. These thoughts and feelings will pop up at least once a month; develop a plan for dealing with them.

- Make sure that you have a board that has good sense and does not go into chaos when the agency is in crisis or trauma. You do not want a board that quits on you or throws their hands in the air and says "Oh, we just can't deal with it all" but instead says, "All right, get a temp employee in here. Call the coalition; call the funding agencies." Have a mix of old and new members because new board members do not know the resources and will tend to avoid transparency, thus cutting you off from the resources.

- Develop an excellent management team with positive relationships; they are your first resource. Delegate to them, knowing that they will not do the work in the same way that you would. Let go!

- Use your colleagues locally and statewide. Ask, "Can we sort this out?" and be willing to listen when they call you.

- Use paid resources. An outside perspective is a mirror for you and for the organizational dynamics.

- Develop and nourish a community of like-minded people who will challenge and support you. You need them and they need you.

- Believe that the work that we are all doing is important, dynamic and life-giving.

- Take care of yourself—body, mind and spirit. [EDs acknowledged that this "should" have been first, but they thought of it last.]

In this chapter, I presented two composite stories about organizational trauma and recovery, demographic data about the participants, executive

directors' descriptions of organizational trauma, three emergent themes, and the EDs' words of wisdom for new leaders of sexual assault programs. Contextual elements such as urban and rural concerns and whether the executive director was present during the organizational trauma or provided cleanup afterwards were presented in the composites. These contextual elements helped form how the leaders experienced organizational trauma. Themes that emerged from the data provided insight into what the leaders need to do their work and how they remain resilient through trauma. Participants' comments on leadership were reminders to themselves as well as recommendations for the next generation of leaders.

Chapter Five presents my analysis and interpretation of the data and examines two frameworks, characteristics of traumatized systems and principles for healing organizational trauma, in light of the new evidence.

CHAPTER FIVE

ANALYSIS AND INTERPRETATION

Introduction

My work with traumatized individuals, families, and communities spans three decades. I have served in many roles, including social worker, counselor, advocate, community organizer, and teacher. Participants in this study, my co-researchers, have been my recent teachers. They provided the data, the new evidence, that illuminate leaders' experiences during organizational trauma. These women were not reticent; they were outspoken and articulate. Many times during interviews as well as subsequent e-mail exchanges and telephone conversations, they pushed back on an incorrect assumption I held or an inaccurate interpretation I gave them. They took the time to tell detailed stories, cried about the impacts of trauma, laughed at themselves, and expressed gratitude for all they had learned during their years as executive director and for the people with whom they worked.

I now provide interpretation and analysis of the two composites and consider the implications of this new evidence for current principles and concepts about organizational trauma, specifically for the principles and concepts found in "Characteristics of traumatized systems" (Hormann and Vivian, 2004) and "Principles for healing organizational trauma" (Kahn 2003). In addition, I present an analysis and interpretation of the three emergent themes: Spirituality,

Commitment to the work, and Community. My intention is to re-present the lived

experiences of the participants, my co-researchers, with respect and authenticity.

Characteristics of Traumatized Systems

Four separate and interconnected characteristics have been noted in

traumatized systems. They are: 1) Closed boundaries between the organization

and the external environment; 2) Centrality of insider relationships; 3) Stress and

anxiety contagion; and 4) Loss of hope. The two composites are foreground for

closer examination of these characteristics. What do leaders' experiences of

leading during organizational trauma reveal about these four characteristics?

Composite #1: Sharon

Sharon stepped into her ED position and worked to heal and rebuild the

agency after the abrupt departure of a director described by others as "abusive"

and "horrific." Grants were frozen as the result of actions taken by the former ED.

Internal relationships were strong but evidenced over-dependence; external

relationships were in shambles. Staff were fearful, a fear that Sharon described

as both palpable and contagious. Sharon was up to the challenge. She was filled

with hope and commitment to the work of the organization.

Organizational wellness slowly grew with her leadership, as did the

agency's capacity for service delivery. The agency's growth in capacity included

relationship development, particularly creating and maintaining working

relationships with important service providers such as law enforcement.

However, "working relationships" do not equal support. The boundaries were thick around Sharon's program, making it difficult for information and support to flow back and forth. They were thick in part because the external environment did not embrace the agency or appear to recognize the blatant need for services the agency provided. Staff members and the agency received *appreciation* for their services but not *support* from the external environment. For example, law enforcement officials expressed appreciation that staff members assisted victims of sexual assault through the legal process. However, community agencies did not join with the agency staff on activities. Inside the program staff members were supportive of one another; in some cases the relationships appeared interdependent and healthy while in others unhealthy dependence was evident.

These conditions were already in place when Sharon led her team through a statutory rape trial and its aftermath. The thick boundaries around Sharon's agency became more rigid during the rape trial and afterward as staff members emphasized caring for the victim and themselves over collaboration with others. Inside the organization, the impacts of trauma contagion were high as staff worked to support the victim and one another. Individual staff also suffered from secondary trauma. The social injustice of the not guilty verdict triggered feelings of powerlessness. However, anger at the injustice of the sentence and commitment to providing services mitigated against loss of hope. Sharon's perception was that the adolescent victim, the staff, and the agency suffered the impacts of cultural trauma resulting in organizational trauma for the agency.

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Composite #2: Alice

Alice provided leadership during an organizational trauma brought about by a near perfect storm within the agency. During a time when staff were in factions and there was competition among, a long-time staff member brought forth a serious allegation against Alice, calling into question Alice's use of power and authority and hardening the already existing factions. The allegation was brought to a supervisor with whom Alice had a contentious history, a person who respected Alice but did not trust her judgment. The supervisor chose not to involve an outside organization in the investigation of the allegation. Her rationale was that she did not want the agency's dirty laundry hanging out in front of others. She believed that by not consulting with anyone "outside" and telling staff not to do so, she was protecting the agency. In effect, she thickened the boundary around the organization, closing off her access to others and shutting out the external environment.

Alice's behaviors mirrored those of the supervisor. She closed her personal and professional boundaries, choosing not to share information with anyone. System-wide, the response was "Don't talk. Don't tell." Pressure on internal relationships was exacerbated; relationships were filled with confusion, stress, and anxiety. Staff members were concerned for Alice, for themselves, for their jobs. Alice was also anxious and concerned. Her fears included being afraid for the future of the entire agency and for the people to whom it provided services; she held the larger perspective and imagined the devastating effects that would result county-wide if the organization died. Alice began to lose hope.

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However, commitment to her staff and the victims needing services ultimately held her steadfast.

Characteristics Reconsidered

Open systems emphasize "flexibility, collaboration, consensus, and authentic communication," while closed systems emphasize "stability, group loyalty, security, clear boundaries, and tight controls" (Kantor, D. and Heaton Lonstein, N., 1994 in Senge, et al, 1994, p. 415). Either style can be healthy or unhealthy. Authority and boundaries look different depending on whether a system is open or closed (Kantor & Heaton Lonstein, 1994).

An organization as a system is nested inside a larger system, the community. The work of an organization is influenced by the external environment, the culture in which the agency is nested; in addition, the organization's work influences the external environment. Closed boundaries between the organization and the external environment is the first characteristic of a traumatized system. When boundaries are closed tightly, isolation increases and the organization loses the ability to correctly assess external reality.

While boundaries were thick around Sharon's organization, they did not close completely. Minimal information continued to flow back and forth through the perimeter; support did not. On the one hand, Sharon and her staff team did not experience much support from the external environment even during stable times, so the lack of support was not unusual. On the other hand, connections strengthen overall resilience; support from outside the agency would have

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lessened the experience of isolation and contributed energy to a system exhausted from caring.

Alice's organization deliberately closed ranks, sealing tight the boundaries between the agency and the external environment. There was no vehicle for information exchange or feedback. Rumors abounded in the information vacuum.

Closed boundaries around *any* organization intensify internal dynamics. Closed boundaries also lead to an emphasis on group loyalty within the system over collaboration outside the system. When boundaries are closed around a *traumatized* system one result is Centrality of insider relationships, characteristic number two. Relationships may become over-dependent and enmeshed.

Sharon reported that, prior to the trauma, the staff members within the sexual assault program were highly interdependent and supportive of one another; in some cases, this support appeared to be unhealthy dependence. These dynamics intensified during the trial and for months afterward. However, focus was appropriately maintained on their work with the rape victim, not on one another. In addition, individual staff members had supportive relationships with family and friends outside the agency and did not abandon those relationships. Sharon reported that, as the leader, she longed for peer relationships with whom to talk through her experiences.

As stated previously, Alice's organization shut down like a clam during the trauma, closing out the external environment. However, the internal environment was also shut down as those on the inside were told to not talk with anyone, including one another, about the investigation. A result was that co-workers went

underground; they held private meetings at locations other than the agency. Some of the staff members chose to work away from the office; interactions with co-workers were limited.

Characteristic number three is stress and anxiety contagion. "Reliance on internal relationships, coupled with a dependence on empathy to do the work, overload the stress-absorption capacity of the organization, and the organization, as an entity, never calms down" (Hormann and Vivian, 2005, p. 164). Over time, stress and anxiety contagion in the internal atmosphere come to be perceived as normal.

Sharon and Alice each reported high levels of stress and anxiety for themselves and among their staff. A few staff members in both agencies chose to work in the field rather than go to their offices during peak emotional times. They could better manage their own anxiety when interacting with people not impacted by the trauma, as opposed to engaging with their co-workers. On a conscious or unconscious level, they realized that "trauma is contagious" (Herman, 1992, p. 140).

The fourth characteristic is loss of hope. Organizational members develop a collective understanding that the organization is failing to accomplish desired change. This conclusion is the result of inability to hold the tension between the idealism of the desired goal (e.g., stop sexual abuse, compassionate treatment by all for victims of sexual abuse) and the reality of the current situation.

Both Sharon and Alice stated strongly their commitment to the work of their centers. Commitment held fast even when hope wavered. Sharon

experienced waves of hopelessness during moments when she felt powerless to effect change regarding attitudes about sexual abuse in her county. However, she had many more moments—in fact, hours and days—when anger at how rape victims were treated and faith in a compassionate God ignited her commitment to be a change catalyst and kept her hope alive.

Initially uncertain and paralyzed by the investigation, Alice was knocked off her personal center and could not hold the agency's center. During her darkest moments, she feared for the loss of the agency and loss of services for victims and their families. Hope diminished but was rekindled as she reflected on her family, her foundation of faith, and the work that needed doing. Alice bounced back; she was an example of individual resilience.

Characteristics Conclusion

I asked the research question, "What are the leaders' experiences of leading during organizational trauma?" and discovered that there are many leaders in many different contexts; some of their experiences are similar, others are not. The composites did not fit nicely into the "Characteristics of traumatized systems;" the stories told by the EDs were rich, complex and messy. The four characteristics of traumatized systems proved to be useful as a guide for leaders during organizational trauma and provided information about increasing resilience which helps to mitigate against trauma. Exemplifying the first characteristic, Closed boundaries between the organization and the external environment, Sharon managed to keep the organization's boundaries from

closing completely during trauma. In her community, there is little support from the external environment when the organization is stable. To increase overall organizational resilience, Sharon will need to pay attention to opening the boundaries further on an ongoing basis. The last characteristic: was Loss of hope. Although there were feelings of powerlessness and fear throughout the two organizational cultures, neither organization lost heart. Characteristic two, Centrality of insider relationships, and characteristic three, Anxiety contagion, were present and were balanced by strong, compassionate leadership and staff commitment to their work with victims.

Principles for Healing Organizational Trauma

Three principles have been identified as important for healing organizational trauma (Kahn 1993). They are: 1) Move toward anxiety; 2) Recognize and reclaim projections; and, 3) For those in the role of leaders, facilitate exploration of underlying tensions, issues, and events. These principles acknowledge that time and space are needed for resolution of trauma and loss. To explore the principles, I once again turned to the experts, the executive directors who shared their experiences of trauma and healing.

Moving toward anxiety requires that leaders maintain a non-anxious presence and show care and concern. To maintain both one's own center and a non-anxious presence when working with others is both an approach and a skill; these practices are difficult in ongoing day-to-day operations and require an even higher degree of mindfulness during trauma. Each of the participants in this study

apparently understood the need for such an approach and for these skills; they demonstrated them as they worked to heal the organizational traumas in their agencies. Their stories made clear that maintaining a non-anxious mindset and using skills to contain organizational trauma are not automatic. For example, they experienced being knocked off center for a period of time, from a couple of weeks to several months. That being said, in every story the approach and actions of the leader formed the crucible in which change and healing occurred.

Composite #1: Sharon

When Sharon first entered the organization, she was not in the role of ED. She stepped into the leadership role, experienced the impact of the trauma as the result of the former ED's action and sudden leaving on the organizational culture as well as on individual staff members, and worked hard to do clean-up. She successfully contained the trauma and stood at the center of the healing process. However, the trauma was not linked to Sharon; the former ED was the primary source of the trauma. Sharon had a very different experience of leading during organizational trauma when she was knocked off her emotional and spiritual center by a blow to the organizational culture caused by what she described as cultural trauma, the non guilty verdict described above.

Sharon moved quickly to address causes of anxiety in both situations. The latter situation was more emotional for her and for the staff team. She reported that it was weeks after the rape trial before there were no tears at work. During this time, she and her team members talked about their experiences, telling their

stories, collectively considering strategies. This sharing of information, storytelling, listening to each other and exploring options for action helped staff members to share their feelings and show concern for one another. Taking this time also revealed their patterns (e.g., organizational compassion) and their assumptions (e.g., statutory rape is an automatic conviction). Patterns and assumptions are information that is important for the system as members can examine their collectively made meaning without personalizing the information, without blaming and shaming. In addition, patterns and assumptions have implications for practice as they reveal congruence or incongruence between organizational values and practices. Sharon and her team were unhappy about the not guilty verdict and learned that their beliefs about sexual abuse needed to be championed by others in the community. The organization needed allies.

Talking with others outside of the organization helped Sharon to understand that comments expressed by individuals in her county are not uncommon, that they are representative of all-too-commonly held attitudes about sexual assault. When her team members expressed anger about the outcome of the trial and the way the young woman was subsequently treated, Sharon recognized that their feelings needed to be channeled into action for social justice and for individual health. She insured that she and the staff discussed local and regional actions as a team, that individual staff members took their leave time, and that everyone in the agency was involved in new initiatives individually and collectively.

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Composite #2: Alice

Alice returned from vacation and was slammed by the discovery that she was being investigated. She struggled to contain her own anxiety as she did not know the nature of the allegations against her. Until the supervisor dropped the investigation, Alice was cut off from storytelling and sharing experiences with staff, two primary means of addressing anxiety within the system. Rumors sprang up in the absence of public storytelling. A source of constancy was that Alice showed up at work every day and interacted with staff members, presenting as constant, dependable, and consistent. When the investigation ended, a major cause of anxiety dissipated for Alice and the staff, although information-sharing was minimal because personnel matters are confidential. However, Alice listened to fears expressed by staff and used means other than information-sharing about the personnel issue to address the causes of anxiety, which included fear that individuals' jobs would be cut.

Systems that are not resilient tend to regress in times of trauma and may engage in destructive behaviors such as blaming and shaming (Horne, 1997). Alice did not blame or shame any staff members, modeling from her leadership position that she had the capacity to hold and manage her feelings rather than project them, and that she expected the same from others. She facilitated exploration of underlying tensions and issues by bringing in an outside consultant. Together with the consultant, Alice and the staff team identified organizational patterns and developed internal systems and structures. These

strengthened the organization's capacity for dealing with conflict and reduced stress contagion.

Principles Reconsidered

Principle number one that is important for healing organizational trauma is "move toward anxiety." Sharon related two stories of organizational trauma, one trauma caused by the former director's actions and the second by actions or lack of action within her county that she described as cultural trauma. Sharon responded quickly in both cases. Her actions set in place needed structures and reinforced existing ones; her consistency both calmed individual staff members and alleviated their collective anxiety. Sharon had days when she was physically exhausted and emotionally spent. Her usual response was to dig deeply into her emotional and spiritual reserves and keep going. She tried to be transparent, including allowing her staff to see her cry on occasion, as her expression of emotion gives permission for staff members to do the same.

Alice did not build defenses around herself. Instead, she modeled moving with and through anxiety; she continued showing up and doing her job throughout the organizational trauma. This was particularly difficult as she and most of her staff team believed that Alice was at the center of scrutiny.

"Recognize and reclaim projections" is the second principle. Sharon blamed and railed against members of the community whom she perceived as bullies. "They" were ignorant about the psychological impacts of sexual assault, and apparently bullied others into going along with them, as evidenced by the

comment of one community member during the rape trial, "This was a victimless crime." Sharon acknowledged that there are several people in her community who are supportive of the sexual assault agency's work; however, she stated that the majority of them remain quiet because they feel bullied or because they benefit from the "good ol' boys" network. During her interview, Sharon began to recognize and reclaim projections as she reflected on the idea that the attitudes expressed in her community about sexual assault victims are not uncommon; they exist outside her county.

Alice benefited from her organization shutting down as closed systems can keep information inside. Negative comments were held and limited within the organization rather than being projected externally.

Principle number three addresses leadership functions during organizational trauma, specifically to facilitate exploration of underlying tensions, issues and events. Leaders must recognize, first, that organizational trauma is severe and, second, that both time and space are needed for resolution of trauma and loss.

Sharon and Alice each recognized the severity of the organizational trauma at the time it happened. Each of them moved to create transparency. Sharon created time and space for staff members to heal as a team using storytelling, action in the community, and talking about whatever they needed to talk about, from feelings of powerlessness to pride. Alice reinforced transparency by ending the "Don't talk" rule. She told the entire staff team that in future situations, they would not be told they could not talk to anyone. Alice brought in a

consultant who worked with the staff team to uncover organizational patterns. Some staff moved on.

Principles Conclusion

Healing from trauma and loss takes time. This fact underlies the principles outlined in this section. The EDs were pressed to resolve all issues to heal the trauma. Sharon and Alice commented that, when they got into the underlying issues, there were more concerns than was apparent at first. In fact, immediate actions helped contain the trauma and released pressure that had built up, but long-term actions were needed to heal the culture. The three principles are a useful blueprint for leaders and practitioners who work with organizational trauma. Individual leaders have to wrestle with how they enact the principles, what strategies they employ. Sharon and Alice each took different actions. Of prime importance is that they had courage and they did take action on behalf of their agencies.

In this section, I analyzed and interpreted the two composite stories using characteristics of traumatized systems and principles of healing organizational trauma. Next I will present the themes that emerged from the data.

Emergent Themes

The themes that emerged from this study hold important information about sources of strength that help mitigate the impacts of organizational trauma— spirituality, commitment to the work, and community.

Spirituality

For and Against

Spirituality was named by leaders as foundational, one of their strongest relationships, and a core belief. In practice, faith and spirituality are kept "in the closet;" they are a secret in sexual assault programs that are not faith-based. The EDs related that spirituality may not be foundational for staff or for clients.

Some staff members who do not identify faith or spirituality as core to their being may view faith and spiritual practices with suspicion, citing abuses committed in the name of God or religion. On the other hand, faith-based staff members who are passionate about their own faith practices may be critical of others' beliefs and practices. Finally, staff may be cautious about raising spirituality out of fear that they would offend their clients or appear to be "pushing" religion rather than raising a potential resource for healing.

Church

Raising the topic of spirituality could re-traumatize a victim of sexual assault who was sexually abused within the sanctity of a church, perhaps by clergy. In addition to victimization within the church, there may be re-victimization within the church. Victims have relayed stories that indicate clergy and congregational responses to victims of sexual violence and their families may be ambivalent or hurtful (Fortune, 1989).

For some kinds of suffering, congregations and pastors are comfortable in the Good Samaritan role. For other kinds—like the personal, bodily suffering of sexual violence—congregations too often play the Priest and the Levite and pass by on the other side. It is no surprise that victims seldom seek the support of their congregations, anticipating the ambivalence and discomfort they will most likely encounter (Fortune, 1989, p. 219).

Sexual assault program staff members have worked with victims of incest who rejected "God our Father" given the abuses they suffered that were committed by their own earthly fathers. They have also worked with incest victims who had a close relationship with God the Father as their true father. In the latter case, their heavenly Father gave them strength as they healed the wounds of incest.

Need for conversation

My experience is that, overall, faith and the practice of spirituality are not integral in the anti-sexual violence movement and are not contextualized within sexual assault programs. There is little psychological space and no identified arena to have conversations about how faith plays out in the lives of individuals working with victims of sexual assault and their families. There is no forum for exploration and dialogue about individuals' own beliefs and faith or the impact of spirituality on their work. National and international conferences on sexual assault emphasize legal and medical aspects of working with victims as well as therapeutic issues and practices; spirituality is given little or no attention.

This study does not answer questions raised about formalized religion or spiritual practices. I give voice to these points to emphasize 1) That spirituality was named by leaders as foundational for them; and, 2) That there is need for practitioners to see and honor expressions of faith and spirituality as strengths and sources of hope for many people. To ignore or dismiss stories about spirituality is to ignore and dismiss the experiences of many trauma workers and trauma survivors.

Commitment to Anti-Sexual Violence Work

Relationship

"We're all in this together," is how one ED started her comments about choosing to work in the sexual violence field. Relationships within the organization fan the flames of passion for the anti-sexual violence work. While relationships may not draw people into trauma work, the intensity and depth of relationships that develop contribute to people choosing to stay with the work. This is also true about ED-staff relationships. When there is healthy leadership, staff members receive support from the ED, another incentive to continue in the field. ED comments about staff included: wonderful, passionate, awesome, gifted employees. One ED marveled that her staff team provided good services even while working with an abusive ED. Her response to their hard work was, "I just really commended them for staying [with the agency] and being so committed."

The EDs varied in the degree to which they were directly engaged in trauma work, from rarely to often. However all stated that they are present for

debriefings where they hear trauma stories and/or supervise advocates, counselors, or the clinical supervisor and provide case consultation. No ED remained completely separated from the trauma work, even when she reported her work as being mostly externally focused. Therefore, the EDs' commitment to the work included exposure to graphic violent material; given this fact, their commitment to the work leaves them susceptible to secondary trauma.

Costs

There are costs to trauma work. In an interview about Seattle Rape Relief, one of the co-founders said that one year on the crisis line was enough for her. After that, she put her energy into other areas, including public speaking. A participant in this current study spoke to the fact that working with victims of sexual abuse is not something everyone can do, adding,

> I couldn't work in an E.R. I *know* this. But I think it's hard for people to admit that they can't do this kind of work…If you can't do this work or if you leave this work … it says, "I'm not quite as humane as I should be, or not as committed to the cause." We have to stop that. (Interview, October

Her comments point out that within the community, members need to be responsible to one another and encourage one another in health; at times, that means encouraging one another to express commitment for ending sexual violence in ways other than direct service.

Big Picture

Active participation in anti-sexual assault work is wide ranging. This work includes providing direct services such as counseling and advocacy with

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individual victims and their families, organizing at the community level for co-creating appropriate responses to interpersonal violence, and engaging in policy work with local and state governments. Participants in this study articulated these levels of engagement, individual, community, state. They reflected on the history of the sexual violence programs and talked about what they plan to do next. The "big picture" perspective ranged from sexual assault services being nested within the context of all services to address violence against women and children, to prevention efforts to end violence in our communities, to the global perspective, a social movement to end violence and its root causes, including oppression. Considering oneself and ones' agency as part of a larger effort has the potential to expand perspective and resources.

Social Movement

Thirty years ago, when volunteer groups were first writing grants to provide services to victims of abuse, the belief was that rape and incest were common, services were nil, and there was need to stop re-victimization by medical and legal personnel. No one was prepared for what happened when the barest of services were created. Statistics from the first few years were staggering; need for services quickly outstripped service delivery capacity and the numbers continued to rise as more and more women, men, and children came forward and gave voice to their experiences. Out of the storytelling, a social movement was born.

Participants who named social movements during their interviews placed sexual assault programs within the context of large-scale action for social justice.

Key words here are "action for social justice." However social movements were

envisioned, the leaders expressed feeling compelled to act, especially within their

communities. Social movements that were highlighted by participants were the

feminist liberation movement, the movement to end violence against women, and

the global movement to end oppression.

Community

Comments about community ranged from family and close friends to co-

workers to organizational allies to social movements. Participants spoke to

internal and external communities relevant to their agencies.

Internal

Metaphorically, your community "has your back." These people *know*

your experiences, the horrors you have witnessed, and what you're going

through; you do not have to "speak" Rape 101 (e.g., cite statistics and provide

facts to combat myths about rape) or protect these people from information (e.g.,

details of victims' stories and your reactions). Therefore, there is a level of

comfort and perhaps safety among the community's members.

Significant relationships develop within sexual assault programs.

Participants described these relationships as comradeship, interdependence,

and friendship. Some commented that while individuals may not socialize

together outside of work, they are very supportive of one another while working

together. Signs of healthy relationships included inclusiveness, compassion, self-

care, and humor. Caring for one another and self-care were emphasized by

several participants, including supporting people in their spiritual and cultural practices that are different from one's own.

Internal relationships may be strengthened by group or organizational identity. Sometimes, group identity is built in opposition to someone(s) else, particularly people and institutions that are identified as having and abusing power. Most sexual assault programs, particularly those begun in the 1970s, began in opposition to an external environment that did not regard rape or incest as problems and did not want to pay attention or pay out resources to address the needs of victims and their families.

External

Participants also identified that there is ongoing need for the sexual assault programs to garner allies. There is more potential opportunity for communities of like-minded people and allies in urban areas. For example, within a city like Seattle there have been several groups and organizations involved in stopping violence; some of these have identified as being part of the anti-violence movement. These groups include the Feminist Karate Union, the Gang Intervention Task Force of the Seattle Police Department, the African-American Task Force Against Domestic Violence, the Abused Deaf Women's Advocacy, and the Northwest Network of Bi-Sexual/Trans/Lesbian and Gay Survivors of Abuse. While resources exist in rural areas, the options are far fewer. When one E.D. commented, "Rural agencies do it all," she was observing that the expectation to do it all is both a burden and a source of pride. Rural agencies take pride in being able to provide what the survivors of abuse need (e.g., having

a food bank within the agency). For both urban and rural programs, the vast majority of alliances presented by the EDs were not with anti-violence organizations. They included medical and legal services, state agencies, public housing systems, and church groups. These organizations are directly connected with services to victims of sexual assault and their families.

Working to end sexual violence and at the same time providing services to sexual assault victims has long been a creative tension within sexual assault programs. The EDs in this study talked about service delivery and included crisis intervention services, counseling, and education/prevention efforts. Programs are asked to "do it all." Where is the emphasis placed? Do EDs commit resources to build the non-violent community they want or do they emphasize fighting violence as it erupts, one person at a time? Can they ignore the raped teenager standing in front of them, choosing instead to spend their hours providing education about sexual assault and the roots of violence?

In this section, I provided analysis and interpretation of the themes of Spirituality, Commitment to the work, and Community that emerged from the interviews. These were foundational for the leaders of the sexual assault programs, essential to their being able to do their work. When all else was stripped away, they relied on their faith, their passion for anti-violence work, and their communities of family, friends, and like-minded people. These came together in a powerful calling. Each of these women answered the call.

CHAPTER SIX

IMPLICATIONS FOR LEADERSHIP AND CHANGE

Introduction

This chapter is dedicated to the women who told me their stories, the participants in this study. Your voices, your laughter, your tears, and your courage echo within me.

I would like to share a caution about research that was brought home to me once again: Research is political. And it is personal. The participants blessed me with their lifeworlds, sharing fun and victorious stories as well as stories about organizational trauma and secondary trauma. However, every story held the truth that sexual assault work is hard. For example, one victory story was about a sexual assault program engaging with community service, providing outreach and education about child sexual abuse to parents of young children in a low-income housing area. However the impetus for the outreach and education was a pedophile who had offered to provide daycare while parents were working and then molested several of the children in his care. The executive director who told me this story did so in a matter-of-fact tone, but the fact that she told the story gave me insight into her strong feelings about child sexual abuse and her commitment to protect children. She closed the story with the comment that "these are the kinds of problems legislators never see."

Stories of victims and survivors did not shock me, as they might shock readers who have not worked with trauma. I *was* shocked to learn about the

boundary violations committed by previous executive directors, in particular abusive behavior directed at staff members. I was aware when writing the two composites that simply reporting out the boundary violations could give the impression that all sexual assault center leaders were or are engaged in these abusive behaviors, which is not true. Participants shared these pieces of information because they wanted others to learn from them. Therefore, I drew from their stories and attempted to give voice to how horrific it was for the EDs who did the cleanup, to give voice to what the staff lived through, and to provide a snapshot of the resultant internal dynamics.

I invite you to read this chapter as background for intervening in a traumatized system. Specific examples will be different depending on the organization and people with whom you work; however, I believe the concepts are transferable, particularly for organizations that work with people in trauma. This chapter begins with stories and interpretation that offer a deeper look at contexts for organizational trauma and trauma recovery. Characteristics of resilience frame the material: 1) Face reality; 2) Make meaning; and 3) Ritualized ingenuity. Leadership is the focus in the second section, including need for constancy during trauma. The final section is titled "For Practitioners;" in it, I present recommendations for an approach to intervening in organizational trauma.

This work is representative of my thinking about organizational trauma at this time. I am excited to learn more. When I began this journey, I had a few questions and many answers. At this time, I have many questions and so few

answers. I find that fact inspiring. I have merely come to the top of a hill; a new horizon to explore lies beyond.
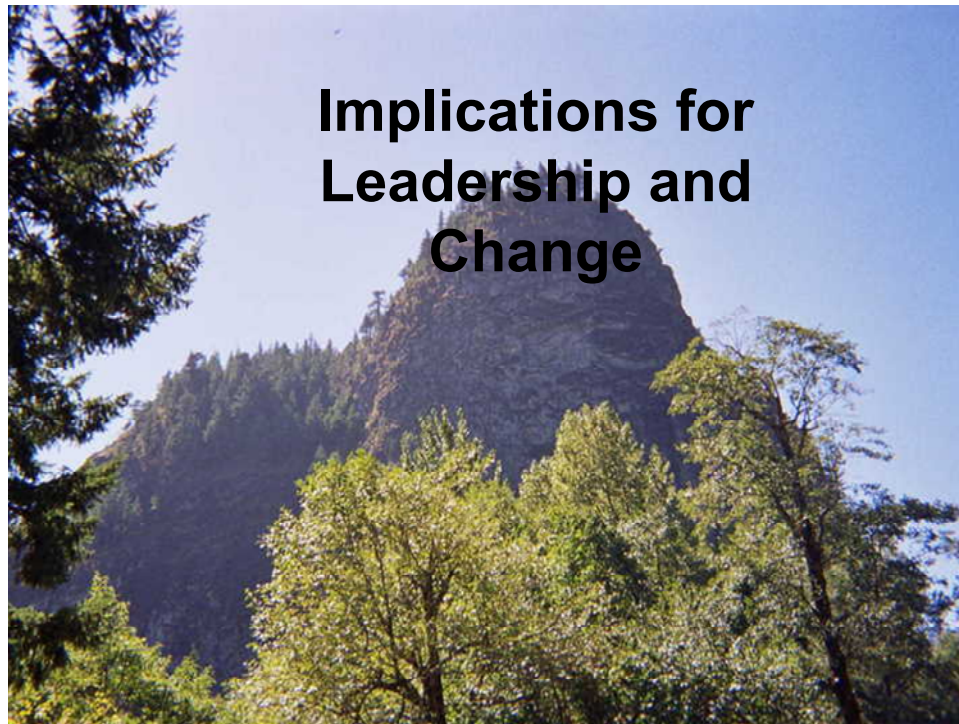
Section One: Organizational Trauma and Recovery

Throughout the analysis and interpretation of the data I returned again and again to consideration of key conditions in organizations that increase their chances of successfully getting through trauma and that help them to remediate trauma. The composites beautifully illustrate the shared lifeworlds of leaders who led during organizational trauma and who provided leadership for organizational recovery. These narratives speak to the key conditions as do the themes, particularly "Commitment to the work" and "Community."

Commitment to the Work

I believe leadership that is based in commitment to working with sexual assault victims and their families is one key condition for these organizations to survive trauma. This commitment is the heart of the agency. The leaders referred to their own commitment and to the commitment on the part of their staff teams. The leaders also gave details about the difficult tasks they as executive directors had to do under stiff timelines with little training or experience in leading an agency, including preparing for an impending audit and rebuilding relationships internally and externally. Their commitment was demonstrated in their courage, determination, ingenuity, and hours and hours of hard work.

The leaders were constant. They did not quit. They had faith that they would receive guidance and were held in community, whether those relationships were evident every day or not. They worked when grant money was frozen; under threat of investigation; while helping staff members get resources they needed for recovery from secondary trauma; with little or no support, and sometimes with open hostility from the external environment. Their leadership set the tone and approach within the organizational culture during trauma. Organizational culture holds the values and assumptions, the implied structure, for the approach that members will take to trauma recovery; these leaders stepped in and held that structure. While it is true that all natural and social systems have strengths and self-righting tendencies that help them to return to equilibrium after trauma, social systems are unique in that individuals and groups of people make decisions about the approach to trauma recovery. Leaders in this study took an approach that the work would continue in the face of trauma. In

fact, in some cases, the focus on the work may well have prevented the

organizations' deaths from trauma. "Approach to the work" builds on

"Commitment to the work" and is a condition that strengthens organizational

resilience or creates vulnerability to organizational trauma.

Community

Characteristics of resilience provide the framework to address

"Community," a key condition for traumatized systems to heal, and the resistance

from the external environment to sexual assault work which prevents community

from forming. Resistance from outside is often countered by resistance within the

agency. "Us against them" thinking is established and reinforced through

interactions between agency staff and community members. Leaders standing

firm for victim services and building the bridges for a "we" community is essential

for long-term organizational health.

Face Reality

1977. Telephone ringing in the middle of the night. I fly out of bed, grope

for the light, grab my pen and pad of paper. For the next 30 minutes, I listen to a

rape victim at the other end of the phone telling her story, asking for help. I call

my partner advocate, drive over and pick her up, and we speed through the night

to the side of the traumatized woman who called me. Shock holds her together,

which is helpful given the next hours spent talking with me, giving a statement to

a police officer, sitting in an ER exam room and going through a physical exam

that entails yet another stranger's hands and strange objects being inserted into her vagina.

I became part of these women's lives for a few hours while they talked about what had happened; for a month while they slowly reconnected with family and friends and waited for results of medical tests; for several months to a year while they walked through the criminal justice system.

2007. Years on a rape crisis line has had a long-term impact on me. My friends know that I am not a fan of the telephone, a ringing phone startles me and I am loath to answer. This response has lessened because my cell phone sings to me and shows a picture of who is calling; the sounds and images make me smile and I take the call. My experience, combined with knowledge of research about sexual assault, domestic violence, and child abuse have had impacts as well. One, I assume that in any group of people there are victims of interpersonal violence. Two, I am stunned that other people do not know that sexual abuse is so prevalent—I assume that the evidence of trauma that is so clear to me is equally as clear to everyone else. Is everyone in denial? How do they not see the interpersonal violence and trauma that occurs in our communities? Why do programs that provide services to sexual assault victims have to beg for money year after year?

Denial

One of my colleagues, Mark Hower, helped me to consider the power of denial and how trauma remains invisible. He pointed out that the Black Death

raged across Europe, beginning in the mid-fourteenth century, and was one of the most tragic pandemics in history. One-third to two-thirds the population of Europe died from the plague. This epidemic and resulting deaths are in our history books and part of our conversation; these experiences are visible. Compare that to the approximately 90 percent of Native Americans in North and South America who died as the result of contact with Europeans, including from epidemics against which they had no immunities. These epidemics and deaths are not part of our conversation (M. Hower, personal communication, 2007). They are invisible, as are more current actions, actions taken in our lifetimes, that further decimated Native American populations (Deloria, 1969, 1988).

The epidemic of sexual abuse is also invisible. Consider the numbers: One in three to four girls and one in six to ten boys is sexually assaulted by age 18; fully 90 percent of assaults are committed by someone known to the child, usually a family member (Finklehor & Berliner, 1995). Between 1991 and 1996, a study of 12 states revealed that 67 percent of all victims of sexual assault reported to law enforcement agencies were under the age of 18; 34 percent were under age 12. The U.S. Department of Justice conducted the study; they acknowledged that the numbers were low as only 64 percent of men and women report sex crimes committed against them (BJS, 1997).

I strongly believe that if public mugging happened to one-third of the population, many of them children, there would be large-scale organizing to end the violence. But protests against sexual violence and organizing to stop it from happening do not occur. Do we not understand that we are all victims of these

assaults? Every one of us knows someone near and dear to us who was a victim of incest, rape, or molestation. Because of invisibility and denial we may not know what happened or *that* it happened, but someone close to each of us was a victim.

Rape is a secret, and we collectively keep the secret. In some languages there is no word for rape and in others there is no permission to use the word. The composites presented in Chapter Four and interpreted in Chapter Five describe the experiences of nine leaders in sexual assault centers during organizational trauma. These executive directors did not contact someone outside the agency during the peak of the trauma in their agencies; instead, they attempted to contain and heal the trauma themselves. Their choice to be silent screams that trauma is isolating. In addition: 1) They held expectations that leaders should have the answers; 2) They were protective of their agencies and felt disloyal going outside, and, 3) We do not have a common understanding or language about organizational trauma. Given that sexual assault is a shameful secret, a horror that is minimized and trivialized, how would the directors know how to talk about organizational trauma, trauma they did not understand? These leaders carried the additional expectation that, not only will they have the answers, they will not leak feelings about rape beyond the boundaries of their agencies. They are living with a high level of denial from the culture that is also internalized in each of them and in each of us. Remaining constant and walking steadfast when denial rages outside as well as inside is a testament to the resilience of these leaders and to the resilience of the organizational cultures.

I am an outsider to these social systems. As such, I observed and appreciated the strengths within each system and shared my perspectives and compassion with the EDs. Trauma recovery takes place within the context of relationships (Herman 1992). My engaging with participants, asking respectful questions and listening to their stories is an example of creating new connections, of helping the system to be open and to build relationships. Together we make sense of our lived experiences.

Make Meaning

By definition, trauma is outside the range of normal human experience. As stated in Chapter One:

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…. At any level, trauma is an experience
for which a person-family-group is emotionally (not only cognitively)
unprepared, an experience that overwhelms one's defensive (self-
protective) structure and leaves one feeling totally vulnerable or at
least temporarily helpless (H. Stein, personal communication,
9/28/04).

Trauma overwhelms systems, individual and organizational, and for some period of time wipes out all sense of control, connections with others, and meaning (Herman 1992). Impacts from trauma work accumulate over time for

both individuals and organizations. There is growing awareness about *secondary trauma* among clinicians and leaders of programs that provide services to individuals and groups in trauma. However, *organizational trauma* is not well known or understood among clinicians, program leaders, or organizational development practitioners, and may be invisible or attributed to some other cause such as burnout. Therefore, when there is trauma within an organization, a leader may believe there are problems with group dynamics or interpersonal conflicts among organizational members; the leader will then design and use intervention strategies appropriate for those situations. In one scenario, one individual may be targeted and become the scapegoat for the group's feelings and experiences. In trying to make meaning of trauma, leaders make attempts to address the trauma, and these attempts are sometimes helpful and sometimes hinder or re-traumatize. How can leaders learn to assess types of trauma, entry points for trauma, and intervene effectively?

Impacts and Costs

Trauma work has costs. Certainly there are costs to leaders during organizational trauma. The executive directors in this study were not always aware that they were "holding" the agency during trauma, but they felt it physically, emotionally, and spiritually. I believe that their experiences of organizational trauma were exacerbated by their feelings of responsibility for the agency. They did not want their staff teams to suffer or the organizations to die and they did not want victims of trauma to be without services.

Executive directors who were leaders when trauma occurred strove to make sense of what was happening, to make meaning in the midst of the organizational trauma; but in addition to being mired in trauma, they faced their own self-doubts. They realized (sometimes with a shock) that they did not have all the knowledge, skills, time, or energy needed to bring the organization into a quick turnaround. They were surprised, too, at how the trauma knocked them emotionally and spiritually sideways. Women who were used to being at the center of the organization found themselves knocked off center. Some were targeted by staff. Executive directors who came to an agency after traumatic events had occurred were surprised at the extent of damage done to organizational dynamics as well as to internal and external relationships.

All staff members of sexual assault centers are vulnerable to another cost of trauma work: secondary trauma (including compassion fatigue and vicarious traumatization). Counselors who work with trauma victims and survivors may need counselors for themselves as they work through the psychological, physical, emotional, and spiritual impacts of their work. To continue to provide services, to continue to rely on their empathy, trauma workers need access to therapeutic resources. Although therapeutic resources for counselors have financial costs associated with them, the financial costs are minimal when compared to the services that those same counselors provide to trauma victims. Sexual assault counselors also need to be able to talk about their work with others in their agency and in the field; they need to be able to talk about their experiences with others doing similar work. Collectively, the counselors can

make meaning from their stories, provide perception-checking for one another, and give each other support.

Finally, intervening in a traumatized organization has financial costs associated with bringing in an outside person to assess the culture and facilitate a healing process. However, intervention is needed. Trauma is contagious and, if left unchecked, will embed ever deeper into the organizational culture and become part of ongoing policies, procedures and practices. These will, in turn, maintain the heightened anxiety that is permeating the traumatized culture. Internal dynamics will intensify and likely have negative impacts on ways that people treat one another. To not intervene may result in an organization that lacks resiliency and/or efficacy. In the worst case, the organization loses heart and dies.

Creativity and ingenuity help give life to organizations and are especially needed during times of trauma. Leaders can use times of stability and balance to intentionally create rituals that promote these qualities.

Ritualized Ingenuity

When trauma is *cumulative* within an organization, the negative impacts build over time. The organizational culture becomes wary and distrustful … and then hyper-vigilant and fearful…and then (over-) reactive and blaming/shaming. At the same time, the work of the organization continues. This is particularly relevant for first-responder care-giving organizations like sexual assault centers for whom the work consists of responding to other's traumas. Staff members are

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rehearsed in dealing with crisis, and their work requires a high degree of readiness for crisis. This very readiness may lull leaders and group members into losing sight of the pressure slowly building within the organizational culture from cumulative trauma. In addition, this readiness may hide the impacts of secondary trauma on individual staff members for an extended period of time.

When trauma is *acute* rather than cumulative, the system experiences a fierce blow, an injury to the body of the organization. An injury may be a sudden eruption within the organization such as the discovery by funders that bookkeeping is shabby or non-existent, leading to monies being frozen, staff not getting paid, and service delivery interrupted or stopped altogether. An external source may also be the cause of acute trauma such as threats or actual harm committed against members of the organization because of their affiliation with the agency.

Rituals

Structures and practices designed to promote individual and organizational health serve to lessen the impacts of trauma on the organizational culture. Behaviors that are ritualized, practices done time and again, provide constancy in the whirlpool created by trauma. When structures are in place, individuals and groups are freed up to be innovative and creative. For example, domestic violence shelters have lists of other shelters and a strategy in place for the emergency of having to move women and children from one place to another with little notice. Having procedures in place for movement of residents frees up

the staff to act quickly. They can then think more creatively about the unanticipated issues that arise.

A second example comes from Echo Glen Children's Center, the facility for adjudicated youth where I worked for ten years. At Echo Glen there were several procedures for crisis situations and also for trauma. Staff wore "panic alarms" around their necks or attached to a belt. With the push of a button, an alarm sounded in the health clinic and at the security office. Within minutes, the cottage having trouble would be filled with security and staff from other units. All staff and youth at the facility were aware of the effectiveness of this procedure.

Sadly, on more than one occasion I received telephone calls letting me know that a former resident, a young man or woman with whom the staff had worked and had left the facility, was dead. Two come to mind immediately. One was a gang-related shooting, and the second was suicide. In these situations, the entire staff team in our cottage, the place where the young people lived, was impacted. Staff members in other cottages on campus were called on to be present and to help out the staff on shift. These procedures were reliable and compassionate. My staff team told stories about the youth, one-on-one with each other and during our weekly meetings. This practice promoted healing for us as individuals and as a group.

Fortunately, most workplaces do not require panic alarms. However, lack of understanding and denial about organizational trauma allows leaders to minimize the need for planning. Should trauma erupt from within or slam against the agency from the outside, planned responses are crucial. One of the executive

directors in this study commented that when the sexual assault program moved to its new location, one of the top priorities was to make provisions for better security systems. She believed that a visible and strong security system will better protect the victims who use their services from abusers and will send a strong message to the community about the need to protect victims and their families.

During and after trauma support is needed from both internal and external sources. Trauma is isolating for individuals and organizations. Connection with others is a key condition for recovery.

Section Two: Areas for Further Research

Organizational Trauma Theory

To date, there is no theory for organizational trauma. There are parts, but not yet a coherent whole. In my exploration of leaders' experiences of organizational trauma, I considered several of the parts: a definition of organizational trauma, the concept of traumatized systems, characteristics of a traumatized system, and principles for healing organizational trauma. I provided examples of organizational trauma to bring the phenomenon to life. Slowly the knowledge base is building, and I believe that the findings from this research study and the "Entry Model" adds to that base.

Practitioners appreciate learning from others' experiences and ideas, especially when faced with very difficult situations such as organizational trauma. I understand that no two situations are exactly alike. However, roadmaps are

useful for navigating difficult and unfamiliar terrain. Theories are maps; theory can help guide practice.

I want to be an active participant in building the roadmap, creating theory and bringing forth practices for addressing organizational trauma. Together with my colleague, Pat Vivian, I will continue to research and write on organizational trauma. As a practitioner, I work with groups and organizations to help resolve organizational trauma and to build organizational resilience and will continue to do so. Howard Stein's definition of organizational trauma cited in Chapter One is graphic: "The protective emotional membrane was penetrated, violated, perhaps destroyed." This definition came out of his work on the impact of "the World Trade Center attack, the Columbine school massacre, and the Oklahoma City bombing on the American cultural psyche…." (Hormann and Vivian, 2005, p. 161). Dr. Stein has agreed to come to Antioch University Seattle to present his work and engage in dialogue with Pat, myself, and others who want to deepen their understanding of organizational trauma and to continue building theory.

There are several trauma institutes in the U.S. focusing on clinical work, including the International Trauma Institute, the Trauma Resource Institute and, the Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy. There is also an institute that provides programs for large systems, the Trauma Recovery and Protective Services, which specializes in trauma-releasing exercises, a body-based recovery method.

There is no institute or university program providing training on organizational trauma with a systemic approach. I believe that Pat Vivian and I

taught the first course on Organizational Trauma and Healing in a university

setting when we offered our course at Antioch University Seattle in 2002. We will

continue to work together to build an Organizational Trauma Institute. This

Institute will address the gap between clinicians and organizational development

practitioners about secondary trauma and organizational trauma.

Finally, the participants raised points about leadership that deserve

greater study. One of these was qualities of a leader, an important quality being

"leader as constant." A second was the importance of conversations and training

in which they can share their experiences and learn from one another.

Leader as Constant

Several participants spoke about leadership and their leadership styles;

over and over, they described themselves as consistent and constant. That

description held true whether the organization was in trauma or was stable.

Constant, reliable, dependable—these were presented by the EDs as healthy

and welcome traits for leaders of organizations that work with trauma. The

retraumatizing, the retriggering that happens among staff is greatly lessened if

the leader is constant. Participants were proud of their number of years with the

agencies and recommended low turnover in the leadership and consistency in

terms of how the leader shows up day-to-day.

However, they also commented that they had to stay alert for signs of

unhealthy dependence. They shared frustration about what they perceived as

over-dependence on them as the leader by staff members. Owning their part in

this dynamic, the participants said that being constant sometimes gave the message that they are always available and perhaps others do not need to be. They had to consciously step away or back away from projects: 1) so that staff would follow through; and 2) so staff had the necessary psychological space to take on the project.

"Constant" does not equal "confident." EDs asked themselves repeatedly, "Is this job really important?" "Do I really want to be here?" "Is this really what I want to be doing?" Leading during trauma exacerbates these questions and also raises questions about self. "Am I competent?" "Maybe I thought I was doing a good job and I'm not." "I don't know that I was the best person for the job when I took it. I don't know that I'm the best now, but I'm constant." A positive attribute of the leaders in this study is demonstrated by their questioning; they reflected on their work as well as on their strengths and areas for growth.

Participants indicated that staff members see that they, "the leader," is constant and assume that all is well with the world. Is being constant on the part of leaders as important to staff members as the leaders perceive it to be? What are the elements of constancy beyond being present and consistent? Do these elements show up elsewhere in the system?

Conversations and Training

To whom do leaders turn when they have questions? With whom do leaders have the important conversations and dialogues about their work? Finally, who listens to leaders? Participants in this study commented on the lack

of training they received as new executive directors, their present struggles, and shared concerns for the next generation of leaders in sexual assault programs. Examples from their comments follow.

"We don't have a culture of training our leaders."

"We would just love to go to training or to do something to help staff, help management, help board better be able to know: Is this normal stress and pressure or is this definitely vicarious trauma?"

"I was getting my training from this woman ... It didn't feel right … It's difficult to learn boundaries and different things that are important in this job when you've got that kind of a model."

"Something that I have tried to do for years because I *have* worked in this field so long is get other directors connected, so that we can talk ... *Everybody* has staff problems, you can't tell me everything is fine."

… has been stunning to me that we're obviously not doing a good enough job in this field of supporting our leaders ... that was one of the reasons that we formed [our regional directors group]. Several different counties, and we try to meet once a month ... it's worth the time to just come together and talk about whatever. Because this is just <u>too</u> heavy; it's just too much.

Their comments caused me to wonder, how and when do leaders come together, share information, and make meaning together? Each of these women is a wealth of information. Their comments during the interviews suggest that

they get little opportunity to share that wealth with one another. I think back over thirty years of leadership in the anti-sexual violence movement and realize how much experience has been lost. I think ahead to prospective executive directors and the need to record leadership lessons now, in the present. This group of executive directors had suggestions for those who come after them. However, a more concerted effort of capturing leadership lessons and "what works" is needed.

Section Three: For Practitioners

Framing organizational trauma requires a systemic perspective that ranges from the cultural (how sexual assault is perceived), to the organizational culture (approach to the work), to the individual (evidence of secondary trauma). Leaders need a telescopic perspective that allows them to move in and out of these perspectives. They need to be mindful of the parts and the whole.

You are an executive director, an informal leader, an internal or an external consultant, and you are working with a struggling traumatized agency, group, community, or department. What do you *do*? I humbly offer an approach for working with a traumatized system that builds on my lived experiences and work with my colleague, Pat Vivian, as well as wisdom shared by participants and my interpretation of their stories. Working with traumatized organizations is not for everyone any more than working with primary trauma as a firefighter or a rape counselor is for everyone. However, if working with traumatized systems is your work, the following approach may be useful to you in formulating your

interventions. Once again I use the framework of resilience: Face reality, Make Meaning, Ritualized ingenuity.

Face Reality

Identify and name organizational trauma. Call it what it is. The simple act of naming helps to provide a container for the trauma and lowers anxiety that has built up in the culture. Naming organizational trauma helps the organization to face reality and strengthens resilience.

Breathe. You are the non-anxious container. Breathe often. If you are an outsider to the group, your presence indicates that the organization has not sealed off its boundaries from the external environment; therefore, information and support can flow back and forth. If you are an insider, take steps to decrease isolation and keep the boundary to the external environment open. Information and energy are needed in times of trauma and there may be sources for both in the external environment.

Walk into the organizational culture knowing that traumatized cultures have a tremendous buildup of fear and anxiety, that perceptions are distorted, and that a high level of reactivity seems normal to the members. Trauma is outside the normal experience; individuals and groups may not have skill sets to help them understand or cope with their experiences. Some individuals or groups will be frightened and even terrified, and death metaphors will likely be present. Resources will be important across the system; take care that they are not limited to one area or certain groups, although some may need more than others at

given times. System-wide fragmentation will likely be apparent. An example would be a congregation that splits, taking sides for and against a pastor who has committed sexual abuse against members of the congregation.

Trauma is isolating. Help individuals and the agency to build meaningful connections. Insider relationships are emphasized; these are the people who have some understanding of each other's experiences of the trauma. Gently and firmly encourage relationships beyond the boundaries of the group to decrease isolation, decrease the intensity of internal dynamics, and increase life-giving energy.

Make Meaning

Bring understanding of trauma reactions to your conversations. Leaders may not be saying out loud how they really feel. Try to understand how beleaguered they feel and how bruised they feel and how committed and tough they feel and how they're trying to hold themselves together. When leaders are at the center of the trauma, and particularly if they are being targeted by others inside or outside the system, they will not have the ability initially to be taking care of everyone else. Place organizational trauma within the realm of "normal" for leaders and others; let people know that their reactions are normal and you will help them to reestablish stability. However, do not promise "sameness" or a return to what was before the trauma. Systems seek equilibrium but balance may well look different than it did before.

Work with the leadership to insure that sharing of information and collective meaning making takes place. Community storytelling is one strategy that addresses both information sharing and meaning making. For example, sexual assault agency counselors come together and share a story over and over, learning from one another's perceptions and slowly releasing intense feelings associated with their experience. Leaders help frame the stories to emphasize strengths and to decrease anxiety.

Spending time and sharing stories expresses members' faith in one another and helps them to collectively make meaning of traumatic events. They are using one of their communities, their co-workers, to express their commitment to trauma work. Whether or not they share their spiritual beliefs with one another will probably depend on their perceptions of each other's openness to doing so and modeling by the leader(s).

Leaders may need assistance to bring the group together and then to facilitate dialogue to explore underlying issues. Co-facilitation with you is helpful as the leader can be supported, strengthen her group facilitation skills, and be recognized as leading the community through the trauma. For example, when a young individual committed suicide at a state facility, the director from that facility and a director from a second facility co-facilitated a discussion with the youth and staff who grieved the loss of the young teenager. This facilitation revealed that the youth felt unsafe as the staff members present were unable to stop their friend from taking his life. As a result of the youth's comments, staff and youth

spent time sharing perceptions and additional procedures were enacted to increase security.

Ritualized Ingenuity

Ask across the organization about procedures and practices that may be in place and/or were used before, especially ones that are known and familiar to the organizational members. Simple rituals like meeting in a particular place or having food available will provide safety and comfort. When familiar structures and activities are in place, the atmosphere will slowly calm and allow for helpful strategies to emerge from the members. For example, a small group of firefighters walked to the local grocery store before their shift and picked up food for their dinner. Following a collective traumatic experience, they discovered that this ritual of walking together and making dinner together was comforting. Their tradition around food was familiar and reassuring.

A second example comes from a Native American reservation-based sexual assault program. Posters throughout the agency proudly proclaim Indian values and state clearly that rape and battering are not Native traditions. Staff members provide victims of sexual assault with emotional support, medical and legal assistance, and a blanket. Gifting blankets is traditional in many Native ceremonies. Providing a blanket to a victim of assault uses a ritual that reinforces cultural values for the receiver and also for the sexual assault agency as a whole.

Closure

The themes of 1) Spirituality; 2) Commitment to the work; and 3) Community are described in this document. These were important themes for the leaders in this study; they may or may not transfer to others who lead during organizational trauma. Uncover and explore foundational values and themes for the leader and the community as these are personally, culturally, and organizationally sustaining. Remind leaders that the organization has strengths based on values. Work collaboratively to build on those existing strengths.

Section Four: Organizational Structure

Organizational structure may be a key condition of how leaders experience organizational trauma. David Korten said that "design of structures have real consequences on organizational behavior" (D. Korten, personal communication, May 12, 2007). The stories shared by the executive directors contained comments about their agencies' structures, although there appeared to be limited awareness about the patterns inherent in their organizational structures.

Two examples of organizational structures are the pyramid and the circle. None of the sexual assault programs in this study were structured completely as either a pyramid or a circle; rather, they seemed to be hybrids of the two. However, the urban programs are larger than the rural programs and their organizational structures tended more toward a pyramid shape. Drawing from

stories shared by the participants, the following are sketches of the pyramid, circle, and hybrid structures with regard to organizational trauma.

Imagine a pyramid. The leader stands at the top. The leader is expected to be visionary and externally focused and may not have much hands-on connection to the work. A pyramid structure has identified leaders at several levels. The spoken value may be that everyone has access to the leader, but most of her time is spent with certain individuals or groups (e.g., a management team). There is not a lot of flexibility in the system but the system is firm and grounded. The leader may rely on those "on the ground" to build certain external relationships. Clean communication vehicles allow for information flow up and down as well as across the system. When these are blocked, information-sharing stops.

Depending on the type of organizational trauma, the overall pyramid structure may be impacted only slightly or at only certain levels. Trauma from outside or inside the organization may be held structurally at a lower level and never reach the top leader's level or awareness. However, trauma may also remain hidden within the structure and create significant damage before it is discovered (see Figure 14).

Organizational Structure: Pyramid

Pyramid Structure

Looking outward

Leader

Looking outward

•The leader has little "hands on" connection to the work.

•Trauma may not reach the leader's level.

• Little flexibility but system is firm and grounded; the structure may be impacted only slightly by trauma.

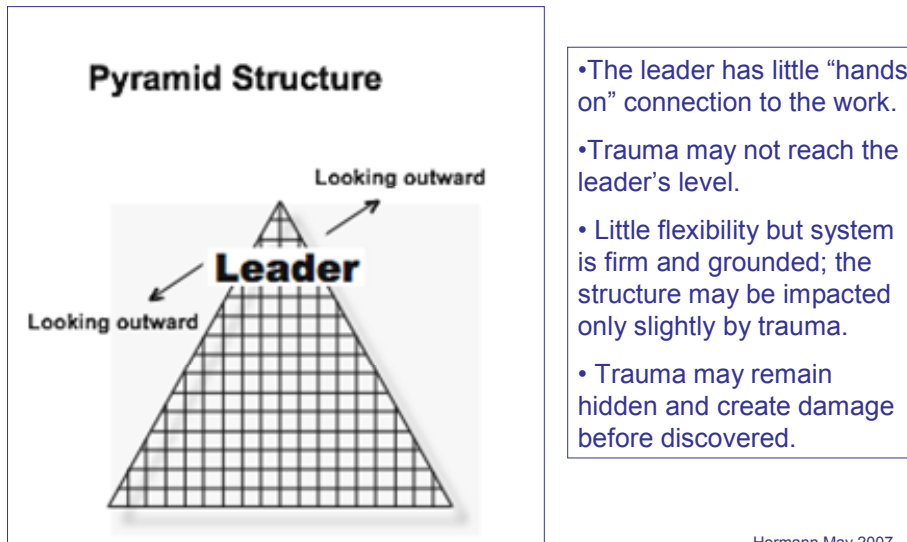• Trauma may remain hidden and create damage before discovered.

Hormann May 2007

Figure 14. Pyramid.

Whereas the leader is at the top of a pyramid structure, she is at the

center in the circle structure. The circle is built from sinew, a web that is strong

and yet flexible, allowing for quick adjustments should they be needed to

accommodate external or internal shifts. As part of the web, the leader feels any

winds of turmoil from outside or inside. Therefore, the leader in a circle structure

will notice and engage with organizational trauma more quickly than the leader in

a pyramid structure. The downside is that there is no buffer in a circle structure

made from sinew, no intermediaries between the leader and trauma.

Relationships and collaboration are strengths in a circle structure,

especially when the leader is relational in approach. Everyone has access to the

relational leader and everyone lobbies her; individuals pay little attention to the

collective impact of this practice. Being "center" is a mobilizing position because

the leader has ready access to information. However, being center can be an immobilizing position because the leader may be held in place by those around her at the same time that she holds them. For example, the leader may delegate and rely on staff for outreach efforts. At the same time, staff members have greater access to the larger community than the leader; she may have to go through or with them to connect beyond the agency. Finally, the outermost circle can harden as a result of anxiety in the system caused by organizational trauma. What was a permeable boundary becomes a hardened shell, creating a completely closed system, and then there is no access to the external environment (see Figure 15).

Organizational Structure: Circle

Circle Structure

- The leader in the center; in trauma, she is at the core.
- System is highly flexible and able to respond quickly.
- The leader is held in place by those around her, (supported—immobilized), at the same time that she "holds" them.
- The leader may have to work through staff for access to the larger community.
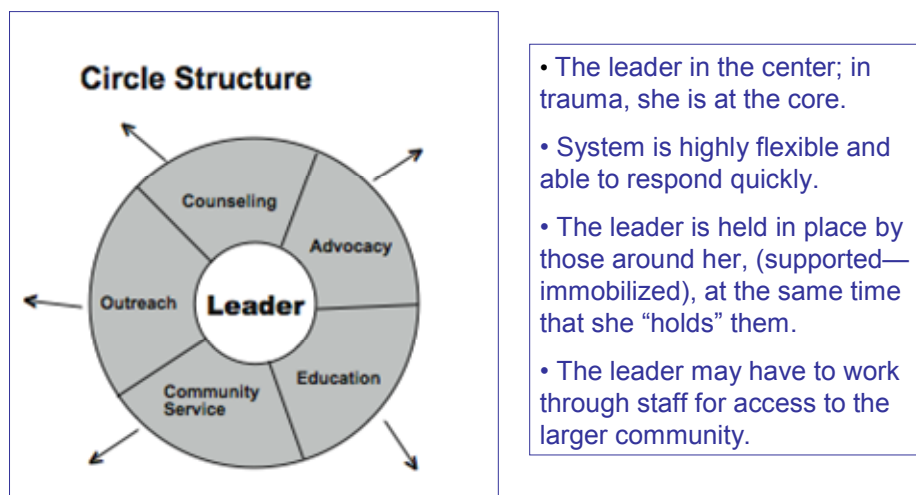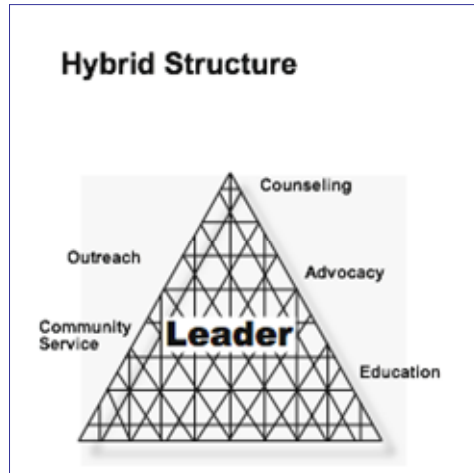
Hormann May 2007

Figure 15. Circle.

In a hybrid model, the structure is pyramid shaped. This is not a pyramid of bricks, however; rather, it is a web. The web is a three-dimensional top-down organizational structure. If there is enough motion anywhere in the web, the rest of the web feels it. Information and emotions move quickly along the networked lines of a web. Therefore, the leader is quickly aware of organizational trauma and has the flexibility to move to that area (provided she has the ability to navigate relationships), or to delegate to another who is closer to the source of the trauma. Complexity of internal dynamics increases as the size of the web increases. Those on the outermost layers have the easiest unrestricted access to the external environment.

The hybrid model holds tensions—sometimes these are creative tensions and sometimes uneasy tensions. The tensions revolve around relationships and authority. Decision-making strategies, autonomy and collaboration, leadership development, personnel issues, and conflict are issues common to most organizations. However, among sexual assault agencies, there is added stress of needing to pay attention to the impacts of trauma work on individuals and on the organizational culture. In addition, people with whom you work are one of your primary communities; they are "your people" on a day-to-day basis and you support one another when the work gets to be too much. In these situations, individuals are impacted by secondary trauma and interdependent relationships may regress to unhealthy dependent relationships. When this happens, organizational health is threatened (see Figure 16).

Organizational Structure: Hybrid

Hybrid Structure

Counseling

Outreach

Advocacy

Community Service

Leader

Education

• A web-pyramid is top-down and relationship-based.

•System is grounded and flexible.

• Information and emotions move quickly along the networked lines.

• Tensions revolve around authority and relationships.

Hormann May 2007

Figure 16. Hybrid.

Organizational structure impacts the organizational culture including leadership. In this section I shared information on three organizational structures, pyramid, circle, and hybrid that are representative of agencies in this study. Are EDs, staff, and board members intentional about the structure? Are they aware of the impacts of the structure on their organizational dynamics and service delivery?

Being a Reflective Practitioner-Scholar

Walking Phenomenology

My experiences in this study took me out of familiar territory to a new place. Although I have been in the trauma field a long time, particularly in the areas of interpersonal violence, engaging in this research process shifted my perceptions about what sustains organizations during trauma.

My experience of my research method, hermeneutic phenomenology, was that I entered the worldviews of participants with my worldview large and porous around me. I immersed myself in their worldviews through the interviews, again when I listened to the taped interviews, again when I read transcripts, again when I coded data, again when I wrote the composites, and again and again and again. Sometimes my writing placed me, rather than the participants, in the foreground. I wrestled with foreground and background, honoring my experiences and holding them in check, sharing them only when they were in service to deeper understanding about leaders' experiences during organizational trauma.

The Practice of Practice

What *is* the lived experience of practitioners? The studies I read did not emphasize this, with the exception of Stein's one case study (Stein, 2003). What is the experience of leaders who are leading an organization like a sexual assault center whose services are so needed … and yet …

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- The organization and its members are met with ambivalence, indifference, and hostility from the external environment.

- Staff members within the organization have needs and for some of them that includes dealing with unresolved personal trauma. Some staff members are young. They are full of energy and enthusiasm … and they are young and inexperienced.

- In the face of overwhelming evidence of the need for services there is too little money, too little time, too few hands.

All of the above is alive and reflected within the internal landscape of the leader. She holds the cumulative impact of trauma work as a trauma worker herself, a friend and colleague to others, and as a member of the organizational culture. She carries the extra load of being the leader, the formal authority. In that role she holds power that others may want but deny wanting out of fear from past histories of abuse by power holders. Many (including her) do not separate the role of leader from the person. Some days she holds all of this as the earth holds a deep lake with the wind rippling the surface but calm underneath; other days she holds this as a pressure cooker, slowly building to a boiling point.

And then trauma hits.

Like Hurricane Katrina hitting New Orleans, when trauma erupts against or within an organization the boundaries give way, psychological terror floods the organization, and the caregivers go into rescue mode. The power of relationships, the importance of internal structures, and the necessity of creativity become immediately evident. Outside help may be needed. The system will

quickly move to right itself, but this righting is for stability, not necessarily for health.

In closing, I return to the interviews and share a comment from one of the participants:

> During the trauma … We tightened together as a team and that was easy to maintain because we focused on helping the victim. We had tears, by ourselves and together. As a staff team we sit down and talk about difficult cases, make sense out of them. This structure was in place so we had it when the organization experienced trauma. I believe it's important that staff know I can have a meltdown and be okay. Because that means they can do so and be okay afterwards. It's that kind of work, it just is.

Figure 17. Sunset.

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Appendix

Entry Points Model

Entry
Points
Model

Culture

Organization

Individual: STS

**Individual:
PTSD**

for
Trauma
and
Healing
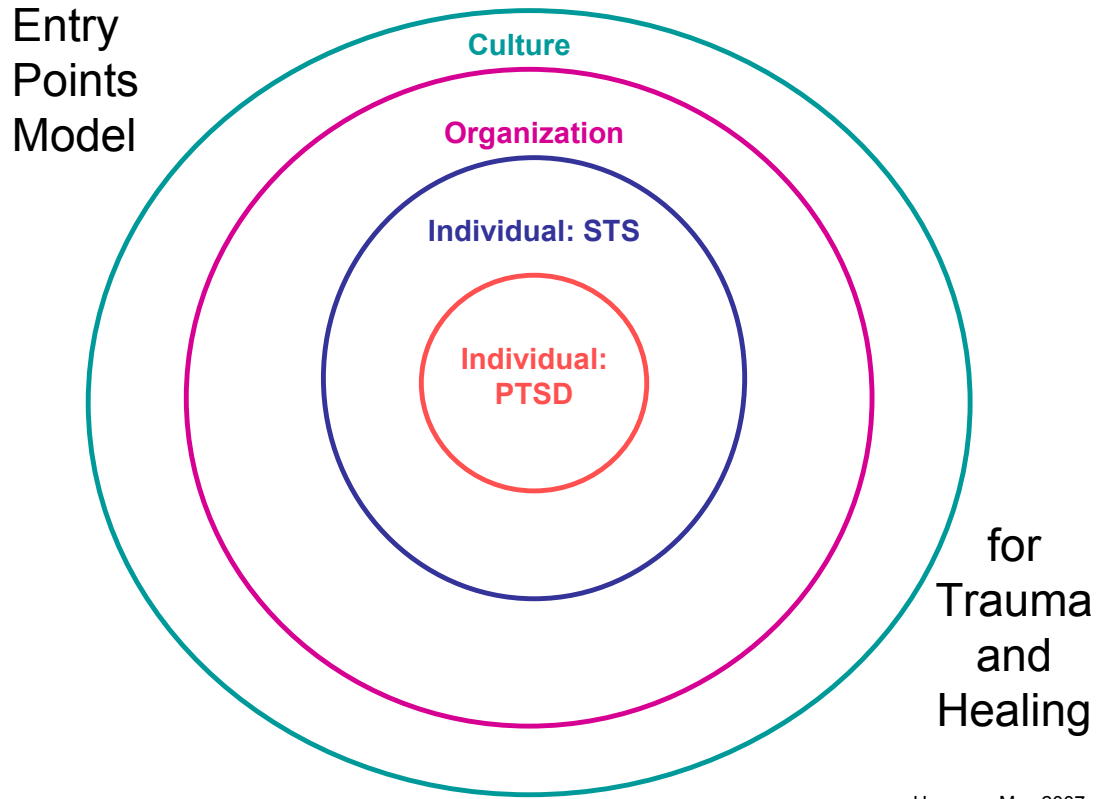
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Individual: PTSD

Primary Trauma: PTSD

- Injury to self:

  Victim of rape

  Victim of domestic violence

- Retraumatization:

  On-going contact with offender

  Contact with criminal justice system

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Individual: STS

Secondary Traumatic Stress: STS

- Daily:

  Hearing and responding to a victim of trauma
  Higher when victim is a child

- On-going:

  Constant exposure to others' traumas and need to respond

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Organization

Organizational Trauma

- Injury to body of organization

  External sources

  Internal sources

- Type of injury:

  Acute

  Cumulative

Culture

Cultural Trauma

- Cumulative

  Multi-generational

  Carried through stories

- Sources

  Internal

  External