

# **Understanding Organizational Trauma: A Background Review of Types and Causes**

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**Abstract:** *Organizational trauma has been researched for decades, but most of the researches have focused on understanding what it is all about and classifying it into different levels of experience. However, this research focuses primarily on understanding how such traumatic experience can be averted and dented in the corporate sense. Findings clearly indicate that there are numerous ways for handling such case and none of such could be defined as the ultimate solution. Thus, the focus of this research was on understanding and discussing ways to handle organizational trauma.*

**Keywords:** *organization, trauma, vicarious trauma, aversion, deterring*

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## **I. A Background Review: Organization Trauma**

***Those who are hurt emotionally view silence as a form of protection. However, they don't choose silence but are brought to depend on silence as a result of their environment.***

**Boris Cyrulnik**

Trauma is a very common facet in any given unit. In a simple term, trauma can be stated to mean stress – or change from the normal setting of any given individual which does have downward influence on the performance of such person. The organization being a unit on its own, is understandably not void of such. This is because just like other units, organizations comprises of different people that perform different functions in order to effect its overall productivity. This has led to a number of researches in relation to organizational trauma and how it influences the overall performance of its units – and a resulting influence on the productivity of such organization. Existing literatures have also suggested (based on results from extensive researches) that many organizations are being affected by trauma (Hopper, 2012, p. xxxv; Välikangas, et al., 2009, p. 225; Hormann, 2007, p. 1; de Klerk, 2007, p. 49; Kahn, 2003, p. 364).

In terms of definition, organization trauma generally means a dysfunctional change in the behavioural patterns that exist at the organizational level (Hopper, 2012, p. xxxvii; Hormann, 2007, p. 21; Kahn, 2003, p. 364). One might be forced to ask as to what causes these dysfunctional patterns? The answer remains simple as to the fact that they emanate from ineffective work settings and other arrangements within the workplace (Kahn, 2003). The resulting effect of these dysfunctional pattern is that they bring about negative effects on the long-term development of such organization (Kahn, et al., 2013, p. 377), as well as the adverse impact that it also brings on the image and identity of such system and the ability to threaten overall existence of a given organization (Hormann, 2007, p. 1).

The scope of understanding organizational trauma does lie on the intersection with clinical discipline as Hormann (2007, p. 18) noted. However, while the focus of organizational trauma is on existing systems within the workplace, the focus of clinical disciplines does however concentrate on the individuals that work within the system. On the same hand, there is a noticeable gap between the transfers of knowledge from one clinical discipline to down to the organizational trauma domain.

Be it in the form of shaping public policy or providing necessary services to families, communities, individuals or other corporations, workers are known to be fully engaged with the modern day societal problems. Thus, difficulties experienced in their works can have both emotional and psychological damages on these workers (Davies, 1998; Gibson, McGrath, & Reid, 1989). Such stress doesn't just emanate from the process of undertaking their designated duties, as it can also be the outcome of existing organizational features (Sze & Ivker, 1986). In terms of cross-examination, occupational stress has been viewed primarily in the form of burnout (Maslach, 1993), but recent findings in the field of trauma has linked some of these unique stresses to work. Such stress that emanate as a result of work related issues have been conceptualized as vicarious trauma (McCann & Pearlman, 1990b; Pearlman & Saakvitne, 1995a, 1995b). Up till the present moment, majority of researches in this area have focused on the individual factors that are thought to bring about organizational stress, while neglecting the impact that organizational structure can have when it comes to creating stress on the workforce (Bell, 1998, 1999).

In line with the understanding created above, this book will define organizational trauma as a situation in which an individual is confronted with actual or threatened death, serious injuries or sexual violation, or

exposed to death, injury or suffering of other people within the same working environment. Thus, organizational trauma can only be a product of negative activities within the workplace.

## **II. Types of Organizational Trauma**

In recent years, the occupational stress of people working with trauma survivors have been receiving huge attention (Cunningham, 1999; Dalton, 2001; Regehr & Cadell, 1999). A number of authors have now come out with the suggestion that trauma theory is of high importance when it comes to understanding the burnout experience of people working within a confined unit (such as an organization) (Horwitz, 1998; Wade, Beckerman, & Stein, 1996). This has also led to a number of theories speculating that emotional impact of traumatic conditions in the workplace is contagious and it can easily be transmitted through empathic processes (Figley, 1995; Pearlman & Saakvitne, 1995; Stamm, 1995) – such as in a case where fellow staffs are constantly being exposed to traumatic stories from other staffs based on their past experience.

In the past decade, the impact of working with trauma survivors have been carefully studied under different constructs: compassion fatigue (Figley, 1995), secondary traumatic stress (Figley, 1993; Stamm, 1995), and vicarious trauma (McCann & Pearlman, 1990b; Pearlman & Saakvitne, 1995a, 1995b). These constructs as well as findings they have delivered have also been compared and debated (Pearlman & Saakvitne, 1995a; Stamm, 1995) but a detailed discussion on that ground is considered to be outside of the scope of this book. In any case, majority of studies in relation to organizational trauma have been based on the construct of vicarious trauma.

In terms of definition, vicarious trauma is the transformation produced in the inner experience of a staff due to such person being emphatically engaged with a trauma survivor's traumatic material (Pearlman & Saakvitne, 1995a, p. 31). Vicarious trauma can bring about psychological outcomes that resembles reactions from post-traumatic stress, and it can come about either in the form of intrusive symptoms – such as flashbacks, obsessive thoughts, or nightmares -, or in the form of constructive symptoms – like numbing and disassociation (Beaton & Murphy, 1995). It also has the possibility of resulting to cognitive schemas – which is the disruption of important beliefs that such person hold about themselves, other individuals, and the society at large (McCann & Pearlman, 1990b; Pearlman & Saakvitne, 1995a, 1995b).

While some of the symptoms from vicarious trauma does look more like burnout and can in fact result to some level of organizational burnout, it is important that one understand that researches on therapists has begun to define vicarious trauma as a different concept from organizational burnout (Figley, 1995; Pearlman & Saakvitne, 1995a). The difference is that unlike the burnout construct, constructs of vicarious trauma was developed from and is clinically founded on trauma theory – specifically grounded in self-development theory (McCann & Pearlman, 1990b). In different vast studied, findings show that burnout and overall stress levels were not inked to exposures to traumatized people, but exposure to traumatized people were found to be related to vicarious trauma in people (Kassam Adams, 1995; Schauben & Frazier, 1995). On that ground, burnout on its own is not capable of capturing the effects of organizational related stress. While vicarious trauma has been found to result in certain levels of emotional exhaustion, depersonalization and some reduced level of personal accomplishment, it should also be noted that such trauma are unique and specific to certain working conditions.

In generally, one needs to understand that workers risk exposing themselves to vicarious trauma due to their exposure with traumatized people or materials that contain images of trauma. Such is classified as secondary traumatic experience. Secondary traumatic experience is the effect of someone being exposed to traumatized people or contents that contain images of traumatic conditions (Cornille & Meyers, 1999; Dalton, 2001). Numerous researches have also supported that finding by stating that a number of people in their workplace are exposed to post-traumatic outcomes due to their exposure to trauma victims of trauma related materials (Chrestman, 1995; Follette et al., 1994; Kassam-Adams, 1995; Pearlman & Mac Ian, 1995).

While there are differences in terms of classifying organizational trauma, one thing that is certain is that organizational trauma does have negative influence on both the victim and other staffs that are exposed to the victim. The reason is because vicarious trauma is easily transferable from the victim or materials containing traumatic conditions to people exposed to traumatic conditions.

## **III. Causes of Organizational Trauma**

In general, organizational trauma is a result of stress (both physical and emotional) in the workplace. Therefore, understand factors that products organizational is critical to understanding causes of organisational trauma. Maslach (1993) presented a description of organizational stress as having three dimensions: 1) emotional exhaustion; 2) depersonalization – which is defined as a form of negative attitude towards clients, detachment from certain events, or loss of ideals; and 3) reduced persona accomplishment and commitment towards one's task in the workplace. In terms of conceptualization, stress in the organization has been viewed as a process rather than a defined condition or state, and some theories have been established to note how it sequentially progresses throughout each defined stages or dimensions (Maslach, 1993). Some of these

researches have also examined how interpersonal features and organizational characteristics influence such corporate level stress. One finding that is interesting in relation to the context of this study is that organizations have the ability to either promote higher level of job satisfaction or contribute towards corporate level burnout (Söderfeldt, Söderfeldt, & Warg, 1995). Thus, the causes of organizational trauma are discussed below.

### **3.1 Downsizing**

In the organizational setting, especially with the treacherous levels of economies across the globe, downsizing has become a common phenomenon in the global workforce. This is because machines are constantly being invented to replace human labour, and companies are constantly pushing towards a cheaper production cost by outsourcing to countries where cheaper labour costs are obtainable. Considering that these employees are human being and not parts of a replaceable machines, it becomes easily evident that they could easily be affected as a result of these layoffs. The interesting part is that these effects are not limited to those laid off – as a number of researchers have linked layoff effects to event those still retained within the corporate system. Researches in the area of organizational downsizing have demonstrated an array of negative outcomes and minimal positive results for companies – with such ranging from decline in job satisfaction to overall decline in organizational commitment among survivors (Luthans&Sommer, 1999). A research published in the British Medical Journal did show that the risk of workers having heart attack and being hospitalized increased by 100% following downsizing, and this is coupled with a number of other conditions – and rapid expansions also increased the risk at a higher rate as well (Vahtera et al., 2004).

One group of researchers have actually described a “**survivors’ syndrome**” with the suggestion that survivors of layoffs pass through three stages following a layoff: which includes a sense of anguish – as a result of chance, increased level of job insecurity, and loss of friends and companions; a neutral stage which is more of a healing time; and a the moment in which these staffs get a grip of themselves and become productive once more (Appelbaum et al., 2000). This is most evident in organizations where the workforce functions as a team. If a member or some members of the team are laid off, other survivors will definitely be affected negatively by such decisions from the management and the resulting impact will be a decline in overall productivity and commitment. In cases where the people laid off represent an integral part of the overall functionality of the system, the negative influence on productivity could linger on for more time.

### **3.2 Workload and complexity of job**

Researchers have been successful in demonstrating that there are job-related sources when it comes to understanding causes of organizational trauma. In terms of workload, exposing these employees to either light or heavy workload can cause some related organizational stress. However, the potential is more prevalent in cases where the workload are enormous (Jenkins and Elliot, 2004). The reason is that when people are offered to do more than they can actually handle, there is the tendency of such task impact negatively on their overall satisfaction; and when they are not satisfied with their overall performance, and they could start to experience some level of discontents and an eventual organizational stress.

### **3.3 Role definition**

The way responsibilities are defined also represent an integral aspect of the corporate system because it makes it easy to hold people responsible for their actions within the corporate setting. As such, clear roles will bring about job satisfaction, while unclearly defined roles will push the staffs to the brink of job dissatisfaction (Cooper et al., 2001). Nobody (be it in the corporate setting or not), wants to be held responsible for other people’s irresponsibility as they will deem such unfair. Therefore, not clearly defining a staff’s role within the organization can bring about mixed judgment as to how his or her roles might have impacted the organization’s success (negatively or positively). There won’t be much complaints in cases where such decisions results to positive sentiments, but the reserve will definitely bring about a reverse effect – and increase the potential of such person experiencing work-related trauma.

### **3.4 Relationships**

The level of relationship one maintains at work such as those with supervisors, colleagues, and subordinates are key elements when it comes to either attenuating or increasing the overall stress level experience within the same corporate system. Cooper et al. (2001) has linked negative interpersonal relationship and lack of social support from other people within the workplace as being significant stressors with the potential of creating some level of organizational trauma. On the corporate level, these stress factors can bring about changes in the bureaucratic structure of the company and as such increase the overall structural stress on the supervisors. In the wake of difficult relationships with supervisors, the supervisor might be force to affix difficult tasks to the employee and the resulting effect will be dwindling interest in job roles as well as decrease in overall commitment of the personnel.

### **3.5 Career development**

Career development is crucial when it comes to weighing up employees' commitment and dedication as it does play significant role in determining the way an individual manages other stress factors in the workplace. Some of the established sources of work-related trauma include job insecurity (as discussed in downsizing above), perceived under-promotion, over-promotion and overall lack of achievement in the workplace (Cooper et al., 2001). In essence, when an employee doesn't get his expectation form career development, the employee's level of commitment and dedication is reduced.

### **3.6 Organizational culture and ethical conflicts**

Organizational structure also represents an integral element when it comes to understanding how trauma emerges in the corporate setting. In essence, the way a company acts towards its employees can potential define the way such employee will also act towards the company. While the business of every business has been defined as "business", one needs to understand that there is the need for such business to be mutually beneficial. This means that the company must be as willing to help the workforce in the same manner that the workforce is willing to help the company. Therefore, if the organization is not structured to be attentive to the needs of the staffs and handle certain conflicting issues that arises within its system, then staffs experiencing these issues can easily become traumatized.

## **Bibliography**

- [1]. Appelbaum, S.H., et al., (2000). Anatomy of a merger: behavior of organizational factors and processes throughout the pre- during and post-stages (part 2). *Management Decision*, p. 674-684.
- [2]. Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social Work*, 36, 202-206.
- [3]. Beaton, R. D., & Murphy, S. A. (1995). Working with people in crisis: Research implications. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 51-81). New York: Brunner/Mazel.
- [4]. Beck, D. F. (1987). Counselor burnout in family service agencies. *Social Casework*, 68, 3-15.
- [5]. Bell, H. (1998). [The impact of counseling battered women on the mental health of counselors.] Unpublished raw data.
- [6]. Bell, H. (1999). The impact of counseling battered women on the mental health of counselors. Unpublished doctoral dissertation, University of Texas at Austin.
- [7]. Catherall, D. (1995). Coping with secondary traumatic stress: The importance of the professional peer group. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 80-92). Lutherville, MD: Sidran.
- [8]. Chrestman, K. R. (1995). Secondary exposure to trauma and self reported distress among therapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 29-36). Lutherville, MD: Sidran.
- [9]. Cooper, C.L., P.J. Dewe, & M.P. O'Driscoll. (2001). *Organizational Stress: A Review and Critique of Theory, Research and Applications*. Thousand Oaks, CA: Sage Publications.
- [10]. Cornille, T. A., & Meyers, T. W. (1999). Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors. *Traumatology*, 5, 1-17.
- [11]. Cunningham, M. (1999). The impact of sexual abuse treatment on the social work clinician. *Child and Adolescent Social Work Journal*, 16, 277-290.
- [12]. Dalton, L. E. (2001). Secondary traumatic stress and Texas social workers. Unpublished doctoral dissertation, The University of Texas at Arlington.
- [13]. Davies, R. L. (1998). *Stress in social work*. London: Atheneum.
- [14]. deKlerk, M., (2007). *Healing Emotional Trauma in Organizations: An O.D. Framework and Case Study*. *Organization Development Journal*, 25(1), pp. 49-54.
- [15]. Dutton, M., & Rubinstein, F. (1995). Working with people with PTSD: Research implications. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 82-100). New York: Brunner/Mazel.
- [16]. Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- [17]. Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, 25, 275-282.
- [18]. Geisler, D. (2005). *Meaning From Media: The Power of Organizational Culture*. *Organization Development Journal*, p. 81.
- [19]. Gibson, F., McGrath, A., & Reid, N. (1989). Occupational stress in social work. *British Journal of Social Work*, 19, 1-16.
- [20]. Himle, D. P., Jayaratne, S. D., & Thyness, P. A. (1986). Predictors of job satisfaction, burnout and turnover among social workers in Norway and the USA: A cross cultural study. *International Social Work*, 29, 323-334.
- [21]. Hopper, E. (2012). The theory of Incohesion: Aggregation/massification as the fourth basic assumption in the unconscious life of groups and group-like social systems. In: E. Hopper, ed. *Trauma in organizations*. London: Karnac Books, pp. xxxi-li.
- [22]. Hormann, S. D. L. (2007). *Organizational Trauma: A phenomenological study of leaders in traumatized organizations*, Culver City: Antioch University.
- [23]. Horwitz, M. (1998). Social worker trauma: Building resilience in child protection social workers. *Smith College Studies in Social Work*, 68, 363-377.
- [24]. Jenkins, R. & P. Elliott. (2004). Stressors, burnout and social support: nurses in acute mental health settings. *Journal of Advanced Nursing*, p. 622-631.
- [25]. Kahn, W. A. (2003). The Revelation of Organizational Trauma. *Journal of Applied Behavioral Science*, 39(4), pp. 364-380.
- [26]. Kahn, W., Barton, M. & Fellows, S. (2013). Organizational crises and the disturbance of relational systems. *Academy of management review*, 38(3), pp. 377-396.
- [27]. Kassam-Adams, N. (1995). The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 37-48). Lutherville, MD: Sidran.

- [28]. Luthans, F. & S. Sommer (1999). The impact of downsizing on workplace attitudes: Differing reactions of managers and staff in a health care organization. *Group and Organization Management*, p. 46-70.
- [29]. Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. Washington, DC: Taylor & Francis.
- [30]. McCann, I., & Pearlman, L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–149.
- [31]. McCann, I., & Pearlman, L. (1990b). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–149.
- [32]. Munroe, J., Shay, J., Fisher, L., Makary, C., Rappaport, K., & Zimering, R. (1995). Preventing compassion fatigue: A team treatment model. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 209–231). New York: Bruner/Mazel.
- [33]. Neumann, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Counter-transference and vicarious traumatization in the new trauma therapist. *Psychotherapy*, 32, 341–347.
- [34]. Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26, 558–565.
- [35]. Pearlman, L. A., & Saakvitne, K. W. (1995a). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.
- [36]. Pearlman, L. A., & Saakvitne, K. W. (1995b). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150–177). New York: Brunner/Mazel.
- [37]. Regehr, C., & Cadell, S. (1999). Secondary trauma in sexual assault crisis work: Implications for therapists and therapy. *Canadian Social Work*, 1, 56–70.
- [38]. Rosenbloom, D., Pratt, A., & Pearlman, L. A. (1995). Helpers' responses to trauma work: Understanding and intervening in an organization. In B. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 65–79). Lutherville, MD: Sidran.
- [39]. Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, 19, 49–64.
- [40]. Söderfeldt, M., Söderfeldt, B., & Warg, L. E. (1995). Burnout in social work. *Social Work*, 40, 638–646
- [41]. Stamm, B. H. (Ed.). (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Lutherville, MD: Sidran.
- [42]. Sze, W.C., & Ivker, B. (1986). Stress in social workers: The impact of setting and role. *Social Casework*, 67, 141–148.
- [43]. Urquiza, A. J., Wyatt, G. E., & Goodlin-Jones, B. L. (1997). Clinical interviewing with trauma victims: Managing interviewer risk. *Journal of Interpersonal Violence*, 12, 759–772.
- [44]. Vahtera, J., et al., (2004). Organisational downsizing, sickness absence, and mortality: 10-town prospective cohort study. *British Medical Journal*. 328(7439): p. 555-end.
- [45]. Välikangas, L., Hoegl, M. & Michael, G. (2009). Why learning from failure isn't easy (and what to do about it): Innovation trauma at Sun Microsystems. *European Management Journal*, Issue 27, pp. 225-223.
- [46]. Wade, K., Beckerman, N., & Stein, E. J. (1996). Risk of posttraumatic stress disorder among AIDS social workers: Implications for organizational response. *The Clinical Supervisor*, 14, 85–97
- [47]. Welfel, E. R. (1998). *Ethics in counseling and psychotherapy*. Pacific Grove, CA: Brooks/Cole.
- [48]. Wollman, D. (1993). Critical incident stress debriefing and crisis groups: A review of the literature. *Group*, 17, 71–83.
- [49]. Yassen, J. (1995). Preventing secondary traumatic stress disorder. In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 178–208). New York: Brunner/Mazel.