

Speaker 1 ([00:00](#)):

Welcome to the Adelaide Festival of Ideas. Today's session is the Psychology of Trauma. Today. We are very privileged to have professor Alexander McFarlane AO, and Mr. Gary Outten with us to talk about the Psychology of Trauma. We will have 10 minutes for questions at the end. Sandy was starting out as a psychiatrist when the 1983 Ash Wednesday bushfires struck in the aftermath of the devastating fires. Sandy worked with affected communities and became interested in the effects of traumatic stress in the decades, since he has become an international expert on the impact of disasters and post-traumatic stress disorder. He's currently the director of the center for trauma studies at the university of Adelaide. Gary is a psychologist by training and he has had 30 years of work with the community sector. He's currently working as a trauma counselor with stars, and that's an acronym which stands for survivors of torture and trauma assistance and rehabilitation services from 2012 to 2017. Gary worked as a trauma counselor at the menace island and our crew of shore detention centers. I'll just start us off today. I was I would like to ask Sandy about the meanings that clinicians attached to the word trauma and traumatized in our popular vocabulary. We use these words, but I'm aware that clinicians might need something a little bit different when they use these words, trauma and traumatic stress.

Alexander McFarlane AO ([01:41](#)):

Well, I think that's a very interesting place to start because I think the way we use these words and their meaning has actually changed a lot over the last four decades. And I think it's always one of the risks because I think words can become commonplace and in the course of becoming commonplace can lose their meaning. And I think one of the fascinating things is that when this field really started to grow, which was in 1980 the idea of traumatic stress really had no sort of currency in the, in the psychological literature. So all life events, you know, stressful life events would seem to be of the same type, but I think what then came to be understood. There was one type of events and here we're talking about events that involve, you know, the, the death of people or the serious threat of injury or death or witnessing those sorts of events.

Alexander McFarlane AO ([02:40](#)):

And that's what we really call traumatic stress. But I think the way we actually, where we draw the boundaries, I think has also shifted with time. I mean, I'll never forget having a conversation with a Norwegian psychiatrist. He was the professor in Oslo who at the age of 30, was the doctor in, he was Jewish and he was able to calculate his life expectancy. We had a 3% chance of being alive and he use time. Now he was absolutely enraged at the idea that people who were involved in severe car accidents for example, claimed to be traumatized. So I think it's a very interesting question. I don't think there's a simple answer to it.

Speaker 1 ([03:21](#)):

Okay. Thank you, Sandy. And there's an interesting intersection in your lives in that Sandy, you were instrumental in founding stars and you were chair from 1989 to 1993, and that's where you work now in there. And I'm interested that I noted that in the, in the name of the organizations, you separate it, survivors of torture from survivors of trauma. If you're giving them a separate mention, Gary, in your work with refugees, can you can you describe a bit, or tell us a bit about survivors of torture?

Speaker 3 ([03:57](#)):

Surprisingly

Gary Outten ([03:58](#)):

There's very little work being done specifically on on survivors of torture. There are very difficult client group to to work with. They have quite unique needs if you like. Em, and some of the the symptoms would be that they have this profound feeling of profound

Speaker 3 ([04:26](#)):

Betrayal

Gary Outten ([04:27](#)):

That the complete breakdown of our, the relationship the sense of shame and guilt that that goes along with humiliation that goes along with their road with their experiences. It can be, I mean, that, as you were saying, my most of my work has been done with survivors of torture on, in offshore detention. And they, it can take a really long time to actually get to a point where you start to make some inroads, really because of that lack of trust and that sense of of betrayal. So really what we, what we need to try and concentrate on with with our clients is just establishing that that relationship. And sometimes it's that relationships that that's the only thing that we can provide quite, it can be quite difficult for for a for a therapist as all the structure that we place around ourselves in terms of the the the strategies and the techniques as we notice that that starts to have less and less of an impact, trying to find some way of being able to to sit with those lines, it can be really confronting for a therapist.

Gary Outten ([05:44](#)):

It's like, you're kind of taking that. What makes us well me anyway, I won't speak for every trauma counselor or therapist, but what made me feel quite, quite secure was that sort of like that structure, looking through all the, all the the information, all the other studies looking for strategies and techniques, and then gradually having that whittled away and I'm thinking, well, what's the very least that I can do. And, and it comes down to, I mean, the literature also mentions that one of the one of the biggest indicators of, of positive progress within the healing in that healing process is around creating a trusting relationship, a safe place for people sometimes in the work that I did, that's all we could we could offer. As I said, it's really challenging to tour a therapist.

Gary Outten ([06:35](#)):

And just sitting with that, with that, the pain that the horrific stories of torture, I need to find a way of, of processing that ourselves so that we could actually offer our clients something something useful starting from a very low base. What is it that you have survived? Torture survivors often feel like their, their life is never going to be the same again, and that they're probably not going to recover. There's a sense of hopelessness. That is, so that is so profound. So trying to find something that reassures or, or reinforces the fact that they actually have survived some amazing experiences people are very resilient and trying to try and make that connection on a really genuine level, provide that space for them and build on that so that they can actually get into that role or into that begin that journey if you like, of of that healing process. Hmm.

Speaker 1 ([07:35](#)):

One of the words that stood out to me is the words, betrayal and a humiliation. And it sounds to me as, as if the experience of torture has so isolated them from humanity, being betrayed by the rest of you mentioning that they are isolated in their own own world. And if you really separated from the rest, and

I would ask for Sandy, perhaps, what could you paint a picture for us? What is it like to be a survivor of traumatic stress and of torture?

Alexander McFarlane AO ([08:04](#)):

Let's talk about, I mean, torch is not the best thing to be talking about at this time on a Sunday morning, we got into the conversation. Look, I think one of the awful things about torture is that torturers are extremely sophisticated people because they want information. And it, one of the things that torture is trying to do is to form a relationship with the person who they're torturing and then it's inconsistencies that they create in that relationship, as well as the physical violence. So that it being tortured is an intensely personal experience. I mean, I'll, I w one, one thing I had to do once was write a report for the United Nations compensation commission about the Iraqi occupation of Kuwait, which involved looking, looking at all the records of the human rights abuses. For example, one way they would torture people would be to paint, draw a bicycle on the, and then assist this person, ride the bicycle.

Alexander McFarlane AO ([08:58](#)):

And then when they couldn't do it, of course they'd beat him because I said, we told you to ride the bicycle. So there is an extraordinary quandaries. And the other thing that occurs is that in the, in the, in the intense interpersonal process of being tortured, you know, I'll never forget one man who said the worst thing about it was that would make him look into their eyes as they were torturing him. Now, every time he looks into somebody whose eyes he then is, he's taken to that, that moment of his life, which destroys really one of the key things about intimacy we have with anybody. So you, you know, what was stripped from him was, you know, the capacity to really access the warmth that he really needed in his recovery once he got out of that place. So look, I think one of the things about, you know, every type of traumatic event, I think has its own elements.

Alexander McFarlane AO ([09:51](#)):

You see, I mean, I think one of, one of the, one of the things that we, we, we always assume is that we can describe things and you know, the word, the word horror, for example, once I had to do an appraisal on a on an American textbook of it and they said, look, we'll pay \$150. We'll give you a book. So I got a book called the American handbook of marsh, a hundred, it's about 500 pages. I four, I looked up the word horror in the index, and there was only one reference. Horror is the least studied emotion. And it's a fascinating issue about what is horror. So when you asking me these questions, you see, I think there's actually a huge void of reflection at knowledge. We S you know, everybody assumes, we know what horror is. I mean, is it disgust? Is it fear? What is it? And in fact, maybe we really actually haven't explored enough of that in language to really be able to express it. So

Speaker 1 ([10:49](#)):

We have a difficult task today because we have to talk about this boy now. So Gary, could you try to describe to us what you see in some of your clients? What is it they're going through to help us try to understand

Speaker 5 ([11:05](#)):

What is it like?

Gary Outten ([11:07](#)):

It's a big question when you're actually looking at somebody face to face and realizing initially there might just be a, a kind of a blank look, there'll be a real mistrust. There'll be a real sense of what is it that that you're after most of our, our clients come from from communities that they don't really have any any history or any sense of mental health, if you like and mental health treatment. So that is I'm, I'm certainly not going to open up to you. I'm I, I don't want to be seen as as going crazy. So it's almost like that there can be a real emptiness in that, and you're slowly try to to whittle away, you can't just go in and jump in and questions, where were you tortured and what happened? You gotta be so careful about how you how you approach that how you allow that to happen in their own time.

Gary Outten ([12:06](#)):

It's a process that allows them to start to feel safe and, and, and comfortable, and have to say that it's, I mean, it's actually been quite a privilege to work with many of the clients that I worked with. I've heard some horrific stories and just, you know, within my own within my own world, it's just so hard to conceive of how anybody could actually survive that. As people start to you start to see that, that level of trust what Sandy was saying about the eye contact is is, is something that we always kind of look for people looking away or having that kind of, that kind of emptiness behind their eyes feeling like there really is no way back from their, from their experiences. And it can, it can take such a long time to to just try and make some connection, some connection on the very smallest level, trying to make it a genuine and, and a genuine approach people pick up on on a superficial reality.

Gary Outten ([13:17](#)):

If you like you really have to think about why am I asking these questions? Is it just out of idle curiosity or is this somehow going to enhance this therapeutic process, allowing our clients to, to take their, take their own time about it, and when they're ready to talk, it might take months, it might take three sessions. There's no there's no saying they might be ready to do it. Some people never are. Some people will hold on to hold onto that it'll have an impact. And I'm sure that this is been a part of the crossover of the, of a lot of Sandy's work with some, with a war veterans. I think holding, holding on to onto that the kind of the shame of having to admit that you're not in control holding it, and then watching the, you know, the symptoms kind of come to the surface in so many different ways.

Gary Outten ([14:09](#)):

And I'm just trying, it's a very human response that we have these experiences, and we just want to be rid of them. We just want to push them away. We want to have create so much distance from them, but unfortunately it just kind of doesn't work that way. And that's maybe a little, counter-intuitive a, but to say the beginning of that healing process is starting to acknowledge the experiences and it might take a very long time to get to that point. And then further on from that is beginning to accept them as this is, these are experiences that I've had, and these are, they are, they, this is the impact of this on my lot can learn to to live a life. Having had these at first, the answer is no, you gradually start to see that that maybe they start to think that there's a possibility of being able to live with to live with these experiences. And they're the things that we kind of grab hold of and try and build on again, just allowing that person to go at their own pace. Let it develop naturally it can take, it can take a long time about it. So

Speaker 1 ([15:20](#)):

Would I be right in saying it's counter intuitive, because perhaps it's too painful to talk about the memory. And so you are trapped in a room, a small room with that memory. You can't tell anyone else about it, but the memory is so big when you're facing it. Is the, is that something,

Alexander McFarlane AO ([15:36](#)):

I think it's, again, you know, these, these are really look, I think there are lots of different circumstances, but as she, I'm not sure how many people saw the film, the railway man, it's a fabulous book. And it's, it's about this, this British war veteran who had been tortured on the Burma railway and how his torturer actually wanted to find him and apologize. And this is many years later, it's an extraordinary sort of generation of, of reconnection because see, I th I think, you know, there are two things that happen when you're interviewing somebody. They are watching you as much as you watching them. And and I think what the rest of my, I mentioned the railway man, because he describes this experience of coming back from the Burma railway and his sense of rage at the lack of imagination of people and what they'd been through.

Alexander McFarlane AO ([16:32](#)):

And, and that of itself creates a silence. They know that the people, he knew that the people he was sitting with had no contemplation of what he'd been through. So nobody, somebody is not going to talk to you as a patient if they think you're incapable of engaging with them imaginatively. And I've, I mean, I've, I've interviewed many police officers for extensive periods of time. And one of the things that in new south Wales, the police try and do is to get them on occasions, to speak to the two counselors on a regular basis. The trouble is they get 23 year old psychology graduates who start crying when they tell them what they've been through. So that, of course they don't talk to them. And and equally they get these people who have this voyeuristic sort of fascination in what actually happened at the crime scene rather than actually being able to help them encompass the experience that it's imprinted on, on, on the person who's been there.

Alexander McFarlane AO ([17:31](#)):

So it's a very complex dynamic process. And I, and I think it's it's, it's, it's, it's a process that, you know, that not everybody's cut out for in a way, I mean and, and, and it is about oh, you have to, you know, you do actually have to imagine it really engaged because I think often the people who are traumatized actually don't quite have the language to speak of what is in their mind, because we've got to remember the memories of these events are not verbal memories often that, that some of the century memories that smells the sounds, the sensations and often they're not properly connected. I mean, I think one way of understanding what trauma is at a neurophysiological basis. You know, if I put an object in your hand, you don't have like a like a set of car keys.

Alexander McFarlane AO ([18:30](#)):

You don't have a receptor in your hand for a set of car keys. You judge the white, you judge the temperature, you judge the anatomical area that it activates and your, your brain slowly builds that up. And then your memory comes into play saying, how have I ever felt anything like this before? But you can see any experience before the brain grows through that process of integration. It has got all these different senses. And I think sometimes what's happened with traumatic experiences is that they stay in those pieces. So what your task is with the person is to help them slowly build that jigsaw puzzle and to actually hold them in because, you know, there's, you don't, you don't want them to go back to where they were. It's about being able to look at where they were with a sense of safety. And, you know, I

guess one of what one thing that can provide that sense of safety is doing it in the presence of somebody else who can actually sit there and listen to what you're saying.

Speaker 1 ([19:28](#)):

We'll come back to what you try to achieve as a clinicians, how you help them piece together, their memory. But I just want to go back for a moment to what you've told me before about conspiracy of silence. You say there was a conspiracy of silence around trauma, and that immediately raised the question in my head, who is the one who is conspiring and what kind of silence is it? Is it the kind of silence that, of the inadequacy of words? Or is it something else?

Alexander McFarlane AO ([19:54](#)):

Oh, look, I think there, there are a number of issues there. I, I told my Quander when I was 16, I played the role of [inaudible] in Macbeth. And I only wish I could go back and play that role again, because there's this scene where he finds slain king Duncan and his two body guards, and he ran down the stairs and he said, oh, horror, horror, horror, tongue, nor heart can conceive nor namely. And and I think so part of the conspiracy is that there just isn't a word. I mean, I, I was involved in a lot of the Melbourne voyage litigation and I was involved in one case, which was actually held and there's a very beautiful old Supreme courtroom behind the church in Hyde park, in, in Sydney. And the judge, the court was being held in that courtroom because it was his last case. It was actually Johnny O'Keeffe's brother. He was a Supreme court judge, and I'll never forget the barrister because this, this cider had been on to just remind you, the Melbourne was an aircraft carrier that cut this destroyer in half killed 82 people. He was in the starboard sponsored. So he was literally just underwear. The vessel passed under the Melbourne's bow when it got hit and then blew up. And one of the things that he found on the deck was literally a sailor's brains in his cap.

Speaker 3 ([21:22](#)):

Now,

Alexander McFarlane AO ([21:25](#)):

The barrister for the Commonwealth said, because the man didn't use the words, helplessness, horror, or fear, which are in the diagnostic criteria criteria for PTSD. He therefore couldn't have suffered from post-traumatic stress disorder because it wasn't what wasn't, you know, horrific experience because he didn't use those words. So after that, when I was interviewing further of these survivors, I always made the point of them of saying to them, okay, you know, what, what, what's the word that you would use? And so often they would just shake their head or say shock, or just wouldn't have a word for it. So, and the point is that barrister didn't want to hear, see he wanted to, he, he was, he was really finding every reason to push these people away. And I think, you know, there are times that societies want to push people away who is suffering. They don't want to hear because they, you know, it, the week is I could be deemed, could be seen as a threat to the society. So there are reasons why society is sometimes will exclude the maimed in the engine. And

Gary Outten ([22:37](#)):

I think there is a a real disconnect as Sandy is saying it's really hard for for us, like it's nearly impossible for us to, to have any context for the stories that we're hearing. And, and there's a real fear around, around that. And a fear

Speaker 3 ([22:58](#)):

Of kind of almost kind of

Gary Outten ([23:01](#)):

Contamination may be too strong, a word, but of that that impacting on us too much. And so we actually do we do push that away. And, and that's also something that the the, the torture survivor has to live with because they're trying to, to to make some make their way in a in a new light somehow. And, and coming across that it's, it's not, anybody's, it's not anybody's fault. I mean, it's easy to, to kind of apportion blame. But but I th I think the the disconnect is is certainly there. And, you know, maybe that's a, that that becomes a political tool sometimes, but often, I mean, that, that society really don't have words, you know, like you're saying to actually describe that. And even when we do use the words, they're just so inadequate. Because again, as Sandy pointed out, the descriptions are not verbal. I mean, they're not, this is the word that describes that a torture survivor will have great difficulty articulating that. So we really do need to find ways through that through that maze, if you like. And that, that, that

Speaker 3 ([24:25](#)):

Trying to, trying to reintegrate,

Gary Outten ([24:29](#)):

You know, I don't really like that that, that term, but there's a real fragmentation of how this is. I mean, this is how people survive. I mean, we have mechanisms to to survive and get through the most the most horrific of of experiences that are maybe nothing human beings are amazingly, amazingly resilient. They do they do kind of bounce back, but the way we describe that is the way we describe those those experiences is in, in feelings and and trying to grapple with the emotions that that are coming up.

Speaker 1 ([25:07](#)):

So there's this great big Gulf then to bridge between those who have experienced traumatic stress and who do not have the words or words do not exist to describe what it is they're feeling and the society, which you said is afraid of the main and the weakened or the tortured, because that's evidence of the worst of ourselves. Maybe it's a kind of never into who we are as a people, we are capable of doing such things. So how do you suggest, could you suggest ways to us as a society? How can we bridge this Gulf, the literature have a role to play, or, well, anything else, any other ideas

Speaker 5 ([25:50](#)):

It's really

Alexander McFarlane AO ([25:51](#)):

You know, this is a really fascinating conversation. It's really what I'm going to be talking about in my, in my, in my talk this afternoon about, about that process, because actually one of the things that I'm doing at the moment I'm 66 and I got involved in the traumatic stress field, but it's beginning and many of my colleagues and friends internationally, but the people who started the field and I'm going around interviewing them too, because many of them had extraordinary lives. So the way that this field really, I think, began to sort of get drawn from this world of silence was by a very interesting coalition between groups of victims and particularly the victims of crime, the women's movement in the Vietnam veterans

and a group of activists, clinicians. So it was really something that came out of the the Vietnam veteran cohort.

Alexander McFarlane AO ([26:43](#)):

And many of actually the psychiatrist who'd be an [inaudible] psychologist had actually been in the U S military, but, you know, like an Israeli colleague who, who is one of the world leaders in the field, he actually had been a general duties, military officer, and she was one of the medical offices on the tibia. Right. In fact, I know both medical officers on, do you remember the NTB? Right? That was when the Palestinians hijacked ill algae and took it to Uganda. And the, these rotting successfully rescued all of the passengers, but both of the doctors on that journey and now psychiatrists. So you know, they're unusual people. And so I, you know, I think it's, it's, it's one of those fascinating parts and of, of where you get this conglomeration of advocacy and signs and clinicians who sort of see the value of knowledge.

Alexander McFarlane AO ([27:37](#)):

And it's not, it's not sort of just cold, hard statistics. It's, it's really about how you document the meaning of these issues to people's lives. And I think also literature, you know, I think one thing that has happened after every, after all the big, big wars of the last century is that some of the best literature was written by war veterans and many of the great writers of the 20th century war veterans, you know, it w H Auden fought in the Spanish civil war, Kevin White, first of all, remark who wrote all quiet on the Western book front, there's the one book that ever outsold the Bible. And it's because what he somehow managed to capture was something of what so many people were struggling with. So I think this is a really interesting world where, you know, there's no one sort of group and and then there's the politicians who themselves have sometimes been the victims of these sorts of events who then will champion the cause of people. So, you know, I think it, it's, it's a real measure of a vibrant, healthy society where people don't just stand by and turn their back. They look at what the issue is and do something about it. And I think we've come a long way.

Speaker 1 ([28:52](#)):

I'd like to direct a question to Gary. Now, what if I have a loved one or a friend who is suffering from the effects of traumatic stress? What are some of the things I shouldn't say to them? And what are some of the things that I could do that would perhaps be helpful as I

Gary Outten ([29:10](#)):

As I mentioned before, just be careful what you ask, ask yourself, why you're, why you're asking a specific question, idle curiosity is is not going to be very, very helpful.

Speaker 3 ([29:28](#)):

I think the other,

Gary Outten ([29:29](#)):

The other thing that I that I used to stress to to workers without poachers survivors up in Manafort island, was be careful what you do ask, because unless prepared to hear the answer and be prepared to actually sit with that, you might hear things that are very, very stressful or traumatic or beyond your, your comprehension. Essentially. One of the things that is taken away from from torches of IVUS is that sense of who's listening to me when they are ready to to speak. It's so important to actually have



somebody who will sit and listen, not solve their problems, not say, oh, well, you've just got to do this. And if you just do that, and I'd like set it up as a, as a set of tasks. And as you reach the next thing, everything been, you know, gradually you're, you're cured, you know, once you get to the to the end it just doesn't work.

Gary Outten ([30:26](#)):

It just doesn't work that way. So you really need to be careful. It can be so helpful to to sit and listen to somebody and allow that story to come out, maybe in lots of fragments and, and lots of little bits and pieces. One of the things that I used to, I used to do with with clients, we would kind of come to a, a dead end defect if you like. But I would always have a little things items in the in the office, stress balls. There's, there's a bead balls that are made weed out of hemp and wool, and those, those little really annoying little bull bearings puzzles those wooden puzzles that it takes you, you need a post-graduate degree to actually pull them apart, let alone, get them back together again things like that that would actually stimulate a little bit of creative thinking, allowing a book.

Gary Outten ([31:26](#)):

I guess what we know is that within our own fight flight freeze kind of mechanism, it's not something that we can just switch on and off complex PTSD really means prolonged pro prolonged trauma experiences of trauma. And so that, that whole mechanism just it doesn't, isn't really working properly. The brain kind of starts to shut down. It's such shutting down connections and, and things. I mean, we've made so many advances in neurophysiology with imaging and whatever. We're kind of understanding a lot more about how the brain is functioning, where those kinds of neurons are firing and, and, and not firing. So allowing somebody that some, some creative space is really about trying to re-engage, it's a very slow process. There's kind of no tablet that you can give, and that kind of helps it. But so being prepared to sit and listen in a really fragmentary way about somebody's story and kind of being silent, you, you don't have to prop it.

Gary Outten ([32:33](#)):

You don't have to say, well, what happened next? You know, if they're ready to to talk, they are, that's absolutely invaluable. Many very reluctant to talk on a personal level two friends. Oh there is a real, a real fear that they're going to contaminate somebody so much that they'll be rejected. I mean, that's all always in the back of their mind that they might be betrayed or, or rigid if at all, that will be seen to be so so awful that that they can't be tolerated. So giving somebody that, that you can tolerate, that is probably the most valuable thing that you can do.