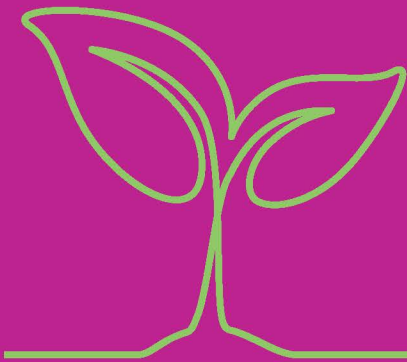Kerry Howard

how to heal a workplace

Tackle Trauma, Foster Psychological Safety and Boost Happiness at Work

Contents

Introduction

As human beings, we spend the majority of our waking adult life at work. Depending on the country that you reside in, your working hours may vary, but even in the most balanced societies, we spend more than one-third of our life at work.

Given that we spend so much time in this environment and our occupation is often a key component to our sense of identity and self-worth, it is essential to our overall functioning in life to be able to operate in a supportive environment. This means a workplace that provides psychological safety and security and affords us a positive sense of our value and contribution. It means a workplace that gives us an opportunity to meet our greatest emotional need: the need for connection.

The global way of working is rapidly changing, and workplaces have devolved and decentralised, fuelled by the COVID-19 pandemic. Prior to the pandemic we were seeing this trend in decentralisation, particularly in knowledge industries where a computer and internet access were all employees needed to deliver outcomes. For multinational corporations with employees located in different countries around the world, it posed unique challenges that often required dedicated human resources (HR) teams to ensure worker safety and protect employers from potential legal claims spanning multiple cultures and jurisdictions.

It is rare to find a true multinational corporation that has been able to navigate the competing nuances of culture and expectations to create a truly satisfied, efficient and effective workforce.

There are exceptions, most of them in the technology space (LinkedIn, Google, SpaceX). Reports of high levels of staff satisfaction imply the workplace is a happy and productive one. This may be a reflection on the types of people who are drawn to work in these environments. In the technology field we see high levels of neurodiversity, which brings with it a greater cognitive flexibility and potentially higher tolerance of difference. In the HR field, we see more people who have high levels of emotional intelligence and are, therefore, also more likely to have a higher tolerance for diversity. So, what does that say about other workplaces and occupations?

Embracing difference in the work environment is something that is written into many workplace codes of conduct, but is rarely truly embraced in application. Group dynamics come into play, and many conservative workplaces appreciate diversity, as long as it's packaged in a dark suit and white shirt. Yet every workplace requires a variety of personality types to ensure its people can innovate and find creative solutions to complex challenges.

Difference can be expressed through personality, but it can also be created by action. When a member of the team acts in a way that seems to expose the team to scrutiny, it is not uncommon for the renegade member of the team to be excluded while the rest of the team band together to protect themselves from further ridicule. Psychological constructs around group membership often facilitate this type of behaviour in workplaces, but it can have a significant negative impact on the person who raised the alarm.

How we manage and treat our people at work can be directly linked to managing psychological safety at work. Another example is the type of work that our occupation exposes us to. We know that public safety workers (defence, emergency services, hospital staff) are routinely exposed to traumatic incidents as a direct result of the type of work that

they do. In our society we recognise that the incidence of post-traumatic stress disorder (PTSD) can be disproportionately higher in these sectors than in other industries.

Then there are the sectors exposed to occupational violence, and, surprisingly, these are often the 'helping' professions: ambulance officers, nurses and, perhaps unexpectedly, teachers. Ambulance officers and nurses are often on the front line when people are in trouble, potentially under the influence of illicit substances or alcohol, which can expose them to negative behaviours. As occupational groups, the 'helping' professions can be significantly impacted by these types of incidents, because the nature of the work tends to attract quite empathic people. It can be hard to fathom why you would be hurt while trying to help someone — quite a different psychological position than those in the armed services, for example.

To most people's surprise, we see that teachers are significantly impacted by violence in schools. The rates of workers compensation claims by teachers for occupational violence is almost as high as emergency services workers.[1] For similar reasons to our medical personnel, teaching generally attracts a more empathic and caring personality, and like anyone who is exposed to violence they also struggle with these incidents.

There are multiple ways that people may feel unsafe or disempowered in the workplace. My aim in this book is to help you understand why these situations occur, and provide clear guidance as to what you can do to support your people to tackle trauma and foster psychological safety. By taking a proactive approach to the challenges that can arise in the workplace, you will improve the culture of your workplace, be it large or small. Ensuring your people feel valued and supported by their employer will lead to increased satisfaction and boost the general feeling of happiness at work.

to talk about, hard to prove and very challenging to resolve. She believes that the only way forward is to bring it to the fore of our community consciousness, and have more discussions like we are having in this book. Gill also believes that, while we should not diminish physical injuries, psychological injuries can be so much more debilitating. We can't see mental health challenges, and many people put on a brave face. She also sees that, in some workplaces, it's perceived as drama or not productive to talk openly about challenges, and that can only exacerbate the problems.

On a positive note, Gill believes that the pandemic has created more opportunities to be open and discuss challenges around mental health, and that has helped. She has seen some great progress in terms of it being okay to not be okay at work. This appears to be changing the face of employment entitlements and companies are now addressing that. Rather than providing benefits around company cars and bonuses, they are offering benefits around mental health and wellness programs. That can only be a good thing.

Gill believes that mental health and wellbeing needs to be looked at holistically, and it starts from the top. Rather than just having a mental health champion, or a mental health first aid team or mental health week or day, she believes that, in the future, there will be a conscious 'HR and Wellbeing' focus, where open dialogue and compassion is at the forefront. From a recruitment perspective, we are seeing the shift post-pandemic. Unless businesses can demonstrate great compassion and a focus on wellbeing, people are choosing not to work for them.

If your business isn't focused on supporting your people, they will move to an employer who does

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How do we fix it?

We really need to take a pragmatic approach when making significant changes in how we engage staff, from recruitment through to ongoing wellbeing checks. As you work your way through this book, you will see

that I offer many options for providing clarity around the expectations that we have of our people. By providing them with a clear and consistent framework around how we manage wellbeing in the workplace, we will support them to develop more adaptive ways of working, build resilience and improve their problem-solving skills, in turn improving employee engagement and, ultimately, increasing productivity.

By focusing on the key components of tackling trauma and promoting psychological safety, you are going to create an exceptional workplace culture for your people, increasing profits and creating a level of positivity that will translate into widespread happiness at work.

The first thing we need to understand is whether or not your current workplace is actually showing signs of toxicity. Please head over to my website to complete the 'Toxic Workplace Assessment' — this will provide you with a scorecard result that will help you to understand just how much work you may need to do to heal your workplace.

Please visit https://kerryannhoward.com/toxic-workplace-assessment/ to take the quiz

CHAPTER 2

Why it's really about collective mental health

The ability to maintain a separation between life and work is actually impossible to achieve. As we spend so much of our time engaged with our work (even if we spend less time in the actual physical workplace post-pandemic), the working environment will affect our personal life and vice versa.

I have already outlined how a toxic workplace culture can create challenges for the people who work in it by engendering a level of disengagement. It's important to recognise that each individual member of the team can also be experiencing challenges in their personal lives, and that can also impact how the workplace culture operates.

This is something that many of us will have observed at some point over our working lives — how one person can dramatically affect the working environment. In some cases, this can be a new leader who is trying to stamp their authority on the organisation, or it can be another worker who may start to undermine the cohesiveness of the team. In both cases, we can observe the impact on the culture, in much the same way as how one rotten apple will eventually turn all the apples in a barrel bad.

Toxicity in the workplace

You may have read about workplace sociopaths and how they create toxicity in the workplace. Most people have seen how narcissism can show up in the upper echelons of any organisation. These types of personalities can be incredibly charismatic and engaging in the beginning, and will only begin to show their true nature after they have engendered a level of dependency or gained control over a person's position in the workplace, and then they will puppeteer and manipulate many and varied situations to maintain their power position. In truth, we can find these types of personalities at all levels in an organisation.

Rather than just maintaining a level of frustration about their presence, I find it a lot easier to understand that personalities that manipulate and try to wield a sense of power and control over others are themselves operating from a false ego position. Underneath this behaviour, you will find a person who has experienced very strong rejection in their early life, combined with extreme levels of criticism from their parents. They are actually full of self-loathing, and they have learned to manipulate and control to make themselves feel better. They often seek the external trappings of success to 'prove' their value and worth to society, whilst inside they feel empty.

The most manipulative approaches in society come from the behaviours identified in narcissistic and borderline personality disorders. When we are trying to understand how people develop, in psychological terms we talk about 'nature vs nurture' — the genetic traits that we are born with vs the characteristics that we develop as a result of our environment. Despite our common understanding that our personality develops from our experiences, these personality disorders have a very strong genetic heritability. The easiest way to describe how these two personalities show up in the world is that their underlying feelings of extreme worthlessness are behind their desire to manipulate and control the behaviour of others to avoid their biggest fear: abandonment.

How we interact with children shapes their sense of self

Personality challenges are far more prevalent in our society than ever before because the changing nature of our society has magnified our childhood experiences of abandonment. Anyone who has engaged in any form of psychological therapy, counselling or self-help reading will have heard about 'issues of attachment'. It's a term almost universally used to explain the difficulties we have in interpersonal relationships — the connections we form with family and friends.

The changing nature of our society has magnified our childhood experiences of abandonment

Our changing society post-WWII saw Baby Boomers' growth through the sexual revolution and the adoption of many new social norms. Women increased their participation in the workforce and divorce became more commonplace. The 1980s saw the emergence of centre-based childcare, and Gen Y are the first generation to have experienced this. The bigger impact can be observed in Gen Z, as they were the first generation where almost every child was placed in some form of childcare from an early age.

In Australia, the maternity leave provisions during this time were for 12 months, so most children entered childcare at around 10 months of age. In the United States, some states only allowed six weeks of maternity leave, and mothers in lower socioeconomic groups, including single mothers, were often forced to return to work. This meant that many mothers left their newborn babies in a variety of situations that were not ideal for ensuring that the babies' needs were going to be met. No one recognised the unintended consequences of the impact that this societal expectation would have on our children — the attachment issues that were created by removing the baby's secure attachment figure.

There are a number of reasons why modern parenting may actually be contributing to the increase in mental health issues. It's not about individual parenting techniques, but more about how society and its invalidation of motherhood has actually created bigger issues.

We train our children from birth to not express their needs unnecessarily. Is it any wonder they grow up wondering if they will actually survive? Many of you will understand the notion of using 'controlled crying' techniques with a new baby, the process of leaving a baby who has been fed, bathed, clothed and kept warm to cry themselves to sleep. This aligns with the notion that a child just needs to learn how to 'self-soothe', yet it doesn't align with the baby's survival instincts. Just because we are unable to understand the communication system the baby has (i.e., we don't know 'why' they are crying), we shouldn't decide that their communication is inappropriate and should be ignored. Babies cry out for a connection, and when they don't get it, they experience a disconnect. Trauma. A disturbing event that leaves a wound.

We need connection to survive and when we don't get it it creates a traumatic wound

As they grow up, we continue to teach them to dissociate from their own body and their experiences. In the same way that we encourage them to 'self-soothe' by ignoring their crying, we often deny their feelings of pain. When a young child falls over and scrapes their knee, we check to see if there is any blood, and if not, we tell them that they are 'fine'. But they're not fine — they are still in pain. Interestingly, 'magic kisses' work because we are providing the child with validation of the wound, and once we acknowledge the wound, the brain releases numbing chemicals at the surface of the skin making it feel better. These same chemicals are released by rubbing our skin, which is what we naturally do when we bump ourselves. There are normal behavioural training things we do as parents to ensure our children are kept safe, but the way the child stores the belief about themselves in response to this guidance varies greatly depending on their home environment and the parenting style they receive.

Consistency produces security and volatility produces fear and shame

If we compare the generalised health data of countries where children are placed into care from the age of six weeks, we start to see an unwelcome pattern of risk factors for poorer health outcomes. Industrialisation has influenced our effectiveness to raise happy, healthy children, the outcomes of which are starting to become clear.

I can feel the feminists becoming uncomfortable; I really want to make it clear that I am *not* saying women need to be chained to the kitchen and enslaved in domesticity — this isn't the 1950s. However, I think empowered women should be clear that if they choose to have a child, the emphasis being on 'choice', then they probably need to be aware that it is not just an uncomfortable 18 to 24 months of pregnancy and managing the first year.

In reality, a child struggles to cope with big changes in their environment until they are able to more effectively communicate for themselves and start to reason. To do this, they usually require language, so they shouldn't have a lot of caregivers until they are about three years old. Even then, they need to experience smaller chunks of alternative care — not being placed in long day care for ten hours per day from the age of six weeks because mum has to commute an hour each way to an eight-hour work day.

If there is one thing I have learned, it is that when we come across information that makes us angry, it has sparked within us a sense of fear or shame. If what I have just outlined above has upset you, I would encourage you to consider why. If you are a parent who had to put your child into long day care and go to work, it may be a sense of shame that you are feeling at my words. Alternatively, you may not have reached this point in your life yet, but recognise that the only way you can afford to have children is by staying at work. I'm really not suggesting that you are doing the wrong thing here. My point is that as a society we need to value motherhood, and Western societies do not.

The changing nature of society and how children interact with the world has created complex issues that are evident in all areas of our lives. I explore this issue in more depth in my book *The Trouble With Trauma*, which provides further detail about how these experiences impact our lives, and what we can do to resolve this impact.

Suffice to say, it's not hard to see why we have become a stressed, over-worked, over-medicated, egocentric society.

Our work and our self-worth

There are many people who believe they have a great sense of their self-worth, but these people have often built their self-worth on 'what' they do, rather than 'who' they are.

This is extremely common in Western societies and it's growing in Eastern societies. When we recognise that our sense of ourselves is formed through our childhood, when we are encouraged to externalise our feelings and seek validation from external sources about our worth, is it any surprise that many of us think our sense of self is about our work? We have made our 'work' to be our purpose — yet these are entirely unrelated.

If it's not work, we can often validate ourselves through other achievements — sporting or academic achievements. These days we see many young people validate themselves by how many Instagram followers or Facebook friends they have. This is the ultimate externalisation of our perception of ourselves. It's based on what other people, most of whom are complete strangers, think of our image or our experiences.

This is why many young people experience challenges with their mental health, because at the time of their life when they are developmentally programmed to establish connections with their peers, they believe social media platforms represent the reality of those connections.

When Gen X was in high school, we only needed to concern ourselves with the bullies on the school bus, or the rumours going around our year group about us. Although these were traumatic experiences, the bullies

could not anonymously attack us, question our actions or tarnish our reputations in a public forum that was theoretically able to be viewed by the whole planet.

Gen Y has engaged in social media for most of their adult life and most have social media accounts for their children from the time that they are born. Gen Z was raised in an age of open access to all sorts of information, thanks to the development of technology. They have no concept of the world before the internet and mobile phones.

Now, I love technology and embrace it, however, I am also aware that when it is not managed well, it can lead to significant problems. I see it a lot when I'm working with children — they have no concept of life without personal devices. Their attention spans are reducing, as is their ability to retain information. After all, they don't need to retain information — they have all the information in the world available at their fingertips.

I'm not a naysayer; I'm a realist. We can't take away the technology, but we can try to raise awareness about balancing its use with other pursuits. The challenge for us as a community, especially in our businesses, is that we need to be able to raise awareness and implement mechanisms that will support our employees to reconnect with themselves. We can do this by validating the healthy expression of emotion in our workplace, rather than just trying to push our perspective over the top of everyone else's. This requires a plan.

Technology is with us to stay, we need to plan downtime away from it

Our mental health challenges are the highest in our recorded history. I used to think that it was because we were more mental health literate and we validated the experiences. Although I believe that this is contributing to the increase, I also believe that the combination of changes that have

resulted from the industrialisation of our planet has led to the creation of a society that validates learned helplessness.

> **Learned helplessness:** The feeling that a person cannot avoid or control a negative situation, so they stop trying.

How technology is shaping us

Technology enables us to minimise our exposure to discomfort. Our homes and workplaces are heated and cooled to the perfect temperature. We don't need to toil our own garden for food, in fact, we don't even need to cook our food. Many domestic tasks have been reduced by machines that are designed to save time. We've all heard the phrase 'necessity is the mother of invention', but I would have to ask if, in fact, it is 'discomfort' that is the mother of invention.

There are many and varied treatments and recommendations for people to assist them to effectively manage or improve their mental health that are based on forcing yourself into discomfort. It seems the way humans have evolved over time means we have learned to create things that allow us to avoid extremes, thereby staying in a space in which we are not placed under any physiological stress. Although these things have helped us in many ways, it is clear it has been to our detriment.

Discomfort is the driver behind innovative solutions

We no longer have to get uncomfortable about anything, especially in our post-pandemic world. If we actually leave the house to work, we move from air-conditioned houses in air-conditioned cars to air-conditioned offices — many of us don't even do this anymore. We can buy prepared food everywhere, so we don't have to force ourselves to hunt or gather,

unless it is at the farmers market on the weekend! We can shop for all our needs online and it gets delivered to our door. If we don't 'feel' like doing anything, we don't have to. We can lie on the couch, watch hours of Netflix and call Uber Eats.

We live our lives on 'autopilot', with no insight into the source of the food we consume or how many chemicals or preservatives we are exposing our gut to, and we take multiple supplements to combat the lack of variety in our diet. Research shows that we produce the majority of our serotonin, our happy hormone, in our gut,[11] so if we don't nourish our bodies, it's no surprise that we don't feel great.

We spend the majority of our waking hours inside, and wear hats, sunglasses and sunscreen when we do venture outside. Yet our brains need light from the sun to function well. Sun exposure activates vitamin D, something that is at chronically low levels in most adults.

We have good community awareness of mental health issues, but often that facilitates dependency rather than supporting recovery. We have created a cycle of dependencies due to the increased pressure we feel to achieve more with less time, without a focus on the true values of our society — connecting with each other.

It is not surprising that we have developed a range of therapeutic interventions that actually help us with our mental health by forcing our bodies into discomfort. From cold water therapies to pushing our physical bodies hard with intensive exercise, we are seeing improvements in mental health through engaging in activities that would have been part of our daily life 'pre-industrialisation'.

We have saved a lot of time from the impact of modernisation to improve the speed and quality of our domestic tasks, however, we haven't taken that time and improved the connection we have with our families. Instead, we have also reduced the time we spend with our children and other members of the family to drive ourselves to improve our financial outcomes, further driving our consumerism. It's a vicious cycle.

Our early experiences shape our future mental health

I hope that you can start to see the pattern emerging: that changes in our world have altered our drive and determination and reduced our resilience. The egocentric modern world has given much more validation to the rights of the individual over the needs of the collective. This is the driver behind the increase in narcissistic and borderline behaviours in the workplace. The genetic predisposition (nature) has been magnified by the changes in our society that have increased attachment problems (nurture), fuelled by a focus on external validation of success rather than building solid beliefs internally about our value.

> **Nature vs nurture:** The genetic traits that we are born with vs the characteristics that we develop as a result of our environment.

This gives rise to self-absorbed behaviour and the active pursuit of validation from others, combined with a sensitivity to rejection and an under-developed emotional self-regulation system. As humans, we need connection to survive. In the absence of a secure connection, we learn to manipulate others to ensure that we can get what we need to survive. If we don't get what we need, we can experience strong emotional reactions that result in an emotional outburst (borderline behaviour) or a controlled, subversive attack (narcissistic behaviour). These behaviours have been learned because they elicit a reliable response, maintaining a connection through the exertion of power (narcissistic) or emotional responsibility (borderline).

Other types of mental health conditions develop in response to traumatic experiences. It's really important to understand that we all experience trauma in our lives due to the nature of our human existence. Most of us understand depression and anxiety as common mental health

conditions. In our society, there is often debate about what comes first: depression or anxiety?

Anxiety develops first, and this occurs in childhood. Our first cognitive emotional experience is shame, but the discomfort of shame results in an avoidance of experiencing shame again. Often the first significant experience of shame was quite a surprise to us, something that was completely outside of our control. We become fearful of experiencing it again in the future and we are anxious to avoid it, usually becoming as controlling as we can possibly be of our environment to minimise the fear of the potential shame. Anxiety is really just fear of the future.

Depression develops in adolescence. At this stage in our development, we are trying to differentiate ourselves from our parents and connect with our peers. For the survival of the species, we need to find like-minded peers who accept us. Anxiety is still with us, and we fear the potential rejection by our peers. When we are rejected by our peers, which we all are at some point, we experience shame. We are still learning how to interact with others to obtain a consistent response that enables us to maintain a secure connection to our peers. When we fail, which we all do, we focus our attention on all of the other times that we had similar failures in the past. It's a natural learning process to review our mistakes and try to develop ways to improve our approach and increase our chances of success in the future. However, we can get caught in staying focused on the past and the 'shoulda, coulda, woulda' thoughts that keep us focused on our failure.

Life is a continuous improvement process that requires regular review

We need to recognise that we are still growing and learning about the world in our adolescence. We need to recognise our response to rejection, regroup and feel confident to try another approach. This is where the parenting of adolescents often creates more problems.

Parents who have their own unresolved sensitivities to rejection will become over-protective of their teenager and encourage avoidant behaviours. These parents will stand up for their children and take on their battles for them, rather than teaching them how to problem solve different approaches that might achieve success. This is where learned helplessness begins.

This is how the 'passive rejectors' discussed in chapter 1 end up representing 40 per cent of the workers who do nothing in the face of a toxic workplace, because they feel helpless in the face of the seemingly insurmountable problems that develop.

Parents who are self-absorbed, controlling or avoidant will be dismissive of their teenager's feelings, often belittling them, blaming them or ignoring them. These parents will negate the feelings of the teenager in favour of their own emotional experiences (borderline) or they will berate and blame the teenager and tell them to toughen up and be more like them (narcissistic).

Not surprisingly, these become the workers who are often responsible for creating toxic work environments. In order to be validated in any way, they often learn the same emotional manipulation techniques used by their parents, as it is the only way that they can experience any sense of connection. A percentage of them are also represented by the 'active rejectors'. Many who grow up in an environment where their emotional responses were invalidated end up fighting other battles through their adult life.

Parents who take the time to support their teenager to brainstorm options in an attempt to overcome their feelings of rejection, and check in about their success, support healthy decision-making capabilities. These become the 'escapee' workers. The ones who can make a rational assessment around whether or not the workplace culture is likely to change and swiftly act in the face of their assessed evidence.

Case study: Jenny

Jenny experienced a psychological injury in the workplace over a very short period of time. She worked in a community organisation that was dependent on government funding to maintain the service and their employment. A very experienced new coworker was employed, but the level of output wasn't what would have been expected from someone with their expertise. As a result, Jenny and another team member were feeling pressured to take on more work.

The new employee always seemed to have an excuse for why things weren't getting done, and was pressuring others to help. This person would often then pass off other people's work as their own and accept the accolades. Their ability to maintain funding was reliant on the organisation achieving certain key performance indicators (KPIs), which filtered down to each team member who needed to meet individual targets. The new team member would consistently fall short and then put pressure on the rest of the team to help. It became untenable: they were at risk of losing their funding and, thereby, their jobs.

Jenny approached her supervisor with concerns about the disparity in output and questioned the performance management of the new employee. Jenny didn't see any change as a result of this escalation, so she approached the executive officer with another colleague to escalate their concerns. As a result of this escalation, Jenny and her colleague were screamed at by the supervisor. The new employee had become very close with the supervisor and a strong rift developed in the work area.

Jenny started to experience significant levels of anxiety in relation to her workplace. She and her colleague continued to escalate concerns to the executive officer, but nothing was resolved. Jenny's anxieties exacerbated so she escalated the matter further to the founding body and lodged a formal complaint.

An independent investigator was engaged to look at their grievances. They conducted many interviews and Jenny felt that the process wasn't transparent. The new employee made a counter allegation about Jenny and her colleague around placing unreasonable pressure to perform on a new employee.

Jenny reiterated the performance criteria alignment with their KPIs, and the fact they were going to lose their funding if something wasn't done. Despite the fact that she had escalated her concerns and asked for help, nothing was done. In the end, the organisation determined that Jenny and her colleague were harassing the new employee. Jenny immediately went on stress leave and lodged a workers compensation claim, however, the employer decided to dismiss her a month later.

Jenny sought the services of a solicitor and took her case to the Fair Work Commission, who determined that Jenny had been adversely treated in a workplace. However, there was no avenue for her to return to the workplace because of the acrimony.

Despite the fact that Jenny felt vindicated by the outcome, she was left without meaningful employment and that took a significant negative toll on her mental health. Jenny remains out of the workforce almost five years later.

Resolution: Jenny

When we consider Jenny's circumstances, I want to highlight several opportunities for the manager to have taken action that would have enabled a much better outcome for all concerned. Given that the readers of this book are likely to be managers and leaders, I believe that it will be more beneficial to look at the points to turn this around.

Opportunity #1: Hearing Jenny's concerns

When Jenny raised her initial concerns regarding the performance of the colleague, the supervisor had an opportunity to validate the observation, and provide reassurance that the manager had insight into the work performance of the new employee and ownership of the management

of them. The manager didn't take the time to unpack all of Jenny's concerns about the performance, and what impact the perception of poor performance was having on Jenny's anxiety.

Action: When a staff member raises concerns with you about the performance of another staff member, take the time to understand the motivation for the escalation. In this case, the supervisor had the opportunity to reassure Jenny that the new employee was on a performance management plan and that the KPIs were being monitored, and remind her that it takes time for any new employee to get up to speed. The supervisor needed to try and understand if Jenny had any other concerns; for example, was there a personality clash between them? Was Jenny's perception about the performance of her new colleague an accurate one? When one staff member has a negative perception of the performance of another, you need to manage that perception. If Jenny's assessment was correct, then it should have been validated. If it was incorrect, then the supervisor needed to take time to understand and help to manage Jenny's perception.

The supervisor should have also taken the time to reassure Jenny that her fears about the impact on their future funding, and therefore the security of their jobs, was something that senior management were very aware of and taking seriously. Then Jenny should have been thanked for raising her concerns, and assured that if they needed any additional input from Jenny, that they would let her know. They should have left the opportunity open for Jenny to raise additional concerns if things didn't appear to be improving over the next month.

Opportunity #2: Supporting your management staff with open dialogue

Next, we note that Jenny escalated her concerns up the line to the executive officer because she felt dismissed by the supervisor, and her anxiety was still not being addressed.

Action: The executive officer seemingly took Jenny's concerns seriously, but they decided to address the ineffective management of the new

employee with the supervisor first, putting the supervisor in a position of feeling judged as not effectively managing the new staff member. This placed the supervisor in direct conflict with Jenny because the supervisor felt inadequate after the executive officer intervened. The executive officer should have taken the opportunity to hold a meeting with Jenny and the supervisor to air Jenny's concerns, in the same format as I outlined above for how the supervisor could have handled it.

The executive officer needed to demonstrate to Jenny that her concerns were being taken seriously, and action would be taken to address the perception that appeared to be the source of stress. Trying to facilitate a conciliation between Jenny and the supervisor would eliminate any frustration on the supervisor's behalf about the impact of Jenny's actions on the executive officer's perception of their capability. Not doing this creates the risk that the supervisor will retaliate against Jenny by exerting their power. Finally, the executive officer should have reassured Jenny that the supervisor has their support, but that the door is open if Jenny has any further concerns over the coming month.

Opportunity #3: Transparency and follow through

Jenny responds to her feelings of not being heard by providing ongoing and extensive narratives to the executive officer, in an attempt to achieve some resolution.

Action: If you receive one or multiple emails from your staff member outlining their circumstances, take the time to acknowledge their perspective, even if you don't agree with it. It's still their perspective and deserves to be respected and acknowledged. The executive officer should have acknowledged the concerns and the pain expressed by Jenny, and provided reassurance that the supervisor is handling the performance. However, the executive officer should also assess the accuracy of the supervisor's reporting if they have promised to monitor the issue. There must be a level of transparency, especially if the performance is measurable. If the escalation continues, they must arrange an independent mediation to assess the reality of the concerns raised by Jenny on all affected staff.

Resolution lies in acknowledging the perspective of the person raising concerns, even when you hold a different view

Opportunity #4: Own the problem and the solution

Due to the ongoing inactivity and the division in the work area, Jenny escalates her concerns to yet another higher authority. It is highly unlikely, at this stage, that there is no validity to Jenny's concerns. In reality, the inaction has created a much bigger problem and now turned the workplace toxic. The team is divided, and productivity has reduced even further because Jenny is searching for further evidence to support her claim, in addition to evidence of the inaction of the management team. The introduction of an investigator makes all employees feel like they are being accused of something. Jenny is now ostracised as the troublemaker by two levels of management, both of whom will be negating their own ineffective management of Jenny's concerns by trying to scapegoat her.

Action: Management should have communicated openly with all areas of the organisation that Jenny has raised some serious concerns, and that an independent investigation is being undertaken as a matter of urgency. They should have asked that all employees who are not directly affected not involve themselves with the process, as it is important to afford the investigator a clear picture of the challenges.

It's important for the executive officer to set expectations for the transparency of the findings, if appropriate, but reassure teams there will be action regardless. They should have communicated that 'work will continue', but that it is important to clarify these concerns, expressed gratitude for Jenny's commitment and disappointment that it had to get to this point. Reiterating that the focus of leadership is on maintaining funding for the service and guaranteeing job security for all employees would have reassured employees of their priorities. When situations like these occur, reinforce your ownership of the problem in allowing it to get to this point, and the need to focus on ongoing important work.

Opportunity #5: Supporting the employee with compassion

The investigation was met with a counter-claim and, in the final report, produced an adverse finding against Jenny and her colleague. Careful consideration needs to be given to the implications of making the findings public, in this case, sharing the outcome information with other staff.

Action: Clear communication that the process is complete and the findings are being addressed needs to be provided to all staff. Acknowledgement of the failings in the management process should be shared, as well as the steps that will be taken to ensure that this type of situation won't arise again. The executive officer should have arranged a private meeting on a Monday morning with the adversely impacted staff member to discuss the investigators report, offering them the opportunity to have a support person with them.

Don't *ever* arrange these meetings last thing on a Friday afternoon — it's a sign of your discomfort and desire to avoid the conflict

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It's a sure-fire way to make sure the adversely impacted staff member will not return to the workplace.

Open the conversation by acknowledging your own failure as leader in this situation. Communicate the adverse findings coupled with a sincere desire to resolve things, and provide the staff member with support to ensure that this doesn't happen again. Reinforce the value of the staff member to the organisation and the team, and offer mediation to broker an improved working environment for all team members. Provide the affected team member with some external coaching support, starting immediately after the meeting. Ask the affected team member to keep the outcomes confidential, as the thing that is important to the cohesiveness of the team is that a resolution has been achieved.

Ask the staff member if there is anything that they need to help them to 'recover at work' as this might be quite a shock. Try to discourage a significant period of leave as we know that it increases distress and promotes avoidant behaviour. Make time to check in each day with the staff member, ask how they are travelling and if there is anything that they need help with.

Trauma: What is it?

Trauma is at the base of what psychologists refer to as psychopathology: the negative psychological problems we experience that cause us difficulties in life; the feelings and experiences we refer to as mental illness.

It's important to be clear about what I mean by 'trauma', because many people, especially in Western cultures, believe that traumatic events are only things that are life threatening, involving some physical threat. They think of events that are hugely impactful: rape, accidents, natural disasters. It is true, these events are absolutely traumatic, but so are the things that threaten our ability to connect. This is because, to your brain, they are *viewed as the same*.

The word 'trauma' comes from the Greek word for 'wound'. It means a deeply distressing or disturbing experience. Over time, it has grown to mean more, especially in psychological circles; however, I really want to come back to the original meaning because I believe that the way modern psychology has viewed trauma isn't helpful for understanding what it really is and how it impacts our development. My perspective is based on the original Greek meaning: it is an event that creates a wound, an emotional wound that develops from a distressing or disturbing experience. To our brain, a disconnection is a distressing experience.

Trauma is an emotional wound that creates a disconnect, a distressing experience

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It is important to ensure clarity on this point because when we consider the modern psychological interpretation of trauma, we have taken it to

imply that an inability to cope with a traumatic experience is a failing on the part of the human who experiences it. Yet, the way our brain approaches traumatic experience is entirely normal — and, arguably, it is also completely developmentally appropriate!

We *all* experience trauma. Yet, we are told as a society that we shouldn't focus on it. Our inability to 'not' focus on it, or to repress the impact of the trauma, is considered by the fathers of modern psychology as some sort of neurosis.

It isn't.

It is the failure to recognise the 'normality' of traumatic experience that has put us where we are now as a society: over-worked, over-medicated, avoidant and judgemental.

Why we need to understand the impact of trauma

We need to change this approach if we want to improve our lives, and the lives of generations to come.

It is the failure to recognise trauma as a normal experience that requires review and routine processing, that is responsible for the majority of our mental health issues today.

I firmly believe that if we understood trauma and its impact, and we were taught the processes to resolve it, we could eliminate the most common mental health issues from our society in a few generations

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How trauma results in mental health problems

It is essential that leaders understand traumatic experiences, and why we should minimise the traumatic impact of your workplace on your people. Our ability to function as effective human beings depends on how we

process our traumatic experiences. Our very first experience of a traumatic event, the first that we make an attribution and blame ourselves for, usually happens when we are about four years old. Our first experience of trauma is realistically earlier in our life, but the first abandonment that we experience *and take responsibility for* occurs before we start primary school.

Why does this happen to us at the age of four? Well, as human beings we have a really interesting developmental experience from the time we are born.

Children express their needs from an early age

When we are born, our emotional and physical needs are met by our primary caregivers: our mother/father or other adults who looked after us as a baby. Our needs are usually always met; we are fed, clothed and have a roof over our head. Hopefully, when we cry to indicate that we have a need, we have a secure bond to a caregiver who will meet that need. In this way we can feel reasonably secure and can grow and feel nurtured.

Around 18 months old, things change quite significantly. Toddlers start to learn language and express themselves — they start to say 'no!' They are exploring language and noticing what gets a reaction. Children view these interactions as important, and they notice the reaction they get when they say 'no!' They will often repeat behaviours as their brain is learning from these reactions and coding their memory with positive and negative experiences. However, at this age, toddlers do not have a direct or clear understanding about what it all means — their brain is trying to learn how the world works and they test certain behaviours to see the reaction. Do they get what they want or not? This will determine whether or not they should repeat a behaviour.

Expressing desires is more complex

Around the age of two children develop 'desire' — which is very different to 'need'. So, what's the big issue about how desire moulds us?

At this stage, children change their focus from what is given to them to meet their needs, and suddenly have a *desire* for something different. The problem is that children don't understand why, up until now their caregivers have given them what they *needed*, but don't appear to do the same with what they *want*. The toddler gets frustrated because they think the primary caregivers know exactly what they're thinking, because until that point, the caregiver intuitively 'knew' what they needed — toddlers are very egocentric.

But when 'need' changes to 'desire', they look to the parent to give them what they want and they don't necessarily get it!

This is why toddlers throw tantrums. They don't have the language to communicate their desires, and if they're not getting what they want, they will throw a tantrum in frustration. The responses at this age are actually developmentally appropriate. It isn't 'wrong' or 'bad' — it's *normal* for to have this frustration response at this age. Developmentally, children have two main emotions at this stage — sadness and frustration — and they often swing from one to the other very quickly.

From this point toddlers develop more language, and become more aware, but they still believe the parent can understand what's going on in their head. In fact, they believe that all the adults around them can read their minds.

Individuation takes longer to develop

There is that moment when we know that children develop true and full individuation. Young children — toddlers — will usually be able to look in the mirror and say their name. I can point in the mirror and say 'Kerry' (in my case). I know that's the name we give that baby or that person I see in the mirror. However, we don't actually realise that the baby is *me*, that I am an individual, because at that point I still see myself as an extension of my parent … Until the age of four.

Around four years of age, children work out that they can know things, or that little voice inside their head knows things their parents don't know unless they tell them. When a child reaches that point of true

individuation, that is the point when they know they are an individual and that what they think 'inside my head', their caregiver cannot know unless they express it. A four-year-old will come to you and say, 'I've got a secret!' This is when we become truly an individual.

With individuation comes responsibility

What I find quite amusing is that soon after developing individuation, we learn to tell lies.

Why is this important? Because from that point, we understand that the things that happen to us happen because we impact them. What we know about children up until around the age of ten is they have what we refer to as 'concrete thinking'. Good things happen to us because we're good, and bad things because we're bad. Simple as that, black and white.

If you reflect on your early childhood, you may be aware of when individuation happened for you, that moment around the age of four. You will have had a moment, after you recognised you were an individual, when you felt an abandonment or a disconnection from your primary caregivers. At this point, you rationalised to yourself that it was your fault.

The awareness of the impact of this moment is critically important, because this is the child part that, later on, you tap back into when you are feeling rejected — your first experience of an abandonment. In fact, it is this part of yourself that forms the true basis of your personality or ego — the root of who you truly are as an individual. Our 'inner child', the four-year-old.

Shame and fear come from abandonment

When we experience abandonment, we feel a lot of 'shame'. Recall that, at this time in our life, we feel we are fully responsible for the things we experience — so we spend our time trying to ensure we don't have this experience again. We are trying to avoid potential rejection in the future.

As children, when we experience that sense of abandonment, our primary emotional response is shame. We don't like this feeling, so we seek to avoid being rejected in the future, hopefully alleviating the experience

of shame. As such, we start to become fearful about being rejected and we develop a level of anxiety, because anxiety is based in fear.

These are our two heaviest and most basic negative emotions: shame and fear. Shame is focused on the past, and later becomes the basis for potential depression. Fear, in contrast, is future focused and is the basis of anxiety.

This is a key understanding for humanity to recognise — all children experience anxiety, as fear is the most common emotion in our early childhood. So, most children of primary-school age experience anxiety. How they cope with managing their anxiety is directly dependent on their home environment, as the focus of security in our early life is directed towards our family connection.

In contrast, depression doesn't actually develop until later, in our adolescence. Interestingly, it's the primary driver of adolescence to work out who you in are comparison to your parents and family. In adolescence, we turn to our peers to obtain connection — we want to be like our friends, not our family. We are trying desperately to work out who we are as individuals in comparison to our friends. The inability to obtain a secure connection with our peers leads to increased anxiety and, ultimately, depression. This is why the rates of depression in young people are recorded at around 50 per cent — but I would argue that *all* human beings experience low mood during their adolescence, we just don't all talk about it!

Vulnerability can lead to new connections

When we understand the impact of shame, and are aware of the paralysing impacts of fear, we can understand why Brené Brown talks so passionately about vulnerability. You see, our human experiences of shame and fear result in a disconnection that can be moderated by the expression of vulnerability. When we are prepared to be courageous and share our experiences of shame with others, this affords us an opportunity to also form a new connection with another human being because we connect over our shared experiences.

The challenge for us as human beings is that our childhood experiences impact our capacity to be courageous. These childhood experiences have a psychological impact and change the wiring of our brains due to our human capacity for neuroplasticity — but these changes also impact our biology, our cellular functioning and our immune system.

I deal more with these concepts and how our traumatic experiences impact our growth as individual human beings in my book, *The Trouble With Trauma*.

The impact of trauma

It's essential that we understand the impact of trauma on our health, because it is not just the psychological distress that causes problems; there are also multiple physical problems that can develop as a result of our traumatic experiences.

When a traumatic event occurs, we naturally seek to identify a reason for it. This attribution is where the challenge begins, because if a person takes responsibility for the traumatic event, either due to their actions or lack of action, then the event will develop into a traumatic injury.

Traumatic injuries can create much bigger problems for an individual in terms of their behaviour and their other stress responses, like sleep, mood and appetite. Traumatic events induce high levels of stress in the body, releasing cortisol and increasing heart rate and generally raising the level of inflammation in the body. You may have heard the term 'stress response' in reference to how our physical body and our psychological processes are intertwined.

> **Stress response:** Sometimes referred to as 'fight or flight', it is a combination of physical and psychological reactions to a stress event.

It is common for physical injuries to cause psychological problems and vice versa. We don't need to look very hard to find evidence of how our physical body responds to the stress of modern-day life. In fact, these days we can find evidence of our physiological responses quite easily just by looking at the data collected by your smart watch.

Neurological research has come a long way in the past ten to 15 years. As technology improves, we see much more research being published about the impact traumatic events have on our body and our brain. There is more and more evidence showing the negative consequences of long-term exposure to high levels of cortisol (from heart disease to stroke), as cortisol creates inflammation in the body.[12]

More than this, the long-term impacts of high levels of stress on our mental health and wellbeing are now really clear. The pandemic has provided a fantastic example of how long-term hyperarousal, caused by a prolonged activation of our natural fear response, can erode our mental health state over time. There are significant reasons why we should seek to reduce stress in our lives and resolve the impact of traumatic events as quickly as possible.

Depending on your family circumstances growing up, your 'trauma baggage' may be small or significant. Even if you grew up in a very supportive and comfortable household, you will carry with you a sense of not being good enough in some area of your life, even if you spend a lot of time trying not to focus on it. This is because of how we develop over the course of our lives. We all have traumatic experiences and we all experience triggering events — sometimes we are triggered by events in the workplace.

Trauma in the workplace

Traumatic experiences in the workplace can occur for many reasons, but we have some pretty clear ideas about the issues that cause the biggest negative psychological impacts.

In general terms, the workplace hazards that create risks of harm to mental health are known as psychosocial hazards. These hazards can cause both psychological and physical harm.

> **Psychosocial hazards:** Aspects of the workplace that have the potential to cause a person physical or psychological harm.

Psychosocial hazards can be created by the way the work or job is designed, organised and managed. This may include the equipment, working environment or requirements to undertake duties in hazardous environments (occupational risks). They are also created through working relationships and interactions, including discrimination, bullying, harassment, aggression and violence.

Our most common psychosocial hazards cluster around several factors that are linked to invalidation or a lack of personal control. These hazards all create traumatic experiences for the individual due to how these experiences are perceived. When we think of these psychosocial hazards, we can see a clear delineation in what kinds of behaviours trigger them:

- invalidation: negative impacts from harassment and bullying, lack of recognition, ineffective organisational justice, isolated workers and poor support

- lack of personal control: negative impacts around job control, role clarity, job demands, workplace interactions and physical environment, including remote work.

When we want to understand why these traumatic experiences expose the worker to a psychosocial risk, we need to understand the mediating effect of how the individual perceives the approach. In essence, when categorising our negative experiences, we take two main emotional pathways (which should, by now, sound familiar): shame or fear. At

its most basic level, it is then easy to see how many potentially negative interactions can create an expression of fear or shame in the workplace. The extent of the impact is mediated by a whole lot of interpersonal variables based on culture, self-worth, authority and confidence. Regardless of the extent, the impact is still traumatic.

Why tackle trauma in the workplace?

In my book *The Trouble With Trauma,* I outline how the ability to connect with others and share similar experiences can assist us to feel more positive or negative about ourselves, as we use these similarities to validate our own feelings and life experiences. As human beings, we are always looking to our 'outer world' (our immediate environment) to help explain our 'inner world', the thoughts, feelings and behaviours we feel responsible for.

Any disagreement with another human being raises the potential for rejection. When you experience any form of conflict as an adult, you are drawing on the combined emotional experiences of your whole life in how you respond. Our primary emotional need as a human being is for connection; how we react in any disagreement is going to be influenced by our childhood and parental relationships, and then this is mediated by how many times we have experienced rejection over the course of our lives. We are all sensitive to rejection, we have just learned to manage our responses to the potential for it in different ways.

What does that have to do with work? You may ask. An awful lot more that we think!

As I have outlined, the notion that we can have a clear separation between life and work is a fallacy. It's an ideological perspective promoted by capitalism to try to reduce distractions in the work environment. Thankfully, the pandemic has done a lot to elevate awareness of psychological distress in our community — so much so that we have many people who are more aware that they may need help or benefit from therapeutic support. Prior to the pandemic, one in five people

reported a mental health issue, now it's four in five people who report psychological distress.

As with many areas of human knowledge, growth and awareness, we can see widespread change in our attitudes in a short period of time. Over the past three years we have developed greater mental health literacy; however, we still hold unrealistic expectations that our governments are going to provide a solution to the problem. We talk about needing greater access to professional services, yet our mental health professionals can't possibly meet the demand, and many have felt so completely overwhelmed by the pressure placed upon them that they have chosen to retire all together.

We have to help ourselves!

Or in the case of a workplace, we have to try not to create the traumatic experiences in the first place. We can't ignore behaviour and think that if a person needs help, they will sort it out later. Besides — prevention is always a hundred times better than cure!

Employee assistance programs

Most corporate entities will offer their staff the opportunity to access some sort of Employee Assistance Program (EAP) or other early intervention support for staff who identify that they are having some challenges. Access to such support programs does vary across businesses in the Western world. Whether staff are supported through their medical benefits or some other service provision, many have access to psychological support for their challenges, regardless of whether these issues are caused by the work environment or other life experiences.

The reality is that most modern psychological approaches don't afford the opportunity to fully resolve our traumatic experiences. In many ways, modern therapy teaches us to try and tolerate the impact of our emotional experiences. It has not been an unreasonable approach to take, given that we didn't have any other way to manage except to try and learn to 'cope' with the feelings. However, our understanding of many things in science

has come a very long way, and I don't think that modern medicine, or therapeutic approaches, have moved as quickly.

There are many reasons for this — arguably, psychological ones! It is the tendency to be firm in our 'beliefs' that usually creates bigger problems. In essence, as human beings, we tend to hold tight to a particular way of viewing the world when we have had experiences that affirm the effectiveness of a particular approach.

This is actually representative of a common psychological phenomenon known as a *confirmation bias*. This is based on the notion that when we have to strongly defend a position that we have taken on an issue, we often fight harder for that position, and hold much tighter to it, than if we had been more open to an alternative perspective in the first place.

> **Confirmation bias:** When the act of defending a belief strengthens the individual's commitment to that belief.

There are many reasons why we form cognitive biases. They do support our system to make rational and effective decisions quickly. Think of them like little shortcuts that your brain has set up in a complex system that allows you to quickly categorise experiences — but sometimes we get it wrong.

Interestingly, if we realise that we 'got it wrong', we have applied an *attribution bias,* which results in *cognitive dissonance*, a psychological phenomenon in which we hold two or more opposing beliefs, values or ideas about something. Our brain doesn't like conflicting information and it causes us quite a lot of psychological discomfort. So, in order to resolve the discomfort, we almost over-subscribe to the new way of thinking. To be able to change our first opinion, we must become a champion of the new cause.

As a result, you will find that, when you have developed strong beliefs about a particular issue, you will hold tighter to those beliefs if they are ever 'challenged'. If you have felt the need to defend those beliefs at any point, then your commitment to that belief becomes stronger. This is the basis for all of the extremism in the world and it manifests in many areas of our society, between cultures, in mainstream religions and in the workplace.

Cognitive dissonance: The discomfort an individual experiences when they hold two conflicting beliefs, values or ideas.

You can start to understand why we need to prevent the challenges arising as much as we possibly can, rather than trying to patch things up after the issue has developed. As I am sure you can appreciate, sometimes our concrete ways of thinking as human beings, are not conducive to developing innovative solutions to complex issues. If you want to ensure a different outcome you *must* approach the same situation differently.

If you want to heal a workplace, you must change attitudes, ensure consistency and show up each and every day with respect and compassion for your people.