

Tending Wounds

Elements of the Organizational Healing Process

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The authors extend the metaphor of wound healing in medicine to organizations and propose a model of organizational healing. Organizational healing differs from resilience, hardiness, and recovery and refers to the actual work of repairing and mending the collective social fabric of an organization after crisis. Using a qualitative research study based on interview data gathered after a shooting incident in a Midwestern university, the authors propose a model of organizational healing that includes three stages of healing and six key enablers: inflammation—prioritizing individual in need of urgent care and minimizing the potential for recriminations; proliferation—fostering high-quality connections and improvising on routines; and remodeling—strengthening a family organizational culture and initiating ceremonies and rituals. The authors offer implications for how organizations manage these enablers after crisis and suggest that organizations adopting these are more likely to experience healing.

Keywords: *organizational healing; crisis; liminality; qualitative research*

On a remote road in Afghanistan, a special forces unit hit an improvised explosive device (IED). Of the 12 in the unit, 2 soldiers were immediately killed and 2 were severely wounded. The unit faced significant immediate, short-, and long-term challenges. Their foremost concerns were to secure the site, recover men, withdraw to safety, and begin to piece the unit back together. Later they would respond to questions and face families of the dead and wounded. The leader of the unit offered his men a choice to stay or return home. Unanimously the men hung together and decided to stay in the combat zone to complete their tour.

A major snowstorm slowed air transportation before a major holiday. A package delivery company faced delays before it received any cargo containers from other parts of the country. As soon as the cargo arrived at the airport, the company's workers reorganized themselves and loaded packages onto the waiting delivery trucks. More than 60 drivers worked well into the evening to get all delayed packages to their final destinations as promised. They returned the next day to move back into the company's prior routines.

These two examples represent instances of organizational members' responses to crisis in which the organization was put back on track to function effectively. The purpose of this article is to use the metaphor of healing to unpack how such restorative responses unfold. We draw on the metaphor of physiological healing as a theoretical tool, implying that an organization can also be thought of as healthy or wounded and can also engage in a healing process.

The use of metaphor as an analytical approach "stretches the imagination in a way that can create powerful insights" (Morgan, 1986, pp. 4-5). The disciplined and deliberate use of metaphor can allow theorists to describe a phenomenon compactly (Weick, 1989), drawing attention to some features and away from others. The metaphorical lens of physical healing defines the crisis as creating an organizational wound and the process that follows as the way an organization heals itself.

A METAPHOR FOR ORGANIZATIONAL HEALING

We draw on medical research concerning how the human body heals itself after being wounded. Based on Schilling's (1968) research on wound healing, three fundamental phases are involved in the healing process: *inflammation*, *proliferation* (of white blood and tissue building cells), and *remodeling* (which involves specialization of those tissue building cells so that tissue can resume its normal integrity).

The first phase of the body's response to injury—the inflammation phase—focuses on preventing infection and stopping bleeding. While inflammation often carries a negative connotation, it is a key part of the healing process. Once the bleeding ceases, the body's immediate response is localized swelling and inflammation. As the swelling occurs, the body deploys an abundance of nutrients to the wound site to absorb bacteria and prepare the injured area for regrowth. In the second phase—the proliferation phase—a "ground substance" of cells, nutrients, and blood vessels produces new connective tissue, collagen, and new endothelial structures (internal tissue structures). In the third phase, the endothelial layer of skin continues to remodel, drawing on collagen and fibrin to provide more flexibility at the wound site after sutures or bandages are removed and the scab fades away. The end of the healing process is marked by the body's return to normal functioning. Long-term recovery or rehabilitation begins. An underlying purpose of healing is to strengthen tissue and prepare it for future recovery and rehabilitation.

In organizations, a crisis creates an injury, and organizational healing is the process that the organization uses to return quickly to normal functioning and strengthen itself for recovery. Drawing on the medical metaphor, the first phase of organizational healing involves responding to crisis with a focus on preventing any

TABLE 1
Stages of Healing Processes

	<i>Inflammation</i>	<i>Proliferation</i>	<i>Remodeling</i>
Basic elements of physical healing	Blood clots form Potential for bacterial infection minimized	Collagen produced New networks of capillaries appear near wound site	Wound closes up from the endothelial to the epithelial layers
Basic elements of organizational healing	Parts most in need of care identified Potential for adverse reactions minimized	Interpersonal connections become key resources Improvisation on routines occurs	Key ceremonies provide closure Organizational culture binds organizational units

further damage to the organization and supplying the site with resources and help (i.e., inflammation). Once the crisis ends, the organization enters the second phase of healing, using key resources to strengthen emerging structures (akin to the body's "ground substance") and prepare any parts of the organization that were damaged during the crisis to reorganize and reconnect both within the units and with other parts of the organization (i.e., proliferation). In the third phase, damage to the organization is repaired, preparing the organization for a return to basic functioning. The end of an effective organizational healing process is marked by a ritual or ceremony similar to the removal of a bandage or cast (i.e., remodeling). Rehabilitation and recovery are carried out across a much longer time frame, but the end of the immediate healing process is often marked by an organizational ceremony. Table 1 summarizes these healing phases.

This conceptualization of organizational healing is embedded in the context of positive organizational change in the sense that like physical healing, the resulting system often possesses greater strength than before. Healed bones are generally as strong or stronger than before being damaged or broken.

ORGANIZATIONAL HEALING DEFINED

We define *organizational healing* as a process involving social interactions that repair operational routines and mend the organization's social structure (Powley & Cameron, 2006). Healing involves social dynamics of individual members, including but not limited to supporting, caring for, helping, and strengthening one another. Our focus on social interaction is consistent with war trauma studies. Various scholars concur that community healing cannot be accomplished by individuals alone—healing always requires social intervention and collective support (see Ayalon, 1998; Jareg, 1995; Lumsden, 1997; Terr, 1991).

Organizational healing differs from other related concepts in the organizational sciences, such as hardiness, resilience, and recovery. Unlike organizational healing, Maddi and Khoshaba (2005) defined hardiness as an individual capacity for being durable or tough. Hardiness is an individual characteristic attributable to managers

or other organization members who handle setbacks with poise and are capable of enduring difficult conditions. It is not a process of repair and restoration. Frost's (2003) examination of toxic emotions and toxin handlers at work exemplifies hardiness. Toxin handlers focus on helping people endure experiences of negative emotions in the workplace, and they possess traits and capacities that help people cope with challenging circumstances.

Healing also is distinguished from resilience. Resilience is a latent capacity of both individuals and organizations that exists before any trauma occurs. Resilience is the capacity to bounce back from untoward events and the ability to withstand setbacks (Sutcliffe & Vogus, 2003). In contrast, healing is an active process involving social interaction that unfolds after a crisis to enable the restoration of an organization.

Healing is closely related to the concept of recovery, but it is also conceptually distinct. Recovery refers to a long-term process leading to the restoration of routines and functions in systems affected by trauma or wounding (see Mitchell, 1996). Healing differs from recovery primarily on a temporal dimension. Recovery has been conceptualized as a long-term process measured in months, years, or decades (see Mitchell, 1996). Healing, on the other hand, is a short-term process that begins immediately after crisis or trauma has occurred and is measured in hours, days, or weeks. Whereas recovery refers to the restoration of functional operability, systemic concerns, and fundamental organizational processes, healing is more concerned with social dynamics and processes dealing with the immediate needs of organizational members.

Healing is a process of immediate repair to an organization's social fabric and subsequent strengthening. It involves movement away from a wounded state toward a condition of strength. Healing increases system strength so that longer-term recovery can take place—that is, healing enables recovery. In this sense, healing exemplifies positive change because it enables the strength needed by organizations to create positive outcomes.

It is important to point out that the healing process occurs during a period of liminality (Powley, 2005; Powley & Cameron, 2006; Turner, 1967). This is the period of time immediately after the trauma when existing social structures are suspended (e.g., roles, organizational positions, routines, status); typical interactions, practices, and relationships are canceled out; operational processes are interrupted; and social relationships are potentially damaged. During this period, the way in which the organization responds, the actions taken, and the restoration processes initiated determine whether or not the organization will experience healing. Rigid, dysfunctional, destructive, and vengeful actions inhibit healing. Actions fostering the stages of inflammation, proliferation, and remodeling engender healing.

This article examines how the stages of organizational healing unfolded after a major trauma in which the core values and social fabric of one organization were threatened. Through the examination of a university shooting and police standoff, we illustrate the key enablers of healing that promote long-term recovery. The case we highlight provides an example of how the three phases of organizational healing may be representative of other crises.

THE ORGANIZATIONAL CRISIS

In May 2003, the business school of a Midwestern private university in the United States was the center of a school shooting. In this case, the gunman held approximately 95 building occupants hostage. Most were locked in their offices as they hid in fear while listening to gunshots. Early in the standoff, a well-known MBA student became a fatal victim. Then for nearly 7 hours, many family members, students, and university officials waited while police officers systematically swept through the building to release relatives, friends, and colleagues. In the end, the coordinated efforts of police officers, sharp shooters, and SWAT teams paid off; they cornered and apprehended the gunman.

For about 10 days, while the school building remained closed as a crime scene and the major damage from the gunfire was repaired, the school and the university conscientiously engaged in a healing process. It offered times for faculty, staff, and students to reunite and share personal experiences of the incident. Acting quickly, school administrators and staff outlined a course of action and began a process to help heal the organization's wounds. They developed activities designed to repair and mend relationships and to enable "coagulation" of organizational members. Several activities were initiated to reinforce the three stages of organizational healing leading to long-term institutional recovery.

At the time of the crisis, this organization was a resilient system and, like all human systems, possessed the latent capacity to heal itself. Conscious efforts on the part of institutional members, however, enabled healing through the inflammatory stage (e.g., immediate bonding), the proliferation stage (e.g., coagulating social relationships), and the remodeling stage (e.g., future orienting ceremonies).

METHOD

A close look at the actions and interactions of those involved in this crisis situation helped identify the effective demonstration of organization healing. This study used a qualitative research method to address our primary research question: What were the key elements of the organizational healing process that were demonstrated in this situation? To examine this question, we captured the actual actions, thoughts, and feelings of the organizational members. Approximately 60 members of the school and university community participated in the study; half of the interviewees were in the building during the shooting incident.

We did not want anyone to feel compelled to participate in the study, so we were careful to invite volunteers to share their experiences and reactions to the trauma. Invitations were used to alleviate possible fears and apprehensions brought on by reliving the experience (McNally, Bryant, & Ehlers, 2003; Miller, 2002). Approximately 800 e-mail invitations were sent to faculty, staff, and students (including recent alumni) introducing the study and offering them the opportunity to be interviewed. Although our invitational approach may have biased the respondent sample—because only those willing to discuss the incident responded to our invitation—our participant pool represented the organization as a whole in terms of race, gender, and organizational position.

Open-ended, semistructured interviews were conducted, allowing participants to share their thoughts, feelings, and experiences of the incident. Interviewing took place over several months. Once individuals' stories, experiences, actions, and interactions were recorded, an in-depth analytical process was used to develop narrative accounts that together represented the incident as a whole. Narrative accounts, defined as interrelated episodes describing human action sequences (Baumeister & Newman, 1994) summarized in one or two pages, or "realist" tales (Van Maanen, 1988), were constructed from organization members' experiences and interactions. The accounts describe individuals' interactions with one another, their department unit, the school, the university, or broader community.

Using a qualitative data analysis process (Fredriksson & Eriksson, 2001), the stories and experiences were analyzed to uncover the elements of organizational healing. The narrative approach uncovered stories of relationally oriented actions and interactions and thus made possible the analysis of underlying mechanisms and themes. The elements identified draw from individuals' experiences of the shooting spree as well as events that occurred in the 10 days that followed. The healing process was indicated by the beliefs, perceptions, actions, and interactions of individual social actors.

ELEMENTS OF ORGANIZATIONAL HEALING

We observed the three stages of organizational healing in the narrative accounts of the shooting incident: (a) inflammation, specifically indicated by prioritizing individuals in need of urgent care and by minimizing recriminations; (b) proliferation, specifically indicated by fostering high-quality connections and improvising on routines; and (c) remodeling, specifically indicated by strengthening a family organizational culture and initiating ceremonies and rituals. These elements illustrate how healing occurred during and immediately following this crisis, permitting the organization to then resume organizational routines and practices in the longer-term process of recovery.

Inflammation

Prioritizing individuals in need of urgent care. Similar to physical healing in which the body immediately stops the bleeding and releases nutrients and bacteria-fighting agents to prepare the injured area for regrowth, the nutrients and agents in an organization are the human beings themselves. Inflammation refers to a process of swelling where blood and native nutrients immediately rush to the site of the wound. In the case of organizational healing, individuals searched each other out and immediately came to one another's aid.

The first key aspect of healing represented the extent to which organization members displayed behaviors reinforcing the individual as the highest priority for care in the hours after the shootings. Students, faculty, and administrators demonstrated this element of healing as they reached out to specific individuals (known and

unknown to them). Seeking out colleagues, students, or family members was for some an automatic first reaction. In several cases, it meant risking personal safety to ensure the safety of others. These individuals did not see their actions as heroic or particularly remarkable. They often interpreted their actions as a reflection of their personal and organizational core values. Nevertheless, many in the building were protected because of their actions.

One example illustrates how people were protected through others' actions. A faculty member, hearing unusual noises from her fifth-floor office, climbed down five stories before she realized a gunman was at large in the building. She quickly returned to her office, warned her colleagues of the gunman, and told them to hide in their offices. Then, exposing herself to possible gunfire again, she went back down the stairs to unlocked student study areas looking for anyone who might have been exposed. Despite real danger to herself, she acted to preserve the security and well-being of the students for whom she felt some responsibility. Whereas the fight-flight response could have predominated, self-protection was replaced by selfless acts reflecting the priority of the individual. She did not interpret her actions as especially noteworthy or unusual and certainly not heroic; instead, they were a reflection of the core values that she and the organization held dear—supporting and recognizing the value of the other human beings.

Other examples included a former Marine and his colleague sweeping one floor of a building, notifying a number of unaware staff members and students; and university officials, staff members, and police teams meeting almost immediately to secure the area and the building and to develop strategies to end the crisis situation.

Minimizing the potential for recriminations. A second illustration of this initial stage of healing was protection against blame and recrimination. In the physical body, regardless of the cause of the wound, white blood cells fight off bacteria or other foreign material that may comprise the healing process. Likewise, in the aftermath of crisis, even though organization members and external observers are often inclined to identify causal factors and blame-worthy targets that contributed to the damage created by the incident, effective healing processes make these kinds of responses less likely.

Our review of organization members' responses to the shooting, the narrative accounts reported in the interviews, and our conversations with school administrators suggest that while the cause of the incident was a concern to most people, there was little if any finger-pointing, specifically in the 2 weeks following the incident. Blaming others was not their reaction. Despite opportunities for people to place culpability on school administration, faculty, or the university for not taking prior threats seriously or for not responding more effectively at the time, there was an absence of recrimination. Instead, organization members did a remarkable job of joining together, making connections, and concerning themselves with the welfare of others.

Recrimination could have resulted from the actions of specific individuals. For example, after telephoning fellow staff members on the main level of the building regarding loud noises coming from below, the dean's executive assistant sent an e-mail to all faculty and staff informing them of the shooter and instructing them to stay in

their offices and lock their doors. Given the incident's intensity, she forgot to send the e-mail to students—many of whom do not have private, locked workspaces—assuming that because school was no longer in session, few students would be affected.

While her actions clearly overlooked the student population, few criticized her motives and rationale for the lapse in communication. Instead, organization members recognized her as a pivotal individual who embodied the school's culture. Moreover, her awareness of the mistake made her more self-critical, accepting the responsibility and blame for not communicating effectively with everyone. In fact, her personal example; rapport with faculty, staff, and students; and self-blame were important factors in preventing grudge holding.

Organization members could also have blamed the individual in the building who the gunman had initially sought to murder. Instead, knowing their fears related to the incident, colleagues consciously sought ways to support him and his wife throughout the next 2 weeks. They brought food and gift baskets, checked up on them, invited them to school gatherings, and protected them from the media.

Organization members did not take an entirely Pollyannaish approach to the incident or ignore its consequences and repercussions, of course. When department members met afterward, two common issues were raised related to accountability: the gunman's motives and security. They wanted to know why the gunman came into the building and what could be done about security of faculty, staff, and students vulnerable to threat in the future. What was less prominent was finding fault with the organization's response to the incident instead of blaming the organization and its leaders for what happened. Recrimination turned out not to be a main concern because organization members made a conscious effort to characterize the event as something atypical and not a failure of the organizational system.

What could have been potentially damaging to the healing of the organization turned out not to be. Organization members' responses to the incident opened the way for individuals to connect positively with others and thus strengthen relationships—relationships necessary for future recovery and rehabilitation. Protecting the organization and its members from fault-finding thus enabled the healing process to begin to unfold. The lack of blame prevented additional damage to individual organization members in their ongoing relationships.

Proliferation

Fostering high-quality connections. Similar to physical healing when the body proliferates system resources to support restoration, this organization also increased its utilization of core resources to support healing. Specifically, there was a deliberate fostering of deep personal connections with others throughout the system. Dutton and Heaphy (2003) defined high-quality connections as momentary interactions or encounters of mutual influence and concern. Those connections were characterized by virtuousness and a real desire to comfort others, and they enabled individuals to help one another through difficulty by maintaining and reinforcing cohesion. Many organization members desired to be in the presence of other affected members to share and learn what happened. This was true for those who were in the building during the incident as well as those who were not.

We found that what Dutton and Heaphy (2003) suggested was critical for high-quality connections: positive regard and mutuality. Organization members reported a sense of positive regard (Rogers, 1951) as they encountered one another anew. One administrator heard about a student who came face to face with the gunman but escaped when the gun misfired several times. The student ran from the building and then left the scene before the police arrived. The administrator learned of this student's encounter with the gunman after the incident and went out of his way to contact the young man personally. The administrator sought out the traumatized student, listened to his story, and apologized that he felt that no one was available to comfort him immediately after running from the building. The student reported being moved by this gesture because he had not felt supported in the aftermath.

There was also a felt sense of mutuality (i.e., people felt a desire to be with each other and to share personal experiences). Departments deliberately created activities to work together for the good of the school and university, consciously supporting affected individuals and the extended network of alumni. Several department chairs invited faculty, staff, and students to their homes where they shared their individual experiences. In one case, the department chair personally contacted everyone in his department by phone, reassuring them of his concern and inviting each one to his home. Because he was not in the building, he felt his primary job was to listen and encourage others to share their stories, offer comfort and understanding, and promote and foster supportive relationships among his colleagues.

Groups sought out opportunities to share their personal stories with each other. This kind of reaching out to create connections with others in the organization reflects a key element of the second phase of healing—coagulating social support, demonstrating empathy and caring, and providing opportunities for people to be heard, thus enabling organizational units to mend and repair ties among department members and beyond.

Improvising on routines. A second manifestation of proliferation concerns the creation of a positive process that enabled protection and healing. In physical healing, disruption at the wound site quite literally opens a space where structures are constructed anew based on fundamental laws of biology. Capillary pathways weave through the collagen to supply resource and create strength. In the school and the university, the shooting disrupted established work patterns and routines. As one interviewee stated, "It was like all of a sudden the rules are off. Whatever we were doing [was] now changed." There were no specified plans of actions for managing such an emergency, but organization members consciously created pathways to bring resources together to regenerate connections and establish new ones. These improvisations were part of what made organizational healing possible.

Many of the interviewees recalled instances when individuals took action in the absence of authority or direction, going above and beyond their expected roles. For example, one staff member trapped in a closet called 911 while the shooter roamed the hallways. The operator stayed on the line and offered to contact the family of the staff member to offer reassurance. Only after the crisis ended did the staff member learn that the operator had gone far beyond what her role typically involved. She had

spontaneously chosen to stay on the line rather than hanging up on someone who was isolated and frightened.

In another example, the university psychologist, who was on call at the time of the initial shots, immediately headed toward the building. He suspended his regular work duties to make himself available around the clock to individuals who needed his attention. Without an established plan, he found ways to coordinate counselors from all areas of the university and from the surrounding cities to respond to specific needs as they arose. He was not the titular head of the university's counseling team, but he acted as if he were, even after his more senior colleagues arrived on campus.

A third set of accounts indicates other ways that improvisation helped surface and reenergize the organization. After the siege ended, a decision was made that staff would meet daily in a building across the street from the site of the shooting. One interviewee provided a sense of the first such meetings by saying that "there was a great deal of energy and enthusiasm and commitment in the room, and people wanted to work." Many individuals who had not been in the building during the siege showed up even though they had not been instructed to do so. The school established a temporary call center, and organization members reached out by phone to alumni, existing students and their families, and incoming students. Others stepped in to complete the records so that those eligible to graduate could do so on time. One student, a quarterback on the football team, stayed in the building where staff were working all day, every day, for a full week after the shooting, just to be on hand and help if he could.

In organizational studies Barrett (1998) note that "the word 'improvisation' derives from the Latin word 'improvisus,' meaning not seen ahead of time" (p. 606) and underlined the risk that is inherent in improvising. As in the body after a wound occurs, in the organization new variations on previous routines were observed. Many of the narratives contained a theme of individual initiative, spontaneous interaction, and people working together in unexpected ways. This happened without any certainty that a particular interaction would have favorable results. New interpersonal connections and newly visible energy and talents made it possible for the organization to expand its repertoire in this unforeseen period. These improvisational elements allowed the organization to advance through this second stage of the healing process.

Remodeling

Strengthening a family organizational culture. The third stage in physical healing is remodeling, or regenerating core strength. One way remodeling occurred was through the organization's culture. All organizations are characterized by identifiable cultures, but most cultural attributes in systems are hidden and rarely brought to the surface. Just as most people did not make a conscious decision this morning about which language to speak or whether or not to get dressed before going outside, most organizations also operate on a taken-for-granted set of assumptions, rituals, and values (Cameron & Quinn, 2006). A "family-focused" organizational culture was an important factor in helping to mend and repair the organization.

Just as families tend to gather regularly, multiple gatherings and family-type get-togethers occurred in the aftermath of the tragedy. Instead of attending these events alone, people came to meetings and gatherings in pairs and groups. They made telephone calls encouraging others to attend meetings, inviting colleagues to attend gatherings together, offering to provide rides, and delivering meals to the homes of individuals affected by the trauma. Expressions of concern were extended beyond the employees directly affected to loved ones in the employees' families. Such expressions of care and concern were characteristic of the values organizational members held and were representative of the organization's culture.

Many respondents attributed the family-oriented, values-based culture to several former organizational leaders who had established a culture of unity and collaboration across functional boundaries. Traditions and activities were open to employees' family members and made them an integral part of the organizational community. The response to the shooting incident brought this culture of human concern to the surface and helped foster healing.

In this organization, cultural traits became even more apparent after the shooting and enabled the school to heal quickly. One interview respondent described a key attribute of this culture:

I've always thought of the school as a family. It's a very unique environment. . . . And families don't always get along. It is in a sense a real family. I understand a lot of people in [other parts of the university] would like to work here, because the atmosphere is different.

The incident reinforced the "family feeling" in the organization's culture so that individuals in and around the scene were able to share an experience that reinforced organization members' common bonds with one another. These bonds were not created in the moment, but they uplifted people because of the moment. The helpful gatherings so vital for high-quality connections surrounding the incident did not create the culture, but the culture acted as binding agent, much like fibrin and collagen in a physical wound that bind new skin cells together when a wound heals.

Initiating ceremonies and rituals. The third stage was also manifest in this organization by rituals and ceremonies, which reinforced a sense of community and encouraged individual members to look toward an optimistic future. Ritual practices function to celebrate moments in human life and death, often carrying with them sensitivity for others' positive and negative emotions (Turner, 1967). Organization members experienced rituals together to celebrate their relationships, mourn, or reinforce a positive future. Engaging in these rituals helped those who participated to reestablish a sense of peace, stability, and order. In essence, rituals and ceremonies following traumatic events serve as a holding space for organization members to grieve, regroup, and reorient themselves toward the future (Kahn, 2001). They symbolize the positive change that the organization is in the process of achieving.

Several events allowed organization members to grieve, reconnect, and even celebrate. While some ceremonies were of a religious nature, others were more secular. These events included a vigil, university and school gatherings, memorial services, and a collective reentry into the building.

Ceremonies geared toward reopening the building were critical. The site of the shootings was inaccessible for several days after the incident while the police documented the movements of the shooter through the building and gathered evidence about his actions. After the damage was repaired, word went out that the building would soon be reopened. An emeritus faculty member ordered roses to be delivered so that all members of the school could receive a flower as they reentered the building. Some of those who received flowers reported that the symbolic gesture helped them get through the tension they felt about going back to the scene of the trauma.

Another interviewee indicated that the flowers became not just a way for the faculty member to show his appreciation for the bravery of the staff but also a way to thank the contractors who had repaired the building.

All the people that had cleaned up the building and worked on the building . . . stayed an hour later from the time they were due to get off work to greet us as we came across the street. Then we started handing them our roses to say thanks to them. It was very emotional. Our people just handed flowers over to them.

The spontaneous expression of emotion extended outward and took on multiple meanings during the same event as organization members ceremoniously reentered the building.

Physical healing is complete when the wound closes up and bandages or sutures are removed. The formal mark of closure for the organizational healing process was a public rededication of the building, where 10 days after the incident the dean, university president, police chief, and mayor met the press and organization members, expressed appreciation to the school, and lauded the compassion, bravery, and heroism of institutional members. In a sense, these public figures consciously lifted an aura of death that had cloaked the building and school and instead, celebrated the life of the school and its people. The primary purpose of the event was to facilitate the benefits of the remodeling phase.

DISCUSSION

Based on the process involved in physiological healing, the model of organizational healing comprises three phases—*inflammation*, *proliferation*, and *remodeling*. Our in-depth analysis of an organization that experienced major trauma uncovered six key elements that were associated with these phases of the healing process. They are depicted in Figure 1. The six elements are indicated by the activities and social interactions of organizational members immediately after the trauma occurred. The inflammatory phase of healing—characterized by an immediate rush to the scene to help, comfort, and support affect individuals—followed directly after the crisis. Organization members' first priorities were to (a) identify specific individuals in need of urgent care and to provide it and (b) minimize finger-pointing and other potential blame or recriminations. Acting on those priorities opened up the possibility for individuals to cross organizational and functional boundaries.

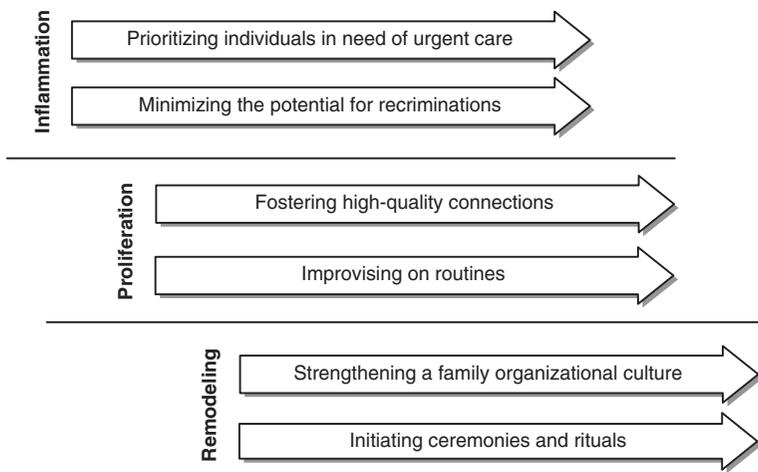


FIGURE 1: Elements of Organizational Healing

In the proliferation phase, two additional dynamics began to unfold. Groups and departments joined together in sensemaking and storytelling aimed at regenerating a sense of community, and improvisational activities were implemented in response to broken routines. Individuals in and around the scene enacted their common bonds, further fostering high-quality connections.

In the final phase, remodeling occurred through reinforcing and strengthening the organization's family culture, providing individuals with a base upon which to rely as recovery began to occur. Ceremonies and rituals (e.g., rededicating and reentering the organization) served to provide an opportunity to reinforce core cultural values as well as to symbolize the termination of the healing phase and the recreation of an optimistic future.

These phases of the healing process occurred during a liminal period (Turner, 1967). This is the time between the initial crisis and the ceremonial reentry. In anthropology, liminality is characterized by the temporary destruction of social structures, relationships, routines, status networks, and even identities. Differences are set aside or minimized. Such destruction often follows traumatic organizational incidents where typical interactions, practices, and relationships are nearly canceled out. In organizations that effectively heal, individuals and organizational units collectively focus on common concerns, and much energy is focused on that which is common among them. Organizations engage in actions that support and enable others to heal—to become whole again, to rebuild and to strengthen the organization's social fabric, sense of continuity, expectations, and identity. New connections and opportunities for relating emerge, and alternative approaches to seeing and experiencing relationships within the organization shift. During this liminal period, these kinds of actions help stimulate the healing process, but without a wise and effective use of this liminal period, organizations do not heal effectively (Powley, 2005).

As the organization passes through the three stages of healing in the liminal period, its long-term prospects for recovery become more positive. While the six elements may unfold in parallel to a certain degree, if any of the key elements is skipped or rushed, the organization is less likely to recover fully. Thus, what takes place in the first hours, days, and weeks after a traumatic event is vital. At first, the most urgent responses to a crisis may be carried out by different actors in the broader social system, with some identifying needs for care and attention and others protecting the organization and its members from potential backlash. As follow-up occurs, those actors may draw on preexisting connections and improvise on routines to locate other needed resources. When the organization has moved past the greatest threats to survival, ceremonies permit members to mourn, look forward, and find some closure. In the long run, the prospects for organizational recovery are greater when healing in the liminal period is neither foreshortened nor protracted.

CONCLUSION

The stages of organizational healing we illustrate in this article strengthen organizational relationships and the future capacity for recovery. Moreover, “time heals all wounds,” but how much time it takes for an organization to emerge from the liminal period can vary from hours to weeks. The first stage of healing, inflammation, represents quick deployment of resources, people, and energy toward individuals and organizational units requiring immediate care. The image of inflammation connotes the swelling up of necessary resources and people. This stage also includes efforts to prevent further harm (especially the potential for recrimination). In the second stage, proliferation, organization members build and rebuild relationships, support one another, and improvise routines to meet individual needs as they surface, thus ensuring a reconnection to the organizational “tissues”—namely, relationships, interactions, and routines. As individuals work in unexpected ways (in lieu of expected work norms), they supply energy and talents from which others can draw support. In the third stage, organization members enact individual and organizational values of care and concern embodied in the organization’s culture when they demonstrate care and concern for one another. The extent to which organization members foster meaningful social connections with colleagues, known and unknown to them, also promotes organizational healing. These momentary yet significant encounters enable organization members to strengthen social connections and reestablish organizational customs. Finally, ceremonies enable healing as they bring organization members together to reorient them to organizational purposes and goals, reestablish continuity of time, and encourage a recrafting of an optimistic future, bringing some measure of closure after the trauma.

The elements discussed in this article are not exhaustive, of course, and we suspect that other elements may also be important for and consistent with the three stages of healing. For example, the roles of external agents and service providers may be important in the inflammation phase—synonymous with medication, bandages, or health care provider actions. The availability of resources to deploy may be important in the

proliferation phase—synonymous with ambulances, hospital availability, or colleague support after an injury. The severity of the crisis—whether one examines a special forces unit in wartime or a company faced with deadlines due to inclement weather—will determine the timing that is most appropriate, the duration of the healing process, and the scale of the actions that need to be taken. More severe injuries, of course, will require more immediate and more direct action to enable the healing process to occur. Moreover, the time it takes for an organization to emerge from the liminal period can vary dramatically depending on the extent to which the healing process begins right away or is delayed.

This in-depth examination of a crisis incident raises a number of research questions to guide future work. Building on the metaphor of physical healing, future research could examine the endogenous and exogenous factors that promote healing. That is, what organizational characteristics and external conditions enable healing and predict the extent to which an organization will heal? In physical healing, medicine, bandages, or external interventions serve as exogenous factors that promote healing. What might be the parallel exogenous conditions in organizations? Internally, the body possesses resources and capacities necessary to enable healing directly. In organizations, the variety of capacities and resources associated with healing remain unmapped, so additional work could explore the corollaries in organizational healing. In physical healing, the immediacy of the body's response to a wound has crucial impact. In organizations, the timing and duration of healing processes is less well understood. Researchers could fruitfully explore the temporal dimensions of healing. Likewise, in the physical body, too much inflammation, proliferation, and remodeling can create difficulties—for example, too much inflammation can inhibit healing if not properly regulated. In organizations, similar controls of these phases of healing may also be required. Investigating the limits to healing could also produce interesting insights.

The use of metaphor from the medical sciences has provided a deeper understanding for how organizations heal from trauma or major harm. Just as in physical healing, each of the stages of healing is important for organizations if they are to heal properly. The six elements of the healing process we outlined in this article are appropriate illustrations of the stages of healing, but they are not exhaustive. When organizations face major change either through external or internal crisis, multiple elements together make up a complex of factors—like the collagen fibers and capillary pathways—necessary to enable organizational healing.

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