

TRANSCRIPT: SEPT 14, 2022 University of Minnesota Medical School Dean's Lecture Series:

“UNDERSTANDING AND RESPONDING TO ORGANIZATIONAL STRESS”

Presenter: Dr Sandra L Bloom Board-Certified psychiatrist, Associate Professor, Health Management and Policy at the Dornsife School of Public Health, Drexel University

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Mya N Wilson DHA: So. Good morning, everyone, and thank you for joining us for the September installment of the Dean's Lecture series. Live transcription has been enabled, and this session is being recorded. For those who have registered, you will receive the recording within a couple of days. The recording will also be housed on the Dean's Lecture Series web page.

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Mya N Wilson DHA: Any feedback or any accessibility issues with today's session, please send us an email. I will post the Dean Lecture Series url for the web page and the email address in just a sec. I want to give more folks time to join, so they also receive that information.

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Mya N Wilson DHA: Please use the Q&A function for zoom when you're asking questions. That allows us to filter for the questions a little easier. We will do our best to answer all questions. However, should time not permit, we will work with today's presenter to get your questions answered, and we will post the questions with the answers on the Dean's Lecture Series Web Page.

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Mya N Wilson DHA: That includes the housekeeping for today. I will now turn things over to Vice Dean Núñez to introduce today's presenter. Dr Núñez?

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Ana Núñez MD: Thank you. Mya. Good morning, everybody. Happy September. This lovely weather makes us think maybe it's not solid. This is still a little bit of summertime. I'll take that so great, great lovely weather. I'm excited in terms of our speaker today. Generally I get excited with our speakers because they're wonderful. But with total bias this one is in and out of the ballpark. I have the pleasure to have Dr Sandra Bloom, a Board-Certified psychiatrist, graduate, Temple University School...

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Ana Núñez MD: ...of Medicine, currently Associate Professor of Health Management and Policy at the Dornsife School of Public Health, Drexel University to join us. Dr Bloom has been an expert in her field for the past thirty years, working in the field of traumatic stress studies, past president, International Society for Traumatic Stress Studies. She's written three books so you can read lots about her and lots about what she does. (She) has created the Sanctuary Model and a new online organizational approach called Creating PRESENCE.

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Ana Núñez MD: If I went on to talk about all the wonderful things and the awards that she has won, the whole hour would be done, and so I'm going to be quiet and turn it over. Please welcome Dr Bloom.

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Sandra Bloom MD: Thank you, Ana.

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Sandra Bloom MD: I asked her to keep it short. Because I have a lot I want to talk to you about. Ah, welcome, everybody. So what I want to talk to you about today is organizational stress and scientific revolutions. So let's get started. We are, of course, and have been all of us as scientists in here, still part of the early modern scientific revolution that you all know about.

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Sandra Bloom MD: The enlightenment brought us the scientific method, liberation of thought from superstition and established authority, modern medicine, as a result, all technology, all scientific achievement, but as well, individuality and human rights, the abolition of slavery, improvement in conditions for women and democracy. So all of that came as a result of the enlightenment.

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Sandra Bloom MD: As Nile Ferguson, a historian has said, "The law of unintended consequence is the only real law of history" - and the unintended consequence is that we went from having a living world to the world being thought of as a machine. That really has been the dominant metaphor of the modern era, whether you think about it or not. The downside of that has been reductionism and fragmentation - that we have kept going down through the trees and often forgotten about the forest.

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Sandra Bloom MD: It also led to the idea that really nothing matters except physical cause and effect, and that science is the only way of understanding the world. It divided the mind from the body - but there's always been a basic tension between the parts and the whole. But the

emphasis on the parts has really dominated. And another very big downside has been in this idea of seeing the world as a machine meant that there was a loss of the integrity of the whole that has led to a devaluation of nature and the devaluation of human beings to dehumanization, the justification of atrocity, extreme materialism, and unfortunately, the potential annihilation of all life on earth, which is where we sit today.

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Sandra Bloom MD: The conclusion of that, as I'm seeing it, was the twentieth century mega-death where nine hundred and eighty million people were killed by other people. Just an amazing record. Well, what I'm going to contend for you is that we're in a paradigm shift, which is a change from one way of thinking and feeling and acting and being to another, it means a transformation. It's driven by agents of change. So I'm going to appeal to all of you to be those agents of change. And it helps to change our worldview. But lest any of you think that you're going to end up being able to see the butterfly that emerges - the sad part is for us is that we're kind of way back here in the beginning of this paradigm shift, because that can take like a hundred years or so.

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Sandra Bloom MD: So. Most of us won't be around to see what actually eventuates, but we have to hope for the best. Now Thomas Coon, in 1970, He was a philosopher of science. He described what the paradigm shift looked like. But first there's normal science, then anomalies begin to emerge. A crisis grows, and a new paradigm begins to emerge that gives better explanations and results, and gets increasing attention from imminent scholars. And for a while there are two very, very different worldviews, an old guard and a new guard, and eventually, if the better explanations really work, then that becomes the new paradigm, and then we start the process again.

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Sandra Bloom MD: Well, I want to describe what I've seen as the anomalies that emerge, and I think it's something you could all relate to, which is professional burnout. It's an epidemic in America, and this is before the pandemic, and we have a lot of research that shows the enormity of this, even among medical students and residents - and I'm sure there's some listening to this. Well, what's that about?

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Sandra Bloom MD: (shows slide) – this is from a book called More Human, and he describes the vast American hospital-insurance-pharmaceutical, complex (which is) now roughly the size of France's economy, that we've allowed to bloat unchecked — has taken something that should be the epitome of humanity — (ie) what could be more human than to care for others, and sent it down a path of industrialization, mechanization, and dehumanization.

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Sandra Bloom MD: It's not the fault of the doctors, nurses, and support staff as in so many other areas of life. It's the structure of the system that's to blame - with enormous consequences. According to a study in the Journal of patient safety, almost half a million people suffer from some type of preventable harm that contributes to their death every year in the US. And that makes medical error now the third leading cause of death behind heart disease and cancer, which is kind of extraordinary. And it's not just health care: it's also mental health care. This is from one of the prominent psychiatrists in the country, and he wrote: The past fifty years of neglect and criminalization have made the U. S. One of the worst places in the world to have a mental illness.

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Sandra Bloom MD: Well, the National Academies of Science again, before the pandemic, wrote that a growing body of research suggests that the changing landscape of the US health care system — how care is provided, documented and reimbursed, has had profound effects on clinical practice, and consequently on the experiences of clinicians, learners, patients, and their families. I'm sure that comes as no shock to you.

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Sandra Bloom MD: Well, the World Health Organization is addressing mental health in the workplace and in the ICD-11. They conceptualize a syndrome called chronic workplace stress, and that it's not about individuals. It's about an occupational phenomenon, not an individual medical condition, and it's the result of stress caused at work. "The central act of caregiving is to repair to the extent possible, the wounded humanity and state of inequality and vulnerability of the sick or injured person." That's a definition from 1979. And this is much more recent. Arthur Kleinman has talked about the values conflict inherent in health care: that "caregiving is one of the foundational moral meanings and practices in human experience everywhere: it defines human value and resists crude reduction to counting and costing."

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Sandra Bloom MD: "The great failure of contemporary medicine to promote caregiving as an existential practice and moral vision that resists reduction to the market model for the clarion call of efficiency has diminished professionals, patients, and family caregivers alike."

What this does and what I think is the fundamental cause of this enormity epidemic of burnout is the moral dilemma and moral distress that it puts caregivers in. Moral dilemmas are situations where we don't know what the right thing to do is; but moral distress is when we believe we do know what the right thing to do is but we can't do it.

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Sandra Bloom MD: That creates what's been called moral injury. It's present when there's been a betrayal of what's right either by us or by someone in legitimate authority in a high-stakes situation. And in medicine — pretty much everything is a high-stakes situation. It's "a deep soul wound that pierces a person's identity, sense of morality and relationship to society."

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Sandra Bloom MD: These people have been writing about administrative evil, and they said, "We characterize evil as the actions of human beings that unjustly or needlessly inflict pain and suffering and death on other human beings." They describe it as a "culture of technical rationality" that pervades modern organizations, and has created this form of administrative evil that's really hard to perceive. The consequences of it are masks within this idea that well, this just makes sense. This is what we have to do to make everything work, and it creates a sense of moral inversion in just normal people – ordinary people who can engage in acts of administrative evil, even including the violation of basic human rights, while believing that what they are doing is correct, because that's what they've been told to do, and that in fact, it's good.

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Sandra Bloom MD: Well, I'm going to contend to you that this is a result of the older paradigm that has dominated our life that sees people and organizations as machines. Organizational evil is built into the structure of corporations because they are designed to exploit individuals for profit and advantage. So the individuals become tools to be used to attain goals. It's a system of dehumanization that equates human beings with just a "piece of metal – you use if you want, you throw it away if you don't," and it's all built into the legal system. A corporation's mandate is to do this. So while an organization has the legal status of a person (a Supreme Court decided that corporations are people), they have no moral obligations. The ones that people have. And that is a huge problem.

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Sandra Bloom MD: It means that very easily our organizations can become "infected" by what have been called "moral viruses" that are disabling and inaccurate negative beliefs that conflict with universal principles of caregiving, but that are often hidden deep within the organizational operating system. They sneak into the way we function, and they infect our moral compass and lead us to adopt goals that are inconsistent with our moral compass. In America, profitability trumps all other values, including the value of life itself. And then the reality is that in most places this can't be addressed. There is just a terrible silence about talking about this that I've seen throughout my career.

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Sandra Bloom MD: Well, if I'm correct that a scientific revolution is in play, then the next thing we would see after these anomalies is that the crisis grows, and you see more and more anomalies. In General System Theory there's the idea that what happens at one level can be understood across many levels, from the cell to the organism, to the society. And in my world we call that parallel process. "When two or more systems have significant relationships with one another, they tend to develop similar thoughts, feelings, and behaviors." So if we have most health care professionals feeling this increasing sense of burnout, then we're going to see that at the organizational level. And in fact, our systems are under tremendous stressors.

All of these things are stressing out our systems at a time where they haven't even recovered from the effects of the pandemic.

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Sandra Bloom MD: Well, what does that do? Well, we know something about the performance curve of organizations under stress. For a while some kind of stress is good, creates motivation and creativity. But there's this really sharp downturn into burnout

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Sandra Bloom MD: Stressed organizations, like individuals, are living complex adaptive systems. And being alive, they're vulnerable to stress, particularly chronic and repetitive stress. And like individuals, they can be traumatized - and the result of traumatic experience can be as devastating for organizations as it is for individuals. What do I mean by organizational trauma? Suicides, homicides, other patient or staff deaths, lawsuits, losses of funding, patient or staff injuries, any kind of workplace harassment, media attacks, other traumatic events, losses of key staff, losses of key leaders, losses of whole programs, any kind of workplace violence. All of these are traumatic for an entire organization, not just for the people immediately involved.

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Sandra Bloom MD: What happens then? Well, like people, organizations become chronically hyper-aroused. When everything is a crisis there's never not a crisis. So you go off the scale in terms of response because that's what has happened to everybody that's a part of this picture. But what happens in a widespread way, even to people that aren't immediately affected? There's a widespread loss of a sense of basic safety and trust. People stop feeling safe with each other and trusting each other. That is hugely problematic. As these people have said, it's "almost impossible to successfully implement high performance or high commitment work practices in the absence of mutual trust and respect."

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Sandra Bloom MD: In fact, "All workplace practices and changes should be evaluated by a simple criterion: do they convey and create trust, or do they signify, distrust, and destroy trust and respect among people?" — Well, what does that look like? It looks like people not being able to manage their emotions, and that varies (from) person to person. Some people: "Oh, I'm fine." They just are are doing all kinds of stuff, but they've buried their heads in the sand. And then other people: It's more obvious; but everybody is not doing well managing emotions. And what about communication?

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Sandra Bloom MD: Well, organizations are built, maintained, and activated through the medium of communication, and if that isn't understood, the existence, actually, of the organization becomes more tenuous. But what happens to communication under stress?

- perceptions narrow
- the context of information is lost
- there's more and more one-way communication that comes top down, less and less bottom-up

So

- feedback loops break
- and what happens to feedback loops when they break in your body?
You can die.
- complex team behaviors decrease as a result, and that means
 - everything becomes more risky.

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Sandra Bloom MD: Now the grapevine: Seventy percent of all organizational communication comes through the grapevine. But under these conditions your grapevine can get poisoned with nasty rumors and malignant gossip, and as this happens more and more things become elephants in the room. In the business world, they're called the "undiscussables." What kinds of things are undiscussable?

- questionable business practice
- financial inequities
- criminal behavior
- suicides
- homicides
- any kind of xenophobic behavior
- sexual misconduct
- physical or verbal assaults

Any kind of shameful acts will be talked about in the grapevine, but won't be brought up anywhere where issues can really be dealt with.

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Sandra Bloom MD: As that happens, there's more and more conflict between people and the danger of that is that we stop having the kinds of conversations that are called task conflict, that bring about innovative solutions to complex problems. Because we just don't trust each other enough. That produces organizational dissociation. And the way you see that is, there's more and more silos that are occurring. People aren't talking to each other. They're not really communicating.

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Sandra Bloom MD: Organizational memory is compromised by every person that walks out the door. And then we fail to learn from the past, and we fail to unlearn things that don't work. Decision making under stresses really becomes compromised. Attention narrows. We focus only on what's threatening. We get more rigid, more top-down, less inclusive. That results in premature closure, and therefore a failure to generate all of the possible things that might

work, and all the possible consequences of what we're planning. As decision making becomes increasingly non-participatory, problem solving becomes more reactive. So we get more and more short-sighted policy decisions that actually seem to make everything worse instead of fixing things.

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Sandra Bloom MD: All of this is what I call organizational learning disabilities. We don't learn well under stress at all. We fail to integrate important information. Everybody that walks out - which is called tacit knowledge - is not replaced. And then sometimes we lie about things that are really important. Labeling restricts new formulations. So you get self-fulfilling prophecies, and we've systematically, for the last one hundred years filtered out all the information that has been available about trauma. So our memories deteriorate, and then we keep doing things that do not work. They're actually quite dangerous and problematic. It's called organizational reenactment, and it's not based on science at all. It's mindless.

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Sandra Bloom MD: When this all happens, your best people quit, and then everybody (who) is left. Looks more like, you know, "See no evil here, no evil speak no evil." They stop participating. They've learned to be helpless and believe that nothing they do will make any difference. As this situation feels increasingly out of control, people in leadership positions are likely to become more controlling and more punitive. They're trying to forestall, but the experience is *increasing* chaos. Staff respond to those measures by acting out and becoming more passive aggressive. This is how you can get authoritarian leaders.

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Sandra Bloom MD: And the problem with them (authoritarian leaders) is, they expect unquestioning obedience. But they have serious cognitive problems. Authoritarians by nature are unable to deal with complex problems. They can't do it. They think there's going to be simple solutions. So they silence dissent. There's more and more secrecy. There's increased aggression and bullying that becomes normative. And then there's a whole lot of people who think "maybe they'll work," and so they become loyal to the authoritarians, and in doing so fail to protect the well-being of the organization.

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Sandra Bloom MD: "A group is likely to do poorly if internal dissent is discouraged." So there's a profound loss of social immunity. As dissent is silenced, secrecy increases. Fear interferes with function. We know that that's what it does. But then people in control can use it to manipulate and control others. So you get toxic, formal and informal leadership which leads to petty tyranny, and this is when predators can really come into your organization. Psychopathic people are people who lack empathy and have no moral compass. They may be born that way, and they gain entrance and then get free rein, because the immune system of the organization is not working properly.

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Sandra Bloom MD: These people have talked about about psychopaths at work. "The fact is that many organizations are prime feeding grounds for" people like this who have "an entrepreneurial bent and the requisite personal attributes and social skills to fool" other people. Because they are really the human version of predators, and they go where the action is. They're not just in jail. It "means positions, occupations, professions, and organizations that give them the "opportunity to obtain power, control, status, and possessions," and to exploit other people.

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Sandra Bloom MD: If all of this is happening, people that are left feel profound grief, and losses to the organization are experienced collectively. But - we don't have time. We're so busy we're so stressed out that we don't have time to really do the grief work that is necessary for us to move on. So you end up with people who are acting like zombies, a widespread loss of complex thinking skills. And this can happen very rapidly after traumatic event, and people become progressively demoralized. And when this lasts too long systems can in fact, collapse.

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Sandra Bloom MD: Okay, where are we today? Well Willia Harman said many years ago, "It's impossible to create a well-working society on a knowledge base which is fundamentally inadequate, seriously incomplete and mistaken in basic assumptions." But that's what we've been trying to do.

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Sandra Bloom MD: So If I'm right, that there is and has been a scientific revolution brewing, then we should be seeing a new paradigm emerging, and I think we are. The newer model is that of a biocentric world of "organizations as alive, possessing the basic requirements of a living system", and that is coming through from all different walks of knowledge. Life keeps emerging out of the previous system, that's different from its predecessors, but has significant parallels from the cell all the way up to the global system. And That's what I mean by parallel process. It's embedded in the words: Organization comes from the Greek for organ; Corporation comes from the Latin for the assumption of a body.

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Sandra Bloom MD: Well, healthy organizations should be comprised of healthy people. What would that look like? Well the World Health Organization says it's "a state of complete, physical, mental and social well-being, not merely the absence of disease or infirmity," and a bunch of psychologists have tried to define that - What does that look like?

So healthy people usually can:

- engage in satisfying relationships
- experience and understand a full range of age-expected feelings and thoughts

- function relatively flexibly when they're stressed
- maintain a coherent sense of their own personal identity
- express impulses in a manner appropriate to the situation
- conduct themselves in accordance with internalized moral values, and
- neither suffer undue distress nor impose it on other people.

So that's a pretty good guideline, I think, for individual health and well-being. But what about the next level up? What about our workplaces and all of the organizations that comprise the world of work, and that make up our society. How healthy are we? Well, as Hamlet says, there's the rub.

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Sandra Bloom MD: The unexpected gift of the Megadeath of the twentieth century was that which has emerged is a unified theory of disease.

Hans Selye was a major stress researcher, and he said, "Stress is the nonspecific response of the body to any demand for change," and that every stress leaves an indelible scar, and we pay for survival after a stressful situation, by getting a little older.

Well, in 1998, right at the close of the twentieth century, the ACES study came out, ... the adverse childhood experiences study. It was originally done on a largely white, middle-class population, all working people at Kaiser Permanente. They were all working in health care - or that was where they got their health care, and they looked at ten categories of adversity that happened to people when they were eighteen or younger. And you got a point for every category. And then Wendy Ellis and colleagues, and a lot of other people have added to that notion: adverse community environment. So what if you live in poverty. What if you experience racism? What if you don't have a place to live? What if you're exposed to community violence? And (they have put together the pair of ACES (study).

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Sandra Bloom MD: Well in 1991 I was running a psychiatric unit for adults who had been abused as children. This is long before the ACES study had come out, and we were trying to figure out how we had changed. And my colleague, Joe Foderero, who just died in March, he said, "What's happened is that we've stopped asking people what's **wrong** with them. And now we ask **what happened** to them, and that's changed everything." And that's become a national and international meme for this emergent paradigm. The reality is that everything gets clearer when you look through a developmental lens.

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Sandra Bloom MD: We've known for a long time - behavioral problems, physical illness, emotional dysregulation, and therefore violence. But we've kept them as separate issues and failed to understand what's underneath: trauma and loss, chronic hyperarousal and chronic inflammation, ACEs, family dysfunction, and way down there: profound social dysfunction.

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Sandra Bloom MD: Lloyd de Mause is a psychohistorian who wrote that children are being used as “poison containers” into which adults project their own disowned parts of their own psyche, and then they can manipulate and control their feelings in somebody else's body, their children's body, without actually having to deal with anything themselves. And that is really what we do to children when we behave as if they're resilient. But what Bruce Perry has really described is that they're not resilient, but that they are malleable. They are adaptive, and the pandemic has proven - there's a recent headline - that kids are not nearly as resilient as we think.

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Sandra Bloom MD: This is from Paul Bloom (no relation) who was quoted in the New Yorker. He's writing a book about suffering, and he told this reporter: “There's a big movement in psychology to say ‘what doesn't kill you, makes you stronger’. People talk about ‘post-traumatic growth.’ I think a lot of it is bullshit. Look at the data. Bad things are bad. You aren't healthier after you have cancer or fall down a flight of stairs.”

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Sandra Bloom MD: Trauma theory is what's emerging in our world. It's the science of suffering, and that suffering usually begins in childhood. It can last a lifetime, and it can extend through time. In the original ACES study, seventy percent of these working white, middle-class people had at least exposure to at least one adverse childhood experience. When we did in Philadelphia an expanded ACES study and added in racism and bullying and poverty, we got eighty-three percent reported at least one ACE.

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Sandra Bloom MD: We know from studies of children as of 2012, that almost half of adolescents, twelve to seventeen, had already been exposed to childhood adversity, and these are soon or already are your young doctors, nurses, administrators, and other health care workers. Traumatic experiences are known to be widespread: over thirty-eight percent of children in every state have had one or more, and in sixteen states at least twenty-five percent of children have had two or more.

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Sandra Bloom MD: The bad news is that of seventy-six million children in the US, forty-six million are exposed to violence, crime, abuse, and psychological trauma annually. That means two out of every three children. And this is from a task force that the Attorney General did in 2012. And this issue has been getting increasing attention from imminent scholars. We know now what the impact of childhood trauma is on all of these aspects of child development. It's not a secret - plenty of research about this. He said, not just some liberal crazy idea. We are consistently damaging children's mind, bodies and souls, and we know about the risk. ACES increases risk in a strong and graded fashion for all mental illnesses, including psychosis. All

substance abuse problems, all physical illness, all addictive sexuality, and all aggression and violence.

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Sandra Bloom MD: So this is no small issue. What the epidemiology shows us is that we live in an interconnected, complex, adaptive, living world, literally filled with people who have had exposure to adverse individual, group, and intergenerational trauma and adversity in all of its forms. So it means that most physicians, most nurses, most managers, most supervisors, most staff members, most patients, and most family members have been exposed to childhood, adversity, and or trauma.

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Sandra Bloom MD: They are the silent majority. It is a public health burden that rivals or exceeds all other root causes of all of this, and it's not just childhood adversity. Trauma is going to happen to virtually the majority of people, and the effects are profound. It has biological, psychological, social, moral and cultural effects that can be immediate or very delayed after a traumatic event.

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Sandra Bloom MD: When people are traumatized in early life, we know it interferes with every level of their development, and then it spreads horizontally and vertically across and down through the generations, and that ends up being the source of our greatest weakness, and in many ways our greatest strengths. Whatever the case, we become trauma-organized, and I've defined that as when an individual, an organization, or a whole culture becomes fundamentally and unconsciously organized around the impact of chronic and toxic stress, even when it undermines our ability to adapt. A hallmark of trauma is fragmentation. So There's no surprise, then, that our systems of care would be profoundly fragmented.

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Sandra Bloom MD: Because this exposure to systematic adversity and trauma is a central, organizing principle of human thought, feeling, belief, and behavior that we have been ignoring in our explanations of, and our responses to, human behavior for the last several thousand years. Now we can see what's been missing. What we've been describing as normal in our culture - in our whole species - has been determined by the long-term, multi-generational impact of repetitive adversity and trauma.

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Sandra Bloom MD: So I think, where we're where we are right now is we sit within two very different worldviews, an old guard and a new guard.

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Sandra Bloom MD: This was predicted by Vaclav havel, one of my heroes. He said, "I think there are good reasons for suggesting that the modern age has ended. Today many things indicate that we're going through a transitional period when it seems that something is on the way out, and something else is painfully being born. It's as if something were crumbling, decaying, and exhausting itself, while something else, still indistinct, were rising from the rubble." And I think that's why most of us sit somewhere on this bridge of uncertainty. We don't know where this is going.

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Sandra Bloom MD: What's critical, and for all of you particularly, that are younger to think about is that what is really worrisome is that - have we, as a whole species, reached what's been called the cognitive threshold? Because once this society reaches its cognitive threshold where it can't think its way out of its problems anymore, it begins just to pass those on to the next generation, and that's what causes civilizations to collapse. And I don't want our civilization to collapse. There is too much that we've gained from the previous scientific revolution. But for it not to collapse, we have to think our way out of this.

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Sandra Bloom MD: But right now, at least in the US, we are profoundly divided. And I, after 9-11, just past (there was) this wonderful documentary on MSNBC that I watched, and what it reminded me of is that we never healed from 9-11 as a country. Instead, we went to war, and that is a very old and established pattern of reenactment that I want you to know about.

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Sandra Bloom MD: Because Western cultural tradition has been broadcasting this dubious answer to who we are, that though that going to war, fighting other people, racism, hating has been just normal, it's just part of (life), and it's inevitable. So it's always been, and it always will be. But there are now many people in different walks of life who are asking different questions and coming up with potentially different conclusions about human nature and the human condition.

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Sandra Bloom MD: One of these wrote a book, and he wrote: "For the last six thousand years human beings have been suffering from a kind of collective psychosis. For almost all of recorded history (we've been) - at least to some degree - insane." What does he mean? It's the idea that we've had a blind spot: that we've taken our whole story from what we've had recorded from previous civilizations. But the reality is that we diverged from our ape ancestors 9.3 to 6.5 million years ago. So we've only spent, maybe at most, one percent of our species history knowing what we know now, doing as we do.

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Sandra Bloom MD: Now, what if blinders are removed? And we found out that we spent actually ninety-nine percent of our previous existence in a lifestyle that is egalitarian, that emphasizes individual autonomy, immersed in nearly constant pleasurable social activity, and with minimal possessions or planning for the distant future.

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Sandra Bloom MD: So, apparently what happened? This is around six thousand to four thousand, BCE. It becomes "natural" for human beings to kill each other and become violent even to family members, for men to oppress women, for men to enslave other men, women, and children; for parents to oppress, beat their kids and even kill them; for small groups of people to wield massive amounts of power, to dominate massive numbers of other people till you starve them to death. It becomes "natural" for human beings to try to accumulate massive amounts of wealth that they're never going to need. It becomes "normal" for people to abuse the natural world to the point of complete ecological disaster, and to despise our own bodies and feel guilty for completely natural desires.

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Sandra Bloom MD: The three main characteristics of historical civilizations are war, patriarchy, and social inequality. But what if it's all a result of trauma? Well, prior to around four thousand BCE, most of North Africa, Arabia across the middle East, and across the large deserts of Central Asia were apparently semi-forested lush grasslands, savannas - really good habitations for large browsing animals, and for us. Basically it's the cradle of civilization, the lands of milk and honey.

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Sandra Bloom MD: Around that time what occurred was one of the most substantial, environmental and climate changes since the close of the last glacial epic, began to take place. Those lands became largely deserts, and the man that wrote about this - he's called it Saharasia - across that land. Could this, then, be at least one of humanity's collective traumas? We know what happens under desert conditions - that family bonds of love between men and women, between mothers and babies - become destroyed because people are seeking just to survive. It takes over all of their concerns, and of course it gives rise to conflicts with neighboring regions who may have what you need to survive.

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Sandra Bloom MD: And then a warrior culture prevails with the instrumental use of violence, social stratification, domination of women by men, abuse of children, and social inequality. And then the tragic story that's been described as the parable of the tribes takes over. And what is that? Well, just imagine living, being in peace in your tribe of people, and next door you live in peace. Only the next-door neighbors decide they want what you've got. Well, if that happens, power can only be stopped by power, and the irony is that, then you have to become like them.

It spreads just like COVID spreads. It spreads like a virus around the globe, and no one is free to choose peace. But anyone can impose upon all the necessity for power.

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Sandra Bloom MD: Well, if that's true, then this trauma issue is pretty important, and the eventual change over to something that we have a hard time even imagining right now will be determined by whether this actually plays out. Einstein warned us that "the significant problems we have today cannot be solved at the same level of thinking with which we created them."

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Sandra Bloom MD: And this difference between living and long-living systems is really critical. If you throw a rock you can safely predict where the rock will end up, because it'll follow the law of physics. On the other hand, if you throw a bird, the bird's reactions can only be predicted by a set of probabilities. It's constrained as well by the laws of physics. But the bird has choice, and so does every one of us and everybody that you work with. Public health teaches us that no mass disorder has ever been controlled or eliminated through individual treatment.

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Sandra Bloom MD: We have to think about how insane our cultures are. No other mammals soil and contaminate their own living space. No other mammals conduct war against their own kind, no other mammals deliberately and systematically hurt and do violence to their offspring. For the most part human cultures today are death-seeking and suicidal. Our survival as a species depends on radically altering the social constructs we have created, and doing it fast.

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Sandra Bloom MD: This is why this issue of trauma and adversity is such a big deal, and how it can change our worldview. It provides developmental continuity from child to adult. It supports engaging all the social determinants of health, and thereby preventing trauma. It supports a more egalitarian emphasis on democratic processes. It helps to heal the Cartesian mind-body split. It could end our silos because we have an integrating framework for all human systems and knowledge. That means we could scale up body, mind, soul, society.

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Sandra Bloom MD: But we have to do it culturally because we don't have time to wait for biological evolution, and we are up against a lot. Patriarchy, social inequality, racism, sexism, deeply embedded in what is a trauma-organized culture. And these social constructions favor authoritarianism, the brutal suppression of dissent and violence, and hatred. We know that most people in the work environment have been exposed to all this, and millions of people are grieving just over the losses from the pandemic.

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Sandra Bloom MD: "Toxic work environments," says The World Economic Forum, "are driving the Great Resignation." It's impossible to ignore the social, economic, and political context. People who were abused as kids learn to use power abusively because it was used abusively on them, and they become corrupted. Democratic processes are designed to minimize the abusive use of power.

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Sandra Bloom MD: As Jonathan Shay has pointed out, "unhealed combat trauma" and "unhealed severe trauma from any source - destroys the unnoticed substructure of democracy, the cognitive and social capacities that enable a group of people to freely construct a cohesive narrative of their own future" - but the workplace isn't the place for treatment. It's for getting a job done. So maybe there's a way to make workplaces naturally therapeutic. But we need a model for that. And that's workplace democracy because it embodies the apparent contradiction of safe struggle over complex problems.

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Sandra Bloom MD: What do you have to do to practice democratically? People have to learn skills for calming down. They have to learn what triggers them, and have safety plans for different situations. They have to learn how to manage their impulses and honor social relationships, and develop a concern for the common good, and develop empathy for other people, and learn patience and strategies to improve the way we think, and have mastery experiences that overcome helplessness, and learn how to handle our own personal power.

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Sandra Bloom MD: We have to use words as a substitute for action, build and restore trust, share decision making, share problem solving, develop social skills of negotiation, making concessions and compromising. And we have to build cultures of empowerment, participation, and responsibility. That can be the demonstration of fair play and restorative justice. That's the substructure. Now lest you think I am some crazy psychiatrist with goofy ideas. I want to introduce you, if you don't already know him, to Walter B. Cannon.

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Sandra Bloom MD: He chaired the Department of Physiology at Harvard for decades, and he formed the basis for much of our modern understanding of physiology. He linked emotions like fear with illness. He developed the concept of homeostasis, and he developed the fight-flight response term, of course, we still use.

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Sandra Bloom MD: To give you some idea about his work, he said, "The integrity of the organism as a whole rests on the integrity of its individual elements, and the elements in turn are impotent and useless, save as parts of the organized whole."

"Just as in the body physiologic, so in the body politics - the whole and its parts are mutually dependent; the welfare of the large community and the welfare of its individual members are reciprocal."

"Is it not possible that social organization," he wrote, "like that of lower animals, is still in a rudimentary stage of development? It would appear that civilized society has some of the requirements for achieving homeostasis, but that it lacks others, and because, lacking them, it suffers from serious and avoidable afflictions."

In 1940 he became President of the American Association for the Advancement of Science, and in New York he said this:

"The most efficient and stable human society would be a body politic modeled after the organization of the human body...a **biocracy** in which the myriad of differentiated cells would be organized into functional organs, all cooperating in a dynamic democracy in which any form of dictatorship would lead to degeneration and death."

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Sandra Bloom MD: So that's what I think the emerging paradigm is about. How do we create healthy biocratic organizations? We cannot wait for governments to act. They're too big, too slow and right now, too divided. We need organizational prototypes, the next level down, for significant collective change. We need a model that guides us into a different way of thinking about health, well being, and organizational health for everyone. That means developing organizational prototypes, for collective life-affirming complex group survival.

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Sandra Bloom MD: Ana mentioned I created this (Creating Presence) right before the pandemic hit: an online organization on clinical approach for helping organizations to do that - for helping them to modify their own organizational DNA. And it's built around an acronym, using the word "P.R.E.S.E.N.C.E." for Partnership and Power, Reverence and Restoration, Emotional wisdom and Empathy, Safety and Social responsibility, Embodiment and Enactment, Nature and Nurture, Culture and Complexity and Emergence in Evolution.

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Sandra Bloom MD: But what can you do as an individual? Well, there are things you can do first. Know thyself: if you need therapy, get therapy. Know the research that I've been referring to, particularly as it relates to your own specialty. Everybody needs to have a safety plan. Everybody needs a wellness plan.

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Sandra Bloom MD: You need to look at your own culture. How is it doing in terms of what I've been talking about? And that includes reviewing the past and starting to find ways to discuss those undiscussables. It means trying to engage, not in debate, but in dialogue. How do we integrate different points of view? How do we bridge those silos that exist? How do we curb the rumor mill with accurate information? How do we debrief everybody that leaves? - So we really get the knowledge that we need. How do we focus on workplace democracy with real true teamwork, and get across the idea that being empowered also means taking more responsibility? Decentralize, decentralize, decentralize.

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Sandra Bloom MD: For complex decisions we've been using for thirty years a really useful acronym we call "SELF" - focusing on problem solving with looking at: What are the SAFETY issues? What are the EMOTIONS that are involved? What are the LOSSES we've had, and that we're going to have, if we change, and why change? What's the FUTURE we want to get to?

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Sandra Bloom MD: You can join us at CTIPP, the Campaign for Trauma-Informed Policy and Practice. We're a national volunteer organization trying to educate Congress, and we have been making some progress. We have a national trauma campaign and a lot of community advocacy going on. For safety planning on our website, I did a video - you can learn what it is and easily do it. Same for wellness planning. You'll get these slides later. That's my website. That's the PRESENCE website.

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Sandra Bloom MD: But I want to end with a story from our native American relatives. You might have heard of this before. An elderly Cherokee brave is talking to his grandson about the battle that goes on inside every person. He said: "The battle is between two wolves that live inside all of us. One is evil, the other is good." And the grandson thought about it for a minute, and then asked his grandfather: "Well, which wolf wins?" And the grandfather simply looked at him and replied, "Well, the one that you feed."

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Sandra Bloom MD: So I think the question for us health care workers, as individuals, but also as a whole people as a whole country is really: Are we going to push ahead towards a new paradigm of healthy, biocratic trauma-informed institutions? Or are we going to go backwards to fascism of the twentieth century? That's really about which wolf are we going to feed.

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Sandra Bloom MD: And I'm going to end with that and stop my share.

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Ana Núñez MD: Wow! You guys that was fabulous, Sandy. That was really a lot to take in. I'm wondering as we're waiting as Q. And A. is coming in, whether or not it'll be literally, What could I do today or this week in terms of operationalizing? Assuming that we are in the trauma imbued space that we are, and we feel like - we don't own the universe - kind of thing, what is the one thing or two things I could do today or this week to try to contribute to that change.

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Sandra Bloom MD: I think if you are a leader in a team in any kind, and all of you are in some way; then I think the first thing you begin with is a safety plan: that you begin with an individual safety plan. How am I gonna... What triggers me, and how am I going to manage my emotions when I'm in a situation with another person where I'm about to do something that could hurt them. What am I going to do instead? It's five simple things, and if they watch that video. And then the second thing is a wellness plan. What am I going to do for myself to try to help me get over this burnout - inability to think that I'm in the middle of. I think that's where it's a good place to start, and it's really simple, and everybody can do it.

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Ana Núñez MD: So I want to get one quick question before the the turn of the hour. We do have an additional half hour if people are able and interested (for further Q&A). But let me just see if we can address.... Ah! Kari Terrell says, "What would be signs that our entity is moving from a profit-making machine to a biocentric, healthy, bureaucratic world?" So what are signals or signs that we might look for?

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Sandra Bloom MD: Less burn out. Talking about the undiscussables, imagining what it could look like if it wasn't like this, even if we can't get there immediately. Remember, paradigm shifts take a long time, so every single person has to figure out how they can promote the paradigm shift, even if they're not going to see it all. And so you begin with really learning more and understanding more, and using a different language, and really becoming what we now call trauma informed.

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Ana Núñez MD: So to be respectful in terms of people and their time and time constraints, Sandy, we'll just give you a time out. We do have some evaluation requests. And if Mya, if you want to talk about that? And there is an additional session if folks want to click into that we can go from there. But, Maya, do you want to explain that?

00:59:16.690 --> 00:59:35.679

Mya N Wilson DHA: Following this session you will receive a survey. If you have the time, and are so inclined, please complete that for us. That helps inform future presentations, and it assists us in enhancing the Dean's Lecture Series.

00:59:37.140 --> 01:00:19.220

Ana Núñez MD: Terrific. So Sabrina and Dimple, we will take your questions to that next piece when Dr Bloom returns. So thank you. Everybody, please give us your thoughts in terms of how the session was. Also know, for those of you who are connected. Dr Bloom will be doing Trauma-Informed Leadership, a presentation to UMP System Grand Rounds next week on the 21st. So if you connect to that you can hear more, and we appreciate everybody's comments.. So please stay tuned and let us know your thoughts. And for those who have to go, have a great September. Talk to you soon.