Sanctuary Trauma

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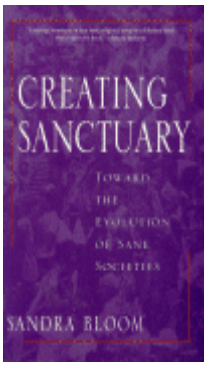
We first started calling our inpatient psychiatric program "The Sanctuary" around 1986 after reading a description of something termed "sanctuary trauma". First described by Dr. Steven Silver in one of the first papers about the inpatient treatment of Vietnam War veterans, he defined "sanctuary trauma" as that which *"occurs when an individual who suffered a severe stressor next encounters what was expected to be a supportive and protective environment"* (p.215) and discovers only more trauma [1].



The concept of the Sanctuary spring-boarded from this idea when we recognized that many patients who had come into psychiatric facilities and other social service environments expecting help, understanding**,** and comfort had found instead rigid rules, humiliating procedures, conflicting and often disempowering methods, and inconsistent, confusing, and judgmental explanatory systems. This led to a rethinking of the basic assumptions upon which we base treatment and a formulation of our treatment approach as "*The Sanctuary Model"* requiring radical changes in our mental models for understanding our work and the world around us [2].

Organizations are living complex systems and as such are vulnerable to the impact of trauma and chronic stress. As a result of acute and chronic organizational stress, destructive processes occur within and between organizations that mirror or "parallel" the processes for which our clients seek help. The result for them is "sanctuary trauma" while the result for providers of service is a collective kind of trauma as the organizations within which we work cease fulfilling a fundamental social role, that of containing anxiety in the face of death, suffering, defeat and uncertainty. In such cases, social defense mechanisms come to dominate whatever therapeutic activity is supposed to be occurring in the social service environment. However, these parallel processes can be named and understood within the context of our present knowledge of individual and group psychology.

It is interesting to wonder how many people come into health, mental health and social service environments expecting emotionally intelligent, caring environments and find instead sanctuary trauma. Such exposure is likely to be a significant contributor to the workforce crisis that faces the human service delivery system as a whole. Events that cause sanctuary trauma in the clients do not just affect them, although they are likely to suffer the most direct harm. The staff members directly involved, those who are indirectly involved, and the organization as a whole suffer "collateral damage" – they are affected by such events as well.

In this way, trauma becomes collective. In the case of whole organizations, the concept of "collective trauma" is a useful one. Kai Erikson has described collective trauma as *"a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of*

communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with 'trauma'. But it is a form of shock all the same, a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared… 'I' continue to exist, though damaged and maybe even permanently changed. 'You' continue to exist, though distant and hard to relate to. But 'we' no longer exist as a connected pair or as linked cells in a larger communal body" (p.233) [5].

References

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