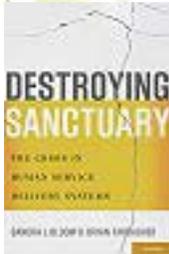# TRAUMATIC STRESS INSTITUTE

Destroying Sanctuary by Sandra L. Bloom and Brian Farragher

Destroying Sanctuary, the new book by Sandra L. Bloom and Brian Farragher, (Oxford University Press, USA; 2010) applies trauma theory and knowledge to the life of organizations, demonstrating how traumatic experiences and their subsequent symptoms result in organizational stress and decline. The book identifies many processes that are familiar to those working in social services settings. Readers may be overwhelmed with the depth and severity of problems that can occur in organizations. They will also find themselves thinking, "Aha, so now I understand what is going on! Now I can identify the problem I am experiencing!" This book can alert administrators to destructive processes within their organizations, and help them to take effective action before the damage is too great.

Reading this book may make practitioners feel hopeless and overwhelmed due to the severity of the outside stressors on social service organizations. We asked Sandra Bloom to comment on this question:

Many of the stressors and pressures on organizations that you describe in this book are external to the organization, such as managed care, the health care climate, and societal funding decisions. Given that these realities will not change soon, have you found that organizations that make internal changes can still achieve a different and more healing experience for both their clients and their staff?

Dr. Bloom responds:

In the book, we write about "parallel process" and I see this issue as running in parallel with our clients. Our clients - the children, adults, and families who seek our help - all have to deal with external stressors and we expect them to learn how to deal with them more effectively, to adapt without becoming cruel, to love and care for each other even in the face of great difficulties. Helping them to recognize that it's not their fault, but it is now their responsibility to make different choices is a critical aspect of what it means to have a "trauma-informed system". Like them, when we understand what we are up against, we all have a choice: do we do the best we can, stick to our beliefs, and extend our empathic regard to others no matter what or do we become part of the problem instead of part of the solution. I think that recognizing the external pressures is vital for us to keep sane ourselves, but despite those pressures, we have to believe in the work we do and regardless of the pressures we can choose to care. When the programs we work with get a chance to take a little breather and remember why they are doing the work and what it means, we find that

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they make significant positive changes, even though the external situation has not changed. Their internal changes are related to their recognition that chronic stress has negative effects on the people they work with and on each other and we can all choose to create safe environments where we are, every day, regardless of what the external forces are that make life more burdensome than it has to be.

Dr. Bloom and Mr. Farragher start with the premise that organizations are living organism, capable of all the same emotions, processes, learning, disease and change that any other organism experiences. This is in contrast to a view that assumes that organizations are like machines. If organizations are machine, they have no emotion. If something goes wrong you simply replace the stressed parts. The mechanical model leads to a hierarchical structure which suppresses conflict, uses punishment and regulations to achieve adequate performance. The organization is not capable of learning. While this model may be good for simple, clear, repetitive tasks, it is not adequate for the complex problems handled by the modern organization.

Through examining the history of modern health care, Bloom and Farragher relate the mechanical model of the organization to a society increasingly unable to handle complex problems, and often turning to formulaic approaches as possible easy fixes. Within modern health care, this includes a control agenda for treatment; behavior management; over-reliance on medication; managed care; blaming the individual for his illness; and reductionist behaviorism. Another aspect is ignoring the role of trauma in mental health, because focusing on trauma would threaten so many societal structures. This produces serious ethical dilemmas for the mental health professionals, and also contributes to an unhealthy workplace. Little attention is paid to the physical or mental health of the people who actually deliver the services.

Workplace stress is an important aspect of social service delivery that is often ignored or undervalued. Bloom and Farragher review the ACE Study conducted by Kaiser Permanente which revealed the huge correlation between early childhood trauma and multitudes of physical and social problems of adulthood. Many of the members of the social services work force have experienced early trauma. Furthermore, there are particular aspects of the life of a social service worker that make it stressful.

One stressor is downsizing and turnover, which partly results from the lack of funding for overhead in payment formulas. This erodes relationships, decreases support and diminishes the storehouse of knowledge. Another source of stress is the job complexity and ambiguity for the mental health staff. One is expected to make quick changes between many roles and expectations. There is always the threat and often the reality of assault. The job itself has many components, including paperwork, evaluation, groups, food handling, first aide, parenting, and basic pharmacology (to name a few). The role definition is complex. There is often no time to think and talk clinically. If this complexity, stress and

ambiguity results in poor job performance, the organization may respond by dumbing down directions and withholding clinical information child care workers need. This rules out the best people. In addition, there may be interpersonal conflict on teams. The role of racism and classism is rarely discussed. The worker gets all this for low pay, and with little training. If they are good they become a manager, and receive little to no management training. More stress comes from the regulations and paperwork, the ethical conflicts, and punitive systems. People may take their stress out on each other producing anger in the teams. All of this can result in a toxic culture, with lack of mission clarity, lack of innovation, and stagnation.

In order to more clearly delineate the way trauma affects organizations, Bloom and Farragher review the human response to trauma. They suggest that attachment is the human operating system, the basic underlying process which makes it possible for all the other functions to work (like Windows on a computer). Trauma is a virus, like a computer virus, that attacks the human operating system. Social support is necessary for a human being to survive. Mirror neurons, which enable us watch another person do or experience something and feel the same emotions we would have if we were doing it, provide the biological foundation of empathy and connection. One part of attachment is attachment to a group. Trauma disrupts all kinds of attachment, and the brain organizes around the trauma instead of the attachment. Betrayal trauma, in which trauma results from betrayal of a trusted relationship, is the most damaging.

Group attachment is as crucial as individual attachment. Disrupted group attachment threatens survival, and rejection from the group triggers physical pain. This is why exile is such a profound punishment. Studying the human stress response can help us understand what happens in organizations. We know that emotions exist to alert us to the importance of events, to what to pay attention to. They are so powerful that it is possible to die from emotion. When a person senses danger, he has four options: flight, flight, freeze, or appease. Emotions help us choose which one to try first. One mechanism humans use to survive a crisis is dissociation, which is also called shock. This helps us function in a crisis by allowing us to use denial, not to feel too much, to lie to ourselves and partial out reality in small bits so that we can function to survive the crisis. However, this coping style can become chronic if the person is forced to use it too much. It can result in emotional numbing and less complex thinking. In a crisis we are geared toward action. We are unable to see patterns, unable to see long term consequences, we focus on the immediate. We are less creative and return to what is known. We are not able to learn. We focus on feeling better immediately. We are less focused on words, and our memories are less accessible. We increase communication but it is less complex. This reaction is biologically designed for crisis, not for chronic stress.

However, when terror becomes a way of life, there are many consequences for the body and the mind. The person (or organization) feels a loss of safety, and enters a state of chronic hyper arousal. This response is cumulative- the more danger we are exposed to, the more responsive our bodies become. Chronic hyper arousal results in a loss of emotion management, difficulty with learning, memory and

decision making. Thinking and problem solving deteriorates. Communication changes and becomes more simplistic. There is a pull for authoritarianism and the resulting learned helplessness. Punishment, shame and revenge emerge.

An important concept in understanding the behaviors both of individuals and organizations is that of reenactment. Reenactment results from failed initial enactment and integration. It occurs when the environment can help heal or not respond. It is result of arrested grief and the inability to process or make meaning.

Bloom and Farragher maintain that many social service organizations are in a state of chronic lack of safety and hyperarousal. Chronic crisis brings chronic hyperarousal. This creates a crisis in human services. Some of the things contributing to this hyperarousal are workplace violence, workplace aggression and bullying, client suicide and the strains of child protection. The ability to think with complexity compromised. We see hypervigilance and distortion of events. Decision making deteriorates and becomes more authoritarian. Workers experience the loss of social immunity, thwarting basic needs of connection, safety, autonomy, and competence. Mistrust is triggered: between workers and administration and between staff members. The administration becomes less trusting of staff. The organization develops a blame culture, and individual dissent is silenced. Individuals feel moral distress, but do not talk about it. The stress is cumulative, and results in loss of emotional management abilities. Bloom and Farragher introduce the concept of emotional labor, which is the task of controlling and using one's own emotions in a job, inducing feelings you do not have and suppressing those you do. This type of labor is not valued in society, and can lead to emotional exhaustion. The lack of value may be gender related, as women have traditionally predominated in jobs requiring large amounts of emotional labor. Too much emotional labor without recognition or replenishment can result in emotional numbing, which can be valuable but also can be harmful. It is important to note that emotional labor is also required in management. Chronic stress makes emotional labor more difficult, and thus decreases the containment of anxiety.

"Group think" can also be a result of chronic crisis. This is when disagreement is suppressed and everyone agrees with the leader or strong group members. Group cohesiveness can help in a crisis, to enable effective action. However, it can also be destructive. It decreases good ideas, and produces conformity.

Some organizations become chronically fear based, often because of real dangerous incidents that have happened. Often no one is talking about staff fear. The fear can include the fear of change.
One area of organizational functioning that receives very little attention is that of conflict in the workplace. There is no discussion or training about how to create positive conflict. And yet, there are many dimensions of diversity among the workers. And in congregate care programs, each part affects each other part. Everything that anyone does affects someone else. Emotional intelligence is essential in this complex environment. Workplace conflict includes both substantive conflict and interpersonal
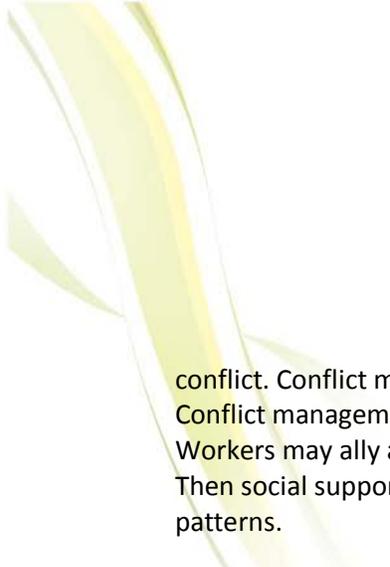
conflict. Conflict management should decrease dysfunctional conflict and increase constructive conflict. Conflict management becomes more difficult under stress, especially when conflict can't be discussed. Workers may ally against an external enemy and be unable to discuss differences among themselves. Then social support deteriorates, chronic conflict impedes learning, and staff repeat old, unsuccessful patterns.

People and organizations cannot learn well when they are experiencing chronic stress. When there is no time for processing, no integration is possible. With staff turnover, wisdom leaves and is not replaced. Instead of learning, people label both the clients and each other. Labeling interferes with knowledge. Diagnosis, for example, can be a way of de-humanizing clients which ignores the role of trauma in their lives. Stress erodes the organizational memory and produces organizational amnesia. No one remembers or understands the reasons for past decisions, and so the organization is unable to use the results of past decisions to make new decisions. It is condemned to repeat its mistakes. Memory can be erased in order to deny pain. Sometimes fear of litigation results in denying or changing memories. We wish to ignore painful experiences and ethical dilemmas. Our record keeping is influenced by our need to record what results in getting our paid. There is no time or value given to formulation or complex understanding of clients. Secrets kept for whatever reasons impede learning.

All learning is affected by emotion. Silencing dissent results in poor decisions. In a study of airline accidents, it was discovered that crew members were often aware that bad decisions were being made, but did not speak up because of the hierarchical organization of the plane's staff. Elaborate training has been put into place to teach the essential need to speak up even to your Captain. Do we need similar training in social service organizations?

Communication is the life blood of every organization, both within the organization and with the outside system. Often both are besieged with miscommunication and conflict. One source of problems is differing mental models about what creates change and the best way to heal clients, and this is made worse by not being discussed. Social services have inadequate information systems. Electronic communications promise to make things easier, but introduce their own difficulties. The larger the groups, the more likely that errors in communication become.

Stress alters communication. Under stress, people are more likely to resort to secrecy, one way communications, narrowing of focus, more control measures and elimination of complex team discussions. Rumors abound. Organizations can develop issues that are undiscussable: problems people are afraid to go near. This avoidance is designed to prevent distress but causes more distress. Stress altered communication can give rise to organizational alexithymia, which is the inability to give words to feelings. It is a collective disturbance and an organizational dissociation. It produces a profound disturbance in communication acted out without awareness. Conflict is felt but undeclared; people withdraw from each other; mistakes increase. Bad feelings increase; there is a sense of impending doom. People may begin blaming each other. Unfortunately, this state of affairs can become chronic.

One reaction to organizational trauma is an increase in authoritarianism, disempowerment and learned helplessness. This happens because control is an adaptive response to fear. Everyone wants power. The more afraid you are, the more you push for power. Helplessness produces shame; blaming others protects the self. Trauma incorporates an experience of helplessness and lack of control; organizations at times replicate that experience by promoting learned helplessness in staff and in clients. This can result from a hierarchical, bureaucratic organization; from excessive external control (as from managed care); from excessive risk avoidance; and/or from reliance on diagnosis rather than a more complex understanding of the client. Chronic crisis calls forward centralized control for terror management. Democracy is fragile under stress. Threats lead to pulling together and suppressing dissent and to authoritarian behavior. Helplessness permeates the system.

What are the problems with authoritarianism? It leads to response styles from those managed such as submission, aggression, conventionalism, and a decrease in critical thinking.

Another distortion of power is bullying in the workplace, which is rarely discussed. In this situation aggressive staff are able to control the clients and make others feel safe. So people are reluctant to intervene when they intimidate and threaten other staff. They can become toxic leaders and petty tyrants.

True democracy with real participation is not easy to create or maintain. Some of the barriers are the size of the organization, time constraints and the fragility of democracy. Some organizations settle for bogus empowerment in which there is a lot of talk about participation but no real power for employees. Bloom and Farragher point out that an unexamined area of social service systems is the role of punishment, revenge and injustice. The urge for revenge is common in humans, and starts early in life. It is self justified violence. Revenge is often involved when good people do bad things. Anything that increases dehumanization, the separation of "them" from "us" increases the possibility of punishment. It can become a form of sanctioned perpetration.

In one sense, social services workers are bystanders to the pain of others. This can be a difficult role, and it is natural to try to avoid the victim's pain. We tend to devalue the victim to reduce our experience of pain, through denial and labeling. But the bystander pays a price. An ever increasing cycle of passivity can take place.

In addition to justice and revenge between individuals, there is organizational justice and injustice. There are two types of organizational injustice, procedural and interactional. Some areas in which justice and injustice can take place are the reward systems, decisions about layoffs, and performance appraisals. All the areas involve trust and emotions. When workers sense injustice, they retaliate. Their interpretation of what is fair is influenced by their group. Felt injustice destroys trust and damages relationships, and can result in workers causing delays, subverting processes, or harming others.

What about the use of punishment in the workplace? Again there is a parallel between the treatment of staff and the treatment of clients. Punishment is a response to lower performance, used instead of putting in positive supports which would enhance job performance. It is not effective, partly because it is often not close in time to the offense. Punishment can be a form of revenge. In fact, rewards, not punishment, correlate with improved performance. Then there is the fact of punishment for behaviors that the organization encouraged and set up. An example of this would be an employee who is encouraged to work many shifts in a week then punished for impatient behavior. Another example is the agency's reliance on the aggressive employee. Because social service jobs are so complex, ethics in the workplace is essential. And yet evidence shows that reliance on punishment develops low ethical functioning. It is hard to find compassion in stressed conditions. Can employees be expected to do the right thing on their own? Or is the focus on control, and the rules focused on least common denominator? A cycle of deteriorating moral functioning can occur.

Bloom and Farragher identify that as workers are caught amidst all these stressors, they may experience a cycle of unresolved grief, reenactment and organizational decline. They experience a loss of attachment in the workplace. It is hard to accept the reality of the losses from turnover and agency changes. There may be ambiguous losses, loss without resolution, people who just disappear with no explanation. Disenfranchised grief is grief that is not recognized by the community, but is nevertheless real for the person. These losses create complicated mourning. They can include the loss of past functioning; significant losses caused by organizational change; loss when someone is fired; loss of intimacy caused by growth, changes in structures or downsizing; and deaths and other sad experiences. Unresolved mourning can set the stage for traumatic reenactment: never having to say good bye. There is re-enactment of personal traumatic pasts, and there is also collective reenactment. Reenactment is especially likely when past events that have evoked shame or guilt.

Throughout all these events little time or attention is given to the experiences of the employees. Not addressing complex loss leads to acting it out. Employees develop vicarious trauma and are more vulnerable to unexamined countertransference responses. A cycle of organizational decline, chronic disaster and permanent failure can result.

Through the Sanctuary Foundation Bloom and Farragher are creating a new operating system and restoring Sanctuary. Their method relies on the Sanctuary Commitments, which are commitments to:

> Nonviolence
> Emotional intelligence
> Social learning
> Open communication
> Democracy
> Social responsibility
> Growth and change

These commitments are universal and apply to all within the organization.
The Sanctuary model focuses on SELF
Safety
Emotional management
Loss
Future

Bloom and Farragher promise to offer more detail about this process in their next book.