For Members Forum

I would like to thank Dr Burges Watson for re-visiting some the important controversies in the trauma field in his most recent contribution to the July edition of Stress Points. These same issues have been repeatedly raised over the past 10 to 15years in many forums but it is great to have our memories refreshed from time to time.

Unfortunately, the article by Dr Burges Watson simply missed the point of recent contributions to the Discountenance and Creativity Corner. No one has said that there is not a power differential in the information and resources available to a trauma therapist and the traumatised person in the patient/client role. The issue truly is about how that power is used! Profound feelings of helplessness, powerlessness, lack of control, terror and extreme uncertainty about processes and outcome, often inform the very nature of interpersonal traumatic experiences (e. g. rape, domestic violence, and criminal assault or child abuse). It is imperative that relationships with treating mental health professionals do not inadvertently mirror or elicit these same feelings in their clients/patients and thereby trigger and amplify physiological and psychological reactivity to power dynamics in any way resembling or reminding the traumatised person of the original traumatising events. There is little doubt that the pathogen/host model of internal medicine and the traditional role of the doctor as the all-knowing expert and the patient as the passive recipient of his or her wisdom are entirely inadequate paradigms to deal with such critical therapeutic process issues.

It is completely understandable that a mental health professional may be unwilling or frightened to truly enter the reality of the person who is experiencing profound pain and suffering. Such a process does not preclude objectivity but combines genuine empathy with suggestions (informed by the best of scientific/clinical knowledge) for making meaning of, and recovering from, these traumatising events and their consequences. This may include biological, psychological or social interventions and will be informed by the unique needs and concerns of the particular traumatised person who is seeking assistance. At the same time, I can imagine such a process would be very difficult for mental health professionals who are not used to being questioned in their presumed expertise. Such a person may be very frightened of his or her own vulnerability and these feelings of fear could be severely aggravated by

such an authentic and collaborative therapeutic presence. Such a person may have well established patterns of disconnecting from their feelings and their own unresolved traumatic or stressful experiences by the use of alcohol, tobacco, caffeine, overwork, the use of their position or title or other forms of dissociation.

I was also somewhat bemused by the implication in Dr Burges Watson's article that only psychiatrists treat the truly traumatised or "ill'. My own introduction to mental health and trauma was as the sole consulting psychologist in an acute psychiatric admission unit in a teaching hospital in Sydney back in the late 70's. In the whole of these past twenty odd years, my own psychiatric colleagues frequently refer their most severely traumatised multi-problematic patients to myself and other clinical psychologists specialising in the trauma area. They tell me this is because they recognise the limitations of their own training and experience in linking and enacting the processes of theory, practice, outcome and accountability in working with such difficult groups. They will often retain a low-key monitoring role should short-term pharmacological interventions appear warranted. There are other psychiatric colleagues who have very sophisticated therapeutic skills and high levels of personal integration, mostly gained outside of their traditional training, to whom I would be happy to cross -refer.

I experience the creation of false dichotomies, especially between professional groups, as markedly unhelpful to the very real and often urgent needs of very hurt people.

Dr Jeannie Higgins