Working creatively with the traumatised organisational mind

Rose Williams

Abstract

This paper discusses the theorising and design of an expressive arts therapies workshop for clinicians interested in exploring organisational trauma and its effects on them. The workshop was run on two occasions, with a total of 45 participants. Based on the work of Hormann and Vivian (2002, 2005, 2013), the workshop aimed to provide therapists with an experiential process that might support them in remaining effective in workplaces affected by organisational trauma. The theoretical foundations are a choreography of ideas from expressive arts therapies, psychoanalytic group relations and organisational consultancy. The paper draws on intrapersonal, group and social models for thinking about therapy and trauma. I propose Bion's (1970) illusion/disillusionment as a progressive frame for considering restorative practice for clinicians undertaking healing work with clients in trauma-affected organisations. In this paper, the terms 'organisational trauma', 'trauma-organised' and 'traumatic materials' are used interchangeably to point towards the different ways in which organisational systems are affected by trauma-related dynamics.

Keywords

Trauma, organisations, group dynamics, disillusionment, imagination, metaphor, psychotherapy, creative arts.

Introduction: Establishing the parameters and therapeutic value of working with or in the organisational mind

I imagine that my early years with traumatically preoccupied parents inclined me towards being particularly interested in the dynamics of trauma-affected organisations. Taken in combination with clients', supervisees' and colleagues' accounts of organisational trauma, and my own experiences of its effects on me, this research interest seems inevitable. The creative arts therapy workshop that emerged from these observations and experiences aims to support individual clinicians in finding ways to resource themselves to maintain an effective therapeutic stance while working in complex organisational dynamics. Here I describe the workshop and its theoretical underpinnings: that traumatic materials transmit between people and across systems and are not an individual psychology, but a transpersonal experience; that organisations play a significant role in providing an effective container for anxiety about traumatic materials in client work, but this can be undermined in several ways; that the collective effects of the defensive strategies that groups and individuals employ both help and hinder trauma restoration work; and that Bion's (1970) description (after Winnicott [1953]) of the developmental capacity for illusion and disillusion is a useful guide for clinicians to find a more restorative therapeutic stance. In this paper, I describe the workshop layout, process and content, and discuss participant experiences.

Trauma and aesthetic practices

Traditionally, trauma therapy from a psychological and analytic perspective required an atomised approach to the traumatised individual (Herman, 1997; van Der Kolk, 2014). Therapy focused on the interiority of traumatised phenomena, even if they had notable and visible external presentations, such as agitation, act repetition or somatisation in some other form (Ogden, Minton, & Pain, 2006). In the turn towards neuroscience, social constructionism, and systemic, feminist and postcolonial critiques, expressive arts therapists are encouraged to

consider how traumatic material and experience are transgenerational through mechanisms such as social exclusion and epigenetics (Lev-Weisal, 2007; Perry & Pollard, 1998), and how they are socially constructed through power relations and interpersonal interactions in the communal worlds that clients and therapists share (Gilroy, Linnell, McKenna, & Westwood, 2019). These therapists are also asked to consider the domain of the social and communal as a place in which expressive arts and healing can and must take place (Levine, 2009, 2011; Estrella, 2011).

Levine (2009) suggests that the conjoined ideas of trauma and therapy need to be unpacked by those working with expressive arts therapies, because of the centrality of the therapeutic lenses of aesthesis and poesis in our practice. He describes the historical splitting-off of the arts from the sciences in the Western imagination as opening a philosophical gap between the psychological approach to trauma and trauma work, and the aesthetic one. On the one hand we are left with psychological models and their reliance on rational and definable principles for defining and treating those affected by traumatic experiences; on the other hand we have the aesthetic response, as practised in arts therapies, that understands the task of trauma work as enabling us to make meaning from our experiences even though they are chaotic and incommunicable. Levine reminds us that the act of making allows us a simultaneously self–other–world recognition that is inherently transpersonal. After Hillman (1998), Levine (2009) conceptualises expressive therapies as engaging our psyches in material processes to partake in soul work that is unique to the individual, yet transpersonal in its capacity to generate healing.

McNiff (2004, 2009, 2015) and Levine (2009) argue that the two central mechanisms of creative arts psychotherapy, namely imagination and metaphor, give individuals and groups unique opportunities to scaffold towards this type of activity. Levine makes the case that the ways in which trauma materials are experienced, in chaos and fragmentation, are specifically responsive to being communicated via imaginative and aesthetic processes. These approaches allow the client's experience to remain as it is without needing to be explained or discursively made sense of. The experience, in all of its unbearable nature, can be born and held inside the therapeutic relationship and the materials used during the sessions.

McNiff (2009) describes imagination as a domain of intelligence that acts as a middle space, operating from experience but also situated outside it. Historically, the place of imagination was held in high esteem in Western romance cultures – it was considered a shared engine for the disciplines of science, humanities and the arts, and therefore a unifying intelligence with high utility value. McNiff (2009) maps the social space of imagination as a mental force over the last 200 years as follows (p.28):

> Similarly, imagination was described by Mark Akenside as a mediating intelligence, a 'middle place' between perception and reason (1744), and by Samuel Taylor Coleridge as an 'intermediate faculty' and 'esemplastic power' capable of making new syntheses from varied sources (Coleridge, 1817).

Arguably, the social significance of imagination changed and became more marginalised as modernism took hold. Moon (2007) describes metaphor-making as a way for people to bring understanding of one situation into the domain of another situation: a method of generating personal understanding through indirect, non-confrontational means. He describes expressive arts psychotherapy as well placed to combine imaginative resources/intelligence with developing metaphors that allow this imaginative intelligence to travel between domains of experience. Further, metaphor functions indirectly, allowing participants to keep their defences in place without affecting their capacity to undertake other psychological work in the here-and-now (Moon, 2007).

Bion's (1970) understanding of working with trauma appears compatible with this combined approach. He contends that traumas must be investigated intuitively and traced back from the here-and-now situation. He describes the function of the traumatic experience not as an individual event or situation, but as the ongoing and constant presence of the internal (or traumatic) absence of the soothing container. This constantly present absence is sensed by the superego as intolerable and potentially annihilating to the ego structure, and is thus placed outside the conscious mind in order to not be felt. In this way, it can never be worked through – it cannot be brought into the mind. López-Corvo (2014) argues that to approach such an intrapsychic situation,

therapists must work in a way that makes space for intrapsychic processes that provide

> the ego with sufficient rights, power, and resistance to rebel against and fight back the superego's irrational domination induced by the tyrannical presence of absent objects. In other words, to be able to contain the emotion that surrounds the traumatic event, instead of being contained by them (p.41).

I argue that this indicates the need to use imagination and metaphor, specifically, when working with traumatic materials.

The group analytic method: Containment, illusion and progressive disillusionment in groups

Taken together, these discussions can offer creative arts therapists a unique approach to trauma work. However, they also leave us further questions to explore regarding how to approach this trauma work in the context of organisational life in groups.

In the extremely useful conceptual framework explained in *The unconscious at work* (Obholzer & Roberts, 1994), Anton Obholzer and others blend concepts of group relations training, Bion's theories of group work, open systems theory and psychoanalysis to better understand how this can "shed light on some of the frustrating and puzzling experiences we all have in committees, teams and other work groups" (Obholzer & Roberts, 1994, p.xi). They argue that the individual and group defences at play in organisations must be consciously realised by those experiencing them in order to be supported or restructured as needed. Moylan (1994) makes the case that workers "need to have adequate and helpful defences of their own; otherwise they are likely to succumb to despair, illness or withdrawal, and to get entangled with the clients" (p.55). Arguably, in the trauma-affected workplace, individuals and groups require even more solid intrapsychic defences than in other operating environments. An individual's defences are personally necessary and can be mobilised for positive effects in an organisational setting. Billow (2013) notes:

> In forestalling reality, falsity shields the psyche from too much revelation achieved too quickly (see Grotstein, 2004). Only a certain amount

of truth may be introduced into experience, and truth must be considered in terms of its emotional and social impact (p.294).

In his much larger work on inveiglement (the process whereby individuals in groups can exert power to influence what can be thought about and what cannot), Billow (2013) reflects:

> All individuals and groups regularly mislead and misinform others and themselves regarding what they think and feel. To avoid stimulating anxiety and pain, individuals and groups practice concealment and lying. In the myths, rationalizations, and denials that occupy everyday life, we attempt to blind ourselves even to ourselves, along with inveigling others (p.294).

He highlights Winnicott's characterisation that a group is "creating its own story, a 'hallucinated' or illusionary dimension that is a source of creativity, but that hardens into a consoling myth in the face of challenging ideas" (Billow, 2013, p.297). Further, Armstrong (as cited in French, 2005) demonstrates that, in postulating organisational problems, groups use this capacity for known or agreed-upon lies to establish the territory of group problems:

> The statement of 'the problem' is known to be unsatisfactory or false but is held to because not to do so would bring about some upheaval, in the organisation as a whole or in the client's own perception of his or her role (p.22).

Closely connected to this is the 'organisation-in-the-mind' (Hutton, Bazalgette, & Reed, 1997), or the internalised idea of the organisation and the individual's own task in it, the psychic space this occupies in the individual, and how this shapes their perception of and interaction with the organisational whole. According to Hutton et al. (1997), "'Organisation-in-the-mind' is about what is happening inside my own head – it is my reality – and has to be distinguished from any other reality 'out there'" (p.2).

Armstrong (as cited in French, 2005) takes the work of Hutton and others and further proposes that the basic foundation of psychoanalysis – emotional experience – present in the individual inside the group creates a conduit between work with the individual, an individual's work in an organisation, and the organisation's unconscious

life. Coming to know the individual's emotional experience in the organisation, as experienced by the organisational consultant (through transference and countertransference), can reveal an expression of the organisation's emotional communication. Armstrong therefore suggests:

> To work analytically in groups – or I want to suggest, in organisations – is to use one's alertness to the emotional experience presented in such settings as the medium for seeking to understand, formulate, and interpret the relatedness of the individual to the group or the organisation (p.33).

Similarly, Hopper writes that there are clinical benefits of thinking about organisational dynamics and their effects, because "social systems are personal, and personal systems are social" (Hopper & Weinberg, 2011, p.121). The enactment of psychotherapy takes place not only between and within the therapist and the client, but also in the social and cultural settings of the therapy. Hopper writes about the therapeutic context as a matrix in which the personal, group, communal, organisational and social materials intersect, but are often seen and worked with as singular processes. He notes that "Each component system has its own particular structure and dynamics and is often associated with its own specialized field or domain of inquiry" (Hopper, 2013, p.267). He encourages therapeutic thinking across the matrix for the benefit of client work, and sees traumatised organisations as a function of personal, group, institutional and social distress. He posits that social systems experiencing escalated anxiety can fail to contain those anxieties. These uncontained anxieties in these social groups are then brought to resourcing organisations to be worked with. Organisations can also become unreliable as containers for these anxieties as they are insufficient (on their own) for the task of stepping in to respond to failures in society-wide containment dilemmas. They often unconsciously mirror the experienced containment failures of clients and staff from other domains in their social worlds. Organisations can become the place in which these struggles intensify or unconsciously repeat, and can be experienced by clients and staff as intensifying the effects of these other original emotional "catastrophes" (Hopper, 2013, p.268).

Progressive disillusionment: How it might help

Given that collective organisational distress comes from the trauma-related substitution of shared positive beliefs with shared persecutory beliefs, progressive disillusionment may seem a contrary starting point for restorative clinical practice. However, a contained relational experience of gradual disillusionment may restore trust in the societal and organisational capacity to collectively contain and resolve dilemmas. Winnicott's (1973) observations of parent–child dyads illustrate this point. He contends that the individual learns from the emotional experience of relatedness to a "good enough" parent who can recognise and co-regulate the child's joys and distress. This allows them to develop the internal resources that enable them in later life to recognise and understand the effect of containment and tolerate its intermittent loss. Central to this proposal is the child's ability to enter into positive illusion and disillusion as this process takes place. Winnicott (1953) writes about the need for illusion, and the ability to experience the idealised position first, as crucial for disillusion to be felt as safe to undertake: "The mother's eventual task is gradually to disillusion the infant, but she has no hope of success unless at first she has been able to give sufficient opportunity for illusion" (p.94). He contends that the child who can adequately entertain the illusion of goodness and capacities can then tolerate the gradual realisation that distress and loss are also present in their world. The parent's function is to provide a sufficiently nurturing environment in which this can take place. From Winnicott's object-relations perspective, we could consider traumatised organisations and their staff as replicating the parent–child dyad in which this illusion/disillusion function cannot be worked through. Restorative work then must support staff and organisational groups to remain in the illusion of their work's potential and to develop a healthy capacity for progressive disillusionment to take place.

Working forward from Winnicott, Bion (1970) writes about containment and the concept of illusion/disillusionment in groups. He has a particular eye to group diagnostics to consider how psychological materials that interrupt group functioning and development are maintained. Nixon provides a pithy overview of Bion's work on disillusionment and its

developmental uses in the context of her work with groups of adolescents with a learning disability: "Bion (1970) describes disillusionment as the desire to know and understand about the truth of one's own experience, on the one hand, and having an abhorrence of knowing and understanding on the other" (Nixon, 2008, p.75). By generating the capacity to bear the occasionally unbearable internal tension of these two experiences, an individual and a group can liberate space to come to know themselves as both capable of achieving a desired state and of seeing and living within the limitations that reality often places on these desired states. Until an individual's mind can be energised by its desires and fantasies and let in the feelings and limitations of their actual being-in-the-world, it is hard to make developmental progress. Through dramatherapy group work, Nixon describes how the group creates space for the adolescent participants' excitable, wished-for selves to be expressed as if straight from the mind's eye. Alongside that, the intolerable realities of the here-and-now of lived experience can be shared. These contradictory forces can then be faced and worked with at the same time, with the emotional load shared by the group restoring the capacity for what I would term progressive disillusionment. This disillusionment allows for growth and development from real-world experiences, even if distressing.

In the case of the persistently traumatised organisation, I argue that the capacity for progressive disillusionment has been lost. Operating conditions increase threat perception from within and without, making it more difficult for organisational and individual defences to be malleable enough to allow this intrapsychic work to take place. In the persistently traumatised organisation, the capacity for progressive disillusionment has been bypassed or overwhelmed by the need to contain the overwhelming experiences with which clients, staff and their social communities are working. Alternatively, there has never been space to develop the illusion/disillusion function organisationally. Instead, the organisation is persistently self-tending, or obsessively returning to the idealised position, and remains unable to regain healthy function. Given this, how can we combine these ideas about trauma, group defences, organisational dynamics and creative arts therapies to establish a firmer footing for ourselves as clinicians?

The role of organisations: A light-and-shadow model

The above discussion describes trauma materials as present in organisations and generated by intrapersonal and social dynamics, which are together rooted in social activity and experience. Organisational trauma is not just a result of the personal defensive failings of individuals working with traumatised clients or staff that then affect or infect the organisation as a whole. Organisational trauma is not simply a cumulative function of performing therapeutic work with clients who are distressed or disturbed, or a result of the effects of vicariously traumatised staff or leadership, or caused by exposure to traumatising social dynamics. Instead, it is the result of complex interpersonal, intrapsychic and social phenomena and, once these dynamics are set in motion inside an organisational container, that organisation operates as a separate domain that can generate traumatising experience or become trauma-organised as an organism in itself. Hormann and Vivian (2005) put it this way: "We think that organizations – as organizations – can experience trauma directly and indirectly. Traumatization may be sudden or cumulative, from external or internal events, even from the deleterious effects of dysfunctional internal dynamics that develop over time" (p.161).

In their research into organisational trauma in non-profit organisations (Hormann & Vivian, 2005; Vivian & Hormann, 2015), Hormann and Vivian provide case studies of organisations whose roots are buried in the ground of social trauma as a result of their work with socially marginalised client groups (for instance, victims of gender violence, homeless individuals). They track a range of ways in which organisational traumatology is driven. For example, not-for-profit institutions are often explicitly goal-focused and use creation stories and moral narratives to support group cohesion and identity (Vivian & Hormann, 2002). They may use the narratives of traumatic transformation to communicate shared scripts for staff and clients regarding the benefits of the work being undertaken. These narratives can guide and define an organisation's trauma-engaged position and help it develop a unique identity for its work. They can also galvanise staff and clients' focus on the possibility of therapeutic change. However,

these narratives can simultaneously embed traumatic materials into organisational culture, later disabling organisational capacity to develop emotional boundaries and containment functions for vicariously overwhelmed staff. Hormann and Vivian's research identifies the difference between: a) the presence of the traumatic effects of working with client materials and the definition of a traumatised organisation, and b) the difference between persistent traumatisation in organisations from those able to heal and make post-traumatic gains.

Hormann and Vivian (2005) focus on a group process approach to resource organisations so that they can understand these operating realities and generate an environment in which "The organizational capacity to accept the existence of trauma and act anyway allows it to succeed" (p.166). They propose a "strengths/shadow" model for group work in organisations, which can articulate how trauma effects organisational functioning, and suggest methods for continuing to harness strengths in order to resolve these effects (see Figure 1). The strengths/shadow perspective allows for a formulation-based approach predicated on psychotherapeutic concepts, including unconscious group processes, the Jungian shadow aspect and Kleinian object relations.

Vivian and Hormann (2015) propose that the external consultant/clinical supervisor to the group and the system can be an important remedial

Figure 1. The strengths and shadow model for working with organisational trauma. Reprinted from P. Vivian & S. Hormann (2002). Trauma and healing in organizations. *Organisational Development Practitioner, 34*(4), 37–42. Copyright 2002 by P. Vivian and S. Hormann.

resource, because "outside resources can provide encouragement, scaffolding ropes" (p.29) to a persistently traumatised organisation.

Applying system-wide models for organisational development in trauma work is not new. For example, the sanctuary model (Bloom, 2007) was developed in the early 1990s in the United States. Subsequently, the concept of trauma-informed or trauma-sensitive practices has proliferated in education and mental health settings, often specifically in relation to children (Record-Lemon & Buchanan, 2017) or when using creative arts therapies (Steele & Malchiodi, 2012). As Hormann and Vivian (2013) document, trauma-sensitive organisations may be well versed in the repercussions of trauma in clients, and of secondary and vicarious trauma in carers and staff, but may not be able to recognise trauma-organised areas of practice as a whole. Many organisations, particularly non-profits, do not focus through a single lens of trauma work, and thus they perceive traumatised organisational effects from a variety of (often opposed) diagnostic positions. This can be magnified by differing lenses held by differing professionals attempting to resolve these problems. Organisations are frequently financially, operationally or ideologically unable to consider a whole-of-organisation approach. As Vivian and Hormann (2015) suggest, this can be for a variety of reasons. Senior management may have competing ways of seeing the what and how of investment in organisational health, with staff needs constructed as competing with further investment in client work – rather than as analogous to it. Additionally, in workplaces where organisational or group defences have hardened into methods for defining how work is carried out or not carried out, there is a need to introduce other steps to support individual staff to become involved in working towards change more incrementally.

Developing the tool: Designing and running a workshop for participants affected by and working with organisational trauma

For all these reasons, organisations often do not, or cannot, apply an organisation-wide model to conceptualising and dealing with organisational trauma. It is often left to individual staff to identify the difficulty and articulate it, hopefully with the

support of a supervisory relationship. My workshop structure aims to fill this gap in support for clinicians, supervisors and their organisations. I wanted to design and facilitate a creative arts therapies workshop that could provide space and time for individuals working with features of organisational trauma in their workplaces, enabling them to reflect on their experience and develop their capacity for a recuperative stance. The workshop also recognises the unique opportunity we have to support ourselves as therapists working with transpersonal tools of metaphor and imagination, which are ideally suited to responding to the complexity of organisational trauma.

At the time of writing, I have run the workshop once as a three-hour session and once as a two-hour session, with 45 participants in total across the two sessions. It is a work in progress, so each iteration has helped develop and refine the process. One workshop was provided in Scotland in 2017 for counsellors working with adults. It resulted from a request by an organisation to support staff who were dealing with the traumatic loss of a staff member, but also to respond to increasing concerns about staff burnout and its relationship with the organisation's trauma-counselling services. Those attending self-selected to come and engage with the theme of organisational trauma. I ran the other workshop as part of the 2019 ANZACATA Conference in Perth, Western Australia, and it was advertised to participants interested in working with the theme of organisational trauma.

The workshop approach is based on the principles of action research (Stringer, 2007) and arts practice as research (Barrett & Bolt, 2019), combined with arts-based research methodologies (Barone & Eisner, 2012). In short, it considers the experience-in-action of clinicians and the use of arts-based approaches to be useful resources for helping individuals learn about the situations in which they find themselves. The focus is on connecting with these individuals' lived experiences, and eliciting person-centred imaginative responses to what they see as their concerns. It is not proposed as a solution for or antidote to organisational change, but rather as an opportunity for individual clinicians to work with the concept of organisational trauma and its effects on them. It is intended as a starting point for continuing conversations and awareness-raising regarding these dynamics and their repercussions for clinicians' practice.

Laying out the workshop space: Structure and materials

The framework for the first part of the workshop is to establish a connection to elements of Vivian and Hormann's (2002, p.40) model discussed above. The strengths/shadow model defines the workshop space and structure, with some amendments (detailed below). The first step is to engage with the strength aspect through movement and making. This part of the workshop is based on the concept of creating a safe space for participants to develop and experience Bion's positive illusion about their current situation.

The whole space is treated as a research-in-action area. I achieve this by setting out the model using fabrics and text; this takes up most of the room space. I adapt Vivian and Hormann's (2002, p.40) model; rather than using the closed system implied by the closed circle, I introduce a further transpersonal element by using the Eastern mandala (Davis, 2016), as seen in Figure 2. The mandala shape is taken from the Eastern form that classically represents all layers of human experience, including the universe and the individual, the micro-cosmos and the macro-cosmos. It emphasises an open system with flux and change forces, components that are often missing from the traumatised state of mind. These concepts of flux, change, death and life are implicit in the four openings at the corners of the square. The mandala provides a simple transpersonal frame for the workshop space, and allows me as a facilitator to use these elements implicitly or explicitly, depending on need. Chairs are arranged at the edges of the mandala to allow participants to move in and out of the research space at any time; the area outside the mandala acts as a safe base to which they can return and where they can place their personal items when they arrive (see Figures 3, 4 and 5). I also position the text as shown in Figure 1, but with space to allow participants to move around and through the whole model to read, review and move between the different elements.

Around the outside of the floor space, alongside the participants' chairs, is a range of creative materials that include textured textiles, wool, plasticine, modelling clay, buttons, beads and sequins, image and emotion cards, paper, pencils, paints, cardboard, pipe cleaners, coloured matchsticks, glue, found objects (stones, leaves), small toys and other projective objects, and puppets. Participants use

these resources throughout the workshop, but are not told how to use them. Participants are able to move between the resource area and the mandala space whenever they wish.

Part One: A strengths approach

Participants in the two workshops have included clinicians, managers, allied health and other staff from different working areas. They arrive and I check in with them about what they are interested in connecting with. My first instruction to them is to walk through and around the floor area. The central activity of this first part of the workshop is spending time with participants as they move through the floor area and offering them choices about creative responses to whatever arises as they explore their chosen strength/shadow elements of the model. They are encouraged to work individually, but are also welcome to reflect on what is happening in the group or to speak to people as they walk. They are encouraged to move around the model to select where to begin, what engages them as strength/shadow elements in the here-and-now, and a specific example of these strength/shadow elements from their work. For example, a participant may move through the model and choose the strength element of 'commitment to the work', along with the shadow pairing element of 'coercive' or 'overfunctioning'. They are encouraged to consider a particular situation from their experience that perhaps prompted them to connect to these elements, such as an interaction with a colleague.

As the facilitator, I then offer several process options to work with the strengths aspect of participants' chosen element(s). These options include:

a) using the opportunity to disengage from this dilemma or strength and re-engage elsewhere by simply moving away from or
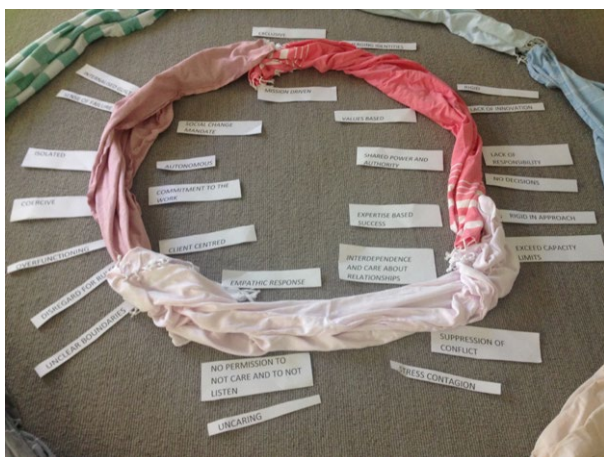
Figure 2. Example of a traditional Eastern (Tibetan) mandala structure: Chenrezig sand mandala created and exhibited at the House of Commons on the occasion of the visit of the Dalai Lama on 21 May 2008, photographed by Colonel Warden. This image is licenced under Creative Commons CC-BY-SA 3.1 at https://creativecommons.org/licenses/by-sa/3.0/deed.en.

Figure 3. The room layout with the mandala structure. Copyright Rose Williams, 2019.

Figure 4. The strength/shadow elements laid out inside the mandala structure. Copyright Rose Williams, 2019.

Figure 5. Close-up layout of the central workshop floor space. Copyright Rose Williams, 2019.

towards different elements in the space. While doing so, participants are encouraged to consider what this feels like and how this affects their perception of the situation or changes their perspective.

b) staying with the element they have selected and creating images, movements or responses that can act as talismans for support or representations of internal resources on which they would like to draw in facing this particular situation.

Once the above options have been explored, participants are offered the following choices:

a) speaking (optional) about their response or making, and its relationship to other elements being responded to by other participants, or to the model as a whole and its connection to a sense of strength

b) naming (optional) the social and cultural dynamics affecting the strengths element they have chosen.

Participants are then given the choice to represent these elements using the materials on the resource table and bring them into the collective space. All participants are then asked to find a way to finish their making process, and to either:

• step outside the situation by returning to their chair or using one of the exit points to emerge in another place or to view the situation from another position

• observe or respond in movement or sound or with materials or written notes to find distance they may not normally have from this situation, and reflect on it.

The final phase of strengths-based work is to introduce the concept of transpersonal resources. These include concepts such as altruism, change, potential, hope, connectedness, loss and authenticity. These are introduced through a series of questions asked orally by facilitator to participants, who are offered time and space to write or reflect on their responses. Questions include "What would happen in this situation if you could see some potential for processing a loss?" and "Is there an image that comes to mind about where altruism resides in this situation?"

Examples of the making that participants have undertaken in this part of the workshop include:

• small objects as symbols representing the different strength aspects of a group of clinicians in a treatment team
• clay work to represent the internal states that participants experience in relation to their chosen strength/shadow elements
• a movement piece using fabrics and sound to depict the workplace atmosphere that "never gets talked about"
• a talisman made from sticks, threads and stones that can act as a "touchstone" for when the strength element is "shaken"
• dialogue between a team of counsellors from the same organisation, which generates a group response with fabrics, glitter, small objects, Lego people, and words written on paper, to create a small scene depicting the strength selected in a place of shadow.

Participant comments and observations in the speaking and naming parts of the two workshops have included "I often think I am the only one thinking about this but I can see I am not" and "I feel connected to the warmth of the volunteers" as a "group culture that has stayed that way" in an outreach arts service to families visiting prisons.

Part Two: Working with the shadow aspect

The second stage of the workshop supports individuals to work while keeping their as-is defences in play. The first part of the workshop encourages participants to work with positive illusion by drawing upon resources, moving around the space, and considering transpersonal qualities. The second stage is designed to help participants cultivate a progressive disillusionment stance by generating metaphors for the difficulty and distress of their experience alongside these resources through a graduated process using group enactment.

The group enactment takes the following steps:

1. Metaphor: I offer participants who would like to speak to the group the chance to do so, and to offer descriptions of the pieces they made in Part One that could help us understand, in metaphor, their experience of their chosen strength/shadow elements. In the two workshops already undertaken, these metaphor descriptions have included "I am always in troubled waters and want to find some dry land", "I need to come up out

of the rapids", "Please stop the zombie" and "Make it all invisible to me".

2. Group enactment: I ask participants to respond to the different metaphors, using a playback method. Participants volunteer to work together in these enactments, self-selecting if they connect with the words or experience being touched on by the metaphor-teller. They are encouraged to use key parts of the phrases described to enact parts of this metaphor to the participant who has shared it. Enactments in the workshops run so far have included seagulls and a sea scene that can bring "calm" but also "dissociation" and a desire to "drift out to sea" because they "can't face being stranded here on the shore alone". This type of enactment often leads to discussions of peer relationships and strength/shadow elements that might guide selection of peer-support choices at work.

3. Role reversal/mirroring: The third step is to allow the metaphor-creator to physically enter this enactment themselves, or to connect with parts of the enactment verbally. For example, they can interact with the performers in their roles, asking the performers to repeat, add or change voices, words, sounds or posture/gesture in the enactment to clarify something, or to experiment with it. They can take up roles the performers have developed themselves, and play within the role that way. Alternatively, they can interview the performer(s) in the role enactments presented to them to obtain a deeper sense of what the performers' experience of this element is. The objective of this step is to help the metaphor-sharer to gain different insight into their own understanding of their personal situation while simultaneously gaining a sense of this experience having connections to common concerns in the group. Examples of this work so far have included a participant interviewing their "zombie" hoard of referrals and discovering that these referrals are being placed with this team because referrers know that this team is effective in allowing clients to "drop the zombie act" and make changes.

This recognition of specialist skills in the team was reported as energising, and led to discussion of streamlining referrals in a different way that could identify specialist treatment goals.

Participants in this part of the workshop have spoken about how, as players, metaphor-makers and audience members, they have felt a shared connection in these enactments. Believing that their own personal experience is mirrored in a close and felt way is reassuring and generates a sense of community with others. Participants have described the experience as personally restorative, even when the metaphor 'story' explored has not been their own. Participants have said that being able to express metaphors about what has not been possible for them to do, feel or achieve in their work due to organisational trauma was particularly helpful. Participants have articulated that to simply acknowledge what has not been, or may not be, possible in their workplace permits them to feel relief. That relief allows them to gain emotional distance and the capacity to explore the situation to gain a clearer understanding of the interactions between personal and organisational dimensions that led to this situation. One participant said that the workshop process allowed her to make space to identify the personal and collective resources available to her and her clients that she had not previously recognised. This helped her restore her value-oriented faith in the process of her organisation's collective work for the common good. One participant spoke about feeling energised by being able to express her idealised desires about the work situation in which she found herself, and the profound sense of loss and shame she experienced over not being able to achieve these goals. I hope these are examples of progressive disillusionment being put back into action in such situations.

Conclusions: Further applications in clinical supervision and multi-agency group work

While this small contribution is by no means a comprehensive salve to persistent traumatisation in organisational life, I have gathered anecdotal experience from participants which suggests that the workshop framework and time have helped enable them to remain clinically effective in workplaces

affected by organisational trauma. I am not advocating for resilience training to teach individuals how to remain in unworkable circumstances, but rather for supporting people to remain resourceful in a realistic way (which can include deciding to leave the organisation) in the traumatised organisational setting.

Participants have said that the cross-pollination resulting from the different professionals involved prompted a helpful depersonalisation of the material they brought from their own workplaces. Finding resonances and similarities between workplace experiences and across differing fields allowed participants to feel validated in their emotional responses to the very painful scenarios they faced, and to undergo curative experience of the universality of their dilemmas. That is, the workshops have helped them more readily acknowledge a socially distributed view of the common effects of traumatic materials in organisations, rather than thinking, as one participant said, "It's just me that's the problem".

As I work further with the workshop framework, it will also be possible to take a practice-based evidence approach (Miller, 2017) by gathering information from a wide range of participants in many areas of the health and care professions. Repeating the workshop process in different settings over time might allow for this. I am developing a more detailed feedback process so that participant experiences can be better understood and recorded in both creative and standardised ways. Although the workshop has not yet been run with clinical supervisors, there may be room to work with a group of clinical supervisors to explore how this model may support their work in a range of organisations.

Current limitations are, however, numerous. They include the diverse ways in which organisational cultures become trauma-affected, and the need to provide a more complex understanding of trauma work at that level than has been possible here. It would also be beneficial to develop a team approach to workshop delivery. This can allow more focus on systematic gathering of participant experiences and recoding of the creative expressions that participants make, with analysis of what this can tell us about how useful this approach is in enabling clinicians to remain effectively involved in their work.

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