BUILDING A FUTURE WORTH SURVIVING: *REFLECTIONS AND SYSTEM CHANGES FOR TRAUMA*

PAST EXPERIENCES, PRESENT REALITIES, FUTURE GOALS

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WHERE WE HAVE BEEN

In preparing for this meeting, Dr. Geffner asked us to review twenty years of changes in the field and comment upon those changes. Twenty years ago my colleagues and I were just beginning the creation of a trauma-informed short-term inpatient treatment program that came to be called The Sanctuary. In 1980 we had created an open voluntary, acute care inpatient program and around 1985 our patients began teaching us that we were missing the boat – that in our treatment formulations and planning we were failing to take into account – or were discounting – the importance of understanding past traumatic experience as an etiological force in the development of their problems. When we started to pay attention our lives radically changed. Over the next twenty years we treated thousands of trauma survivors, most of them suffering from some variant of "complex PTSD" while their diagnoses reflected the entire spectrum of the DSM-IV. We watched "miracles" occur, as people – men and women many diagnosed as chronically mentally ill - became committed to the process of recovery and turned their lives around. These miracles were not the result of our expertise, since in the early years of understanding the issues around trauma treatment we were in "beginner's mind" – learning as much from our patients as they were learning from us.

Radical changes occurred in the patients when they were offered a different and coherent cognitive framework to understand their lives and their problems – a trauma-focused approach. The way we came to represent this change as it

was reflected in us was a shift in the fundamental presenting question from "what's wrong with you?" to "what happened to you?"

In making this shift, the shame of being a social deviant that is associated with virtually every psychiatric diagnosis, was alleviated and removing that barrier enabled our patients to more willingly experience compassion for themselves and others while simultaneously increasing their capacity to assume more responsibility for their own recovery. As we began to see them differently – not as "sick or bad" people radically different from ourselves, but as injured human beings who had actually survived and coped with torturous experiences – our role expectations of them and of ourselves shifted radically as well. Together we learned what it means to truly "create Sanctuary" (Bloom 1997).

In retrospect, we began to recognize that we had made what Thomas Kuhn has called a "paradigm shift", a transformative change in the basic mental models upon which we understand and grapple with the nature of reality (Kuhn 1970). This shift allowed us to see our patients as courageous survivors who had gone astray, who had learned to adjust to adversity and who were going to need to learn how to readjust to healthier conditions. We came to see ourselves less as healers or fixers and more as educators and mentors.

We soon found out that we were not alone in this process of discovery. In 1984, Family Violence and Sexual Assault Institute conference was convened for the first time; the first meeting of the International Society for Traumatic Stress was held in 1985 and not too long thereafter, the International Society for the Study of Dissociation also began to meet; Bessel van der Kolk began his series of annual meetings in Boston. Opportunities such as these allowed people with similar interests and insight to meet together from all over the country and around the world and share information with each other. There was a tremendous passion around the excitement of discovery. The movement was multidisciplinary, focusing on every survivor group with people at first sharing anecdotal information and personal testimony and then later sharing research findings. There was a remarkable passion and excitement – the thrill of discovery – even though what we were discovering was exceedingly hard to bear. At meetings, we would go to restaurants and watch other diners move away from the people having the very torrid and disturbing conversations about sexual abuse, and torture, Holocaust survivors and domestic violence – subjects that "normal" people never discussed.

As clinicians, we began to see the mark of trauma everywhere, in ourselves, our systems, and the world around us and came to recognize the true "parallel process" nature of reality as patients reenacted their experiences with us, we reenacted with each other, and history kept being repeated in the world around us. I met a child psychiatrist who became a good friend at one of Bessel's early meetings when he stood up and said, "'Look, isn't it obvious, the whole damned country has PTSD"! In a multitude of dramatic ways, our

patients demonstrated to us that the personal is indeed political, that there were social, economic, and political contexts within which their injuries had occurred, raising awesome issues of personal and ethical responsibility and accountability.

As research kept flooding in, supported by our own experience and observation, it also became evident that the vast majority of psychological and social pathology is related to a past history of trauma, that a substantial proportion of physical illness is likewise related, and that most of the clients in virtually every other social service system have a similar history. The statistics on the number of people exposed to overwhelmingly traumatic experiences, taken together, mean that there is resident in the population at any point in time, a large pool of traumatized people as well as friends, relatives and colleagues who have been affected by them. People who have survived traumatic experiences are not just in psychiatric hospitals, prisons, or homeless shelters. They are doctors and lawyers, judges and teachers, mechanics and truck drivers. They serve in the military and they serve in the Peace Corps. They run businesses and lead governments. As a consequence, it became obvious that one-to-one psychotherapy would never be able to reverse this situation AND that most of the pathology we all have to address was at some point in time PREVENTABLE.

However, at the same time as we were experiencing this seismic shift, the prevailing world, based on a very different paradigm was making it increasingly difficult to act on our intentions. In his description of a paradigm shift, Kuhn had described what we were experiencing. A new paradigm is always resisted by those who are strongly committed to the old paradigm. The last time such a shift occurred – in Galileo's day -, some scientists were literally burned at the stake. It is no longer necessary to go to such obvious extremes - for the most part. Now it is sufficient to cut-off funding and in doing so, it is possible to arrest, or at least delay, the dissemination of knowledge and ideas. Over the course of those twenty years, we had to move our program five times in order to survive despite an excellent clinical reputation and providing a lucrative financial benefit to the hospitals where we were located. We discovered that although we were able to provide Sanctuary for our patients, there was no Sanctuary for us. Whatever system we were in, we were always a counterculture. We didn't treat patients as inferior beings who behaved like disobedient children, we did not lock our doors, we did not use seclusion and restraint, and our patients frequently got better, even without drugs. As these radical differences became more obvious in each hospital, we had to be extruded. We finally closed the program in 2001 when it became ethically impossible to continue to say we were doing what had become impossible to do – give our patients the tools they needed to recover. Our story was typical. Trauma programs grew and thrived in the 1990's and most had closed or were severely limited a decade later.

And it wasn't just inpatient treatment that suffered. Outpatient treatment, under the aegis of managed care, has been reduced to only a semblance of what can be called treatment, particularly for the poor. Academics often found that trying to institute trauma-informed change in university settings and

obtaining funding for critical research in the field became difficult and in some cases, even derailed careers.

And then there were the internal conflicts that arose in the field. Human beings, passionately committed to the pursuit of conflict, cannot exist in groups for long without finding ways to divide themselves so people avidly pursuing research in trauma entered into conflicts with clinicians; people involved in treating dissociative disorders began having sometimes bitter feuds with people involved in treating PTSD; people involved in focusing on adult trauma ignored those involved in treating children; domestic violence advocates engaged in interminable conflicts with child advocates and wanted nothing to do with mental health providers; people endorsing biomedical responses to trauma treatment began condemning unconventional, nonmedical forms of treatment – and so on. The False Memory Syndrome debacle produced an unhealthy and unfounded fear in the general community about even asking questions about abuse and trauma.

WHERE WE ARE NOW

I have some strong feelings and serious concerns about where we are now. Rife with internal conflicts and squeezed by external opposition to change in the form of social policies that endorse increasingly less support for social causes or human welfare, a privatized insurance and medical system, and research funding aimed exclusively at genetic and biological causality, the important findings of trauma studies have kept coming in but still remain largely confined to us and we find ourselves frequently preaching to the choir. And given the pressures to make a living, to keep one's organization alive, to attend to one's patients – and just to live in the pressured world of the late twentieth and early twenty-first centuries – few of us have had the time, energy or resources to mobilize a response that fully addresses the implications of what a trauma-informed understanding of the world REALLY means.

I do not believe it is a coincidence that just as we finally uncover a framework of meaning that can help psychiatric patients, substance abusers, and even criminals, throw away the deviant role and pursue more meaningful lives, the System "bites back" and makes it exceedingly difficult to even provide a minimum of care. I do not believe it is a coincidence that twenty years later, most university training programs – in medicine, psychiatry, psychology, social work, criminal justice, nursing, administration – still have done little to incorporate what is REVOLUTIONARY knowledge about the impact of trauma into their programs. It is not a coincidence that around the country, mental health dollars have been shifted to penal systems.

Keeping deviants deviant is too important to the existing cultural milieu. Deviants help a society contain anxiety by serving as the social scapegoats for distressing conflicts. Keeping individual pathology separate from the conditions that create that pathology is a critical component to maintaining the socially repressive version of malignant capitalism that presently dominates our social and economic environment. Maintaining an underclass with vast inequity between those at the top of the pyramid and those at the bottom likewise is a requisite of the system.

Maintaining such inequality can ultimately only be handled by force. The willingness to engage in the wanton massacre associated with modern warfare depends on having soldiers who are willing to serve as fodder for modern cannons and these can be readily provided by a cultural underclass so personally and/or socially stressed, abused and neglected that their alternatives are limited and their acquaintance with traumatizing circumstances only too familiar. Maintaining a belief system that guarantees victims will blame themselves and will be most likely to take out their aggression on their neighbors, not their bosses, minimizes the threat of internal civil disobedience and even civil war.

Believing that childhood behavioral disorders are related to biological, genetic disorders that can be – or someday will be – cured by drugs, relieves a society of attending to the overwhelming needs of stressed middle class, working class, and impoverished parents who are working harder and longer than their own parents. Focusing attention only on physical safety for the individual, and refusing to contend with the true complexity of what it takes to create safe environments - psychological, social, and ethical safety in combination with physical security - justifies the lucrative expansion of the prison industry, massive "security" operations, the repression of civil liberties, and the continuing obeisance to the gun industry.

It also provides a rationalization for reducing regulations aimed at protecting worker health, disassembling environmental protection acts, and squandering social wealth on militaristic pursuits. Continuing to maintain the notion that body/mind/and spirit are all separate, mechanistic, and even predetermined components of what is considered little more than a machine protects insurance companies; managed care companies; and medical, pharmaceutical, psychiatric, social service, and even religious institutions from the loss of respect, loss of income, and even the loss of viability that could accompany progressive change.

 The bottom line about what trauma studies has taught us is that there is another war waging in this country besides the war for oil and it is a war of ideas. In many ways the war in Iraq serves as an unfortunate externalization and projection of our own civil war. Will we decide as a species, that survival requires us to lay down our arms, curb our aggression, tame our belief systems and honor the interconnected nature of all reality? Or will we continue to reenact an ever more apocalyptic alternative? I, and probably most of the people speaking at and attending this conference are warriors in this battle of ideas. It is an inevitable consequence of identifying with the victim instead of with the perpetrators.

From what I have seen, the war of ideas is being fought now in every community, every institution, and even every treatment team around the country. It is a movement that has its roots in the social activism and revolt of the 1960's but that lacked a conceptual, scientifically grounded framework until evidence-based, trauma-focused studies emerged.

Everywhere, the issue of traumatized populations and what it means for service delivery is being raised by someone within each system. Sometimes it is a survivor who spearheads engagement with the subject and compels others to at least to begin asking different questions. Sometimes it is a therapist, or a pediatrician, a police chief, or a prison guard, a city councilman or a Mayor. If

they are fortunate, they find others who are willing to listen and engage with them in meaningful change. Even if this change is only at their own microlevel, it still serves as an experiment that can add to the body of usable social knowledge and experience. If they are even more fortunate some of those others who are willing to listen have sufficient power and influence to provide the resources necessary to make change happen. If they are not so lucky, they are likely to burn out, give up, and turn away, yet another casualty of this war of ideas.

Our war is particularly difficult because in the intervening forty years since the last movement toward social revolution, the systems created to serve have become exceedingly fragmented, tortured by funding cuts, self-mutilating and engaged in seemingly endless internal conflicts over arguments only slightly more important than how many angels can dance on the head of a pin. Reminiscent of what happens to traumatized families struggling to just survive, many of our helping systems have lost sight of their mission. Many systems have become co-opted by the enemy, collaborators in the worst sense of the word by reinforcing the notion that people – even children - are helpless, hopeless, and cannot really be expected to recover.

WHERE WE NEED TO GO

It is time for child advocates and adult mental health workers to form alliances, for domestic violence advocates and child protection workers to lay down their arms, for mental health providers and parenting programs to share their wisdom with each other, for psychiatrists, psychologists and social workers to stop fighting with each other and recognize that there is indeed an enemy and we had best stop behaving as if the enemy – in the immortal words of Pogo (for those old enough to remember Pogo) - is US.

Trauma theory provides us with an underpinning for a more ecologically sound, democratic, holistic worldview. This is the progress that has been made in twenty years – that we have something clearly worth fighting for, worth uniting around with people all over the world. We know now – in unequivocal terms – that human beings often suffer dire, life-long, multigenerational consequences of exposure to repetitive, overwhelming violence, particularly when they are insufficiently protected as children. We know now that whole cultures can be traumatized and we are learning about the impact of such trauma on individuals as well as the culture-as-a-whole. On the other hand, thanks to international work, we know now that war may not be inevitable, that it could be possible for even terribly ravaged people and groups to heal and become whole, even to find ways to reintegrate the perpetrators back into the family and the culture. We know a great deal about the circumstances that promote such healing. And every day we are expanding our knowledge in developing skills that support recovery.

The trickiest part of winning this war of ideas is that it must be waged nonviolently. Ends do not justify means and since the dominant paradigm that must be overthrown - if we are to survive as a species - can only be maintained through the continuing practice of violence, deceit, hypocrisy, superstition, silence, and oppression, our way must be one of nonviolence, truth, integrity, science, freedom, and democracy. We have to win our enemy over instead of winning against him. That will require enormous courage, perseverance, humor, patience and creativity. It will also require unity among us. Remember,

as Benjamin Franklin said, "we either hang together or surely we will hang separately".

Since my program closed, I have closed my practice entirely and have been devoting myself to working with systems as my focus of intervention. I wanted to find out if "creating Sanctuary" could be taught. We have been applying the Sanctuary Model in residential treatment settings for children, group homes, child protection services, residential substance abuse programs, domestic violence shelters, homeless shelters, parenting programs, schools, victims' service agencies, acute care psychiatric settings, and state hospitals. In the upcoming year we will be opening a Sanctuary Leadership Training Institute in New York to teach organizational leaders how to create trauma-informed systems.

In the process of all this, I have learned a great deal about all kinds of systems and how they interface with each other. I think that in the early years, many of us thought that scientific discovery alone would be enough to change systems. Science is necessary but NOT sufficient, and certainly as we have seen in the last four years, systems can change in a way that directly counters everything that science has to offer. Change is going to require concerted, strategic social action and political engagement. The trauma field has provided the scientific underpinning for the human rights movement and somehow we have to bridge the gap between science and activism and offer our knowledge as an invaluable weapon in the war of ideas to those who can effectively use it.

Survivors of trauma do not commit themselves to recovery because someone else frightens them into it. Certainly, fear may play a role in the urgency of their decision making, but ultimately the individual survivor makes transformative change because little by little he or she begins making different choices, fans the fires of hope, and begins to envision a different future than the one predicted by past behavior. There is in that process, guidance for all of us. We need to fan the fires of hope for each other. Together we must envision a different future than the solitary, deadly, and frightening future our present leaders would have us endorse. In 1953, Maxwell Jones, one of the founders of the democratic therapeutic community wrote: *In the field of mental health, most attention has been given to psychotherapy; some to mental hygiene, but very little as yet, to the design of a whole culture which will foster healthy personalities.* This is the work that still needs to be done, this is the work of the next generations – to design and build a future that is worth surviving.

HOW CAN WE GET THERE FROM HERE?

Given what I know now about the dynamics of trauma, we live in a culture organized around – and busily reenacting – the unresolved traumatic experiences of the past. For me there is no more important goal than trying to figure out how everything we have learned from trauma survivors over the last twenty years can influence the current of events that is driving all of us to a future that is unsustainable – to cultural suicide.

Such a change requires institutional, economic, and political change that must be so rapid and dramatic that such change can only be termed "transformation". I will not pretend to be able to give a recipe for that anymore than I can tell an individual survivor how to recover from their own individual hell. There are, however some guidelines I can offer from what I have learned thus far. For the last five years, my work has led me to experiment with change

– and perhaps even in some cases the beginning of transformation – in several organizations.

What has emerged from experience with various therapeutic and social service settings is a plan, process, and method for creating trauma-informed, democratic, nonviolent cultures that are far better equipped to engage in the innovative treatment planning and implementation that is necessary to adequately respond to the extremely complex and deeply embedded injuries that children, adults, families and whole cultures have sustained.

The aims of the Sanctuary Model of Organizational Change are to guide an organization in the development of a culture with seven dominant characteristics all of which serve goals related to trauma resolution and that model good parenting skills – and all of which contain cultural characteristics that everyone needs, regardless of the level of trauma one has experienced:

- Culture of Nonviolence – helping to build safety skills and a commitment to higher goals

- Culture of Emotional Intelligence – helping to teach affect management skills

- Culture of Social Learning – helping to build cognitive skills and address complex problems

- Culture of Democracy – helping to create civic skills of self-control, self-discipline, and administration of healthy authority

- Culture of Open Communication – helping to overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries

- Culture of Social Responsibility – helping to rebuild social connection skills, establish healthy attachment relationships

- Culture of Growth and Change – helping to restore hope, meaning, purpose and a vision of a sustainable future

We don't have to throw science out. The impact of creating a trauma-informed culture should be observable and measurable. The outcomes we would expect to see include:

- Systemic understanding of complex biopsychosocial and developmental impact of trauma and abuse and the impact on parenting, with implications for response

- Less victim-blaming; less punitive and judgmental responses

- Clearer more consistent boundaries, higher expectations for social behavior, linked rights and responsibilities

- Earlier identification of and confrontation with aggressive behavior

- Better ability to articulate goals and create strategies for change

- Understanding of reenactment behavior and resistance to change

- More democratic environment at all levels and therefore superior methods for creatively addressing complex problems

- Less violence including physical, verbal, emotional forms of violence within the setting.

Creating culture is a process that compels a system to redefine itself, to review its basic assumptions, the mental models upon which everything else is built. A previous President of the University of Pennsylvania, Dr. Gregorian, has said that, "to change a system you have to be either a loving critic or a critical lover". It is necessary to ask some very difficult questions of ourselves and each other, questions that parallel the very challenges we ask trauma survivors to surmount.

I have been in medicine so long now that I automatically use acronyms to organize my thoughts. The acronym we use to organize treatment with adults is SAGE. SAGE stands for S = Safety, A= Affect Management, G=Grieving, and E=Emancipation. Conveniently, it is also a word for wisdom and borrowing from Native American tradition, an herb used for healing and protection. The first three letters stand for three fairly standard tasks of trauma recovery – being able to maintain safety, achieving the ability to manage emotions, learning to tolerate and working through loss, particularly the loss involved in any kind of change. The fourth letter, E=Emancipation and represents the "vision thing". We consider imagining a different – and better – future as critical to even beginning the process of recovery. In our experience, perhaps above all else, the capacity for imagination is dangerously paralyzed as a result of traumatic experience and engaging and nourishing that capacity is critical to gaining the strength necessary to do the difficult and painful work of healing.

To create culture in our workplaces, our homes, our organizations we need to ask – and help other people ask, "are we Safe with each other?" But unlike the focus on safety that appears to be directing our current political climate, safety does not just mean physical safety. An exclusive focus on physical safety does not create a secure environment – it just gets you a prison. Physical safety can only be attained by addressing the other three domains of safety – psychological, social and moral safety. Are we psychologically safe - is our identity safe with each other? This means addressing issues of diversity, bias, racism, gender equality, economic injustice, multidisciplinary integration, as well as integrating survivor voices into our systems.

Are we socially safe with each other? What happens when we get together in groups? What kinds of leaders do we support and nurture? What is expected of followers? How do we handle stress when we are together? Under stress do we sacrifice complexity for the illusion of security, becoming in the process increasingly extremist, repressive, and impulsive while silencing dissent? Do our pressures on each other to conform lead us too often into the treachery of groupthink?

And are we morally safe? Where do our belief systems logically lead us? Do we walk the talk or do we just talk it? After all, hypocritical behavior is so much less demanding than walking a path of moral integrity, but as we can see in the world around us, hypocritical behavior provides a dangerous slippery slope spiraling down into a pit of deceit and delusion.

How do we manage affect? Organizations manage affect through the problem solving, decision making, and conflict resolution techniques that are employed. Do we have internal dictators to whom everyone else must be obedient? Or do we use a democratic, participatory style of leadership that allows us to tolerate the uncertainty that inevitably accompanies creative attempts to solve complex problems? Do our decisions reflect multiple points of view? Do we confront and resolve conflicts or do we avoid and suppress conflicts or split into separate camps? Do we insist on transparency or under stress, do our hierarchies become more rigid, does secrecy increase, do bosses become more controlling and followers more passive?

Like individuals, organizations suffer losses and need to grieve and organizations also resist change because change inevitably means loss, even if ultimately there is gain. The failure to grieve arrests healthy development in individuals and groups and leads to various forms of aggression. National grieving after the World Trade Center disaster was interrupted by the madness of war, directed by leaders who cannot tolerate painful emotions. Externalizing conflict is a tried and true method that organizations routinely use to avoid dealing with painful internal conflicts and erosions of basic moral safety.

In the past twenty years I have witnessed thousands of survivors imagine a better future for themselves and watched them heal. I have seen less evidence that our professions have engaged in the same and virtually no evidence that mainstream America can even dare to envision anything except a steady dwindling of any options except Apocalypse, which now presents itself in so many different and dramatic forms: Environmental Collapse; A New Ice Age; Nuclear Terror; Biochemical Warfare; Global Famine; The Perfect Storm. This is the nightmare future we are busily creating for ourselves as a society – as a civilization – everyday. And we think the people in mental hospitals are crazy???

So, where do we need to go? Where we need to go we cannot go alone. We need to clean up our own houses, attend to changing what needs to change, and reach out to colleagues in other fields of endeavor.

- Legitimate survivors: Support the mobilization of a survivor movement and integrate the voice of survivors into our settings

- Disseminate notions of "therapy" outside of the one-to-one box and then introduce that "therapy" into domestic violence shelters, homeless shelters, schools, day care settings

- Permeate the politics of our own settings and structures with the implications of trauma theory – walk the talk.

- Educate everyone who will listen – take any opening you can get – police, courts, schools, child protection agencies, parenting programs, domestic violence programs, victims services programs, district attorneys, family physicians, insurance companies, employers.

- Desegregate the discourse: Make clear connections between child abuse, family violence, criminal victimization, substance abuse, homelessness,

poverty, prostitution, exploitation, and vast destruction of the environment.

- Penetrate academic settings: get this knowledge into training programs at every level.

- Populate the press: write letters to the editors, make friends with journalists, do op-ed articles, write a column, get some face time, learn how to do it properly.

- Legislate the issues: write letters, make visits, engage in discussions with political leaders, support candidates, learn how to lobby.

- Infiltrate funding streams – federal, state, county, foundation, private funders.

We need a think tank to help formulate a progressive agenda. If and when a true progressive movement gets off the ground, trauma specialists need to be at the table. We need to find ways to integrate our knowledge with political scientists, community activists, philosophers, sociologists, biologists, architects, educators, anthropologists, physicists, theologians and all the rest. In an ever more fearful and threatening environment, what we know now about the multigenerational impact of trauma and the contagious ways in which fear can be used to manipulate a family or a nation may in the end be our only bulwark against the spread of national and global fascism.

References

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