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## Emotional Healing from Disaster in the Workplace

*Experiences of Those Affected by the September 11 Attacks*

"Emotional distress *not* constituting psychiatric illness is far more common than psychiatric illness and it too deserves attention, through appropriate interventions for distress."

By Carol S. North, MD, MPE

Scientific research has provided little systematic information to guide efforts to facilitate emotional recovery in workplaces affected by disasters (North, et al., 2010). But without this knowledge, organizational mental health responses to disasters may overlook potentially helpful interventions and respond inadequately to the emotional needs of employees.

Workplaces affected by the 9/11 attacks were largely unprepared to manage the emotional aftermath of such a massive trauma. Most of the published research on workplace disaster mental health interventions to date has focused on providing mental health services such as crisis counseling, support groups, and stress debriefing.

It is not surprising, therefore, that the typical workplace mental health response to traumatic incidents has focused on *formal* mental health services. Certainly, psychiatric assessment and treatment *is* appropriate for those at risk for psychiatric illness after a disaster. However, although many people who are exposed to disasters may develop post-traumatic stress disorder or another psychiatric disorder (most commonly major

depression), the majority *do not*, even with intense exposures to severe disasters such as the Oklahoma City bombing (North, et al., 1999).

Emotional distress *not* constituting psychiatric illness is far more common than psychiatric illness and it too deserves attention, through appropriate interventions for distress. As a result, formal mental health services, while potentially very helpful to those with psychiatric illness, represent only *one aspect* of emotional care in a post-disaster workplace.

Published literature confirms the importance of workplace responses to emotional needs of employees after disasters *outside of* formal clinical interventions (Harvey, 1996; Paul & Thompson, 2006; Wessely, 2004). A small but helpful sampling of anecdotal literature summarizes experience-informed workplace interventions to assist the emotional recovery of employees after a disaster (Argenti, 2002; Burton, et al., 2009; Flynn, et al., 2005). General suggestions for promoting emotional recovery in a post-disaster workplace from these sources recommend:

- Encouraging flexibility in a post-disaster setting;

- Promoting visibility of leaders;
- Disseminating information effectively during and after a crisis;
- Fostering a vision of hope; and
- Memorializing and commemorating the occurrence of the disaster at critical dates and milestones.

### Mental Health Issues in Workplaces Affected by the 9/11 Attacks

Development of relevant knowledge to inform workplaces affected by disasters must start by learning about the experience of disaster survivors upon returning to the workplace and their emotional needs. For workplace interventions to be on target to employees' needs, they must incorporate experience-informed wisdom and input from affected employees, rather than relying on pre-existing assumptions (Paul & Thompson, 2006).

As part of a nationally funded study of mental health effects of the 9/11 attacks on New York City's World Trade Center, a series of 12 focus groups examining mental health needs was conducted in the second year after the attacks with employees from five highly affected companies, four

in the immediate Ground Zero area, and a fifth with several employee losses. Of 85 participating employees, 22 identified themselves as managers.

All participants provided written informed consent, and Human Studies approval was obtained from Washington University School of Medicine Institutional Review Board. Participants were invited to discuss their experiences, thoughts, perceptions, and feelings and any other aspects of their 9/11 experiences that they considered important for professionals to know about. The sessions lasted approximately 90 minutes and were audio-recorded and transcribed for qualitative analysis. More detail of the findings is provided in two published articles (North, et al., 2010; North, et al., 2011).

The workplace mental health response commenced first with efforts to locate and communicate with employees. Employees sought news about the survival status of their co-workers, and as this information became available, it was a source of comfort. *Therefore, disaster preparedness should begin with plans for availability of emergency contact information for all employees* (Paul & Thompson, 2006). Provision of accurate and timely information is not just a compassionate gesture; it is a mental health intervention that can relieve fears and anxieties.

Effective communication can also direct constructive behavior and contribute to public safety, as well as circumventing

unhealthy rumors that often proliferate in post-disaster settings. In a similar study of Capitol Hill staff workers exposed to bioterrorism, participants described workplace and safety communications as vital for their emotional functioning and recovery, and yet they were far from adequate, eroding their trust in medical advice (North, et al., 2005a; North, et al., 2005b).

Previous research (Covello, et al., 2001; DiGiovanni, Jr., 1999; Holloway, et al., 1997; Peters, et al., 1997; Tinker & Vaughan, 2004) has highlighted five essential elements of effective communication in a post-disaster workplace:

- 1) Listening to and responding directly to concerns of employees;
- 2) Providing timely, clear, and consistent information by trusted leadership figures;
- 3) Acknowledging the limits of available information and indicating when and how future information will be provided;
- 4) Promoting directed problem-solving; and
- 5) Facilitating a sense of control by allowing employees to participate in decision-making.

The return to the post-9/11 workplace was emotionally intense. Because physical workplaces in the World Trade Center towers were destroyed, new workspaces were inhabited. These temporary new workspaces were crowded and uncomfortable, and many of

the tools needed to perform work tasks (e.g., computers, phones, files) were frustratingly unavailable. Returning to work confronted employees with emotionally difficult reminders of the 9/11 attacks, the loss of co-workers in the attacks, and the workers' expulsion from previously cherished offices in the World Trade Center towers.

### Helpful Interventions in a Post-Disaster Workplace

Coping with the emotional intensity of employees' return to the workplace was also difficult for managers who were overwhelmed with their own emotional responses and unprepared to manage the magnitude of their employees' emotions.

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Managers identified a need for formal training to prepare them for future critical incidents. Without adequate preparation, they had to rely on their common sense and personal experience in trying to respond compassionately and effectively as leaders in the post-disaster workplace. Employees expressed appreciation for the managers' practical approach to their emotional distress.

Although professional mental health services were much appreciated – the timing, quantity, quality, and depth of these services were viewed by many as insufficient. Besides the provision of mental health services, a key workplace intervention was to *encourage employees to return to the workplace*, where workers provided peer support and were able to share and process their experiences together in ways that even their families could not provide. Being reunited with their colleagues at work increased confidence and personal sense of control and also countered posttraumatic avoidance, numbing, and isolation.

Employees also considered encouragement by their *workplace leaders* to come back to work as an essential mental health intervention. The strong endorsement of the helpfulness of peer support described by participants in this study – as well as in other published literature (Kaniasty & Norris, 1993; North, et al., 2005a) – collectively suggests that natural social support may be an important source of emotional

healing and resilience in a post-disaster workplace that should be encouraged.

Other helpful workplace interventions outside of professional mental health services mentioned by focus group participants were:

- Memorials and commemorative gatherings held at the workplace;
- Non-clinical forums for personal sharing and support; and
- Compassionate gestures such as offering meals, flowers, hugs, and verbal expressions of caring and concern.

**Effect on Productivity**

It is not surprising that the occurrence of a traumatic incident in the workplace may negatively affect workplace productivity for a while. Both managers and non-managerial employees in the focus groups extensively discussed the difficult balance between productivity demands and flexibility to accommodate the emotional needs of employees in the wake of 9/11.

Facilitating the emotional healing of workers did not always align with early workplace needs for productivity. It was also noted that some workers were affected more severely and longer than others, which indicated an *individual* need for adjustment of expectations.

Participants also observed managerial variability in balancing tolerance of employees' emotional needs with enforce-

ment of productivity. Initially, to promote emotional healing through the social support of co-workers, managers encouraged employees to return to work *without* focusing on productivity. As people became more comfortable in the workplace, managers were *eventually* able to refocus on regaining productivity.

After the 9/11 attacks, guidelines were developed for managers of affected companies to address functioning and productivity issues (Argenti, 2002; Schouten, et al., 2004). These guidelines provided five main strategies:

- 1) Planning for crises before they occur and following emergency plans;
- 2) Providing an early and continuing physical presence in the workplace both during and after the crisis;
- 3) Finding ways to communicate with employees when customary lines of communication are down;
- 4) Striving to regain business productivity through actions that are sensitive to employees' emotional needs; and
- 5) Operating flexibly with confidence drawn from the strength and security of the company.

In fact, having disaster contingency plans in place was declared to be a moral, ethical, and legal responsibility for workplaces. The importance of mental health provisions within those plans has been increasingly recognized.

**Conclusions**

There is a great deal that management can do outside of formal mental health services to promote emotional healing in the workplace. For employees who will experience psychiatric illness after a disaster, provision of formal mental health services is a vital step, but it is not a sufficient response to *all* the emotional needs of employees recovering from a major disaster.

The experiences of managers and employees of companies affected by the 9/11 attacks on the World Trade Center highlights the importance of several key strategies:

- Getting people back to the workplace where they can provide natural support to one another;
- Having a visible presence of workplace leadership;
- Providing ongoing communication of current information to employees;
- Offering disaster mental health training for managers;
- Practicing flexibility in resuming business activities and restoring productivity;
- Memorializing, commemorating, and instituting other forums for employees to come together; and
- Offering compassionate gestures and verbal expressions of concern and caring. ♦

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