CHAPTER SEVEN

LOSS IN HUMAN SERVICE ORGANIZATIONS

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All changes even the most longed for, have their melancholy; for what we leave behind us is a part of ourselves: we must die to one life before we can enter into another!
—Anatole France, *The Crime of Sylvestre Bonnard*

Introduction

I enjoy writing and over the course of the last fifteen years I have written dozens of articles, columns, chapters and even several books. So, I was a little perplexed – and more than a little frustrated with myself – when I just could not get this chapter started. After spending an inordinate amount of time gathering material, looking through books in my library, interviewing a number of organizational leaders, starting web searches, and making notes, a few weeks ago I took every available opportunity to sit down in front of the computer and begin to compose my thoughts. But each time, I would get distracted by a phone call, or an email that had to be immediately answered, or a task that demanded urgent attention – like cleaning my kitchen drawers. The dog needed to be walked, papers need to be filed, bills needed to be paid. As they do, new work tasks kept arriving and demanded my attention. The final straw came earlier today when I left my desk for a luncheon engagement and was sitting comfortably in the restaurant when I realized that I was actually twenty-four hours *early* for my appointment. With this, I had to confront the enormity of my own largely unconscious avoidance of this topic, despite my conscious willingness to write about the subject and the torturous preoccupation about writing this chapter that has dominated my thoughts for weeks.

In fact, loss in both the personal and professional sense has been a recurrent theme in my life for decades and I don't like it. I don't like being sad, disappointed, angry or overwhelmed. Like other human beings, I prefer to avoid

pain. I don't want to revisit – even indirectly – the losses that are now part of my history, and that I like to think are over and done with.

Work with survivors of a vast array of adversity and trauma has taught me that try as we might, there is no avoiding loss and it is largely unnegotiated loss that compels reenactment, or as we say in our loss groups, repeating one's negative life patterns is "*never having to say goodbye"*. Trauma survivors have also taught me that safety in the world is significantly influenced by our ability to manage the painful emotions that accompany loss. They also taught me that sometimes, the place to begin, a place that offers us the courage and hope to fortify us in the journey through our own existential darkness, is a vision of a future positively changed as a result of committing ourselves to safety, learning to more effectively manage painful feelings and negotiating loss.

The other authors in this volume have offered a glimpse into the pain, suffering and healing - the loss, hurt and hope - of children and families who come into some level of care in order to get the help they need to lead better lives. This chapter focuses on the organizations that are charged with providing that care and the leaders whose job it is to assure that the job is accomplished appropriately, competently, expediently – and successfully.

My experience working with very traumatized children, adults and families within the context of stressed and traumatized organizations is embodied in the theory and practice of the Sanctuary Model, a trauma-informed, whole systems approach to organizational development [1]. The fundamental operating tool of the Sanctuary Model is called "S.E.L.F.", the four letters representing the key domains of recovery: Safety, Emotional management, Loss and Future. My colleagues and I have developed a Sanctuary Leadership Development Institute (SLDI) and our experience with many social service environments has demonstrated that the aspects of organizational trauma and loss that are covered in this chapter are virtually universal to the human social service field. Many of the participants of the SLDI and other organizations that I have collaborated with willingly shared their organizational experiences with me and their comments are included in this chapter as illustrations of some key points.

I make a very basic and somewhat unusual assumption about organizations and that is, that they are living beings, that when we come together over time to achieve specific tasks, something emerges out of our shared experience that cannot be attributed solely to the individual psychology of the combination of individual members that comprise that organization. A conceptual framework that sees organization as having *emergent* qualities has

[1] Bloom. *The Sanctuary Model of Organizational Change for Children's Residential Treatment;* Bloom, *The Sanctuary Model: A Trauma-Informed Systems Approach to the Residential Treatment of Children.*

been discussed in other settings, particularly in the world of business, and allows a conversation about such things as organizational learning, organizational memory, organizational culture, and of course, organizational loss[2].

Human beings are group animals before we become individuals, and every time we become part of a group, our individual identity is impacted by whatever subsequently affects the group identity. Loss is a profoundly transformative experience for individuals and so too is loss distinctively meaningful for organizations as small as families and as large as whole societies. This chapter explores the territory of loss within organizations, a subject that encompasses the normative losses that accompany change as well as the losses that accompanies chronic stress and collective trauma. The concept of "parallel process" is helpful in explaining why attending to creating healthier organizational processes is so important to successful treatment. It is important to understand the variety of reasons and expressions of loss in the workplace and what it tells us about the ways in which the organization is functioning. The chapter concludes with some recommendations for managing organizational loss so that growth and learning rather than stagnation and decline become possible.

Group Behavior, Living Systems and Loss

Individual Identity and the Group

Individualism has long dominated our philosophical, and to a large extent, our psychological premises for understanding human behavior. But human beings are intensely social animals. The latest breakthroughs in neuroscience are demonstrating something that attachment theorists and group therapists have been noticing for several centuries:

> Neuroscience has discovered that our brain's very design makes it sociable, inexorably drawn into an intimate brain-to-brain linkup whenever we engage with another person. That neural bridge lets us affect the brain – and so the body- of everyone we interact with, just as they do us…. To a surprising extent our relationships mold not just our experience but our biology….nourishing relationships have a beneficial impact on our health, while toxic ones can act like slow poison in our bodies[3].

[2] Bloom, S.L., *Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation*

[3] Goleman *Social Intelligence: The New Science of Human Relationships*, p.5

There is a growing body of evidence to suggest that groups are a basic form of social and cognitive organization that is essentially "hard-wired" into our species and that our 'group-self' is the core component of our sense of personal identity[4]. A new paradigm has been emerging about the interactive and dynamic components of individual and group identity:

> Through human interaction the inner life becomes transformed into social experiences and systems and, conversely group experience comes to be personally and internally represented. The two dimensions of inner and group life are linked by an interface, a network system consisting of verbal and non-verbal interactions linking members of a group … The individual and the group emerge from a primal unity through the creation of a boundary which distinguishes one from the other [5].

Emergence and Organizational Culture

The paradigm that has dominated group life – and therefore individual existence – for at least the last two hundred years is a model that sees organizations as machines that operate more or less like clocks with interchangeable parts, lacking feelings, able to perform their function without conflict – regular, predictable, ordered and controlled. In contrast, "g*roupmind"* is the word that has been used to describe the controversial concept of a supra-individual nature and independence of the collective mind of a social group. The concept goes back at least to the German philosopher Hegel and Durkheim, but it was the social psychologist McDougall who became convinced that a society is more than the mere sum of the mental lives of its units and he concluded that "a complete knowledge of the units, if and in so far as they could be known as isolated units, would not enable us to deduce the nature of the life of the whole"[6].

Increasingly, organizations are being recognized as alive, possessing the basic requirements of a living system[7]. In the organizational development literature, the idea of the organization as alive has been steadily emerging. As one investigator noted:

> The prevalence of life cycle and ecological models of change in organization science has produced several generations of theorists who think and write about organizations in terms of life metaphors. According to many accounts,

[4] Ettin, Fidler, and Cohen, *Group Process and Political Dynamics*
[5] Ibid, p.13, p17
[6] McDougall, *The Group Mind*, p. 7.
[7] DeGeus, *The Living Company*; Gantt and Agazarian, *Systems-centered Emotional Intelligence.*

> organizations are born, grow up, age to adolescence and maturity, become set in their ways, and eventually die. Although organizations certainly are not alive in any meaningful biological sense, few people question the use of these metaphors in describing organizational life cycles…. Our metaphors strongly condition how we think about organizations. Theorists are preoccupied with when organizations are "born", what species they are (their forms), and when they have changed enough to be termed dead [8].

> We didn't wake up one day and decide we would take tougher kids. There has been a whole change in the overall climate. Over the last twenty years we have gone from being a very child-like place, to being an adolescent and then in the last few years I think we have grown up. The previous CEO had been here for over twenty five years and when he left it was as if Dad left and there were mixed feelings about that. We [the present CEO and COO] are not the parents he was. There is a very different feel to the place and I am sure there are people who miss it the way it was – and sometimes I do too.
> —C.O.O., Residential child-care facility

Some of the most useful explorations of organizations as collective and living organisms derive from the study of *organizational culture.* Organizational culture has been defined as a *"pattern of shared basic assumptions that a group has learned as it solved its problems…and that has worked well enough to be considered valid and taught to new members"* or "How we do things around here". Organizational culture matters because cultural elements determine strategy, goals, and modes of operating[9] .

The current concept that may hold the most theoretical and practical promise for understanding group process is that of complexity theory in which an organization is viewed as a complex adaptive system that is self-organizing[10]. In complexity theory, one way of understanding how collective phenomenon could arise and be different than the components that comprise it is through the concept of *emergence.* The simplest way of understanding emergence is that it occurs whenever the whole is greater than – or smarter than – the sum of the parts. It is about understanding how collective properties arise from the properties of parts and the relationship between them [11]. As neuroscientist John Holland has written in his book on the topic,

> we are everywhere confronted with emergence in complex adaptive systems – ant colonies, networks of neurons, the immune system, the Internet, and the

[8] Hager, *Tales From the Grave,* p.52.
[9] Schein, *The Corporate Culture Survival Guide*
[10] Goldstein, *The Unshackled Organization*
[11] Johnson, *Emergence*

> global economy, to name a few – where the behavior of the whole is much more complex than the behavior of the part[12].

In the business world, unlike the social service sector, a new paradigm for understanding groups has been itself emerging in part due to the enormous pressures of globalization. Some strong proponents of this emerging point of view in the business world, Peter Senge among them, have claimed that "*the 20th century gave birth to a new species – the global corporation… a life form that can grow, evolve, and learn"*[13] . In this new paradigm, individual consciousness becomes even more – not less – important so that *"the key challenge is to apply inner knowledge, intuition, compassion and spirit to prosper in a period of constant and discontinuous change)"*[14]. As organizational development expert Peter Drucker notes,

> The organization is above all, social. It is people. Its purpose must therefore be to make the strengths of people effective and their weaknesses irrelevant. If fact, that is the one thing only the organization can do – the one reason why we have it and need to have it[15].

If organizations are living entities, and if the purpose is to maximize people's strengths and minimize their weaknesses, then the psychological knowledge gained in the last hundred years and more about human development, human developmental failures and human systems should help us imagine how to maximize organizational function, beginning with an understanding of how living systems work.

Human Service Systems as Systems

A system is a set of interconnected elements that are *interdependent* so that changes in some elements or their relations produce changes in other parts of the system. A system is comprised of a set of components that work together for the overall objective of the whole[16]. Unlike a machine - like your car, or your vacuum cleaner – any environment that delivers human services is a living system – open, complex, and adaptive. It is comprised of the staff, administrators, boards, clients, and their families. It is rooted within the mental

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[12] Holland, *Emergence,* p.2
[13] Senge et al, *Presence,*p.7.
[14] Ibid, p. 6
[15] Drucker, *Introduction, The Organization of the Future*
[16] Haines, *The Manager's Pocket Guide to Systems Thinking and Learning;* Jervis, *Systems Effects*

health, juvenile justice, or child protective systems that are components of the social service system of a county and state, and all are set within a country that is embedded within a global civilization.

The past history of any service program, like the histories of the individual clients and staff, and the systems they are embedded within, continue to determine present behavior and in every moment, present behavior is playing a role in determining the future. All of these components – individual, group, organization, local government, national government, global influences, past, present and future – all are interacting with and impacting on each other in complicated ways, all of the time – that's what makes things so *complex*. It is this complexity that compels the usual oversimplification that occurs whenever an individual or a group of individuals encounters the apparently overwhelming complexity of changing systems.

Living systems are *open systems* because they accept input from their environment, they use this input to create output, and they then act on the environment. Living systems are adaptive because they can *learn* and based on that learning, they can adapt to changes in their environment in order to survive. As a living system, the human service system and every component of that system has an identity, a memory, and has created its own processes that resist changes imposed from above, but will evolve and change naturally if the circumstances are conducive to change.

> What has been clear to me – and that's one of those transitions from being little to big – when you came to work here twenty years ago each person had regular contact with the CEO, department managers and as a result of personal contact, new staff got indoctrinated into the organizational values in a very real way. As we got bigger we made the assumption that this informal system was still working but in fact we need a much more vigorous process for how we orient people, get them up to speed. I think we have gotten better in real time talking about those issues and at the last general staff meeting that is what we talked about – loss and change, the idea that so much has changed here and that everyone has lost something, everyone is grieving. I talked about the organization I loved, the campus program, and as much as people in the other divisions think they have lost, so have we all.
> —*C.O.O., Residential child-care facility*

Living systems are not entirely controllable by top down regulation. Like the human body, a living system functions through constant feedback loops, flows of information back and forth. In the body, there certainly are hierarchies but these hierarchies are "democratic hierarchies" – power distribution is circular [17][16]. Regulation comes through feedback mechanisms

[17] Ackoff, *The Democratic Corporation*

and changes constantly over time, adjusting and readjusting to internal circumstances that have been altered and reacting and adjusting to external changes in the environment. Information from below in the hierarchy has as much influence as control mechanisms higher in the hierarchy. (If you find this difficult to believe, just try focusing your own intellectual attention on something when even your little toe is throbbing with pain.) A living system evolves, regenerates, and self-organizes to adapt to changing circumstances. Living systems learn and use that new information to alter present and future behavior. A living system is constantly balancing and rebalancing to maintain homeostasis. And in a living system there is no such thing as an absolute state of "health" – health is a relative term. You cannot feed a living system and then leave it alone - it must be fed and maintained all the time.

The Individual, the Group and Loss

A central position of this chapter is that, not only are individual staff members and administrators of our human social service system vulnerable to the emotions, attitudes and behaviors typical of trauma, loss and mourning, but so too are the organizations as a whole because they are alive and because all living things cycle developmentally from birth to death. When individuals become a member of an organization, the individual surrenders some of his or her own individuality in service of the organization. As a result, losses to the organization are likely to be experienced individually as well as collectively. For the same reason, failures of the organization to live up to whatever internalized ideal the individual has for the way that organization should function, is likely to be experienced individually and collectively as a betrayal of trust, a loss of certainty and security, a disheartening collapse of meaning and purpose. As workers in this field have determined, "*the relationship between employee and organization are: deep-seated; largely unconscious; intimately connected to the development of identity; and have emotional content*"[18]. Because of this connectedness between individual and collective identity, and because all change involves loss, organizational change and individual grieving tend to go hand-in-hand.

> I think for everyone there has been the loss associated with the changes from what the organization used to be to what it is now. Even ten years ago it was very different than now. We have had to give up security, stability, smallness, ease in problem solving, and a high level of resources to spread in a narrow way. For those of us who have been here throughout we feel that what we have gained is greater and we are happy to let some of that narrowness go. But still it is a

[18] Ibid, p. 429

> loss. When I first came here I knew every staff member, every child, and every family by name. That is gone – that sense of closeness and familiarity is lost. We had a major leadership change – the CEO who had been here for 28 years left three and a half years ago after a five year process – but that was a very wrenching change for some people. The school, some of the old time staff that liked the way he did things – that was a change. For those of us who have been here for a number of years, we have all lost the jobs we used to do and in doing that other people have lost us and the way we used to be with them. We've been trying to strengthen the leadership quality we have and working styles, so we have changed over some positions, brought in new people, created some new positions, but a number of people feel a little off balance. We've lost the kinds of kids we used to work with. We work with far more challenging children now.
> —C.E.O. Child care agency

Parallel Processes in Organizations

The concept of parallel process is a useful way of offering a coherent framework that can enable organizational leaders and staff to develop a way of thinking "outside the box" about what *has* happened and *is* happening to their clients, themselves, their treatment and service delivery systems, as well as to the world around them[19]. Identifying a problem is the first step in solving it. The notion of parallel process derives originally from psychoanalytic concepts related to transference and has traditionally been applied to the psychotherapy supervisory relationship in which the supervisory relationship may mirror much of what is going on in the relationship between therapist and client [20].

In their work with organizations, investigators have recognized that conflicts belonging at one location are often displaced and enacted elsewhere because of a parallelism between the conflicts at the place of origin and the place of expression. Other authors have used the notion of parallel process to illustrate this largely unconscious individual and group interaction[21]. An even older conceptualization of this process derives from the original sociological studies of mental institutions in the 1950's describing "collective disturbance" [22]. More recently, the idea of parallel process has been described as:

> When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar affects, cognition, and behaviors, which are defined as parallel processes …. Parallel processes can be set in motion in many ways, and once

[19] Bloom, *Neither Liberty Nor Safety, Parts I-IV;* Bloom, *Societal Trauma.*
[20] McNeill and Worthen, *The Parallel Process in Psychotherapy Supervision.*
[21] Alderfer and Smith, *Studying Intergroup Relations Embedded in Organizations;* Sullivan, *Finding the Thou in the I*
[22] Stanton and Schwartz, *The Mental Hospital*

> initiated leave no one immune from their influence. They can move from one level of a system to another, changing form along the way. For example, two vice presidents competing for resources may suppress their hostility toward each other and agree to collaborate interpersonally, but each may pass directives to her or his subordinates that induce them to fight with those of the other vice president. Thus, what began as a struggle among executives for resources become expressed by lower-ranking groups in battles over compliance with cost-cutting measure [23].

It is the contention of this chapter that parallel processes are at play that significantly interfere with the ability of the human service system and its components to address the actual needs of children, adults and families who present to them for help. Instead, because of complex interactions between traumatized clients, stressed staff, pressured organizations, and a social and economic environment that is frequently hostile to the aims of recovery, our systems often recapitulate the very experiences that have proven to be so toxic for the people we are supposed to treat[24]. Destructive unconscious group parallel processes are more likely to occur as a result of organizational exposure to collective trauma, chronic disaster, and chronic stress.

Collective Trauma

In his seminal work on community disasters, Kai Erikson has described collective trauma as

> a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with 'trauma'. But it is a form of shock all the same, a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared… 'I' continue to exist, though damaged and maybe even permanently changed. 'You' continue to exist, though distant and hard to relate to. But 'we' no longer exist as a connected pair or as linked cells in a larger communal body [25].

Trauma occurs in the workplace is individually experienced by those members of the organization most closely associated with the traumatic event, but the events are also experienced collectively. Organizations under severe

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[23] Smith, Simmons and Thames, *Fix the Women,* p. 13.
[24] Bloom, *Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation*
[25] Erikson, *A New Species of Trouble,* p.233

stress can manifest traits similar to stressed individuals. As anyone knows who has worked in a setting facing some kind of threat, everyone's attention becomes riveted on the latest rumor and little productive work is accomplished. Because human beings are "hard-wired" for social interaction, a threat to our social group can be experienced as a dangerous threat to our individual survival and can evoke powerful responses.

> I will never forget the day I opened up the paper and read what people were saying about the place where I work. It was bad enough that a child had died, but the newspaper made it sound like we are all sadists who don't care at all about the kids. They made it sound like a barbaric place. I don't work on that particular unit, but now everybody I know acts like I should be ashamed or something. It's embarrassing and it just isn't true. Sure, we aren't perfect but I don't know anybody that doesn't care about the kids.
> —Therapist, Residential treatment center

Patient deaths and injuries – from natural causes, accidents, and most particularly homicide, suicide, and deaths while in restraints; staff deaths or injuries; accusations of sexual abuse; sudden death of leaders or other members of the community - all are examples of situations that create a crisis and all are likely to be overwhelming not just for the individuals involved but for overall organizational function. Deaths by suicide or homicide are acutely traumatic, particularly to a mental health or social service setting where the guilt, fear of recriminations for a failure to anticipate or prevent the deaths, affixing of blame, and glaring media exposure may be major components of the event as it is experienced by the members of the organization.

A crisis is a condition where a system is required or expected to handle a situation for which existing resources, procedures, policies, structures, or mechanisms are inadequate[26]. It describes a situation that threatens high priority goals and which suddenly occurs with little response time available [27]. In a crisis, the things that people are used to doing and comfortable doing, are not working and the stage is set for the possibility of disaster or new learning – or both.

An organizational crisis will be sensed by everyone in the sphere of influence of the organization almost instantaneously regardless of how strenuously leaders attempt to contain the spread of information. Emotional contagion –without cognitive input – occurs within one-twentieth of a second and although employees of an organization may not know what the problem is, they will indeed know that there is a problem [28]. Tension literally fills the air.

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[26] Boal and Bryson, *Charismatic Leadership*
[27] Jick and Murray, *The Management of Hard Times*
[28] Hatfield, Cacioppo and Rapson, *Emotional Contagion*

Within minutes or hours of a particularly disturbing piece of gossip, news, or crisis, everyone in an organization will be in an alarm state with all that goes along with that, including compromised thought processes.[29]

Organizations respond to crisis in observable ways. When a crisis hits, most managers want to do the right thing. But one of the things that makes a crisis a crisis is that no one really knows what to do for certain, yet everyone expects the organizational leaders to know what to do. Different leaders will respond in different ways but this is often the time when a charismatic leader exerts the most influence either by creating a different frame of meaning for followers, by linking followers' needs to important values and purposes, through articulation of vision and goals, or by taking actions to deal with the crisis and then moving to new interpretive schemes or theories of action to justify the actions [30].

> I guess what makes a crisis a crisis is that you are not really prepared to deal with it. When my colleagues and I received the calls about the woman who had killed herself, I felt like the floor dropped out from under me. I had no idea what to do except to get back to the program and meet with my friends. I remember just feeling so sick and scared. When we arrived, all the other clients were flipping out and we had to immediately prioritize what to do. I had to listen not just to my head but to my heart as well. Obviously, there were some people more acutely distressed than others so we attended to them first and then began to rank order what we needed to do and divide up the tasks. I was so glad I didn't have to face this thing alone.
> —Medical Director, mental health unit.

At such a time, every person throughout the system is under stress, so everyone's ability to think complexly will be relatively compromised. Stress increases a person's vigilance towards gathering information, but it can also overly simplify and perceptively distort what we see or hear. Negative cues are usually magnified and positive cues are diminished or ignored altogether. Furthermore, the stress of an event is determined by the amount and degrees of change involved, not whether this change is good or bad [34]. Under these conditions, command and control hierarchies usually become reinforced and serve to contain some of the collective anxiety generated by the crisis. Command hierarchies can respond more rapidly and mobilize action to defend against further damage. In times of danger, powerful group forces are marshaled and attachment to the group radically increases. Everyone in the organization is

[29] Bloom, *Neither Liberty Nor Safety, Part I*
[30] Boal and Bryson, *Charismatic Leadership*

vulnerable to the risks the organization faces as a whole – everyone feels vulnerable[31].

Just as the encroachment of trauma into the life of an individual client is an insidious process that turns the past into a nightmare, the present into a repetitive cycle of reenactment, and the future into a terminal illness, so too is the impact of chronic strain on an organization insidious. As seemingly logical reactions to difficult situations pile upon each other, no one is able to truly perceive the fundamentally skewed and post-traumatic basic assumptions upon which that logic is built. As an earthquake can cause the foundations of a building to become unstable, even while the building still stands, apparently intact, so too does chronic repetitive stress or sudden traumatic stress destabilize the cognitive and affective foundations of shared meaning that is necessary for a group to function and stay whole[32].

Human Services and Chronic Disaster

> For decades, state mental health systems have been burdened with ineffective service-delivery programs and stagnant bureaucracies. Their operations have become rote, spurred to change only by crises. Combined with ever-increasing fiscal pressures, this situation has precluded innovation and kept most systems from incorporating the new and more effective interventions developed in recent years. As a result, patched-up state mental health systems have all but disintegrated, falling ever farther from the ideal of accessible, effective services that promote meaningful community membership[33].

An organization, or an entire system, can be traumatized by acute events or by chronic conditions. Kai Erikson has defined a "chronic disaster" as one that:

> gathers force slowly and insidiously, creeping around one's defenses rather than smashing through them. People are unable to mobilize their normal defenses against the threat, sometimes because they have elected consciously or unconsciously to ignore it, sometimes because they have been misinformed about it, and sometimes because they cannot do anything to avoid it in any case" (p.21). In individuals this manifests as "a numbness of spirit, a susceptibility to anxiety and rage and depression, a sense of helplessness, an inability to concentrate, a loss of various motor skills, a heightened apprehension about the

[31] Hirschhorn, *Reworking Authority*
[32] Bloom, *Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation*
[33] Bazelon Center, *Disintegrating Systems*, p.5

physical and social environment, a preoccupation with death, a retreat into dependency, and a general loss of ego functions" [34].

The impact of dramatic changes in mental health care and social service funding and operations can be thought of as a chronic, slow-rolling disaster to the human service system as a whole, directly impacting the organizational culture of every component of the system and the system as a collective. Since every organization has its own culture, each culture can be traumatized.

When crisis unrelentingly piles upon crisis - frequently because leaders leave the organization, burnout, are fired, or fail - an organizational adjustment to chronic crisis occurs. Chronic fear states in the individual often have a decidedly negative impact on the quality of cognitive processes, decision making abilities, and emotional management capacities of the person. Impaired thought processes tend to escalate rather than reduce, existing problems so that crisis compounds crisis without the individual recognizing the patterns of repetition that are now determining his or her life decisions.

In similar ways, significant problems arise in organizations when the crisis state is prolonged or repetitive, problems not dissimilar to those we witness in individuals under chronic stress. Organizations can become chronically hyperaroused, functioning in crisis mode, unable to process one difficult experience before another crisis has emerged. The chronic nature of a stressed atmosphere tends to produce a generalized increased level of tension, irritability, short-tempers and even abusive behavior. The urgency to act in order to relieve this tension compromises decision making because we are unable to weigh and balance multiple options, arrive at compromises, and consider long-term consequences of our actions under stress. Decision-making in such organizations tends to deteriorate with increased numbers of poor and impulsive decisions, compromised problem-solving mechanisms, and overly rigid and dichotomous thinking and behavior.

Organizations under stress may engage in a problematic emotional management process that interferes with the exercise of good cognitive skills, known as "group think". The social psychologist, Janis looked at how groups make decisions, particularly under conditions of stress. He reviewed studies of infantry platoons, air crews, and disaster control teams and felt that this work confirmed what social psychologists had shown on experiments in normal college students, that stress produces a heightened need for affiliation, leading to increased dependency on one's group. The increase in group cohesiveness, though good for morale and stress tolerance, could produce a process he saw as a disease that could infect otherwise healthy groups rendering them inefficient,

[34] Erikson, *A New Species of Trouble,* p. 21

unproductive, and sometimes disastrous. He observed that certain conditions give rise to a group phenomenon in which the members try so hard to agree with each other that they commit serious errors that could easily have been avoided. An assumed consensus emerges while all members hurry to converge and ignore important divergences. Counterarguments are rationalized away and dissent is seen as unnecessary. As this convergence occurs, all group members share in the sense of invulnerability and strength conveyed by the group, while the decisions made are often actually disastrous. At least temporarily, the group experiences a reduction in anxiety, an increase in self-satisfaction, and a sense of assured purpose. But in the long run, this kind of thinking leads to decisions that spell disaster. Later, the individual members of the group find it difficult to accept that their individual wills were so affected by the group[35].

In a crisis unit, or an acute care inpatient setting, groupthink is easily observable. Staff members are under stress to admit patients, diagnose them, stabilize them and get them out on the streets again. Under such conditions, the staff is likely to develop a high level of cohesiveness which helps them handle the stress more adequately, but the result may be that the group is so intent on supporting each other that the group members never engage in meaningful, task-related conflict surrounding the diagnosis or the treatment of the patients.

A psychiatrist who had worked for years in inpatient settings in the early 1990's decided to move from outpatient work back into inpatient work because private practice had become so lonely and he wanted to work with a team again. He was appalled and disheartened by the changes that had occurred in the inpatient program where he had previously worked, despite the fact that some of the same people he knew as social workers and members of the nursing staff were still working there. He was frustrated by the nature of the patient information in the charts. Apparently, because of the excessive regulation instituted by the combined forces of managed care and increased risk management, the charts had become, as he put it "dumbed down" to such an extent that they were largely worthless in providing any useful clinical information about the client. That is not to say that the charts were empty of paper. In fact, if anything the charts had expanded in size but not in meaningfulness. What he found was a great deal of detailed reporting about exactly what the patient said, detailed charting of their bathroom and dietary habits, particularly when they were on some kind of special monitoring. What was lacking was any assessment or synthesis of what the information meant. There was no case formulation, no evidence of a thought process, no true clinical assessment. He found that the staff appeared unable to *think*, and instead

[35] Janis, *Decision Making Under Stress.*

just wanted him to tell them what to do, give them a set of directions, point them in the direction of a manual they could use. They were unable to individualize treatment but instead wanted rules that would apply to everyone.

Another significant group emotional management technique that is particularly important under conditions of chronic stress is conformity. Another social psychologist, Solomon Ash, demonstrated that when pressure to conform is at work, a person changes his opinion not because he actually believes something different but because it's less stressful to change his opinion than to challenge the group. In his experiments, subjects said what they really thought most of the time, but 70% of subjects changed their real opinions at least once and 33% went along with the group half the time[36]. If a psychiatric setting is dominated by norms that, for instance, assert that biological treatments are the only "real" medicine that a patient needs, or that the only way to deal with aggressive patients is to put them into four-point restraints, or that "bad" children just need more discipline, then many staff members will conform to these norms even if they do not agree because they are reluctant to challenge the group norms.

> It has been so difficult to change the behavioral management system that has been in place here for a long time, even though from what I can see, it doesn't really change these kids behavior. The staff want to respond to everything with some punitive consequence and from my point of view, it just seems to reinforce the kind of treatment the kids have received their entire lives. But when I even try to bring this up, that it isn't working and that it may be hurting the kids, the pressure to go along with the rest of the staff is enormous. It's intimidating for me. They make me feel that any change in a different direction will make them less safe and it will be my fault.
> —Childcare worker, Residential treatment facility

Specialists in the corporate world have looked at the impact of chronic fear on an organization. Just as exposure to chronic fear undermines the ability of individuals to deal with their emotional states and to cognitively perform at peak levels, chronic fear disables organizations as well. Lawsuits, labor unrest, the formation of unions and strikes are typical signs of a high-fear environment. A lack of innovation, turf battles, social splitting, irresponsibility, bad decisions, low morale, absenteeism, widespread dissatisfaction, and high turnover are all symptoms of chronic fear-based workplaces[37].

[36] Forsyth, *Group Dynamics*
[37] Ryan and Oestreich, *Driving Fear Out of the Workplace*

> In all these instances, the hidden factor may be an absence of group cohesion and commitment and the presence of unbearable tensions which create particular stresses for the individual. In these circumstances, the workplace is experienced as unsupportive, threatening to the emotional and physical well-being of the employee. At its worst, the workplace becomes a paranoid-schizoid environment, a nightmare existence[38].

Organizations have culture and organizational culture helps to determine the health and well-being of the individual worker. Organizational culture arises out of the history, memory, experiences and formal structures and personnel of the organization. As organizational research has demonstrated, uncertainty is a main contributor to the perception of stress, and there is nothing so uncertain in corporate life as organizational change. As one author from the world of business has noted

> the combination of economic scarcity, the recession of the late 1980s and early 1990s, the widening gap between demand and resources in public services such as health and education, and the rampant influence of technological change has produced a deeply uncertain organizational world which affects not just organizations in their entirety but groups and individuals at all levels of the organizational matrix"[39].

The literature clearly demonstrates that this combination of uncertainty and the imminence of change, both favorable and unfavorable change, produces stress and, ultimately, affects perceptions and judgments, interpersonal relationships, and the dynamics of the organization itself [40]. In the mental health field for the last two decades, change has been steady and certain only in its tendency to be unfavorable to the practice of the mental health professions.

As multiple investigators have pointed out, services for children are in even worse disarray than those for adults, with children stuck for days and even months in emergency rooms waiting residential programs [41]. According to a report requested by Senators Waxman and Collins, about 15,000 children with mental illnesses were improperly incarcerated in detention centers in 2003 because of a lack of access to treatment, and 7% of all children in detention centers remain incarcerated because of a lack of access to treatment. In addition, the report found that 117 detention centers incarcerated children with mental illnesses younger than age 11. The report also found that 66% of detention centers said they incarcerated children with mental illnesses "because there was

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[38] Nitsun, *The Anti-group,* p. 250.
[39] Ibid, p. 253
[40] Marks and Mirvis, *Merger Syndrome*
[41]Bazelon Center, *Disintegrating Systems*

no place else for them to go," Some witnesses who testified at the hearing said that children with mental illnesses often are incarcerated in detention centers because their parents do not have access to treatment in schools or lack health coverage for such treatment[42].

In observing the fact that spending for mental health care had declined as a percentage of overall health spending throughout the 1990's, former Surgeon General Satcher noted that although some of the decline in resources for mental health relative to total health care could have been due to improvements in efficiency, he concluded that it also could reflect increasing reliance on other (non-mental health) public human services and increased barriers to service access a conclusion which has been born out by subsequent reports[43].

Even the most dedicated mental health people and programs cannot function providing free service. As one astute observer pointed out,

> So poorly are psychiatrists, clinics and hospitals compensated for the treatment they render that relying on insurance payments for patients' care is often literally a losing proposition.

The response has been the closure of psychiatric inpatient units, service cutbacks at clinics and an inability of psychiatrists and other mental health professionals to support their practice with insurance payments. The existing problems have been vastly compounded by the utilization-review practices of the managed care industry and taken together the result is "*a critical inability of patients to access needed psychiatric care*"[44]. Adding to the burden is that current incentives both within and outside managed care generally do not encourage an emphasis on quality of care[45].

Although an extensive research base has been documenting the enormous implications of previous exposure to trauma, violence and abuse to the physical, emotional, and social health of the nation for over twenty-five years, only now is the issue of trauma beginning to be addressed by both the private and public health systems, and that largely due to the insistence of the consumer recovery movement and some very diligent and persistent mental health providers and administrators[46]. Most mental health programs and substance abuse programs are still only minimally addressing the issue of

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[42] Kaiser Daily Health Policy Report
[43] Satcher, *Mental Health*
[44] Kanapaux, *Vision Offered to Overhaul Nation's Mental Health Care System*
[45] Satcher, *Mental Health*
[46] Jennings, *The Damaging Consequences of Violence and Trauma;* Blanch, *Developing Trauma-Informed Behavioral Health Systems;* Huckshorn, *Six Core Strategies for Reducing Seclusion and Restraint.*

trauma and public systems are only now receiving pressure to become trauma-informed. Although, there are other reasons for resistance to incorporating the issue of trauma, particularly because it is so fundamentally disturbing to the underlying mental models upon which mental health practice is based, the most obvious cause for this resistance is the lack of innovation and creativity that is typical of both stressed individuals and stressed systems.

> I think people want to be more productive but the way we do business works against that – no centralized scheduling as an example. Underneath that – and this gets to the issue of mental models – professionals have an idea of what treatment is, for an example, and for them treatment is long-term treatment. Because that is the greatest good it is the only good and they can't get their head around anything else. So when we talk about short-term, sessions instead of cases, they can't even comprehend what you are talking about. It is a different language and it doesn't connect to the way this work needs to be done as far as they can see. It's most obvious there because I am most disconnected there [from the outpatient setting]. On the campus, it's harder for me to see because I am so connected there. Another example is the idea of not restraining kids – people see that as just not possible and maybe even harmful. It's the way we have always done things and we are a good place. So it's habitual. In this way, the system works against the change and our own experiences work against it. In the literature on organizational change one of the things that keeps organizations from changing is their own success.
> —*C.O.O., Residential child-care facility*

The mental health system as a whole and each individual element of that system have had all they could manage to simply contend with the enormity of the changes they have undergone. The capacity to innovate, experiment, evaluate innovations, and tolerate the uncertainty of trying new things is simply not possible under the conditions described by this paper. Worse yet, innovation that was burgeoning in the private psychiatric system in the 1990's was virtually completely eliminated by the managed care environment. Dozens of programs specializing in the treatment of trauma were created in the early 1990's and almost all were closed by the beginning of the new century – not because of a lack of clients seeking services but because the loss of beds and the tightening of budgets meant that beds could be filled with far less expense by eliminating all specialty care[47]. More recently, many isolated examples exist of exemplary programs but as the Bazelon Center report illustrates, these are rarely brought to scale and made available to significant numbers of people in need. These successful programs, often funded with demonstration dollars for limited periods, are overshadowed by the disintegration of the system as a whole [48].

[47] Bloom, *The System Bites Back*
[48] Bazelon Center, *Disintegrating Systems*

The Organizational Impact of Chronic Stress and Unresolved Loss

Just as the lives of people exposed to repetitive and chronic trauma, abuse, and maltreatment become organized around the traumatic experience, so too can entire systems become organized around the recurrent and severe stress of trying to cope with change and the losses that accompany change. When this happens, it sets up an interactive dynamic that creates what are sometimes uncannily parallel processes. The clients bring their past history of traumatic experience and unresolved loss into the mental health and social service sectors, consciously aware of certain specific goals but unconsciously struggling to recover from the pain and loss of the past. They are greeted by individual service providers, subject to their own personal life experiences with loss. Given what we know about exposure to childhood adversity and other forms of traumatic experience, the majority of service providers have experiences in their own backgrounds that may be quite similar to the life histories of their clients, and that similarity may be more-or-less recognized and worked through[49]. In addition, all service providers have had and are likely to still be having professional experiences with what is often cataclysmic system change as described above. And all are deeply embedded in entire systems that are under significant stress. As two substantive reports have concluded, at least about the mental health system,

> The public mental health system is in shambles[50].
>
> The overall infrastructure is under stress, and access to all levels of behavioral health care is affected[51].
>
> Our institution has had to adjust to so many changes in just the past year and some of these changes have had both positive and negative implications. Managed care came to our state about ten years ago and that has produced an unrelentingly negative change. The HIPPA law and its perceived and real limitations on the sharing of information has been a mixed blessing. The Federal and State emphasis on the reduction and elimination of restraint and seclusion has been an overall positive process shifting the culture of the organization and has been positive for the children and families in our care, but it has multiplied the amount of stress on a staff that was already experiencing the limitations of a managed care environment. We have moved to a computerized medical record

[49] Felitti et al, *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults;* Edwards et al, *Relationship Between Multiple Forms of Childhood Maltreatment and Adult Mental Health*

[50] President's New Freedom Commission

[51] National Association of Psychiatric Health Systems, *Challenges Facing Behavioral Health Care*

> which has stressed everybody, and is great when it works. But when the technology breaks down, it can also cause breakdowns in people's relationships with each other because so much of our connecting with each other now is through electronic communication. Locally, the closing of a number of psychiatric hospitals and the downsizing and realignment of others has adversely affected the care of everyone in our region. And we are all embedded within statewide organizations and each election brings someone new and different who lacks the institutional memory of what has preceded them.
> —C.O.O, Residential program for children

For many institutions the end result of these complex, interactive, and largely unconscious parallel processes is that the clients – children and adults – enter our systems of care, feeling *unsafe* and often engaging in some form of behavior that is dangerous to themselves or others. They are likely to have difficulty managing *anger* and *aggression*. They may feel *hopeless* and act *helpless*, even when they can make choices that will effectively change their situations, while at the same time this chronic *helplessness* may drive them to exert methods of control that become pathological. They are chronically *hyperaroused* and although they try to *control* their bodies and their minds, they are often ineffective. They may have significant *memory problems* and may be chronically dissociating their memories and/or these feelings, even under minor stress. They are likely therefore to have *fragmented* mental functions. The clients are not likely to have ever learned very good *communication* skills, nor can they easily engage in *conflict management* because they have such problems with emotional management. They feel *overwhelmed, confused* and *depressed* and have *poor self-esteem.* Their problems have emerged in the context of disrupted attachment and they do not know how to make and sustain healthy *relationships* nor do they know how to *grieve* for all that has been lost. Instead they tend to be revictimized or victimize others and in doing so, repetitively *reenact* their past terror and loss.

Likewise, in chronically stressed organizations, individual staff members - many of whom have a past history of exposure to traumatic and abusive experiences – do not feel particularly *safe* with their clients, with management, or even with each other. They are chronically frustrated and *angry* and their feelings may be vented on the clients and emerge as escalations in punitive measures and humiliating confrontations. They feel *helpless* in the face of the enormity of the problems confronting them in the form of their clients, their own individual problems, and the pressures for better performance from management. As they become increasingly stressed, the measures they take to "treat" the clients tend to backfire and they become *hopeless* about the capacity for either the clients or the organization to change. The escalating levels of uncertainty, danger and threat that seem to originate on the one hand from the clients, and on the other hand from "the system" create in the staff a chronic

level of *hyperarousal* as the environment becomes increasingly crisis-oriented. Members of the staff who are most disturbed by the hyperarousal and rising levels of anxiety, institute more *control* measures resulting in an increase in *aggression, counter-aggression, dependence* on both physical and biological restraints, and punitive measures directed at clients and each other. Key team members, colleagues, and friends leave the setting and take with them key aspects of the *memory* of what worked and what did not work and team learning becomes impaired. *Communication* breaks down between staff members, interpersonal *conflicts* increase and are not resolved. Team functioning becomes increasingly *fragmented*. Staff members experience *multiple losses* but there is no time for grieving, no recognition that dealing with a wide variety of workplace loss experiences is even necessary. As this happens, staff members are likely to feel *overwhelmed*, *confused*, and *depressed*, while emotional exhaustion, cynicism, and a *loss of personal effectiveness* lead to demoralization and burnout.

And how are these parallel processes manifested in organizational culture? Under these circumstances, the organization becomes unsafe for everyone in it. Emotional intelligence decreases and organizational emotions, including anger, fear, and loss are poorly managed or denied. The crisis-driven nature of the hyperaroused system interferes with organizational learning. When the organization stops learning it becomes increasingly helpless in the face of what appear to be overwhelming and hopelessly incurable problems. Radical changes in reimbursement and regulation force radical changes in staff, positions, and role descriptions. People and programs depart and the organization begins to suffer from the consequences of organizational amnesia. Communication networks breakdown and error correction essentially stops and instead errors begin to systemically compound. Leaders respond to the perceived crises by becoming more controlling, more hierarchical, and more punitive. In an effort to mobilize group action, leaders silence dissent which further diminishes active participation and essentially ends innovative risk-taking. As participatory processes are scaled back, decision making and problem solving processes are deeply ravaged. As a result, decisions tend to be oversimplified and may create more problems than they solve, despite the leaders' best efforts. Staff respond to the control measures by various forms of aggressive and passive-aggressive acting-out. Interpersonal conflicts escalate and are not resolved, further sabotaging communication. Systemic function becomes ever more fragmented and stagnant. Ethical conflicts abound, organizational values are eroded, and hypocrisy is denied. If this process is not stopped, the organization steadily declines and may, in the way organizations can, die sometimes by dying through closure, sometimes by committing

organizational suicide, and sometimes by continuing to function but demonstrating a permanent failure of mission and purpose[52].

> As a whole organization, we had so many losses in the past decade. We had several executive directors who came and left. We lost programs, funding, staff and perhaps most critically, we lost a sense of previous purpose, safety, continuity and reputation. We went from being a kind of national "flagship" organization, pioneers in what we do to being a place that people in the community could no longer trust. Our reputation plummeted and we all felt it. As that was happening, everyone felt abused- the clients, the staff, and the managers.
> —Executive Director, Domestic violence shelter for families

The effects of stress in organizations and within whole systems are cumulative. A series of small, unrelated, stress-inducing incidents can add up to a mountain of stress in the eyes of people that work there and receive services within these settings. Therefore, the distinction between minor and major stress may be irrelevant; minor stress can multiply into often irresolvable dilemmas[53]. Everyone in the organization experiences repetitive and compounded losses which are rarely addressed largely because of the continued need to adapt, cope and continue to function.

Loss in the Workplace

> In the norms of the world of work, all losses become disenfranchised, because emotions and feelings are discounted, discouraged, and disallowed… Even mourning as it relates to death is severely constrained by narrowly defined policies that govern acceptable behaviors[54].

Attachment and Loss

Wherever there is attachment behavior, there is the potential for loss of attachment. One of John Bowlby's great contributions was to recognize that attachment behavior is a fundamental part of our evolutionary heritage and therefore has high survival value. Primates – including humans – need to attach from "cradle to grave" and any disruption in normal attachment relationships,

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[52] Bloom, *Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation*
[53] Appelbaum, *Anatomy of a Merger*
[54] Stein and Winokur, *Monday Morning,* p. 92.

particularly those being established in early childhood, is likely to cause developmental problems[55].

> Grief and mourning occur in infancy whenever the responses mediating attachment behavior are activated and the mother figure continues to be unavailable …. The experience of loss of mother in the early years is an antecedent of relevance in the development of personalities prone to depressive and other psychiatric illnesses and that these conditions are best understood as sequelae of pathological mourning[56].

Bowlby studied the reactions of very young children to separation from their mothers. He developed an outline of what was observed as a result of this separation and found that the description also applied to adults who suffered loss[57]. In Phase I the person experiences numbness and shutdown which may last for hours or weeks and can be interrupted by intense distress and/or anger. In Phase II, protest involves protesting the loss and attempting to recover what was lost. There is a yearning for what is loss, anxiety, wishful thinking, denying or avoiding the painful reality of loss. In Phase III, the person experiences disorganization and despair as hope for recovery of what was lost fades. This is accompanied by longing, apathy, hostility, and sadness. Phase IV is characterized by detachment and reorganization. The grieving person begins to let go of the attachment bond as it used to be and energy then becomes available for new beginnings. He identified four main variants of pathological responses by bereaved adults: 1) anxiety and depression, which he saw as the persistent and unconscious yearning to recover the lost person, originally adaptive because it produced strong motivation for reunion in a vulnerable child separated from his or her mother; 2) intense and persistent anger and reproach expressed towards others or the self and originally intended to achieve reunion with the lost relationship and discourage further separation; 3) absorption in caring for someone else who has also been bereaved, sometimes amounting to a compulsion; and 4) denial that the relationship is permanently lost [58]. It is possible to observe many of the behaviors related to attachment and loss in the workplace, not only in the clients but in the staff as well.

Normal Bereavement

Bereavement is the state of deprivation or loss itself. *Loss* is the separation of an individual or group of individuals from a loved or prized object

[55] Bowlby, *Attachment and Loss, Volume III*
[56] Bowlby, *Grief and Mourning in Infancy and Early Childhood,* p. 9-11
[57] Ibid
[58] Bowlby, *Pathological Mourning and Childhood Mourning*

which may be a person or group, a job, social position, status, an ideal or fantasy, or a body part. *Grief* is the set of responses to a real, perceived, or anticipated loss, responses that usually include physical, emotional, cognitive and psychological components. *Mourning* is the cultural response to grief[59]. Bowlby's description of grief responses that proceed through protest, despair, detachment and finally personality reorganization holds true for many different kinds of losses because any significant loss is likely to arouse childlike fears of loss of attachment regardless of our age or life experience.

> I went to a bereavement counselor and when I called there and spoke to the director, and I said, "I can't even take care of myself, much less anyone else – that's why I can't go into a support group". It was one of the best things I could have done and was very different from treatment experiences I had in the past. Bereavement counseling was all focused on reality, on acknowledging the loss, finding the things that would work for me, and was totally non-judgmental. Whatever it is – in grieving – it just is. There are no "shoulds or shouldn'ts". I told her my biggest fear for a long time was that I wouldn't be able to get up in the morning and she said, "What would be so terrible if you did that?" My own experience was so catastrophic and overwhelming that I walked around just feeling like I had electric charges running through me for months, hypersensitive to things. We did do some training with all of the leadership staff and I took every opportunity I could to bring home the experience of loss and how that impacts others and the responsibility we have to help others. I think that we have more language for communicating with the children so that when something does happen I think we can spring into action.
> —*C.E.O, program for children*

Although there are no clear "stages of grief" that people inevitably work their way through, nor is there likely to be anything like "closure" after a significant loss, there do appear to be tasks of grief work. The first task is to accept the reality of the loss. After a sudden or traumatic loss people are likely to be "in shock", an acute state of denial that buffers people from the reality of the loss and gives them the time to adjust to this reality. Different people need different amounts of time to make this adjustment. In many situations, denial may serve the needs of survival in the moment and so accepting the reality of loss may be delayed.

> Daniel had been the Executive Director for years and was loved and admired. We were shocked when we learned he only had a few months to live and when he died within weeks of this announcement. I am not sure any of us ever had a chance to really grieve for his loss. There was so much to do just to keep the organization together that we had no time. We went to the memorial service, of

[59] Zinner and Williams, *When A Community Weeps*

course, but I know I for one was focused on how I was going to do the job I wasn't really ready to do yet. I think we can still see evidence of unresolved loss throughout our organization.
—Executive Director, Foster care agency

Grieving is – by definition – painful, both physically and emotionally and may be accompanied by a number of other distressing emotions including anger, shame, and guilt. The mourner must adjust to life without whoever or whatever is missing and lost and then must emotionally relocate whatever or whoever is gone and move on with his or her life. Grief occurs within a sociocultural context which varies greatly from culture to culture and will be affected by a number of factors including the extent of the loss and the damage to the community as a whole. There is no set timetable for grief; everyone grieves in a different way, and every new loss opens the door again onto every other loss that has ever occurred. Organizations that do not grieve for their losses can remain stuck in the past, unable to adequately adapt to the present and create a better future.

My mom passed away four years ago and that was a difficult time. Then my wife's mom passed away last year and that was challenging. But the death of our CEO's son was more challenging than either of those losses for me. I had my own deeply personal and longstanding affection for her, so I was affected by her son's accidental death because I saw what she was going through and I knew her son. I still remember the night of the morning it happened. I went to her home that night and was just, "oh my God" - She has always been solid and I was looking at someone in pieces. I said to my wife, "I don't know how you come back from this. How does she put this back together?" I don't think I have ever seen anyone that shattered. The loss was so devastating for her that she just wasn't able to do her job for quite some time and I had to pick up the slack while I was still figuring out what my own job was supposed to be because it happened in our early transition only a year after the former CEO had retired. I remember thinking, "Oh my God, what if she doesn't come back from this? I'm not ready for this". For a year there were things that were grossly wrong and that she wasn't managing and I didn't have the authority to manage. We were hanging on by our fingernails. I just had faith that eventually we would get it back and we have.
—C.O.O., Residential child-care facility

Complicated Mourning

The concept of "complicated grief" applies to people and situations where bereavement exceeds the expected norm and creates additional problems. The subject has been extensively covered by Theresa Rando and she highlights seven high-risk factors that predispose individuals to complicated mourning.

These include: sudden, unexpected death especially when traumatic, violent, mutilating or random; death from an overly lengthy illness; loss of a child; the mourner's perception of the death as preventable; a premorbid relationship with the deceased that was markedly angry or ambivalent, or dependent; prior or concurrent mourner liabilities such as other losses, stresses or mental health problems; and the mourner's lack of social support. All of these factors result in greater numbers of people experiencing complicated mourning [60].

> When I first came here, I was shocked to discover how much the entire atmosphere of the shelter – and the behavior of each individual staff members - was being affected by the past history of the place. Five executive directors had come and gone in a decade, each one unable to extricate themselves from the problems of the previous directors. Ten years before I started, a document had been written reporting on the problems in the environment and the report was damning in its criticism. This report had profoundly impacted the way subsequent directors had dealt with the staff, even though the staff had no idea about what was actually written in this report. In order to start getting the agency back on track I had to enlist a number of core people – and eventually the whole staff - in reviewing the past, expressing painful feelings, and honoring all the past losses before we were able to move on. As I see it, the organization had to grieve.
> —Executive Director, family shelter

Childcare organizations and the employees that work in them are at risk for complicated bereavement when a death of a child occurs while the child is in the care of the organization. Children who enter residential treatment facilities are likely to arrive there after multiple experiences with disrupted attachment and as a result of complex physical, emotional, cognitive, and social problems. These children have much to grieve for and few internal resources available to them. They have a history of unsafe behavior which is the usual precipitant to intensive treatment environments. They have profound difficulties managing distressful feelings and a history of unresolved loss. With little ability to envision a better future for themselves these children may be a threat to themselves or to others. The fundamental job of the treatment environment is to keep these children safe. And sometimes they fail.

In rare occasions, children succeed in seriously harming themselves, others, or even dying from being forcibly restrained or from suicide. In virtually all of these cases, government officials, regulatory agencies, and the providers themselves will perceive these injuries or deaths as unexpected, horrific, and preventable. The staff members involved are likely to experience significant

[60] Rando, *Treatment of Complicated Mourning*

guilt and are likely not to receive much social support throughout the course of the legal and sometimes criminal investigations that follow.

> The Executive Director of a residential program for kids asked me to come and do a consultation with the staff. We set a date that was mutually agreeable but I didn't discover until I arrived that it was the date of the two-year anniversary of the death of a child who committed suicide while in the institution. At the time of the death, the staff was instructed by the hospital attorneys to stop all conversation about the incident. There was, of course, an investigation but other than those immediately involved, no one seemed to know what the outcome of the investigation had been and although rumors abounded, no one appeared to have accurate information. Staff members who spoke to me, however, had become firmly convinced that nothing had been the same at the place since that child had died, and all still worried about what had gone wrong, who was to blame, and whether or not it could happen again.
> —Consultant, residential treatment program

Ambiguous Loss

Ambiguity means being driven in at least two ways at once, or experiencing two conflicting and apparently unsynthesizable feelings. Pauline Boss has extensively explored the concept of "ambiguous loss":

> My basic theoretical premise is that ambiguous loss is the most stressful kind of loss. It defies resolution and creates long-term confusion about who is in or out of a particular couple or family. With death there is official certification of loss and mourning rituals allow one to say goodbye. With ambiguous loss, none of these markers exist. The persisting ambiguity blocks cognition, coping and meaning-making and freezes the grief process [61].

> I think this notion of ambiguous loss is particularly important when it comes to relationships between management and staff. There have been times when I have had to fire staff as a result of some significant violation of boundaries or indiscretion on their part but I couldn't share the information with the other staff members because of privacy concerns related to the staff member involved. But from their point of view, losing someone they care about is a significant loss and it appears to be without a satisfactory explanation or reason – the person is just suddenly not there. The staff members left behind don't know the whole story and it can lead to a lot of resentment and distrust. For awhile, it's like the person that is fired is there, but not there. He or she seems to keep exerting an influence even though they are gone. It's really hard to know what to do about it, or how to make it better.
> —Human resources director, psychiatric facility

[61] Boss, *Loss, Trauma and Resilience,* p.xvii

Boss defines two main groups of ambiguous loss: 1) when loved ones who are physically absent but are kept psychologically present, especially when the loss is not verified by evidence of death, such as when someone is missing in action, or the their body has never been found, but also applies to cases of adoption, divorce, or work relocation; and 2) when people are physically present but psychologically absent as when their affliction is denied and they are expected to act as they were, as in the case of dementia, chronic mental illness, addiction, head injuries and obsessive preoccupations. According to Dr. Boss, her premise is that ambiguity coupled with loss creates a barrier to working through loss and leads to symptoms such as depression and relational conflict that erode human relationships.

> I remember the time that one of our staff was accused of sexual abuse by a very disturbed child who had a history of sexual abuse. It was a horrible experience for all of us because when the accused staff member was forced to go home, we were short-staffed, all of the children suffered another loss, we all worried about whether or not it was true or not, and whether we should support the child or the staff member or both – and how to do that. Then, when the staff member was cleared, and the child had admitted that it hadn't happened, we never talked about it again. But I have never felt safe with those kids ever since that experience. I think we all lost something and have never gotten it back again.
> —Child care staff member, group home

Disenfranchised Grief

Disenfranchised grief has been defined as grief that is deemed as inappropriate, that cannot be publicly acknowledged, openly mourned, and socially supported and which is thereby refused the conditions for normal resolution through the work of grieving. Examples of disenfranchised grief include examples such as when someone has been involved in what is considered an illicit affair and the lover dies, or in many cases, when a homosexual partner dies[62].

> We have begun changing our organizational policies to manage loss more effectively. One thing we recently did was to expand our definitions of "family" and "significant other" because previously these definitions had been very conservative in nature.
> —Program Director, Childcare agency

[62] Doka and Davidson, *Living With Grief*

This term has been extended to apply to the workplace in general, serving to indicate that any loss becomes disenfranchised if we are not allowed to express grief in the one place where most of our waking hours during the week are spent – on the job. This is particularly important since at any point in time, 16% of the workforce experiences a personal loss within a given year.

Grieving in the workplace represents decreased individual productivity and anything that inhibits the grieving process and thus causes the mourning period to be lengthened, more severe, or entirely postponed, is likely to negatively impact the organization. Nonetheless, little attention has been paid to this issue[63]. In fact, grieving in the workplace has been actively discouraged. Typically, the amount of grieving in the workplace that is "allowed" is determined by the perceived closeness of the relationship. On the average, organizations give employees about three days off to grieve for the death of a loved one and after that time they are expected to get back to work and resume normal activity.

> It's over fifteen years ago and I still have never really recovered from that death of that child on my watch. When I got the call that he had been killed, it was like time stood still and the world dropped out underneath me. I had to identify the body, call the family, go through multiple investigations, support the staff, calm down the executives above me, represent the institution in the media. It was a nightmare and I still worry about something like that happening every day. I orchestrated ceremonies, rituals, and a memorial for the child, but nobody ever really helped me work through my grief and that still makes me really angry when I think about it.
> —Program Director, Residential facility for children

And the amount of allowable grief may be determined by the person's role in the organization. Leaders are expected to go on working as if nothing had happened in their private lives. People who deal with life and death issues all the time are expected to keep tight control in their workplace. Losses that are a result of suicide, homicide, substance abuse, or "preventable" accidents may be stigmatized and become losses that are disenfranchised – never discussed, never aired, and consequently never worked through[64].

The problem, of course, is that grief often refuses to comply with the organizational timetable. Grieving is not linear and does not decrease steadily over time. The more normal grief is inhibited and the longer the grieving process is postponed, the more likely it is to become problematic and even pathological. When this happens and performance is affected, corrective

[63] Bento, *When the Show Must Go On,* p.35
[64] Ibid

measures are often directed at the symptom rather than the cause and the individual may become increasingly alienated from the organization[65].

Unresolved grief can result in an idealization of what has been lost that interferes with adaptation to a new reality. Individual employees and entire organizations may distort memories of the past as individuals can. Organizations may selectively omit disagreeable facts, may exaggerate or embellish positive deeds, may deny the truth and engage in what has been termed "organizational nostalgia" for a golden past that is highly selective and idealized and when compared to the present state of affairs, surpassingly better. It is a world that is irretrievably lost, with all of the sense of inexpressible grief associated with such loss and the present is always comparably poorer, less sustaining, less fruitful, less promising. In this way the organizational past – whether accurately remembered or not – can continue to exert a powerful influence on the present. The failure to grieve for the loss of a leader may make it difficult or impossible for a new leader to be accepted by the group. In fact, one author has noted that

> Nostalgia is not a way of coming to terms with the past (as mourning or grief are) but an attempt to come to terms with the present[66].

> I didn't realize how much I was in the grip of nostalgic feelings and years of unresolved loss until a new Medical Director joined us who was young and just out of her training. One day, after listening once again to all of us reminisce about the way things used to be in out treatment program, she interrupted us and said "You know I can about all of you, and I admire the work you have done, but really…. I just can't stand one more discussion about "the good old days"! I have to make the most of what is here NOW."
> —Former Medical Director, psychiatric inpatient program

Loss of Attachment in the Workplace

Many people spend at least as much time in the workplace, with workplace colleagues, as they do with their families. The result is that workplace relationships assume a vital part of each worker's support network and any loss of that support is likely to result in reactions typical of anyone who has a real or threatened loss of an attachment bond.

In the protest phase, employees may hold on to what was lost through a wide variety of real and symbolic behaviors[67]. They may try to hold on to old work equipment, resist a move to a new office location, go out to lunch only

[65] Ibid
[66] Gabriel, *Organizational Nostalgia,* p. 132
[67] Jeffreys, *Coping with Workplace Grief*

with former colleagues, file grievances or other actions to stop change, and engage in other forms of written and vocal protest.

The CEO had worked long and hard to achieve a long-held dream of a new school. Finally the new facility was ready. It was gorgeous – all new structures, new equipment, and lots more space. She was perplexed then after the move, when the staff seemed to do little except complain about missing the old, broken down and decrepit building they had left. No one had thought about bringing a symbolic part of the old, well-worn and highly remembered building with them to the new facility.

For as long as they possibly can they may deny that the change that is anticipated is really going to occur. When the prospective changes are brought up, employees typically change the subject, continue to use old forms, old procedures, and old labels. Employees may attempt to bargain with their supervisors, trying to hold on to previous attachments, *"can I keep my desk, can I stay in my office", "can we use the old software", "can I go to lunch at the same time?"*

When new people are added to the organization as part of the change, or veterans may keep their distance from new people. These behaviors must be understood as reluctance to let go of what has been so much a part of who we are regardless of whether that is other co-workers, a sense of safety and trust, predictable routines and familiar surroundings.

> To let go is to let a part of ourselves die. This is painful and we want to delay it, push it away, and pretend it isn't happening. We hope for a last-minute rescue, a change of heart by the Board of Directors, or a miraculous new contract[68].

Individual reactions to loss will be influenced by experiences of previous loss.

> Change can be so hard. People I liked a lot have left and as a person and a friend, I have felt very bad about those changes at times. But in my position of leadership, my "love" can't be unconditional. If a person isn't meeting the needs of the organization – and that is to serve the welfare of the children – then that person has to go, regardless of my personal feelings about them. So when someone leaves, or is forced out, I end up feeling a mixture of confusing feelings – relief that the problems they were causing are over, sadness because someone I care about has left the organization and guilt because I had to make decisions that were not happy ones for the other person – at least not at the moment. It's always hard for me too because as things are changing, those steady and predictable relationships that I felt I could rely on change as well and you can't be sure where it is all going until it goes.
> —C.O.O., Residential child-care facility

[68] Ibid, p. 38

Despair and disorganization may be seen in decreased work effort, many complaints, and active expression of distress including feelings of anger, hurt, fear, guilt and shame. When any kind of attachment bonds are broken people experience an aching emptiness. The physical and emotional pain of grief that occurs along with anger is a part of the process.

> For people who have made their work and the workplace social environment the most important part of their lives, the loss or threat of loss of what has been can result in devastating pain[69].

Because fractured attachments are experienced at a gut level as a threat to survival, the result may be fear rising to the level of panic and even terror. Employees may express fears about security and their future. Trying to contain fear and anxiety may lead to an increase in both physical and emotional symptoms.

Rage, resentment, bitterness, sabotage, violence can represent anger phase of loss and grief. Anger may be displaced onto someone else – old management, co-workers, family, family pet. Anger may be directly expressed through hostile attitudes, words or behaviors or through grumbling, excessive questioning, complaining, angry facial expressions, arguing, fighting, insubordination, destruction of property, theft, and in the worst cases physical violence. Other people may express their distress through passive expression: lateness, absenteeism, work slowdown, less teamwork, poor communication, increased errors, decreased cooperation, lack of follow-through, and diminished self-direction. *"Take a title, desk, parking space, job security, workplace friend, or feeling of trust away from an employee and anger is a natural reaction"*[70]. We express anger whenever we are denied something we want or we perceive obstacles to our goal. Frustration converts to anger very quickly and is a natural, normal release of an inner emotional state. Depression may characterize the whole environment. People may withdraw from normal routines, relationship patterns and give off non-verbal signals that say "just leave me alone".

> After my son died I felt many things but no anger. It was a tragic accident and there was no one to direct anger at. But several years later a situation presented itself at work. Someone in a key management position for many years had a variety of interpersonal problems and I had been apologizing for his behavior for a long time. As the organization changed, he appeared to become increasingly unable to cope with the changes and it culminated when he behaved quite inappropriately to me and to the Board. I felt an enormous sense of betrayal. We had to terminate his employment which was difficult given our long-term

[69] Ibid, p. 46
[70] Ibid, p. 45

> relationship. But what was particularly disconcerting was the enormity of my rage at him. I could not stop replaying the incident in my mind, could not sleep, began having terrible dreams and felt like I was in danger all the time. My husband, who had been like a rock up to this point, began becoming very frustrated with my preoccupation. I was angry at everyone. I called my bereavement counselor and told her that I thought the magnitude of my anger had to be related to my son's death in some way but I couldn't figure out how. In talking it over with her, I came to a fundamental realization that I was angry at the manager I had terminated because he had taken away my life for the moments that I had to deal with his perfidy. I realized that for me to live my life I have to devote a certain amount of my time to mourning for my son. It made me realize that if we are talking about loss we have to be talking about anger and aggression. It made me wonder who else might be running amok because they have not dealt with this aspect of loss?
> —C.E.O. Child care agency

Both managers and line staff may feel guilt, the former over the role they may be playing in the decisions that are resulting in change, and the latter over surviving the changes when some of their colleagues have not. Deep feelings of shame may dominate the employee who is demoted or otherwise loses status in the organization. When the mourning process is neither complicated nor delayed, employees can then begin to envision an end to the transition and begin to develop a new identity and a new set of skills. They may not be entirely happy with the changes but they are beginning to accommodate to the changes. They are likely to reconcile themselves cognitively before they completely work through the loss emotionally.

Organizational Change and Loss

> Losing the comfort of a safe and reliable work environment creates an ongoing sense of the loss of trust. Loss is the factor that determines our grief. Loss – whether from a death or a death-like change in our life circumstances – hurts[71].

In the mental health and social service literature, there is very little recognition of the ways in which these forces are playing themselves out across our horizons. Caught in the grip of monumental assaults upon the systems, few people have had the time or energy to step back and begin to look at the system-as-a-whole through a trauma-informed lens. The effects of downsizing, mergers, hostile takeovers, cuts in program funding, changes in roles, increased and burdensome demands of insurance companies all may be experienced as

[71] Ibid, p.27

examples of more "chronic disasters" that insidiously impact and change a system.

The losses associated with organizational change are significant and impact the lives of the individuals within the organization as well as the organization-as-a-whole. Organizational change can be a result of downsizing, mergers, restructuring, reorganization, and transitions secondary to traumatic events. Some employees describe the constancy of organizational change as "permanent white water"[72].

> This place really was a family when I first got here. It was very intimate. We only did residential care and many of the kids were higher functioning than the children we see today. We used to do staff parties, a Kris Kringle luncheon and have 45 staff members with the kids. You could have 6 people watch 45 kids. Now, with 150 kids you need 150 staff to watch them. The whole climate has changed. The people who are "old timers" remember it when everyone new everyone – but those days are gone forever. It's not a product of choice and people don't get that. The industry changes and we have to respond to that or close the doors. What we were is no longer there. We are different.
> —C.O.O., Residential child-care facility

What are the losses that employees experience? Losses include changes in organizational structure that means adjusting to new managers or supervisors, changes in employment status and job description, changes in physical locations, salaries, benefits, job security, dependable colleagues, resources. As one author has pointed out, *"Whatever we left behind after we went through the transition represents loss. Even if the new situation is a desired change – promotion, new office – we still lose the way it used to be, and the reaction to this loss is grief"*[73]. Organization restructuring may mean that people with whom other people have bonded are suddenly gone. One's status in the organization may suddenly be changed. Familiar procedures, surroundings and trusted reporting relationships may be lost. Employees may lose the ability to do the work they were trained to do and be spending more time doing paperwork than they are developing relationships with clients. The result of all this may be the loss of safety, security, control and some basic assumptions about what they can expect from the organization which jeopardizes the sense of basic trust [74].

> Systems are funny. Every time you add something you lose something. We added a diagnostic center and a day treatment program and after all the planning, we – the administrators – were excited about the new programming. But the primary programs felt like there was someone else leeching of them, depriving

[72] Ibid
[73] Ibid, p. 15
[74] Ibid

> them of their resources, and the new programs felt like second class citizens. You are always contending with that – the new people feel like stepchildren and the old people think the new kid is taking up their space.
> —C.O.O., Residential child-care facility

Downsizing has been called "*a pervasive form of organizational suicide".* According to previous research, 80% of the organizations studied that were involved in downsizing suffered morale problems. Under such circumstances, people feel insecure and their organizational commitment is decreased. They fear taking any risks and thus innovation is dampened. They have to work harder for the same pay or frequently, pay cuts. Anger over the loss of colleagues may lead to grieving with possibly a false sense of hope that the lost co-worker will eventually come back or will be rehired. The emotional toll is high on everyone [75]. As one executive reported,

> while layoffs may provide a short-term boost to profits, over the long run downsizing begins a cycle in which companies falter because of loss of talent and a decay of morale that constrain economic performance for years afterwards[76].

> There are so many things in the system that end up frustrating your efforts to change and many different kinds of things. We all say we embrace change, yet we don't really, even though we feel like we are. There is the issue of habits and routine that keeps us from changing. For example, if I decide I want to go out into the cottage tomorrow and talk to people and see how things are going, that's fine until some crisis arises that pulls me back to my office. There are so many things that change during the day. Doing something that is not part of the routine means making a plan, really thinking about it ahead of time and letting nothing interfere. That just doesn't happen.
> —C.O.O., Residential child-care facility

It is clear that the ways in which grief, loss, and termination are handled have a significant impact on employee attitudes. There is evidence that when employees are given permission to grieve for the "end of what was", the readjustment to new conditions is likely to be less problematic[77]. But unfortunately, in the human service sector, time to grieve for losses in the workplace has become a rarity that has enormous consequences:

> Our society in general, and the business world specifically, has typically not granted enough permission for people to grieve. As a result, many grieving employees are given little time to be off balance, sad, angry, scared,

[75] Appelbaum, *Anatomy of a Merger*
[76] Hubiak and O'Donnell, *Downsizing,* p. 31
[77] Buono and Bowditch, p.18

> unmotivated, and unproductive. When there is a lack of time to mourn what was, employees are less free to bond to the new situation[78].

> As I see it now, everyone reacts differently to loss. One of our key organization leaders has been acting out a lot, being arbitrarily divisive and obstructing everything I try to do. She is questioning things that she would not have questioned before and being just difficult about things she doesn't need to be difficult about. Interestingly, she is not even someone who is affected by the things she is questioning. This is all started after I hired someone as my V.P. and to whom she must now report. As I think about it, I think this is the way she is demonstrating the losses she has had, including the reporting relationship to me, and that has never really been addressed.
> —C.E.O. out-patient mental health provider

Costs of Not Addressing Normal and Complicated Loss

There is a high price to be paid individually and collectively when the process of grief is inhibited or arrested. The grief does not go away but instead turns into feelings and attitudes that can severely disrupt productive work. An overall feeling of distrust and resentment toward the organization may lead to hostile acts, counteraggression, destructiveness, stealing, poor work product, and chronic anger. Shame and an inclination to "play it safe" can lead to stagnation, an unwillingness to take any creative risks, avoidance and isolation. Chronic fear lowers creativity and increases stress related physical and emotional problems. As one authority states it,

> Unresolved anger can lead to chronic bitterness, self-hatred, grudges, and on ongoing sense of helplessness. It some cases, it can also lead to physical aches and pains, symptoms of stress, depression, and other emotional disorders[79].

Under these circumstances, similar to their repetitively and chronically stressed clients, employees may overreact to even minor provocations.

> In the beginning of working through the loss of my son, I was numb. After the first few months, I couldn't get affectively engaged with the petty stuff anymore. There wasn't much that was emotionally charged. But then when I started to be able to engage affectively again it didn't come out right. It was either too much or not enough. I would be over-reactive or under-reactive. And then gradually it started to even out.
> —C.E.O. Child care agency

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[78] Jeffreys, p.16
[79] Ibid, p.68.

On the other hand,

> Anger that is constructively managed can fuel productive change and bring about motivation to develop new skills and to complete important tasks [80].

Feelings that are not allowed appropriate expression through grieving are unavailable for productive purpose and productive work is likely to plummet with morale sinking and errors compounding.

Organizational Defenses

Psychodynamically-oriented investigators who have looked at the human social organization and institutional development have pointed out one underlying and largely unconscious motivation beneath organizational function and that is the containment of anxiety. Human beings are particularly vulnerable to overwhelming fears of disintegration, nothingness, annihilation, disorder, chaos, loss and underlying all – death. We organize our social institutions to accomplish specific tasks and functions, but we also utilize our institutions to collectively protect us against being overwhelmed with the anxiety that underlies human existence. We are, after all, the only animal that knowingly must anticipate our own death.

The collective result of this natural inclination to contain anxiety becomes a problem when institutional events occur that produce great uncertainty, particularly those events that are associated with death or the fear of death. Under these conditions, containing anxiety may become more important than rationally responding to the crisis, although because of our relative ignorance and denial about our unconscious collective lives, this is likely to be denied and rationalized. As a result, organizations may engage in thought processes and actions that may serve to contain anxiety but that are ultimately destructive to organizational purpose[81].

Like individuals, institutions develop defenses against difficult emotions which are too threatening or too painful to acknowledge. These emotions may be a response to external threats such as government policy or social change. They may arise from internal conflicts between management and employees or between groups and departments in competition for resources. They may also arise from the nature of the work and the particular client

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[80] Ibid, p. 45.

[81] Lawrence *The Presence of Totalitarian State of Mind in Institutions;* Pyszcznski, *What Are We So Afraid of?,* p.827*;* Pyszcynski, Solomon and Greenberg, *In the Wake of 9-11.*

group[82]. Managing countertransference in situations where suicide, homicide or injury has occurred is difficult as an organizational leader. The need to find fault and punish is strong and may make situations much worse as defensive routines are employed, premature closure is encouraged, and silence about the incidents is mandated by organizational attorneys.

> The CEO and the COO had previously worked closely together, although always in subordinate positions, and had developed a close personal and professional relationship. When the CEO moved up, she became more distanced from her talented COO geographically and practically. Neither of them expressed their experience of personal loss over these changes, nor was any attempt made to process organizationally what it meant to have the CEO so distanced from the daily operations that she had so lovingly and carefully managed before. When a client murdered another client shortly after leaving the institution and not long after these major management changes had occurred, the CEO conveyed a mixture of feelings to the COO but mostly anger, frustration and disappointment that he hadn't done a better job in keeping the institution safe. The COO was already feeling severely wounded by the reality of the situation he had to deal with but compounding this was a sense of betrayal and overwhelming loss at not being able to turn to his friend for support. Over the next several years, the performance of the COO declined, he was demoted and ultimately, he left the field entirely.

> Organizations produce organizational defensive routines (in the form of policies, practices and norms) that inhibit individuals, groups, and organizations from experiencing embarrassment or threat and, at the same time, prevent the actors from identifying and reducing the causes of the embarrassment or threat. The use of defensive routines learned early in life is reinforced by the organizational cultures created by individuals implementing strategies of bypass and cover-up. These strategies persist because organizational norms sanction and protect them[83].

Isabel Menzies, building on the work of Jacques, described the ways in which mental health systems create "social defense systems". She described how systems develop specific and static protective mechanisms to protect against the anxiety that is inevitably associated with change. The defense mechanisms she describes sound uncannily like those that we see in victims of trauma - depersonalization, denial, detachment, denial of feelings, ritualized task-performance, redistribution of responsibility and irresponsibility, idealization, avoidance of change[84].

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[82] Halton, *Some Unconscious Aspects of Organizational Life*
[83] Argyris, *Knowledge and Action*
[84] Menzies, *A Case Study in the Functioning of Social Systems as a Defense Against Anxiety*

This social defense system plays itself out at every level within the institution. For example, in the nursing staff in a hospital who:

> develop some form of relationship that locates madness in the patient and sanity in themselves, with a barrier to prevent contamination. Such an arrangement allows the nurses to stay in the situation without feeling that their minds are being damaged. It justifies the use of control by the nurses, entitles patients to care and refuge, and is a virtual guarantee that they will continue to be thought ill and therefore will not be sent outside[85].

This social defense system can be seen operating in psychiatrists who spend more time deciding on the diagnosis that most adequately fits the DSM-IV-R and then based on the diagnosis, prescribing the "proper" medication, then they spend actually talking to the client. It is operating in childcare workers who focus on a point system and setting up punitive consequences for children because lacking professional training, understand the problems these children present is an overwhelming task. It is also operating in the institution as a whole, when that institution provides services that are called "treatment" but which are more accurately designed to control or "manage" the individual patient on behalf of the society. The conflict between "controlling" the mentally ill for the sake of society and helping the mentally ill by empathizing with and empowering them to make positive change is a source of chronic conflict. And this conflict is a source of chronic, unspoken, unrealized stress for everyone working within virtually any social service institution. It is also major barrier to the goals of the consumer-recovery movement[86]. As long as the mental health system is responsible for the legal and social containment of mental illness, it will be exceedingly difficult and perpetually stressful for the staff of institutions to offer the kind of care sought by many advocates of the recovery movement.

Over time and as a result of collusive interaction and unconscious agreement between members of an organization, this agreement becomes a systematized part of reality which new members must deal with as they come into the system. These defensive maneuvers become group norms, similar to the way the same defensive maneuvers become norms in the lives of individual patients and then are passed on from one generation to the next. Upon entering the system each new member must become acculturated to the established norms if he or she is to succeed. In such a way, an original group creates a group reality which then becomes institutionalized for every subsequent

[85] Spillius, *Asylum and Society,* p. 604
[86] Szegedy-Maszak, *Consuming Passion*

group[87]. This aspect of the "groupmind" becomes quite resistant to change, rooted in a past that is forgotten, now simply the "way things are"[88].

Unresolved Organizational Loss and Systemic Reenactment

The great American poet, W. H. Auden, has pointed out the importance of enactment in human functioning,

> Human beings are by nature actors, who cannot become something until first they have pretended to be it. They are therefore to be divided, not into the hypocritical and the sincere, but into the sane, who know they are acting, and mad who do not. We constitute ourselves through our actions[89].

We were actors long before we were talkers in our evolutionary history, and enactment remains a nonverbal form of communication with others of our kind.

Traumatized individuals frequently are subject to "traumatic reenactment", a compulsive reliving of a traumatic past that is not recognized as repetitive and yet which frequently leads to revictimization experiences. Reenactment is a sign of grief that is not resolved and instead the trauma and the losses associated with it is experienced over and over relentlessly. Reenactment means "never having to say goodbye".

An organization that cannot change, that cannot work through losses and move on will, like an individual, develop patterns of reenactment, repeating past strategies without recognizing that these strategies may no longer be effective. This can easily lead to organizational patterns that become overtly abusive. Corporate abuse comes in many forms including discrimination, demotion without cause, withholding of resources, financial manipulation, overwork, harassment, systematic humiliation, and arbitrary dismissal[90]. With every repetition there is further deterioration in functioning. Knowledge about this failing is available but it tends to be felt before it is cognitively appreciated, but without the capacity to put words to feelings, a great deal of deterioration may occur before the repetitive and destructive patterns are recognized. Healthier and potentially healing individuals enter the organization but are rapidly extruded as they fail to adjust to the reenactment role that is being demanded of them. Less autonomous individuals may also enter the

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[87] Menzies, *A Case Study in the Functioning of Social Systems as a Defense Against Anxiety*
[88] Bloom, *Every Time History Repeats Itself the Price Goes Up*
[89] Driver, *The Magic of Ritual*
[90] Wright and Smye, *Corporate Abuse*

organization and are drawn into the reenactment pattern. In this way, one autocratic and abusive leader leaves or is thrown out only to be succeeded by another, while those who have been involved in the hiring process remain bewildered by this outcome[91].

> After the founder of the organization died, we couldn't seem to find someone adequate to run the place. We would interview people, they would look good on paper but when it really came down to it, every successive manager seemed to make things worse. They would come in, try to "lay down the law" to the staff, and when it didn't work, each one would leave and it would start all over again. I don't think any of them ever asked us to review the past history of the organization or took a particularly sympathetic approach to the staff.
> —Board Member, family shelter

Reenactment patterns are especially likely to occur when events in the past have resulted in behavior that arouses shame or guilt in the organization's representatives. Shame and guilt for past misdeeds are especially difficult for individuals and organizations to work through. The way an organization talks to itself is via communication between various "voices" of the organization. If these voices are silenced or ignored, communication breaks down and is more likely to be acted-out through impulse ridden and destructive behavior.

> I have been trying so hard to get the staff to stop putting the kids into holds. It's clear to me that they do it many times when the kids should be dealt with in an entirely different way, but instead they escalate the problem. Every time I push them, it comes back to the same discussion about the kid who seriously injured a staff member a number of years ago and they aren't taking any chances of that happening again.
> —Clinical director, children's crisis center

But in the workplace - although employees may indeed be constantly reliving the losses they have experienced - there is likely to be little time or attention given to the need to provide individual employees the sustained social support they require, Nor is it likely that a stressed organization will pay attention to the losses it sustains and allow any natural ritualized forms of working through organizational loss to unfold. The mental health system has sustained enormous losses over the past decade as leaders and staff have left, programs have been dissolved, communication networks destroyed, and meaning systems abandoned. Yet there has been little discussion of the unrelenting signs of unresolved grief that now plagues the system. Instead what remain visible are abundant signs of organizations in decline.

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[91] Bloom, *Neither Liberty Nor Safety, Part III*

An outpatient organization with a variety of different programs decided to work on better integrating their overall system. To serve this goal, the consultant urged the group to review their long history. One of the conflicts that surfaced was a generalized but nonspecific fear and suspicion of the financial department in the organization that seemed to make no sense in terms of present operations. The consultant asked the most long-term members of the organization to form an inner circle to talk about the past and the other members of the group sat in a wider circle around them. What surfaced was a part of their history that many people in the room knew nothing about. Thirty years before there had been a financial crisis that almost caused this venerable institution to shut its doors. Financial specialists – one of whom was still running the department – were called in to attempt to rescue the situation. At the time, everyone felt enormous pressure but particularly the newly hired financial people. The organizational grapevine warned everyone about "staying away from finance" and some personal vignettes about short-tempered responses from the people in finance reinforced this warning. Although the situation had long since righted itself, the "word on the street" was still "stay away from finance". The current leader had known nothing about this piece of the history so had not been able to do anything to correct the misapprehension that targeted one lonely – and isolated – department until this fragment of organizational memory was retrieved.

Organizational Decline

According to a worker who wrote about the issue of organizational decline forty years ago, organizations attempt to anticipate and adapt to environmental changes but the larger, more rapid, and harder to predict the changes are, the more difficult it is for the organization to adapt. This failure to adapt then leads to organizational decline and possibly, dissolution.

> Decline begins when an organization fails to anticipate or recognize and effectively respond to any deterioration in organizational performance that threatens long-term survival[92].

When the new medical director took over he first noticed that the physical condition of the program had radically altered. The place was dark and dingy. The carpets were stained and the furniture was battered and dirty. Regardless of what the cleaning staff did, the place never really looked clean. Many of the patients were dressed in hospital gowns, rather than street clothes. Likewise, some of the other psychiatrists insisted on wearing white coats and all that was missing was a stethoscope around their neck to convey the medical

[92] Weitzel and Jonsson, *Decline in Organizations,* p.94

nature of the program. The unit, previously unlocked was now carefully locked and off-duty policemen were often called in to manage "security" problems, sometimes wearing their weapons. The staff had come to view a patient restraint as a form of treatment and congratulated themselves when a restraint went well – and they had frequent opportunities to exercise their skills. On one of the charts there were careful recordings about what a woman said about her compulsion to self-mutilate. In the social service history there was brief mention that this woman had been repeatedly sexually abused as a child. But nowhere was any connection made between the sexual abuse and the self-mutilation, nor was there any formulation that the two problems could be related. For the medical director, these examples and many other experiences helped him to recognize how previous standards of care had deteriorated dramatically, although none of these negative changes were reflected in existing standards of quality assurance. The unit had just passed JCOAH and state inspections with flying colors. He attributed this decline in the whole process of treatment as signs of unresolved grief in a system that had numbed itself to the anger, sadness, shame, and despair associated with downsizing, loss of resources, and loss of status. He said,

> I feel like I have gone into a time warp and am back in the early 1950's before the ideas of milieu treatment, systems theory, and psychodynamics had permeated the system. It is a terrible thing to see the extent of regression that has occurred in our field and no one seems to be willing to talk about it. They don't even seem to notice. But this unit still passes all the inspections – what in the world are these regulatory agencies calling quality care at this point!?

One of the most pronounced effects of decline is to increase stress and under stressful conditions, managers frequently do the opposite of what they need to do to reverse decline: relying on proven programs, seeking less counsel from subordinates, concentrating on ways to improve efficiency, and shunning innovative solutions. Their causal explanations for what is causing the problem dictate their response alternatives and their causal explanations are likely to be incorrect or inadequate because the causes are frequently so complex. Just when people need to be pulling together, interpersonal and intraorganizational conflict increases and becomes difficult to resolve and thus goal-setting, communication, and leader-subordinate relationships decline[93].

Critical events and organizational failure change us and change our organizations, but without memory we lose the context. Some modern philosophers believe that all memories are formed and organized within a collective context. According to them, society provides the framework for

[93] Whetten, *Organizational Decline*

beliefs, behaviors, and the recollections of both[94]. Later, present circumstances affect what events are remembered as significant. Much of the recording and recalling of memories occurs through social discussion. This shared cohesiveness of memories is part of what defines a culture over time. Shared language also helps a society organize and assimilate memories and eventually, forget about the events. Similarly, there is reason to believe that maintaining silence about disturbing collective events may have the counter effect of making the memory even more potent in its continuing influence on the organization or society much as silent traumatic memories continue to haunt individuals[95].

> We had had a positive reputation in the distant past. But we went through this period of decline, verging on failure, there were other agencies just waiting for us to fail. We cleaned up the leadership and the quality of services improved enormously but other organizations still look at as us as if we were the way we were in the past instead of seeing us as we are now. We still have to prove ourselves more than other organizations have to. Every misstep, every miscommunication – just the stuff that can happen in the course of managing a human service organization – becomes a source of scrutiny and there is a kind of attitude that comes out at meetings and in interagency communications that says "see, I knew you hadn't really changed". It's been hard coming back from that loss of reputation in the community, hard to once again feel safe in the larger environment.
> —Program Director, Family shelter

Studies have shown that institutions, like individuals, have memory and that once interaction patterns have been disrupted these patterns can be transmitted through an organization so that one "generation" unconsciously passes on to the next, norms that alter the system and every member of the system. But without a conscious memory of events also being passed on, organizational members in the present cannot make adequate judgments about whether the strategy, policy, or norm is still appropriate and useful in the present[96]. This process can be an extraordinary resistance to healthy organizational change[97]. Organizational decline is said to be caused by a dysfunction in organizational learning and organizational learning is seriously impaired by failures of organizational memory as discussed earlier. Regression may occur so that previous levels of achievement, knowledge, training, and

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[94] Halbwachs, *On Collective Memory*
[95] Bloom, *Neither Liberty Nor Safety, Part III;* Pennebaker, Paez, and Rimé, *Collective Memory of Political Events*
[96] Menzies, *A Case Study in the Functioning of Social Systems as a Defense Against Anxiety*
[97] Drucker, *Introduction*

service delivery are no longer remembered and appear to play little if any role in the organizational culture.

Many dysfunctional behaviors characterize organizational decline. Increases in conflict, secrecy, scapegoating, self-protective behaviors, loss of leader credibility, rigidity, turnover, decreases in morale, diminished innovation, lowered participation, nonprioritized cuts, and reduced long-term planning are common problems associated with periods of decline[98]. All of these behaviors can be seen as inhibitors of organizational learning and adaptation – both necessary if the decline is to be reversed[99].

Successful or Permanent Failure

When discussing organizations as living systems,

> theorists are preoccupied with when organizations are "born", what species they are (their forms), and when they have changed enough to be termed dead[100].

Organizational death can be more difficult to define than biological death. It may come when an organization ceases to operate, when it loses its corporate identity, when it loses the capacity to govern itself, or it experiences any combination of these situations. An organization may die when it successfully merges with another organization, so that organizational death may not be equated with failure[101].

It is odd that some organizations seem to be "permanently failing", yet continue to operate for years on end[102]. This may be because the society prefers "successful failures" when the true, albeit unconscious motivation is "*to keep a troubling issue out of the public eye and create the illusion that something is being done"*[103]. It is this kind of "successful" and "permanent" failure that perhaps best defines large components of the existing mental health and social service system. Abused and neglected children, the mentally ill, the poor, the homeless all bring up distasteful reminders of what is wrong in our present social system and arouse anxiety about life's uncertainties.

It is this unseen but real "successful" failure that most confounds people who dedicate their lives to the mental health and social service professions. When young professionals first enter the helping professions, they

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[98] Cameron, Whetten and Kim, *Organizational Dysfunctions as Decline*
[99] McKinley, *Organizational Decline and Adaptation*
[100] Hager, *Tales From the Grave,* p. 52
[101] Ibid
[102] Meyer and Zucker, *Permanently Failing Organizations*
[103] Seibel, *Successful Failure*

are motivated by a desire to serve, a willingness to sacrifice financial gain for the satisfactions they assume to be found in helping other people get well, seeing people change, and bettering the lives of suffering humanity. What they frequently find instead are bureaucratic systems designed to "control the behavior" of children and adults rather than systems designed to facilitate healing and empowerment.

Kai Erikson sums up what that can feel like to the people involved

> the mortar bonding human communities together is made up at least in part of trust and respect and decency and, in moments of crisis, of charity and concern. It is profoundly disturbing to people when these expectations are not met, no matter how well protected they thought they were by the outer crust of cynicism our century seems to have developed in us all….The real problem in the long run is that the inhumanity people experience comes to be seen as a natural feature of human life rather than as the bad manners of a particular corporation. They think their eyes are being opened to a larger and profoundly unsettling truth: that human institutions cannot be relied upon[104].

Advice For Working With Loss in Organizations

Human beings historically have used ritual and social support to work through the process of loss toward recovery. Scheff has defined ritual as the

> potentially distanced reenactment of situations of emotional distress that are virtually universal in a given culture[105].

Indigenous healing groups deal with the experience of suffering, misery, and healing through staged reenactments of the traumatic experience and a reenactment of the great myths of the tribe. The healing ceremony is almost always a public and collective procedure involving family, tribe, and members of a special healing society. In tribal cultures these ceremonies are often quite large and may involve the entire social group. They are publicly open and often egalitarian, reflecting the traditional ethos of foraging societies. They tend to be repetitive and ongoing, occurring often throughout the year. The participants in the group use techniques designed to greatly increase the level of emotional arousal and alter consciousness. In such states, the participants are permitted the leeway to say or do things that under normal social conditions would be prohibited. In most healing groups, the healed are expected to become healers. The reliving of the traumatic experience or loss occurs in precise detail, and the pain is integrated into a meaningful whole by giving it a meaning in a

[104] Erikson, *A New Species of Trouble,* p. 239.
[105] Turner, *From Ritual to Theater*

larger mythical system. There is a re-labeling of the complaint, a reduction in fear through the ability to maintain some degree of control while social relations and subjective experience are brought into harmony[106].

For human beings, grieving clearly is a social experience. It would appear, that on an evolutionary basis we are set for reenactment behavior and that this behavior has important signal importance to our social support network. The nonverbal brain of the affected individual signals through gesture, facial expression, tone of voice, and behavior, that something is amiss, that there is some rift in the social fabric that connects the individual to the social group, a rift that must be healed. The behavior of the individual triggers a ritual response in the group in order to help the individual tell the story, re-experience the affect, transform the meaning of the event, and reintegrate into the whole, while simultaneously the group can learn from the experience of the individual. The amount of social support that is offered is often enormous, with an entire group participating in escorting the injured party back into the fold through any means necessary to do so[107].

The human need to work through loss in order to form new attachments has not changed in the millennia of human existence. But what has changed, at least in our culture, is the willingness of groups of people to address this need. In order to process traumatic loss and the more normative losses associated with change, organizations must be willing to utilize their inherent social structure to help the individuals within the group and the group-as-a-whole to heal and move on.

> We had a person suicide in our program that was unexpected and extremely traumatizing. What I mean by unexpected was that we didn't even know the man was suicidal – he was leaving the next day to go home. So when it happened, we were all devastated and so were all the other patients in the program. But we remembered what we had all learned about responding to disasters so we provided information to everyone as we had it, supported people – patients and staff – in supporting each other, and over the course of 48 hours held a number of community meetings to talk about safety, to plan and implement rituals that might help all of us, and to express a mixture of feelings about the whole incident. By the end of that time, the patients told us that they were ready to get back to their own work and there were no further displays of aggression or suicidal behavior during the time those patients were in the program. In fact, it was one of the best and most mutually supportive communities we ever had. Interestingly, in the rest of the hospital, as word got out about what happened, there were a number of "copycat" behaviors that everyone attributed to what had

[106] Bloom, *Every Time History Repeats Itself the Price Goes Up;* Scheff, *Catharsis in Healing;* Turner, *From Ritual to Theater;* van der Hart, *Rituals in Psychotherapy*
[107] Bloom, *Every Time History Repeats Itself the Price Goes Up*

> happened in our program, but none of the other units had done anything to process the incident – that was universally known within hours because of the grapevine – in the rest of the hospital.
> —Clinical Coordinator, inpatient unit

There are three large categories of intervention that organizational leaders should be knowledgeable about in order to deal with the inevitable losses associated with organizational existence: becoming prepared to deal with organizational change and loss on a regular basis; what to do when change or loss occurs, and how to help people adjust to life after change and loss[108]. Consistent with the notion of parallel process, many of the suggestions offered here apply just as readily to the clients in our care. When initiating a process to review and eventually shelve, old losses, it is useful to use a S.E.L.F. framework to help an organization recognize the intimate, interactive, and cyclical nature of keeping oneself safe, managing distressing emotions, particularly emotions surrounding loss, and doing this work in service of creating positive change aimed at the future. Using S.E.L.F. as a regular part of any psychoeducational environment brings the issue of loss into regular and routine usage[109].

Preparing to Deal with Organizational Change and Loss

It is vital that every individual in the organization becomes aware of their own individual vulnerability in attending to issues of trauma and loss from their own personal and professional past and the ways in which these issues may become activated again in the present. Knowledge about normal and traumatic bereavement, and the more normative losses that accompany change should become a part of routine activity and everyday function and should become part of the orientation program for new staff and clients. In team meetings and management meetings, issues surrounding losses - those that are tangible and those that are symbolic – need to be a part of every clinical and management conversation. Organizational leaders should communicate with peers about how they have dealt with issues of loss and bereavement in their institutions and learn from the things they did well, the mistakes that were made, and the learning that they experienced. Listen for the ways in which your organization has dealt with loss in the past and make yourself familiar with the landscape of organizational loss. Likewise, evaluate the organization for signs of unresolved trauma and traumatic loss.

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[108] Jeffreys, *Coping with Workplace Grief*
[109] Bloo, Foderaro, Ryan, *S.E.L.F. A Trauma-Informed Psychoeducational Group Curriculum*

If you are in a position to do so, consider initiating a conversation about these past losses, making sure to honor past adaptations while simultaneously allowing whatever has not been finished to emerge. Have everyone make a list of the loss-related reactions they see in themselves and each other and ask them to review their previous experience with workplace change, including exploring what was negative and positive about the changes. Assess what the existing cultural norms are for dealing with loss and if the normative expression is denial, set about changing that norm.

Recognize in advance that grief reactions to change will occur, are natural and normal regardless of how much advance preparation is done. As any change is anticipated, provide a continuous flow of information to everyone affected by the change. You will never be able to prepare for every contingency, but create plans to deal with emergencies, crises, and losses that you can anticipate. Remember that once we are in a crisis, the quality of thinking can be negative impacted, so whatever you can plan for ahead of time is likely to be better thought out.

> The other thing that came out of the experience of personal loss for me was a different level of appreciation of loss in the children. Our CEO was 60 years old and it was her child, but she wasn't dependent on him. She is smart, surrounded by friends and family, had sufficient money to take care of her needs, was in a sustaining marital relationship and despite all that she was completely shattered. It made me think about what happens to the kids in care. Frankly, far worse things have happened to them and it took her a year before I thought she was ok. We get kids fresh out of horrible situations and expect them to "buck up". The fact that they get up in the morning is pretty impressive. When I saw what it did for someone with incredible resources and then thought of our kids who have nothing, it hardly seemed fair. The reason she had a year was because she had supports and these kids don't. That for me was one of the major lessons from it – this stuff takes a lot out of you.
> —*C.O.O., Childcare Agency*

When Change or Loss Occurs

If you work in an organization, change and loss are inevitable. So be aware of the risk factors for particular individuals and for the organization as a whole. Be especially attentive to previous experiences with trauma and loss. Recognize that different individuals or subgroups are likely to have different levels of exposure when a loss occurs, but everyone in the group will be affected.

> Without question and I think the event that initially triggered a greater awareness of grief and loss for us happened almost four years ago. We had a devastating

> experience when someone in our middle management level had his older son murdered in a local incident by just being at the wrong place at the wrong time. We had all seen this young man grow up and he was a really good kid. Our manager was very invested in being a father, did a lot of extra duty and lived on campus. We knew in a very visceral way the level of devotion he had invested in his son. So it was shattering for all of us and especially significant because he was in charge of the diagnostic unit and through that program we had become particularly sensitive to the issue of loss in those abused kids. This came at the beginning of the time we were looking at trauma and loss in a new way. And this was not clinical, something that happened to the kids – it was happening to all of us. And then about a year and a half later my son was killed in an accident. He was older, on his own, and an accident not an act of violence and that too was devastating. And then seven months later a senior person, a department head, lost his son-in-law - a brand new father running in a race when he had a sudden heart attack and died. So here in a short space of time three very important people in the structure and history of the organization had experienced the loss of a child that for most people is an unimaginable loss. It's not compatible with life to think about that happening. Speaking for myself I know it changed my understanding of trauma and loss. Working in an environment that is itself sensitive to this issue and field with people who are sensitive to these issues helped. But it changed my understanding that if I as a mature person with a lot of resources and skills can be so devastated utterly – take that experience and place it in the mind and heart of a young child.
> —*C.E.O, Childcare agency*

When an event occurs, one of the risk factors in how much it is likely to impact the group will also be determined by the degree of "social offensiveness" of the loss[110]. Incidents of sexual abuse, suicides, homicides, and criminal behavior are all indicative of social offenses and may be even more difficult for people to talk about. If an event occurs that causes people or subgroups to be physically dislocated, there will be real and symbolic losses that may not seem important to you but are expressions of grief to those who have lost parking spots or office space, or privacy. The greater the extent of helplessness over change, the more difficult adjustment is likely to be. To the extent you can, help people exert as much control as possible over the changes that occur.

Remember that there are factors that make traumatic loss more traumatic. These include personal contact with death, injury or horrific circumstances; injury or death of a child; sudden or extreme change or loss; prolonged exposure to trauma or loss; and the extent to which everyone in the community is impacted by the change or loss.

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[110] Jeffreys, *Coping with Workplace Grief*

When a distressing event has occurred, provide as much information as possible about the facts of the event, why it has happened, what is likely to happen next, what steps are being taken, what people can do to help, and what is over and what is not. Accept that people vary greatly in their responses to traumatic events and to any kind of change. Some people respond dramatically and quickly while others may have little response at first and react only over time. While promoting adjustment and adaptation be cautious about setting deadlines to "get over it" – people don't necessary get over things, but they can move on.

Expect and accept a variety of signs of grieving including shock, anger, anxiety, sadness, disorientation, confusion, forgetfulness, and depression and give special attention to those who are the most impacted by an event. Acknowledge losses openly and honestly and do not try to minimize the reality and importance of loss or the losses associated with change. But do not speak in platitudes like "I understand what you are feeling". Be a good listener and do not take personally the feelings that people may express.

Provide as much continuity as possible between the past and the present. Facilitate discussions about the "way things used to be" and help people say goodbye to what has been[111]. This continuity can be established in a variety of ways: let people take an object that is symbolic of the old way with them into the new situation; find a way to "say goodbye" to the old space, the old way of doing things, the people left behind; write goodbyes down on paper; if people are leaving a specific space, encourage them to take photographs of the old space and bring the pictures with them; create a book of memories and share them at a group meeting; prepare people in advance for the changes in procedures or places that are going to change. Encourage grieving rituals of all kinds and recall cultural methods for dealing with loss and use those methods – burning, burying, eulogizing, memorializing.

If someone's feelings and thoughts get out of control, help him or her seek professional help. Make sure that if employee assistance services exist, that they are confidential and that everyone knows they are available, and guarantee that health care benefits cover the cost of getting help.

Be prepared that periods of grief and loss are associated with decreased productivity, inefficiency and errors. Anticipate this and offer help when needed. If you are an organizational leader it is important to pay attention to your own reactions to trauma, loss and change and allow yourself the time to grieve what you too are losing. Remember that in positions of leadership you have the additional stress of having to role model appropriate and healthy responses to change and loss, including allowing yourself to grieve. Exhibit

[111] Ibid

confidence by treating people as if they can cope and that they are necessary to help the organization to "get through this" successfully.

Helping People to Adjust to Life After Change or Loss

When change has occurred, provide orientation training and whatever information is needed to help people adjust to change. Restore active routines and constructive action as soon as possible after an event as part of "getting through this together" without denying what has been lost. Acknowledge the value of what has been lost and provide as much continuity between the former space/place/situation and the new experience as possible. Encourage the development of new interpersonal bonds and teamwork and recognize the inherent value in the new situation. Organize team-building activities and provide whatever assistance people need to adjust to the new situation. Create new rituals and traditions for team interaction and individual recognition and encourage the development of a new group identity.

Conclusion

September 11, 2001 represents a collective trauma and a shared loss that has had profound effects on the way we all live in America. I would argue that the reaction to September 11 – the Iraq War that began in 2003 - represents a collective failure to fully engage in the grieving process that inevitably follows a traumatic loss. As one observer put it:

> September 11 may go down as one of the most tragic events in modern history not only because of the thousands of deaths it caused but also because it so seriously distorted American perceptions about itself and the world. It has knocked America down into a dank and dangerous cul de sac, making it susceptible to apocalyptic visions of darkness rather than motivating it toward high visions of human possibility[112].

The tragedy of the World Trade Center bombings and the national response to it, are large scale analogues to what frequently happens in the lives of individual children and their individual families, individual staff members within organizations and within organizations-as-a-whole[113]. All too often, anger and aggression substitute for mourning, while shaming and blaming stand-in for a shared recognition of human tragedy. An inability to sit with the reality of loss and move on through that loss inevitably makes us less safe in the

[112] Jim Garrison, America as Empire: Global Leader or Rogue Power?, p.45
[113] Bloom, *Neither Liberty Nor Safety, Part I-IV*

world, whether we are an individual child, a family, an employee, an organization, or a whole culture and unleashes powerful and contagious negative emotions that can readily lead to individual and collective disaster.

Loss is an inevitable part of individual and organizational life. We only have two choices: we can either remain stuck in the past or we can keep moving into the future and only if we can share a vision of a better future can we safely transform our losses into a better life.

> After all the losses we have experienced I think we are coming out the other end. I think it's already happening. This notion of Future is what I think is happening. This is the first time in my 20 years here that I think, starting with me and the CEO, that we are really saying, what could come. We are finally getting a vision that this could be an amazing place and we could do some amazing stuff. I would hope that down the road change will be just what we do. For a long time we have been what we are and haven't challenged that vision. Longevity and dedication have been the paramount values. But it's not just dedicated people you need but talented people. I think that whole paradigm is shifting and I am hoping that 5-10 years from now we will have made radical or at least semi-radical changes. In reality if you don't change, you are going to get run over and you will never be safe. For people who are really professionally hungry and want to grow, learn, and keep being renewed it is a much more exciting place to work – more demanding, but more exciting. I think we feel more useful because the children and families need us much more than before. There is that sense of accomplishment that we are providing a vital service. I think the growth in the organization gives us a different kind of presence in the community that has helped us build a stronger collaboration and feel more connected to the community. We have a growing sensitivity to trauma and loss and some new treatment modalities have been internally rewarding. For those who are committed to influencing the way care and services are provided, it is a better place.
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> —*C.O.O., Child Care Agency*

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Tips For Coping with Organizational Change and Loss

Preparing To Deal With Organizational Change and Loss

- Be aware of your own vulnerability to issues of trauma and loss from your own personal and professional past and maintain an awareness of the ways in which these issues may be activated by present circumstances.
- Maintain a knowledge base about the impact of loss on individuals, families, and groups. Integrate an understanding of grief and loss into everyday function.
- In team meetings and management meetings, make sure that the loss implications of every change are thoroughly addressed.
- Prepare as much as possible for emergencies, crisis, and potentially adverse situations with preparedness plans.
- If you can, talk to your predecessor (s) or colleagues who hold positions similar to yours in other organizations. Ask them about their own experiences of loss in the job and within the organization.
- Treat the past with respect, honor previous contributions, and learn about the organizational history and culture
- Discover the organizational history of trauma and loss and evaluate the ways in which these experiences may be still affecting organizational function.
- If you are in a position to do so, consider doing an organizational debriefing, asking participants to assess the amount of change and loss that has occurred to them individually and as a group.
- Have everyone make a list of the loss-related reactions that they see in themselves and each other and ask them to review their previous experience with workplace change and explore what was negative and positive about the changes.
- Recognize that grief reactions to change will occur and are natural and normal, no matter how much advance preparation you do.
- As change is anticipated provide a continuous flow of information to everyone involved.

When Change or Loss Occurs

- Be aware of risk factors for particular individuals and for the organization as a whole. These include:
    - Previous experiences of trauma and/or loss
    - The extent to which individuals/subgroups will have different levels of exposure to loss
    - The extent to which the cultural norm is to deny the impact of loss
    - The extent of "social offensiveness" as a part of the loss (sexual abuse, criminal behavior, homicide, suicide)
    - How much people/subgroups are physically dislocated
    - The extent to which those involved were able to exert a degree of control over the change/loss
    - Contact with death, injury, horror, atrocity,
    - Injury or death of a child
    - The suddenness or extreme nature of the change or loss
    - The length of time that the traumatic event or experience of loss lasted
    - The extent to which the entire community is impacted by the change/loss
- Provide as much information as possible about the reasons for the change/loss, what is likely to occur next, what steps are being taken, what people can do to help, what is over and what is not.
- Accept that people differ greatly in their responses to trauma, loss and change. Some individuals respond dramatically and quickly, while others may have little response at first and may only react over time. Do not set deadlines for "getting over it".
- Expect and accept signs of grieving such as:
    - Shock
    - Anger
    - Bargaining
    - Anxiety
    - Sadness
    - Disorientation
    - Confusion
    - Forgetfulness
    - depression
- Give special attention to those who are the most impacted by the trauma or loss

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The Complex Issues of Bereavement and Trauma in Children

Edited by

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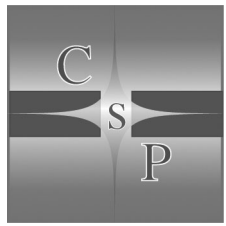

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