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Book Review

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PAUL VALENT

In Two Minds: Tales of a psychotherapist

UNSW Press, Sydney, 2009, 335 pages, paperback

Doris McIlwain

In this book Paul Valent shares his personal experience as a Holocaust survivor and, through a number of case studies, explores the ways this experience has influenced his work as a psychotherapist. Throughout Valent shares theoretical insights into trauma, dissociative identity and enactments as bodily forms of communication where there are no words for the past.

One legacy of trauma is to live in a world populated by angels and demons, and not that of ordinary, fallible human beings. Trauma causes people to 'split' the good from the bad, both in themselves and in how they view others. Thereby some may become wholly good, until they disappoint, and others wholly bad. The traumatised person can also terrorise others in turn, passing on the misfortune that has befallen them.

In contrast, Valent's past trauma has alerted him to the ways in which trauma leaves its marks on body, mind and the present moment. He interlinks his own traumatic experience in narrative form among a group of Holocaust survivors. This enables him to revisit earlier unspoken conclusions about past events in his life, conclusions that had set him along a difficult path, particularly in relation to his mother.

In becoming aware of his own traumatic experience, Valent is able to draw on certain hard-won insights and empathy to work therapeutically with those still caught in the overwhelming thrall of trauma.

This book has renewed my admiration for those who work in this field. But I needed to read it twice before I could find the words to review this dark book. As Valent suggests, to come into contact with trauma is itself traumatising.

Valent's blend of memoir and case study is effective given that a person's entire psychological and emotional history is relevant to psychoanalytic clinical work, both as patient and as therapist. Valent sees himself as a 'neutral' therapist leaving space when people speak, offering them safety from impingements, judgement, and from any sense of seduction or exploitation. He retains awareness of his bodily resonances to patients' expressions, gestures and words, while discerning expressive currents not yet put into words. In part, Valent experiences his patients' pasts in his own bodily resonances. Some of his own inner signals reflect his patients' non-verbalised experience. Valent offers them an inter-subjective experience, which makes it possible for his patients to reflect on their own experience; so they can own it, integrate it and speak about it. Of one patient Valent says, he 'offered her a means to hear herself' (p. 117).

Throughout Valent intertwines theory with his own personal experience and that of his clinical work. I find myself at a disadvantage when reviewing these mixed genres. As a theoretical and research psychologist with a small clinical practice, I take very seriously the coherence, validity and research basis of theoretical claims. I am aware of the challenges of importing these insights into the clinic.

The book is not primarily theoretical. Theory is offered in metaphorical form to help readers make sense of the mystery of their own disconnection in the face of trauma. At the same time the book raises theoretical questions, which intrigue me; questions about body/mind issues, the status of dissociative identity, and the notion of the right brain as the privileged site of non-verbal memory.

During his work with bushfire victims, Valent describes how he earned the nickname 'Mr Biopsychosocial' for his view that 'biological, psychological and social factors all play a part in illness. With each patient we must determine how much of each is relevant in what way.' (p. 130). The widespread involvement of the parasympathetic and sympathetic nervous systems in stress responses means they 'could mimic most dysfunctions in the body.' (p. 85).

Valent makes theoretical use of the right hemisphere throughout, as a repository of memories unable to be captured in words. 'Your right brain here doesn't think or talk. It experiences ... The two hemispheres live in different worlds. When you are the competent lawyer and housewife you don't know about the frightened

and helpless, or cut-off numb child.' (p. 173). As descriptive metaphors to help patients clarify the puzzle of a multiplicity of their self-states, this discourse works.

Valent suggests different localisations of various personality subsystems and perhaps assumes more of a bridge between sub-personal neuroscience and person-level psychology than has been demonstrated in the wider literature. However as the blended genre is difficult for me to review, I risk nit picking in the face of such courageous work. Yet I believe theoretical distinctions matter.

Valent endorses the reality of dissociative identity. While the two-minds/split brain image captures the weight of unwelcome legacies of a non-verbal kind, that which cannot be spoken emerges in the form of enactments and repetitions. These then contribute to the intergenerational transmission of family trauma. Some memories and emotions become dissociated and then synthesize, forming constellations of motivational currents of feeling, impulses and associated memories – particularly bodily memories when trauma is experienced early.

Valent emphasises that while the voice may be silent, the body speaks about trauma or repressed experiences. These enactments are like remnants of a prior experience that have lost the context that would make sense of them. Bodily memories are there in gestures and in artistic expression. For instance the patient Lucy's paintings come in three periods: agonised, frozen, and in the middle an angelic figure with wings spanning the two other aspects. Lucy is also in three parts: 'Lucy alternated between a competent adult, a frightened infant and a 6-year-old painter and dramatiser' (p. 101). In asking if the paintings might be a clue Valent learns that Lucy 'could not be directed to her trauma. I had to be patient.' (p. 106). Unlike those traumatised by bushfires, Lucy's life is pervaded by trauma since childhood.

Dissociation, Valent's case studies suggest, is part of a struggle to survive exploitation by those who should instead protect. A traffic island of unknowing strength partitions off from intolerable stimuli; stronger parts of the child's personality coalesce as a care-taking coping system. This happens for instance when Valent finds himself looking 'into the murderous eyes' of his patient Beverly's 'protector' (p. 190). Other parts are frozen in time. Valent suggests they have differing intelligences, differential access to words, knowledge and actions. Chains of meaning bypass islands of experience, where raw stimuli remain unintegrated with the rest of the personality; stimuli which, were their meanings explored too soon, might further unravel hope, trust and endurance.

Valent's warning is simple: do not make premature connections that will be like a switch across an electrical gap. The current will pass through a heart not ready to take the charge. He therefore leaves his patients time to reflect, to find their own words.

The most powerful moment for me in Valent's own story comes as a kind of *nachträglichkeit* where a later understanding transforms the meaning Valent takes from an earlier event. Thereby his greatest pain becomes his greatest gift.

Valent had lived at a distance from his mother. When she and Valent's father were arrested in the street, and taken off to a camp, they left their young son behind and alone. To her son's ongoing distress, Valent's mother did not look back.

Years later Valent recognises that had his mother glanced backward, whether in sorrow or reassurance, he might have followed. His mother did not look back, Valent realises, in order to save him. Still later, while with his mother in the final moments of her life, Valent also recognises that her past deep affection for their dog, affection she had not been able to express towards her son, actually reflected her love for him.

After reading this book it becomes clear that in Valent's view, in working with those who have experienced trauma, the therapist must work more expressively, focus more on enactment and be more empathic than might be the case with those for whom repression is more central to their difficulties. Valent sees empathy as synonymous with love: "A willingness to listen to what really mattered to patients; putting metaphorical arms round them when they felt abandoned... Did these actions not represent love, to which patients responded with trust, a readiness to open their hearts, and a willingness to change their minds?" (p. 143).

The therapist needs be attentive to inner signals from his or her body. Neutrality is important to avoid any implication of seduction. A genuine non-judgemental attitude is important, as many traumatised people become perpetrators of trauma in their turn before they walk through the therapist's door.

In cases of dissociation the therapist needs to enable the person to 'hear themselves' in new ways, to allow some bridging, and reflective function to form. In this way the person can become aware of the coping sub-systems that have developed which may be more or less discrete, or somewhat articulated as some kind of story-line forms.

In this book, Valent offers a theoretically rich and emotionally challenging account of his therapeutic work. This is a dark story of love. Valent's story has contributed to his identity as a talented therapist with a large acreage in his heart for humanity. Would he go through it all again in order to achieve this had he the choice?

No, Valent writes. He wishes the Holocaust had never happened. That is one significant aspect of trauma. The traumatised person morphs, shatters, re-connects and hopefully survives, but only to endure an experience no one would ever desire.

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