

Post-Traumatic Hope

Traumatic experiences, whether the battlefield of war, the death of a loved one, or a life-threatening illness, can lead to post-traumatic stress disorder (PTSD). Even if it isn't remembered clearly, trauma is relived over and over again, in both mind and body. Memories often become distorted. Bodily functions can be weakened.^{1,2}

When faced with adversity, the only thing you can control is your response, and the best thing to do is transform the experience of trauma into something good—this is called post-traumatic growth. You get to the other side by connecting with others. In fact, having a supportive social network is the best predictor for developing post-traumatic growth. Similarly, the lack of social support is twice as reliable in predicting PTSD as the severity of the trauma itself. By telling your story to compassionate family members and friends, you are more likely to grow beyond your adversity.

The findings from Richard Tedeschi and Lawrence Calhoun's research in PTG show that most people are relatively resilient and able to recover from adversity. Growth does not mean pain is absent, but rather that trauma's negative impacts are diminished. You cannot change the past, but you can shape a hopeful future.

Realism and Courage

True hope is realistic. It is animated by courage and acknowledges that possible solutions exist. According to William Lynch,³ hope and courage are linked by "the fundamental knowledge and feeling that there is a way out of difficulty, that things can work out, that we as humans can somehow handle and manage internal and external reality, that there are 'solutions.'"

Few people have lived by this statement more than Viktor Frankl, who survived three years in a Nazi death camp. In his book, *Man's Search for Meaning*,⁴ Frankl describes the horrific treatment of prisoners. Faced with humiliation,

torture, and death, many prisoners became selfish and self-serving, but a small number of prisoners gave up food and blankets to those in need, even as they themselves suffered.

Frankl wondered at the difference between the prisoners who gave and those who took. He concluded that neither wealth nor status, education nor any one religious tradition made the difference. The commonality among those who sacrificed was that they had a deep sense of purpose. They believed that even when they couldn't control their circumstances, they could always control their response. Knowing their fate might be sealed, these prisoners accepted their reality with integrity. Interestingly, these



were the individuals most likely to survive the death camps. According to Frankl, hope is a decision, a response to a choice, as is despair.

You don't have to survive a Nazi death camp to understand what this might mean for organizational life and leadership. Leaders have control over their culture. In a culture that encourages people to look out for one another, people feel safe and are better able to battle stressful circumstances that cannot be controlled. Otherwise, team members waste time and energy protecting themselves from their teammates, making success less likely.

Self-serving conduct doesn't work well in medicine either. Traditional medical training, as noted by Marvin Weisbord,⁵ tends to breed a potentially toxic environment of competitive self-advancement which might harm patients in the long run. He said, "Health professionals learn rigorous scientific discipline as the 'content' of their training. The 'process' inculcates a value for autonomous decision making, personal achievement, and the importance of improving their own performance, rather than that of any institution."

In other words, a focus on individual self-development and advancement prevents doctors in training from seeing the value of working together.

Dr. Tom Lee described traditionally trained doctors as "heroic lone healers." Unfortunately, evidence shows that patients do better when all their healthcare providers, including doctors, work together as a team in service of their patients' recovery or healing.

Knowing this, leading medical institutions are now teaching teamwork to their caregivers.⁶ At the Cleveland Clinic, teambuilding is taught at all stages of medical training—as part of the first week of medical school, as part of the curriculum for chief residents, and as part of leadership training to doctors, nurses, and emerging leaders within the organization.

By learning from the struggles of others and "aiming at the good" during the process, teams can unite in hope, affection, and purpose. That doesn't mean ignoring the hard tasks or getting bogged down in sentiment; rather, realistic optimism replaces cynicism so that a team can continue doing what is right even when it's difficult.

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2. Van Der Kolk, B. "Trauma and Resilience Land in Our Bodies," On Being, July 25, 2016, <https://onbeing.org/programs/trauma-resilience-land-bodies-bessel-van-der-kolk-2/>
3. William F. Lynch, *Images of Hope: Imagination as Healer of the Helpless*, University of Notre Dame Press, Notre Dame, IN, 1965, 32.
4. Victor E. Frankl, *Man's Search for Meaning*, Perseus, New York, 2000, 16.
5. Marvin R. Weisbord, "Why Organization Development Hasn't Worked (So Far) in Medical Centers," *Health Care Management Review*, Spring 1976, https://journals.lww.com/hcmrjournal/Abstract/1976/00120/%20Why_Organization_Development_Hasn_t_Worked_So.5.aspx
6. Wheeler, D. and Stoller, J. K. "Teamwork, Teambuilding, and Leadership in Respiratory and Health Care," *Canadian Journal of Respiratory Therapy*, Spring 2011, <https://portals.clevelandclinic.org/Portals/65/documents/other/TeamworkTeambuildinginRespiratory.pdf>