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## Special Feature Article

### Emotional Labor and Trauma in Psychiatric Care: Trauma Island Model

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#### Abstract

In recent years, concepts of trauma-informed care have been taught and applied in many fields and medical schools. To help guide this development and to prevent burnout in the care of our patients in psychiatry, "Trauma Island Model" is proposed, representing the state of silence and social/emotional isolation. The trauma island is a ring-shaped island solely made up of land surrounding an inner sea symbolizing silence, and the struggle people face when sharing traumatic experiences that are intense or stigmatized in their respective society. This model integrates various aspects of trauma by employing three metaphors: GRAVITY (symptoms/reactions in response to trauma), WIND (interpersonal conflicts and uncertainty), and WATER LEVEL (societal misinterpretation and nonacceptance). Using the framework of this model, the care for patients with disabilities is discussed. Many victims of the Sagamihara stabbings in 2016 had severe intellectual and/or behavioral disabilities which led to the loss of their voices, sunk in the Inner Sea. But their care workers also had little opportunity to talk about their emotional burden and trauma in caregiving. As a comparison to this event, the care for the victims of sexual violence is analyzed using the same model. The limited financial, human, and social resources are common in both instances and highly stigmatized in many societies. On both Islands, the Gravity is strong, the Wind is everchanging, and the Water Level has always been high. Lastly, recommendations are discussed to reduce compassion

fatigue and burnout for the care workers who are exposed to extensive emotional labor and trauma in psychiatric care.

**Keywords:** trauma, trauma island model, emotional labor, care for the disabled, sexual violence

## Introduction

Difficulty verbalizing a past event or situation is a telltale sign that a person may have experienced a traumatic event. The "Trauma Island Model"<sup>7)</sup> that the author published in 2007 envisages a ring-shaped island with an inner sea (Figure 1) that symbolizes the struggle of talking about trauma. The Japanese word for this island is *kanjō-tō*, also included in the title of the seminal book written by the author. The Trauma Island Model (abbreviated to Island Model thereafter) is useful for organizing the positionality of people in relation to trauma, involving both the survivors and their supporters. It exemplifies the relationships between survivors and their supporters, and interestingly, relationships among survivors, as well as those among supporters. This model can also be applied to the emotional labor and trauma experienced by providers of psychiatric care, reframing experiences such as burnout and empathy fatigue in the field.

## I. The Island Model and various positions

This model symbolizes the absence of narrative using the Inner Sea (Figure 2).<sup>9)</sup> The center of the Inner Sea is the hypocenter, or the core of trauma. The dead and those who cannot speak out remain in the Inner Sea. The severity of trauma is typically correlated with the subjective difficulty of its disclosure. On the Inner Slope of the Island are survivors who have managed to climb out of the Inner Sea and are now able to speak out. On the Outer Slope of the Island are those who have ascended from the Outer Sea to offer support, having gained an interest in the event.

Those who want to share their trauma and raise their voices leave the Inner Sea and head up the Inner Slope towards the Ridge. Supporters attempt to offer a hand from the Outer Slope, but concurrently there is a danger that they themselves may roll down the Inner Slope and sink into the Inner Sea. Also, in the Outer Sea, there are bystanders, people who are indifferent, and people who are not aware of the event.

On the Island, three forces: Gravity, Wind, and Water Level, are in effect. "Gravity" refers to the reactions and symptoms caused by trauma, including post-traumatic stress disorder (PTSD) and depression. Secondary symptoms can also include a decline in self-esteem and disturbances in interpersonal relationships. Whether on the Inner or Outer Slopes, solely being on the Island can be mentally and physically draining, interfering with the ability to speak out.

"Wind" refers to the confusion and conflict that arises between survivors and those around them, and the misunderstandings that occur in human relationships. In relation to trauma, there are often conflicts between survivors and those who provide support, victims comparing the severity of their damage with each other, and survivor's guilt if they were the only ones to survive. The effects of Gravity and Wind constantly obstruct the people with trauma from recovery and push them back into the Inner Sea. Supporters may also be forced back into the Outer Sea or inadvertently pulled onto the Inner Slope of the Island.

The third force acting on this Island is the "Water Level." This represents societal biases, intolerance, incomprehension, and denial of trauma. In the case of a disaster or an incident that attracts the attention and sympathy of a large community, the

Water Level will fall. Whether a victim or supporter receives help markedly depends on the nature of society as a recipient of voices and provider of support. If we lower the surface of the water, more people can breathe and speak out; as a result, victims' activities become more effective, and the circle of support widens.

## **II. Support for people with disabilities and the Island Model**

There are various forms and severities of mental disorders, and the nature and symptoms of such disorders are diverse. The method in which symptoms are categorized and what is considered a disorder changes over time affected by, but not limited to, changes in societal standards, research, technology, political climate, etc. The paternalistic approach of doctors diagnosing and treating patients has been criticized by medical anthropologists and academics of other disciplines alike. In recent years, people with disabilities themselves have also begun to raise their voices through their own movements, and there has been progress in the field of "tojisha-kenkyu" (research conducted by people with disabilities themselves).<sup>6)</sup> Supporters are expected to learn about the perspectives of people with disabilities and consider support and recovery from a patient-centered approach. For example, the "tojisha-kenkyu"

conducted at Bethel House<sup>14)</sup> is well-known, and new considerations are being made to rethink the symptoms of disorders such as hallucinations and delusions in schizophrenia. In the case of developmental disorders, a different perspective can be gained by adopting the perspective of "tojisha-kenkyu."<sup>1)</sup> The idea of "reasonable accommodation" for people with disabilities is becoming more widely accepted in the business and education sectors, but without the participation of people with disabilities, these "accommodations" could lead to companies and schools imposing their own values and perspectives on people with disabilities.

If we think about the activities of people with disabilities, including "tojisha-kenkyu," in terms of the Island Model (Figure 3), we can imagine that such people are scrambling from the Inner Sea up to the Inner Slope. It is important for supporters on the Outer Slope to listen to the voices of people with disabilities to consider accommodations from an equal standpoint.<sup>12)</sup> In addition, promoting dialogue and understanding of disabilities themselves in the community at large is critical to lower the Water Level of the Island.

Of course, not everyone with a disability is able to speak out. "Tojisha-kenkyu" is limited to those who are intelligent with relatively good

communicative abilities. Moreover, the idealized image society portrays of a person with a disability is someone who does not raise any concerns. As a result, for those with severe disabilities, or those with intellectual and/or behavioral disorders, these factors can become the Gravity that prevents them from speaking out and a force to constrain them in the Inner Sea. In the 2016 Sagami-hara disability facility stabbings, many of the victims had severe intellectual disabilities or severe behavioral disorders, and most of them were unable to participate in "tojisha-kenkyu."<sup>3)3)</sup>

Next, the difficulties encountered by supporters of people with disabilities can be identified using the Island Model (Figure 4). Among supporters, there are also those who can and cannot speak up. Speaking up to improve the conditions of people with disabilities requires time, emotional capacity, and pride in their work. When these elements are removed, supporters tend to stop voicing their opinions and provide a limited amount of support.

In the case of disability services, there are often limited human, financial, and social resources, and unfortunately, minimally required care is provided in a situation where there is nothing but shortages. In such cases, the Water Level rises. When supporters sense the Gravity due to excessive workload and

stress, it can easily lead to burnout and cynicism. When there is a persistent lack of resources in the workplace and morale predictably drops, the Wind gets stronger and bullying among support staff can occur. If support staff are working in such difficult circumstances, the quality of care will inevitably decline, and friction can lead to neglect or abuse of people with disabilities. This is especially true when support staff themselves have no voice or few opportunities to have their work recognized for its value.<sup>15)</sup>

In the Sagami-hara stabbings, the perpetrator was a former employee at the facility. While the perpetrator's distorted ideas and actions should never be condoned, it is important to recognize that in cases where supporters are working at the limit of their abilities, the harsh environment can become a breeding ground for abuse and neglect. In psychiatric care, supporters are too often thrown into situations with limited resources, having to take on the unwanted responsibility of acting as an administrator at times. Faced with the reality, they may be overwhelmed by the responsibilities they have to shoulder, or they may be forced to make decisions that go against their own beliefs due to hospital policy or wishes of the family, and suffer morally as a result.

### III. Support for victims of sexual

### violence and the Island Model

Next, in contrast to care for those with disabilities, support for victims of sexual violence meets a different set of obstacles using the Island Model. Regarding research on sexual violence outside Japan, it was not until the 1960s that literature on child abuse began to appear. Also, it was not until 1974 that the term "rape trauma syndrome" was used in reference to rape victims. The diagnosis post-traumatic stress disorder (PTSD) was officially introduced into American psychiatry in the 1980s, and it was not until 1995 that it became widely known in Japan. The data and knowledge of trauma-related disorders in psychiatry has increased over the past decades, and it is now a norm rather than an exception that psychiatrists can diagnose and treat trauma-related psychiatric disorders. There has also been a relative increase in the number of victims of sexual violence seeking psychiatric care, and it has become an urgent matter in clinical practice to be trained to respond appropriately.

Although the number of professionals who provide care for victims of sexual violence has increased, the fact remains that victims are still forced to stay silent in various ways. In the case of sexual violence, in addition to PTSD and depression, symptoms such as self-harm, and addiction can act as Gravity that

causes victims to sink into the Inner Sea. Stigma against victims of sexual violence remains deep-seated, and there are many who cannot confide in anyone, or even if they do, they face prejudice and misunderstanding, being asked: "Why didn't you run away?," which makes the situation worse and ends up silencing the victims. Thus, the Water Level is high, and the Inner Sea is wide and deep. Furthermore, severity comparisons between victims and preferential treatment of certain categories of victims can play the role of the Wind. Victims of sexual violence are often divided into "innocent victims" and "questionable victims" based on various factors such as their sex, occupation, background, and relationship with the perpetrator. Victims of sexual violence committed by acquaintances, especially between couples, can be categorized unfairly as "questionable," and some find it even more difficult to recognize cases of sexual violence involving drugs or alcohol, cases of male victims, and cases of sex workers as legitimate or worthy of support. There have been attempts to clarify these marginalized and dismissed cases by direct support and research,<sup>2)13)</sup> but sufficient understanding has not yet been achieved, and these victims are vulnerable to sinking into the Inner Sea.

The positionality of supporters for victims of sexual violence can be similarly discussed using the Island Model as in care for those with disabilities. Providing minimally required care in a situation where all resources are limited, supporters are exposed to excessive burdens and demands that can easily lead to burnout and low morale. Conflicts and confrontations can arise among supporters, and neglect of victims may result. Almost identical forces of Water Level, Gravity, and Wind are acting in this environment as those analyzed in the Island Model in the care of people with disabilities.

Historically, support for victims of sexual violence was begun by volunteers in the absence of public support or systems. Governmental support for victims of crimes and legal provisions concerning sexual violence were achieved through the dedicated activism of the victims themselves and supporters.<sup>5)</sup> This may be an issue for subsequent generations, as it is important to safeguard public funds and improve the quality and quantity of support, rather than relying on volunteers, to reduce the size of the Inner Sea.

#### **IV. Emotional labor and trauma in psychiatric care**

In previous sections, the position of supporters and difficulties they face were analyzed through the Island Model. Building on this, the concepts of emotional labor and trauma encountered in psychiatric care will now be explored.

Emotional labor in psychiatric care includes the following. Supporters are expected to maintain a calm and empathetic attitude and not hold negative feelings towards the people they support,<sup>16)</sup> but supporters are also subject to a range of emotions. These include feelings of disgust, fear, humiliation, punishment, guilt, shame, and countertransference. Denying these feelings or repressing them cannot only be a burden on the mind and body internally, but can also affect external factors, reducing the quality of care.

In addition, supporters themselves may also suffer trauma, which can be multilayered and complex.<sup>8)</sup> Firstly, they may suffer as witnesses to the suffering of others. Supporters often perpetually witness the suffering of the person and their family and often feel powerless when the person does not improve, or the problems cannot be solved. Secondly, they may suffer in the course of their work as medical professionals. For example, if a patient dies by suicide or they have to listen to the recounting of horrific experiences of violence, the nature of the work may

become a traumatic experience. Verbal abuse or violence from patients is frequent, and as a medical specialty, psychiatrists have the highest risk of being attacked by the patient compared with other specialties.

Furthermore, supporters can also be hurt as "perpetrators." This is known as moral injury, and it was defined only recently. In the midst of the COVID-19 pandemic, with its associated shortage of resources, lack of evidence and knowledge about the novel virus, and risk of infection, it was pointed out that many medical professionals suffered moral injury due to their inability to provide adequate treatment.<sup>10)</sup> In the case of psychiatric medical care, there are times when the job requires workers to take actions that are incongruent with their values, such as being responsible for ordering physical restraint or forced medical treatment. In addition, supporters can be caught in a dilemma and suffer as they are forced to mediate between the differing wishes of patients, patients' families, medical providers, and hospital administrators.

The trauma experienced by supporters is often collectively referred to as "secondary traumatic stress" (STS).<sup>11)</sup> Presentations include PTSD-like, depressive, and somatic symptoms, as well as compassion fatigue, burnout leading to time away from work, and in the worst cases, suicidal thoughts and

attempts. It is essential to remember that these complaints should not be dismissed as individual vulnerabilities. Depending on the situation, STS can happen to anyone, including a doctor, nurse, therapist, etc. Furthermore, a person may not be able to step away from their roles at work easily, and traumatic situations can be prolonged due to various factors.

#### **V. What is “good support” from the perspective of the Island Model?**

Based on the discussion above, what is considered a "good" support system for care providers in various settings? The Island Model (Figure 5) can illustrate three perspectives: lowering the Water Level, countering the Wind, and reducing Gravity.

Lowering the Water Level equates to actively working to improve the workplace environment and larger systems. It is important to understand the situations providers are placed in (e.g., exhaustion due to excessive working hours), and think about necessary resources, review the culture of the workplace, improve the ethos, and prevent the vicious circle. Being an environment where neither the recipient nor provider of support is injured, this is a system where neglect and abuse do not occur; they are not created. Educational efforts and

activism that raise public awareness are also essential to lower the Water Level.

Resisting the Wind signifies encouraging mutual support among supporters and preventing abuse of people with disabilities or victims. The supporters find strength in numbers, enlarging their spheres of influence in supporting each other, and paying respect towards one another, improving morale and welcoming conversations related to different stressors experienced by members of the group. There are many ways to persevere against the Wind, including receiving supervision, or by having a sense of humor and sharing laughter as a form of healing. As shown in the Island Model, the more difficult the case, the stronger the Wind and Gravity and the higher the Water Level rises, creating a landscape posing extreme difficulty in asking for help. The goal is to strive to hear the voices of people with disabilities or victims, and make decisions in a collaborative manner, rather than in a confrontational or hierarchical relationship. It is also important to recognize that society, including members in the community of disabled persons or victims of trauma, tend to seek out ideal images of disabled people, such as cheerful, smiling people who are grateful, or images of "innocent" victims who are completely

blameless, and to be self-aware of this tendency to do so.

Reducing the force of Gravity leads to internal reflection as supporters. It is important for supporters to reflect on their own feelings and how they manage them in their work, as well as why these feelings arise, and challenge the underlying assumptions and reflect on values they hold closely. It is also important to recognize - and not deny or ignore - the wound experienced as a supporter and understand that the pain they feel as supporters is not personal, but structural. By reflecting on these feelings and stressors, supporters can re-evaluate the care they are aspiring to provide. They should maintain their original ideals and inner values.<sup>4)</sup> They should not be naive idealists, but should also avoid falling into cynicism. Of course, it is important for supporters to practice appropriate self-care and not neglect themselves.

In Bethel House's "tojisha-kenkyu,"<sup>14)</sup> people with mental disorders hold sessions of "disclosure of weaknesses." This is a process of communicating one's weaknesses to others without hiding or repressing them, accumulating experiences of being accepted. Mirroring this, supporters are encouraged to experiment with "disclosure of weaknesses" while providing care.

## Conclusion

The Island Model has been used to examine the concept of emotional labor and trauma in psychiatric care. The model was created to improve our understanding of trauma, but it can be useful for considering issues that have been ignored and avoided by society in various care settings. Not being limited to PTSD and other trauma-related disorders, mental illness itself is a "wound" for those affected, and it can be difficult for supporters to be present alongside the painful wound for them. Although empathy is a prerequisite in this field, supporters are always at risk of burnout if they show an excessive level of empathy. Still, there are moments when they can feel joy and hope, and those when they can feel a sense of fulfillment. It is desirable for the culture of psychiatric care to be cultivated by those involved, respecting and honoring each other's positions, and for good medical care to be realized for the people concerned and their supporters. If the Island Model can clarify understanding of trauma and coping with it, it would have served its purpose.

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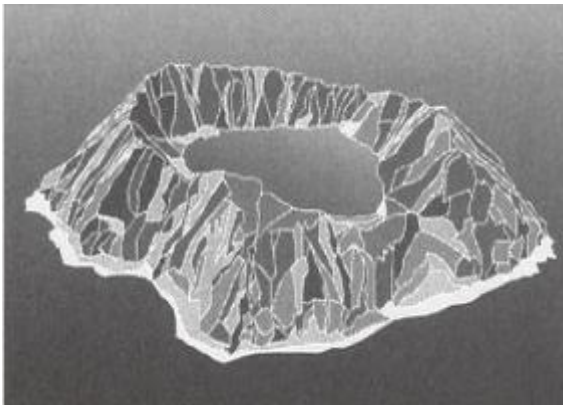


Figure 1: Trauma island (Adapted from Reference 9)

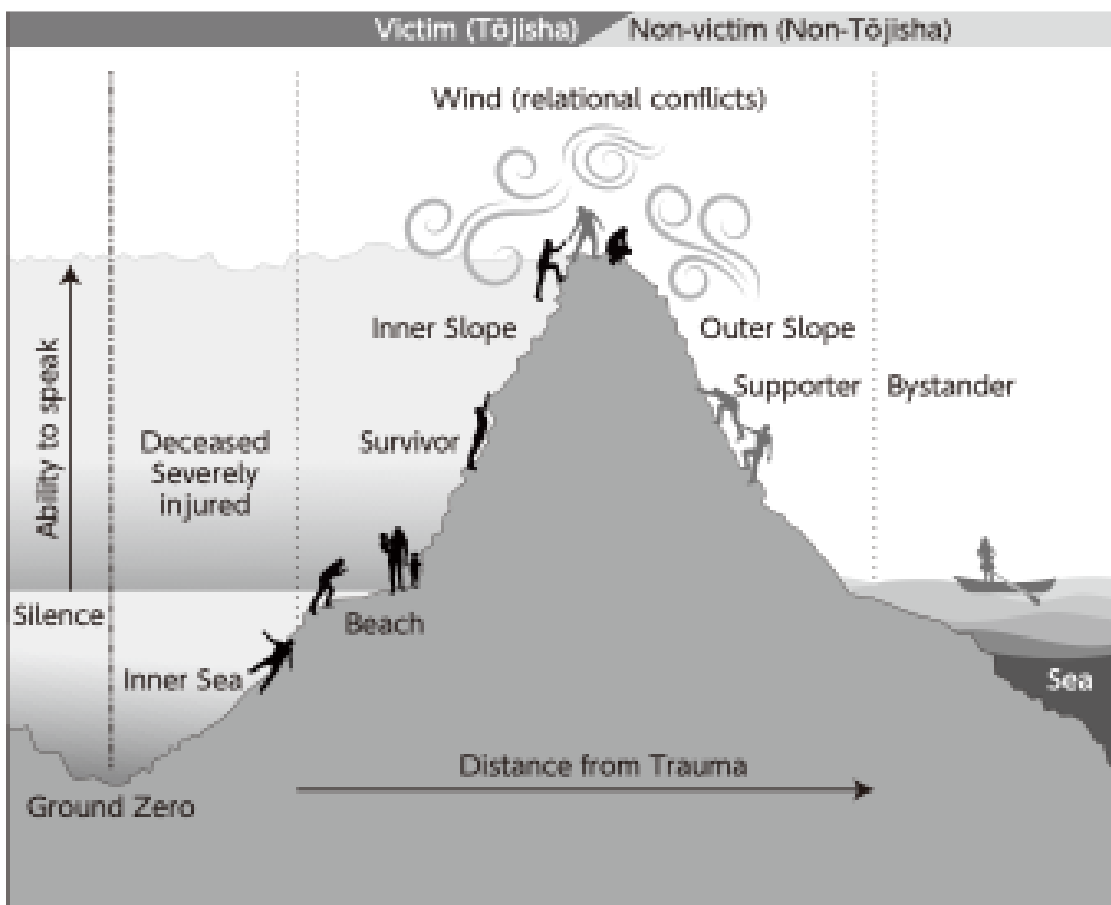


Figure 2: Cross-section of the trauma island (Adapted from Reference 9)

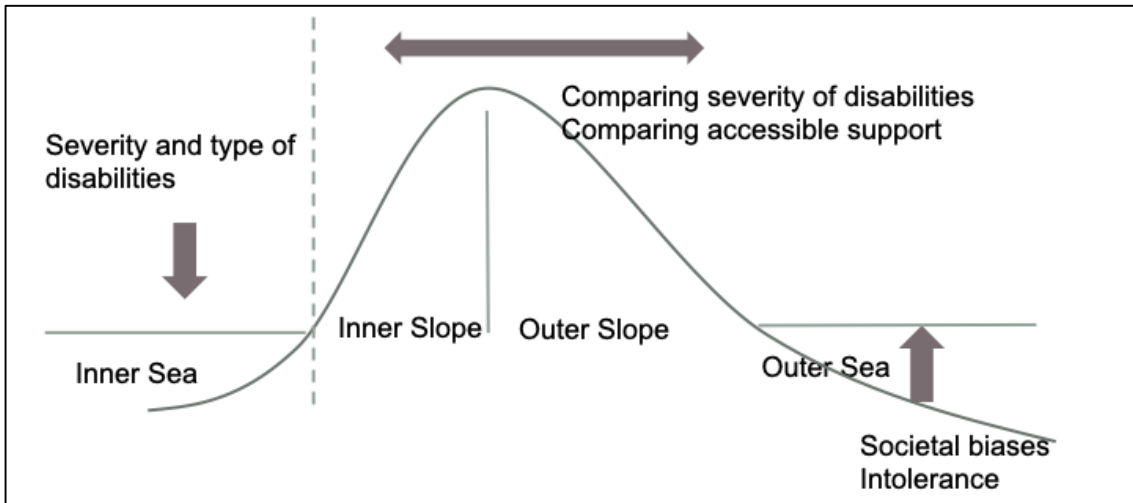


Figure 3: Trauma island for people with disabilities

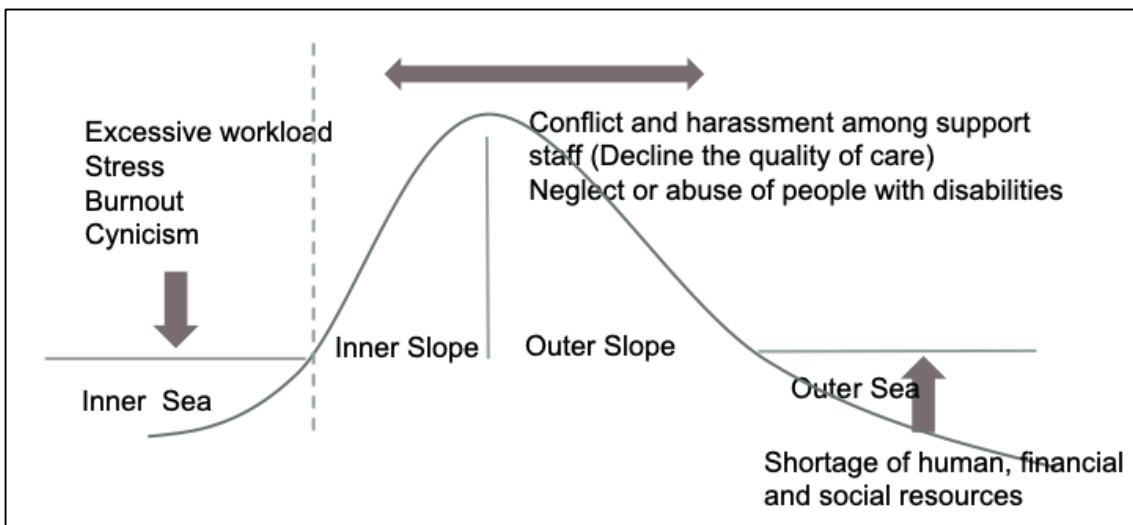


Figure 4: Trauma island for supporters

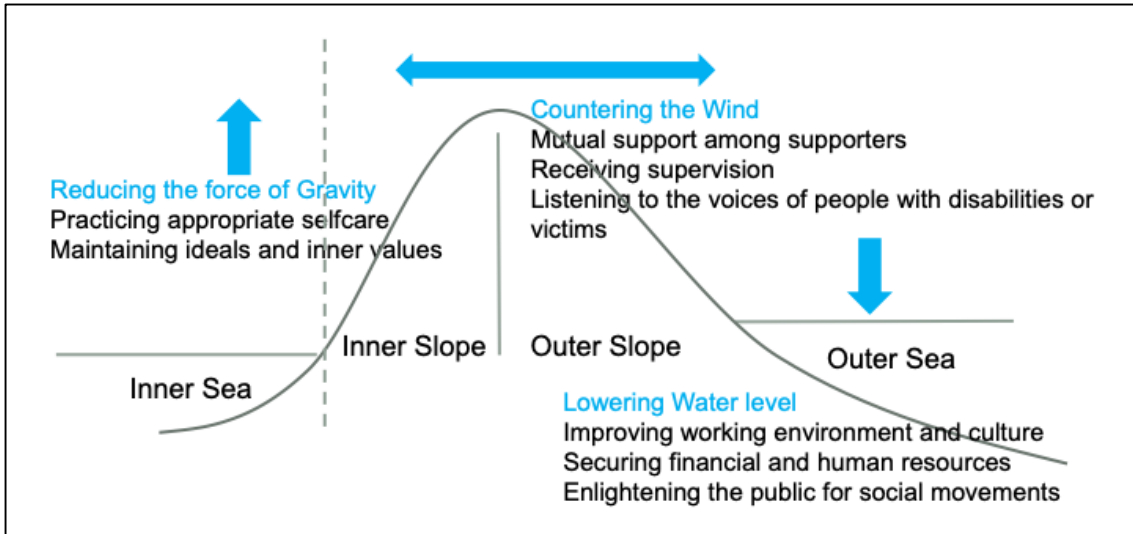


Figure 5: What you can do to provide good support