

Re: Psychology

At 78 years of age, I have long since retired from my profession of psychologist. Born and bred in the outback, I gained a scholarship to a Sydney university in the days long before HECS, eventually graduating with a Bachelor of Science in Psychology. Served my accreditation time working for various bureaucracies over a few years, then went into private practice roaming the remote outback areas to work with intellectually disabled children and adults living on stations and in small communities. The goal of each family for their child/young adult was always that they should develop their realistic potential to be able to live a fulfilled life within the small community.

Now this was in the days when distance communication was by Flying Doctor Radio, mail came monthly, and Special Education Units were only to be found in the large cities – an impossible distance away – so it was up to the parents to figure out what to do, all with no specialist education assessment/support. What was needed was a ‘Walkabout Psychologist’ – there were already a number of ‘Walkabout Shops’ traveling through the outback with a wide assortment of household goods, clothing, tools and so on, calling at each community and station – so a ‘Walkabout Psychologist’ was not too much of a novel concept.

A full cognitive assessment and a motor skills assessment was the starting point (yes, I still have the original kits), the ‘where do you see your child at 21 years of age’ being the ending point, for devising an individual educational and training program for the parents, extended family, governess etc. to deliver.

Re: Understanding of PTSD

My parents were both veterans of WWII. This was long before the term PTSD was coined. Dad, a survivor of the infamous Burma-Siam Railway, like all of his mates, suffered PTSD as well as a variety of physical injuries.

The POWs were a close-knit group despite distance. The wives sought counsel from each other and from the doctors amongst the POW ranks. The only affordable communication medium in those days being mail. There was a wealth of written material shared between families widely distant from each other. An ex-POW association was formed for the express purpose of looking after the mental health and welfare of POWs and their families, led by the doctors. The first president being Col. Dr. E. E. Dunlop (‘Weary Dunlop’). Of course, there were a few ex-POWs who were caught up in the psychiatric or judicial system as there was no understanding or even ‘naming’ of PTSD then, some were not able to lead “normal” lives. The others, many thousands, who were members of the ex-POW Association had families – parents, wives, children who were counselled, educated to support their men – were able to deal sufficiently with the PTSD to function to all intents and purposes as well as other (non-PTSD) men.

It always puzzled these men and their families that, when PTSD became a named and diagnosed trauma response, the psychiatric – counselling - psychological professions did not seek input from the very people who had survived, dealt with and thrived to the extent of reaching their inherent potential.

PTSD does not leave you, any more than an amputated leg grows back, but it is possible to incorporate it into one’s ‘self’ such that as well as achieving your potential, one becomes a resilient, compassionate, tolerant person with an ability to reach others who are mentally suffering.