

2003 Farewell Tribute: The Address by Dr Paul Valent

Introduction

I am deeply grateful and privileged both for the tribute and being invited to be guest speaker at this inaugural dinner.

This is a very important evening for me and I venture, for us all. It is because we give tribute through me to trauma and traumatologists. That is what I want to talk about. My privilege is to be the vehicle for such a tribute.

I have received a lot from ASTSS, for which I am very grateful. I am especially grateful for this dinner, which I accepted only on condition that it be a precedent for others' tributes, just as deserving as myself. For instance, Ruth should have a dinner too, and others here too. Ruth, generously said, We have to start somewhere, so I hope that this dinner will be a precedent to many of you being honoured guest speakers in the future.

The poignancy of this occasion is enhanced for me by it being a kind of farewell. This means that like on your deathbed, you can say things you have not said before. In part, because nobody ever asked you, in part because you do not have to worry any more about exposure or career prospects.

So what I propose to do in this brief time is to reminisce over certain points in my career, its intertwining with that of ASTSS, and with the field of

traumatology. Once again, I must say, that I feel I have been very fortunate in many aspects, and this has continued to tonight, with me being able to speak to you like this.

Personal Story

I was born into the Second World War, and grew into the Holocaust when I was four. The next three years, not that I really knew it at the time, were years of pervasive fear, and pretence of living a normal life. I came to experience a split mind. Being young, and the Holocaust being pervasive, it came to influence my life in ways which took me fifty years to decipher, and I am still doing so.

I do not wish to emphasise the grossness of the trauma which like an invisible Siamese twin has shadowed me. At least my parents, whom I blamed for abandoning me when they were caught, were nevertheless generally on the light side of my life. Those whose Nazis were their own parents had worse personal Holocaust experiences. Perhaps my own experiences made me relatively open to listen to them.

The years immediately after the Holocaust included being singled out and attacked by anti-Semitic school peers. Then came relief and the sanctuary of Australia, and a steady healing and finding what happiness meant. This period included two therapies— one by a traumatized psychoanalyst who did not relate to my traumas, the other by a

psychotherapist who did, and from whom I achieved much benefit. This made me aware of how necessary it was to have one's blind spots clarified when treating others. However, my greatest base of normality has been my wife Julie and my children. This made me aware that therapy on its own is insufficient. One has to live life too.

When I was about 9, I wanted to write a book about the Holocaust. After two pages I had to give up, because of my lack of knowledge. As I grew up, my father channelled me into medicine, a profession that helped survival in the Holocaust. He said I could write later, because that was my preferred leaning. In the end I am grateful to him, because serendipitously I found traumatology, a profession I loved, and which gave me the possibility to help other traumatized children, a thing I wanted to do when I was nine. It gave me the knowledge about which I could write beyond the first two pages.

Intertwining with Traumatology

As you can see, my intertwining with traumatology started very early in my life. My first formal meeting with what has come to be called the field of traumatology was in 1967 in Israel, where I researched the effects of the 6-Day War. (Julie and I lived in Israel for three years.) The effects of the war were much more widespread than acknowledged, and were quite subtle and fascinating. At that time I tried to demonstrate to others a complex diagnosis that was unknown in

mainstream psychiatry at the time. It was variously called post-traumatic neurosis and combat fatigue, which I had also started to discover in the literature. They were precursors to PTSD, but to my mind they were richer than PTSD.

On return to Australia, I presented my findings in various hospital psychiatric departments, and at a College congress. There was little sustained interest. I learned later that a leading anti-psychodynamic psychiatrist, who is still around, said at the time, "We must silence him."

Much of my hospital interest swung to liaison psychiatry, in which I spent a quarter of a century; especially in the emergency department. I became interested in the interplay of biological, psychological and social stresses and illnesses.

The 1983 Ash Wednesday bushfires were a great fillip to my trauma research. I saw acute responses which fluctuated greatly. Eventually I abstracted from my observations eight strategies of survival and their biological, psychological and social ramifications, generally applicable in traumatic situations. At the time, we instituted acute treatment too, for which the population was very grateful. But the mental health bureaucracy showed little gratitude. We messed up their territorial boundaries, and offended the central psychiatric bureaucracy by offering help to victims before they even knew that help was needed. This was also the time that Ruth and I overlapped, she being in charge of children. Luckily, she maintained and educated the bureaucracy with great continued

benefit.

This period was the beginnings of a time of ferment in the trauma field in Australia and internationally. Vietnam veterans were recognized through PTSD in 1980, the frequency of sexual abuse was becoming recognized in the community, and the ISTSS formed in the late 80s.

Paddy Burges Watson, the current past president of ASTSS and I went to the ISTSS San Francisco conference in 1989. We were very impressed. After we returned, Paddy suggested that I contact Doctor Paul Brown, also interested in trauma. I well remember the evening at Paul's place when we threshed around how to get an interest group together. It was Paul's wildness that led us to expand our vision to wanting to establish an Australasian society. We invited Ruth Wraith and Prof Graerne Smith and we formed a committee. It was joined by Robyn Robinson and Eric Kratzer. We had the inaugural meeting of ASTSS in February 1990 at Prince Henry's Hospital. We organized a day of clinical presentations, and Prof Beverley Raphael was the keynote speaker.

We continued with scientific meetings in Victoria, while we encouraged interstate chapters. Eventually ASTSS was officially incorporated in 1992. We have had yearly conferences since then, the highlight being the 2000 World conference, driven by Doctor Di Clifton, who also served for seven years as secretary of the Association. The Victorian branch of ASTSS has always been very active within the ASTSS, and I warrant that it has been the organization's strongest branch. It formed the Western Victoria chapter,

which has been active for several years now.

For me, it has been a great joy to see a flourishing ASTSS, with Victoria in a prime position. One of the peaks of my experience was to be ASTSS president 1999–2001, including during the 2000 World Conference. My two traumatology books were published in 1998 and 1999, so it was a very proud period for me.

I must mention that the 1989 San Francisco ISTSS conference had another influence on me. It was when I was discovered as a child survivor of the Holocaust, and I found others like myself. Though on one level I always knew that I had lived through the Holocaust, like other such children, I thought that only my parents were survivors, and I was just "lucky" as it was only they, not I who suffered. I found similar child survivors at the conference, and I discovered that I was in a way not the only Martian in the world. So on my return to Melbourne, in 1990, along with ASTSS, I also founded the Child Survivors of the Holocaust group in Melbourne, and was its President until five years ago.

In 1992 I had the privilege to share the platform with the original discoverers of child survivors of the Holocaust, including of me, at the first international child survivor conference in New York.

In January 2000 I was an Australian delegate in Stockholm at the International Forum on the Holocaust. It was attended by 44 heads of state. I heard the heads of the nations that persecuted my family and me apologise for their countries' part in

what happened to us. I wish all trauma survivors could have such public recognition and expression of sorrow.

Some comments on traumatology and its future

It has been an interesting and gratifying phenomenon to see traumatology reawaken around me, to see it flourish over its longest reincarnation yet, and be able to participate in this process. Speculating on why it has survived so long, I think on the one hand, the general society had evolved sufficiently to be able to integrate it. On the other hand, it survived by hanging on to the coattails of the current medical, psychiatric statistical ideology. But paradoxically this model has reified it into soullessness, and is failing to fulfill societal hopes.

When the name of our Society came to be discussed, I wanted it to be called the Australasian Society for the Study of Stress and Trauma. This name implied for me the potential to grade noxious influences and follow their dynamics and consequences. Inclusion of stress would have allowed us to integrate the germane field of stress studies, including psychosomatic medicine, and a biopsychosocial view of traumatology.

I was told that I was casting my net too wide, into areas that did not concern us. But I did not know whom they concerned, and could not see why after a traumatic event reliving fear was more important or conceptually exclusive to having a stroke, or becoming violent.

The term traumatic stress has always signified for me a narrowness, a confusion of terms, and a tautology of cause and effect.

The soulless, official, academic part of traumatology went hand in hand with

the prevailing anti-psychodynamic paradigm and the ideology that glorified measurement of visible things. Behind this were power struggles, and corruption wearing different masquerades. One costume was getting grants and PhD's, another was cost-cutting, another generous drug company donations, another jobs for the boys. What I am saying is that traumatology itself has its blind spots, and can traumatise. It can batter, for instance, the dynamic, soul, stream in traumatology.

Eschewing any debt of traumatology to psychodynamics and psychoanalysis, has had some obvious, and some subtle manifestations. One obvious one is that the sources of the concepts of reliving, avoidance and a split mind, which derive directly from Freud, are suppressed. Freud's *Aetiology of Hysteria*, whose conceptualization goes way beyond PTSD, is not mentioned. There is instead a tendency to glorify Janet as against Freud as the father of traumatology.

Of course, psychoanalysis did not help itself ever since the traumatized Freud swung to seeing fantasies not facts as the root of illnesses. But the generalized antipathy to analysis meant not only that early Freud was unread, but so was for instance the rich dynamic literature of Second World War. Grinker and Spiegel's *Men Under Stress* is an unsurpassed description of how traumatic illnesses develop in combat, but is not referred to seriously. Important leadership and morale dynamics in combat breakdowns were lost to the field, and could not be applied to Vietnam War veterans, who certainly suffered low morale. Similarly, descriptions of the corruption of mental health teams in war have been lost to us, and have not been applied in recent wars, or indeed to civilian situations.

Looking into the future, I hope that this current recognition of trauma is not just another wave, even if it has rolled on longer than ever. I am reminded of the time when Freud's enthusiastic reception in the US for his theories left him more uncomfortable than the opposition he encountered at home. He thought the enthusiasm may be fickle when the real hardships surfaced. Similarly, I hope that the driving enthusiasm in the US currently does not evaporate when it becomes obvious that traumatology is much more complex than PTSD.

The potential danger of a split between academics who thrive on DSM and PTSD, and clinicians, who struggle with the multiplicity of trauma manifestations, became overt at the World conference in Melbourne. The ISTSS board became very concerned at this potential split. In one sense (there were others too such as personality clashes), I saw this division as one between mind and soul, or left and right brains.

I believe that traumatology has to consolidate its clinical knowledge and pass on its wisdom in a logical, scientific, yet soulful manner. Then the current wave may become a new platform for further growth of traumatology. PTSD on its own makes little sense to clinicians and the general public. After all, reliving and avoiding, approach and avoidance, sensitivity and fortress building, are common to all illnesses, and environmental conflicts from lower animals on. What is relived and avoided and how and why is the guts of our discipline.

What distinguishes traumatology is its unique knowledge of aspects of the human condition. It has a unique view of many human unhappinesses, and indirectly of their opposite happinesses.

Traumatology can be the basis for a new library of knowledge. Let me give you an example. In the current dominant philosophy morality is somehow God-given, and conscience belongs to the free who somehow know what is 'right'. If victims suffer, in order to maintain a moral universe and God, they must be blamed. We know that this happens, and that traumatized innocent victims are blamed and even blame themselves. They feel guilt and shame quite irrespective of objective wrong doing.

Similarly, in the current philosophy perpetrators are assumed to be self-aware evildoers. Yet we know that they justify themselves and suffer little guilt. Further, their callousness may result from having been victims, and they may be enacting cycles of violence. In other words, we are unique keepers of certain knowledge of the human soul. We know something about how it shatters and how it can be put together again. Individuals and communities stand to benefit from such knowledge. We are at the cutting edge of evolution of a certain important band of knowledge, and its fruitful application. I believe it is the recognition of the deeper importance of traumatology that will ensure its survival and blossoming. We have to recognise our own importance and not be squashed.

I believe that there are certain prerequisites. We must acquire more knowledge, and have a forum to digest it. Traumatologists should be aware of recent discoveries in neurology, developmental psychology and functioning of the right brain- the store of early childhood and traumatic material.

Psychosomatic medicine, stress

research, and early psychoanalytic knowledge should be revived, and transference and countertransference knowledge should be applied to learning how traumatic events are replayed, including in the treatment relationship; and how they influence therapists, often unconsciously. We should have training courses where such knowledge is taught. Training should include supervision, and trauma therapy, so that therapists' blind spots may be resolved. Clinical presentation groups, and other study groups should flourish throughout the Society.

Once again, the Vic Branch has been at the forefront of ASTSS in exploring the beginnings of a possible training course. I have been privileged to have run two short courses now under Vic branch auspices, and I am grateful for the opportunity to put some of the above ideas into practice.

Conclusion

I cannot say that I have been lucky to get caught up in the Holocaust at an early age, or to be attracted to the study of trauma thereafter. But I have been lucky to live in an age where traumas such as mine came to be recognized, and where my forever continuing self-discoveries and speculations have had a voice and have been heard by at least some people. I hope that I have done some good in the process. At the very least, the Holocaust has served for me as a type of standard of trauma. But further than that, my career has been interesting, and I have had the privilege of partaking in depths of humanity that perhaps otherwise I would not have.

What I learned has enabled me to progress the ambition of the nine year old, to write more than a couple of

pages. It has been stressful, but I am very proud to have written what I have written, imperfect as it is.

In the last year I left the ASTSS and the Vic branch committees. Last year I also left the child survivor committee. In July last year I ceased my clinical work. I do not exactly feel that I am sailing off into the sunset. For one thing, I will remain a member of ASTSS, and I hope to keep appreciating the colleagues who have supported and sustained me over the years. In a sense I have only made a career change within the broad field of traumatology.

What do I mean? I hope that in my writing I will be able to help consolidate that platform that I mentioned, and show others the relevance of what we deal with.

Once again, I appreciate this celebration of a life phase transition. ASTSS and I will pursue our goals in different directions, yet continue to stay close together.

Thank you.

Paul Valent
Past President ASTSS

