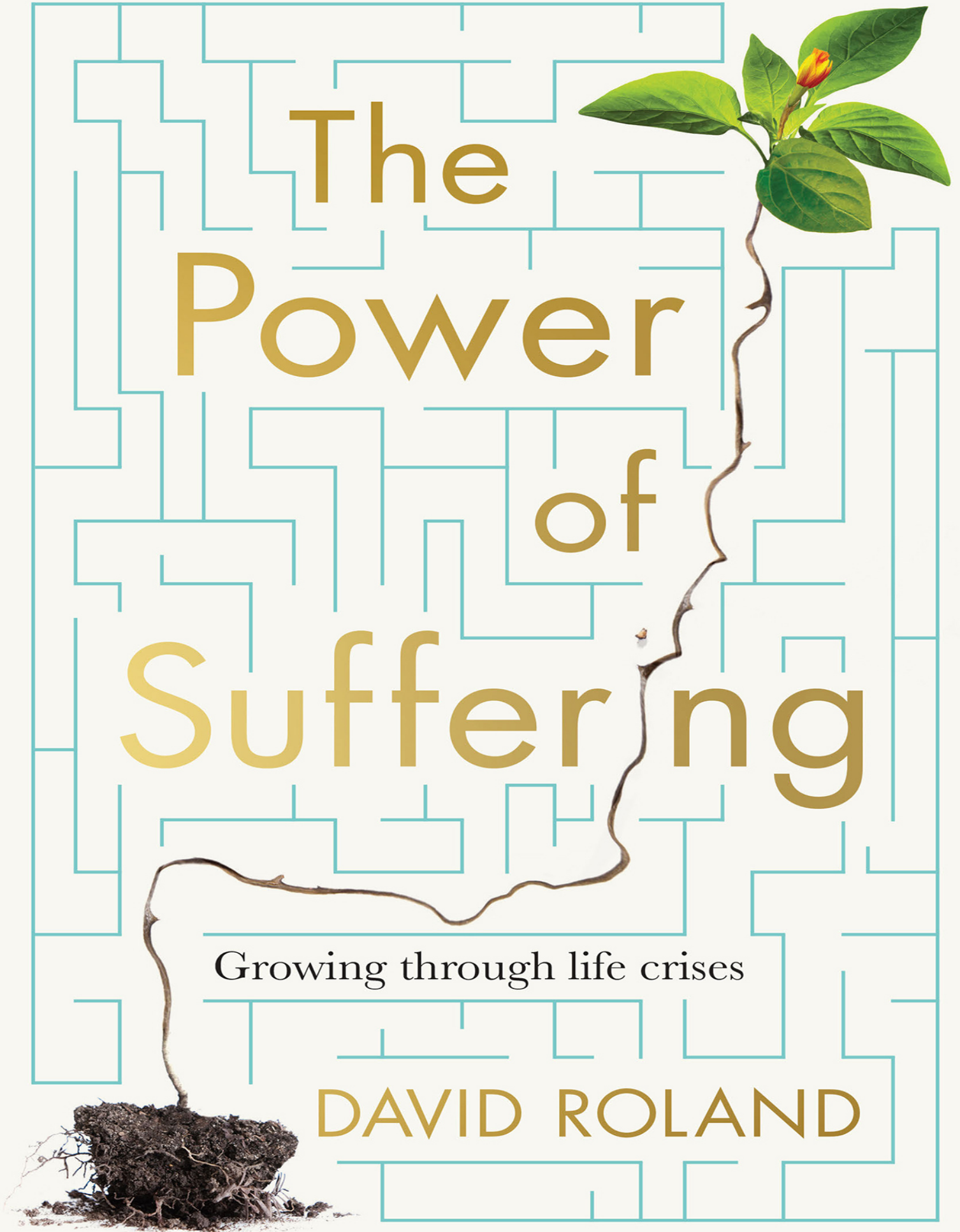


The Power of Suffering

Growing through life crises

DAVID ROLAND



**Thank you for downloading
this Simon & Schuster
ebook.**

Join our mailing list to get updates on new releases, deals, recommended reads, and more from Simon & Schuster.

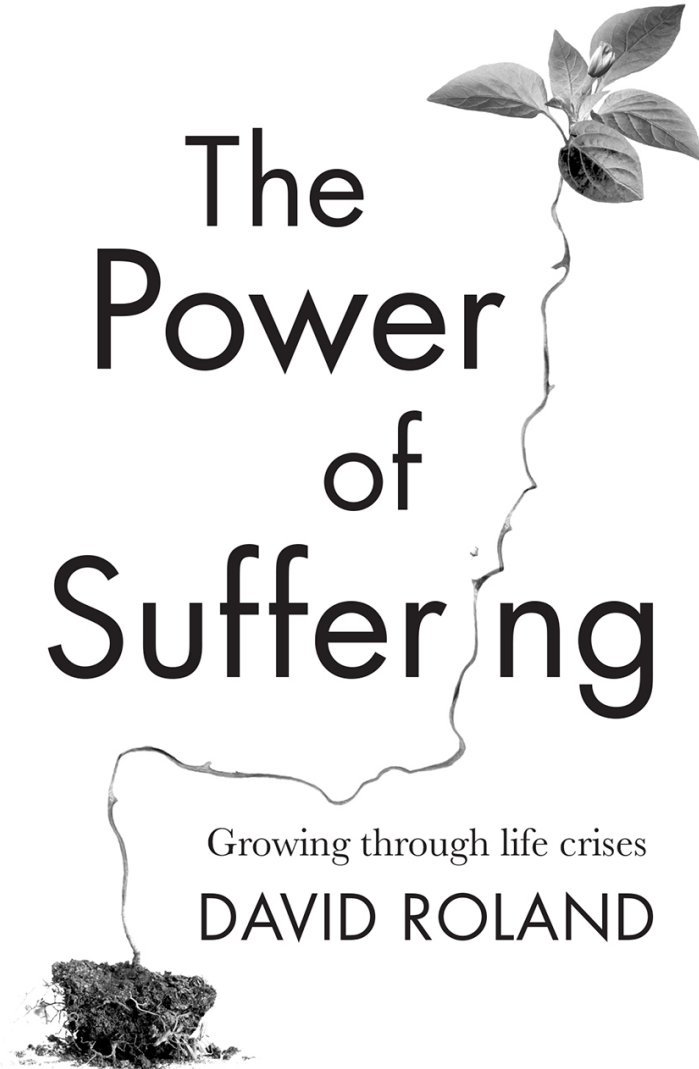
[CLICK HERE TO SIGN UP](#)

Already a subscriber? Provide your email again so we can register this ebook and send you more of what you like to read. You will continue to receive exclusive offers in your inbox.

The Power of Suffering

Growing through life crises

DAVID ROLAND



SIMON &
SCHUSTER

London • New York • Sydney • Toronto • New Delhi

A CBS COMPANY

Bring a kind heart to the world.

Chapter 1

Ashley, my nineteen-year-old daughter, telephoned me one day. This wasn't unusual. She often called for a chat.

It was good to hear her voice. As a first-year university student living away from home for the first time, and interstate, she was learning to be independent. But Ashley wasn't just calling for a chat. She needed my help.

'Dad, I've got this 1500-word essay and I can't do it.'

I often helped Ashley with essays during her high school years. *This is going to be an editing job*, I thought.

'What part of it are you having trouble with?' I asked.

'All of it,' she said. 'It's not making sense, and it's due next week.'

I heard a thread of panic in her voice, which was very unlike her. Normally, Ashley was an unflustered kid, and stoic. *This is not going to be the usual conversation*, I thought. My concentration homed in, and the lovely spring day I'd been enjoying receded into the background. I eased myself onto the sofa in the lounge room and made ready to hear whatever would come.

What emerged was the deepest, most revealing conversation we'd ever had. Ashley was in crisis, not only with the essay but also with life. Her voice trembled and, at times, stalled as her story unfolded, then I heard soft sobbing down the line. My eyes watered. I wanted to reach out and hold her.

Ashley was facing education and health challenges. She was overwhelmed, with no idea of what services she needed or how to access them. I told her she'd done well to get this far and acknowledged this to myself, too, perhaps for the first time. Although we were more than 1000 kilometres apart, it felt like we were very close.

I was a psychologist, had worked as a university counsellor at one time, and although the university and the city were unfamiliar to me, I knew where to begin. I told Ashley I'd make calls and get back to her by the day's end.

I secured her a next-day appointment with a university counsellor; he would organise an extension on her essay once she'd explained her difficulties. The university medical centre had a drop-in time for students in the mornings, and the study skills centre offered a 1:1 tutorial session for her the following week.

My discussion with Ashley had revealed a developmental issue thwarting her capacity to study. This hadn't been picked up during her high school years, but now, under the pressure of university study, and without her usual supports, it was a major roadblock. Assessments and reports by qualified professionals were needed. More calls over several days secured appointments with various practitioners: four major consultations in all, to be conducted over a week, in one month's time. I resolved, without hesitation, to fly down and be with her during that week, making myself totally available. I'd go earlier, if she needed me.

Once all these things were in place, I reflected upon my actions. Something within me felt different, but what? I was doing what any parent would do, right? Well, maybe not. Before, when I'd been a work-focused psychologist running a private practice, something like this would have been an extreme inconvenience. I'm not sure I would have listened to my daughter so openly and intently without jumping in, trying to quickly problem-solve. I'd have shifted the responsibility to her mother, now my ex-wife, to see if she could go. But now, there was no question: *I* wanted to be there for her.

It was as though my internal compass was pointing in a new direction, away from my own needs and towards... love.

I'd noticed other changes in recent times, too. I was less interested in elaborate, expensive, pleasure-seeking activities, and more content with simple pleasures, like a walk or swim at the beach, coffee with a friend, family dinners, playing music, connecting more deeply with others. I was sensitive to the suffering in the world in a way that was raw, and more tangible than before. I'd become less judgemental of people's differences, seeing the whole person, recognising that everyone has a story of how they came to be the way they are

and accepting that I must be less than perfect, too. I was less of a know-it-all, which was a relief to friends and family, I'm sure.

What had wrought this change?

Well, life hadn't been easy in recent years, and I suspected that suffering had done its work on me.



If I were to place a pin at the epicentre of my suffering, I would locate it at the hospital room – more particularly, 16 July 2009, my first night there. The bed was hard, the sheets too crisp and the antiseptic hospital smell smothering. The fluorescent glow from the outside corridor spilled into the room like a rough-necked intruder, and the ruffling sounds of my roommate in the bed next to mine were unfamiliar. Nothing felt homely and the prospect of sleep, so tantalising, was way off.

My mind freewheeled, screening show reels taken from life events. They revealed nothing but failure: failure as a decision-maker, as a father, as a husband, as a provider, as a psychologist. I could see nothing that was good. And the finale: *I'm a burden to everyone; the world would be better off without me.*

But I must have slept, because morning light from the long window by my bed nudged me awake and my new reality seeped in. How on earth had I ended up in a psychiatric hospital?

The question hung over me like a thought bubble as I ventured through the day. It was a question I couldn't answer. I couldn't be sure if what I was experiencing was real or if I was in a dream. Maybe this is psychosis, I thought? When people spoke, I wondered: *Is that person really speaking to me or am I imagining them?* Not being sure, I acted as if everything around me was real; the alternative was too frightening to contemplate.

There was something else, too. My mind was in a fog, as if I was drugged. Thoughts crawled through an invisible sludge, images of people and places had no labels, and I couldn't name them. I'd lost words. Time was passing but I couldn't say how much, or even be sure of what I'd done moments before. Noises seemed amplified and stabbed into my brain like needles.

I tried to capture these bizarre experiences. I took out my journal, sat on the bed and began writing. My hand seemed drunk as it scraped across the page, and my attention kept drifting off into some netherworld: 'I never thought this would happen to me. Very strange first night. What am I doing here? Feel some sense of shame. Finding this hard to write.'

I felt very alone.

Then the bits fell into place. *I've had a complete mental breakdown; I've lost the plot; my mind isn't working anymore.* And with that realisation came another horrifying thought: *I might not ever get it back.*



Three days before my hospital admission, I'd woken early, got up and dressed as if for work, but I hadn't worked in two years. I wandered the house, entering the children's bedrooms, stopping and silently staring at them, they later told me. Once my wife was up, I asked, 'What am I supposed to be doing?'

'It's the school holidays,' she said. I was to take two of the children to camp. But I kept asking the same question again and again, not retaining her repeated answer. Frightened, she dashed me off to the general hospital.

Two days of tests and observation resulted in a diagnosis: 'psychogenic amnesia', brought on by extreme psychological stress. Off to the psychiatric hospital I went.

You see, prior to this I'd worked for over twenty years as a clinical and forensic psychologist, hearing clients' trauma stories. I'd worked in the prison system and come face to face with murderers, rapists and paedophiles. On a few occasions, during my work, my life was threatened. The memories caught up with me. I was visited by horrific nightmares, jumpy and irritable during the day and drinking too much. Life was joyless. I sought the counsel of a senior clinical psychologist who diagnosed post-traumatic stress disorder (PTSD) and depression. I closed my private practice, believing I needed time away to get well. Six months would do it, I thought.

During this period suicidal urges swooped on me so fiercely that I would grip onto the furniture, as though a demon were trying to whisk me away. As a

clinician, I knew that if someone has a plan for how to do themselves in, they are a real suicide risk. I had a plan.

But there was an unexpected twist. Three weeks after my hospital admission a brain MRI revealed that I'd experienced a stroke: a brain injury. I'd been completely misdiagnosed. My mind was not lost, just temporarily hijacked. I felt immense relief; this was something I could work with.

I was a 'walk and talk' stroke, more common than most people realise. I didn't have a droopy face or lose mobility, although I felt as weak as an old man. I could talk 'normally', but my wife said it wasn't my usual way of speaking. A quarter of my visual field was gone due to damage in the vision area of my brain; I forgot the names of people, things and facts and had amnesia for new events. I experienced geographical disorientation – losing my way – and circumlocution – difficulty finding the right word for what I wanted to say. And I suffered extraordinary mental fatigue, like nothing I'd ever known. After any mental exertion I needed to sleep. My sensitivity to noise was due to my brain's impaired capacity to modulate incoming auditory sensory input; something our brains usually do automatically.

Prior to the stroke, my wife and I had been facing financial calamity. We'd built up property investments over time, seeking financial security. I'd been conscious that I might reach a use-by-date, worn out by helping distressed people, so I'd made it a mission to create income independent of my occupation.

But with me the main breadwinner, after two years of unemployment our personal savings were exhausted, just as the global financial crisis of 2008 hit. Property prices were depressed and the payouts after a sale did not always cover the mortgage and the associated fees. With three school-aged children to support, our situation was grim. We were on our knees, and we turned to our families for help.

One particular financial institution was hammering us relentlessly. I sent them medical reports and financial statements demonstrating our genuine hardship but they refused all attempts to negotiate. We couldn't meet their demands for payment of the outstanding debt; we'd already sold the family home and were renting it back from the new owner.

Why, when we were down like this, did they kick us in the guts? How did it help anyone? Their threats were impacting on my wife and me and, as a result, harming our children.

Finally, the financier obtained a court order against me (a writ for the levy of property), thinking I was the moneybags and hiding something, I suppose. The next step would be bankruptcy. We waited. Weeks went by with no further communication until a letter came to our home; we had two weeks to pay the full debt. It said, in part, 'This order authorises Officers from the Sheriff's Office to attend your address to obtain payment or to seize and sell your property to satisfy the outstanding amounts.' It was absurd; the value of our household contents, if sold, would be a mere dent in what we owed. It was madness. Sustained torture.

The letter said, 'Please do not ignore this letter, as failure to respond will mean that by law this Office has no option but to proceed to enforce the Order.' I was too paralysed with fear to respond.

One morning, weeks later, I was inside the house when I heard a car pull up outside, then voices. I looked out the front window and saw two men in blue uniforms: a large, older man and a younger one of average build. It had to be the sheriff. A bolt of fear ran through me. I scampered downstairs to my study, as far away as I could get from them; it was too late to exit without being seen.

Once in the study I crumpled to the ground, my forehead resting on the floor. My body shook. *Surely this is a dream? This only happens in movies, doesn't it, not in real life?*

My thinking catapulted ahead: they would take away our possessions; the family would return to an empty house – the children were at school, my wife out. I pictured myself talking to the girls, their faces perplexed as I explained the harshness of the world and how I could no longer protect them.

There was knocking at the front door; it was a timber house and sounds carried easily. I froze. Muttered voices, a pause, then footsteps, boots clomping down the drive and passing by the study window to the rear of the house. They knocked at the back door. Silence. 'No one home,' I heard. 'We'll need to force entry.' Then something about getting tools from the car.

The absurdity of being found like a frightened child on the floor and the ignominy of our home being broken into was too much. I pushed myself up, walked the short distance to the back door and saw two shadowy figures through the tinted windows. I opened the door and, speaking as coolly as I could, said, 'Hello. Sorry. I didn't hear you knock. I was sleeping.'

I probably looked more alarmed than sleepy, but they appeared relieved. The older man, a sergeant judging by the three stripes on his epaulettes, spoke with polite formality and asked if I was David Roland. I assented. I expected them to enter and begin the search of the house but they stayed put. The sergeant turned to his offsider and said, 'Take notes.' Saying nothing, the younger one took a notepad and pen from his shirt pocket and made ready to write.

The sergeant recited the instructions of the writ and asked, 'Do you own a Ferrari or a boat, or anything like that?' Hardly waiting for my reply, he turned to survey the open garage to his right, which contained only my old Subaru, then twisted to the left, where there was only garden. 'Doesn't look like it,' he said. I nodded. The young man scribbled.

'We'll be advising the court that we found nothing of value,' he said. He turned to the young man. 'Have you got that?' Then he faced me again. 'Thank you, Mr Roland.' They left.

Once they were out of sight, I cried with relief.



In the ensuing ten years since the stroke, I've gained substantial recovery in every way. Symptoms of mental fatigue and memory loss still occur, although they're greatly reduced. My physical health is excellent, better than before the stroke; I either ocean swim, walk, dance or garden every day and eat a healthy diet, which has given me back the waistline I had in my twenties.

But there was, as they say in wartime, collateral damage. We barely got through financially; I was unable to return to psychology work; my relationship with my three daughters was temporarily disrupted; and my marriage did not survive.

The breakdown of our family unit was the worst, like the death of a loved one. It unleashed a river of grief. I struggled with disbelief, having never imagined such a thing happening; marital breakdown happened to other people. My wife and I broke the news to the children together and made plans for a separation. I thought of our separation as temporary, something that would give us space, emotional respite, time to settle, allowing for family get-togethers and maybe, after a time, rapprochement.

But my wife took up with a new partner within months; she'd emotionally exited the marriage. I felt a searing hurt that turned into anger, rage, but over time this has mellowed into acceptance. She and I remain friends. Our three children have prospered, fortunate to have two devoted and cooperative parents.



Ashley's appointments went well, clarifying what was happening for her and what needed to be done. She saw the study skills tutor and completed her essay. She learned how to access the university medical services, saw the university counsellor and got some glasses to help with reading. The professionals' reports went to the university and her teachers were informed. Allowances would be made. I saw her student living conditions, met some of her friends, and felt reassured.

Bumping along on public transport to and from appointments, browsing vintage clothing stores and eating out, we had the incidental conversations one has when engaged in common activities. Ashley had other needs, too; ones she hadn't mentioned, like a shortage of kitchen utensils. We found what she needed and bought food supplies so she could prepare healthy meals. We were hanging out together like adults for the very first time and it was marvellous.

On our one completely free day, Ashley chose to go to the zoo. I was delighted when she asked me to take photographs of her straddling a giant statue of a yellow-striped Corroboree Frog, my little girl still there in her woman's body. A photograph I took in the butterfly enclosure shows a butterfly settled on her nose, its folded wings flashing burnt orange and my daughter's face beaming beneath it.

It was a real father–daughter moment. I felt truly wealthy.



Not long after my visit with Ashley, my suspicion that suffering had changed me in some fundamental way was unexpectedly validated.

I attended a university symposium showcasing new research involving compassion-based approaches within psychology. Dr Bronwyn Morris, a psycho-oncology researcher, spoke of something I'd never heard of: post-traumatic growth (PTG). People surviving life-threatening illnesses and other major crises, she said, often grew in positive ways as a result.

After a life crisis, Dr Morris explained, there is shock, distress and disruption for the survivor. This leads to questioning: 'What's really important in my life?' 'Who do I want to be with?' 'What work do I really want to do?' 'If I can't be the person I was before, what now?' Answering these questions becomes the catalyst for growth.

Previous researchers, she said, had identified five domains of post-traumatic growth: enhanced relationships; greater appreciation of life; an acknowledgement of personal strengths; opening up to new opportunities; and growth in spirituality. Not everyone experienced growth in all of the five domains and not always to the same extent. Some remained stuck in their suffering, and others did not change in any way at all, good or bad.

But the standout finding in *her* research was that compassion for others increased. Survivors would say things like, 'Now that I've gone through this I want to help others the same way people have helped me.' This often extended to anyone who was vulnerable, not only cancer survivors. She thought this was an added feature of post-traumatic growth.

As Dr Morris described each domain, I found myself ticking off a mental list. *I've experienced that, and that, and that...* I'd experienced all the changes. I wasn't imagining the new direction in my internal compass, it was real.

Soon after, I spoke at an International Day for People with Disability event for survivors of brain injury and their carers. I wasn't interested in giving a

conventional talk on the (very real) frustrations of living with a disability. Instead, I wanted to convey a positive message.

The organiser Karen Thompson and I spoke beforehand. She'd worked with brain-injured clients and their families for over thirty years and I wondered what she'd observed.

'An acquired brain injury,' she said, 'changes an individual's life in all its domains – physically, cognitively and socially. Many of my clients have said how this has changed their lives in positive ways, rather than what they've lost. Often, it's a strength that you get when faced with adversity.'

I remembered Michael J Fox, the actor, diagnosed with Parkinson's disease at age thirty, describing his illness in positive terms. I sought out his memoir *Lucky Man*. He says, 'If you were to rush into this room right now and announce you had struck a deal – with God, Allah, Buddha, Christ, Krishna, Bill Gates, whomever – in which the ten years since my diagnosis could be magically taken away, traded in for ten more years as the person I was before – I would, without a moment's hesitation, tell you to take a hike.'

In a remarkable finding, Niels Birbaumer and his team at the Institute of Behavioural Neurobiology at the University of Tübingen in Germany pioneered the Brain Machine Interface (BMI), which affords communication with patients with locked-in syndrome. Locked-in syndrome often develops from diseases such as amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS) and Parkinson's disease. In the final stages of these diseases patients are condemned to total paralysis, unable to move, eat, speak or communicate via facial expressions or physical gestures, but they are able to hear. The BMI enables locked-in patients to communicate via brain wave changes and other physiological measures to answer questions and compose their own thoughts.

Once such people have passed through the difficulty of adjusting to their physical condition their focus turns away from those activities associated with being able-bodied and onto those they can enjoy, like being with family. They'll say things like, 'My biggest joy is when my son comes to visit at the weekend.'

Using a standardised test called the International Affective Picture System, which shows images that elicit positive and negative emotions in the observer, Birbaumer found, 'that which makes us happy made these highly restricted

people even happier and that which makes us unhappy affected them much less than us. Ultimately, the conclusion must be that their quality of life is higher than ours.’

How is it possible that someone with such extreme physical restrictions can be happier than someone without them?

As I searched through popular literature and heard stories of how people had changed following major life crises, it became clear that intense personal suffering cultivates positive outcomes for many, even after loss that could never be rectified. Not only is this phenomenon widespread, it’s also not new. All major religions speak of suffering as a path to insight, growth and renewal.

That suffering could be beneficial seemed counterintuitive, though. How could a bad thing produce a good thing? Can a life crisis be viewed as favourable? But as I write this, ten years after my stroke and the most distressing period of my life, I am more contented and joyful than I ever remember being. On all the indices that matter most to me, I feel a richer person, albeit financially poorer.

This book has emerged from my curiosity. How did I survive that horrendous period of suffering and how do others do it? And what is the mechanism that produced positive changes in me, and does so in others?

My training and experience as a clinical psychologist with a PhD in psychological research and a major in zoology means I value what experts and researchers say, but not completely. Some of the health practitioners I encountered during my recovery were invaluable; others got things wrong (a story recounted in my memoir *How I Rescued My Brain*). Some exhibited an intellectual understanding of what I was experiencing but not an empathic one; they were out of step with me.

But what surprised me most was the enormous benefit I gained from being with others who’d suffered intensely, even where the cause of their suffering was not the same as mine. Their presence, their stories, their wisdom and their hope gave me the kinds of reassurance that health practitioners did not always provide. Someone else’s suffering, I’ve realised, penetrates deeply and resonates in a way that is healing.

The majority of this book features the personal stories of people I have come to know and who've been through major life crises: illness, betrayal, the death of a child, disability, brain injury, loss... the list goes on. Their stories offer a rich source of solace, insight and practical advice. To gain greater insights, I've incorporated research, commentary from experts and my own reflections.

Towards the end of the book, I've provided a summary that will help those going through suffering and those caring for them, and how we can all foster growth. For those who haven't experienced a major life crisis, I offer the wisdom gained from those who have.

Now it's probably time to have a closer look at what suffering is, and how on earth it could possibly be a good thing.

Chapter 2

I was walking along the beach this morning when I came across a friend I hadn't seen in a while. We got talking, and I told her the topic of this book. Immediately she said, 'It's hard to explain suffering unless you've experienced it.' She mentioned a friend who had lost her son and who told her, 'I went to the centre of the earth and back again.' Metaphor and simile are often the only descriptors for suffering like that.

If by some remote chance a person had never eaten chocolate and I was to try and explain to them with words and gestures what it's like, they might gain an intellectual knowledge, but that would never come close to actually knowing what chocolate tastes like. Can we truly know suffering, the intense kind of suffering that brings us to our knees, unless we've tasted it ourselves? I don't think so.

And if someone has never experienced how suffering opens you up, forces you to see things differently, to become a new version of yourself, they might intellectually understand what the poet Khalil Gibran meant when he said, 'Your pain is the breaking of the shell that encloses your understanding,' but not understand how urgent that pain is.

The sufferer is dealt a challenge: how to find the words and means to express an experience they have been struck dumb by, an experience that goes beyond anything they've ever known. The question for the carer, or friend, or professional who hasn't experienced this kind of suffering is how to be with the sufferer when they can't 'taste' that suffering. The personal stories that follow are my attempt to provide a taste of suffering and to demonstrate the transformative power that suffering offers us.

On a trip to a new destination it can be useful to have signposts and points of recognition along the way, and to know the history and particulars of a place before getting there. What follows is my guidebook into suffering, an attempt to provide points of recognition, comfort and the thrill of insight.

There is a lot of opinion I could draw on to explain suffering: religious texts, anthropology, zoology, neuroscience, medical research, psychology, literature and self-help books, as well as personal experience. But for the sake of my sanity, I'll confine myself to the sources that appeal to me, and in doing so, offer a contemporary view of suffering aimed at the non-academic reader.



Eric Cassell is a physician, Emeritus Professor of Public Health, Weill Medical College of Cornell University and a champion of person-centred care in medicine. When I spoke with my medical friends about suffering some would say, 'Have you read Eric Cassell?' So I did.

Cassell says in his bio, 'One of my tests for every idea continues to be whether it works in end-of-life care.' That's a tough measure, and I admire him for it. Cassell practised as an internal physician for thirty-seven years before retiring in 1998. Hearing him speak, I quickly became convinced that this was a wise person, someone who knew suffering from the fingertips up.

'Suffering is a thing in itself and not something else,' Cassell says, 'it is not pain or the other symptoms that caused it.' If the pain is reduced, he says, this may not reduce suffering, and suffering can be reduced even if the physical symptoms aren't relieved.

So, first up, here's a clear distinction between pain and suffering.

Pain, at the very least, is experienced by all animals with a central nervous system and pain receptors, such as reptiles, amphibians, fish, birds and mammals. Even simple organisms without a nervous system, where the feeling of pain may not be present, will nonetheless flinch or withdraw, and fight when threatened. Pain and the response to pain are pretty universal.

I think we all know, begrudgingly, that physical pain is useful. It motivates us to do something to remediate the harm from injury or illness. And, like other

animals, we learn critical lessons. If we're burnt by fire we don't just say 'ouch', we learn to avoid it. And if we discover some foods that are nasty and noxious, we don't seek them out in the future.

All in all, pain goes a long way towards ensuring we stay alive.

But our perception of pain is subjective and, as we'll see, the same is true for suffering. A mother might describe the pain of childbirth as horrendous, truly horrendous, but still agree it was worth the trouble, even contemplating becoming pregnant a second and third time. Some sportspeople, such as professional footballers, develop a high pain threshold because they enjoy barging into one another, while for a writer like me, tapping on a keyboard and lifting a coffee cup is about as physical as I'd like my occupation to get.

Besides physical pain, there is also emotional pain. Loneliness, social rejection, relationship breakdown, failure, loss of hope, traumatic shock and grief are intensely painful. Brain scans in humans show that emotional pain activates the same key areas within the brain (the anterior cingulate cortex and prefrontal cortex, among others) as physical pain. The brain, in this sense, does not distinguish between physical and emotional pain.

A surge of emotion can cause a heart attack. In women this is commonly caused by grief or stress, and in men by fear. After a natural disaster there is an increase in both 'broken heart syndrome' and stress-induced cardiomyopathy within the devastated community. In the sixty days after the September 11 terrorist attacks in 2001, there was a 49 per cent increase in heart attack patients admitted to New York hospitals.

So suffering is, very much, a physical experience as well as a psychological one.

But why is there suffering? Does it serve any useful purpose or is it a nasty by-product of being human? The answer seems to be both, and to appreciate why, we need to look to the human brain and how it evolved.

I'm in awe of the brain and I have been known to talk about it a lot. When my youngest daughter was fourteen, she asked if three of her friends could come for a sleepover. This would include pitching a tent in the garden, dinner, movies, chatter into the small hours and a late breakfast the next day.

'Sure,' I said.

‘But Dad,’ she responded, looking as though she’d just swallowed a slug, ‘you have to promise not to talk about your brain. It’s sooo embarrassing!’

Although I was keen for her friends to know that the human brain is one of the great wonders of evolution, I assented to her request. The sleepover went well and her friends returned home happy, none the wiser about their amazing brains.

The human brain has taken our species well beyond our biological needs for survival and thrust us into pole position on the planet, for better or worse. But in spite of its high achiever status, the nuts and bolts of the brain are quite simple: neurons supported by glial cells. The human brain contains an estimated 86 billion neurons, three times as many as the other great apes – close relatives in an evolutionary sense, but not so close that we’d invite them to a family gathering.

Each neuron has the capacity to connect with thousands of other neurons and it is their huge number and eagerness to network with one another that gives rise to the brain’s complexity. To put this into a sharper focus, if all 7 billion people on Earth were active on Facebook at the same time, it would look like a game of tiddlywinks in comparison to the activity within an individual human brain.

Some scientists have proclaimed that the human brain is the most complex structure in the known universe. Let’s just say it’s going to be a long while before we fully understand ourselves, and suffering.

It was the hirsute *Australopithecus afarensis*, a bonobo-sized figure, whose existence more than 3 million years ago marked the first appearance of an upright, human-like species (hominin). *Australopithecus*’s brain volume was only a third of ours, and as a human dude he was a flop – and probably not very hygienic, either. But the *Homo* genus, of which we are one, owes *Australopithecus* credit for the origin of our brain.

Modern humans (*Homo sapiens*) appeared around 200,000 years ago and, resembling unkempt hipsters, loped out of Africa, adapting to almost every natural environment upon the planet in a way that previous human species had not. Not only was this done with great ingenuity and daring but our species, unlike any other, also created purpose-built environments: farming

communities, towns, cities, global networks and espresso coffee. And it is in the psychological capacity for these extraordinary feats that the seeds for human suffering are to be found.

We did not originate from an Adam and Eve alien couple, transplanted onto Earth with brains set up perfectly for the tasks that lay ahead. Our brains derive from a series of renovations and add-ons going back to the original *Australopithecus* model, each addition carried out when a new challenge or opportunity arose, just as a family extends their once-adequate dwelling to meet their growing needs until everyone has their own bedroom and space to hang up their *Star Wars* posters. Because we have *evolved* brains rather than *designed* ones, we experience unintended consequences, rather like medications that are useful but have unhelpful side effects. These side effects are, sometimes, what we call 'suffering'.

Our evolved brains have given us feelings like love, desire, delight, sadness, anger and fear, along with that rather nebulous thing: awareness. Because we naturally grow into awareness like we grow into our skin, we can easily overlook this amazing ability. And yet, we could no more imagine life without awareness than we could imagine it without skin. Awareness gives us the capacity to monitor our internal environment of thoughts, feelings and bodily sensations, all the while being aware that we are doing this. In other words, we have awareness of awareness (referred to by neuroscientists as metacognition). Some animals also appear to possess metacognition to a degree, but not to the extent that humans do.

Our awareness of our internal landscape, along with our actions, memories and relationships, provide us with the essential elements we need to develop a picture, over time, of who we think we are. Furthermore, our brain has given us the capacity to think beyond the present moment: to recall the past, to imagine the future and to link past, present and future together to create a continuous narrative.

When we watch a movie we see it as continuous, but actually, it is a large number of individually sequenced frames rapidly flashing in front of our eyes. The way we construct our personal narrative is similar, adding our experiences together to make a movie that we call 'me'. Something I'll call our storied Self.

This storied Self is fine, until it's not. There's no denying that the Self we construct helps us navigate life, like the captain of a ship. We like the idea that someone is in control, which helps explain why we are reluctant to let go of our storied Self when the ship capsizes.

We're so confident in our assumed self-identity that if someone asks, 'What kind of person are you?' we unhesitatingly answer by drawing upon our personal narrative – one influenced by the opinions of others, I might add. If someone asks us, 'How do you see your future playing out?' we make predictions drawing on the same personal narrative, and on our accumulated understanding of how the world works from memories of past experiences.

No anatomist or neuroscientist has ever located this Self in the body, although there are areas of the brain that are more active when we think 'self' kinds of thoughts. So it should be no surprise that if a wind gust blows our Self, it is liable to come tumbling down like a house of cards.

Back to Eric Cassell. 'Suffering is a breakdown of the intactness of the person as the person knows themselves. Suffering happens to persons not to bodies... Suffering is a specific distress that occurs when the person's intactness is disintegrating and continues until intactness or integrating is restored.'

I know this feeling well. During my experience of PTSD before the stroke, it felt as if the world was falling apart, that society was disintegrating, about to implode. In reality, the world was operating in the same way as it had before my PTSD. What was falling apart was me; my storied Self and the story I'd constructed about how the world operated.

I was a high-functioning person for whom things mostly worked in a predictable, effective way, reinforcing my view that I was the captain of my ship. But with the profound effects of trauma I lost control; the world became a place of fear and unpredictability. Someone might jump out from a doorway and mug me, or a terrorist explosion might rip up the street where I was walking. In public places I had to sit near the door in case I needed to escape, but from what? Applying my usual strategies for getting ahead didn't work, and fear accompanied me like a bad smell.

Eric Cassell says, 'Suffering is not just because of the stimulus but because of the specific person they are. Two persons can have the same unpleasant event

happen to them but not experience the same degree of suffering.’

Cassell says that making a diagnosis of suffering differs from the usual diagnostic process because suffering is an affliction of the person, not the body. He encourages physicians to ask a patient: Are you suffering? I know you have pain, but are there things that are even worse than just the pain? Are you frightened by all of this? What exactly are you frightened of? What are you afraid is going to happen? What is the worst thing about all of this?

In a talk at the Australian Palliative Care Conference in 2013, Cassell cited four examples of patients within the hospital setting to illustrate this point.

‘What if you’ve been tolerating pain for hours, days and months and now, you’re exhausted and you cry out for help? You have no stamina left and no control and you start to whimper.

‘You’ve been really proud of your appearance and been a careful dresser; it’s part of your self-concept. But lately you’ve been having terrible diarrhoea. When you come into hospital the nurse undresses you and shit runs down your legs and people come in and out of your room affording you no privacy and challenging your dignity. Liquid faeces running down your leg is never nice but to that vain woman it is beyond horrible.

‘You’ve always been a good patient, a good child. Then you came to the emergency room lying on a gurney for hours waiting for a bed, so cold and so thirsty and no one stops. When they do stop they tell you to be patient, they are so busy. Some are mean and short... you feel you’re being abused. Why are people behaving so badly towards you, when you’ve been so good? It’s never nice to be abandoned on a gurney and it feels unfair and abusive, like it’s being done on purpose.

‘What if you’ve been a social person and have a million friends and found out you have cancer in your colon and believe you’re going to die soon and you’re afraid to stop talking to anyone because you’re afraid people will stop talking to you, like they did to your mother, they ran away from her and you. You’re really scared of dying. You don’t even tell your girls because they have their own lives. Being separated from others is always bad.’

In each of these cases there is a source or a stimulus triggering the suffering, but the suffering is unique to the individual. In the first case, the source was

physical pain, in the second, it was the serious injury to self-image, in the third it was the feeling of being abused, and in the fourth, social isolation. Only in the first case was the suffering due to physical pain.

Cassell says, 'As much as possible the stimulus of suffering needs to be removed, there is no excuse for untreated pain. The physical symptom that you believe to be the source may be completely controlled and the suffering continues. Any intervention needs to happen to the whole person. In healing the suffering person, you must intentionally act on that person.'

Besides the enchantment with our storied Self, evolution has given us brains with the power to reason and to imagine what currently doesn't exist; it's evident that we do this way beyond any other species on Earth. This is no small deal. It's enabled us to devise tools and create shelters, and to develop new food systems, ways of communicating, symbolism, extensive social structures, culture, music and art.

But these capacities also produce side effects.



Professor Paul Gilbert, from the University of Derby, UK, is one of my favourite psychologists. A man in his late sixties, he is fun to be around because of his jollity and wit. His handsome smiley face with its airman's moustache and his teddy bear-like physique make me feel like he's stepped out of a children's book. And he has a very sharp mind.

Paul is famous in the psychotherapy world for the development of compassion-focused therapy (CFT), which draws on evolutionary biology, neuroscience, clinical psychology and wisdom traditions such as Buddhism. He tours the world training health professionals in CFT – training that I have undertaken. Many of humankind's problems, he says, are a result of 'our tricky brain'. The human race has demonstrated an enormous capacity to be nasty, more so than any other animal species, but we also have the capacity for caring and altruism – a result of our biology and our brains.

I caught up with Paul on one of his recent visits to Australia. We met at a colleague's home where he was staying. He padded around barefoot in shorts

and an open-necked shirt, and offered to make me tea.

I set up my recording equipment in the cool of the lounge room where we made ourselves comfortable. It was summer and thanks to the recent rains the lawns were looking pretty pleased with themselves. We began talking and a ride-on mower coughed into action outside the house, emitting a loud, abrasive sound; it was the visiting gardener. With skyward glances we both laughed and Paul said, 'That's the nature of life, unpredictable and suffering everywhere.'

Paul pointed out that our brains have been built for us, not by us, and they've been built to achieve certain tasks. He has a neat way of conceptualising the primary human emotional systems within the neurological context. He distinguishes between three. The drive and resource-seeking system motivates us to seek food, shelter, friends, money, career and sexual partners; it's also the system that drives us to compete. When this system is activated we experience emotions like excitement, pleasure and pride. Modern societies tend to encourage this system with the ideas of 'getting ahead' and 'being a winner'. Success rewards us with shots of dopamine within our brains, encouraging us to seek further goals.

The threat and self-protection system motivates us to stay safe and to fend off threats to ourselves and those we care about. Emotions like fear, anger, aggression, anxiety and disgust motivate us to act. Adrenaline and cortisol are two of the neurotransmitters released when this system is activated, leaving us hyper alert and ready for action.

Both systems trigger emotions that reflect that system's primary purpose, and both are absolutely necessary for survival. Emotions tell us when we're under threat or our goals are not being met, and motivate us accordingly. Paul refers to the capacities utilised by these systems as 'old brain'.

The third emotional system developed so we could rest and digest, so when the body was not actively seeking out resources or under any kind of threat, it didn't need to do anything and could focus on rejuvenating itself.

But as mammals became more social, the rest and digest system expanded into the soothing/affiliation system, a late arrival in an evolutionary sense. One of the greatest sources of feeling calmed and settled and secure in the world is the quality of our relationships. The more we feel loved and valued, the safer we feel.

This is crucial for children because children who do not feel safe, loved or valued grow up to be very threat-sensitive.

Affiliation is that strong desire to hang out with others of our own kind and within the sub-groups of our own kind. It orients us to seek attachments with others, with the primary attachment being between parent and child. When the soothing/affiliation system dominates, we feel safe, trusting, content and open to social intimacy and developing new attachments. This system also orients us to care for others and to receive care from others. Our brain releases endorphins when we are feeling calm and peaceful and when receiving or offering kindness. Oxytocin is the hormone of social bonding and of connectedness.

The affiliative and soothing capacities, together with metacognition, reasoning and imagination, are part of what Paul calls the 'new brain' capacities.

Mammals care for their young, with humans going to an extreme in this department; there's no 'helicopter parenting' or 'boomerang kids' in the non-human world, I suspect. Animals lacking the soothing/affiliation system have fewer reasons to suffer. It's unlikely, for example, that lizards feel the pain of social rejection or extreme grief when one of their kind dies. Whereas, for humans and other mammals, affiliation is critical for wellbeing and survival, making social rejection, loneliness and the loss of a loved one very painful, a natural outcome of our make-up.

So here's a clue for how to ease personal suffering: find ways of activating the soothing/affiliation system. For example, a parent who takes part in a self-help group for parents who have lost their children no longer feels alone. The group members share an empathic understanding of each other's anguish, and this shared understanding opens the space for each member to grieve more freely and unashamedly. Being understood, cared for and embraced by another's shared experience is, ultimately, soothing.

Intense suffering turns up the influence of the soothing/affiliation system, because that is what we need most, right then: to be cared for. A normally bulletproof ten-year-old boy transformed by the flu, for example, will become a comfort seeker. Suffering exposes our vulnerability and fragility, and it is in our vulnerability that we reach out; we can't survive suffering on our own.

But our soothing/affiliation system is also activated when we extend our care to another. As we'll see in the personal stories in this book, many survive and grow through their suffering by caring for others – people and animals – in need; we are wired to care.

Understanding that we have these motivation and emotional systems, together with our storied Self, helps explain why we can be so blindsided by a major life crisis. In a way, we can see mental suffering as a result of major disruption in the balance of our motives, emotions and expectations; it's as if the steering wheel of the mind has been taken over by an imposter.

Paul reminded me that some of our evolved processes don't necessarily have advantages, and cited the upright stance of humans as an example of an evolutionary trade-off. An upright stance has advantages like leaving our forelimbs free, but it has also led to a narrowing of the birth canal in females, which makes childbirth dangerous and more painful for humans than for other mammals.

Our capacities for self-awareness and imagination also have a downside, enabling us to ruminate on our suffering and creating states of mind that can drive us to the point where one might even consider suicide. Paul sees rumination on disagreeable outcomes beyond what is helpful as an evolutionary trade-off for the considerable advantages that self-awareness and imagination bring.

Paul and I had become so involved in our conversation that our tea was largely untouched and cold. But Paul continued. He reminded me that a zebra who escapes a chasing lion and returns to the herd doesn't ruminate afterwards on what might have been, whether she might have become disabled and all the repercussions that would bring, but rather, she calmly resumes grazing among the herd once the threat has passed.

We humans, too clever by half, whip ourselves into a state, mentally playing out all kinds of scenarios after a threat, real or imagined, and our bodies dutifully respond as if these scenarios are really occurring.

Humans are distinctly different from non-human animals in another way. Human babies are essentially useless at birth; it's one of the cute things we love about them. Soon after birth, or not long after, the babies of many other

mammals can stand, run, swim or whatever they need to do to survive. They have brains that are also pre-wired with instinctual responses that assist their immediate survival. Human offspring, on the other hand, require years of care; a huge investment on the part of parents, so the caregiving system has evolved to meet this need. It is no wonder, then, that the death of a child causes immense emotional pain.

Not only do human children require a much longer period of physical development compared to other mammals and primates, they also take years of learning to mature. The human brain is highly malleable and it is the last organ in the body to fully develop, only achieving maturity in a person's mid-twenties. Our brains are also hungry little organs, comprising only 2 per cent of our body weight and yet consuming 20 per cent of our energy intake as adults. But there are periods during childhood when our brains hungrily consume up to 50 per cent of our daily energy intake, a sign that there are critical developmental things taking place at that time.

Our brain's long and delicate period of development offers real advantages, like the passing on of intricate knowledge and culture, but there are also disadvantages.

The Dunedin Longitudinal Study is a long-running study that started with 1037 people (male and female) born over the course of a year in 1972–1973 in Dunedin, New Zealand. These people are now in their early forties and continue to be followed up.

This famous study has shown many things, including that poverty in childhood increases health problems in adulthood, even where the poverty-stricken child achieves financial security as an adult. In other words, the early detrimental effects of an impoverished childhood persist throughout life.

Early life stresses also modify brain development in ways that continue into adulthood. Children who experience their caregivers as responsive and supportive develop a sense of attachment security, and useful strategies such as seeking social support and the capacity to regulate emotions. When caregivers are experienced as unavailable or unreliable in their care and support, a child is likely to develop an insecure attachment style. They are not as well set up to regulate their emotions and build supportive stable relationships.

The type of psychological attachment we have with our primary caregivers as children influences our behaviour as adults. Those fortunate to have developed secure attachments – a sense of comfort, safety and predictability – with their caregivers are more likely to be sociable, resilient and willing to explore. They are likely to have a greater resistance to pain and to develop stable adult relationships. Those who develop insecure psychological attachments with their primary caregivers are more likely to experience the opposite of these outcomes.

The seeds of *potential* suffering, therefore, are sown within a person's early environment because of the malleability of our brains. Likewise, the potential for post-traumatic growth, should a later life crisis occur, can be found in our early development.

One of our 'new brain' capacities, Paul said, is our capacity to dissociate. Dissociation is our psychological ability to block out unwanted or disturbing memories that might overwhelm us, as well as any knowledge that would be stressful if held in the conscious mind. As an example of the latter, we can put out of our conscious mind the plight of refugees, the homeless and animals, and evidence of climate change. Dissociation can be viewed as either a defence mechanism or as a coping mechanism, depending upon how strategic you think it is.

'A lot of us go through life in a slightly dissociative state,' Paul said. 'All of us are going to be susceptible to disease, and one day we will die, but we don't keep this in the forefront of our minds. The fragility of life is something that we dissociate from and when it comes knocking at your door, it's, *Here look at this!*'

I nodded. 'When I swim in the ocean,' I said, 'I know it's possible that a shark might attack but I don't think a shark is really going to attack me, because something like that would only happen to someone else. If I didn't think like this, I couldn't swim.'

Paul laughed and agreed. 'When you have this awareness that life can create tragedies, how do you deal with that? I could be struck by cancer tomorrow, or knocked over by a car. So we live in this slightly dissociative world and we have our blinkers on, and we try to not focus on the fragility of it all.'

'As far as we know, chimpanzees don't lie at night worrying about what might happen the next day. As far as we know, chimpanzees do not have intentionality

so that they wake up in the morning and deliberately practise their tree-climbing in order to get better at it. As far as we know, chimpanzees are not aware that they can be injured, how that can affect their lives and futures and those they care for.

‘This new type of self-awareness is both a gift and a curse. It’s a gift because it allows us to anticipate and avoid dangers in the future, and even build modern science. It’s a curse because, when used unwisely, it can drive us into ruminating about negatives and hopeless futures.’

At this point, we both experienced sudden relief from suffering: the sound of the ride-on mower stopped; the gardener had conquered the grass. The peace was sweet.

‘Suffering of the kind that you’re interested in,’ Paul said, ‘is related to a particular type of emotional experience of being in the world, rage, fear, anxiety, a lot of the threat emotions, a sense of hopelessness, or despair, and in severe cases the collapse of the inner will that often goes with suffering.’

Yes, I reflected, the collapse of my inner will was a point I came so close to during my period of suffering, when I felt like giving up. But the thought of my daughters growing up with an emotionally absent, joyless father galvanised my resolve, and propelled me back into the fray.

Paul continued. ‘This kind of suffering makes us question the nature of the world. *Is life simply a pointless exercise, meaningless; are we just bits of DNA that have got above our station?* In certain traumas, of course, it makes people very frightened, and they get post-traumatic stress and flashbacks and it makes them very fearful of the world.’

Thinking of myself, as well as other people I’ve known, I suggested that the implications of a life crisis and how we think about those implications are a potential cause of more suffering.

‘If it occurs out of time,’ Paul continued, ‘like a loss of capacity at an age when you wouldn’t expect it, you’ve got to come to terms with the important loss of capacity. It’s how that capacity is functioning in your life compared to other people’s lives, while they’re all continuing their career and flourishing and you’re not. So that social comparison becomes a key issue, I think.’

Did he think there were stages that people go through in the survival period following a life crisis?

Paul drew a breath. 'I think they're somewhat similar to grief, but a lot depends upon whether the trauma's been perpetrated by another person (for example, the Holocaust) and you've been hurt by violence or hostility, where there is an issue about the process of forgiving.

'Putting the issue of forgiveness to one side,' he said, waving it away with his hand, 'it probably goes through a series of stages like grief. We have numbing, disbelief, hope that it is all just a bad dream and it will be better when you wake up tomorrow, then comes the raging and so on. So, like grieving, people get stuck at different stages; someone can get stuck in the rage and years later they're still raging about what's happened to them and why this happened, but then you go into this disengagement, more of a depressive phase, where you come to accept the fact that it has happened and it has changed you and things are never going to be the way they were.

'Gradually the person starts to think this is how it is now, I need to rebuild the house from scratch and think about what kind of life I want to create. This process of creating a new identity and focus on new meaning, a new purpose in life, is really crucial, as is being able to let go of grieving for the one you don't have.'

Paul and I continued our discussion, covering the issues of forgiveness, self-blame, acceptance, self-compassion, why some people flourish and others languish, and how some people are helpful during a life crisis and others are not. But I want to leave Paul's observations for the time being. I'll introduce these topics as the personal stories reveal them.

Let's touch on the other side of suffering: how it might be useful.



Antonio Damasio is a Professor of Neuroscience, Psychology and Philosophy, as well as Director of the Brain and Creativity Institute at the University of Southern California. He's got some insightful things to say about homeostasis and feelings. In an interview about his latest book, *The Strange Order of Things*,

he says 'mind and brain influence the body proper just as much as the body proper can influence the brain and the mind', and concludes, 'They are merely two aspects of the very same being.'

Homeostasis is the self-regulating system within all living organisms that draws on chemical, physiological and neurological functions to keep it alive. For example, the blood-sugar level in our bloodstream is being regulated constantly through complex operations that do not require any conscious interference on our part. The secretion of insulin from pancreatic cells, for example, adjusts the level of glucose.

The way we take care of ourselves in day-to-day life mirrors the principle of homeostasis. We carry out ablutions, eat, sleep, exercise, and go to the doctor if sick. We look out the window in the morning to decide how best to dress for the weather and go to work to earn an income for food and shelter. We maintain relations with others for mutual benefit.

However, in humans and in other creatures with complex nervous systems, Damasio says, 'there is a supplementary mechanism that involves mental experiences... the key to the mechanism is feelings... and feelings are the result of a cooperative partnership of body and brain, interacting by way of free-ranging chemical molecules and nerve pathways.'

Feelings, he says, operate as a motivator to action and as a monitor of homeostatic functioning. If we feel physical pain, we might take medication to ease the pain, and how we subsequently feel tells us if the medication was successful or not.

'The happiness caused by love and friendship contributes to more efficient homeostasis and promotes health,' he explains. 'The negative examples are just as clear. The stress associated with sadness is caused by calling into action the hypothalamus and the pituitary gland, and by releasing molecules whose consequence is in reducing homeostasis and actually damaging countless body parts such as blood vessels and muscular structures.'

However, Damasio continues, 'Both anger and sadness are protective. Anger lets your adversary know that you mean business and that there may be costs to attacking you... Sadness is a prelude to mental hibernation. It lets you retreat and

lick your wounds. It lets you plan a strategy of response to the cause of the wounds...'

Damasio says that feelings 'tell us about risks, dangers, and ongoing crises that need to be averted... On the nice side of the coin, they can inform us about opportunities. They can guide us toward behaviours that will improve our overall homeostasis and, in the process, make us better human beings, more responsible for our own future and the future of others.

'In sum, feelings are experiences of certain aspects of the state of life within an organism. Those experiences are not mere decoration. They accomplish something extraordinary: a moment-to-moment report on the state of life in the interior of an organism.'

When my brain wasn't working well following the stroke, I couldn't reason and think things through like I had always done. So after the stroke, I had no choice but to rely on my intuition, a feeling. I recognised this as an insistent, ache-like sensation located between my abdomen and chest area; it would keep gnawing away until I responded to it. My intuition signalled to me which people were better for me to be with and who to avoid, which opportunities to take up and which to decline. I gained tremendous respect for this intuition, as its guidance often led to good outcomes. Today, I take notice of its urgings by choice.

Professor Richard Tedeschi, Department of Psychology, University of North Carolina, is one of the 'grandfathers' of post-traumatic growth research. It was he who Dr Robyn Morris referred to when I received the unexpected validation that I had grown as a result of my suffering.

I caught up with 'Rich', as he is affectionately called, at a two-day workshop for mental health professionals. Softly spoken and understated, he displayed a palpable vocation for helping people in his psychology practice and a fervent curiosity that has led to his exploration of post-traumatic growth. His workshop was one of the most uplifting professional workshops I have ever attended.

I was intrigued to know how Rich's affair with PTG began – which is, as it turns out, a three-way love affair.

Rich had been floundering on his research path prior to joining the faculty at the University of North Carolina, Charlotte, in the 1980s. He wasn't following

his true passion, he realised, his *raison d'être* for entering the psychology field as an undergraduate. What he really wanted to know was, 'What makes people wise?'

Rich met his research partner in Lawrence Calhoun (now retired), also at UNC, Charlotte. They began their quest to discover what makes people wise by contacting rehabilitation facilities and asking for those who were 'the stars of rehabilitation' and had subsequently done really well in life. These were folk with physical disabilities like blindness and paralysis. To their surprise, they found these people saying things like, 'My life is so much better now than it was.'

Rich told us that one of the 'stars' he interviewed early in his research was a young man in his late twenties who was in a wheelchair. The man said to Rich, 'This [becoming paralysed] is the one thing that happened in my life that needed to happen. It's probably the best thing to ever happen to me.' *Holy crap!* Rich thought at the time. The man continued, 'From the outside looking in that's pretty hard to swallow.' *Yeah!* Rich thought, incredulous. 'But then,' Rich said, 'he told me his story.'

The man had been a rock 'n' roll musician, travelling around the country playing in his band, using a lot of drugs and having a good time. One day, he experienced an accident and severed his spinal cord, causing paralysis. He was brought back to Charlotte for rehabilitation – no more drugs for him. He had been estranged from his family because of his lifestyle, but they accepted him back. Then his doctor said to him, 'You seem to be doing better than some of my other patients, would you mind visiting with these guys?' They were mostly young men who had spinal injuries as a result of stupid accidents, so the musician started talking to them and found this process to be meaningful. Subsequently, he went back to college and got a Master's degree in Rehabilitation Psychology. When Rich met him he was running a non-profit agency that 'rehabbed' houses for people with disabilities and was loving his work. 'There is no way I ever would've been doing this,' the man told Rich, 'if I hadn't had my accident.'

'The trauma, itself, stopped him in his tracks,' Rich said, 'but there were all the things that happened in the aftermath that were important. There was the

doctor, the other patients, his family and school, all this stuff that happened because of the trauma creating the disruption in his life.’

Someone experiencing grief, though, Rich said, is less likely to see the trauma as wholly a good thing and say they would want it to happen again, even if they had experienced positive growth. He mentioned, as an example, Rabbi Harold Kushner, the author of *When Bad Things Happen to Good People*, who said he became a much better rabbi following the death of his young son from a degenerative disorder, but he’d go back to being an ‘average’ rabbi if he could have his son back.

As well as interviewing disabled people for their research, Rich and Lawrence thought they should talk with older people because ‘older people are wise’. Gathering the data from all of their interviews, they used the statistical method of factor analysis to tease out the most common themes, which is how the five domains of change that Dr Morris described to me emerged. They devised the Post Traumatic Growth Inventory for research purposes, and today hundreds of scientific publications have explored and validated the phenomenon of PTG. In 1995, Rich and Lawrence published their ground-breaking book, *Trauma and Transformation*.

The American Psychiatric Association publishes the Diagnostic Statistical Manual (DSM, now in its fifth edition), which describes the symptoms of trauma and the most widely accepted diagnostic definition of PTSD. According to the DSM-V, trauma occurs as the result of experiencing a life-threatening event or witnessing it occurring to another. The fifth edition of the manual also includes vicarious trauma, caused by hearing the traumatic stories of others. (Vicarious trauma was the main cause of my PTSD.)

Rich uses a broader definition of trauma than the DSM-V, and believes that PTG can follow on from four types of ‘trauma’. The first is the threat to physical wellbeing, as described in the DSM-V.

The second, he said, is the threat to psychological integrity, and here the objective threat is less important than the perceived threat. It’s not the event itself but rather what follows, the aftermath, and how we respond. What does this mean about who we are and the world we live in? How does it challenge our sense of self? What are the implications for us?

The third source of trauma is moral injury. Moral injury challenges our ethical values, our beliefs about what is right and wrong and about how people should behave. We feel injured when someone acts badly towards us or those we care about, or towards others in our community. We can also experience moral injury when we have acted badly towards others. Anguish and anger are often the primary emotions in response to a moral injury.

Each of these three sources of trauma leads to a shattering of our 'assumptive world', a term coined by Ronnie Janoff-Bulman in her 1992 book, *Shattered Assumptions*. Our core beliefs about how benevolent people are, how safe the world is, how predictable events are, how controllable things are, how invulnerable we are and our value in the world are questioned following a traumatic event. Holding onto our former beliefs becomes impossible in the face of a life-altering event that challenges these assumptions. The degree of emotional distress we experience is a reflection of how tightly held our core assumptions were prior to the trauma event and how much the event contradicts those assumptions.

Janoff-Bulman found that the most common response she heard when undertaking her research with trauma victims was, 'I never thought it could happen to me.' This counters our sense of invincibility, our sense of fairness, our sense of predictability and our sense of self-worth. If we have acted well, how is it that something bad could happen to me?

The fourth source of trauma that Rich described is the narrative one. People often divide their lives into the categories *before* the trauma event and *after* the trauma event. This is a clear distinction following a single-event trauma like a death, accident or natural disaster. However, in my experience, even where the trauma has a slow burn quality to it, like the gradual deterioration of a person's health due to a degenerative disease or with declining mental health, often there is a point, a date or a stage that marks for the sufferer their 'before' and 'after'.

Life goes in a negative direction following a trauma because much of what we have known is no longer true; our narrative has become disrupted. For a time we are all at sea, feeling as if there is nothing solid to hold onto, nothing is working like it used to.

Research into post-traumatic growth across different populations of peoples, cultures and trauma events has revealed that growth is common but that it does not occur in everyone. Sometimes the trauma event is not intense or disruptive enough, sometimes it is too intense – for example, extreme, prolonged torture. Sometimes the person is already very vulnerable due to other life events, or the person may be highly invulnerable to the stressful event. The sweet spot, the research suggests, is in between these two. Distress, but not to an overwhelming degree, leads to PTG.

Rich likes to use the metaphor of a city devastated by a natural disaster to describe the process of trauma and rebuilding. After the disaster, the city doesn't function well because of the loss of infrastructure. To become functional again, the city needs to rebuild, while its residents are in survival mode and are 'having to make do' in the meantime.

But, Rich said, it would be foolish to rebuild the city in the same way it was before the event, because that structure didn't work. We don't want the city to be vulnerable to a similar disaster, which we now know could happen again. So, it makes sense to build an improved structure, construct buildings that are earthquake proof, for example, if that was the source of the destruction.

A trauma event, Rich said, is a psychological disaster, 'when all we think we knew, trusted and believed in and thought doesn't make sense anymore'. According to Rich, such an event 'creates distress (anger, anxiety, depression, grief) and that's tough. You have to say goodbye to what made sense before, grieve in a way. It's very disruptive to operate in the world when you don't have a firm sense of what to believe or what you know anymore.'

Post-traumatic growth, he said, is building an improved system, one that incorporates beliefs, attitudes and behaviours that not only can accommodate future traumatic events but also takes the person beyond the level of functioning they were at before.

Rich has strong ideas on how to support people following a traumatic event and how to encourage growth. 'We can't say, *This is what you should believe*,' he said. 'People need to go through the struggle and we have to hang in there with them. It takes time. They, and we, have to tolerate ambiguity, uncertainty, and it's harder for them as they have to go on living.'

He likened the role of the helper to being an ‘expert companion’, an approach I’ll flesh out more, further on.



Earlier, I mentioned that suffering, like pain, has a subjective element. This means we have options regarding how we relate to our suffering. But also bear in mind that suffering is not necessarily our fault, it’s a natural outcome of our less than ideal brain.

Victor Frankl was an Austrian psychiatrist who survived the Nazi concentration camps during World War II while his father, brother, mother and wife all perished. He explicates beautifully in his part-memoir, part-therapy manual, *Man’s Search for Meaning*, what it took for him and others to survive.

It wasn’t always the most physically able who stayed alive in the camps, he observed, but those who cultivated rich mental lives. These internees visualised reunions with their loved ones; showed kindness to fellow inmates in small ways even though they had very little; found beauty among the harshness; and imagined leading a life of purpose beyond the camp, even when the prospect of survival was very low. How we create meaning in our suffering, Frankl concluded, can make the difference between living and dying; meaning is that crucial.

Understanding that we have inherited a ‘tricky brain’, one not ideal for the confrontations of all aspects of life, gives us a valid reason to be easier on ourselves if we get stuck in thought loops that trap us in suffering. Our ruminating brains come courtesy of our evolution. This rumination is, regrettably, the part of the struggle that Richard Tedeschi says is necessary for growth.

It is in the aftermath of a life crisis that the real work is done, and this process may take years. As Eric Cassell says, ‘Suffering is a breakdown of the intactness of the person as the person knows themselves.’ Remaking intactness is a big job!

In remaking ourselves we’re adjusting to a world that is not how it was, or how we would like it to be. I liken this process to a migrant arriving in a new country where language, work, education, food and social customs are different

from what they've previously known. The immediate experience is dislocating and it can take years for the new arrival to find an acceptable balance between the 'old' ways and their 'new' ways.

Following a life trauma we need to find new meaning, new purpose, new understanding, new relationships, new accommodations to the physical or mental limitations, or to the loss that's ensnared us. It's the grappling with how to become whole again when this injury, devastation or grief has torn us apart that we need to negotiate.

The struggle that suffering presents is to be embraced in all its thorniness; acceptance is the first step in moving on. The prize on offer for doing so is the transformation into someone new – maybe someone even better than before.

Chapter 3

After my recovery, I noticed that I no longer feared the distress of others who were suffering. I could bear witness to their emotional pain without feeling swallowed by it, nor did I worry that I might say or do the wrong thing; I could be me and offer my full presence. But as an investigator of suffering readying myself to conduct interviews for this book I was less confident. How willingly would others open their hearts and lay out their life stories before me, especially with the prospect of those stories being published? Would the questions I asked make sense to them? Would those questions draw out the themes I was seeking? Would I find post-traumatic growth in others?

So, it seemed a good idea to start by interviewing someone who wouldn't mind if my questions came across as clunky or if I was a little awkward with the process. Jane, I thought, would be the perfect candidate.

Jane and I were old friends. We'd been out of touch in recent years although we lived in the same area. But when Jane first heard about my stroke, she'd called me out of the blue and invited me to lunch to see how I was going – we had that kind of friendship. This was before Jane's nineteen-year-old daughter, Georgia, died in her arms as she thought, *This is a terrible privilege: to be here to bring your children into the world and also to see them leave*. Now, when I phoned Jane to ask if I could try out my interview questions for the book idea I was developing, she immediately agreed, sounding almost enthusiastic. It was about two and a half years since Georgia's death.

I knew that Jane and Hans, Georgia's father, had separated since Georgia's death. Jane told me her son, Nicholas, Georgia's older brother, was now living with her and he had been going through a hard time since.

Jane and I met on a Saturday morning in her large, sun-filled office. We reclined on comfortable black sofas, glasses of water on the elegant stone coffee table before us. We weren't alone. Jane's three dogs mooched around: Pompidou, a miniature black poodle; Bollinger, a Kavoodle (Georgia's dog); and Flupp, an elderly bitser. Sometimes, the two younger dogs sneaked onto the sofa, where Jane either shooed them off or embraced them like little children.

But the Jane sitting before me that day was not the one I remembered. Physically she was still the same, with her flair for dressing, wearing bright red lipstick and a filmy scarf around her neck, but her face was dull. The Jane I remembered was a bottle of opened champagne, a big laugh, a warm presence and a quick wit. This Jane was quieter, a little cool, her laugh held back, and her wit merely a glint below the surface.

I had only one personal memory of Georgia. She must have been midway through high school. My family and I had been invited to Jane and Hans' home for dinner. I was struck, then, by Georgia's radiant open face and her almost adult maturity. She didn't stay long as she was heading out with friends, the events that would befall her years later unimaginable at that time.

By the end of 2012, Georgia had completed her Higher School Certificate. She had done very well, in spite of tiredness and memory problems, which Georgia and her parents put down to stress. But her efforts had paid off. Georgia had been accepted into the university course of her choice, and had saved \$20,000, part of which she had spent on a plane ticket to South America to celebrate the end of her schooling.

But only weeks later, on Christmas night, Georgia woke, saying, 'Mum, I'm in terrible pain.' Jane took her daughter to the local hospital, where the emergency doctor ('inept', Jane said) sent her home with pain medication. But events moved quickly and seven days later Georgia was on the operating table to remove a tumour in her right ovary. The operation was deemed a success, prompting a massive sigh of relief from the family and the gynaecological-oncological surgeon. The surgeon had taken biopsies, expecting confirmation of the positive outcome.

All Georgia could think was, 'How soon can I travel?'

Days later, Jane was enjoying lunch at a cafe with a friend when the surgeon called. As she explained it to me, ‘The surgeon said, “I have very bad news. It’s a small cell carcinoma of the ovary.” In a follow-up appointment with an oncologist, Georgia and I were told, “No one survives this cancer even with chemotherapy treatment.” He went on to suggest six rounds of the most brutal chemo, anyway.’

Jane said Georgia had asked her, ‘Why am I having treatment if no one survives?’

‘Only you can make your mind up about it,’ Jane had replied. ‘We’ve got to give it our best shot.’

Jane described to me what Georgia was like then, saying, ‘She was already a very healthy person, practically vegan. She ran, she did yoga, she drank juice... what else could the kid do?’

The three-week cycle of chemotherapy began, first with surgery to place a portacath into Georgia’s subclavian vein for direct administration of the chemo. She was also given steroids. ‘She felt very sick. It was just horrendous,’ Jane said.

On Valentine’s Day in 2013, following the first round of chemo, Georgia was showering when her hair began to fall out. ‘She felt devastated. It was the first time the cancer was real. She got into bed and pulled the doona over her,’ Jane said.

‘We shaved her head and went to a big shopping centre to look for wigs, but all the wigs at the shop were for older women in their forties and fifties, nothing for an eighteen-year-old. Eventually, we got blue and pink wigs from the joke shop.

‘After every round of chemo we did something fun,’ Jane explained, locking eyes with me as if to underline this point. Then her gaze slid past my shoulder and she spoke as if Georgia were there, repeating their first conversation about dying while on a trip in the countryside.

‘Mum, will I be in pain in the end?’

‘Darling, if it gets to the end... I will make sure you’re not in pain.’

‘How will you make sure of that?’

‘With modern medicine, darling. We will drug you to the gills.’

‘It reassured her,’ Jane said softly, looking back at me. Then, with an imploring look on her face, she added, ‘But it was... I don’t know how an eighteen-year-old asks that question.’

During the third round of chemo, Georgia’s temperature spiked, killing off her white blood cells. A whole-body MRI was done in hospital and revealed no evidence of cancer spread.

‘The whole family was utterly elated,’ Jane explained. ‘But she had to be in ICU. The good bacteria in her stomach had died and the bad bacteria had flourished. She was in terrible pain so morphine was pumped straight into her stomach.’



This story might have followed a common trajectory: cancer diagnosis, treatment, hopes raised, hopes dashed, last days... but there was to be a cruel twist.

When Georgia came out of hospital a family friend asked her if she would like to attend fashion week in Sydney, where his friend was exhibiting. Georgia was delighted at the idea of going, and Jane agreed. However, she cautioned that Georgia should not drink heavily nor stay out late because of her condition.

Up until this point, the dogs had been lazing on the polished concrete floor, soaking in its warmth. Now, however, they stirred and began pacing the room, their metal tags chinking, as if sensing a change in Jane’s mood.

When Georgia came home, Jane noticed a change in her. After prompting, Georgia revealed that she had ‘fallen in love with a silver fox at fashion week’.

Georgia began spending time away from home without explanation.

Jane told me that she tracked the silver fox down but, ‘He covered his arse, saying the chemo had affected Georgia’s brain and that she was a liar. I was furious; I don’t think Georgia should have been put in that position. It wasn’t a one-off affair, it was ongoing and he had denied it.’

‘For two days this man texted denials, casting aspersions on Georgia’s mental health and her honesty. It felled Georgia. She dropped to the ground. Literally.’

Finally, he admitted to his involvement.

‘It was a psychological mess,’ Jane said, her face contorted. ‘A toxic soup!’

‘Georgia was dealing with her body losing hair, feeling dreadful and now utterly remorseful, betrayed. In her mind it was a life relationship but in his mind it was just an affair.’

‘Georgia didn’t want to complete chemo,’ Jane told me. ‘She spent the next few months being punished. The man’s family rallied around him, saying they were worried about his professional reputation. They turned on Georgia, saying she had flirted with him. They spread nasty talk, sent Georgia horrible messages and blamed her: an eighteen-year-old dying of cancer. The man continued to cover his arse, portraying himself as the victim and spreading misinformation.’

Jane sighed heavily, clearly exasperated. ‘How could a middle-aged professional man say that it was Georgia’s fault; she was dying! She was dropping to the ground sobbing, not only about this, but also worried that she couldn’t have children even if she survived. All I could care about was is she going to live to see Christmas? All they could care about was his reputation.’



Georgia recommenced chemotherapy, and after the fifth round she underwent an operation on 22 June 2013 – her birthday. The surgery was to transfer her remaining ovary to her stomach in readiness for radiotherapy on her pelvis, so she could still produce hormones. The operation was supposed to take about 20 minutes.

‘But the surgeon came out in tears after five hours and said, “It’s spread everywhere. Jane, you’ve got to be strong.” Both he and the anaesthetist were devastated. They had children, and didn’t charge for the operation.’

When Georgia woke she asked Jane, ‘Did they move my ovary?’

‘No, they couldn’t move your ovary. The cancer’s spread.’

‘Does this mean I’m never going to have a mini-me?’

‘At the moment, no.’

‘Didn’t you want a mini-you?’

‘No way! But a mini *you* I could handle over and over again.’

Jane, Hans, Nicholas, Georgia's godfather Phil, her best friend Hannah and the surgeon were a sorry party as they gathered in Georgia's hospital room, the only cheery object a bouquet of flowers, and drank champagne the surgeon had previously brought in to celebrate the expected success of the operation.

'It was grim,' Jane reflected. 'We knew whatever time we had left was extraordinarily precious. Actually, I knew from the day I got the diagnosis I would make every day matter. I wanted a year of good memories.'

In a shaky voice, Jane explained that Georgia had asked her, 'Mum, what's it going to be like when I die? Will you miss me when I'm gone?'

Jane drew breath and with her voice trembling said, 'And I told her that I'd miss her every single moment of every day.'

As Jane cried softly, my eyes filled with tears. Barely getting the words out, she related Georgia's reply. 'Mum, at least I won't have to miss you.'

Georgia commenced radiotherapy, twenty-five rounds over five weeks. It was to be purely palliative, although the family still maintained a sliver of hope that it might eradicate the cancer.

After the completion of radiotherapy Jane organised a dinner at a local pizza restaurant with thirty people to celebrate. On that night, Jane said, 'Georgia was radiant and gorgeous and we all thought, *Maybe there's no more cancer.*'

Georgia fulfilled her wish to travel and went on a short trip to Vanuatu with a friend. But two days later she was in such severe pain she was forced to fly home; the cancer had spread to her liver.

'She couldn't get out of bed, the calcium level in her blood was so high. Her GP called on Georgia at home,' said Jane, then recounted their conversation.

'What's happening to me?' Georgia asked.

'Darling, you're dying,' the GP said.

'How long?'

'Not long. A week?'

But it was three weeks.

Georgia's friends flew in from around the country and came to stay.

'I decided we weren't going to have a house of dying and of the old, we would have a house that was about youth and living,' Jane explained. 'Every day she went out. We held a party for all her close friends to tell her how they loved her.'

Her ex-boyfriends danced around her. They sang the chorus, “Shine bright like a diamond” from the song “Diamonds” by Rihanna. She was given enough painkillers so she could dance all night. She put on an amazing dress. I look back on the photos and I can see that she was half gone. She was there but she was also moving on. Everybody got to love her, and she got to love.’

I felt the heaviness of Jane’s grief and the indescribable bittersweet taste of an immense love that is soon to depart. When life presents us with a deadline we savour the thing we are about to lose all the more. Georgia’s family and friends got to savour their love for her and to exalt her and, paradoxically, became enlivened because of her impending departure.

Jane continued. ‘The day before Georgia died she was too tired to go out and I stayed with her in bed. The next day, my birthday, she started to go. On the thirteenth hour of the thirteenth day of the thirteenth year, in September, with Georgia in my arms, her brother and father around her, her friends downstairs, she drew her last breath. And it was... terrible.

‘There’s a hole in my heart that only Georgia’s shape fits. I don’t ever not miss her. For me, Georgia’s death was the horror of losing your child and then the most merciless behaviour that I could *not* imagine, doing what that man did and then proceeding to blame her. *Who could resist Georgia?* he said. He was drunk, he said. Not once did he take responsibility and atone in a genuine way.

‘She was, and in my mind remains, the most amazingly vivacious girl. Way ahead of my consciousness, not eating meat and at the age of fifteen sending us videos of pigs in slaughterhouses pre-Christmas to remind us. She went to Spain when she was sixteen and learnt fluent Spanish in five months. She excelled at everything she did. *A force of nature* was how friends described her. She was a comet who flew across the sky and lit it up.

‘When I think about suffering and what it is to suffer as a young person and to watch your body wither at its prime, go yellow, have a black tongue, to have all the dreadful indignities, to have that and face your mortality at eighteen, I don’t know how she did that but she did it with life and passion. She never once complained.’

At this point, I signalled to Jane I’d like to take a break. She let the dogs out onto the garden paving beyond the sliding glass doors and spoke to one of her

co-workers who happened to walk by. I paced the room to get blood flowing back into my legs and did back stretches. I needed to reorganise my thoughts.

When we resumed I wanted to know about the fallout for the rest of the family after Georgia's death.

'Georgia's father was devastated by her condition. He believes that after she died she came to him and said, *Don't be afraid, Dad. I'm okay and you're okay.* He remembers her courage and has done courageous things since.

'Her brother, Nicholas, two years her senior, has had an awful three years. He had a skateboard accident, injuring his ankle, snapped his cruciate ligament when he went back to soccer training and severed a thumb ligament, which has put paid to his ambitions to be a professional soccer player.

'Pompidou, get down!' Jane said as the youngest dog leapt onto the sofa to be by her side.

'They fought as siblings but they never had the time that most sibs have to grow out of the fighting and hit the loving. He really suffered. He's lost his sister, lost his soccer career. He's felt left behind, on and off crutches for three years, and had to live at home with his mother.

He's now twenty-three years old. It's still early days for him. He still gets very, very sad, longing for the relationship with his sister that would be good now.

'There's been repercussions for others. Georgia's girlfriends have each said, *Life's short. Life's precious.* They've gone on enormous adventures. *We're inspired by Georgia.* They have done things in her name, dropping Georgia's ashes around the world. *We know you can't take life for granted.* They've really taken from this that life is such a precious thing. Seen the finiteness of it in a way they never would have. They've taken greater risks, lost fears or had fear and done it anyway. Georgia had fear and they saw her do it anyway.

'My brother can't mention Georgia's name or ask how I am. It upsets him too much. His advice to me? *You've been dealt your hand now move on.* People have different capacities to say, *How are you feeling? Gee, you must miss Georgia,* or *Georgia was an amazing person.* Some can say her name, some not.

'Who has helped and who hasn't?' I asked.

'There are some people you can't afford to have in your life. They're too damaging and this costs you too much. I love the quote from Albert Camus, *In*

the midst of winter I discovered within me an eternal summer. A couple of people have come into my life who have been wonderful. Walter Mikac, a man who lost his entire family in the Port Arthur massacre, says “yes” to everything and takes risks. He’s been a great support and he’s been totally enriching.’

‘What have these people brought?’

‘Honesty and integrity. A shared knowledge that being human in this world involves suffering. One can hear that intellectually and think one understands it, but one doesn’t. There’s this deep understanding, a firsthand intimate knowledge of suffering, some quality of communication that we know. I’ve had it with some existing friends who’ve lost, too. The quality of our connection, the largesse and the latitude we give one another. No one has to be up, or sparkly, or entertaining, they can just be whatever they are.

‘There were some people who I’d assumed would be there after her diagnosis, we’d all been through so many life events together as families, but they turned away.’

‘How have you changed as a result?’ I asked.

‘Now I can hold suffering and sit with it. I can see things that I used not to be totally moved by; now I’m totally moved. I can hear people’s stories and not be frightened. Now I get all the layers of it. I feel much more connected.

‘It’s the universality. I’m no different from you, or the dog in the corner; we’re all here doing the best we can. We’ll get through this and it’s going to be okay and it’s shitty sometimes.

‘I can be whatever I am. That’s an incredible gift to give to each other.’

Jane was validating something I had discovered for myself: suffering changes you, opens your eyes. The world and life cannot be viewed in the way they once were.

‘My experience,’ I said, ‘is that suffering takes away the pretences.’

Jane nodded in agreement. ‘You want to look like you’re fabulous, you’re coping, doing well with your career, on top of it, life is wonderful, successful. With suffering, it’s, *Today I’m putting one foot in front of another and hoping I’ll make it.*’

‘What has been the internal struggle?’ I asked. ‘The assumptions about the world before, and how it looks to you now?’

‘That my children would outlive me; give me a nice eulogy. I’d get my heart attack or death but my children would not be having theirs... attending their birthdays, life events, and an amazing rich family life together.

Jane’s assumptive world had been truly turned upside down. A life event had occurred out of sequence, its reverberations ensnaring every corner of her life.

‘The permanence of Georgia’s death is there. I’ll never be able to hold her again but the shock of friends’ support falling away, the bewilderment, this was happening to my family, I had failed to protect her, it was terrible.’

Here was another moral injury, an insidious one; a parent who believes she has not kept her child safe.

I’d exhausted all my questions and called an end to our interview, gratified that Jane had shared so intimately, that my questions bore fruit and that we’d covered so much ground. *This investigation into suffering might just work*, I thought.



Later, when I reflected on what Jane had told me, I was surprised that it wasn’t the awful grief of losing a child that stood out most in my mind but the betrayal by the silver fox. This trauma was so devastating for Jane that it vied in magnitude with the trauma of her daughter’s death: ‘I don’t know at times whether to grieve her death or his betrayal.’

It was an awful position to be in; where does one go with that? When I had approached Jane for her story I had only a story of grief in mind, but here was suffering of a different kind. It is one thing to have close friends *not* be there in the aftermath in the way you’d like them to be, but to also have someone be a cause of trauma in the aftermath? Jane was struggling with shattered beliefs, but should she, and could she, forgive the silver fox? She was still angry and that was keeping her stuck, I thought.

Georgia was dead a year before the silver fox offered Jane an apology. Not only was it too late for Georgia, Jane said, but also his apology didn’t seem genuine to her. He was still saying to others that it wasn’t his fault. She thought

to herself then, *he is only aware of the damage to his reputation*. That's when she 'shut the door on trying to bridge things and make it all right'.

The silver fox and his family weren't going to be part of the healing for Jane, it seemed. It would be up to Jane to find some peace in this.

In my discussion with Paul Gilbert he'd said, 'If you try to forgive people because you think it's good to, or your religion wants you to, then you don't go through the stages of firstly acknowledging that harm was done and, justifiably, to tolerate raging at that person. After a while, you need to recognise that your rage is a poison, it poisons you and it's very bad for your brain and your body. You have to let go of your anger if you want to find peace.'

What makes finding peace hard, he said, is, 'When we've been harmed, we have a biological system, a vengeance system (part of the threat system), and we desperately want our vengeance but we need to move beyond this if we are to find peace.'

Jane had accepted Georgia's death, I thought, but she was still looking for peace. How could she find that? According to Richard Tedeschi the more distress we experience in the aftermath of trauma, as long as it is not completely overwhelming, the more potential there is for post-traumatic growth. This was the potential upside for Jane. When, later, I looked at the research for events such as infidelity, physical harm and betrayal, it suggested that post-traumatic growth came through forgiveness, religiosity and spirituality.



Several weeks later I was back in Jane's office. I had more questions. It was the weekend, again. She had less time to talk, having arranged to take the dogs for a walk along the beach with friends; the nice thing she was doing for herself that day. Caring for the dogs, it was clear, was part of the recovery life raft.

'What got you through the early years, after Georgia died?' I asked. 'How did you cope, in good and not so good ways?'

'The first year was utter shock, horror, disbelief. It felt like my heart was cut open and I was felled to my knees. Talking to others as often as I needed to, to make sense of things, helped. I expected very little of myself. I went to work

every day, if that's all I could do, and collapsed at home. I wasn't driven by a relentless "you should be doing this". Instead, I told myself: *If I can just survive this day and put one foot in front of another, that will be a miracle.* I also had other people to live for when I didn't feel like continuing. I had a son. I needed to be there for him; he was also grieving.

'Going to work gave me a routine to get up and help others. Seeing the suffering of my clients in my private practice made mine less of a focal point. Alcohol was a help, half to one bottle of wine per night.' Not an ideal strategy she admitted.

'Friends came over, allowing me to endlessly talk over and over again about what happened, with me trying to make sense of it. I now believe that you have to do what you have to do to get through it. Drinking helped me to sleep when I was quivering inside. It allowed me to rest and feel calmer, especially during the shock period.'

Jane was describing intrusive rumination, images, thoughts, feelings and snapshot memories that circulate in one's mind like insertions from some outside demon. I knew from my clinical experience this is an almost universal outcome following trauma, part of the struggle. It's the rubbing out of the old reality before the new reality can be unmasked. Others need to listen patiently to the sufferer, not to solve, but to be a sounding board, and to validate their pressing need to know they are not going crazy.

By the second year the shock period had passed for Jane and the permanency of Georgia's loss had sunk in. But Jane's relationship with Georgia was ongoing. 'I tell her I miss her. "Bugger off, Georgia, why have you left me here?"'

Jane enrolled in a Buddhist psychotherapy course, which she had completed not long before we spoke. For this she made visits to Sydney, 'where no one knew my story', and it introduced her to a new group of people who were 'non-judgemental, supportive... like a big warm pair of arms that held me'.

Jane's actions showed that deliberate rumination was taking over from her intrusive rumination; she was making decisions based on what she thought she needed, rather than reacting. Deliberate rumination vies with intrusive rumination in the aftermath, rather like a tug-of-war, and deliberate rumination is a sign that post-traumatic growth is underway. But, in my clinical experience,

intrusive memories and thoughts never go away completely; they become like old dogs, less likely to get up and bother you, but they will rouse when the conditions are right.

‘In the third year, which is now this year,’ Jane said, ‘I’ve supported friends who have lost their children: an exclusive club that no one wants membership of. A couple of my new clients are young people with a cancer diagnosis. I can be there in a really meaningful way because of my experience. Those are strange gifts.’



Jane’s story, less than three years after her daughter’s death, was still a raw one. She was emerging from the survival period following her trauma (‘This year I’m more back into my body, back into myself’) and still very much in a contemplative phase: ‘not drinking at all, doing more yoga and more reflection, being quieter and stiller in myself’. And wisely, I thought, she was ‘being as generous and as kind as I can be (with myself) because it’s easier to do this’.

She was connecting with others who had lost their children, gaining solace from them and benefit in helping them. She was constructing a new world view that incorporated the understanding that life inherently involves suffering, fragility and impermanence. This, I thought, reflected a growing spiritual dimension. Her relationship with Georgia continued and it was evolving, although, ‘The grief is just as bad as it ever was.’ She sometimes woke up asking: *Is she really gone?*

She placed greater value on developing deeper relationships with others: ‘you love deeply and fully’. She was prioritising simpler pleasures, like ‘going out for dinner, coffee, a bath, walk with my dogs, telling someone I loved them, lighting a scented candle for Georgia and talking to friends’. She was able to be with the suffering of others – friends and professional clients – offering an empathic presence that, by her own admission, went beyond the mere intellectual understanding she’d had before.

In an email to me following the interviews, she signed off with, ‘We are all, in the end, just seeing each other home.’



As an addendum to this story, I caught up with Jane about nine months after our initial interview. She'd moved away and taken up a clinical position in the seaside town of Port Fairy, in country Victoria. She wanted to remove herself from the memories that inhabited her old hometown. It was probably a temporary shift, she thought.

It turned out that I was able to stay with her for two weeks, giving myself a holiday and a quiet space to make a start on the writing of this book. Our walks together, with faithful Pompidou trotting along with us (Bollinger living with Nicholas and Flupp deceased), allowed me to see how she had progressed. I was delighted to see that her mood had lifted, some of the old champagne personality resurfacing. I noticed how unfazed she was by difficulties that arose, how untrammelled by minor daily concerns. She seemed more zestful, with a seize-the-day approach.

And I witnessed how loved and valued she was by many people as she received phone calls from friends and colleagues who missed her. One long text message came from an ex-client, validating Jane's life-changing involvement with her. In the mornings, I heard her chortling like a magpie with Pompidou, who slept in her room. Pompidou and I became friends, too.

In the fifth year after Georgia's death Jane was in a new phase. She was socialising, physically active and making changes to her diet. She was also dating again, drinking little alcohol and creating dreams for the rest of her life. Yoga had become a routine practice and I joined her for a few sessions in the local Anglican church hall.

It felt natural to talk about Georgia with Jane as if she was a presence, but away somewhere. Spread throughout the house were photographs, paintings and memorabilia of Georgia and Nicholas. In the spare room where I slept, a large picture of Georgia's face hung on the wall, her green, questioning eyes looking down at me. I felt she would approve of her mother's new life.

One evening, Jane, Pompidou and I sat on the lounge and watched a DVD of Georgia's life. The DVD comprised stills, music and home movies. I hadn't fully appreciated how accomplished a young woman Georgia was. She was the kind of

person who would have made a positive difference in the world, a realisation that made her death seem an even greater loss.

We watched a recording of the memorial service, which featured speeches and songs threaded through with humour and sadness. Georgia's death, the way she lived, the way she approached her cancer diagnosis, had affected many people so positively, especially her young friends. I understood more fully the gift Jane had spoken of when I'd asked her about the flow-on effect of Georgia's death upon others. Sitting on the couch, I glanced at Jane and thought: *I see where Georgia got that gift.*

Chapter 4

Steve Garlick was used to success. An elite cyclist who had represented Australia in cycling, he had a PhD in economics and at age twenty-eight was already working at the executive level in the Commonwealth public service in Canberra. His career trajectory: head of department or university vice-chancellor.

Driving the family car along the highway towards Canberra, Steve was in good spirits. The summer holidays had started well. Steve, his wife Helen and their two boys, Peter and Andrew, were coming home after visiting Steve's parents on the north coast of New South Wales. It was pre-Christmas, 1989.

His life was perfect. This made what was about to happen all the more unexpected.



It had been a long drive for me, with an overnight stay on the way, so I was relieved when the green sign came into view: 'Possumwood Wildlife: where traumatised wildlife can recover in safety'. I'd found him. Steve Garlick's present-day home is a 50-acre rural property on the outskirts of Canberra.

I nosed my Nissan X-Trail into the rutted, brown-dirt driveway and the car jolted grumpily as it ascended the hill. There was no habitation in sight, only dull, chewed grass paddocks on either side. As I crested the last rise a conglomeration of outbuildings and a large fenced enclosure came into view, and through the trees I saw glimpses of a house beyond. I pushed the car past the outbuildings and came to the end of the driveway, where it smoothed and

levelled out, stopping below the house, perched on the summit overlooking Lake George.

A man I recognised from photographs as Steve Garlick was standing in the cottage-style garden at the front of the house, evidently awaiting my arrival. I got out, and with stiff legs stuttered up a short side path to greet him.

‘Steve?’ I said, as I extended my right hand.

‘David,’ he replied, his eyes just meeting mine as we briefly shook hands.

Immediately, I was taken aback by his apparent shyness, given his accomplishments. His clothes were plain and in muted colours that blended in with the surrounding foliage, as though he was reluctant to stand out. Average height, with brushed-back thin, greying hair, he looked to be in his sixties. He appeared quite unremarkable.

After exchanging pleasantries, he turned to look out across the outbuildings and the land beyond, and waving his right arm in a full arc, as if to take it all in, said, ‘This is it!’ This exclamation carried notes of both triumph and weariness. I turned too, and felt the assault from the stiff cold wind, clutching my jacket in tighter.

The filtered light from the overcast sky painted a shimmer across the hilly landscape, turning it into a gilded patchwork. It was a breathtaking view; stone-strewn rolling hills stretching into a pastel, infinite distance.

There had been a lot of rain over recent weeks, Steve said, unseasonal for winter, and the ground was sodden and cold. It was mid-morning. He suggested we go inside. I followed, noticing that he walked with a slight stoop, although his physique suggested he had once been muscular.

On the front porch we stamped our shoes on two doormats, releasing muddy clumps of earth, then went inside. Immediately, I winced, assailed by an acrid, cat-like smell. I noticed childproof gates blocked off the doorways leading from the entranceway-cum-dining area where we stood. *Surprising that there are young children living here, I thought. Grandchildren?*

I followed Steve down a short flight of stairs into a sunken high-ceilinged lounge room. The bare walls looked newly painted and the built-in bookshelves were empty. Two worn armchairs and a sofa, the only pieces of furniture, faced the centre of the room. Glass sliding doors off to the right allowed sunlight to

pour in from the outside, bringing some warmth. Before these stood a wood-panelled, rectangular enclosure that reminded me of a children's playpen, its sides reaching waist height. Steve beckoned me over to it and we both peered in.

Two baby wombats. One, the size of an oversized shoebox, was pushing strands of fresh grass around the floor with its nose. He was the boy, Steve said. I leant down and brushed my hand over his head, his stiff fur like toothbrush bristles. Strong, curious eyes looked up at me and, seeing the chocolate shell it had for a nose, it was hard not to coo. The other wombat, a girl – 'the shy one', Steve said – was cosseted in a square cloth bag suspended off a wooden frame, her face tucked into her chest. They had both been orphaned as small babies, but were unrelated. The boy had tripled in size since being brought in, but the girl was growing less rapidly, which was a little concerning.

After relating their histories and the work involved in their rehabilitation, Steve turned away from the enclosure and eased himself into what seemed like his favourite armchair. I sat on the sofa. We'd made no set agreement about the time I would spend with him, and I didn't know what his schedule was like, so I was ready to go with the flow.

He asked about my background, what my book was about and why I had chosen to interview him. He listened carefully, with a detached, intellectual curiosity, not giving much away. I wasn't sure how he was feeling about me being there, but our conversation progressed and I sensed a genuine interest. He flashed a boyish, charmer's smile at me and I felt relieved. *This is going to go well.*

When I asked to use the toilet, Steve pointed upstairs, saying it was off the main hallway. He reminded me to shut the child-safety gate as I entered, muttering something about 'not letting them out'. *No mention of children*, I thought. *Perhaps they are asleep?*

As I entered the half-gloom of the long hallway I turned instinctively towards a faint light off to the right and trod carefully, my eyes still adjusting to the low light. I got a start when I felt a solid bump to my right leg. I peered down to see a joey at knee height, looking up at me with an expression that suggested she was as surprised as I was. She let me tickle her under her chin before hopping away. By now, I could pick out a line of bags suspended by wooden frames along each side of the hallway, each one housing another baby kangaroo. From some bags,

heads popped out, but in others the only visible sign of the inhabitant's presence was a bulge in the bag. Another joey brushed past as I picked my way to the bathroom and little heads swivelled, reminding me of the clowns in a sideshow alley.

The pungent smell came from the joeys. As cute and adorable as they were, I couldn't imagine having them in my home. This only increased my admiration for the work that Steve and his second wife Rosemary were doing.

When I returned, Steve offered to show me around outside, where most of the animal rehabilitation work took place. The large outbuilding, a cottage with an extended covered area, contained medical equipment and supplies. In here, also, were injured juvenile kangaroos and a few recuperating adult kangaroos, some with heavily bandaged hind legs, unable to walk. Others were missing large patches of fur where they'd been operated on, their wounds healing. Most injuries, Steve explained, were caused by kangaroos becoming entangled in wire fences while jumping to find water and fresh grass. Limb injuries and broken pelvises from falls were common.

Off to the side of the main outbuilding was a huge, high-wired fence enclosure dotted with trees and a few small shelters. The majority of the adult kangaroos lived here. A few roos approached me, curious or looking for food, I supposed. Some welcomed my caresses while others edged away warily when I approached. How individual their responses were, I thought. Just like people.

Steve pulled the cloth cover off a large wooden enclosure and I saw two mature wombats soon to be released. A few wallabies stood at a distance. Wallabies, Steve explained, aren't as social as kangaroos and like to keep to themselves.

Most of the adult kangaroos were ready for release into the wild, but a few were too disabled to survive on their own, and were destined to spend the rest of their days here, their forever home.

About ninety animals were being held at that time, Steve said. Typically, they did two releases of between twenty and thirty rehabilitated kangaroos each year, at a designated safe release site. Kangaroos need to be released as a 'mob' if they are to survive; their new family comprising the individuals they've gone through rehabilitation with. Orphaned joeys, if reared in captivity and then released

where they were initially found, usually died, for they are no longer part of a mob. Steve called this need 'association'. It reminded me of refugees in a new country and how they like to associate with others from their homeland, too.

We broke for lunch.



In the afternoon, I witnessed Steve's main care role at the rehabilitation centre. There were around thirteen joeys, some tiny and furless, and Steve was their surrogate mother. And just like a human mother with a newborn, doing four-hourly bottle feeds, he got broken sleep. He was always tired, he said, sometimes not getting to bed until 3 am. He'd taken a nap after lunch, I'd noticed.

He brought one bag out at a time from the hallway to the dining table where we sat. From each bag he popped out a joey, feeding them with a doll-sized bottle and toileting them with paper tissues. It was time-consuming stuff; each round of feeds for thirteen joeys took three hours.

It was about 6 pm when I met Rosemary, a small woman who offered me a breezy hello when Steve introduced us after she arrived home from work. She had brought Thai takeaway for dinner, which she dumped on the kitchen bench, inviting me to have some. Then she disappeared and re-emerged wearing farm clothes.

Steve had told me that Rosemary worked five days a week as a GP in town. She must be tired, I thought, so I was surprised by her bouncy energy as she went out into the winter darkness to the animal enclosure. She invited me to follow, and with a flashlight attached to her forehead, she put hay and water out for the animals. She looked to be in her element, smiling, calling individuals by their names and chatting with them like old friends. None hesitated to come to her. We went through the medical facilities in the cottage where she operates, and she described the ailments and injuries that the animals came in with and the treatments she provided.

One thing she said stood out in my mind. The bushland where the kangaroos were released was a two-hour drive away. I had imagined, naively, that the animals would be transported en masse in a truck, like farm animals, but no.

It takes a month to transport up to thirty kangaroos to an enclosure at the release site, where they are kept for several weeks before being released into the wild. Rosemary explained that she sedated one kangaroo at a time, lifted them onto the back seat of her Subaru and drove them to the site, a four-hour round trip. Larger animals needed to be sedated twice during the journey; an awake kangaroo in the back seat would be a startling sight for passing motorists, I imagined, and a liability. Once at the release site, Rosemary checked on them weekly until the time of release. These activities all took place outside of her usual work hours.

Back at the house, Steve suggested we meet the following morning, when he'd be at his freshest, for our extended interview. I could ask all my questions and learn the details of what happened on that fateful day in 1989.

I camped that night at the local showground, the only one there. I appreciated the solitude after the sensory overload of the day. It was well past 9 pm when I lay snugly in my sleeping bag. My last thought before dropping off was: *Steve and Rosemary are still labouring.*



It was pre-Christmas 1989 when Steve and Helen and the two boys were driving home from the coast. Their plan was to make another trip to visit Helen's family for Christmas Day. It had been a seven-hour journey and they had done all the right things: taken a break every two hours, alternated drivers, abstained from alcohol and kept within the speed limit. The weather was perfect. But on the final stretch of the Federal Highway, where it skirts the picturesque Lake George, with Steve driving, something happened.

The next thing Steve remembers is waking up strapped to a hospital bed to prevent any movement, his head held in place by a metal frame. He was told that his neck was fractured in three places and that he wouldn't be going anywhere. But there was more news. His youngest son Andrew, four years old, was dead. Helen was in a coma, on life support, and Peter, eight years old, had sustained a severe head injury and was fighting for his life.

It had been a single car accident with no oncoming traffic, he was told.



The following morning I was sitting with Steve in the sunken lounge room, the sun's warmth pulsing through the glass doors, wombat noises coming from the playpen. He looked showered, fresh and at ease. As he spoke about the accident, he didn't appear troubled by it at all.

It reminded me of past clients who'd suffered amnesia for a traumatic event, left to reconstruct a memory of what had happened out of the information they could gather afterwards. This lack of memory, didn't rescue them from the emotional turmoil. As Richard Tedeschi emphasises, the aftermath, the implications of the trauma, can be more traumatising than the event itself.

'All I can think is, there must have been some kerfuffle in the backseat between Peter and his brother, that Helen unbuckled her seat belt and she reached into the back. She either bumped me while I was driving or I turned while driving to see what was happening. She didn't have a seatbelt on in the accident, and she always had her seatbelt on.'

A witness who saw the aftermath of the accident confirmed that only Steve's car was involved. Accident investigators found nothing wrong with the vehicle or the road. It was a dual-lane highway and Steve thinks he must have veered into the ditch between the two roadways, causing the car to roll, before it 'splattered' into the opposite embankment. 'My father (a motor mechanic),' Steve said, 'saw the vehicle after the crash. It was flattened. He said that, rightly, no one should have survived.'

In the hospital, still in his bed, Steve was wheeled into Helen's room. 'She was on life support and I was asked to give consent for it to be switched off. I was feeling extreme loss and confusion but agreed. I recall holding her hand, holding Andrew in my other arm, he was quite cold, with young Peter up in ICU, in a coma, not expected to live. I knew that. I had one dead child, my wife about to die, I was strapped to the bed with unstable neck fractures, and they hadn't operated on me, yet.'

I watched as Steve was sucked back into the vortex of that day. His gaze unfocused, face softened, voice tender; he still missed them. He became silent. In this silence the enormity of his loss sat between us, immovable, rock-like.

For the first time in all of our conversations, I felt I could touch Steve's vulnerability.



I would reflect later on how uncommon it is to offer our unshielded self to another, least of all a stranger. In private practice, I became used to clients baring their emotional nakedness. I respected them for it, but I did take it for granted. Having gone through my personal crises, I no longer do. This laying open of oneself is no small thing. It's harder for some and easier for others, but it's the necessary beginning of reaching out.

I've pondered a lot about how we listen to someone's grievous story. Now I believe that when someone parts the waters of their pain and directs their unmasked self to you it is not your professionalism they need, or your problem solving, but your humanity.



'Christmas came and went, the funeral had gone,' Steve went on, his usual tone of voice returning. 'I don't remember much of the funeral, other than I was in a wheelchair. Peter didn't go; he was still in intensive care. When Peter came out of the coma after three weeks I had to tell him all of this.'

'He was still in a bad way with damaged vocal cords from the tubes being pushed in and out of his throat; you couldn't hear what he said when he spoke. He had hypoxic brain injury to the left frontal lobe, a bleed the size of a twenty-cent piece. He had a torn posterior cruciate ligament in one knee, a fractured collarbone and a burn mark from the seatbelt.'

'Before my operation I had holes drilled into my head so levers could be inserted. From these, weights were attached to stretch out my spine while I lay in bed. The operation was done but the bones did not fuse, so I went through the whole procedure a second time; this time it worked.'

Steve was transferred to a hospice beside the hospital while Peter remained a patient. He stayed with Peter every day from morning till late at night. At first,

Peter hid under the bed covers and wouldn't appear, and although he could articulate, his voice was inaudible.

Steve iced Peter's knee and helped him with the physiotherapy exercises they were given. But he was worried about Peter's throat. The hospital staff were not interested in this aspect, which Steve found perturbing. So he took Peter to his GP, who referred him to an Ear, Nose and Throat doctor, who then referred him to another specialist.

Steve's mother flew Peter to Sydney to see the specialist, who said, 'It's lucky Peter can breathe.' Growth had covered 95 per cent of his vocal cords. Once this growth was lasered off his breathing improved, but he still couldn't speak with much volume.

Steve was given no advice about or assistance with Peter's brain injury, and he was told that Peter's prognosis was not good. Fortunately, Steve had heard something on the radio about the brain being plastic up until the age of ten or twelve. Peter was eight. This propelled Steve into action. He thought, 'I've lost two people and I can't do anything about that, but I can at least have a go at this.'

'I used to bring in puzzles, games, Lego, anything to get him thinking again. He showed no interest at all in the beginning. Very gradually, he did. I thought, *This is going to be my project.* After a time Peter was able to get out of his wheelchair. but he was still not very strong. We'd go outside and throw a ball, perhaps play a little cricket. All the time I was still in my frame. He had a tremor in his hand, which made writing almost impossible, and he could only manipulate big pieces of Lego.'

'Who was there for them, at the time?' I asked.

'In hospital we weren't overwhelmed by the number of visitors, even relatives. It narked me a bit. We had gone out of our way to visit relatives in two locations. One of Helen's friends visited us often in the hospital; that was good.' Steve's mother stayed for three months.

Helen had two brothers and two sisters, two of whom had children about Peter's age, but he couldn't recall any of them coming to visit, although given his numbed state he couldn't be sure.

'So has time eased your resentment about the lack of help?' I asked.

‘It’s become basically irrelevant,’ Steve responded, ‘but at the time it wasn’t irrelevant at all. There was no one I could ask questions of, there was no one who grabbed me by the bloody hand and said do this, or think about this. Whether it was in the hospital or when we were in the education system, there was no one. Some of it had pretty significant health consequences at the time, but that’s ancient history.’

How did he move from the shock and numb stage to acceptance of the new reality? The funeral for Helen and Andrew didn’t do it.

‘I was not with it at all. I was in a wheelchair and wasn’t aware even at the funeral. I could have been on a different planet as regards its meaning to me, it had no meaning at all.’

I suggested that other people find acceptance when they go back to familiar places and familiar routines. When the person or people who were there before are absent, that’s when reality sinks in.

Steve agreed, saying that the hospital and hospice environment gave him a false sense of support, feeling connected to something. Peter was discharged after three months and they went home together for the first time. Peter returned to his old class at school but lacked the energy and insight to thrive as he had before.

Daily routines had changed. Before the accident, Peter walked to the corner and caught the bus by himself, but after the accident he needed to be taken to school. Steve had to deal with the school over Peter’s special needs, something that wasn’t necessary before.

When his sick leave ran out, Steve returned to work. He was still in a neck brace and had to be driven there. ‘The mechanics of shopping, making meals, doing the single parenting thing, it was all new.’

His internal landscape had changed, too.

‘I had the project with Peter, I had work, but periods of time in the twenty-four hours thinking, what now? Is this all there is? It wasn’t enough. Late at night by myself, and living in the old house, there were all sorts of memories, thoughts... Where to go next? All I knew was that I was in a hole. I didn’t want to do anything around the house like I had before. In the past I’d always be doing something – building, repairs. I had little interest in any of that. I read

self-help books, all well-meaning stuff, some useful.’ But after reading each book, ‘I’d realise I’m still on my own here.’

They had to go to Sydney a few times, and went by bus. Steve always turned the other way as they drove past the crash site. But he eventually did go back. ‘I saw bits of games and all that sort of kids’ stuff spread over the place.’

For his own recovery, Steve worked on his physical fitness. He had been extremely fit before the accident but couldn’t ride a bicycle now because of his neck. He was nervous about being in public – a bump from someone would almost cause him to collapse in pain. A trip to the supermarket was nerve-racking.

The turning point in his psychological recovery came when one of his colleagues suggested he attend a program called ‘The Beginning Experience’. His colleague, who was separating from his wife, was going and suggested that Steve come along. *Touchy-feely stuff*, Steve thought.

‘I wasn’t used to talking about feelings. I’d been a sportsperson and at a high level in the public service. I heard Ian Thorpe, the great swimmer, say on radio recently, “to be a good sportsperson you have to be selfish”. That’s exactly right; when I gave sport away I struggled with that. You’re forced to be selfish; you’ve got to crawl over the bodies of others to win.’

But the course turned out to be a revelation. Steve learnt the simple message: reaching out to someone else has a remarkable effect. Steve had thought he was the most done-for person in the world. ‘Here I was, wife and son dead, holding them in either arm, another son ready to die in ICU. Could anyone beat that?’

‘Previously my life had been about being an achiever. This had been a constant. But when these were taken away, my life purpose was gone. I did the course. Everyone told their stories – divorce, abuse, accidents, being made redundant. A range of circumstances where they’d undergone some major overturning. I thought, everybody’s got some problem here. It’s not a case of mine is worse than yours, that sort of thing. I started reaching out to those people, maybe I can help you, and I wouldn’t think of myself at all. As I did this I could see the benefit, and that reinforced it.

‘Peter helped. He gave me added strength to press on and to help others. I could direct my achievement-oriented personality not towards me, but towards

others and see that they would benefit, a win for all sides.

‘These days, reaching out involves these animals. I think to myself, *what is going through your mind about your circumstance? Look what humans have done to you, or life has done to you.* Life can dish out crappy stuff for others who don’t deserve it.

‘We sold our house [after 12 months]. The man who purchased it said it was a place that exuded a lot of love. For that reason, I couldn’t stay there.’ But, Steve has since thought, ‘If I was in that situation again, not that I want to be in that situation again, I probably wouldn’t do it [sell the house]. Because it just led to more upset.’ In hindsight, he thought he needed at least five years for things to settle before making a big decision like that.

‘There was no one there to talk through these things with. What was overwhelming was the memory side of things; it just wasn’t the same anymore. I feel now I should’ve gone through that phase and then made those decisions.’

Steve’s personal challenge has been to get Peter to take part in life as fully as possible. ‘Peter’s social insight is not good. His relationships are difficult, even with me. He’s done several certificates and diplomas and has a degree in Arts, so he’s not stupid. An acquired brain injury is a magical mystery tour of discovery. When you think you’ve got it nailed, you realise you haven’t at all. He has been living independently for some years but now he’s back home with me. We have hope for him to get into a new disability program in town.’

I saw only love and concern on Steve’s face when he spoke of Peter.

There was an unforeseen upside for Peter and Steve. Previously, Steve’s work had taken him away from home frequently. When, after the accident, he gained a scholarship to work at a university in the UK for twelve months, Steve took Peter out of school, where he wasn’t doing well, and they went to the UK, just the two of them. It ‘gave me the opportunity to strike up a relationship that wasn’t strong before.’

Before finishing up that day, I wanted to know how Rosemary came into the picture. Who doesn’t enjoy a love story, after all?

Helen’s friend, the one who came to visit Steve and Peter in hospital, mentioned that one of her friends would be a good match for Steve, but he

wasn't interested. A new relationship wasn't on his radar, but providence dealt its hand.

'I saw someone riding a bicycle up to our property here: it was Rosemary. She'd done a PhD and had finished medical school. At that time she was doing an internship at the Canberra Hospital. 'One thing led to her mother,' as they say – he chuckled – 'and we're still together over twenty years later.

'Rosemary had a soft spot for animals. I had dogs but I was not much involved. One day when driving she thought she'd run over an echidna on the road and we stopped. She hadn't, but it was struggling. We made enquiries about how to help it. Soon after, we fell in love with kangaroos. Initially, I looked on interestedly but I became drawn in by what she was doing and was seduced by these animals. No animal should die alone.'

I left Steve that afternoon. I was awestruck by the work they did, spending 50 per cent of their income, Steve told me, on the animals, without any outside financial assistance. I was concerned about their physical health, wondering how long they could keep it up.

'We are both approaching sixty-five and it's physically demanding tackling big animals,' Steve said. 'I see that increasingly we will become teachers rather than the doers, as we get older, sharing our experience.' I hoped that would happen sooner rather than later.



Eight months later, on a baking hot summer's afternoon, I turned into the driveway of Possumwood Wildlife once again, this time accompanied by Ashley. She'd finished her degree and I was helping her move home, bringing her possessions and her two pet rats. She loved animals and Possumwood was only a slight detour. I was looking forward to catching up with Steve and showing Ashley around the place.

The paddocks were green and Steve was waiting in the garden again, looking more alive, relaxed and smiling. Even his clothes appeared happier. I remarked on this change and he was surprised.

On reflection, he thought that giving up the presidency of the Animal Justice Party had relieved a lot of pressure. He'd started the party six years earlier. While he had no stomach for politics, he saw it as a means of legislating for animal rights. The party had achieved success at a state level and were hoping for an upper house seat in the new Federal Parliament, following the recent elections. (The AJP narrowly missed out.)

Also, he said, there were no joeys in care at present, so he was getting undisturbed sleep. They'd be able to do some work on the house, which had been put off due to the joeys' presence.

We took a stroll through the animal enclosure, and Ashley remained there while Steve and I went back to the house to talk. On this occasion, we sat on cane lounges within the circular stone porch, covered by an arbour of vines, offering shade.

It had become clear through my investigation that after a life crisis, we need to tell and retell our story to those people who will listen. Other than 'The Beginning Experience' course Steve had undertaken, he'd had no one to talk with. Did he think, in hindsight, that his social network was very small?

'Yes, very small!' he replied.

'And that became your Achilles heel,' I responded.

'Yes, that's exactly right. But you know, everybody's different. I'm not the kind of person who goes down to the local pub and knows lots of people. I wasn't the sort of person to have lots of male friends. Even today I only have a few male friends, like two or three that I could talk to if I had some troubling thing I needed to talk about... But at the time of the accident there wasn't anyone.'

He also thought that with the enormity of the events, 'a lot of people took a step back, they didn't know what to do about it... And even today, I question Helen's family; those relatives did nothing. Nothing!'

'What would you have liked them to do?'

'Perhaps I'm not the easiest person to sit down and have a talk with.' But the friends he has today, he said, would 'give me a quick kick up the backside and say this is what we're going to do, and no one did that.'

He was like his mother, he thought, a reserved kind of person, whereas his father was curious and outgoing. 'He always had a bunch of blokes he was talking to.'

How did rehabilitating animals help him?

'First of all, there's the whole process of reaching out to someone else, whether it's animals or humans. Just reaching out. I guess my experience is that it doesn't matter how bad your situation is, you'll find someone that is worse off than you... We think these particular wild animals have a hard life in this country... and we've chosen these ones but we could have chosen other animals. Being compassionate I think gives you a sense of purpose... and having a sense of purpose is a big quality to have.

'Compassion is well beyond empathy. Compassion is about doing something. I just feel that they offer me something; it's an unheard kind of something. You don't have to have a conversation with them, although, if you're good at it, you can sense their emotional states and know what they're feeling, how they're communicating with you. So for me it's made a big difference.

'In this situation here we get so close to these animals. Because we've got a few of them, you see how different they are and how determined they are to recover. They just need a bit of a hand to get along. And so in the case of myself, this was the one thing I didn't have from humans.'

'You know what that feels like,' I said.

'Yes, I know what it feels like, and it's pretty rotten!

'I was saying to Rosemary, because she says we've got too many animals and we've got to stop, and I said, "I owe these animals a lot and as far as I'm concerned they can keep coming here for as long as I'm here." You know, they don't judge you, they don't question you, they're just there and they love you. That's all they want in return.'

He gave me an example.

'I had a wombat that when it was brought to me late one night it only had an eye reflex movement and that's all. It was completely comatose. I nursed that wombat for eighteen months and in the end she recovered with only a bit of residual spasticity. A lot of work went into her. Just engaging in that whole process kind of made me go back to thinking, "Well, I was in the situation of

that wombat and there was no one there for me.” Now the role has reversed here and this wombat is in that situation, as are some of those other animals... I know if I don’t, it’s got no chance. So I feel like I owe them a lot.

‘Why shouldn’t I reach out to these creatures in the way people didn’t reach out to me? When reaching out to others, something special occurs. If I hadn’t found animals, I would have been helping others. There’s something there – joy, satisfaction. It’s something you cannot buy. Being part of another’s recovery, to realise their capabilities, gives great satisfaction.’

What had changed, I wondered, in his beliefs as a result of what he’d been through?

‘I became sceptical about the notion of competition. Economics is the theory of competition. For the last fifteen years I’ve been an ethical economist. I’ve looked for other ways to take my profession and to use it in better ways. You seek what is the best outcome for a wider society, rather than for a business, for a government, or for an individual.’

Hypothetically, I suggested, how did he think his life would have gone, the one he might’ve had, without the accident?

‘My best guess is that I would have continued in the public service and been on top of the tree on a handsome salary, or a university vice chancellor. I probably would be a boring person, seeing Rosemary as a doctor for depression and asking her to give me some potion.’ He flashed me a smile.

Could he see what happened to him as a gift?

‘It’s a hell of a way to learn. I’ve lost two and a half great people. Things do come along to trip you up. Now I have an acceptance and realisation that bad things do happen. Before I was more inward looking.

‘I’m not a spiritual person. But I have received something. I’d say I’m an agnostic rather than atheist.’

‘If you’d taken the other path,’ I asked, ‘what differences do you think you would have made?’

‘I don’t think I would have the same satisfaction but I would still be achievement-oriented. It would probably revolve more around objects than subjects. And, I joke with Rosemary, married to a red sports car.’ He smiled.

‘What advice would you give to others based upon your experiences?’

‘Rosemary comes home and says her patients are all depressed; one didn’t get the overseas posting; one is bullied at work; one didn’t get the promotion. I say to her, “Tell them to go out and work for a charity. See how the others are. Put energy into that, that’s a great therapy.” Being for them, not with them.’



Later, I asked Ashley if she’d enjoyed interacting with the animals. She’d loved it, and told me that Lily, a kangaroo with an underbite causing her bottom teeth to stick out, had come over and rubbed her face against Ashley’s face on both sides, ‘kissing’ her. Lily had then taken Ashley’s hand in her forepaws and guided her across to ‘introduce me to her friends’, who all gathered around them. ‘She was so friendly,’ Ashley said, speaking as though this was commonplace and she’d made a new human friend.

There was something special going on at Possumwood, I concluded.

Chapter 5

What would it be like to hold a secret about yourself, a secret that you believed was so terrible that its revelation would cause calamity for you and your family? How could you bear the weight of such a secret? And, when this secret was outed, what then?

Secrets are bad for our health, James Pennebaker says. Pennebaker is a professor of social psychology, famous for developing the expressive writing exercise he calls Writing to Heal, a method for overcoming past trauma and emotional upheaval. Not only do those undertaking this writing exercise feel better emotionally, but their immune response improves too, studies have found.

Writing to Heal is an exercise I employed when burdened with shame, thinking that I had somehow brought upon myself the crises that befell myself and my family. Did the career and financial decisions I'd made constitute acts of stupidity on my part? In writing about my past, using the guidelines Pennebaker suggests, I discovered that I had nothing to be ashamed of. I had experienced failure, yes, but *I* was not a failure.

Dr Edith Eger was a ballerina and a gymnast when at the age of sixteen she, along with her mother and one of her sisters, was sent to Auschwitz. A passing American soldier found Edith's skeletal form among a pile of dead bodies after liberation, and he nursed her to health. She went on to immigrate to the USA, becoming a mother and a clinical psychologist. Now in her eighties, she still practises psychology and consults with the US Army and Navy, advising them on resilience.

As well as being traumatised by her experiences, Edith harboured a deep secret: she believed she had caused her mother's death at Auschwitz. In reality, it wasn't a death she could be blamed for, but something she did at the time instilled in her a belief that she was to blame. She kept this secret; told no one.

But much later in life, when she'd healed in many other ways, she returned to Auschwitz and stood on the very spot where she and her sister had been separated from their mother. Her mother was directed to the line of people destined for the gas chamber, while Edith and her sister were sent to the line of the living. It was torture for Edith to stand on that very spot and relive what had happened. But she did.

This time, Edith had an advantage: she could re-evaluate her actions from an older and wiser perspective. She saw clearly that she had acted like the frightened sixteen-year-old she had been, and that the circumstances were way beyond her control. She could no longer punish herself for her mother's death. This insight gave her permission to let go of self-blame, and her suffering ceased.

In her memoir, *The Choice*, she chronicles her long healing journey. She says, 'I hadn't yet discovered that my silence and my desire for acceptance, both founded in fear, were ways of running away from myself – that in choosing not to face the past and myself directly, decades after my literal imprisonment had ended, I was still choosing not to be free. I had my secret, and my secret had me.'



I was a high school student in the 1970s. One day, during a soccer game, our sports teacher put me in the goalkeeper's position. I wasn't a regular soccer player but I was a good all-round sportsman. That day, with enthusiastic, agile leaps and quick reflexes, I made some good saves.

The teacher, impressed, asked if I'd try out as goalie for the school's representative soccer team. I was flattered, but I'd already worked out that a leather soccer ball coming at my outstretched fingers with the momentum of a comet was an accident waiting to happen. I told the teacher thanks, but no, I was too worried about breaking a fingernail.

I don't think he'd heard this excuse before. He faced me, arms akimbo, dressed in his running shorts and an open-necked jersey, a silver whistle lolling around his neck, with an expression that invited further explanation.

I said I played the classical guitar and needed intact fingernails on my right hand for plucking the strings. As evidence, I held my splayed fingers in front of him, showing off manicured nails painted in a clear gloss polish. At that time, professional classical guitarists strengthened their nails in this way; a torn or broken nail was a catastrophe. With raised eyebrows he harrumphed a grunt of acceptance and walked away. My ten-second soccer career was over.

The next day, however, I was called out of class and asked to visit the Deputy Principal. As I trod the floorboards en route to his office, the sound of my footfalls rebounded off the thick brick walls and jostled with the parade of thoughts in my head. *What had I done?*

The Deputy, a lean, tall man with thick, black-rimmed glasses that gave him an inquisitorial air, came out from behind his desk and stood before me. I didn't feel scared – he was considered a mild-mannered authority within the student body – but I was on edge.

Tilting his head to one side like a cockatoo, his eyes fixed onto mine. 'What is this I hear about you using fingernail polish?' he asked.

Oh, that's what this is about!

I patiently explained that I played classical guitar and this required unbroken fingernails on the right hand. I showed him both hands, the left bearing the stumpy, grit-laden fingernails that any self-respecting schoolboy would have and the right a picture of contrasting elegance, like a lady in a ball gown.

He leant in closer, as though hoping to discern my real thoughts. 'Why don't you use metal picks?' he asked, motioning the fingers of one hand like a demented octopus.

I was aghast at this suggestion. 'No, picks are for steel-string guitars,' I said. Feeling like a kindergarten teacher, I explained the mechanics of how intimately one could pluck a guitar string with fingernails, but not at all with metal picks.

He'd looked pensive as I spoke, but then, with a look of resignation, released me from his psychological grip. I returned to class. I wasn't as relieved as one might expect, for the unspoken subtext of our conversation had been clear: I

wouldn't want to be queer, or a poofta. I wasn't, but the thought that I might be perceived as such was horrifying. I was a product of my time, as we all were.

At the school's annual talent quest concert that year, feeling that I had something to prove, I played a solo classical guitar piece on stage. It felt like a coming out. Although ours was a decent state school, it didn't value the arts greatly. It was located in the heartland of Western Sydney, considered to be a cultural desert at the time. I'd kept quiet about my classical music leanings, fearing disparagement, but teachers commented favourably on my performance, and among my fellow students I became known as 'David, the guitarist', my painted fingernails achieving glorious anonymity.

Years later, I came across a fellow former student. I remembered him as a self-assured person, the son of Russian migrants, flamboyantly playing ragtime and twelve-bar blues on the school's upright piano. I'd thought of him as a bit of a show-off, then. But he told me he was now a full-time composer of contemporary classical music, a career he'd had in mind since he was young. I was amazed, I told him – I'd had no idea he was a serious musician. He had been loath to reveal his interest in classical music, he said, only playing 'fun' music at school. I told him of my experience and we both laughed at our adolescent fears.



To be homosexual in seventies, eighties and nineties Australia was dangerous. Vigilante gangs searched out gay men, bashing and sometimes murdering them. It was considered a sport, of sorts. The police force, it was claimed, did not pursue the perpetrators of these hate crimes with the same alacrity they would have if the victims had been heterosexual.

It flabbergasts me now to remember how hazardous it was to reveal one's homosexuality at that time, whether in the workplace, in sports, socially or in public life, for fear of discrimination and malicious harm. Vilification of gays came from almost every quarter, including moral authorities like church leaders and those with religious affiliations. During my university psychology training, gay conversion therapies were discussed in the context of learning theory, although it was said they were largely unsuccessful.

Many considered homosexuality to be a disease, contractable through day-to-day contact. The notion that same-sex attraction could be a natural outcome of one's genetic inheritance, just as opposite-sex attraction or left-handedness is, was a foreign notion for most. The old nature–nurture argument – to what degree our personality traits and inclinations are biologically determined and to what degree they are environmentally determined – was still a big debate then. These days it is recognised that biological determination plays a huge role.

With the HIV/AIDS epidemic in the 1980s, gay men were dropping like flies. Public hysteria over homosexuality and AIDS escalated – yet another reason for gays to keep quiet. All in all, it was a frightening time to be homosexual, if ever there was a good time in history.



I first met Ian Roberts in Sydney, where he lives, in the private practice rooms of a psychologist colleague. The leaden sky on that winter's morning felt like a hangover. When I exited the train station nearby, the most pressing task was to get out of the windblasts as soon as possible. Ian was at the door of the office, right on time. We waited briefly for my colleague to arrive and let us in. When he did, he ushered us into the spare consultation room and left us to it.

I'm sure I'm not unusual when I say that it's impossible not to be a little intimidated upon first meeting Ian. He possesses a towering physique (6 foot 4) and weighs 107 kilograms, his biceps like melons. With broad shoulders, a chiselled, muscular frame, square jaw, dark hair and brooding eyebrows, at the age of fifty-three he still possesses handsome good looks. It's not surprising that he's been featured in calendars and magazine photo shoots.

Dressed completely in black, T-shirt, jeans and sneakers, he lowered himself into the leather recliner opposite me, his long, lean legs extending like a tarantula out for a stroll. In contrast to his physical presence, his manner was gentle, almost self-effacing, reflective.

I made contact with Ian, a one-time football superstar, because he was the first professional rugby league footballer to come out as gay during his playing career, and only the second player of any men's team sport, internationally, to

come out. I was intrigued not only by this ‘coming out’ story but by how being in the limelight would, I thought, serve to increase the angst, fear and approbation he and his family had suffered.

Ian played for Australia thirteen times and for the NSW State of Origin team nine times. In 2000 he was awarded the Australian Sports Medal for his contribution to Australia’s international standing in rugby league. He served on the National Rugby League’s judiciary during the 2000s, and in 2004 he was named by the South Sydney club (his home club) in their South Sydney Dream Team. In 2005 he was named one of the twenty-five greatest New South Wales players of all time.

As a front row forward, one of the big men, he was known for his physicality and referred to as an ‘enforcer’ and a ‘big hitter’. His tackling prowess was legendary, and his running game and offload skills were excellent.

What I didn’t know until I spoke with Ian that day was that he had also carried another secret into adulthood, one he described as being even more ‘terrifying’ than the public revelation of his homosexuality.

We spoke for over two hours. Later, I read his 1997 biography *Finding Out*, written by Paul Freeman, and then followed up with a two and a half hour interview months later. This was a man, I was to discover, who had experienced far more traumas than anyone should expect to experience in a single lifetime.



Ian was born in England in 1965. He was two years old when he came to Australia with his parents as ‘Ten Pound Poms’, under a scheme in which English citizens could pay ten pounds passage to Australia as long as they agreed to stay for at least two years. This was part of the Australian government’s White Australia policy, designed to populate this vast country.

Ian’s parents came from working-class London, his father a truck driver, his mother a cleaner. They married young and had three children in tow, Ian, together with his older sister and brother, when they arrived. Ian’s younger sister was born in Sydney. Ian described his parents as having somewhat homophobic, racist, xenophobic and misogynistic ideas. ‘They had all the ’isms!’ he said,

laughing. After a stay in migrant hostels the family moved into government housing at Maroubra Beach, in Sydney.

It was a loving family, he said, but children were to be seen and not heard. His parents were just 'kids' themselves, in their mid-twenties, living halfway around the world without any family.

I asked Ian about his growing awareness that he was same-sex attracted. He pointed to a time when, as a five-year-old boy on his way to school, he walked past a 'hole in the wall' car garage. He was fascinated, without understanding why, by a 'young guy in bib and brace overalls'. He was probably an apprentice, Ian thought.

At eight years old, in second class at school, Ian and his family were living in a housing commission apartment in South Coogee. Ian became friends with a boy living in the same block of apartments.

'We used to spend all our free time together,' Ian said. 'It was just like a crush. We would kiss and hold hands. It wasn't sexual. It felt natural. But I knew I wasn't supposed to talk about it. It was naughty but fun.'

'How did you know it was naughty?' I asked.

'There was definitely an air of homophobia around. I knew boys don't kiss boys. But I didn't feel bad or dirty.'

What did he fear should their secret come out?

'My dad's answer back then to everything was to give you a belting.'

His secret remained.

But Ian's world was soon to be turned upside down.

Aged nine or ten, Ian was sitting on their bright orange and brown lounge, 'kind of snuggling into my dad sitting beside me.' He couldn't remember who else was in the room, but most likely the rest of the family were there.

A documentary about homosexuality came on the television. 'I remember being fascinated by these men holding hands and kissing. I didn't find them attractive or anything, but I kinda knew how they felt.'

His father had been reading the newspaper when he suddenly remarked, "'They make my fucking skin creep!" He went on this whole rant about how depraved homosexuals were,' Ian said.

Ian's mind was sent into a whirl, but something stood out very clearly: his father was denouncing *him*. Ian felt dirty; what he was doing was really bad, even evil, he thought. 'It had never been an issue for me before this,' said Ian.

His father had a gay uncle, Uncle Bob, with a partner they also referred to as Uncle. This confused Ian. How could his father go from liking Uncle Bob, 'as long as he kept it to himself', to being in a rage about homosexuals?

'That's the time my life changed forever,' Ian told me. 'I was going *this* way,' he gesticulated to the right with his thumb, 'and then all of a sudden I was going *that* way,' he said, gesturing in the opposite direction. 'I was always really comfortable being gay. I totally knew I was okay. But with comments like that I thought, *just keep quiet*.'

Other things confused him, too.

'Mum and Dad had racist views. There were two Fijian boys, Shane and Brett, who played in my football team. They had dark skin. My dad was always great with them and we used to spend a lot of time with their family and go to BBQs together. But Dad would say these contradictory things about black people back in England... I remember thinking as a kid, *You've got it so wrong*.

'Most of my teenage life I felt very alone. I felt like I didn't belong in my family, I'm an alien in my family.'

I wondered out loud, how did keeping his homosexuality a secret create suffering for him?

'I kept a lot of thoughts inside, internalised sadness,' he told me. This prompted a memory for him.

Ian's boyhood city team played against a country team every year over a three or four year period. They took it in turns to travel, and were billeted by the home team. A boy from the opposing team caught Ian's eye. 'I thought I was in love with him, as much as you can fall in love with someone at that age of eleven or twelve.' But when the sporting arrangement stopped, 'I was heartbroken that I couldn't see him.' Even worse, 'I couldn't tell anyone about him.'

It reminded me of a boyhood crush I'd had on a girl at school who was not interested in me. When I told my father, he reassured me that I was a worthy person and she simply wasn't the one for me. I imagined having to keep such burning sorrow to oneself, unable to share it with anyone.

‘It seems to me,’ Ian went on, ‘this is the way you feel homosexuality, it’s a natural part of you, so nothing to be ashamed of, nothing wrong with it, and yet, it’s like I can’t fully express myself because of other people’s opinions and social mores.

‘I would say a lot of gay people suffer from a deep sense of sadness. People are never going to accept me. I can never be myself. That’s the common thread that ran through those years... I’ve got to always be something that I’m not. Always got to keep Mum or Dad happy, or my brothers and sisters or the public. I should imagine every gay person goes through that.’

Ian knew his parents would be hurt if they learnt of his homosexuality. He continually denied the rumours. In public he made a show of going out socially in a group with men and women, and being seen with ‘girlfriends’. His younger sister Kylie often accompanied him to pubs and nightclubs.

Among the players and coaching staff within Ian’s second football club, the Manly Sea Eagles, his homosexuality became an open secret. Within this small circle, he didn’t feel threatened. The name-calling, taunts, abusive phone calls and threats came from other players and from the general public, who didn’t know him personally. He worried more for his friends and family than for himself.

As I listened to Ian’s story, a common theme emerged: once people knew Ian personally, his sexuality became secondary; they felt less threatened by it. The media in Australia were respectful, too, which suggested that Ian was well liked. ‘They were always respectful to me and never asked the question till I was ready,’ Ian said.

It was his parents who finally pushed him.

It was 1990. Ian’s mother was working as a cleaner at Qantas Airways when she overheard two young men in the staff lunchroom commenting on a newspaper article about Ian’s football prowess. One of them falsely remarked, ‘Ian Roberts got caught sucking a boy off in Oxford Street.’ His mother was so distressed by this comment she left work and went straight home. The next thing, Ian’s father asked him to come over, saying gravely that they needed to talk.

‘I thought, initially,’ Ian said, ‘because Mum was so upset there’d been a death in the family. Then I thought it had something to do with the money troubles I was going through.’

Once they were seated at the kitchen table, his father said, ‘Boy [his dad always called him ‘boy’], your mum heard something said at work about you and we just wanna run it by you. We need to know it is not true and we can move on. You just need to tell us you’re not gay then that’s fine by us.’

Ian and I both laughed involuntarily after he said this, at the absurdity of the ‘question’.

‘The footy was on the TV and I just wanted to be sucked into it. *It’s fucking that again.* Then I thought, *It’s time to turn it off, that’s enough. I’ve had enough. You can’t keep holding me to ransom like this.* I’d denied it to them before. I felt like I was being held. It was an awful feeling telling them, but I remember feeling so relieved. *This has got to stop.* I’m gay, Dad.’

‘I can’t believe it. I can’t believe it,’ his father said. ‘You play for Australia. I can’t believe it.’

His mother screamed, ‘I didn’t put you in dresses. I didn’t bring you up funny!’

‘It went on like this for an hour, this hysterical reaction. After my dad finished ranting and raving, he was still in shock and he said, “You can’t let anyone else know, don’t let it get outside the house.” And I said, “No, Dad.”

‘All he could think about was it damaging my career. But I was thinking: *Is this about me or about you?*

‘I told them about Shane. Shane was my first real partner. We’d met at the Old Albury Pub and we were living together. He was really sweet and really cheeky. They’d thought he was just a friend. Mum and Dad hated Shane from then on, poor Shane.

‘I remember telling them I don’t care anymore. I was almost defiant. I’d had enough. By this stage it was just like some switch turned on in the back of my head, saying, “this is fucking ridiculous”. Trying to look after them... It was a real turning point.’

I commented, ‘You were contrasting their suffering with your suffering. Okay, you guys have got some suffering now, but I’ve been really suffering.’

Ian responded, 'Yeah, but we've got to have patience for that too. It was a shock for them as well. I told Dad that I'm going to come out. I'm not going to keep hiding the secret. He was furious.'

After several hours Ian went outside to his car. His father came out and hugged him, saying, 'You're still my son and I love you.'

'That was nice,' Ian said.

But Ian's relationship with his parents deteriorated over the next three or four years. He made it clear to them that he expected himself and Shane to be treated in the same way as his siblings and their partners. 'If I come around and we stay we're not going to sleep in separate rooms. This is a learning curve for you too. This is the way it is now.'

During our conversations, Ian often spoke of 'living truthfully'. This was clearly very important to him. To me, it seemed to be a major way in which he had grown in response to his suffering.

'I've just found you can't protect everyone if you're going to live a truthful life. For some people it's going to still be a shock. It blows me away that people still could be shocked that someone's gay. There are no buts... If you keep tolerating their lack of awareness, lack of understanding or lack of education or whatever it is, if you keep making allowances for that, it keeps being like that.'



Ian had contemplated coming out publicly before, in 1990. However, Justin Fashanu, the first black soccer player in the UK to command a million-pound transfer fee, came out publicly as homosexual in 1990. He suffered a tremendous backlash. No club offered him a full-time contract again. He quit playing in 1994 and suicided in 1998.

'When I saw how badly the press were really attacking him, I was just like, fuck, I'm not ready for that.'

Ian received a much better reaction in Australia. He first came out publicly through *The Advocate*, a gay newspaper in the US, in late 1994 while on tour with the Kangaroos in the UK. He came out publicly in Australia through a *New Weekly* magazine article in early 1995. The public response was

overwhelmingly positive, he said, although there was some negativity. 'It was before the internet and people used to write letters. I got swamped with thousands of letters.'

There were many negative ones. He tossed them aside, 'like water off a duck's back'. But the positive ones outweighed the negative ones and he focused on those. 'They were empowering, they made me feel nice, like they were nutrition,' he said. He remembers most the gratitude expressed by the many who had also been suffering in silence.

'I responded to all the letters. I had a stock standard reply typed up on a single page and I just signed at the bottom. I've still got all those letters in storage,' he said.

His secret out, he revelled in the freedom it brought, but that didn't mean it was always easy.

Ian was peacefully enjoying himself at a public cafe when a middle-aged woman came over and loudly accused him of turning her son gay. She went on to blame him for her son now telling *his* friends.

'It was just a really weird moment,' he said, with a look of incomprehension. 'How do you explain it?' He told the woman, 'Ma'am, it wasn't me. I appreciate you're hurt. If your son is talking to you, he's going to be okay.' The woman's friends had to drag her away.

'I realise now that the best thing Ian Roberts can do today is to show the world how easy it can be. It can be as simple as holding my partner's hand in public, like being present all the time, giving it some normality, letting it be recognisable, people seeing it all the time and not being scared to talk about it. Being approachable.'



Relations between Ian and his parents improved in time. Ian said that coming from a loving family helped him through many of the difficulties he faced, including his homosexuality. But, he admitted, he and his father 'never got along well'. 'My dad and I loved each other, yeah. My dad had done TV interviews

where he'd talk about how "we [he and Ian's mother] didn't understand" and he ended up accepting, but he never really did.'

In 2014 Ian returned to Australia from the US, where he had been living and working, because his father was ill. He didn't realise how ill until he arrived. On one occasion he visited his parents with his partner, Daniel. His father was reading the newspaper in the corner and said that same-sex marriage had just been legalised in Ireland. His mother said, 'They should get on board here.'

'I was saying I don't think it is a long way off, and I remember my dad turning around and saying, "Why shouldn't you marry the person you're in love with?"

'That's the only time in my life I thought, he gets it! And it still upsets me. He died just after that... Sorry mate,' he said in a tremulous voice, covering his face with his hand. We sat in silence for a while.

Was this the point when Ian no longer felt an alien in his family, I wondered? If so, it had been a long time coming.



But Ian carried another, deeper secret with him into adulthood, one he described to me as 'more terrifying' than coming out as gay: illiteracy.

'My mum and dad had no formal education. Money was always a huge issue in our family, it was always week-to-week pay packets and I used to end up wearing my brother's clothes. Education wasn't valued in our family; it was all about getting a job. Hard work was valued. My brother and I had to have a trade. There was never anything expected of my sisters apart from getting married. School was more or less like a childcare centre where you leave the kids when you are at work. Mum and Dad weren't interested in my school reports as long as I wasn't jumping school, which I did a few times. They were happy I was going to school.

'I remember being confused in first class at school... I could never make sense of words. All the letters being confused, the same letter sounds different all the time and there were all these rules like "i before e", and that used to really confuse me.'

Ian's parents didn't read to him at home and they weren't aware of his reading ability. Neither were his teachers, it seems. In primary school when he was asked to stand up and read, 'that used to be the most terrifying thing in my life'.

If the teacher asked him to read he would refuse, start arguing or run home, claiming it was for another reason, 'like I'd had a fight with Billy or... I just remember never addressing that issue. Sport took off for me and I could always get away because I was good at sport.'

He was asked to repeat first class.

'I had an attitude problem at school but it was all based around being terrified to stand up in class and read. I would storm out of class. I was a tough kid. I was a dick.'

I am reminded of how my mother pulled me out of our local Catholic parish school when I was in fourth grade. I was falling behind. The class was taught by an elderly nun who, although kindly, was well past being an effective teacher. I transferred to the local state public school instead.

During the first week, already nervous because I was in a class with students I did not know, the teacher called me out to the front of the room. She asked me to recite the two times table. The equations were written on the blackboard with blanks where the answers should go. After 2×2 , 2×3 and 2×4 I couldn't go on. There was tittering among the students. I looked blankly at the board, realising I didn't know my two times tables and everyone else did. The teacher allowed me to return to my seat, my embarrassment spread all over my face. I felt very dumb.

But the new teacher turned out to be competent and considerate. With extra guidance from her, I caught up with the rest of the class by the end of the year. I was a bright student, although I didn't know that then. I had no learning difficulties and my parents were interested in my education. We read a lot at home. The sting of that memory has gone for me today, but the insight from it remains. How different were the circumstances for Ian?

When Ian reached high school, he really struggled.

'I could read,' he said, taking my printed list of questions out of my hands and holding it up in front of him, 'and see words that I recognised and then

make a sentence out of them.’ He demonstrated by hovering his index finger over the page as he ran along a sentence, like a child does when first reading. ‘His... sex... in... mag... and... on’. He made ‘p’ and ‘d’ sounds, like a stutterer does when stuck on a word.

‘Even just doing that now makes me feel quite sick. It used to make me feel stupid. It upsets me just thinking about it now.’

Visibly shaken, he went on.

‘Learning to read and write is an emotional experience as well, not just an intellectual one. That’s what most people don’t get. That’s the only way I can explain it. Reading a magazine or an article in the newspaper used to be about getting through it. I wouldn’t even have attempted it. I would have seen all those words there [pointing to my sheet of paper] and thought, “Oh my god” and panic.

‘There’s nothing like feeling stupid, feeling like you’re dumb. It’s so humiliating. I felt so ashamed.’

This was Ian’s trauma. He was ashamed of his illiteracy, but not of his homosexuality. He felt lesser because of his illiteracy; he felt worthy because of his homosexuality.

Shame is a cancer of the mind. Like cancer cells attack the body, shame sets the mind upon itself. It binds the belief of unworthiness with self-loathing. Ian’s ‘internalised sadness’ regarding his homosexuality came from the external: social mores that said he couldn’t express who he felt he was, his parents’ attitude being paramount. The shame arising from his illiteracy was a heavier shame, because its wellspring was internal, something he inflicted upon himself. This shame is harder to root out.

How does internalised shame like this, which causes so much suffering, take root and grow?

I’m surmising that Ian inherited a form of dyslexia. The lack of encouragement and validation his parents demonstrated for his education, and his teachers failing to pick up on the underlying causes, confirmed for him that he was dumb, no good. My teacher in fourth grade saw that I hadn’t had the educational environment I needed to learn, that I was eager and not dumb. She invested in me.

The nature of our tricky brain is to take a perceived threat – here a threat to self-image and of potential disparagement from others – and forecast the consequences in an exaggerated way, spinning stories of ruination.

Ian worked to keep his ‘dumbness’ hidden. The counter story, that he was capable, that he had a specific learning disorder, could not be validated. This kept the secret alive. Pestilence grows in the dark.



‘What age were you,’ I asked Ian, ‘when you could pick up something and read it, without getting overcome?’

‘Oh, not until my thirties.’

The only book he’d ever read from start to finish when he was young was *Charlotte’s Web*. ‘I remember I read it sitting on the top of my bunk bed with a light on trying to work the words out. When I did finish it I was so proud of being able to finish a book, and telling everyone how I’d read this book. About the characters in the book, Wilbur... Charlotte...’

I asked Ian if he could he tell me more about feeling stupid.

‘Just how destructive it is emotionally, that feeling of being asked to stand up and read. Like the financial situation [Ian lost all of his life savings after getting involved in an investment scheme while he was a player], that feeling again when anything goes off in your life. I always felt like I was stupid and that’s an awful way to feel. And now anytime anything doesn’t work out, it’s like a little bit extra stupid, even if it is just bad luck. I don’t know if it’s the leftovers?’

What does this feel like in your body?

‘You get that sick feeling in your gut and that prickly feeling in the back of your head stretching across your face. That’s anxiety. That’s what it is.’

I mentioned symptoms of dyslexia for reading and spelling, and wondered if this could have been part of it.

He looked gladdened to hear me say this. ‘It’s a relief to talk with someone who knows about it. Just talking about those things is always a relief, when someone has a bit of education.’

He could still be confused when reading. 'Is that a "p" or "q" or "h" in "it" or an "f" or "t"? I used to be terrible with my left and right until my thirties but I've always been right-handed.'

To Ian's great relief, he left school at age fifteen, became an electrician and made his father happy. His brother was a spray painter.

Ian's illiteracy did not hold him back during his football career. He was always able to find ways around it, or rely on others, like his agent. When he worked on his biography with the author Paul Freeman, they did it with 'hours and days' of tapes, he said. He wrote nothing down.



At the age of thirty-six or thirty-seven Ian was running a successful sporting memorabilia business with a business partner but 'feeling a little lost' after retiring from football. One day his car broke down. He was walking to the service station when he passed the National Institute of Dramatic Art (NIDA). He had been in an ensemble group in high school and thrived on performing in front of others. He saw a connection between theatre and sports: 'It's in a stadium; it's in front of crowds of people. I really see the similarities.' He never told his parents of his ensemble involvement. His father had referred to acting as queer and camp.

'I just ducked in to see if there was anyone there, thinking I might look into acting. I thought I was too old to get involved in NIDA... I explained my situation and Kevin Jackson [one of the acting teachers] came out and had a word with me.' Ian imitated Kevin's theatrical posture. 'He's so real! He's a gay man, about ten years older and he's very much an artiste.'

Ian was enlivened by this memory, his smile disarmingly boyish, his body animated. Kevin agreed to train him one on one, an hour a week for six months. At the completion of this period Kevin said, 'Ian, you're quite good. Quite good!' (Ian imitated his plummy, theatrical voice.) He suggested Ian try out for the acting degree, which was highly competitive. Ian thought he was too old, but Kevin disagreed.

‘It was the first time I felt like someone expected higher of me. He was the first person I told about my illiteracy. It was so not an issue for him. He said, “Okay, we can work with that... you’ll just need to work a bit harder.” He expected other things of me, things that I didn’t expect of myself. He changed the goalposts.’

Ian successfully gained admission to the course. He credits his studies at NIDA with learning to read and to read without feeling overcome. At NIDA he was introduced to phonetics: how to sound out words.

‘Every sound in the English language has a symbol, a lot of them are a to z. We have 38 symbols. They just changed my life. I thought OMG, what I’m reading is what the actual word is. I’m not reading the word like before, seeing all these rules that used to do my head in. It made total sense, every word had a sound, that’s all I needed to know.

‘I thought, *you put on this false façade about the whole gay thing* and I could have dealt with this illiteracy thing in much the same way, just being honest about it.’

As Dr Edith Eger says: ‘When we hide our secrets, secrets can become our own prison, our own trauma.’

Ian told me that since he’s been with his partner Daniel (thirteen years now), who is a teacher with a Master’s in Education, he’s seen how valuable education is, what a difference it makes. In turn, Ian has helped Daniel understand the emotional side of having a reading difficulty.

In 2003, Ian relocated to the US for almost five years, where he worked as an actor. He enjoyed the anonymity. ‘I worked consistently, always paid jobs. I was involved in lots of projects and did forty-odd low-budget films.’

He had expected to return to the US, but after his father’s death he wanted to remain close to his mother. ‘My relationship with my mum is great.’ She was seventy-eight at the time of our interview.

However, since returning to Australia, Ian’s acting work has dried up. He needed to put consistent effort into restarting his acting career, he admitted, but was ‘feeling a little lost’. At the conclusion of our first conversation, Ian mentioned that he had brain damage as a result of concussions sustained during

his football career. I wondered if this had anything to do with his 'feeling lost' and the lack of acting work.

Ian estimated that he'd experienced concussion at least a dozen times during his career in the 1980s and 1990s, when concussion was seen as a 'badge of honour'. During the last six to twelve months of his stay in the US he noticed that he was missing or dropping lines during auditions. *There's something wrong here*, he thought.

Upon his return to Australia, he was asked to participate in a research project with retired rugby league players. The project was undertaken by Dr Alan Pearce, who found that the footballers showed deficits in attention, learning and short-term memory tasks, beyond what would be expected from age-related decline.

'The thing is, I may never make it as an actor. There comes a point we have to realise that as well,' Ian said.

Besides Daniel and Shane, Ian has had one other significant romantic relationship, with Andrew.

Ian was living in Townsville, Queensland, where he'd relocated in 1997. He played for the North Queensland Cowboys and was captain of the team. It was to be his last professional contract. But in 1999, after he'd quit football, 'I didn't know what I was doing... My mind was racing... It was like I was hearing voices in my head... that was going on 24/7. After about three weeks I'd hardly slept.' Andrew persuaded him to see the doctor.

His GP said, 'Ian, you're okay. I can see that you are really worked up. You're suffering from anxiety.'

'It was like a hit on the head with a hammer and it all went. And I thought, OMG, I feel safe.'

But Andrew broke off the relationship and relocated to the UK. 'I was still in love with him. I was feeling very alone.

'I hadn't spoken with my family in a long time, and was doing a lot of drugs, the whole self-medicating thing... I had a bit of a breakdown then, thinking things would never get better.

'I remember having that moment and wanting just to die... whatever stupid reality that is, it was real at the time. I look back now and think... owning that

moment too was real life-changing.'

'How did you survive it?' I asked.

'I went out and bought two cats, Bill and Ben,' he laughed, 'and they saved my life... I'm so much an animal lover,' he said, smiling.

What was it about them that helped?

'I don't know what it was. I'd never had cats up until that point. I was reaching out for someone. Having to be responsible for something... or something depending on me?' He does not know what it is like to have children, he admitted, but thought there may be a similarity.

'Did Bill and Ben pull out the caring aspect of you?' I suggested.

'Yes, that's exactly right. They cheered me up, they absolutely did... I suppose it's the feeling of responsibility. Like with kids in hospital, particularly when you have a profile and that's how the kids knew you the first few times you see them, as a football player, but after that you become a friend and there's a sense of responsibility in being a friend.'

In reading Ian's biography, I was astonished at how involved he became in the lives of children, and their parents in some cases, who were going through difficult times – hospitalisation, sickness, homelessness.

Where did this come from?, I wondered.

Ian explained that he'd suffered temporal lobe epilepsy from age twelve until he was about twenty. At first he would blank out for short periods, then he began to experience seizures. He was hospitalised frequently. 'I suppose it gives you a sense of empathy. It's awful spending time in hospital.'

Since his 'breakdown' in 1999, Ian has lived with anxiety and depression. He said there was a family history of mental illness. Dan is his 'best person because he never ever judges me about it... To talk with someone like Professor Gordon Parker [psychiatrist] and realise that you're not insane, that definitely helps!'

Ian's mother suffered mental health issues. Ian recalls that she would get well and take herself off the medication, not realising she was spiralling again.

'It took me a little while to understand that too. I'd get well, take myself off medication and not realise I was depressed again and six months later, I'll be back at the doctors... I have no issue with taking medication now.'

What else helped?

‘Exercise... I’ve only learnt that over the last ten years. I’ve changed medications so many times. Exercise is the one tool I know will ease the situation... As long as I can do stuff four to five times a week that will maintain me... If I miss training for a couple of weeks my mental health suffers incredibly. There’s definitely a link there.’

I asked Ian the type of unfair question therapists use to encourage their clients to gain new perspectives. I was fishing for positive growth.

‘If you hadn’t had the gay issue, the illiteracy issue, the mental health issue, if life had been much more straightforward, what sort of person do you think you might be?’ I asked.

He paused awhile, then paraphrased what I’d just asked. ‘I could have well been married with kids living this humbug false life.’

Aha! That’s what I’d been sensing, but I hadn’t been able to name it. I was like a dog on the trail of a scent now.

‘Would it be right to say then, the hardships you’ve had to face have woken you up... to be more authentic?’

‘Absolutely! I used to be like my dad. I was quite money driven. I had a couple of really successful businesses, then one that wasn’t, and that was the best thing that could’ve happened to me.’

‘You mean the failed business?’

‘For a couple of years there I owed money left, right and centre, and even though I got back on top of it, I created all that burden of making money for myself... that becomes a job in itself, thinking about making money.’

‘The mental energy consumed by that?’

‘It was a fucking nightmare... Success can have all sorts of meanings. Wealthy success to me is an ugly way of being successful, unless you use that money to change people’s lives. If I think back to that situation with my dad, and I think about the pre-eight-year-old Ian, I was living my truth. I was really happy.’

I suggested that he’d come full circle, becoming more true to himself, both privately and publicly.

‘Yeah. I’m still not there and I don’t know if I’ll ever get there, but I’ve forgiven myself for a lot of things. I’ve forgiven other people... I don’t need others’ approval.

‘Sometimes people need a shake up,’ he said, and motioned grabbing someone by the shoulders. ‘It’s like a catastrophe has to happen to shake them up, something out of their control... I see them doing the same thing. “I’m comfortable,” they’ll say. Living a comfortable life all the time is fucking boring. I want to say, “No, don’t wait for a catastrophe to happen.” You can use me as an example, you’re just existing. Yes, they [the hard life experiences] have been terrible, but if you leave them at just being terrible, then you’ve had a terrible life.’

‘To be content and happy would be successful. I don’t have to question where my next meal comes from and I have a place I call home and good friends.’ He mentioned that he remains very good friends with both Shane and Andrew. ‘They’re family,’ he said.

Ian participates in a National Rugby League program that meets with sponsors and football clubs. They use theatre games to touch on subjects such as misogyny and homophobia, ‘the way it plays out in people’s lives and to realise the consequences of words spoken. That’s kind of nice to be a part of.’

The day before our first meeting, the results of a national plebiscite on same-sex marriage had been announced, with the majority of votes being in favour of same-sex marriage in Australia. However, Ian was not feeling joyous. It had stirred up old feelings for him, the sense of angst, he said, for gays and what they’ve been through.

The vote would be wonderful for kids growing up now, he thought, but it was too late to take away the angst for older gays. And there was still a portion of the population who had not voted in favour, he commented.

‘I’ve had friends suicide. Two days ago I found out that the gay son of a friend of mine committed suicide. He was twenty-two... I’m so sick of hearing that story, that being so familiar to me... The public still needs to know there are kids out there in the suburbs that are killing themselves.’

Ian told me he’d suffered enough for others, they didn’t need to go through the same suffering as he had. He said that people like him, who had come through their suffering, needed to share their stories.

‘The reason you share these stories is to let people know how me being gay has affected my life and the consequences. You have an opportunity for the parents to read that story.’

This seemed to ignite something in him. He sat bolt upright, agitation washing over his face. He looked into the distance and, as if addressing an audience, said in an impassioned, tremulous voice, 'They shouldn't have to suffer because we've already fucking done it for them!' His dinner-plate-sized hands chopped the air, emphasising each word.

Tears came. He turned away and began to sob, but pulled back before it became a flood.

I felt his compassion. I didn't see ego.

After composing himself, he turned back to me and said, 'I look back and there was no need for me to suffer like I did. I created a lot of that myself. You don't need to put yourself through that, that's what that means. I'm not being a martyr when I say that we've done enough suffering for you, for this. You don't need to... if that makes sense?'

The emotion in his voice faded and he eased back into his chair.

'All the angst and distress and all the situations that arose out of me trying to hide it was so ridiculous. Stepping back from it now, it was such a waste of time... Start living your life now... things are moving forward. Trust me, you don't need to go back to before same-sex marriage.'

'And the same with mental health?' I asked.

'It's okay to seek help,' he said.

It had been a long session. I wound up our second interview. On this occasion we'd spoken in a garden studio at the rear of a friend's home where I was staying while in Sydney. Earlier, I'd greeted Ian out in the street, where he'd parked in a white Renault Koleos. As I approached the medium-sized car, I'd watched with bemused incredulity as this long figure uncoiled out of it, wondering how his bulk could fit in there.

Now, at the conclusion of our interview, I followed Ian along the garden path to the street. I noticed for the first time his stiff, slightly bowed legs. He walked with a shuffling gait, like an old cowboy, but I still had to hurry to keep pace. I asked him if he still ran.

He said he didn't. He was carrying an old knee injury, a damaged posterior cruciate ligament from his playing days. If he were to go for a short run now he wouldn't be able to walk for a week. He rides a lot instead.

‘I can’t complain about my physical condition because let’s be honest, if I had the chance to do it all again I absolutely would... I’m sure all my Rugby League colleagues would as well.’

An old life warrior, damaged, a little worn out, but hanging in there, and truly alive.

Chapter 6

I first met Sandra at the Richard Tedeschi Post-traumatic Growth workshop in Brisbane. Rich had kindly allowed me to make an announcement to the assembled mental health professionals. Did they know of someone, a client or a patient, or even themselves, who might be suitable to be interviewed for my book? The room would be rich with trauma stories, I reasoned.

During the break, I felt a tap on my shoulder. I looked up to see a trim, fortyish, blonde-haired woman dressed with casual elegance looking at me intently with soft eyes. In a quiet and even voice, she said, ‘I think I have a story for you. My story.’

She outlined her story and I agreed that it was of interest. Sandra was also a psychologist interested in post-traumatic growth, and I wondered if that might offer other insights, too.



I pulled up outside Sandra’s home in Brisbane several months later on a breezy, warm, autumn morning. Once parked, I mused on how much I was enjoying this work, this life. About to enter a new person’s world with my simple tools of the trade: car, audio recorder, notepad with jotted down questions, and my curiosity. I felt enormous gratitude at being welcomed into people’s intimate lives, but it didn’t feel like it was all give and no take. I offered something too: my genuine interest in their stories. Stories that often lay dormant but, like a loaded spring, were primed to uncoil when activated by the right touch. I offered that touch.

Sandra's two-storey home was on a suburban, tree-lined street containing a mix of old and new, unpretentious houses. She was alone except for the family's white Maltese terrier, Max. The house was decorated in modern, clean lines – muted tones, minimalist. Nothing appeared out of place, yet it felt homely. It matched the impression I'd formed of Sandra, both from our first meeting and our subsequent email communications: thoughtful with a tidy mind, calm, measured and content.

Sandra invited me onto the covered outside patio at the rear of the house, which looked over the backyard. A chorus of birdsong circled around us. As I set up my recorder on the coffee table, Max came and lay on the floor between us.



As a child, Sandra lived in Brisbane with her father, mother and older brother. She was about eleven years old when her father became unwell, 'reliving', Sandra would later understand, 'the traumas he had been exposed to in Vietnam', as a soldier during the war. This included two exposures to Agent Orange, the defoliation chemical showered over the Vietnamese jungles. Up until this point, her father had worked in high-level sales jobs in central Brisbane, but he couldn't do it anymore. Her mother announced that the family were to move to Rockhampton, a regional town in north Queensland, where Sandra's father had bought a small business. Once in Rockhampton, however, he continued to deteriorate to the point where he became suicidal.

'I've always referred to myself as the daughter of a Vietnam veteran,' Sandra told me. 'Trauma is part of the tapestry of my family. My mother, brother and I were all impacted by the Vietnam War. But in the earlier days, I was more distracted by my hate for Vietnam and my hate for the fact that this was happening to my family. I hated that I could see him struggling and I knew he did not want to struggle in that way. But he didn't know what else to do.'

Sandra's father died of cancer in 2012, when she was thirty-four years old. His cancer was confirmed to be Agent Orange-related.

'After he died I sought my own therapy with a psychologist who incorporates Buddhist philosophy. Instead of ruminating on the death and anger around that,

I practise acceptance. I've learnt to make room for the anger when it arises. I've learnt to make room for the overwhelming sadness rather than distract myself from it.'

'How was your childhood?' I asked.

'It was good. Happy,' she said, with no look of concern on her face. Alcohol wasn't an issue with her father, but the family walked on eggshells around him. His temper was easily triggered. For example, if they walked out of a store and a staff member asked to check their bags, it would set him off. 'He considered it a violation of his civil rights,' she said.

When in grade 10, aged sixteen, Sandra had 'stuff happening for me at school'. But her mother's attention was caught up with her father and, 'feeling that I knew everything about life in grade 10, I decided to finish school.' Her parents agreed, as long as she found full-time employment. At first she worked in an administrative role in the family business, although the business didn't function well due to her father's mental illness. After that, she worked in a stationery sales shop.

Sandra had been out of school for a few years when her mother told her that she was trying to get her father to see a psychiatrist. Her mum had heard about post-traumatic stress disorder being something that Vietnam veterans suffered. It might help him to understand trauma, Sandra's mother thought, and maybe then he would start taking medication. But he refused to go.

'Dad didn't do emotions,' Sandra said. 'He didn't see the point of consulting a psychiatrist. He exhibited the common reactions and resistances that many Vietnam veterans showed. It's all about the world rather than their illness.'

But there was a psychologist in Rockhampton, Bruce Acutt, who worked with veterans. Veterans liked him, he had a way of relating to them. Sandra's mum was successful in getting her father to see him, and this became the turning point.

'Something happened between Dad and Bruce. I don't know what, but Bruce just had a way of very subtly working with veterans. Things started to make sense to Dad. He wasn't resistant to medication anymore. He started functioning again.'

Sandra's father was assessed as Totally and Permanently Incapacitated for work but, she said, 'All of his energy went into being of service. President of the Returned Services League, President of the ANZAC Club, being on the board of the Total Permanent Impairment Association, volunteering.'

Sandra realised after a few years that retail wasn't for her. She completed a university bridging program, because she had left school early, and began a degree in psychology in 2000.

Following graduation she spent the first three years of her career working in the Department of Child Safety (DOCS) in a caseworker role as a Child Safety Officer.

I knew only too well how confronting child protection work was. In the last five years of my private practice, I'd carried out child and family assessments for the Children's Court Clinic, the advisory arm to the Children's Court. This work had brought me into contact with children removed from their parents due to neglect, abuse or parental incapacity. It also brought me into contact with caseworkers from DOCS.

I believed I was doing valuable work influencing the lives of these children. But I witnessed children enduring awful life circumstances. Images of their upturned faces, hopeful, innocent and puzzled, would intrude into my mind, and it became harder and harder to shake loose from their grip. My daughters were of similar ages to the children I was assessing. I began to imagine what it would be like if my daughters were trapped in those circumstances. This horrified me. My sleep erupted with nightmares of my daughters being harmed, or even killed.

I would later come to understand that through my vivid imagination, I was traumatising and re-traumatising myself. This was my undoing, the straw that broke the camel's back, forcing me to give up my clinical psychology career.

I asked if Sandra had been traumatised through her child protection work.

'There are cases I can think about quite easily that I don't experience any stress about now. But in that child protection work, I lost my naivety, and you don't ever get that back.'

She recalled a time when she had been sent to remove a boy of eleven or twelve from his home. She had a colleague with her. The boy saw them coming

and he knew what was happening. He clambered up a high tree in the backyard and wouldn't come down. 'The father was having a very strong reaction to that,' Sandra said – an understatement, I suspected.

Over the ensuing hours the police, the fire brigade and the ambulance all arrived. They turned to Sandra and asked her what she wanted them to do. Sandra was twenty-five years old.

'You need to take over this scene, this is your expertise,' she'd said to the police negotiator, and raised her hands in mock surrender. She laughed, I laughed. We both recognised the absurdity of the situations that young psychologists and caseworkers are thrust into.

I had been the 'senior' psychologist at the age of twenty-six in a new maximum-security prison in Sydney. It was a massive jail, housing some of the state's worst criminals. Not only did I attend to them, I also provided advice to the prison superintendent and his senior officers. When I became unwell, my earliest work-related trauma memories went back to this period. Researchers now understand that we don't eradicate trauma memories; the healing comes when we defuse their emotional sting and position them in a meaningful narrative.

Sandra returned to the DOCS office at about eight o'clock that night to find that neither her manager nor her team leader had stayed behind. Nobody had waited to see how she was. 'I lay on the carpet in the office and thought, *Hmm...*' (She simulated heavy breathing with wide-eyed exaggeration, and I laughed.)

This event became the catalyst in Sandra for an interest in supporting people who are exposed to traumatic events in the workplace. Sandra worked for almost three years with Queensland Rail, assisting train drivers and train guards following critical incidents such as people using trains to commit suicide. Then she returned to DOCS as an internal psychologist to support child protection workers, rather than working on the frontline with clients.

'What did you observe about the way people cope with suffering?' I asked.

'Well, I learned that it's possible to cope, if you have someone to help you understand what's happening in your body, what's happening in your mind and what's happening with your emotions. If there is somebody to help you work through that for whatever amount of time it takes. Mostly, people are able to

learn about their reactions, and after some time they move forward. That's what I learned.'

And what goes missing when this help isn't available, when we don't have the opportunity to work through the cumulative effect of the past?

Sandra considered this for a moment. 'Maybe there are only so many of those experiences we can avoid dealing with before there is a tipping point. I would often see people at their tipping point.'

She recalled a train driver whose wife and children had recently left him and 'then someone used his train to suicide. Those two things together,' she said, 'became overwhelming for him. Your capacity to sit with the trauma after a traumatic event is diminished because of the other concurrent stress or distresses.'

Sandra married James at age twenty-two because, she said, 'I could and I didn't really have the guidance of Mum and Dad to tell me I was too young! My first marriage ended because of trauma. There was an absolute threat of violence from my first husband, tied up with alcohol. So after that first evening when he threatened me, I packed my bags and went home to Mum and Dad. I never went back to him. We hadn't even been married for twelve months.'

She met Jeremy, her present-day husband, two years after her first marriage ended, when she was twenty-five. At that time she was completing her honours thesis in psychology. Jeremy already had a daughter, Jasmine, who was six when they first came together. Jeremy needed to work away from Brisbane, where Jasmine lived, before he could get a transfer back to Brisbane. He was struggling with that, Sandra said. He told her at the outset that Jasmine was the most important thing in his life.

'I actually found this very attractive,' she said. 'I wasn't a person who was maternal from a young age. I told Jeremy I did not want children when we met.'

'We'd been together six or seven years when I started looking into prams and looking at little baby clothes and tugging on his shirt and saying, "look in that pram",' she said in a gleeful voice.

'What's wrong with you?' Jeremy asked.

'Look at that lady's pregnant belly,' she told him. 'Maybe I want to do that!'

'We were very, very happy to hear that we were pregnant.'

She was thirty-one.

‘I was doing all the right things. I was not drinking, I was not a smoker, I was exercising and doing all of these things that I was told were best for baby. I learnt about hypnobirthing. I was very healthy, very happy, in that bubble of bliss. Things were progressing in a lovely way.

‘We decided on two very strong family names, one from each side of the family. We were already referring to him as Lincoln. I believed he was going to be a boy. We were looking forward to seeing the expression on our parents’ faces when we named him. We were doing all the lovely things you do to prepare for a baby. We were building a house at the time, but we had already ordered the curtains and they were to be in blue. We bought the nappy bag, you know, all those lovely things.’

She glowed with the memories.

‘So there were no biological threats?’ I asked.

‘No. I was twenty-one weeks pregnant when I organised for a scan to take place on Jeremy’s birthday, 31 August. Baby was due on Australia Day [26 January] the following year. Nothing really stands out prior to that scan but that was the day, you know, everything changed and there was that next level of naivety that I lost.

‘Nobody had told us that when you have a scan during pregnancy, it is in some ways a medical assessment. We just thought if you get past that twelve weeks and you don’t miscarry, well, everything’s fine. And if they do that little measure to say you’re not of a high risk of Down syndrome or anything like that, then you’re fine. He was moving and kicking. He was perfectly fine to me.’

Early in the scan, the female sonographer told them it was a boy. ‘Jeremy was pretending to kick a football around the room and he was very excited,’ Sandra said. ‘But then the lady went quiet. We didn’t mind because we were just talking away. Then she excused herself, left and came back with another lady in a white jacket. She did the same kind of scanning thing for about half an hour and then they were looking at each other and then they said they needed to talk to us about something.

‘I started shaking and thought *okay* this is not good. They’d left gel all over my belly. I didn’t know what was going on and Jeremy was trying to clean my

belly. They came back and said we can see things wrong with his heart.'

The sonographers told Sandra and Jeremy that they needed to know more, but the equipment wasn't to the level that would tell them more. They were referred for a foetal echocardiogram.

A few days later Sandra and Jeremy were at the Royal Brisbane and Women's Hospital, where further scans were done. Once again, the medical staff were concerned, but said that another level of equipment, which was only available at the Mater Mothers' Hospital, was needed.

Some days later, a team at the Mater conducted echocardiograms and other invasive tests. At the conclusion of these, Sandra and Jeremy were told that Dr Cameron, a foetal cardiologist – one of the leading foetal cardiologists in the country – would see them.

'That was scary to see this fancy sounding doctor. Dr Cameron came and he had a team of six with him, they did another echocardiogram. Then they came and sat on the bed with a piece of paper. He started hand-drawing diagrams to say your baby has three heart defects. He was explaining this one and this one on their own or just together, okay, we could deal with that, but it's this third defect, which is very bad.

'There were valves that hadn't developed, there was a hole in his heart, which was fine, and there was a deviated septum or something – Jeremy can remember the technical information. Dr Cameron said, "I'm going to step you through three options. I need you to really listen to me right now." He asked the rest of the team to leave the room so it was just him and us.'

Option one, he said, was to continue with the pregnancy.

'*Continue with the pregnancy, yes, okay,*' Sandra thought to herself, *'that's what we'll go with. Why wouldn't I?'* But then he told them, 'You'll have your baby boy and you'll go home and it's your choice whether you breastfeed or not but in the days following he will just pass away naturally because his heart won't be able to do what it needs to do.'

Option two: they could continue with the pregnancy, but they would need to move to Melbourne in the late stages because Queensland didn't have the sophisticated equipment that was required.

‘He will need open-heart surgery in the first few weeks, and for several months following that open-heart surgery he will stay in the hospital; you’ll stay in hospital with him. He will go on to have global developmental delays, he will have multiple strokes and he will eventually need a heart transplant. He won’t get out of the hospital. So, whether Jeremy moves with you or not, you will need to relocate to Melbourne because we don’t have the facilities to do the types of surgeries that he will need. And if he can get a heart transplant he will need about forty tablets a day to ensure that the heart doesn’t reject from his body and that will cause him to have all of these effects: he will never run, he probably won’t live past three years of age, out of which, probably 80 per cent of that time he will be in hospital.’

‘Okay,’ Sandra said in a quiet voice as she recreated the conversation.

The third option was to bring on the labour. ‘Depending on how long the labour is and how distressed he gets, he will most likely be stillborn, or he will not live for very long. Those are the three options.’

‘All I could hear was my breathing. *They’re not talking about my baby, this is what happens on those TV shows that people watch, this can’t be my baby.* I kept looking at Jeremy and just by the look on his face I knew they were talking about my baby.’

‘What would you do? What would you do if this was your wife and this was your baby?’ Jeremy asked Dr Cameron.

‘That’s difficult,’ Dr Cameron replied.

‘Just say what you would do if this was your wife.’

‘I wouldn’t continue with the pregnancy because your baby will only know pain.’

‘Dr Cameron was very clinical. Succinct. He didn’t try to make us feel better. He was just delivering what we needed to know in a very clear, effective type of way, which I think is fine.’

‘We were devastated,’ Sandra recalled, wincing, ‘but we knew option two was never going to be an option for us. Pretty much by the time we even got to the car in the parking lot we were not choosing option two. I was not going to give birth to him only for him to have open-heart surgery, that was just not for us. I did not want to have a baby and have him experience pain, just so I could say,

“look at my baby, look at my beautiful little boy”. So we said no to that straight away.’

Dr Cameron had told them to go home and to consider their options.

‘Initially, it was just the two of us because I didn’t know how I was going to tell Mum and Dad. Jeremy didn’t seem so fussed about telling his parents, he didn’t want to tell them until we’d made our decision. But I wanted to tell Mum and Dad, and they came down from Rockhampton to Brisbane to help us in the decision-making process.

‘My poor dad could never really handle his emotions well. He was devastated when we told him and had to leave the room. I remember having an outburst, saying, “This is so fucked! This is so fucked!” And I was very angry and very emotional and I was yelling and saying the word fuck a lot. “I don’t want to have to make this decision, this is too hard.”’

They decided on option three, the one that would cause their boy the least amount of suffering.

‘We were put in the care of Dr Sekar at the Royal Women’s Hospital. We had to go there for several appointments to discuss our decision. We were moved off to the social work rooms in the hospital – they are the rooms where you are told really bad news. I think even a chaplain came in. Dr Sekar would do her work and she would leave, and social workers would come in behind her to sit with us and allow us to cry, and to pass the tissues.

‘It was terrible, terribly confronting.’

Sandra let out an audible gasp, as if recreating the moment.

‘Was there anyone else in that process who particularly stands out as being helpful or understanding?’

‘My mum. Mum was very practical and supportive, especially with Jeremy. Jeremy was experiencing a lot of inner turmoil, but when he was with me he was very level. In the years since, he’s told me he knew it was going to be all me and that he pushed his suffering to the side. Mum stayed with him the whole time so he wasn’t sleeping on his own while I was in the hospital.

‘Because they were going to induce labour they had to assess my strength to deliver him. The other option was a caesarean. They offered a caesarean. I would be put to sleep and they would perform a caesarean and I would wake up and

then there would be six weeks of no driving and recovery from major abdominal surgery with the scarring. I was not going to have that and not have my baby. That was just not even an option.'

By now I felt like I was alongside Sandra in the hospital. I had been present for the birth of our three daughters, I knew the set-up, I knew the precariousness of birth, I knew the anxiety. The idea of going through all that, expecting a dead child, was unthinkable.

'What was the birth like?'

Sandra shifted in her seat and inhaled deeply before she spoke.

'I was in labour for twenty-four hours before I delivered him. We had to deliver in the maternity ward, because obstetrics can't be done in the General Ward.'

Sandra asked if she could be put in a room somewhere else in the hospital, but they said no, that if something went wrong obstetricians would be needed.

'So I was in the same ward as mothers who had beautiful babies and people bringing in flowers. I knew my fate.

'That's when the stuff that my dad had said years ago started kicking in: "You might as well enjoy every moment because it's going to pass whether you enjoy it or not."'

Sandra had given talks at conferences for veterans and their children about being the daughter of a Vietnam veteran. She remembered one particular conference in Brisbane when she'd been told to expect about forty or fifty people.

'I was fine with that. I'd written out my talk and my experiences, but when I got there they said, "We've had many more arrive than expected". It was more like 200 people. I remembered what Dad had said to me: "Enjoy the moment, sweetheart, it's going to pass you by anyway, whether you enjoy it or spend it anxious and distracted." Really that was mindfulness, which is what I did, and I really enjoyed giving that talk. So I thought the same thing once I was in labour: *This is what I need to be doing, this is my life right now. I'm going to birth him. I'm going to spend the time that we can spend with him. This is the experience I'm going to have. This is how I'm going to become a mother for the first time.*'

'So you weren't fighting the experience at the time? Trying to change it?'

‘No.’

‘Acceptance?’

‘At some level,’ she said hesitantly. ‘I didn’t want to spend the whole time crying and distressed. I was aware he was going to die and I didn’t want to be distressed and all over the place and horrible. Jeremy was distressed enough, wishing he could do something for me, knowing he couldn’t.’

‘Were you aware of his suffering or pain at that time?’

‘No. It’s only in the years past he has said that was some of the greatest suffering he’s ever experienced, witnessing me in labour. That he could do nothing, feeling complete helplessness to ease my suffering. He couldn’t give me any drugs, he couldn’t keep his son alive, he couldn’t do anything.’



‘We decided we wouldn’t call him Lincoln William, the two family names we had chosen. We didn’t know how... particularly, my mother-in-law would feel about that. So we decided to choose a name of meaning. The name Noah means at rest, or resting. So we chose a name that would reflect him and the life he did not get to lead outside of me... which is why it was changed to Noah, with no middle name: Noah Bond.’

The next part of Sandra’s story triggered reflections in me: how does wisdom arise in someone, and how is it that in the extremities of our suffering, a wise person appears who we’re not expecting?

It seems to me that both require our vulnerability. We open up to new possibilities, new people and new insights when our personhood is assailed by suffering. There is a release before there is a gain. This is the positive work of suffering, to knock down the parapets of our assumptions about how life is. It’s a kneeling in the dirt, arms upraised in surrender. In this void, this space, the seeds of wisdom germinate. It is also the time when we are receptive to the wisdom of others who we wouldn’t usually consult.

‘In the nights leading up to us going to hospital, Jeremy and I would be lying in bed saying we’re not going to see him. The midwives will take him away and that will be that and that’s good for us, that’s just what we will do. We now

know that was our way of preparing to cope. It was very much just let them take him away. Mum had this way of not objecting to that, not saying you're wrong, or don't do that. She just went, "okay, let's just see how things go". That's all she would say, which I now know is quite clever.

'When Noah was delivered the midwives did take him and dress him, and Mum said, "If you could please bring him back, as his grandmother, I would like to see him." When they brought Noah back she began nursing him, gently rocking him and singing to him. I don't know what she was singing. She was looking at him lovingly. In that moment I could tell she was feeling love and sorrow at the same time. I just watched her nursing him, then Jeremy nursing him and then it was my turn to have him.'

'How was that?'

'Beautiful,' she said, her voice cracking with emotion. Tears welled in her eyes, and in mine. 'Very beautiful.'

I felt drawn, willingly, into this most precious moment. Although a memory, a time bubble, it was alive, and we sat together on that bittersweet fulcrum that separates life from death. Even in death there is beauty, the beauty of Sandra and Jeremy's creation, and a grandmother's wisdom.

When Sandra was able to speak again, she said, 'He had very defined features. I loved looking at my son. I loved holding him. But he was lifeless. I didn't want to let him out of my arms. I knew once I let go, I would never get him back.'

'How long did you have him with you?'

'A couple of hours. A few hours to experience a lifetime.'

'We didn't know what we were doing; we didn't know what we needed. All we knew during those hours was to breathe and get through it, just breathe. Our world had shattered; I felt broken and in pain.'

'Eventually, the midwives came back into the room and said that it was probably best they take him; that we should say goodbye and they would come back shortly.'

'We don't have any photographs of him. Again, it wasn't something that people talked to us about; no one said maybe we would want to take photographs or maybe you want to take clothes in for him to be dressed in. There are apparently people who go in to take photos for families of stillbirths

and create family photo albums but we didn't know anything about that. So the midwife dressed him in their clothes.'

Clothes are often needed for stillbirths, and are donated to hospitals for this purpose, Sandra explained. The midwife had dressed Noah in a knitted blue jacket and beanie. She asked them if they wanted to take Noah's clothes back.

'So where is he going?' Sandra asked.

'We're taking him to the morgue,' the midwife said.

'I don't want him naked,' Jeremy responded.

'I would have liked to have had his clothes,' Sandra explained, 'but we were not going to send him down without clothes on. We don't blame ourselves for not knowing, that's just how it was.'

'Then I had to go to surgery because I hadn't been able to deliver the placenta. It was kind of nice to be under general anaesthetic.'

We both chuckled.

'You know, wake up in that general anaesthetic sleepy state,' she said, making a serene face.

Why wouldn't she want respite from her suffering? I thought. I was finding through my investigation that in times of great suffering we need periods of relief. Jane used alcohol. Ian threw himself physically at his opponents on the football field to release his pent-up tensions. Steve and his son Peter removed themselves from the pain of home and relocated to the UK for a year; no reminders there. I found my own relief in ocean swimming and walking in the forest, places that offered no reminders of the ghastly circumstances I was in.

'I had to remain in the hospital that night and all the next day because of my surgery. When I was ready to leave they came to us with a teddy bear and said it was part of a pay-it-forward type of program because we were about to leave the hospital with empty arms. "We'd like you to have this bear that you can walk out with and hold." With the bear was a note: "This bear is in honour of another child who was stillborn." We kept that note in the name of that baby and we bought a bear and gave it to the hospital with Noah's name and stillbirth day, so that the next parents who experienced that wouldn't walk out with empty arms.'

Sandra and Jeremy left the hospital twenty-four hours after the birth. They saw all the things they had thought would come to them before the scan that

‘changed everything’. Elated mothers holding their babies, surrounded by flowers and teddy bears, smiling relatives clustered around.

‘The emptiness I felt walking out was terrible, a feeling I will always remember. Instead, I had this physical recovery ahead of me. I wasn’t even thinking about the mental recovery at that point. And, no baby.’

Sandra had introduced me to Noah’s memorial before we began the interview. I looked to it now, a large, ceramic pot standing just inside the enclosing flyscreen, a healthy rainforest palm bursting from it. At its base, a small marble plaque read: ‘NOAH BOND, 15 September 2009. OUR BABY BOY. TOO BEAUTIFUL FOR THIS EARTH.’

I shifted my gaze to take in the sky, the squabbling, squawking parrots in the trees, and felt the lick of a feathery breeze on my cheeks.

‘You came home and you went through your physical recovery. Can you talk more about the recovery process?’

‘That was probably when I was most numb. My body was sending messages that I had a baby, which was incredibly difficult and painful. My breasts prepared to breastfeed... and that was horrendous. I didn’t have any bras that fit. On the doctor’s recommendation I took this range of medications that would help stop my body producing milk.

‘How painful that was. My body was yearning to feed my baby, but I had no baby. Even though I didn’t want it to happen it was an evolutionary instinctual thing that the female body does, you can’t stop it... so that was when I was most numb and lay in bed.’

‘You were at home with no baby and you had to tell people. How was that?’

‘Initially, I didn’t tell anybody because we lived in this community, it’s very much community-oriented here. I didn’t know this, but Jeremy had gone out to the butchers, to the coffee shop and to the bakery, you know, the places that you go, and said to them, “Next time you see Sandra she won’t be pregnant. We don’t have our baby. He was stillborn. I don’t want her walking in here and being fussed over as a pregnant woman because she’s not pregnant anymore.” I didn’t surface into the community for ages.

‘I was on three months maternity leave. And then the baby bonus arrived from Centrelink. His birth certificate and death certificate had been issued.

Jeremy had rung them and said please don't issue the baby bonus. They told him sorry but they had to issue it, as it was against their policy not to. So then we got this baby bonus, which was again another way of saying, "you don't have a baby but go buy a pram". Another very unpleasant thing.'

'When did you go back into the community?'

'It was about two months or so. I couldn't sleep. I would wake up and realise that Noah wasn't with me, that he wasn't in my belly either. I wasn't able to sleep because I didn't want to wake up... to have that memory of him not being with me. I would go into a panic, and so the GP prescribed Valium, and Temazepam for me to sleep.

'I used Temazepam and Valium a lot, nearly for the whole first three months, until Jeremy sat down with me one day and said, "I think it's time to start not using that as much. I don't think it's something you need to keep using. You need to trust your body and your mind and you can start falling asleep again." That's all he had to say. I stopped.'

'So, you came back into the world, and I imagine that once you stopped taking medication your mind was clearer?'

'Yes, then I was starting to make sense of it all. I started to realise that I was grateful that I had had him. People were saying to me you can't be grateful, that's weird, how can you be thinking that? And I didn't know why, but I just started feeling grateful to have had that experience of growing him and experiencing all of that joy, because that never changes, that couldn't be taken off me. That pregnancy, that bliss, feeling my body doing everything it does in its own wisdom. Being able to see him. I remembered seeing his face, seeing his nose, seeing his fingers and his toes and what he looked like, that couldn't be taken off me either, how beautiful he really was. He was so lovely. And I was grateful for having those pictures in my mind.'

'When did that sense of gratitude come?' I asked.

'It was somewhere around that one-month mark when I saw the GP with Jeremy. I told the GP how grateful I was feeling. I remember the GP looking straight past me, not even looking at me, but looking at Jeremy and saying to him, "You need to be really careful, she's in shock."'

‘No, I don’t think she is,’ Jeremy said. ‘She’s just putting one foot in front of the other and for some reason this is how she’s feeling. I don’t think we should tell her she’s not feeling that way.’ But the GP was adamant that I was in shock and, you know, we have to watch those things.’

‘You’ve talked about your world being shattered,’ I probed.

‘I think that has to do with it never entering our minds that this sort of thing could happen. I had my world so completely shattered that bad things happen, you can’t trust things, you can’t trust your knowledge and you don’t actually know what’s going to happen in life.’

‘Did you have some anxiety about other bad things happening?’

‘No, not anxiety, just this fragility of realising that anything can happen. Nothing is certain. If this can happen, anything can happen. But then from that, if this can happen and I can do that, I can do anything. I made those linkages then quite quickly. I started thinking about courage, and then I started thinking about our decision-making so that he wouldn’t suffer, and I realised if we could do things like that as a couple, and as individuals, there was nothing that we could not do. If we can make decisions like that, if I can birth him like I did, if I could give him the best life possible – I know that sounds strange but that was his best option – then I can do anything.’

We were moving into the positive side of Sandra’s story and it felt like a good time to pause. ‘Tea?’ I suggested. Sandra readily agreed and I switched off my recorder.



Sandra’s neighbour, ‘a handyman’, Sandra said, had been in his backyard during our conversation, speaking in a foghorn voice on his mobile phone. During our tea break he ceased his telephone conversation and began creating an incessant cacophony of multitudinous loud sounds. Sandra appeared resigned to this dissonant symphony, but she was concerned for my audio recording, as was I. So we retreated inside to the lounge room, jamming shut the external sliding glass doors and the windows.

In this relative cocoon of silence, we recommenced.

I already knew that gratitude for having Noah was part of Sandra's story. She'd mentioned this at the Richard Tedeschi workshop. She'd also sent me some notes she'd written in 2009, which I'd read in preparation for our interview. It was clear from these that she identified as being a mother, and why not?

Prior to our meeting I'd checked the Stillbirth Association of Australia's Facebook page and came across a quote from Pia Dorer: 'A heart still beat, a life was created and in that moment PARENTS were born.'

'I didn't really identify with the term "bereaved mother",' Sandra told me. 'I was a mother, I just didn't have my baby with me. As time went on it just became second nature for me to say that to people. When people asked "How many children do you have?" I would never not count him. But when people would ask "How old are your children?" I would say my son was stillborn. I've become very comfortable with people's reactions to that. It's important to me that I say that because that is part of being a mother. If I don't count him, I feel like I'm not being truthful to him or to us as a family.'

'Initially, I needed to tell certain people in my life, so after a while Jeremy was making contact with very close friends and inviting them over one by one. "We really need to see you," he'd say. Most of them had not even known from when we found out to when I gave birth to his funeral. It was only after that that we were ready to see people.'

'So there were quite a few friends who arrived expecting that I would be pregnant. For those who knew when he was being born, we'd said we're having a very small funeral but we're not inviting people to the funeral, please respect that. We'll see you when we're able to see you.'

'But you needed to tell your story, eventually?'

'I needed to tell my story and it became almost a strong, not obsessive, but very strong urge. I wanted to describe what Noah looked like, what it was like to hold him, what it was like to watch Jeremy hold him. I developed a strong urge to keep telling people about it.'

'I wanted people to know that he was real. That he meant something. I couldn't do the "look at my baby", but what I could do was tell people about his heart defects and describe what he looked like and what it was like to be in

labour for twenty-four hours. I still had a birthing story, I still had all of that story, but I didn't have the baby.'

Each telling of Sandra's story ground away at her intrusive rumination and edged her into reflective rumination. In reflection, she could start to order her thoughts and discern her feelings, offering her a choice over what to deliberately focus on. This was the meaning making process, creating a new narrative about what she had gained, as well as what she had lost.

A physical absence doesn't mean an emotional absence. The memories are not gone; they may be as palpable as they once were. Jane told her story of Georgia over and over, and it was clear to me that four years on, Georgia's story continued.

How many times had Ian told his story, how many media interviews had centred on this, and yet he still told me his story with such enormous passion? I was with him in his parents' kitchen as he related their reactions. I felt his relief when his secret was finally outed. These memories don't die.

'Were there some people who took it better or were easier to talk to than others?' I asked.

'Some openly cried with me and seemed very comfortable to do that. Others didn't say very much. I'm not sure if it was their discomfort. I'm not sure I had the self-awareness to pick up on cues or not. I told my story to everyone I trusted. I wasn't just randomly sharing it. I do remember coming to a point where Jeremy said to me one day, "When do you think you'll stop telling your story?" He wasn't cranky, just curious.'

'Jeremy sounds like an expert companion asking good questions,' I suggested. Richard Tedeschi had spoken about the 'expert companion' as someone who facilitates post-traumatic growth, not by pushing it, but by asking questions and making suggestions that match the readiness of the survivor to self-reflect and take the next step.

'How did you respond to his question?' I asked.

'I don't know. But the urge to tell my story got less. Then it got less again and then that story wasn't front and centre anymore. I don't have that urge today.'

'One afternoon Jeremy put some music on and got a beer out of the fridge. I was upset that he did that. "How could you have music on in our house? How

could you be drinking beer? How could you be acting as if nothing's ever happened?" I said. And then that stuff changed for me too. It just changed, it was not as intense.'

With each telling of the story, was there a slight variation, like another level of understanding?

'Yes, I think so. In telling my story I was able to make sense of it in a different way, a little bit more. Then I got to be a little bit more proud! I was quite proud to talk about my son. I was even proud to talk about Mum and Jeremy and how wonderful they were. I just started to see the good in what had happened because I could not change it.'

'It was nice to think about that memory of Mum holding Noah and just rocking him. That became quite a pleasant memory. It wasn't charged with pain. That was really lovely how she just rocked him. That was her experience with my firstborn and that was going to be her story.'

'So maybe the retelling of the story was a drop-by-drop releasing of the pain?'

'That's a nice way to put it. It was just very slowly allowing me to adjust, as well as very slowly allowing me to make it fit into my world.'

'You started to talk earlier about courage?'

'Well I think that is one of my biggest strengths. I now have a sense I can do anything really. When we found out my dad had cancer we decided not to have him move into a hospital, that we would care for him in the family home. He hated hospitals, he always had done, and I knew I'd be able to do that. It was painful and difficult, but I knew I could do it. I knew there was a part of me that can do that sort of thing and be with the pain, the sadness, the difficulty, and that it would be okay.'

Does an earlier trauma set us up to handle the big one? In Sandra's case, yes. She had worked through the struggle that her father's PTSD had presented. The courage she gained from that paid off when she was forced to confront the wretchedness of stillbirth, and when the gift of her father's words rescued her.

'I had experienced the depths of pain and anger before. At times when I was so confused about my dad that I couldn't cope, I did cope. I had the strength to leave a marriage against all the core beliefs of my wider family.'

‘In my younger adolescent years, my stress and confusion about my dad was so intense that I experienced a lot of physical ill health. That all makes sense now, but it didn’t at the time. So on reflection, I try hard not to suppress how I am feeling, or even what I am thinking. In my pregnancy with Noah, when I was feeling overwhelming grief, I allowed myself to be overwhelmed. I couldn’t do that as a younger person; I can as an adult.’

‘Has your courage come through in other ways?’

‘I went on to have another pregnancy,’ she said, smiling broadly, ‘I now have a healthy little girl, Phoebe. That was courage to become pregnant again.’

‘The medical staff called me high risk, so I had to have more scans, and had to be under obstetric care. We followed, of course, the recommendations but that didn’t mean I had to make it limiting in my mind. I continued to learn about mindfulness and meditation and that my body was actually healthy. My son had had these heart defects and was not compatible with life, but that didn’t mean I wasn’t healthy and I didn’t have the capacity to grow a healthy baby.’

‘Did you have an awareness that to live is to have this inherent fragility?’

‘In choosing to become pregnant again we decided that our love for Noah was enough that even if we did have that experience again, it was worth it because of the love we have for him now, even though he’s not with us.’

‘That’s courage,’ I said. ‘How did what happened change you and Jeremy, do you think?’

‘When we went through our decision-making process about Noah we agreed that we would only move forward, that we would never go back and have any regrets, even if it was incredibly painful. That we were doing the best that we could at the time. There is just a level of respect. What we’ve been through has strengthened us so much. So much.’

‘Neither of us is the same. We’ve been together for thirteen years. We’re better people now and we’re a better partnership now. I’m very attracted to him and am very in love with him.’

‘What strikes me about Jeremy’s involvement is his wisdom.’

‘I think it’s just part of him. He’s very humble. He’s incredibly thoughtful. And he doesn’t even realise it, you know, it’s just how he is. He kind of steps up into difficult situations even at times when I think, “I can’t do this.”’

‘The one thing I didn’t have to do that Jeremy did was go to the funeral home. I didn’t have to choose his coffin. I didn’t have to choose the plaque they stick on the coffin because I was in hospital. So he has had these experiences that I have not had, and he has not said any more than it just wasn’t right. Mum did all of that with him.’

‘How did your relationships with other people change?’

‘I appreciate a lot of the people in my life. I have a very deep sense of respect for my mother. I can only imagine what it was like for her to be part of that. And there were certainly friends of ours who really rallied soon after, particularly with moving house. And when physically I couldn’t lift and I couldn’t do things, my friend Pip was so beautiful, she sent me off with my best friend, Abby, for the day and she came in and did the kitchen and all the stuff that women do. It wasn’t in my thinking. She just made all that happen. That was her way of doing what she could in a situation where she felt helpless. Other friends helped too. We continue to stay very close with those people in our life.

‘Three years ago Jeremy’s best mate of twenty-five years lost his son to cot death at eleven weeks old. We were able to do so much with them, we had the courage to do that when other people were overwhelmed. This eleven-week-old beautiful baby had died but we knew we had the strength within us, and the inner resources to go to them and take them to the morgue, take them to the funeral home and take them to the viewing. The four of us, we just made a way through those two weeks of doing anything they needed, including planning the funeral, doing the PowerPoint and all that sort of stuff. We knew that being able to do that for them was a legacy of Noah. It was absolutely a legacy.’

I was struck by the stark difference between Sandra’s experience of support and Steve Garlick’s. Steve had no partner left, no expert companion, nor did he have the scaffold of family and friends encasing him as he progressed through trauma.

‘Have your life values changed?’

‘Hmm. Certainly the path of mindfulness and being present as best I can. I’m not good at it all the time. The importance of both of the girls, the importance of family, their health and their wellbeing. I want both the girls to feel so loved and nurtured and supported. But my values are important to me. I

do think about them and make sure my behaviour aligns with them. A few years ago I started studying philosophy, just to learn about other things. We studied love, happiness and how to learn from other perspectives and theories. Not everything made sense. Some things I really liked and some theories I do live by, which make life more meaningful. I don't know what life is going to hold all the time. I like spending it with Jeremy.'

'Is there a sense that this could be your last day together?'

'Yeah!'

'A sense of not putting things off, making the most of what's happening now?'

'I do not put things off. I could probably be better with finances but to me it doesn't really matter because I just think let's go down and see your mum and dad, let's go to the coast for the weekend because it's all about living and enjoying. There is one thing at the back of my mind: I don't know if this whole first-generation Agent Orange exposure will mean anything in terms of my health in the future. There's nothing that can definitely answer that. What I can do is to make choices that are very healthy for me. Jeremy and I both have a very active, healthy lifestyle and we make conscious decisions about that. That's all we can do.'

So staying in control of the things that you have control over?

'Very much.'



At this point in our interview the handyman next door relented, his symphony replete. Windows were opened, birdsong returned, we breathed fresh air again and Max did a tap-dance on the wooden flooring.

'Do you feel that compassion has become a stronger value for you?'

'Compassion, authenticity and courage would be the three I identify most with. If I can align my behaviour to these values then that feels right.'

'Does spirituality come into it?'

'Jeremy and I were both quite confused in the first week or two after. We both have family members with very strong religious faith who very much

believe this was God's way, which I found very confusing. I don't believe in any god. I am spiritual in the way of living a life based on values of social reciprocity and giving compassion.'

'The people who were saying that it was God's way, what other terms were they using?'

"God wouldn't give you anything you can't handle." "He's now resting with God," that sort of thing. It was just very confusing. It actually made me angry. I don't understand how this could be God's way. I understand that's what they believe in and they take comfort through their beliefs. They were trying to help us feel better, so I never said anything about it. But, internally, I was very upset by that. It did not make sense and it was not at all comforting to me.'

'Perhaps people say stuff like that when they can't handle it themselves?' I suggested.

'Yeah, I think I had the experience of people projecting their discomfort. You know, "At least you've got Jasmine," or "You can try again," those sorts of things. I kind of knew they were just trying to say something nice.'

'Do you think that in the early days you just needed somebody to be there and listen?'

'Yes, that is really all you need.'

I tried my therapist question. 'How do you think your life would have been if Noah had not been stillborn, that he'd grown as you expected, how would your life have been then? What sort of person would you have been then compared to how you are now?'

'I'm not sure I would have found the same pathways to having such a meaningful life. I'm not sure I would have found the same set of inner resources, that knowing, that trusting, because prior to that I wouldn't have really described myself as strong. I was just a normal woman. I don't think I would have sought out things that have given my life as much meaning.'

'Like what?' I asked.

'Like learning about myself, learning about my courage, learning about how that experience changed Jeremy and I. That paradox that Richard Tedeschi described of life being better, but if you asked me if I could have Noah, I would have him. If you asked me if I would go through the experience again and the

outcome can't change, yes, I would, to be able to see him and have him. That's for sure.'

Sandra had developed a new narrative and a new storied Self, her life guided by values borne of the fruit of her growth. She was, it might be said, a textbook case of PTG; all the elements of growth appeared to be present. Resilience gained from early life struggle, her assumptive world challenged, an expert companion, meaningful social support, psychological awareness, economic stability and without the overlay of co-existing traumas.

'How did your grief change over time?'

'Last month was Noah's anniversary and this year it was incredibly intense. With each year I don't know what to expect. It's eight years now. Part of me thinks... hmm... should you be going through that by now? But I can reconnect so easily and grieve so easily.'

'Jeremy says that he feels bad at times that he doesn't feel anything in particular. He's made his own way and in his own time, I have no doubt. But I'll say to him what I'm thinking about today and those meetings with Dr Cameron, and this is when Mum got here, this is when I went to hospital and this is when they induced my labour and the grief is just there. That's eight years since his birth and this year I just wanted to be nurtured.'

'Fortunately I have a very good friend, Loretta, who is quite intuitive and she cared for me beautifully. She came around that day. She prepared food. She was sitting and asking me about him and I showed her some of the sympathy cards and a blanket and that stuff. She was like an expert companion on that day. She allowed me to talk about him and if we changed the subject that was also okay. It certainly makes the pain a different experience when someone is there listening, and this year again I wanted him validated. I wanted it validated that I was his mother. I became a mother that day and she validated that for me.'

'That's beautiful,' I said. 'Would it be true to say you're aware of the grief less often but when you're aware of it, it's intense?'

'I'm aware of it less often. I always thought, I'll think about it every day. But there are days now when I don't think about him and that's okay. I don't think that's a bad thing. I don't judge myself for that. I don't think I'm any less of a mum because I don't think about him every day, it's just evolving with time.'

‘Something isn’t all good or all bad, isn’t that so?’

‘Yeah, it’s that paradox where it can be intensely painful and beautiful at the same time. Experiencing the paradox in losing him and in loving him.’

Chapter 7

On a quiet, dark evening in 2002, in school grounds in the rural community of Benalla, two hours north-east of Melbourne, Angela Barker, sixteen, was with her ex-boyfriend Dale, aged twenty. They'd originally hooked up at Dale's eighteenth birthday party, but Angela had recently broken off their relationship. She'd wanted to do it earlier, but Dale had threatened suicide. Now he was trying to persuade her that they should get back together.

Angela was an intelligent, sporty, gregarious schoolgirl. To most, the pair had seemed mismatched. A friend would later remark that she liked the feeling of being wanted by him. Angela's parents had tried to warn her daughter off Dale; he had a 'bad boy' reputation in the community. But Angela, headstrong and independent, had ignored their pleas.

Dale was controlling. Angela couldn't hang out with her girlfriends without him being present. He put her down, even while professing his love for her. Increasingly, he became physically and verbally abusive towards her. Angela's parents noticed her personality changing; she was becoming sad and introverted.

That night, Angela and Dale argued. She told him she didn't love him. Suddenly, he punched her in the face. Then he fastened his hands around her neck, pushed her down and began banging the back of her head against the steel bench they had been sitting on. As she lay slumped on the ground he kicked her in the head and jumped on her face, breaking her jaw.

A boy passing on his bicycle saw what was happening and rode to the nearby supermarket to raise the alarm. Robyn, an employee at the supermarket, called 000, then rushed to the park to see a shadowy figure walking away from a body that lay convulsing on the ground. As Robyn came closer she saw blood oozing

out of the body's ear. The face was blown up. 'I couldn't tell whether she was a boy or a girl,' she later said. 'I thought she'd die.'



Fifteen years later, I was standing outside Angela's ground floor apartment in inner city Melbourne. Her mother Helen opened the door and welcomed me in.

I had been looking forward to meeting Angela. We were both members of a club we had not asked to join: the brain injury club. It's hard to explain how something so invisible is decisive in everything you do. You really don't know what you've got till it's gone.

I knew Angela's parents had played a crucial and remarkable role in her recovery, and I was keen to know what it had been like for them to watch someone they love go through such misery and loss. How did they move through their suffering? In these situations, does the carer experience post-traumatic growth?

Angela was sitting in an electric wheelchair in the lounge room, a blonde bob circling her intelligent-looking face. Her right hand hovered over the controls on the armrest. Upon seeing me she lit up with a smile that reached her eyes, and I thought I saw a trace of mischief in them. I walked over and we shook hands.

'Pleased to meet you, David,' she said.

Her voice was unexpectedly soft and drawly. I would later learn that this was because of the damage to her vocal cords, requiring extra effort for her to speak. She spoke in to-the-point sentences, sometimes trailing off at the end as if running out of puff. But what she lacked in vocal power was, I would quickly discover, swamped by a big, warm personality, a face that was easy to read and, remarkably, sparks of joy.

I looked around while the seating was arranged for our formal interview; there was a lot to take in. What struck me was the feeling that I had entered a shrine: a shrine of love, devotion and remembrance.

Contained on low shelves and pasted on the wall above them were mementos and photographs of Angela and her extended family, Angela meeting with celebrities, footballers, TV personalities, politicians and dignitaries; framed

awards, including the Young Australian of the Year (Victoria) award; and fun things like a purple Venetian-style face mask and vases of flowers. A photograph of Angela tandem skydiving showed her face pushed hollow by the wind, aglow with exhilaration. Children's drawings and paintings abounded; these, I would later find out, were contributions from her nephew and nieces.

A computer desk with a large computer screen, laptop, printer and portable audio player sat in the corner adjoining the yellow feature wall. Next to this stood a purple recliner armchair and beside that, an exercise bicycle. Stuck to the wall above were an array of inspirational sayings. Things like, 'Just because it's not happening right now, doesn't mean it never will' and, 'You're a diamond dear. They can't break you.' Centred high on the opposite wall above the couch was a framed portrait of Angela, smiling, looking benevolently over us all.

Photographs of Angela before the assault showed a tall, athletic looking girl with pulled back blonde hair. Now, at thirty-two, she had lost the athletic look.

I had arranged to meet Angela when her parents would be visiting from Benalla, which they did regularly, usually staying overnight. Helen possessed a round face that I immediately recognised as Angela's, her blonde hair kissing her cheeks.

With a goatee, wavy hair, slim build and a benign smile, Angela's father Ian gave the impression of a creative type, a poet or musician maybe. While Helen's manner was unfaltering, her accent thickly Australian, Ian was unobtrusive, his voice soft and resonant.

But what I was most aware of was the apparent ordinariness of the family. They were a working-class, suburban family who'd been plucked out of anonymity by Angela's assault and their response to it, as well as Angela's advocacy for domestic violence and rehabilitation services for young people with brain injury. These events had called on personal qualities they hadn't known were within them.



I set up the audio recorder on its little expandable tripod in the middle of the lounge room floor and we sat, as if settled around a campfire, and began. The

interview would develop into a two-hour conversation that felt like a four-handed play.

Ian and Helen first heard of Angela's assault from the police, who rang to say there had been an incident between Angela and Dale. They were told she'd been taken from their local hospital in Benalla to Wangaratta, a large regional hospital.

'We were beside ourselves, we all felt sick and thought it must have been a car crash, but we found out on our way to Wangaratta it was an assault,' Helen said. 'We got up to Wangaratta and the doctor told us don't go in, it's going to be too traumatic to see.' She, Ian, their young son Glenn, and a friend who'd come to offer support waited in a little room next to the emergency ward while Angela was stabilised. A helicopter would take her to Melbourne.

'First of all, they brought out her necklace and it was covered in blood and I thought, "My god, what has he done?" You can't imagine what an assault is... you think about a punch.'

Ian and Helen overheard the doctor, on the phone to the police, say Angela was still alive, that she hadn't died yet.

'My god,' Helen said, 'they're talking about whether Ange is going to die. I felt myself slide down the doorframe and a nurse grabbed my arm. What's going on? We still hadn't seen her.' But they saw her when the helicopter ambulance personnel arrived.

'She was bleeding, but the thing that got me was that she was starting to swell up, it was all bloody and stuff was running out of her ear. There was a nurse that we knew and I said I feel better knowing you're here, because he's really good. He put his arm around me and said, "Don't think it's going to be a good outcome – that's brain fluid coming out of her ear. Be prepared for the worst when you get to Melbourne."'

Ian and Helen drove for three hours in complete shock. Ian had been awake for twenty-four hours, having just completed his shift as a cleaner when he heard the news.

In Melbourne, they learned that Angela was in a coma in intensive care. She might be able to hear them, she may not, they were told.

'I believe that, lying there, she could hear everything,' Helen said. 'I told her we really want you to live but unless you can come back to a life that you're

happy with, or if you need to go, that's your choice. I don't want you to come back just for Ian and me, so that you're just existing – I want you to come back to a good life.'

'I remember you saying that!' Angela said. 'I tried so hard to let go because I knew it'd be such a long road. I just couldn't be bothered,' she said, her head dropping.

'When she lived,' Helen responded, 'I knew she was going to get better. I never had a doubt. I just wanted her to get well enough to have a really great life.'

I asked Helen what gave her that belief.

'Being a mum and knowing that Angela was strong and determined before that. Half the characteristics that got her into this trouble – not listening to her parents and all that – got her out of it, you know.'

'And not listening to the bloody doctors helped me get out of this!' Angela said. 'Saying you're not going to get better, don't expect her to talk or walk again. You reckon I'm winning because I'm here?' She beamed me a winner's smile.

My heart ached; it was impossible to disagree.

'Physically, he strangled me while banging the back of my skull on a steel bench... the back of my skull was like... the doctors actually said to my parents it was like jelly and my vocal cords were completely dislodged. It was a very significant injury.'

'The cerebellum was damaged and she had two bleeds either side,' Ian continued. 'It was like shaken baby syndrome. They told us all the fibres or the neurons, whatever they were, in the head had been severed, a significant amount of them, too many to ever allow for recovery. Which was very traumatic, being told that about your child.'

'She was completely unconscious for three weeks with no response at all,' Ian said. 'Her heart was racing, it got up to 280 beats per min and they had four fans on her to keep her cool. She used to go into spasm every time something touched her. Only the back of her head and her heels would touch the bed.'

'That was really horrific,' Helen said. 'I don't think we'll ever get that out of our minds. A week and a half later the specialist came in and said they were taking her off the anti-seizure drugs she was on. I said why, and they said they

think they're causing the spasms. So they took her off them and she never had another one, and I thought, thank God.'

'Now I'm always cold,' Angela said with a mournful look.

'She only has a Panadol for pain in her hip in the morning and a couple at night to help her sleep,' Helen said.



It would take Angela five years to learn to speak without using a Lightwriter – a text-to-speech device. Helen and Ian visited the hospital every day during the first eight weeks. The nurses would say to them, 'Jeez, you're good to come in each day. Most parents who go through what you have, they don't come back.'

'How can you expect your child to go through this on their own?' Helen told them. 'If they're not supported, they're not going to get better. One of us was with her every day, at least, for three years. For the first eight weeks both of us were there and Glenn stayed at his cousin's during that time. After that Ian and I did week about. We'd change over on the weekends so we could have time together.'

The other victim, Helen explained, was Glenn, two years younger than Angela. 'We had each other to feed off, but he'd lost us and his sister. He idolised her.'

A complication for Glenn was that when he had first started school, Dale had been his appointed Grade 6 buddy. He'd become like a big brother. 'It took Glenn a long time to believe that Dale could do this to Angela,' Helen said.

Glenn struggled with affection, and the way friends talked and hugged Angela like nothing had happened. He couldn't do that.

'He said "What's wrong with me?"' Helen recalled.

She told him, 'It's not their sister! Don't beat yourself up. You've lost a lot of things.' At the time he was just fourteen. His parents arranged counselling for him, and later, he sought out counselling himself.



Why does someone get caught up in an abusive relationship? For Angela, it appeared, a learning difficulty played a critical part. Dyslexia is a learning disorder that is usually apparent in childhood. Although Angela was clearly intelligent and diligent, reading wasn't easy for her, but the school didn't pick up her dyslexia. Dyslexics can experience trouble with spelling, reading quickly, writing words, 'sounding out' words in their head, pronouncing words when reading aloud and comprehending what they read. It was Ian's story all over again, but in Angela's case she had immense parental support.

'We look back at how Dale started abusing her and putting her down and she accepted it,' Helen said. 'That was probably to do with the fact that she felt stupid. She just felt she wasn't –'

'– good enough,' Angela interjected.

'We'd seen doctors, counsellors and everyone about that. But when we saw the psychologist at Wangaratta it just changed her world.'

Ian elaborated: 'We'd sent Ange to a psychologist who had diagnosed her as dyslexic, and that was like turning the lights on for her. The psychologist organised for Ange to go onto Effexor, an anti-depressant, which increases serotonin. Within two weeks she was back to her old self. She started focusing on schoolwork again.'

'And stopped seeing Dale,' Helen added.

'She was voted into the VCE leadership group [a state government awards program for students] and she realised then she had goals and Dale didn't,' Ian said.

'She always wanted a career,' said Helen. 'First of all she wanted to be a policewoman, then she wanted to be a detective, then as she got a bit older she decided she wanted to be a criminologist, and then she thought, *No I will be a forensic psychologist.*'

I turned to Angela. 'Did you see yourself being a career person before the assault?'

'It was all about the money,' she said, chuckling.

'I don't believe you,' I responded, grinning.



Because Angela was a victim of crime rather than a survivor of a motor vehicle or work accident, Ian explained, there was very little compensation to cover her treatment. She remained in hospital for eight weeks. All the specialist rehabilitation services in Melbourne came and reviewed her, but said they couldn't take her because she had no funding.

'What therapies have you had?' I asked Angela.

'Speech pathology, physiotherapy and occupational therapy,' she said, her voice fading away, as if running out of air.

The hospital had booked Angela into an aged care facility in Benalla, which was attached to the local hospital. 'Where most people go to die,' Helen said.

'We said she's not going there,' Helen continued. 'I was going to take her home but they said she can't even sit up because she was so rigid with spasticity. Her hands and arms were twisted, her head was pulled down and her feet pointed down like a ballerina. We jacked up. We said we will take her home and she can lie down.'

'One rehabilitation unit, Melbourne Extended Care and Rehabilitation Services, attached to the Royal Melbourne Hospital, had hung back, because they were more used to stroke victims and amputees.' Ian continued. 'When none of the specialist units would take her, they had a whole house meeting, including the cook, because they'd never had anyone so young or with that significant an injury before. Finally, they agreed to take Angela.'

'Even if just to straighten me out a bit and make me able to sit in the wheelchair,' Angela added.

The average stay in the unit was three weeks, Ian explained. Angela remained there for four months.



When in the hospital ICU, the physiotherapist had told Ian and Helen that Angela needed botox in her limbs with serial casting to reduce the spasticity. However, the treating specialist said she wouldn't need this, that they should just splint her feet. This decision would later mean Angela spent eighteen months getting her feet and arms straightened. The physiotherapist looking after Angela

told them she would need all her joints moved because Angela couldn't do it for herself. This gave Ian the focus he needed.

I've learnt that in the aftermath of a trauma, when we're feeling helpless, unable to effect change, doing something simple helps. It's about finding some control. A repetitive task can take on a soothing, meditative effect.

'I used to spend three hours going around her body and I'd do that three times a day with an hour's break in between. Helen used to go crook at me because I'd tie her arms down to the side of the bed, and she'd say I couldn't do that because that's restraint. I used to massage her biceps. I think that's what helped me get through it. I was concentrating on her and not thinking [about Dale]... I was doing something positive to help her.'

Malice on the part of another human being is very difficult to digest, and it heightens the trauma impact. A natural disaster that causes calamity on a wider scale can be easier to digest psychologically; there is no one to be hostile towards, no vengeance to be sought.

'That's the thing,' Helen said. 'We've never forgiven him. We've focused on Ange and she's been our life. We've put all our energy into her and our son. We didn't have time for rubbish like him.'

'We decided he didn't deserve one iota of our energy or thoughts,' said Ian. 'I'm glad I made a conscious decision in the first couple of days that hatred and revenge were too energy-consuming.'

Helen found it more difficult. She eyeballed her dark side as she processed the trauma. I remembered the rage I'd felt towards the creditors and their lawyers, surprised at how intense these dark emotions can be: vengeance incited by the threat emotion system and our sense of justice and fair play.

'I used to have a dream every night, for weeks and weeks, probably for months,' Helen said, 'that I was peeling him with a razor blade, after the event. I don't know why I dreamt of a razor blade, but I'm peeling him with this razor blade. It seemed to be my cure. One time I said to a friend, "I'd really like to kill him but I can't," and my friend said, "Imagine if you could. If everyone could take revenge like that we'd all be the same sort of person," and I said, "Yeah, I never want to become him."'

Helen was right; by reacting in an eye-for-an-eye manner we become what we abhor. In modern societies the law of the land is set up to replace the immediate vengeful response, and to pass judgement in a more considered way. But the actions of the law do not necessarily liberate those who feel wronged. It is up to the person to find release. I am reminded of the story of Mary Johnson, an African American from Minneapolis, Minnesota.

Mary lives in the apartment adjoining the home of 34-year-old Oshea Israel, and they share a porch. In February 1993, then sixteen-year-old Oshea shot Mrs Johnson's son, Laramiun Byrd, aged twenty, in the head after an argument, killing him.

Mary wanted justice. 'He was an animal. He deserved to be caged,' she said at the time. Oshea served seventeen years in jail for second-degree murder before being released.

However, before his release, ten years after the murder, Mary, at her pastor's suggestion, began to pray for Oshea like she prayed for herself. Her pastor said, 'Every time his name comes up, every time you hear it within yourself, say, "I choose to forgive."'

Mary did this, and she began to change. Oshea, maturing, also changed. In 2005, Mary contacted the Department of Corrections and requested a face-to-face meeting with Oshea. The meeting lasted two hours and they learnt a lot about each other. At the end of the meeting they hugged.

'I instantly knew that all that hatred, the bitterness, the animosity, all that junk I had inside me for twelve years, I knew it was over with. It was done. Instantly, it was gone,' Mary has said.

Thich Nhat Hanh, the Buddhist monk and Nobel Prize nominee, has said, 'When you look deeply into your anger, you will see that the person you call your enemy is also suffering. As soon as you see that, the capacity for accepting and having compassion is there.'

'Unforgiveness is like cancer,' Mary has said. 'It will eat you from the inside out. It's not about that other person, me forgiving him does not diminish what he's done. Yes, he murdered my son – but the forgiveness is for me.' This is a deeper level of connection with oneself; post-traumatic growth, I think. Mary and Oshea travel the country speaking about the power of forgiveness.

In Chapter 3 I said that research has pointed to forgiveness of a personal transgression requiring a spiritual element, a going beyond of how we ordinarily think. Dr Fred Luskin, a psychologist and director of the Stanford University's Forgiveness Project, has said that this level of forgiveness is more common than most people would imagine, and that those who have long practised a forgiving attitude are more likely to be able to forgive.

The Forgiveness Project has developed a nine-step secular training using proven psychological techniques. One of the steps is described as, 'Remember that a life well lived is your best revenge. Instead of focusing on your wounded feelings, and thereby giving the person who caused you pain power over you, learn to look for the love, beauty and kindness around you. Forgiveness is about personal power.'

But we don't need to experience the degree of trauma that Mary Johnson, or Ian and Helen, lived through to benefit from forgiveness. We can engage in it more generally. During my recovery, I had hard feelings towards those whose actions I found harmful. But, after a time, I realised that focusing on these feelings fed more resentment and hindered my progress.

I turned to a loving-kindness meditation drawn from Buddhist practices. First, I cultivated loving kindness for someone I easily felt love for, usually my daughters, then I focused the loving kindness on myself, then on a neutral person and then a difficult person. I did this daily for months. I didn't understand it then, but I would now explain it as cultivating the soothing/affiliative system.

Remarkably, my resentment towards difficult people softened, without altering the details and import, in my mind, of their transgressions. It didn't change them directly, but it changed me. This is forgiveness for oneself, I think.

Forgiveness for the other, as Thich Nhat Hanh describes it, requires seeing the other's suffering. My work with prisoners had often caused me to wonder if I had grown up in the circumstances they had, would I have ended up in prison? A child or young person doesn't get to choose their parents or their life circumstances, and we don't get to choose the upheavals that life unexpectedly throws at us. But we do get to choose what we do with them.



‘I was so traumatised,’ Helen said. ‘In the first few weeks I had a room at the Royal Melbourne. I’d go back and write in my diary and I couldn’t even make sense of it the next day. It took me six months until I could even read my writing again. And I forgot all the things I used to cook. Never been able to cook the same since.’

‘She used to be an awesome chef,’ Angela said.

‘Just can’t get my mind around it at all now. I have trouble following a recipe and everything. I suppose I’ve got older since and I’m starting to lose my memory a bit.’

‘Old grandma,’ Angela said.

‘I do get myself very wound up and I suppose nearly, not anxiety, but it’s like nothing makes sense. I do get myself into a little panic mode.’

‘In a tizz,’ Angela said.

‘So you both decided it wasn’t worth focusing on Dale, that your energies were better put onto Angela.’

‘It helped me recover so that I’m not a brain-dead vegetable like the doctors said I would be for life,’ Angela said. ‘I actually have a part-time job at the National Australia Bank in security, working on the computer and making sure everyone does their job.’

‘She’s had quite a few awards for that from the bank and she’s saved them quite a bit of money,’ Ian said.

‘Millions!’ Angela said, grinning.

Angela didn’t make her first voluntary movement until the ninth month after the assault, and when she did it was through the potency of new life. She was in the nursing home and Ian’s niece brought in her new baby and put it on Angela’s legs. Angela started stroking the baby’s leg with her thumb.

‘The physiotherapist who was treating her in the rehabilitation unit noticed that Angela was blinking. She would blink once for yes but it would take too much energy for her to blink twice for no. We were pretty rapt when we found that out,’ Ian said.

‘I would just stare for no,’ Angela said.

Although *they* could see Angela responding with blinks, the specialist who came in wasn't convinced it was occurring. This reminded me that those closest to a survivor develop an intelligence that others don't have, and of the need to draw on the courage of our convictions, often in the face of an 'expert'.

'The recovery was very long. It was very slow but it was really worthwhile,' Helen said.

'Arduous,' Angela said.

'She comes up with the best words,' Helen responded.

'So after rehab you went to the nursing home?'

'The hell of my life. It was boring, noisy, and it was hell,' Angela said, drawing out each word for emphasis. 'I hated every second of my life there.'

But the family felt enormous gratitude as well.

'The nurses there couldn't do enough for her,' Ian said. 'Five of them would take her to the shower in their lunchtimes because they liked to give her a long shower and they couldn't take that long in the mornings,' Helen continued. 'They'd take the music and everything and set it up and... just beautiful people they were. And they loved her so much, I'm sure that helped her as well. I think they were traumatised too, seeing a sixteen-year-old girl in such a traumatised condition. I think they fell in love with Ange and I think they fell in love with Ian and me.'

'Because we were still around and supporting Ange,' Ian added.

'They knew I was worth helping because Mum and Dad were sticking around and explaining who I was. "See how good she can recover..." her voice trailed off.

It was a frightening time for Angela who, still a girl, awoke each morning in a place for the 'dead and dying', a place that did not provide an enriching environment for a young person with a brain injury. This motivated her to later campaign to keep young disabled people out of nursing homes.



Two practitioners who have remained with Angela to the present day took on her care in the nursing home a year after the assault: physiotherapist Geoff Bell

and speech pathologist Jan Mackey.

‘We’ve had this amazing duo,’ Ian said. ‘I don’t think we could have got through it without the support of Jan and Geoff. And we’ve been great support to them, as well. It’s been a huge learning curve for everyone. Geoff had over twenty years as a neurophysio-therapist and he’s still learnt a lot from Ange.’

Helen described how fraught Angela’s recovery has been, not only for Angela, but also for her carers.

‘She used to treat him so bad,’ said Helen, speaking of Geoff.

‘I lost all my balance,’ Angela said.

‘He’d be trying to stand her against the wall and she would be screaming and falling forward. She would let herself fall and he’d be pushing her back up again. She bit him once on the arm and he said, “Just keep biting, bite harder and get it out of your system.” Probably don’t print these things... And then she used to snot on his head.’

‘Trying to get him away from me!’ Angela said. ‘I couldn’t speak.’

‘She was in so much pain. Some of it was fear and the other was real pain, like the time her knee had a calcification in it,’ Helen said.

‘Ange had a bit of movement in one knee,’ she continued. ‘She was using a spell board then and she said don’t tell him, he’ll try to bend the knee. But, I said, he needs to know that, so I told him. Later during that session he told me to go around to the other side of the ward to get a cup of tea. I was just coming back to the nurses’ station when I heard this almighty scream. It was just chilling. He’d bent her knee, it was all better and it saved her from having an operation. It was over in a flash and the knee was working.’

In all, Angela spent eight weeks in hospital, four months in rehabilitation, and two years and three months in the nursing home.



We need people who believe in us, who see the potential where we can’t, and who will celebrate our milestone achievements. And we need skilled, practical assistance. These are the elements that sustain someone through the survival phase, and set us up for the growth phase.

Angela had some inherent advantages through her recovery. The determined personality and winner's attitude she'd possessed prior to the assault resurfaced. She had two parents who were completely devoted to her, and this devotion inspired others involved in Angela's care. It takes time to find the right support team, but good people gathered around her.

'What do you remember about the way you were approaching your recovery, your new life?' I asked Angela.

'Much to my dismay, I had to say to myself, *You are still here, you may as well make the most of it and do what you can to get as good as you can, prove everyone wrong.*'

There were times when she was in the nursing home, Ian reminded her, that she wanted to give up.

Angela nodded in agreement.

'Was there a point where you wished you were dead?' I asked, the question coming to me easily.

'Yes, several hundred times. Ever since I came to and my brain switched on. I would just lie there and think, *Ah, let me go, please.* I was constantly talking to God.'

'You still have those moments where you wish you hadn't survived,' Ian said.

'Yeah, most days.'

'What gets you out of thinking like that?' I asked.

Angela paused and considered the question.

'It's sort of *Oh, woe is me...* I do think it every day. But I can do stuff as well. I've just got to do my work and my rehab, get up, shower, and do what's got to be done. I just got to.'

'I think one of Ange's hardest things has been the loss of independence,' Helen said. 'She was eighteen months old when she'd tell me what she was going to wear. She was always so independent.'

'It kills me inside every day,' Angela said.

Helen explained that Angela gets disappointed that she is unable to do everything by herself, that she needs to rely on carers. There is also the residual psychological trauma.

‘She’s had a lot of trouble with men since,’ Helen said. ‘She wants a man so much, but she destroys their developing relationship. We’ve been seeing a psychologist recently about that... she gets into the flight or fight mode. It’s always the man’s fault.’

Angela’s multifaceted story showed the truth of Richard Tedeschi’s view, that growth and distress can both be present; there is growth in one area of life, while distress remains in another. Angela was getting on with things; deliberate rumination, but intrusive ruminations – *Oh woe is me* – still inserted themselves.

And there was an aspect of Angela’s condition that remained peculiar to brain injury, the capacity to remake the Self. Helen speaks with Angela and her carers every day, even when she and Ian are in Benalla.

‘When she says she’s had a really bad day,’ Helen said, ‘I say “you went out to coffee with so-and-so, you’ve done this and that,” then she says, “I’ve had a great day.” She’s getting it all back but the memory, it’s improving but it’s a real problem. She can remember every word to every song from before her injury. If only we could put the whole day in a song.’

The brain is central to the creation of our sense of self. The storied Self we held before a life crisis is dislodged, and fashioning a new Self requires a tapestry of new memories. If there are holes in the biographical memories, the building blocks of a new Self aren’t always there.

‘She’s been on the tram and gone the wrong way a few times,’ Helen continued.

We all laughed at this. Not only at the vision of Angela in her wheelchair tootling off in the wrong direction, but also because I’d arrived late for the interview, having missed my tram stop. Finding my way, particularly in urban environments, has remained challenging for me since the stroke.



Angela is a spokesperson for domestic violence, for early intervention in rehabilitation for brain injury and for keeping young people out of nursing homes. The statistics around domestic violence and brain injury are pretty startling. Domestic violence refers to one partner’s attempts to dominate or

coerce the other through physical or psychological means. Every week in Australia, one woman dies and three women are hospitalised with brain injury from domestic violence. The incidence of emotional abuse between partners (either opposite or same-sex) is roughly 50:50.

Acquired brain injury (ABI) describes an injury after birth due to accident, trauma, stroke, brain infection, alcohol or other drugs, or from a disease such as Parkinson's disease. Roughly 2 per cent of the Australian population has experienced a form of ABI, and three-quarters of those affected are males. For two-thirds of those with ABI, the onset of their injury occurs before they are twenty-five years old.

Angela frequently gives talks to schools, health bodies and community groups. Her story was featured on a 2002 DVD called 'Loves Me, Loves Me Not', which was produced by the Australian Government to educate young people about abusive relationships.

'Domestic violence should never be tolerated or accepted in a relationship of any kind or person-to-person, on the street or whatever. It needs to stop. It's stupid and pointless,' she said.

In 2012 she was one of the featured speakers to give a TEDx talk entitled 'My Recovery Journey from Cocoon to Butterfly'. She relied on a computer-generated voice to give that presentation; these days she uses her own voice.

'She was the only one to get a standing ovation,' Ian said.

'Leading up to it,' Helen continued, 'the woman organising it wrote to Angela and said there's an afterparty at such and such a place.'

'When I hear about something, I ring the place up,' Helen continued. 'They said it was on the first floor and I asked if they had a lift and they said no. I said, "My daughter's in a wheelchair, can she access it?" and they said no. I rang the lady back and told her that the venue you've chosen isn't accessible. And she said, well, not everyone will want to go.'

'And the point is I did want to go!' Angela said.

My sister, an occupational therapist, told me that for her OT training the students had to spend a day going about their normal business in a wheelchair. It had been an eye-opening experience for them all to discover just how many barriers, usually unseen, they faced.

‘When people ring Ange and say come to a party,’ Helen said, ‘I think this is great. Then we find out she can’t go because there’s no lift, you know. Then you see the heartache and you think, why did you invite her at all if you can’t get her into the building? I’d rather her not be invited than get this high and then get this down. I get really upset over it.’

‘I hate stairs. They are creatures of the world and they are everywhere in Melbourne,’ Angela said. Throwing her body forward with each statement, she emphasised, ‘Every cafe, every building, there’s fifty stairs!’

‘And the toilets aren’t accessible for her,’ Helen continued. ‘People say, “oh, there is a toilet down the road”. I wonder how they’d like to run down the road when they need the loo. The lack of empathy from people in this world,’ she lamented, with a look of dismay.

‘I’ve seen her suffer a lot of emotional trauma. The physical recovery was real hard at the beginning, but that hasn’t been as bad as the emotional recovery. And you think you’ve got all this in your body, let alone having to deal with all this in the mind as well. Because of the wheelchair, people think...’

‘Talk really loudly!’ Angela interjected, in the biggest voice I’d heard from her so far. ‘Think that I’m brain dead stupid because I’m in a wheelchair.’

‘All those things she’s had to put up with,’ Helen said.

‘Suck it up and get on with it,’ Angela exclaimed, like a coach exhorting her players to go harder.

‘But before all this happened we didn’t know about brain injury either,’ Helen said.

‘It’s a matter of education,’ Ian reminded us.

‘How do you see your future unfolding now, Ange?’ I asked.

‘I really don’t know. It’s like I’m stuck in a spiral. Go to work, go to speech, I usually get breakfast myself, and go to coffee on Wednesday, Thursday back to work, Friday go to the pool for physio. Saturday I usually go for a dance or I’ll go with my friends to a kebab shop. Yes, it’s annoying.’

‘Routine,’ Ian said.

‘It’s one big circle, drives me crazy,’ Angela said.

‘But the funny thing is, everybody’s life is a big circle and that drives them crazy,’ Helen said, quite reasonably.

I asked Angela what she thought were the positives in her life.

‘Having her parents around all the time,’ said Ian, chuckling.

‘Having a job. I work at the best bank in Australia. That I can still talk and I’m completely, cognitively able... it’s stupid that every bastard treats me like I am.’

‘I don’t think anybody really treats you silly,’ called Helen from the kitchen. ‘You’ve got the best wit and your words are amazing.’

‘You love talking to the kids and answering their questions after your talks, that’s a real highlight for you,’ said Ian.

‘What do you like about those talks?’

‘The fact that I’m helping, I’m preventing what happened to me from happening to other girls.’

‘Hopefully it’s deterring others,’ Helen added.

‘Recently we did one up in Canberra. There were twenty or thirty support workers,’ Ian said. ‘At one stage there were none of them left in the room because they were out supporting emotionally affected kids.’

‘Usually everyone leaves the room... they’re all crying their eyes out,’ Angela said matter-of-factly, looking a little tired.

‘They just can’t believe that someone could be that violent. And a lot of the times it brings up what goes on at home,’ Ian said.

‘I absolutely love going out for coffee and here in Melbourne it is full of coffee shops on every corner,’ Angela said, smiling.

‘And meeting other celebrities?’ Ian suggested.

‘Yeah. I’ve shaken the Queen’s hand.’

‘Angela is an Australia Day Ambassador and every year she goes to Government House for Australia Day celebrations, and when the Victorian Australian of the Year is going to be announced,’ said Ian. ‘They usually have the legends lunch at the exhibition building just near here and she goes to that each year. They honour different Australian legends. This year footballers were honoured.’

‘Do you like footballers?’ I ask Ange.

‘No, not to watch. I would like to play if I could,’ Angela replied.

Helen placed a plate of fruit and cheese in front of Angela.

‘I like cheese,’ she said, looking up.



Meeting celebrities, attending functions with Angela as a guest speaker, speaking to the public themselves, advocating for Angela’s welfare and dealing with medical specialists. It was a far cry from Helen and Ian’s world prior to Angela’s assault. How has it changed them?

‘I think we’re a lot stronger and a lot more vocal,’ said Ian. ‘I had fairly low self-esteem. I could never offer my opinion on anything; I felt it wasn’t valuable. But I’ve had specialists ask me what I think they should do, and doing all these talks made me realise that people value what we say. I wasn’t much of a talker before.’

‘Now we can’t shut him up,’ said Angela between mouthfuls of cheese, having perked up considerably.

‘I can talk for hours, until I’m hoarse,’ he continued, unperturbed. ‘It’s been such a powerful journey and such a huge learning curve. I was involved with a group that were doing a lot of research into brain injury, so I would go along and talk to them and share research I’d been able to come up with.’

‘And as a carer?’ I asked.

Helen rejoined us. ‘I find I’m a much stronger person and I don’t really care about other people’s opinions of me now. I’m not in this world to make friends, but I’ve got my friends and I treasure them. It’s been an incredible journey watching the brain come back. I don’t wish it on anyone else. I wish it wasn’t happening to my daughter, it’s not what I wanted for her. Watching the pain and suffering she’s been through has just been... if I stop and think about what she’s been through I get really upset. So I never dwell on it... but I’ve got to know her and I feel like we’re not even mother and daughter, I don’t know what we are.’

‘We were close, but I think you get such an understanding of each other. We drive each other crazy but we’re both there for one another.’

‘Has it changed the way you deal with other people?’

Helen paused. ‘Years ago I’d have said I understood someone’s suffering, but now I realise you don’t know what everyone goes through. People will be telling me their daughter’s got a broken arm or something, and then they’ll say, “but it’s nothing like what Ange has been through”. I’ll say, “Whatever you’re going through at that moment with your child or loved one is as big and as deep to you as what we’re going through.” They don’t know how bad it was to go through Ange’s experience, but if my child had a broken arm I’d be very upset over that too. You won’t know and understand the next height of it unless it happens to you.’

Helen’s remarks were on the money, I thought. Suffering has to be experienced to be comprehended, and an individual’s suffering cannot be measured by the objective nature of the crisis. Steve Garlick discovered this when he observed that others in the group he attended were suffering deeply, even though their life crises did not approach the magnitude of the tragedies he’d experienced.

Research among carers of those diagnosed with cancer has shown that the majority of carers report post-traumatic growth. Helen’s next comments demonstrated this, I thought: a recalibration of life’s priorities.

‘A lot of people complain about a host of things in life that really are trivial. I’ve got no sort of empathy for that.’

‘What is important in life, then?’ I asked.

‘To me, money is not important,’ Helen said. ‘It’s health and family, you know, and my friends. Just seeing Ange get better and our son having a good life are just the greatest gifts I could ever have. We’ve got a grandson who I think over the last two and a half years has kept Ange going forward. She idolises her grandson.’

‘Nephew!’ said Angela. ‘He knows his alphabet.’

‘He gets on the phone and he’ll say “Hello, Aunty Ange. I love you so very much.” He’s just beautiful.’

‘Ange occasionally needs bigger things to make her move on and keep her going. Going through rehab they said they don’t improve after three years, and then they said they don’t improve after ten years. But it’s been fifteen or sixteen years now and she’s still improving, and I don’t mean just a little bit – she gets

better and better all the time. So, to keep that... what is the word... the philosophy?’

‘Hope,’ Angela said.

‘A few years ago she applied to the International Women’s Health Coalition and she represented Australia in New York – that gave her a real kick. Then the Summer Foundation nominated her for Young Victorian of the Year and she got that. That gave her a big boost. There are other little things, too, like being invited to a party that can give her the next kick on. You need little rewards.’

‘We have worked with Young People in the Nursing Homes National Alliance,’ Ian said. ‘There are over 6000 young people in nursing homes who shouldn’t be there.’

‘I opened a house, a rehab facility,’ Angela said.

Angela is an ambassador for the Summer Foundation, which is working to resolve the issue of the number of young people requiring housing who are placed in nursing homes. She was included in a roundtable meeting with politicians and stakeholders. Everything Angela had said needed to be in a rehabilitation facility for young people was incorporated into the new facility.

‘And what are the rewards for you?’ I ask Helen.

‘Seeing her smile. Watching her do things independently again. Safely, though.’

‘I think I probably value Helen a lot more these days,’ Ian said. ‘We rely on each other a lot.’

‘Has your experience given you insights into human behaviour, or being human?’

‘Yes it has. I have a better understanding how people’s situations affect them,’ Ian said.

In a twist that demonstrated how insights can appear in unexpected ways, Ian mentioned his father, who was a wealthy businessman and died when Ian was six. ‘I walked in on him beating Mum with a garden hose once and I was physically sick for days. I didn’t realise I’d been brought up around domestic violence until this happened to Angela.’

I looked over to Angela, who’d been quiet for a while. ‘Do you think what you’ve been through has changed your values in life or how you relate to

people?’

‘Well, in one way, but it just depends... what vibes I get off that person. I’m either too trusting or not at all trusting or fearful of them... More just men.’

Angela looked mentally fatigued, so Helen took up the baton.

‘I think she is a more generous person than she was. For some people with brain injury, the world revolves around them for so long that they become very self-centred. I found that Ange was a very selfish teenager, but I don’t find her like that now. She can be, but you just have to say something and she changes her view.’

‘If I want to,’ Angela said quietly.

‘I could live with her forever if we wanted to live together – we don’t – but I think she’s a great person,’ Helen said.

Helen continued, ‘I think she’s just more understanding and caring. But the hard thing is she was sixteen and she is thirty-two now. She would have changed anyway.’

‘Yes, it’s more the maturity,’ Ian said.

‘I wish her memory was better because we’d get to see a whole new Ange if she could remember things better. A more self-confident and happier Ange.’

‘Intelligent,’ Angela said.

‘When she first came around it was like we were talking to her as a twelve-year-old,’ Ian said. ‘It didn’t last a long time but she got stuck in the sixteen-year-old for a long time. I guess because she hasn’t had her peers to give her feedback, that sort of thing, but I think she has progressed pretty well.’

‘I think this is why a brain injury is such a horrific thing, because she’s had to go through all that. I don’t understand how she’s taken it so well,’ Helen said.

‘I’ve basically had my life taken away from me,’ Angela replied.

‘She doesn’t value who she is and what she is enough. She makes an amazing difference to the world,’ Helen said.

Ian continued, ‘The first talk she did at a school, a Year 10 student wrote that she had been sexually abused all her life and it was going to stop now. If Ange was strong enough to go around talking to people, this student believed she was strong enough to speak out, too. That was just the first person she helped. She’s helped so many. She’s given them love and listened and talked.’



Talk of putting young people in nursing homes led us to further discussion.

‘I think when you put someone in a nursing home you take away hope,’ Helen said.

‘And the will to live,’ said Angela

‘Yes, definitely,’ Helen responded. ‘I’m not really into the residential houses. I find they don’t accommodate a person’s needs. When the doctors tell you that your child isn’t going to get any better, they’re taking away hope. I think that is half the reason why the families give up, but when the families give up who’s there to give that person strength?’

‘Or encouragement?’ Angela added.

This touched on one of my pet topics, close to my own recovery. ‘One of the other characteristics that gets people through is curiosity, and not accepting what you’re told all the time,’ I said. ‘I was told to just go home and read the newspaper; there is nothing else you can do after my stroke. I thought, surely there is something else I can be doing, so I did a lot of things to find out more. I think curiosity and bloody-minded determination is required. And I think when you say the doctors take away hope, in the different ways they do that, that is really wrong.’

‘Unprofessional,’ Angela said.

‘I’ve got a PhD in psychology, so I know how research works,’ I continued, ‘and how to interpret research studies. The best you can say to someone, because knowledge is always evolving, is that we only know what we know today and there is a lot we don’t know. Clearly brain neuroplasticity, once that principle has been accepted, means that a whole range of treatments are being developed for brain injuries, things that were never conceived of before. So when we make a statement, we need to recognise that some part of that is going to be wrong.’

‘When a professional person says you’ve got no hope of recovery, they’re not actually being accurate. All they can say is: in my experience, I haven’t seen anybody with your injury develop beyond whatever. They can only talk about what they actually know, what they’ve seen. People often ask me how long recovery keeps happening for. And I say it keeps happening until you die,

because as far as I know that's true. That's my experience. I'm still getting better in different ways. I don't care who they are, if someone tells you that you won't recover, just remind yourself that you won't know what's possible until you get there.'

'When a specialist neurologist says you're not going to get any better, there is no hope,' Helen continued. 'That also stops any finance being spent on that person. Without financial help there is no hope, because you can't get any treatment.'

Helen explained that an organisation called Slow to Recover had financed Angela's wheelchairs and therapy for fifteen years and got her the botox treatment that wasn't provided in the early days, when it would have been most effective. This funding body is not available in Australia outside of Victoria, and they have a long waiting list.

'So, as good as I am today,' Angela said, rising to the occasion, 'if I hadn't got some funding back then, or even now, I reckon I wouldn't be walking, talking, strutting my stuff.'



'How has it been being a carer and a parent?' I asked, looking at Helen and Ian.

'It has been very hard on us and on our son Glenn,' Helen responded, 'and at times hard on Ange, taking orders from us when she is an adult. But I feel we have come through this okay, and have survived. We have given the last sixteen years to seeing Ange recover and I'm proud that we have. She has done incredibly in her life and her rehabilitation, and is going well with her independence.'

'Financially we have struggled,' Ian said. 'Petrol has been a killer, but it has been worth it.'

'It has taken its toll on us, but I wouldn't change a thing if it happened tomorrow. We have done what we needed to do and we have survived. And I hope Ange is as happy as she can be with her life as it is now,' Helen said.

Once again, I thought, it is that paradox of growth coming out of the struggle; the good and bad.

Helen turned the tables and asked, 'Did your marriage break down because of the injury?'

'It was a collection of everything, and that was the last straw,' I said. I explained how the stroke had affected me.

'You're looking fatigued now,' Helen said.

Hearing her say this made me recognise that yes, I was fatigued. It also spoke of her hard-earned perceptiveness. I had been totally absorbed in our long conversation. I said I would like to catch up again, and suggested to Angela that we go out for coffee next time.

'Yeah, for sure!' she said.

'I'll pick somewhere that's got stairs and stand at the top and laugh.'

Angela rocked with laughter.



I visited Angela a second time to observe her at home with her Occupational Therapist. The OT explained that she was working to develop fine motor skills in Angela's left hand and arm after a recent operation to straighten it. They constructed a wooden block tower and then took turns at pulling out a block at a time. It was an arduous task for Angela, one that any child would do easily. Angela concentrated to the point of complete frustration, then exclaimed that she'd had enough.

Then her carer for that day drove her to the swimming pool for her weekly hydrotherapy session with Geoff Bell. I joined the three of them in the pool.

Geoff explained the neurology behind Angela's motor difficulties, pushing and tugging her into different movements to illustrate what she could achieve. He emphasised how far she'd advanced. She was completely trusting in his arms.

It was like watching a released animal, her cries of joy filling the hydrotherapy room. She delighted in standing and walking, her progression like that of an astronaut walking on the moon. The water pressure helped her to maintain balance, Geoff explained.

Playfully, I reminded them how much she had hated Geoff in the early days. She took my bait, placing her hands around his neck as if to strangle him. Geoff

obligingly put on an agonised face and she erupted with peals of laughter. The moment spoke of the trust and delight they had in each other, cultivated, ironically, through the power of suffering.

Later that day I caught up with Angela for our coffee date. At that time, 5 pm, the local cafes were closed, so Angela suggested we venture to Crown Casino at Southbank. I followed her lead as she whisked along footpaths in her wheelchair, confidently boarding the tram via a ramp at the tram stop.

After alighting at the other end we scooted through the Friday evening crowds along Southbank until we reached the casino entrance and stopped among the gathered throng. Angela removed the straw hat she'd worn to protect her 'lily white skin'. Looking up at me, a coy expression on her face, she said something that was swallowed by the surrounding clamour. I lowered my head until it was only centimetres from her face and heard her say, 'Does my hair look hot?' It did, and I told her so.

Chapter 8

When the life we once knew has settled around us like ashes from a fire, consumed and grey-white, what is there left to trade on?

Sometimes, there's only hope.

The embryonic source of hope is a mystery. Maybe it is the last vestige of our survival instinct, called forth when every other path has been taken from us?

Humans, like no other animal, have the capacity and the urge to imagine something other; something beyond the space we inhabit, even if the image of that thing is nebulous.

In Chapter 2 I described how our brains' ability to imagine what is not can be a source of suffering and when the reality contradicts the narrative we have constructed for ourselves. But the flipside of this capability is that, through this same power of imagination, we can lift ourselves out of a horrendous reality.

Within fire ash, embers small and tenuous lie pregnant with what might be. Fanned and fed the right fuel, embers will ignite with a roar, tossing off any hint of their near-extinction. Hope, nascent like fire embers, fed with imagination and fanned with cultivated attention, grows into an unstoppable force.

Viktor Frankl, a psychiatrist interned in a Nazi death camp, understood the power of hope. One evening, after a day when the internees had been denied their meagre rations and told of new minor infractions that would be punishable by hanging, they were left feeling very low. The warden of Viktor's hut asked him to offer advice to the men. Many of their comrades had died in recent days from either sickness or suicide, and the warden suggested it was because they had lost hope.

The electricity went out, so Viktor spoke to the darkness. He was cold and hungry, irritable and tired, 'but I had to make the effort'.

He began by mentioning the most trivial comforts and how their situation could be even worse than it was. Whoever was still alive, he said, had a reason for hope. Health, family happiness, professional abilities, fortune, and position in society – all these were things that could be achieved again, or restored. He quoted Nietzsche: 'That which does not kill me, makes me stronger.'

He spoke to them of the future, and even though their odds of survival were small, Viktor was not going to give up. 'For no man knew what the future would bring, much less the next hour... who knew better than we, with our experience of camps, how great chances sometimes opened up, quite suddenly, at least for the individual.'

He mentioned the past with all its joys, and how 'its light shone even in the present darkness. Not only our experiences, but all we have done, whatever great thoughts we may have had, and all we have suffered, all this is not lost, though it is past; we have brought it into being. Having been is also a kind of being.'

He spoke of the opportunities of giving life a meaning. 'The infinite meaning of life includes suffering and dying, privation and death... someone looks down on each of us in difficult hours – a friend, a wife, somebody alive or dead, or a God – and he would not expect us to disappoint him. He would hope to find us suffering proudly – not miserably – knowing how to die.'

When the electricity came back on and the light returned, 'I saw the miserable figures of my friends limping towards me to thank me, with tears in their eyes.'



In the home of an African family from Chad, in the regional city of Toowoomba, Queensland, I knew I had come face-to-face with unstoppable hope.

I was sitting in their lounge room on a black leather ensemble that made a U-shape around a rectangular coffee table. On the far side of the table, a big TV rested on a polished wooden dresser. In one corner a glass-fronted cabinet held

folders full with documents. Two picture frames clung to the wall. One held a family photograph of two smiling adults and their five bright-eyed children, the three older ones standing and the two youngsters kneeling. The other frame held an award for the Young People's Human Rights Medal, given to Prudence Melom, signed by Professor Gillian Triggs, President, Australian Human Rights Commission, 2015.

The room was a declaration: we have arrived, we have made our destiny. It was not a destiny that could have been foreseen but was a destiny carved out by hope.

I had made contact with Prudence, a 23-year-old, after hearing her personal story and of her work with E-raced, a not-for-profit organisation. Prudence started E-raced in her parents' garage, but it now operates from an office in the local branch of the Bendigo Bank, one of its corporate supporters. Its aim is to 'eliminate racism through storytelling'. A team of young refugees like Prudence visit schools, telling their personal stories and answering students' questions.

Prudence sat on the couch, possessing a smile that could charm a snake. She was dressed in a bright red blouse and ripped blue jeans, the fashionable uniform of many young Australians. Her mother, Angela, dressed more traditionally in a multi-coloured skirt, came in and sat down. Prudence cosied up to her. Angela's presence was soft while Prudence's was pure vibrancy. Both wore braided hair pulled back. We were waiting on Fidele, Prudence's father. The younger children drifted by, offering me curious glances before shyly turning away.

Finally, Fidele walked in. He was tall, slim, and wearing black-framed glasses, a plain blue shirt and black jeans. He looked very neat.

'Here's my superhero,' Prudence said, beaming up at him.

In a calm and authoritative manner, Fidele sat down beside me. I suddenly had the strangest sensation: I felt very white. An inverted experience, I imagined, of what it was like for Prudence and her family to move among the largely white Anglo-Saxon community they inhabited.

Fidele began to tell their story in heavily accented English.

'When I was young I study and have the degree of accounting. I work in accounting in the petroleum office in Africa, a big office who run the petrol industry in central Africa. I was the auditor there. Then I moved to my country,

Chad, and I get a job with the government. I was in many departments and I was always a director or something like that. Then politics change.'

Fidele had supported those who formed the new government. However, once in power, they became oppressors. Soldiers began killing innocent people and corruption became rife.

'They have the goodwill, but when they took power they changed and became worse, and so I write against them. I am with them but I don't agree, and that's why they arrest me and put me into jail.'

Fidele was arrested twice, but released each time.

The family lived in a little village called Bebalem, in Chad. Early one morning the doorbell rang. Fidele hid the family under the bed and went to the front door. He didn't return. It was 1999.

'We are Christians,' Angela said, 'we are living by faith. When he left, we don't have hope that we can see each other again. If we see each other it is by the grace of God. That life was not a good life for me. I was pregnant six months with my daughter.'

Prudence elaborated. 'It would have been hard financially, socially as well. Especially when word goes around the community and everybody knows what's going on. Your family becomes *that* family that most people don't want to associate with.'

Angela fled with the children to Benin, where the UNHCR had set up a refugee camp. Benin is a country on the West African coast with a population of about 12 million people.

'My mother was only twenty-two years old,' Prudence said. 'She got married at seventeen, had me at eighteen, so by the time we were leaving she was only at the age of twenty-two. Twenty-two is very young to have that much responsibility and a bunch of kids, me, my brother and then the last sister.'

Prudence was four, her brother Volonte (now twenty-one) was two, and Charline (now eighteen) was yet to be born.

Prudence explained, 'You just can't go up to the UN office and claim you are refugees; there is a whole process. When we arrived we were not accepted straight into the refugee camp. We slept outside the UNHCR office for three to four months before being approved to move into the refugee camp.'

Chad was formerly a French colony, and Angela spoke the language, but in Benin French was not widely spoken.

‘What were you thinking to yourself at that time? Did you have much hope?’ I asked Angela.

‘I have hope and I am filled with courageous to overcome all those things. If I’m not courageous maybe I’ll not have taken off with the children without their father around.’

‘But in the next life you thought you would see each other again,’ I said.

They all laughed, as if this would be a delightful occasion for a family reunion.

‘By faith, yeah,’ Angela said. ‘My faith is the key to me to survive today.’

‘Can I hear about life in the refugee camp?’

Prudence responded. ‘Life in the refugee camp was very difficult. Most of the times my mother would make sure that we would have at least one meal a day, if that was a good day, but sometimes you go the day without any food. So it is still in that spirit of surviving, trying to manage one way or another to survive another day.’

‘How would you get that meal on the days you could get it?’

‘She would sell clothes or she would go farming,’ Prudence said.

City people threw their unwanted clothes on the road and others would collect them and sell them. Angela might buy an item for \$2 and sell it for \$3. She also went to the bush and collected wild plants, then cooked and tasted them. If they were good, everyone would eat. She wasn’t familiar with the local wild foods or all of the vegetables. The UN shipments were unpredictable and the food not always appetising.

‘What happens,’ Prudence said, ‘is the UN will bring food to give to the refugees and you know, sometimes the food had expired already, so you see all types of animals in the food.’

Fidele was in prison for nearly a year but, ‘with the help of many, many organisations, I have an opportunity to escape. When I escape I run to Cameroon area and then I come to Benin. That was in 2000.’

Angele and the children had been in the camp for a year and a half when an officer came to Angele saying a man was looking for someone. The officer took

Angele off with him and Prudence fell to the ground in shock.

Prudence explains, 'I thought this was like a round two, my mum's turn, that she had to go as well. But it turned out to be him so it was like a shock, but it was a good shock. It was a good moment for our family to come back together again and be a whole unit.'

'When my younger sister was born my father wasn't there so she grew up without knowing who her father was. I was happy to see him because, you know, I was like a daddy's girl – I always got what I wanted.'

'When I come I saw how you don't know me,' Fidele said.

'No, you're lying!'

They all laughed.

The whole family lived in a single room made of bricks about the size of the lounge room that we were sitting in. The room was completely unfurnished.

'I have my room to dress, room to chill, kitchen, dining room, everything in the one,' Angele said, half smiling.

'It is a pressure situation,' Fidele said. 'You are in the camp, you have nowhere to go and you stay in the same room; you are free but you are not free. You have no money, you have no opportunity to go, you have no telephone, no one have telephone and no one have the food. In the morning we get up, we sit together until the night.'

'No very clean water, no transport; not even the public bus. There is nothing. In the middle of the bush we are like the Vatican in the middle of Italy – that is what the camp look like. You have many different nationalities there. You have not the same culture but you must survive.'

'I guess the hard part is not knowing when you're going to leave,' Prudence said. 'You are just there by faith and hoping that the next day will be your day.'



Of course I had no way to relate to this existence, it was well outside my life experience. But Viktor Frankl spoke of two things that did resonate: the stripping of one's former identity, and provisional existence.

‘We all had once been or had fancied ourselves to be “somebody”,’ he said. ‘Now we were treated like complete nonentities... the average prisoner felt himself utterly degraded.’

Former prisoners, he said, when relating their experiences, agreed that ‘the most depressing influence of all was that a prisoner could not know how long his term of imprisonment would be... a provisional existence of unknown limit.’ Sometimes a prisoner would set a date for emancipation, like the next Christmas Day. When that emancipation didn’t come, they gave up hope.



A life crisis turns our world upside down, empties us of our former identity; we lose a part of ourselves. What was left for Prudence and her family in the refugee camp? They were still a family, which had grown by one, they retained the memories of their life in Chad, their language, their knowledge and their culture but they were now displaced, stateless and fighting for survival, stripped of status or position. The earth under their feet had erupted and shifted, there was little that was recognisable.

When suffering takes away our identity it leaves a vacuum, a new vessel to be filled. Although we flounder, we embark on new ways of thinking and new behaviours; we create a new story within the bounds of the old world. But in the desperation of a refugee camp, itself at the epicentre of emptiness, what opportunity was there for new ways of thinking and new behaviours?

Viktor Frankl addressed this question in his book, *Man’s Search for Meaning*.

‘The experiences of camp life show that man does have a choice of action. There were enough examples, often of a heroic nature, which proved that apathy could be overcome, irritability suppressed. Man *can* preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress.

‘Everything can be taken from a man but one thing: the last of the human freedoms – to choose one’s attitude in any given set of circumstances, to choose

one's own way.' But, he admitted, to rise above the influences of one's surroundings was not easy, and not all could do it.

Hope is the foundation stone, the sustainer.

'Even when things were extremely hard,' Prudence said, 'my parents would not make us feel like it was extremely hard and it was the end of the world. They always fed us with hope and fed us with their dreams for the future. I think that's what I held onto. When you're a kid and your parents put those words of hope and encouragement in you, instil it from an early age, that's what you hold onto until you make it out of there.'

'I just had the belief that everything happens for a reason; there's always light at the end of the tunnel. I prayed and I hoped this wouldn't be my life forever. With that little bit of hope, that's what we held onto until we made it out of there.'

'I had this idea that there's a better life somewhere else. This wouldn't be it, this can't be it, this can't be what we were born into and what we're going to live. This can't be our lives forever. There's hope that there's something better somewhere; it was just a matter of finding where that place was.' It's a delicate balance between hope and acceptance.

With hope, acceptance of suffering comes more easily. African American spirituals, born out of slavery, often sung this theme; there is a better place, a place of freedom, free from suffering. This made worldly existence more bearable.

'When you envision yourself going further and seeing yourself bigger than the situation you're in right now, your hopes and dreams are way bigger than that,' Prudence said. 'Then you see your moment as a phase you are going through and you will eventually move on to better things.'

Fidele decided to take action.

'I run to the city because I must go, if I get something I will send to them. The country economically have problem. They have no way to feed their people, how much can they feed the refugee? They're good to receive us but they have nothing to offer to us. So, I stay on the road more or less for seven years, seven years plus when I leave my country, so eight years. You know the carton box, the big box for telly? That is the mattress for me.'

Fidele used a large cardboard box both as a mattress and a blanket while he was on the road.

‘Even though I come here [Australia] I don’t know how to sleep on the mattress.’

Everyone laughed. I wasn’t sure if he was joking or serious.

‘I left them in the camp and I go to Ghana to look for a job. If I get job I will take some money and send it to them. I go there and I have no job. I have no transport to come back. I was broke there for six months. Who can give you money to telephone your family?’

‘I sleep on the street every night. When the rain comes you take your carton, you go to Catholic Church and sometimes the security chases you away. It is very, very like the hell. The hell the Bible says.’

It was two or three days at a time before Fidele could take a shower. But each night he would wash his clothes in a bucket of water. If someone came and asked ‘please can I take the water’, there was an understanding that you passed it on so they could do the same thing.

‘We are all in this case like a prison. In the prison everyone helps everyone. I don’t be defeated. I cannot give up when my brain is working. And I have my view, is always positive, and even the people who see me physically, they cannot see that this person is affected.’

Fanning our hope requires us to direct our attention onto that which supports hope, lifts us out of the awfulness of our existence and gives us reason to continue when there seems to be no change in our circumstances.

I smile when I watch movies like the classic Rocky series. Down and out boxer Rocky Balboa, played by Sylvester Stallone, turns his life around for a once-in-a-lifetime opportunity to challenge the world heavyweight champion, Apollo Creed. Once we are given the set-up in the first part of the movie and the viewer is hooked into the story, the filmmaker speeds up the action, flashing snapshots of Rocky training day after day in all weather, rebounding from frustrations and setbacks, remaining galvanised for the showdown. The filmmaker knows the daily grind is *boring, repetitive*; it doesn’t make for dramatic viewing.

Inspirational music plays as Rocky gets up before sunrise for a run, his sweaty training sessions hurry by, his boxing drills improve and he remains on track for the showdown.

But real life isn't like that. There is no inspirational music, no showdown, no set date, and no certain improvement. There is no fast-forward. We face each day anew, regalanise, and take aim again. It is in the grind that the sufferer grows, day by day, etching out a new relationship with their reality. This is what should be celebrated.

When my brain was in working order again following my stroke, and I realised I couldn't continue in my clinical psychology work, I envisioned writing a book. But the doing of that was much harder than I'd imagined. I needed to skill up.

I completed writing courses and attended workshops, but this wasn't enough; I needed to keep touching my dream. I listened to the stories of others who had overcome the odds in any field. I sought out other writers. I attended writing festivals and participated in writing workshops, even when the workshops weren't directly on topic, simply to be in the presence of writers. Each time, I felt uplifted, regalanised, my dream recrystallised.

Viktor Frankl understood the need to lift oneself out of the daily grind and the horror of his circumstances. He did not know if his wife was alive – they had been sent to different camps – but, 'my mind clung to my wife's image, imagining it with uncanny acuteness. I heard her answering me, saw her smile, her frank and encouraging look. Real or not, her look was then more luminous than the sun.'

One pale, gloomy morning when he was digging a trench in the snow, he raised the image of his wife. 'More and more I felt she was present, that she was with me; I had the feeling that I was able to touch her, able to stretch out my hand and grasp hers. The feeling was very strong: she was *there*.'

Fidele also understood.

'When I come home I tell my wife I buy you the car or I will buy the aeroplane [Prudence laughed]. I make her happy. I do like the drama... acting. I make them happy to bring them up. At that time no one from our family is looking for us. We are lost completely. Our connection is cut, everything is cut.

‘I have positive mind before I sleep. I put everything down when I need to sleep; I put all the problems down. And I go to sleep with the empty mind and positive mind. And whatever I receive in my dream, if it is positive I say that is mine. So I make my hope. I pray for that. And surely this year it will happen.’

In the refugee camp, Fidele became more involved in the church. ‘We pray so we can have the consolation. If you have a problem, go pray. If you are happy, go pray.’

‘What was this doing, praying and being with others?’

‘We encourage each other. We didn’t live in this time, we are living in the future. We see the future. My hope is alive.’

At this point in our conversation children started parading by the lounge room and exiting through the front door.

‘Hello,’ I said at first, and then, ‘They keep appearing!’

There was laughter.

‘That’s the last of the surprises,’ Prudence said, finally, as the last child passed by the room.

With the sofa creaking, Fidele stood up; he was driving them somewhere. ‘God bless you,’ he said, and disappeared.

The front door closed, the house quietened.

‘For me, I have a positive mind,’ Angele said in her soft, melodious voice, ‘because if I’m discouraged I can’t take care of the children. I must consider myself to be courageous and hope one day everything will be okay.’

‘So your children were really the key in your survival?’

‘Yeah, we have to survive!’ Prudence said with an expression of mock determination.

Angele laughed.

‘You’re welcome,’ Prudence said, hugging her.

‘The camp is like a prison,’ Angela said. ‘Some of the people never get out, so they pass away in the camp. Some people abandon their families in the camp. Many bad things happen. If you get out with all your family alive in spite of this, thank God.’

Something I knew already is that the daily grind leads, eventually, to a conclusion, and the day when this conclusion arrives is a surprise, as if

unexpected. The family survived the daily grind, waiting, and then...

‘You got word that you were going to a new country,’ I said.

‘Yes, Australia!’ Prudence said.

‘That day, I can’t even have the words to describe it because it was like I was dreaming! I don’t know Australia, where I’m going, whatever is happening. No idea,’ Angele said.

‘It was an exciting day for sure, a day filled with celebrations and that moment where you feel that all your sufferings have paid off,’ Prudence said.

‘Our hope it is that we are going to be people again, where we will have the peace,’ Angela said.

‘And life will not be in constant danger no more,’ Prudence said.

The family boarded a flight from Benin to Ghana, then from Ghana to Australia with a stopover in Dubai. After three days, they arrived in Brisbane.

‘From Brisbane Airport they took us to Toowoomba where we don’t even know the name [she clapped her hands together] or where we’re going,’ Angele said.

‘Brisbane was beautiful,’ Prudence said. ‘It was so big!’

Angele smiled. ‘It was nice.’

Once in Toowoomba a new obstacle arose: none of the family spoke English, and their French was of no use.

‘Me and my husband we went to TAFE for six months to start learning English from zero level, ABC,’ Angele said, chuckling.

As Angele spoke, Prudence began pouring hot water out of an urn to make tea.

After her English course Angele took on a voluntary job at the Lifeline charity shop for six months.

‘I start to learn to talk with other people but it was very, very hard. If they send me to do something, sometimes I don’t understand what they’re telling me.’

Prudence continued. ‘In employment, sometimes you go put in your resume and just because how long your last name is, that itself means you won’t get a job.’ Prudence explained that her mother and siblings have different surnames from her, and they all have different surnames from Fidele for security reasons.

‘You go for an interview, for example, white people have the name Prudence so most of the time they get shocked when I walk in and they realise [she clapped her hands] “Oh wow! It’s a black girl!”’

Angele continued, ‘They see that I’m black and after the interview they don’t give me the feedback, and that job I am qualified to do. That makes things hard. The jobs in Australia here, they are given for connection not by qualification.’

Angele worked at the local abattoir for one year and her English improved further. She has since gained certificate qualifications in community care, children’s services, children’s education and hospitality. At the time of our conversation, she didn’t have a job.

‘I’m applying... but it is not easy. To overcome this barrier, if you are not courageous, you will not make it.’

‘Because you get a lot of rejections?’

‘Yeah. Some people say they don’t understand what you are saying, and our accent is French too,’ Angele said.

There have been cultural adjustments. The Australian custom of ‘bringing a plate’ to share tripped them up.

‘The first time they asked to bring a plate, for me I don’t have any idea to bring food. I just bring my empty plate,’ Angele said.

Prudence handed around teacups and biscuits.

I told them that my mother was English. She came to Australia with my Australian father on an ocean liner, a three-week journey. She was pregnant with me at the time (her first child) so she was extra seasick. Angele and Prudence sighed in unison. My mother spoke the same language, but it still took her a while to adjust to local ways. She also fell foul of the ‘bring a plate’ invitation, but brought along cutlery as well as a plate. They laughed at this.

Prudence also struggled to adapt, though her challenges were different. She was eleven years old when they came to Australia.

‘What was it like going to school?’

‘It was hard. I couldn’t speak the language and they put me in the same grade, the year for my age. I got put back a year because of English problems. But I was still required to attend normal classes with all the other students. Later on they

provided me with ESL programs [English as a Second Language] through the school. That helped me a lot.

‘There were times where I felt very misunderstood because of my experiences at a young age. I guess I grew faster than my age, and I was way ahead of my peers and the kids in my age group.’

She looked down and stirred her tea thoughtfully.

‘In a way, I took life more seriously... there were times when kids in class joked and stuff and I didn’t think it was very funny, because I valued the opportunity that I had to be sitting in that class. And I was always taught to show respect to your elders and all that, so I was different. It was very visible.

‘My younger sister developed an eye issue in the camp due to dust and all of those things. At times my mother would have to take her into the city for treatments and I would stay in the refugee camp by myself with my younger brother and care for him, so I was already looking after a family, cooking and doing all that, by the age of seven. So coming here you’re eleven, but you feel like you’re already thirty-five.’

Children experience post-traumatic growth, but it is a process that requires them to be able to reflect and to contrast their life experiences with those of other children. In the refugee camp Prudence was building resilience, but she was also in a similar position to other children within the camp. I surmise that it was only upon her settlement in Australia that she fully appreciated the hardships she’d endured, and could contrast these with the experiences of local children and their families. The paradox that is PTG requires the capacity to see that good things can come from bad things, and the capacity for this type of thinking doesn’t seem to develop until around age eight.

‘The kids didn’t really understand why I was here in Australia, why my skin was a lot darker, why my accent was different, why my hairstyle and things were different. They were not educated about refugees and migrants and not really let into a world that is not just Australians.

‘So for us to start appearing at school just the next day, it was a culture shock for them as well, and it was something they also had to adjust to, but that made me feel a bit left out, a bit lonely. At lunchtime I would always go and hang out with my brothers and my sisters, we would always have our own little group.

Even the few Africans that were in school were mainly South Sudanese, and we speak different languages, there was no way of us even communicating... it was foreign to us.'

'What about high school?'

'I enjoyed going to school, waking up and attending my classes and whatnot, but there was always that gap of being made to feel different and being made to feel that, you know, you just stood out from the crowd. And I guess that came from people not really understanding one's journey, so that kind of led to what I'm doing now, which is storytelling to erase racism and bring about awareness to fill in the gap.'

I asked about their experiences of racism.

'Racism is verbal,' Prudence said. 'People just see you walk down the street and tell you go back to where you come from, you don't belong here. You can enter a shop and the customer service person refuses to serve you. I worked at a restaurant as a waitress and at times the customers wouldn't want to be served by me, so they would ask for the manager or a white person to come and serve them. I experienced that numerous times.'

'One time, after school, I was walking down our street and a random group of guys were in their van and they just shoved their rubbish bag at me. There's no point trying to fight back or saying any words... you never know what's going to happen. You don't want to provoke, even though they've provoked you first, you just want to try and minimise it as much as you can. Being in the public eye now, you have a lot of messages sent to you, a lot of negative comments and all that, but I guess that just comes with having a profile.'

Angela's experience of racism was soul destroying.

'When I arrive and they tell me go back to your country I tell them "thank you", happy [she only knew 'thank you' and thought it meant 'hello']. That's the answer I give them.'

'And that makes you question whether you'll ever be Australian,' Prudence said. 'People will ask me, do you see yourself as an Australian, and it's a hard question... Australia is about giving everybody a fair go and when you don't get that, then, you know...'

Angele explained, 'I'm an Australian citizen. I am qualified to be called an Australian, not a refugee. But when you go out they still call you "refugee, refugee, refugee".'

The family attend the local Pentecostal church, where Fidele is a volunteer pastor. He also works in security, when he can find work.

'We've got people from India, Sri Lanka, we've got Australians, Chad, Congo, Liberia, Sudan. It's a good reflection of what Australia of today looks like. We even have Jamaicans and Zimbabweans,' Prudence said.

'The important thing is we parents bring the young children to the church to teach them to not do wrong,' Angele added. 'To teach them do not steal, do not kill, do not do bad things, but you must do the good things.'

'What's been valuable is that church is a place where you are taught to always remain grateful and humble,' Prudence said. 'I feel that it keeps me grounded because no matter how far I get or no matter how far I spread my wings, I always go to church.'

'I used to sing in the church choir, lead youth events and emcee church events and all of those things. I think that gave me a head start in public speaking. It gave me that confidence to stand in front of people.'

The children returned from their outing, pouring through the front door and then disappearing. I heard the sound of a video game from another room. Fidele did not rejoin us.

'What's your concept of suffering, how would you explain that based on your experience?'

Prudence said, 'I think suffering is like gambling with your life: it can either go really well and you have a positive outcome or... it's a win or lose situation. When it is a win situation, you are able to turn your pain and your hardship and your suffering into something positive and use your story to encourage others going through the same situation, just to give them hope, a possibility of them making it better for themselves. People who are suffering who don't have examples of people who have suffered and made something good of themselves are the ones who feel like it's the end of the world, and nothing good can come out of their situation. So suffering is not good, it's not an ideal situation to be in, but it's also a situation that can build you, build a stronger you for tomorrow.'

‘My suffering, I don’t lose hope, that made me strong,’ Angele said. ‘But some people who lost hope, they abandon their families, they do the bad things. Some die, but for me I hope my tomorrow would be better... I know even today English is a barrier for me, but my kids, their tomorrow will be better.’

It was a familiar theme in migrant stories: building a better tomorrow for the children.

I suggested to Angele that she had gained personal courage.

‘If I am not courageous I can’t go to study at TAFE. I come with no English. When we came and someone send us a letter who would read for us?’

‘Now she reads her own letters, she does her own thing,’ Prudence said, looking proudly at her mother.

‘What was your dream when you were young, before you married?’ I asked Angele.

‘When I was young I want to be a nurse. That dream is still alive. One day I will become.’

‘Yay!’ Prudence said, clapping her hands together.

I smiled. ‘I think you would be a wonderful nurse!’ They both laughed. ‘I’d love to have you as my nurse.’ I meant it. More laughter.

This softly spoken woman had beaten down challenge after challenge. Her spirit remained vital and her heart open. Seeing such determination, patience and empathy made me wonder why anyone wouldn’t employ her. Imagine the wisdom she could impart. It made me think how superficial and tick-a-box our employment processes can be.

‘And Prudence, how has suffering changed you?’

‘Suffering has made me a stronger person and it has definitely changed the way I view the world. I appreciate things more. I value the opportunities that come my way and everything I do. I do things I’m passionate about. I don’t see myself just living a normal boring life. I want to give back and leave a mark on this world, be a change maker. I think my suffering has created that passion in me and that burning fire, that is what is driving me right now.’

There was that theme again: an awakening, jumping out of the rut of ‘normal’, the conventional, the ‘safe’ life. Steve Garlick, Ian Roberts, everyone I had interviewed so far had, in some way, dislodged the ordinary, and given back.

Prudence recently completed a law degree.

‘Like, honestly, I can work as a lawyer, earn my income, have a family and go about with my life, but to me... that doesn’t cut it. We’ve been blessed; we’re like the chosen ones. There are other people my age that are still in Africa or other places in developing countries that are struggling, where girls can’t even have access to education, all of these things. So instead of me just being satisfied with where I am in my life right now, I can do more to give back and more to help those that are in need, and be a voice for those who don’t have one. I think that’s what suffering has made me see: that life is bigger than just yourself, and you can make it your own by helping others.’

Prudence was making her life, rather than having it made for her. How many people can say they are doing this?

‘It makes me value relations, especially with my family. I don’t think I would have made it if not for the close bond that we have. That’s what keeps us connected; the experiences we had together, you know.’

Suffering either sunders relationships or it welds them more tightly. Sandra and Jeremy experienced the latter. The greater the stakes, the more intense this process is. Returned soldiers hold a bond with their comrades in arms that cannot be replicated in civilian life. Fear and death, dependence upon your mates for survival, stamps a special hallmark. Trying to recreate this in civilian life can leave people floundering.

‘I don’t take advantage of people,’ Prudence continued, ‘because I know what it feels like for people to take things away from you and to be taken advantage of and all these things. So, it has installed moral values in me, not to do harm to others intentionally. That whole thing of treating others like you would like to be treated, yeah.’

‘And I like to think I’m a nice person,’ she added bashfully, then broke into effervescent laughter.

‘So far I think that’s true!’ I agreed, and we all laughed.

‘Life is a rollercoaster,’ Prudence said. ‘There are times where it’s still tough, and some days are better than the others. But you appreciate being alive! Being healthy and still holding that hope that you’ll make something good of yourself.’

One could easily think that Prudence was on top of everything, but my circumnavigation of the human experience told me that even the most successful looking people still do it tough. No one is always up, always sure of themselves, always has it together.

The trap we can fall into is becoming afraid of fear. Fear is inevitable, a natural by-product of undertaking the new – the very different courses of action from what we know. Those like Prudence, Angele and Fidele, who have faced fear many times, know this. Mastery is coexisting with fear until the unfamiliar becomes familiar and the fear subsides like the settling calm after an ocean storm.

‘What do you think is the difference between people who make it through the suffering and the hard times and those who don’t?’

Prudence explained, ‘I think for me it’s a matter of the environment they are in. I grew up in regional Australia, and I think in regional Australia, let’s say it’s very different to growing up in Melbourne. Your services are easier to reach and your community is closer. You have access to a lot of things, whereas in the biggest cities it’s just bigger crowd, bigger number of people for people to focus on and it’s a different support system.

‘Just to put it on the table, mental health and depression and stuff like that are conversations that most African families don’t have. You grow up in a tough environment and everyone teaches you to toughen up, it could be worse. That’s why most young people from refugee backgrounds are experiencing severe depression and suicide rates are increasing, and that contributes to the way that they are behaving and we read about it in social media.

‘If I’m stressed about anything I can have an open conversation with my family about it. Sometimes it’s just a matter of me going to the park by myself, sitting there looking over the trees, having the fresh air, other times just good music... sometimes a good prayer, you know? You just go with that day, see how you going to handle it.’

The nature theme is a recurrent one; being in nature, or viewing it, is a remedy for the troubled mind. The architects of the nineteenth-century psychiatric hospitals recognised this and placed their buildings in park-like

settings, with separated buildings to capture space, rather than constructing the stack of floors found in a typical medical hospital.

When my anxiety was at its worst, I knew, reliably, that a walk in the forest would calm me. It became my go-to strategy when I was too overwhelmed to do anything else that might help.

The Japanese have a practice they call *Shinrin Yoku*, which means taking in the forest atmosphere, or forest bathing. Researchers who have taken physiological measures of *Shinrin Yoku* participants find that markers of stress that reflect sympathetic and parasympathetic nervous activity, cortisol levels, heart rate variability, blood pressure and pulse rate, all demonstrate greater relaxation. They've even demonstrated changes in brain blood flow in response to forest bathing.

These findings shouldn't be surprising, given that we all carry the ancient DNA blueprint. It has only been in the last few hundred years, since the Industrial Revolution, that we have lived in urban environments; unnatural environments. Why would we be far removed from the lullabies of nature – the brush of a breeze, the splash and plop of a flowing stream, the aroma of earth and the springiness of grass? Patients in hospitals with a garden view heal more quickly.

Some researchers suggest it is the feeling of awe we experience in a natural environment that inclines us to settle. Awe, which can be induced in many ways – viewing art or natural phenomena, listening to music – absorbs our small Self, encouraging the realisation that we are a small part of existence. Is this diminishing of the ego the same as the diminishing of the ego that occurs through prayer, meditation and in aiding another?



In creating and pursuing a vision for her life, Prudence was assembling a support network. 'I have a whole team of people who are in support of the person that I'm becoming, my vision and where I'm trying to head to, so yeah. I just try not to focus on the negative things and the negative comments, just focus on the positives, because you know not everybody's going to like you or like the work

that you do. It's important to remember there are people beside you who support you, and those are the people who care most about you.

'The team at E-raced played a major part in me to keep pushing this whole idea forward. It's such a good feeling to know these young people who have experienced such hardship and trauma in their lives can trust you with their stories. Most of the times we're all the same age group but they trust me with their story, they trust the organisation with their stories and they're willing to revisit over and over again for the sake of others as we head on this racism road trip. I think that says a lot about how people feel in their communities and how they're willing to put themselves out there to be the change that is needed in that space.'

Prudence's vision is for E-raced to become a well-established NGO that provides services to help young people become entrepreneurs, creating job opportunities and connecting them with people who can help them unleash their potential and realise their dreams.



The story of Prudence and her family originally interested me because it was a story of relocation, a story of renewal and adaptation to a new land. But I've come to realise that the refugee story is a metaphor for all types of suffering.

Suffering transports us to another land, whether in a psychic or physical sense. Angela awoke from a coma to find that she was no longer the mobile, talkative sixteen-year-old she had once been. As Fidele described it, he had moved from heaven to hell. Ian Roberts was emotionally relocated from a place where attraction to boys was natural to, after his father's trashing of homosexuals, a place where he felt dirty, even evil. Sandra was transported from a place of happiness, impending motherhood, to walking out of hospital without her baby, bereft.

As in the refugee experience, suffering isolates us; no one else can feel our pain. We need to learn a new language, find the words to communicate an experience that is novel and that we are still discovering. Voices, our own or

others, tell us things: we are deficient, we are different, we are a failure. Why aren't you back to how you were? Why haven't you moved on?

If we understand suffering as a refugee experience, as a relocation, then perhaps we can be more forgiving of our progress in the new land? Could this also tell us what we need to succeed: connection, a new language and a new identity?



I asked Prudence if I could take photos of her and Angela, and of the setting, to help me recall details later. I did so, with their permission, then Prudence said, 'Do you know how to take a selfie? Let me show you.'

I sat down beside her.

'You have to hold the camera like that and press it... Ma, are you in it?' Angele squashed up against Prudence, who was in between us both. After the photograph was taken we looked at it.

'See, you're disappearing because you are so light!' Prudence said, turning to me.

We all laughed because it was true. The camera couldn't handle the contrast between black and white. It had experienced a relocation and I had become ghostly.

Chapter 9

With six personal stories of survival and growth under my belt, it seemed timely to speak to some experts to get a stronger picture of why some people get stuck after a life crisis, while others flourish. I sought out a clinical psychologist, a psychotherapist and a psychiatrist. They each have lived experience of life crises, and insights into why some people stay stuck in their suffering.



Dr Rob Gordon is a clinical psychologist who has more than thirty years' experience working with people affected by emergencies and disasters. He was there in the aftermath of the Bali bombings, the Christchurch earthquake, the Black Saturday bushfires, the Canberra firestorm and many other large-scale disasters. He has advised the Red Cross and governments on how to assist both individuals and communities as they rebuild and recover.

It was in connection with the Black Saturday fires in country Victoria that I heard about Rob. That firestorm started on 7 February, during the summer of 2009, the result of tinder-dry conditions, extreme heat and 100 kilometre per hour winds. The fire is estimated to have burned at temperatures of 1200°C, cutting a swathe through forests and settlements across the state. The burning continued until early March, when favourable weather conditions finally enabled the last of the fires to be contained. The costs were catastrophic: 180 people died and 414 were injured, 3500 structures were destroyed, including 2029 houses, and 7562 people were displaced. It remains the worst firestorm in Australia since European settlement.

I met Rob Gordon in his consulting rooms in Melbourne; he was able to offer me an hour between clients. He and his wife were in the path of the Black Saturday bushfires, but remained safe. Because of the limited time we had, I concentrated on Rob's accumulated knowledge of how people respond in the aftermath of a natural disaster. As we settled into comfortable chairs beside the fireplace, I soon realised that his sagacious insights were rooted in a rich tapestry of experience.

We got straight on topic. First, how did he view suffering?

'Physical pain represents some kind of damage or disruption to the order of things or the way things should be. I think it's the same with the psyche. Trauma is when a person experiences something so powerful that it damages the capacity to process it and understand it and make sense of it. But I think there's also a whole dimension of suffering related to what we don't want, the grief and the trauma about things that we had no say in. We create tremendous suffering around things we cannot accept or don't want. For instance, the diagnosis of cancer or something like that, it gives us an experience of impotence which goes very deep to the core of our subjective capacity to be active.

'And do we just say, well yes, it has happened, why shouldn't it happen to me? Or do we say I can't accept it, it's not fair, I'm upset and angry about it. Why did God do this to me? I didn't deserve this. In fact, it doesn't change any of it, so we get stuck in this loop. People can't let go of their sense of agency or their wishes because they fear that they will lose themselves, but the self they're going to lose is not really the real self. It's a self that is supported by their world, their understandings and so on. It's only when you let that go that you find out what's left. There is something left, and that's really more important.'

'What do you think is left?' I asked, and continued. 'We construct this sense of self and we hold onto this sense of self, and that sense of self has agency in our minds. We make predictions about the world and how the world should go and then it doesn't, and it's happened to us, as you say, and the self we have constructed proves to be a hindrance then, to move through the suffering. In your experience, how do people gain acceptance? How do they move through this loss of self?'

‘It helps greatly if they have values that are not completely immersed in the external everyday world. They might be religious values, but religious values could equally be a tremendous handicap. “I’ve gone to church every Sunday, why does He let this happen to me?” But they might just be existential values: “Well, this is life, why wouldn’t it be me that suffers this?”, or a more spiritual perspective. It could also be a profound experience – there must be some meaning in this, “I’d better look for it”. But it is very hard for us to let go of that self, and yet that self is only a construct of a particular period of our lives and particular circumstances. I think there is a core, which emerges when a lot of other stuff is stripped away and you realise, “I still exist”.’

Rob was validating my view that the storied Self is useful when directing us in a known world, but is a hindrance when the landscape changes. That’s when *we* need to change.

‘I think really it’s a question of how people can let go of who they were when it’s been taken away from them. Often people after disasters, traumas, whatever, are no longer the same people. So can they let that go and look for what now? Or can they not let go because they’re too frightened, or they don’t have the imagination or haven’t ever thought about it?’

This was such a key point. Inevitably in the aftermath of a crisis there is intrusive rumination, but at some point we need to move on to reflective rumination, and some people just don’t get there. No reflection means no new perspectives, no new behaviours and no new self.

‘What’s your experience with acceptance and letting go following natural disasters?’

‘There are people who basically set about re-establishing everything as quickly as they can, and they put their entire lives on hold to replace all the losses. They build their fences, their houses and so on. If they don’t expect more, they get away with it because not everyone lives with in-depth qualities. But quite often during that period they don’t put any time into their relationships with the kids, their marriage, their social network, their health, so when they have rebuilt the house and so on, their marriage is not working and it breaks down, the kids go off the rails or they’ve lost their health, and that’s because those things were vulnerable... So the relationships didn’t really make it.’

Rob had been featured in a documentary, *Aftermath: Beyond Black Saturday*, which was shown on the tenth anniversary of the bushfires. Some of the survivors interviewed in this film had built again in the ashes of their old homes, albeit more fire-resistant structures. Some had walked away, never to return. Rob told me that towns often lose between 40 and 60 per cent of their occupants after a disaster.

Of those who had rebuilt after Black Saturday, some recognised that it was not only the structures they had changed, but also themselves. One Country Fire Authority volunteer, John, said, 'I think it's made me a better person. I learned about empathy, human suffering and human triumph.' Kath, who lost her home and her marriage, said, 'I'm really clear about what I do and don't want in my life. I'm not going to spend my life with people who bring me down, life's too short.'

Rob continued, 'Then there are the people who go into deep depression. I saw a man last week, who probably had a predisposition for depression and his house burnt down. You could just see he was totally crushed by it. His wife was frustrated, she wanted to get on with things, and he's sitting there really deeply distressed.'

'I remember talking to people before a community meeting for the Kaikoura earthquake in North Christchurch, New Zealand, the more recent one, and I went and talked to this unhappy looking man before the meeting. He was a thin, wiry man and he looked so sad, and beside him was this great, big, buxom wife sitting there like this.'

Rob folded his arms and leant back.

'He said, "You know, I just can't get over it, the earthquake was so huge, I thought it was the end of the world. Every time I hear a noise I just go straight back there again." The wife said, "It's just another earthquake. We live in an earthquake zone, it's just another earthquake."

'The difference is in that subtle quality. He thought it was the end of the world. It shattered his expectations about the world, and hers were not shattered for whatever reason. I think the same thing happens in trauma, and the question is, what's the alignment between the event and the expectations?

‘I think that’s what the word resilience really means: that we have flexibility and mobility in our fundamental assumptions, they can flex and twist and move and then come back to where they need to be instead of being shattered.’

‘What are the personal qualities that lead people to having resilience after a disaster like that?’

‘Well there’s been quite a lot of research and I think it holds up pretty well with clinical work. Things like a moral compass, having a clear sense of not only what is right or wrong but where am I headed, what’s important in my life. And having a strong investment in substantial qualities, meaning, values relationships, purposefulness, making the world a better place, that sort of thing, because there are always opportunities to implement those. Whereas, someone who has been totally immersed in having a nice comfortable home, possessions... all that is stripped away.’

‘So,’ I continued, ‘if the sense of purpose or meaning in life comes externally, like, I unquestionably do what my parents expect of me or how others in my community go about things? Or my sense of purpose is narrow, like only on material success, for example?’ I suggested.

‘Have I examined my life?’ Rob said. ‘I’ve examined what’s important, I’ve examined what gives me meaning, examined what my values are, and then my action springs from that. What can I do with my life now? Can I imagine a life that’s different from the one I had to leave?’

Rob was describing, in his own words, the path to post-traumatic growth: reflection, values, relationships, sense of purpose, giving back. He gave me a neat example of how religious views can work both ways, both to help and to hinder.

‘I once saw two people who were wounded in a shooting, both religious, and one of them said, “I believe God has spared my life for a purpose and I’m going to try and find out what that is.” It was a turning point in his life. The other person, who had a much more minor wound, said, “How could God let this happen to me? I’ve been the best person I could all my life, I’ve been to church every Sunday.”

‘She was in an absolute crisis because she couldn’t assimilate this into her set of assumptions about religion, whereas the man didn’t need to understand it. He believed God is mysterious and it didn’t alter his belief in a purpose. Her

assumptions were much more cut-and-dried and, you could say, simplistic, and she couldn't accommodate it so she was in crisis.

'I reckon that's the essence not only of resilience in disaster but in many things in life: can we flex and twist and adapt? That means we've got to keep letting go of things and finding out what's the core thing that we mustn't let go of.'

I really liked what Rob was saying, and agreed. Although he understood the notion of PTG, I thought he was mixing resilience and post-traumatic growth together here, whereas Richard Tedeschi makes a distinction between the two.

Resilience describes the characteristics of people who adjust well to stress; they survive it and remain in good shape, they bounce back. Rob offered me the analogy of water reeds that bend in the wind or in a storm and then return to their original position once the storm has abated. PTG describes transformation, growth in a new direction; this is not the same as returning to the way one already was. Resilience is good, but it is not the same as growth. Resilience, as the personal stories in this book have revealed, can emerge as a result of growth, like an earthquake-prone city that's rebuilt to withstand future quakes.

We moved on to what helps people in the aftermath.

'There's been recent research on the Black Saturday fires, which showed that those people who belonged to groups during the recovery did better in their mental health than those who didn't. The more groups you belonged to, the better your health was, up to a certain point – if you belonged to too many your health wasn't as good. People who were involved in too many groups were probably running them, and that was part of their load.'

Mary, who lost her husband, son and brother on Black Saturday, said in the *Aftermath* documentary that her community started potluck dinners after the fire went through. Ten years on, those dinners still continue. 'We had some really grieving, sad people. I was pretty numb. We helped each other. One minute we're crying like babies, the next minute we're laughing our heads off.'

Rob continued, 'The important evaluations we need to make are always social. If we don't have access to reference groups of people in the same situation, we can't decide whether we are weak or cowards or normal or struggling or whatever.'

‘I think resilient people set out to recruit a group of supportive people who will not only help them emotionally, mentally, but also physically, and the research shows that they will usually be willing to give in order to receive. They will actually be helpful and offer themselves.’

He was touching on personality characteristics. Someone doesn’t need to be outgoing, but they do need to reach out and engage, they need to take a risk. I call this courage.

‘You know,’ I said, ‘everyone’s got a different personality, which is part biological, part social, part how they were nurtured, and we can only work with what we’ve got at the time. Some personality styles are more open to new experiences, more curious, more outgoing and ready to engage and seek help.’

‘And not invest all their security, stability, etc. into just one thing, like their house or their health or whatever,’ Rob said. ‘You see that with people who become paraplegic and then decide to become a sports person. They make a decision: I’m not going to let this beat me. So they’re accessing some sense of self, some sense of agency that is not counteracted even though their previous agency and sense of self has been severely damaged. They ask, “How can I do this now?” And that’s where the resilience is, preserving that flexibility.’

‘One of the most unhelpful things we can do is to defend against suffering. I can remember seeing a woman who was badly physically and sexually abused, and she was actually fostering abused children and was absolutely committed to the kids she had. I asked myself, why isn’t she a perpetrator, because we know so often that’s the cycle of repetition and compulsion. The conclusion I came to after listening to her is that what prevents us going into the repetition cycle is the capacity to suffer. She said, “I suffered so much I would never want anyone else to suffer that.” I think the repetition can come when you block the suffering.’

This was spot-on. To grow from our suffering, we need, eventually, to turn towards it, fully inhabit it, and not numb it. How many times had I come across those in my clinical practice who anaesthetised their pain with alcohol, drugs and medication? Inhabiting the intensity of our suffering becomes a catalyst for growth and alleviating suffering in others, both human and non-human. This is compassion, and there is a pay-off with compassion. Steve Garlick said, ‘I owe these animals a lot.’ They helped save him, as much as he saved them.

Rob continued, 'That led me to formulate, because my training is psychoanalytic, what I call Freud's Law: Whatever we cannot represent we're doomed to repeat. So if you can represent what's happened to you in your mind, you'll suffer because it's wrong, it was bad, it's painful. But if you block it you will become numb, and then you will find yourself doing it.'

I understood him to mean that such numbing creates an endless repetition of unhelpful, destructive behaviours. But let's not get too high and holy here, because in the early stages of survival after trauma, numbing may be a necessary part of keeping afloat, but at some point our sufferer needs to let go and swim in the current.

Rob was also describing what Paul Gilbert called dissociation; we distance ourselves from our pain and the pain of others. We stop dissociating when we acknowledge the pain and name it. This is how we begin to free ourselves from suffering. When I was a young boy I sometimes woke in fright, believing there were monsters under my bed. I would remain terrified until I'd mustered the courage to look under the bed and confirm there were none. The pain (fear) was generated by my dreams; the suffering was my continuing belief that the monsters were real. That belief was only displaced by facing the thing I feared.

'I found the same thing,' I said. 'I can say from personal experience, and from others that I've encountered for this book, that those who have triumphed out of their suffering work in their various ways to ease the suffering of others. And I make a distinction between pain and suffering.'

'Ah, yes,' Rob agreed.

'I think pain is inevitable if we lose a loved one or if we lose our possessions; there's going to be emotional pain. That's natural grieving; part of our make-up,' I said. 'But the suffering comes about when we do all of that stuff that you've been talking about, where we try and hold onto what we think shouldn't have happened, or blame someone. If there's malicious action by somebody else, that lifts it to another level again, where we have to deal with a sense of vengeance and why did they do that to me? Without exception, the storytellers I've encountered all found ways of being with their pain, walking alongside their pain and in that process letting go of the suffering machine, the thing that generates ongoing suffering and magnifies it. You know, "Why me?", "Why not

me?” It goes to existential questions, like the randomness of life, the fairness of life...’

‘That’s one of my frames of reference: fairness doesn’t exist in the natural world – it’s a human construct,’ Rob said. ‘The only way fairness exists is when human beings impose it upon the world and on our own affairs. And of course, being human beings we’re inconsistent and we impose it inadequately. Whereas people who haven’t grown up in our world, in the third world, I think they probably don’t expect fairness and justice. But in our world from kindergarten and onwards we’re obsessed with things being fair. It’s a great handicap to think that things should be fair, other than due process of law or something.’

‘The other thing that’s important is to accept the experience of suffering and ask what it gives you, what do you find out about yourself, what holds firm in that? One of the things that undermine that is anxiety. People often say that when they’re grieving they feel incredibly anxious. Anxiety is a tremendous liability, and it’s a separate factor from grief or trauma or something else.’

I hadn’t thought about this before, but it made a great deal of sense. It reminded me of how paralysed with fear I had been during our financial meltdown, and how this dislodged my capacity to think things through rationally. Anxiety had engulfed me.

‘We’re talking about someone who loses their spouse or their house, let’s say, and they feel sad and hurt but also incredibly anxious. If you ask them to pin that down, they’ll say, “I can’t see the future anymore. I can’t see how it’s going to work out.” I think anxiety operates to cloud our vision. “I can’t see outside this experience, I can’t imagine it will ever get better,” but they don’t ask that question. The anxiety completely disables the person, so when you get anxiety plus pain or anxiety, plus suffering, you’ve got a real disabling. Very often, the best thing you can do is help the person manage the anxiety and accept the suffering, accept that it is going to take a long time.’

‘The common thing people say is that time heals. But time in itself doesn’t heal, it’s what you do in that time or what happens in that time,’ I said. ‘We’ve talked about joining groups, support groups, and obviously there’s professional help as well. What are the things that help people get through what I call the survival period?’

‘The first is, it’s inevitable and the consequences will take time to unfold, because part of our being is held in routines and habits and seasons. So it’s only as we go through the cycle of the year that we start to understand what the loss of the loved one means. We can’t possibly understand it otherwise.’

‘You mean you’ve got to go through at least one year of seasons?’

‘Probably more. This is where, if you are in a network, you are talking with people about things and you can represent to yourself what’s it like, this six months from that six months, and what have I lost and what have I gained? What am I working on now versus what I was working on then? And people who are verbal or communicative have an advantage in processing it. Processing I think means mobilising your experiences and bringing them into multiple different relationships so that new meanings, new orders, new structures can emerge. So that is what has to happen in time. We need to revisit what we’ve lost and have this deepening.’

‘Time is passing, we’re verbalising it; we’re using sounding boards, gaining some insights. What’s happening when we keep doing that?’ I asked.

‘If you think about it, we order our lives to be as routinised as possible. We put our pyjamas in the same drawer, we put our coffee in the same cupboard and we drive the same way to work and so on. We order everything so that it becomes part of a stable set of routines, and we usually cultivate those routines to express implicit sets of values. We’ll come home at a certain time so we can talk with our family or whatever. We’ll have lunch at a certain time to talk with colleagues, but what’s underpinning that is that my relationships are important. So I’m not going to eat lunch at my computer.

‘Once that routine is established the value is implicit and therefore unconscious. As long as those routines hold, we don’t have to think about what we’re doing because they’re habitual. You can get up in the morning, get dressed and drive the same way to work, do all the usual routines at work, and the whole time you haven’t had to think about what you’re doing. Well, I think that allows for what I call mulling time, turning things over. It’s like a daydream process where we just chew things over and think about them in a very untidy, non-rational way.

‘We find it with people in disasters. If they go through half a dozen different temporary accommodations and they’re worrying about insurance and everything else, they don’t have any mulling time, and what that begets is an identity problem. “What am I doing this for?” “Where am I going?” “What’s it about?”

‘And that’s like the two outer layers of our skin, which are dead, aren’t they? That buffers us against the raw impact of reality – if you scrape the skin off and touch the underlying layers, it’s painful. Very often you get people who are exquisitely sensitive after they’ve had a trauma or are in a state of grief, like they haven’t got a skin. And the people who still have got their skin on can’t comprehend why the people are so vulnerable and sensitive. “Come on, pull yourself together, you’ve got to get over this.”’

Hmm... this sounded familiar.

Rob continued: ‘I think the loss or the trauma has to eventually permeate the body of routines in order for it to be fully incorporated into the structure of me and my life; repeatedly, rhythmically, cycling through and keeping on encountering the absence. We’re getting back to the question of what are people doing over time?’

‘I worked with a woman whose greatly loved husband had a coronary beside her in the middle of the night when she was pregnant with her first child. You could track her through all these stages: she was grieving and then she would get to the point where she was very agitated around 5 o’clock, when he usually came home, and then she worked through that and then she’d find it was the weekends that were empty, and then she’d find that she didn’t expect him to come home anymore but she’d catch sight of the back of someone’s head in the shopping centre. It was like there was something in her that said, “I haven’t seen Fred for a long time, where is he... Is that... no, it’s not.”

‘There was a part of her that had not accepted it, hadn’t yet percolated down to the deeper layers of her routine life. Do we allow that to sink in? Do we instead go play the pokies and drink too much chardonnay or go out with our friends to try and fend off the suffering? Or do we sit with it: “so he really has gone”?

‘How do we help somebody move down to the deeper strata of doing what is the more uncomfortable thing, which is being with the pain, keep re-experiencing the loss or the absence fully without self-medicating or distracting. How does somebody else be with them?’ I asked.

‘Giving your full attention to them and showing interest in their experience. “What’s happening for you, what are you thinking?” I think in the counselling field there is a preponderance of focus on the feelings. Feelings are consequences of meaning, so if you’re talking about feelings you’re talking about after-effects of meaning. What will really help someone is to find a way of talking about meaning and the challenges to the meaning, goals, identity, and all that.

‘I was doing a lot of talking on media around the tenth anniversary of Black Saturday. I said the re-experiencing of memories that come flooding up and the emotions kicking in is what everybody is frightened about with trauma.’

He compared this re-experiencing with the reflective narrative about the trauma.

‘The narrative about the trauma is, “I remember that this happened in the past and it was a pretty difficult, painful experience”, and as you talk about it there will be tears, you know, “It was a really sad time in my life. I had a good life before and I feel sad.” Just like the old guys on Anzac Day, if you talk about the war for too long the tears will come up. I think that’s a very healing expression of emotion that’s based on the representation of the sadness, of the loss, of the experience, but it also embodies the depth of meaning and value in it.

‘With the traumatic re-experiencing I’m back in the moment, whereas here, I’m actually reflecting on the sadness of this whole part of my life. Now unfortunately in our culture as soon as someone starts crying everybody gets uncomfortable and say you’d better go and see a counsellor. No, they shouldn’t, you should just sit with them and keep talking. They don’t need to see a counsellor because they’re having a few tears – in fact, they need to see a counsellor if they can’t cry. We need a culture that will have the capacity to allow this reflective process to take place, and it will have to happen for years.’

I asked Rob where I might be able to visit a memorial to fire victims.

‘If you go to Strathewen there is a beautiful memorial. I think it was a national project to do blacksmithing and to create a tree with leaves, have you

heard about that? That's a beautiful thing to go and look at. The other place I'd go to get the feel is Marysville. There are a lot of places that were devastated, but Marysville is probably the largest and a place that's completely changed its identity.'

'How have those communities grown, would you say?'

'Very mixed. At the Strathewen tenth anniversary they had a whole lot of people talking and the last speaker was a young man who had moved into the area with his family three years ago, and they welcomed him. He was the future. On the other hand, in Marysville there is tension between the newcomers and the old guard. Each community does it in its own way.'

Newcomers bring enthusiasm and fresh perspective, which is valuable for rebuilding, but they may find stories of the trauma and its aftermath discomfiting and repetitive. This is inevitable; we can't really know the suffering of others, but we can listen respectfully, and that goes both ways.



Shame and self-criticism keep people stuck in their suffering, without a doubt. Self-compassion, I believe, is the antidote.

Ian Roberts kept his illiteracy secret, feeding his belief that he was stupid and stopping him from gaining help. Jane blamed herself, in part, for not protecting Georgia. Helen and Ian Barker warned Angela off Dale many times, but recognised that she was headstrong and not to be thwarted. They did not blame themselves for Angela's assault. Sandra and Jeremy didn't engage in self-recrimination for not having brought clothes to the birth and organising a photographer; they recognised they had done their best with what they knew at the time.

In the book *Mindful Compassion*, Paul Gilbert and Choden define compassion as sensitivity to suffering in self and others, combined with the commitment to try to alleviate it and prevent it. The first part describes the capacity to notice suffering, turn towards it and not ignore it – the opposite of dissociation. The second part describes being moved by the suffering and, in a wise manner, trying to reduce it, or prevent it. Paul Gilbert said, 'When people

hear the word compassion, they tend to think of kindness. But scientific study has found the core of compassion to be courage.’

Compassion-focused Therapy (CFT), developed by Paul Gilbert, lays the groundwork for therapy with an explanation of how our evolved brains and social shaping engender suffering because of the way we are made, and for which we are not to blame. We are responsible for what we do with what we’re given.

A life crisis ramps up the suffering machine; a machine that is always idling. CFT targets suffering by cultivating self-compassion, rewiring the brain to respond differently.

The compassion approach not only provides an antidote to self-criticism and internalised shame, it also helps with the consequences or circumstances of a crisis that are not immediately changeable, like the in-limbo life in a refugee camp, the loss of a former capacity, or the grief of a lost loved one.

This is why I was interested to speak with Tobyn Bell, a young British psychotherapist who practises Compassion-focused Therapy. Tobyn is completing his PhD researching CFT and trains therapists around the world in this approach. He is also a co-author of *Experiencing Compassion Focused Therapy from the Inside Out: A Self-practice/Self-reflection Workbook for Therapists*.

We caught up in the private residence where Tobyn was staying during a visit to Australia. After settling down in comfortable chairs in the home office, in a softly spoken voice he began his story.

‘I was really lucky to have an upbringing that had so many right things in place. There was safeness inside the family for lots of things, but other people, outside of the family, were always kind of threatening. That rolled into my adult life.’

From an early age, Tobyn experienced what he called ‘the critical voice’.

‘I never felt safe around other people because I had an internal voice criticising me and making me feel inferior. I had to appease that voice and not give anyone an opening to hurt me.’

By fourteen, Tobyn had developed an eating disorder: anorexia. He would cut meals out, avoid certain foods and exercise excessively. The cause of his

condition, he thought, 'was just not feeling safe among people'. Tobyn didn't want to go into detail about this.

'I had this watchful monitoring all the time, monitoring of error, but I think it was there to avoid attacks from others really. To try and make myself acceptable, a type of protection.'

'What was the critical voice saying?'

'It focused on weight, bodily disgust. It used to criticise anything I'd do. I remember feeling paralysed by having that critic on my shoulder: Whatever I chose to do there would be self-criticism. I felt I was living to please that voice. I can remember trying to bargain with it, placate it.'

'So you had nowhere to go?'

'Exactly. No other place in my head to think about things differently. Whatever I would say, there was no escaping feeling that defeat, feeling I was poisoning everything. Once you pick up certain coping mechanisms like starving yourself or having a critical voice, they have a huge life of their own really and get you trapped.'

Tobyn's critical voice and anorexia were intertwined, inseparable.

By the age of eighteen Tobyn had been hospitalised on four occasions for severe depression and received electroconvulsive therapy (ECT), a treatment of last resort that is rarely used in someone of such a young age. The treatment involves placing electrodes on the patient's scalp. A brief electric current is applied while the patient is under anaesthesia, which causes a brief seizure in the brain.

One time in hospital Tobyn exhibited 'a form of psychotic depression', where the critical voice felt separate, no longer his.

'When I look back it does feel such a different time,' he said. 'I'm kind of lucky in a way, because not many people get free of anorexia and self-criticism once it hits. And I am relatively free of it now.'

He was nineteen years old when the turning point came.

'There was a social worker who helped get me off the medications. It wasn't the medication or the electric shock therapy; it was the social worker that really clicked with me. We'd meet regularly and we'd go to the pub and talk. I didn't feel alone. That was profound.'

‘What were the qualities that he brought, do you think?’

‘Humanness, sensitivity. His own suffering, I think. He modelled this way of really being there for me and I’ve had that as a model in my later clinical life. To get to the person involved, you have to be burnt by other people’s fire to really be there, so they feel understood, and reached. He was non-judgemental, but I do remember once saying that starvation was like a purification and he said, “You can’t say that, there’s nothing purifying about it, it’s awful”.’

Tobyn clicked his fingers like a stage magician and his face lit up.

‘I just woke up then. Something hit, seeing myself through his eyes.’

‘It sounded like he exhibited fierce compassion, helped you see that what you were telling yourself was rubbish?’

‘Yeah. He called it out.’

‘But you knew at that stage it was from care.’

‘The good place, yeah.’

Tobyn described his twenties as being like ‘treading water’. He was surviving, avoiding danger and avoiding being caught out.

‘I don’t think I was able to be truly intentional about my life until my late twenties. I trained to be a nurse but I was still living reactively. Later in life that intentional quality... how I intend to live my life... and compassion being part of that intention... made a big difference, because it wasn’t about moving away from what I’d been in, it was about living with it and turning towards it, making sense of it and processing it as much as possible.’

An analogy I often used with clients in therapy was that of a sailing boat. Sailors set a direction, but zigzag towards that destination as the boat tacks left and right to catch the wind. An intended life is guided by values and goals, independent of the prevailing winds. An unintended life is beholden to the whims of the wind.

To live intentionally we need to know what’s going on within, to be mindful. Being mindful of one’s sensations, thoughts, feelings and actions is a double-edged sword because it offers an entree to aspects of ourselves we haven’t been aware of, and this can be very disturbing. Those with trauma memories – strong feelings of shame or self-criticism, for instance – may be overwhelmed unless

they have learnt ways of managing those feelings and have access to the right support.

‘I found mindfulness really hard,’ Tobyn continued. ‘Just shutting my eyes in a group and being with my own bodily experience. It was difficult, but I knew it was important. Being more aware of my critical voices, that was hard, and being with my body was always tricky. My body never felt like a place of safeness – more a thing to manage.’

‘Like going into the danger zone?’

‘Yeah, the feelings would spiral out of control. I think most of my protective strategies have been to not let things show.’

Tobyn undertook five years of personal therapy before becoming a therapist himself.

‘I thought I was pretty settled and balanced until CFT came along and made me realise I wasn’t! CFT provided a step back. Rather than blame myself for what’s happened and happening, I came to understand that so much has been created for me by evolution, by my own personal story and shaping, and became more aware of how that’s flowing through me. It is as much nature’s creation as it is my creation. So maybe it’s a slight de-personalising from suffering to allow you to move closer to it.’

This enabled Tobyn to make more intentional choices, rather than reactive ones.

‘The other thing that struck me with CFT was that for years I had been trying to get rid of my shit. But actually, CFT was the first therapy that said you couldn’t get rid of it completely. It’s pretty hard-wired!

‘Anorexia is a huge distrust of the body and its drives. Becoming mindful of those experiences, and my resistance – really feeling them in the body, instead of being scared of them – that very process transforms it. The non-judgemental aspect is the beginning. How do I open up to what I’m experiencing and not judge it, but still have some discernment and wisdom; see it for what it is.’

When I worked with chronic pain patients, one strategy was to encourage them to direct their attention towards their sensations of physical pain, to enter the pain and breathe into the painful parts of the body with an attitude of curiosity and non-judgement while in a relaxed state of mind. In time, it helped

them to feel less bothered by their pain. Again, being mindfully aware seems counterintuitive, but focusing on what we don't like without becoming overwhelmed can transform our experience of it.

'I did all the CFT training I could and I went on an eight-week mindfulness meditation course, went to Buddhist classes and then went to train at Bangor University, where I did my teacher training in mindfulness for two years. This included week-long silent retreats. On day three of the first retreat the facilitators added compassion as an explicit focus to the meditations.'

'What did they ask you to do?' I prompted.

'Bring an intentional warmth to our experience; so rather than just shifting to neutral, actually focusing on parts of the body, as you would do for someone you cared about.'

Tobyn was describing a compassion-focused body scan, bringing attention to each part of the body, noticing the sensations and feelings there and expressing kindness, gratitude and ease towards each part.

'That was transformative,' he said.

This was moving beyond mindfulness to compassion. Tobyn continued to apply self-compassion practices over the following two or three years. These included body-based practices such as retraining breathing, use of posture and movement, as well as developing specific imagery, such as a compassionate other caring for him. As much as possible he applied compassion in daily life.

Then, a startling thing occurred.

'I remember exactly the corridor I was in when it happened: I was at home, walking down the hallway after a day at work, with something on my mind. It was my own voice, which was important for me – a softer voice. It had the quality of my dad. My dad calls me "Tobes".'

'When I heard my voice using that affectionate name I remember thinking, *Whoa, where's that coming from? I've not consciously brought that up.* It said something like: "I see this is really difficult. Just steady yourself a second. You don't need to rush this. You are held. You are okay; you don't need to do any more holding or controlling. Let this feeling be as big as it needs to be.'"

Tobyn turned towards me with moistened eyes.

‘It still feels quite moving even thinking about that. The generation of that caring supportive voice took a long time.’

It was a revelation to Toby, and to me, that his critical voice, so deeply infused with shame and self-criticism, had been usurped. But by what?

Our evolved brain creates ‘voices in our head’. Some are helpful, some are neutral and some are undermining. The voices of suffering are an inevitable chorus to our lives; the quality of attention we give them makes a difference. Like an extended family, some members are more likeable and supportive than others and so we give them more of our attention. With the others, we find ways to co-exist.

We have been given a mind that comments on our experiences, offers uncalled-for judgements on others and on ourselves, and generally keeps up a running commentary on all our doings. But unlike a sports broadcast, we can’t simply turn down the sound if we don’t like the commentary.

In Chapter 2, I described Paul Gilbert’s concept of the three systems of emotions: the threat system, the drive system and the soothing/affiliative system. One way we can think of our threat system is that it acts to keep us safe and protects us from potential harm. A self-critical voice, like an over-concerned parent or teacher, or a sports coach, tries to keep us in line for our own good. Toby’s self-critical voice was trying to protect him from social rejection and personal invalidation.

However, that voice was turned up too loud, attacking and shooing him into a downward spiral. Quietening an overactive protector is like telling a hypervigilant personal bodyguard to go for a walk and leave us alone; it’s hard work. Many mainstream therapeutic approaches, like cognitive behavioural therapy, attempt to negotiate with the bodyguard, the threat system, directly.

However, Toby cultivated his soothing/affiliative system, allowing his threat system to settle before re-engaging with it. One system tends to dominate in our mind and body at any one time. With his soothing system coming online more frequently, the threat system was placated. Toby had retrained his mind to the point where it accessed the compassionate voice more easily than the self-critical one; the compassionate voice had become the default option.

I liked the paradox in this; Tobyn had not tried to 'get rid of his shit'. Instead, he poured the elixir of compassion onto the wounded aspects of himself, just as a parent might apply solicitous care to an injured child. It was his father's soothing tone of voice that spoke to him after all.

'That moment, hearing the compassionate voice, was so striking because it felt like it's arrived now, it's here, it's become automatic, and ingrained: it's part of me. Before then it was something I'd practise, and generating compassion involved a laboured process. That's another thing I really like about compassion: it's not like you do a bit of it and then you're done. This is actually something you're going to commit to, to place as central to your identity and bring to everything.'

Self-compassion practices help us make peace with the voices of suffering, and, as neuroscience research has confirmed, change our brains.

'How does what we've been given by evolution create suffering for us?' I asked.

'We're set up with so many conflicting drives, desires and emotions that they buff up against each other. At a micro level I might set my intention to walk past the kitchen, but then I'll have another motivation to pull me over to the fridge and get something to eat. What feels uniquely human is the way our thinking brain, our self-awareness, comes on top and elaborates and stimulates our drives and emotions and pulls them into all sorts of funny shapes, deepening those problems.'

'You don't have a pig worrying about what they're primed to do, like enjoying the mud, eating and having sex; they don't judge those things as humans do. That makes social relationships pretty tricky for us. I realise that's just the way we're set up: with our tricky human brain and our inherently time-limited bodies, suffering is part of life.'

'That brings up the idea of acceptance,' I said. 'Did CFT cultivate that sense of acceptance for you?'

'Yeah, once you accept things fully it kind of changes them, but you can't accept things by wanting them to change, so it's like a Zen dilemma. The more you do accept things fully, the more it does actually transform them.'

I had found in my own recovery from trauma that mindfulness opened the door for compassion. We can't apply a compassionate attitude to suffering that we don't see. Mindfulness had set me on the right road, but when I practised loving-kindness meditation, the quality of my experience became different, just as Tobyn had found; I felt better disposed towards difficult people, past mistakes and my own 'inadequacies'. I felt I was a kinder, more accepting person.

Besides shame and self-criticism, what else had Tobyn observed about those who remained stuck in their suffering?

'Disconnection from your body, disconnection from what's going on in your mind, disconnection from other people, feeling disconnected from the world. And people can have past emotional memories and experiences that will be aroused when they get close to other people. This disconnection is toxic.'

For some people, becoming emotionally close to others increases their discomfort. It might trigger past traumatic memories, like it did for Angela when she became more intimate with men, or it might challenge their sense of inadequacy, like it did for Ian with his illiteracy, or it might arouse distress related to having been inadequately cared for in the past by parents or caregivers. These scenarios all contribute to disconnection from others, and to remaining stuck in suffering.

Tobyn thought having guiding values facilitated people's progress through suffering and beyond. Values, he thought, were more important than goals – they provide a kind of North Star, something you can orientate yourself towards when in the storm. This sentiment echoed Rob Gordon's finding that internal values are more helpful after a disaster than external objects or goals.

The personal stories explored so far had revealed how critical the 'expert companions' role is in helping people through their suffering, like the friends of Jane who had experienced loss and listened to the retellings of her story, Jeremy's guidance with Sandra, Ian's partners and mentors, and Prudence's parents. People who see us, and see beyond us.

'What helpful questions can you ask of yourself or someone else going through suffering?' I asked.

'What can you do today to make tomorrow a better day?' Tobyn said. 'When it comes to compassion, ask, "What do I need?" But this question requires an

answer to another question: “What is going on or what hurts?”

He thought being an expert companion was like being a parent. Be very present-focused and attuned to what the child needs, while holding in mind the larger trajectory of their development.

‘I think it’s the same with your own suffering: overcome the short-term aversion [to what’s being experienced] in the present, and stay with it enough to do what you need, what you really need.’

‘Have you found in your own clients there’s been post-traumatic growth?’

‘Yeah, I think that’s what therapy is about, actually. It’s applying the two psychologies of compassion: the first a turn towards suffering, and then to alleviate and prevent it. I think they both involve growth. One is to really listen, hear your life story, to really acknowledge it and connect to it emotionally. That can be a healing and growing experience. But then, when you’ve really listened, that gives you a chance to do something about it.

‘I don’t think you can clearly choose unless you’re fully open to the pain you are experiencing. It allows you to make wise decisions about what you do need. Otherwise it’s a bit like rushing over to somebody who’s in tears and offering suggestions when you don’t have a clue what is going on with them. You need to really sit down and hear what hurts.’

‘I think when you do less selfing there is less suffering. But also accepting that we do develop a self, and that is also part of nature’s design.’

What Tobyn’s personal story and his professional experience had shown me is how critical it is for shame and self-criticism to be addressed if we are to move through suffering. There is nothing haphazard about this process – it needs to be done mindfully, systematically and compassionately. If we understand that evolution has given us a brain and a mind that readily finds fault, and that our social conditioning may increase this fault-finding tendency, then we can truthfully say we are not to blame for that. We are part of common humanity. However, we are also given the opportunity to decide what we do with what we’ve inherited, and this means retraining the mind and the brain. Doing that calls for an intimate connection with oneself and the courage to unmask.



I met Dr Ira van der Steenstraten at a university symposium where she had given a presentation on a program with mindfulness training for intern doctors. This is part of a program she co-developed for the Australian Medical Association Queensland (AMAQ), called 'Resilience on the Run', in response to a 2013 Beyond Blue report that showed a shocking level of mental distress in Australian doctors and medical students. The program helps doctors find healthier strategies to deal with the stressors they encounter at work. Queensland Health now supports the program and Ira currently presents it to all junior doctors in Queensland.

Ira had mentioned during her presentation that she'd worked in a chronic pain management clinic as a psychiatrist. At the time she was suffering from chronic pain herself because of severe osteoarthritis and osteoarthritis, and she wondered why she managed her pain better than her patients. She didn't reveal details, but her statement intrigued me, so I sought her out.

We spoke over lunch. It was easy to slip into personal disclosure with her; she had a gentle, unaffected ease, and I got that familiar feeling of being with someone who knows suffering.

Ira, like Ian Roberts, held a secret that has entailed a life-long adjustment. She had held off revealing her story, she said, but now felt ready to disclose it through my book with the intention that it would help others. She didn't tell me that day what this secret was but did so when we caught up by Skype two months after our first meeting.

Ira grew up with her parents and sisters in the Netherlands, where she was born. She was nine years old when her father died, in 1976, from the complications of his haemophilia. She relocated to Australia eleven years ago with her husband and children.

'My story is very much influenced by the fact that I have a condition called haemophilia, which is chronic and congenital, so I was born with it and I've never known anything else.

'Haemophilia is a genetic disorder where your body doesn't make a certain clotting factor. It means that you can have bleeds and they often present in the joints, causing the cartilage to be slowly destroyed, which leads to pain from

arthrosis and arthritis. It usually presents in males but not females – at least, that’s what everybody used to think,’ Ira told me.

After Ira was born she exhibited symptoms consistent with haemophilia, but she remained undiagnosed for the first year because doctors didn’t think it possible for a girl to have it. However, her mother kept pushing for more tests to be done.

Haemophilia A sufferers lack Factor 8, and haemophilia B, also called Christmas Disease, is the result of a lack of Factor 9. There are ten blood-clotting factors, and Factors 8 and 9 are most commonly missing.

The tests revealed that Ira’s clotting Factor 8 levels were very low.

‘When I was diagnosed, I was told at the time there were two other women in the world that were known to have those low levels of Factor 8. Nowadays we know there are more women with lower clotting levels who tend to show symptoms of a severe bleeding disorder.

‘My father had a severe form and his body made antibodies against the medication, which meant that for most of the time he was bedridden. He had a lot of pain and used strong pain medication. In his family the haemophilia had always been a big secret, a historical fear of others finding out, so I grew up with this culture of not really wanting to talk about it. The problem with haemophilia is that it’s all about blood, and a bleeding problem sounds scary to a lot of people. Diabetes, for example, is an easier condition to talk about or to explain.

‘The condition means that I could get spontaneous bleeds. Usually in my left knee or my right ankle. Pain or some kind of fuzzy feeling would start, and I knew that was probably the start of a bleed. I would try to hold on and hope it would go away by itself, because I didn’t want to impact the whole family and get my mother to drive me to the hospital again. But by the time I was going to bed the pain would usually become so bad that during the night I would have to wake her up, and I would feel guilty as it would also wake my father up, and she would have to take me to hospital because the medication has to be administered intravenously.’

Ira only told those who absolutely needed to know about her condition.

When I grew up, my father was often in hospital for long periods. When he was at home he would often be in pain, so when he was finally sleeping we had to be quiet. During the times of hospital admissions, my sisters and I would walk or cycle to school while my mother would be driving up and down to the hospital to visit my father.

‘When he was fine he would be at home, sometimes even working, but unfortunately I don’t have that many memories of him apart from the positivity he somehow managed to exhibit. For the last two years of his life, when I was between seven and nine years old, he was almost continuously in the hospital because they couldn’t really get on top of his bleeds.’

A few themes emerged from Ira’s story. One, the pervasiveness of her condition: it was always there and it affected everything she did. She was different from her peers; she couldn’t always do what they did, and she had to find her own way.

Two, she learned to read her body. An invisible condition means constant monitoring of your physical sensations, learning how to best respond to these sensations, and, as she would later find out, also monitoring her mental state.

Three, Ira didn’t have a choice over her condition, but she had a choice about how to respond to it, and this became empowering for her.

This final theme shows post-traumatic growth.

‘I had to become independent quite early in a way. I had to speak up when I needed medication, and when I needed certain things that maybe children who don’t go through this don’t need to learn that early. The difference from the normal childhood was perhaps that we didn’t have as much family time as we might’ve had because of our father’s incapacitation and the fact that our mother had to divide her time between being with my father or with us. Apart from that, I do feel like I had a safe, secure and loving background, and I credit my mother for managing to give me that feeling.

‘When my father passed away it was a difficult time, of course, especially for my mother – she had two teenagers and me. I was lucky to feel a lot of comfort from having friends.’

When Ira was eleven she learned how to administer her medication herself so she could do it at home. By the time she was in high school she was able to take

her medication away with her.

‘If I think back, it felt like every year I was gaining more freedom, both physically and mentally, and I loved that. After high school I went abroad for a year, learning languages. I loved being able to be like anybody else. I was able to take my medication with me and just lead the life that I wanted to.’

Ira’s condition influenced her to study medicine. She had wanted to be an immunologist because she was intrigued by what the body could do on an immunological level. However, when undertaking her psychiatry internship she found her calling.

‘Ah, this is psychiatry,’ she remembered thinking. *‘You really have to look at the whole of the person, not just one part.’* I really see how symptoms impact on the whole of life, not just an isolated part of the body. I also trained as a family therapist because I saw the impact that symptoms can have not only on the person but the whole system around them. I have encountered that in my own life as well.

‘I had to take charge of what happened. I had to be able to read the symptoms and I had to become aware of my body and all its sensations. I really think that made a huge difference for me. This early awareness, and making a decision based on those symptoms, really formed me, I think. When I was working as a psychiatrist and mindfulness became a therapy that we used in our psychiatric treatments, I recognised that was what I had learnt at a very young age. I was able to take that and apply it to the rest of my life.’

‘I had a very good role model with my father, who was always a positive person who loved to laugh, even though he was bedridden and in pain most of the time. What I remember is how he was always more than just the pain, more than just the illness. He was able to focus his attention on the positives rather than all the negatives that were always there anyway.’

‘He would be in bed for weeks but we would have dinner by his bedside and just be together there. When he was doing okay and he was going to work he would take me to school in the car and we would have quality time together. He would really focus on that.’

‘Have you employed this positive focus in your life?’

‘All the time!’ she laughed, candidly. ‘It became not just second nature but first nature. I remember when growing up how stress could impact the bleeds. For a while there, for example on the day before my birthday, I would start getting a bleed, so on my birthday everything was ruined. We couldn’t go anywhere because I was in pain and I had to wait until the medication worked. Then it would take another two days or so before I could walk again.

‘I’ve always been pleasantly surprised if I could walk, for example. Those things that would have been very normal for others, especially for kids, for me that was something to celebrate: “Hey, yay! I’ve got a good day.”’

Ira was nine years old when the first survey into the emotional wellbeing of haemophiliac patients in the Netherlands was conducted. She was the only one who said that haemophilia had given her something positive in life, and that she got strength from it.

‘I think my friends would say that is what makes me stand out. That in every situation I would always say, “Oh, but then...” I would see a positive to every side, even to the extent that they would laugh and they’d say, “Here’s Ira again, always positive.” It’s like if the car breaks down, “Oh, I finally have the opportunity to do the walking that I’m not doing anymore,” or something. I can’t really see how it has formed me because it’s in me; it’s me. I grew up with it and I think that is very different from when someone gets it later on in life.’

‘So you haven’t had to make a big adjustment like people who get an acute condition later in life, which then hangs around?’

‘I did have to make slower adjustments. Coming from a family where haemophilia has always been a big secret, I’ve kept it to myself to this day. There are people who like to talk about their illnesses or problems, but I don’t find the haemophilia the most interesting part of me. This might be partly a result of not talking about it, but that also helped me to look further than my disabilities and focus on my abilities. Focusing on what I could have some form of control over, rather than ruminating about what I could not change.

‘Many of my patients with chronic pain or chronic fatigue have a sense of shame from their condition because it’s not really accepted as a hardcore disease. You might have some sense of self-worth and then you encounter health care professionals who encounter you with scepticism that can have a huge impact on

you. Feeling that your symptoms are not being taken seriously can add to these feelings of shame.'

'But we've got to move beyond that sense of shame, don't we, to reach out, to get support, to grow; we can't stay in this state of shame or secrecy?' I said.

'Yeah, shame is a powerful inhibitor for accepting being vulnerable, being able to reach out and make connections.'

Wow, I thought. She was validating Tobyn's perspective and yet she was coming from a physical health perspective.

'When I studied medicine in Holland there was a culture of survival of the fittest. There was always a risk in revealing your vulnerabilities, especially if you still had to compete for a specialty training position, so I felt like I had to keep it quiet in order to not be pushed out. For example, during the surgery internship I really needed the help of a couple of friends who I knew I could trust because my joints were just too bad to stand for long hours, but I didn't want to tell my supervisors. If there was a long operation planned and they needed an intern to help, my friends would take it so I wouldn't need to. Friends have always been a really important part of my life. I was lucky that I had "invested" in support beforehand.'

Ira did find her psychiatry training was more supportive.

'I might not have told my psychiatry supervisors about my haemophilia but that was also because it wasn't really of interest for them to know. Much more interesting for them was what I had done with my life experiences and how that impacted my vision on patient care.

'I do understand how chronic diseases impact teenagers. It can be a particularly challenging time when trying to get a hold on a chronic condition. I used to get so frustrated with the fact that it was always there. I think when you're a teenager, sometimes you push your boundaries out of anger, out of frustration, whereas when you're more mature you would go through some learning to find out where your boundaries are in a less self-destructive way. I think of your book [she had read my memoir about my recovery from stroke and trauma] and how you learned to find your barriers. That's what everybody who is confronted with a new situation has to go through. You have to find out what you can do and what you can't do, find your new "normal".'

‘As a teenager, how did you push against your boundaries in that self-destructive way?’

‘A simple example would be going shopping without taking medication beforehand as a precaution, just because I didn’t feel like administering it again, and then having to suffer the consequences. I’d end up having a bleed and not being able to walk for two or three days and being in much more pain, plus the long-term destruction of my cartilage.

‘That is how my knees got so bad as well. When I was doing my training in medicine, I think I went over my limit in order to be able to do everything, but I don’t feel like that has been done to me. I feel like those have all been my decisions, even the decisions of not taking enough care of myself, not taking medication when I should have and then suffering the long-term consequences. They have all been part of how I’ve decided to live my life. “Okay, so be it” – they are negative consequences, but at least they were my decisions.

‘I think a lot of it comes down to feeling that you have some kind of power, power and choice. Everybody deals with trying to feel in control and, you know, we ultimately don’t have any control in life. We need to accept that we don’t have that power, and accepting that is actually gaining power – you gain power over the fact that you don’t have the power. That is what I’ve found in my life, what I’ve found in my patients. That sense of power is what we’re all trying to get to.’

Mindfulness exercises, Ira found, helped patients to become actively aware and change how they *perceived* their experiences, their mindset. Being mindfully aware gives us the power to choose what to focus on, to emphasise the positives in life. This is empowering because it allows us to take a step back and choose a response or a behaviour, rather than reacting automatically and in a less beneficial way.

‘When you say accepting that you don’t have control,’ I said, ‘are we touching on acceptance here and what acceptance means? Your condition creates limits for you, and at times you’ve pushed against those limits, even knowing what the consequences are going to be, because you just need to do that if you want to achieve something else. But acceptance seems to me to be accepting reality as it

is, as best as we can see it, and then behaving as if that's true. Suffering wilts in the face of such acceptance.'

'I think that came later in life when I had reached certain goals. Like when I had become a consultant psychiatrist. I'd done my training, I'd gotten where I wanted to, so I wasn't in danger there anymore. Then I had children.'

'Was it a big risk to have children with your condition?'

'Yes. Getting out of the danger zone made it easier to accept my vulnerabilities. Are you familiar with the work of Brené Brown?'

I was. Ira referred to Brené Brown's assertion that we empower ourselves by being open to our vulnerabilities, to facing what makes us who we are. One of Brené's statements is that vulnerability is measured by the courage to show up when uncomfortable.

'After I got some securities in my life, like a job, relationship and kids, I could relax and say, "Okay, this is who I am." I think it is easier to accept when you're not in a position where things can be taken from you, or withheld. Then it's easier to start using this knowledge to your benefit.'

This mirrored my experience. Acceptance is easier when you feel safe, whether that meant financial security, stable accommodation, receiving the right treatment from practitioners or social support. But that path to safety, I remembered, was arduous.

'Was there anxiety about meeting these major milestones?' I asked.

'Yeah, and part of that is realistic as well. It's about handling the anxiety to ensure that you will reach your goals, getting through it. I've had to accept that I should not be a surgeon. When I was young the kids around me went skating and skiing, for example. That was the thing that I couldn't do. I found that really frustrating for a long time, but I don't anymore.'

Ira's example reminded me of how much I enjoyed jogging when I was younger. But I injured my back in my early twenties, when I worked on a building site in London. Once my back was better I took up running again, and even did triathlons, adding swimming and cycling to my repertoire. However, by my early thirties the jarring from running brought on acute episodes of back pain that would leave me bedridden.

I saw the fork in the road: continue on the old path and face the consequences or choose a new path. I let go of the idea that I was a jogger, slammed the door on it, and looked around for other forms of low-impact exercise. I took up yoga and ocean swimming, both of which have brought great enjoyment. These days, I also do salsa dancing; it's fun and good for brain health.

We returned to Ira's pain patients.

'Working with chronic pain patients as a psychiatrist means that I have more experience with people who didn't move on so well, otherwise they wouldn't have come to me,' she laughed. 'I also worked a lot with people who have medically unexplained symptoms, like those seen in chronic fatigue.

'What they all had in common was a feeling of lack of control over their symptoms. I remember so many of these chronic pain patients saying, "You know, I've just been to the psychologist, who tells me as long as I accept my symptoms then everything will be better, but how do I do that? How do I accept exactly that which I do not want to accept?"' Ira added.

'What was your answer?' I was hooked.

'Well, that's why I was so happy when I finally found mindfulness exercises as a technique. Why did I feel more in control and they did not? Why did I feel I could accept it more and lead a more contented life than they could? Just talking about it theoretically didn't bring them anything. It is the practical exercises to get there; that is the power of mindfulness. That is why I've gotten into the mindfulness field – to teach the brain over and over again to actually do that. I would be working in psychotherapy with my patients maybe for months or for years to get to that level of insight or self-awareness or self-acceptance, and here all of a sudden I had these practical exercises that people could be doing. It actually helps people to actively train self-control.'

Ira uses guided exercises such as breathing meditation, body scan meditation or loving-kindness meditation to practise focusing attention in the present moment, on purpose and without judging the experience. These exercises create a healthier brain state and, usually, have a relaxing effect on the body as well.

Repetition of these exercises makes this way of focusing attention easier to access, in much the same way we might learn to play a piece on the piano, for

example, and enables the training of healthier thinking.

Ira encourages informal practice in becoming more aware of sensory input. For example, taking in everyday experiences such as mindful walking, eating, looking at the sky (colours, smell, feeling the air, wind, temperature), brushing teeth, taking a shower and washing hands.

‘This is why mindfulness training can sometimes have the same effect as a condensed form of psychotherapy,’ she said.

I wanted to pin down Ira’s definition of mindfulness because the concept has been extracted from the Buddhist context, taken to the West and applied in different ways.

‘The part of mindfulness that I focus on I think comes down to three principles, where you focus your attention in the present moment on purpose; you are in control of what you focus on. Having that present moment focus where you’re not being carried away by the previous time or the future. And allow yourself to become less “judgemental” over your experiences, meaning that you also become less emotionally reactive to what you are confronted with.’

She was using the Jon Kabat-Zinn definition. Kabat-Zinn was the first Western practitioner to use mindfulness exercises and yoga to help chronic pain patients. He started the Stress Reduction Clinic at the University of Massachusetts Medical School, and has since developed a standardised eight-week group training program called Mindfulness-Based Stress Reduction (MBSR), which is taught around the world.

What I would add to Kabat-Zinn’s definition, from my experience, is that repeated mindfulness encourages discernment – an evolving wisdom about what is good for us and what is not. It’s subtle but real. It’s bringing an attitude of curiosity to one’s experiences while not clasp interpretations onto them so readily, taking them so personally.

What Ira explained next seemed to fit with this; I had experienced this change myself in recovery from trauma. What I found particularly exciting was how confident she was in the effectiveness of mindfulness training for her patients.

‘So whatever happens, you take that step back, you don’t react emotionally in the first place. You teach your brain to stop before you react. And doing that

over and over again creates those healthier thinking patterns in your brain, repeating them so often that they become the preferred pathway.

‘I was so excited,’ she continued, ‘the first time I read about neuroplasticity when I was training to be a psychiatrist in the early nineties. Then in the two-thousands that’s when it really started happening, with the evidence emerging about how you could change the structure of the brain through psychotherapy. I thought that was amazing.’

I remembered the same excitement. I had trained in various psychotherapy styles, but psychotherapists faced criticisms that ‘talking therapies’ might make someone feel better for a time but they didn’t create ‘real’ change – real change was somehow biological and observable. Psychotherapists had the last laugh, however, because improved brain scanning techniques showed that psychotherapy does enact prolonged and observable change in the brain. More recently, the same techniques have shown that meditation and mindfulness training, like Kabat-Zinn’s MBSR training, do this also. One could rewire the brain through changing the focus of one’s attention. It was a phenomenal finding.

‘Why is it that mindfulness practices change our experience, so that we feel empowered?’ I asked.

‘We feel in control. That’s the only control we have, isn’t it? We desperately want to be in control, we want to change other people’s behaviour and it’s so frustrating that we can’t. And it’s hard to accept that we can only change other people’s behaviour by changing our own, changing the dynamics and being a positive role model, so that other people can learn from us if they want to.’

‘When you look at the survivors of the Holocaust who had been in the concentration camps, those who at least felt in control over their own state of mind, their mindset, they were more likely to come out better mentally if they survived. It gives you this kind of harness against the bad things from the outside world, like, at least you have yourself.’

Ira’s comments brought to mind the time I had been invited to give a talk at a brain injury rehabilitation unit about my recovery from stroke. I thought I would be speaking to the patients in the unit, but it was the staff who assembled in a circle of chairs in the room where we were to meet.

I told them how computer-based brain training, which was new then, had improved my auditory processing difficulties. The chief neuropsychologist said afterwards that the research on brain training wasn't solid and there was doubt about its efficacy. I felt a little deflated that she had so readily dismissed something that had been valuable for me.

Not for the first time, I realised the yearning gap that exists between a practitioner who knows her subject from a professional standpoint and one who knows it from lived experience. I told her that whether brain training really worked or not was immaterial in one way. My physician had told me there was nothing I could do to improve my brain functioning after the stroke. Brain training offered me something that I could do – it helped me feel in control, not controlled.

Ira and I both knew that self-efficacy (believing you can make a difference) is a positive and scientifically validated factor in the recovery from most conditions.



What did Ira understand suffering to mean?

‘When you can’t see any positives, or you only see the negatives; when you’re caught in the negatives. Not feeling like you can control that.’

‘So not seeing any way out, not seeing anything you can change, not having any hope...?’

‘Yeah, helpless, hopeless. Especially feeling caught. Wherever you try to go, it doesn’t make any difference, you’ll be pulled back into the negative. But even if you’re not trying to do anything, just feeling like there’s no way out – yeah, that’s suffering.’

‘I think everybody suffers to some extent. There’s a lot of people who are suffering from life itself and nothing big happening, yet they’re still depressed. Or they don’t feel like their life is fulfilled, and they suffer from that.’

‘From my reading of the research a number of factors influence recovery and post-traumatic growth,’ I said. ‘People’s socio-economic status, their education, past traumas and gender. In general, women are likely to experience greater post-

traumatic growth than males. We've talked about social support, which in your case was really critical. Can you comment on all of these?'

'Lower socio-economic patients have more stressors, so they have to divide all their attention to multiple stressors. And that's what I would see in my patients as well, but this is only one factor.'

'Education might mean that you're more self-aware. You learn to think on a higher cognitive level, which might help you to take a step back and get an overview of what's happening.'

'Also,' I suggested, 'if you have a higher level of education you're more likely to think outside the box or be questioning, or more assertive. Typically, people with medical conditions will either question what the doctor says or they won't. This is not a comment on the doctor's advice, but those who don't question or who don't find out more about what the doctor has told them don't seem to do as well. Those who are a bit more questioning and curious seem to do better.'

'I do think that comes down to that feeling of being in control,' Ira said. 'When you are more assertive and when you dare to speak out and when you dare to ask, it might make you feel like you have a choice and therefore feel more in control. For me a lot comes down to that control, I think.'

'What about past traumas?'

'We know that has a huge impact. I would see a lot of early traumatised patients that had severe complications, definitely. I think that it comes from often not having had the opportunity for a healthy, strong, emotional development, not feeling in control and not feeling worthy. And then physically as well, we know that stress levels can remain heightened when trauma happens earlier on – whether physical or emotional, it has an impact. If you still have those remainders in your body, whatever happens thereafter you see the sympathetic nervous system [stress response] being activated immediately, and often with a stronger reaction as well.'

'If you expect the world to be threatening then you suffer more than if you see the world as a place where you can belong or where you will be supported. Those people can shrug it off and go looking for the nurturing again, whereas I think if you've grown up in this threat, it's really hard to look for the nurturing.'

‘Have you made any observations about which traumas are harder to move on from than others?’

‘I think abuse at an early age disrupts a lot. It will make you very likely to suffer later on. I think a lot has got to do with basic neurochemistry at the moment that it happens – how high your cortisol levels become, how much your hippocampus is being impacted, how much you’re in control of your amygdala, or not. So I think it’s partly biology and partly the pathways in the brain to control that.’

‘Generally females grow more as a result of a life crisis,’ I said. ‘My feeling is that this is because they’re a bit more internal – we’ve talked about this internal awareness, and having a better emotional language and a better ability to express themselves. Also, women are more likely to have social supports than men. That’s my gut feeling,’ I said.

Ira responded: ‘Dr Shelley Taylor from the University of California has found that the typical female reaction to stress would be to “tend to befriend,” whereas the male response would be to “fight or flight”. So even in nature there seems to be that tendency.’

I mentioned accounts from transgender people who have switched from one gender to the other. One account I read by a woman who became a man said they liked some things about being a man: as a male they found that people were more likely to listen to their opinion, and they could be more outspoken without this being viewed as a negative.

‘On the other hand, they said, as a man they felt much more isolated,’ I explained. ‘They had started a new job as a male. Previously, they said, the women would typically welcome you and organise a morning tea or something. However, in this new job, a teaching job, the other male teachers shook their hand, said hello and something in passing and then walked off. As a male there’s less of that natural reaching out, so the male’s experience of suffering might be more isolating.’

I moved onto post-traumatic growth.

‘You’ve talked about personal strength, being more courageous, more outspoken, feeling confident in your capacity to achieve the things you want to achieve. You’ve talked about greater appreciation of life, the simple things, like

appreciating walking. What about relationships? Do you feel that what you've been through has enhanced your relationships? Is that something you would identify with?

'Well, my focus on relationships is something my husband says he found attractive in me. I know that it's something that my friends would comment on, that it is a huge part of me. I do think that has had a huge impact on me: who I am and how I am in relationships as well.

'I try to teach my kids to make the most of every situation. To not sit and whine and whinge but see if there is something they can do to make it better or, if it's a shitty situation, to see where there is still some light somewhere. If they have a fight, to see where the other person comes from. Teach them empathy.'

I said, 'I guess you've turned down some opportunities because of your condition. You mentioned you couldn't go into surgery, for example, and there might be other things that are closed off, but have you had the sense that it's opened new opportunities or made you more willing to look at new opportunities?'

'For starters, I wouldn't have been able to create a resilience program that is so well received without all my personal and professional experiences. When I was approached to help create the Resilience on the Run program, I knew instinctively that this was something that suited me. All my experiences had led me to this. I think that same awareness has made me understand opportunities better. I'm always considered the lucky person and I've been thinking, what is this luck? Of course you can create luck, so I think it's working hard where I can, but it's also immediately assessing whether or not it would be something for me. If a new opportunity comes up I can very quickly analyse the positives and the negatives. I think that also comes from the fact that I had to learn to evaluate these things from an early age.

'But, also understanding very deeply what's good for me and what's not good for me. For example, when I became a consultant psychiatrist, I was accepted for two jobs.

'I chose the job where I felt I would be more supported and where I'd like the colleagues better. I recognised that would be more important to me in the end, so I didn't go for the other position, which had a very high status.'

‘It sounds to me like your experiences mean you’re very aware of your personal values, and you can quickly see if an opportunity matches or not. And, maybe you’re more ready to take on a new opportunity than you might have been?’

‘Yes. If you’ve gone through hard times, and you know you can do it, it’s not as daunting to try another adventure. I do know that is something my friends have commented on in the past – they’re almost a bit envious of that.

‘To me it wasn’t such a big thing to move to the other side of the world because I knew that I would like it here. Why wouldn’t I? I knew I could make my life here, I wasn’t anxious of that. Everybody is always talking about “if only I could... I would love to change my life”. If you really want to, then just do it. Don’t let your anxiety of the unknown stop you.’

‘That’s the most common finding in the post-traumatic research, what’s often called personal courage,’ I said. ‘Can life really dish out anything worse? “Well, I don’t know but I’ve got this resilience that I didn’t know I had before, it’s real and I know I can manage.”’

I mentioned memoirs by surgeons or physicians who have a physical illness and then realise how vulnerable they are as a patient, and how confusing that experience can be. They develop greater empathy for their patients as a result.

Ira took up the point.

‘Being confronted with patients who are suffering, vulnerable and dependent on others, and those whose problems you feel you can’t solve, can create a frustration and fear in health care workers of their own vulnerabilities. This can sometimes transform into a know-it-all attitude. I call this the “superiority of the healthy”. When you have more self-awareness or you have been confronted with your own suffering through an illness or have witnessed it in a beloved one, this can make you much more empathetic towards the suffering of others. I also touch on this in my program for interns.

‘I could speak out of a place of compassion and respect for my patients’ symptoms, but also say, “it’s not working”. Which is different from “it’s all between your ears”.’

Ira was right. Having been through intense suffering, having survived and grown from it, there is less fearfulness in calling another person out if they are

making unhelpful choices or undermining themselves, like Tobyn's social worker did. Those who haven't experienced such intense suffering either keep it at arms' length because they don't want to say or do the wrong thing because of their own unease, or become dictatorial and say things like, 'It's time to pull yourself together.'

Ira continued, 'I can see suffering. I'm not afraid of suffering, I think that is it. People who haven't been there, they have to imagine it. When you've gone through it, you know it's there. And maybe, because I have that sense of "I can get through it", that gives hope to patients as well. I see a way out. I don't see it as a helpless situation.'

Yes, I thought, that's it; whether we realise it or not, we model our expectations of others. I responded, 'If we talk about the presence you bring to others who are suffering, the fact that you've been through suffering and you've survived, and it hasn't been all-encompassing, means you can sit with somebody else and not be afraid of their suffering and even see the opportunity?'

'Yeah, I think that is a huge part. Like you said, presence, that's a good word for it. Without them knowing, you're role modelling. I don't have to go into depth about my personal situation but you can role model by the presence you bring, I think.

'It can be very comforting if somebody doesn't shy away, who is willing to hear. I can't do it with every condition. I have certain types of patients, certain types of suffering that I find harder to deal with. But with patients with chronic pain and the medically unexplained symptoms that a lot of other people find hard or frustrating to work with as it makes them feel hopeless I don't have that sense of hopelessness, and it comes easy for me to feel a basic respect for them.

'I also think humour is very important. We all know what a high-quality coping mechanism it is, but it's something that a lot of my patients wouldn't have. I think when you suffer a lot it can be harder to keep a sense of humour.'

'Do you think that also includes black humour? Like, if you're going through a shitty time, you can still find something funny about it or laugh about it?'

'Yes, why not? Being able to laugh at yourself, to laugh at your situation can be a relief. It might actually lower your levels of cortisol and maybe help you get

a different perspective on your situation. It's not the same as cynicism, which can be very negative. Black humour can be a positive help.'



I was grateful to Ira and Tobyn for sharing their personal stories, and to Rob for sharing his experiences so forthrightly. All three individuals were guided by personal values and were giving back; two of the qualities that help people move through their suffering and grow.

Rob confirmed, in his experience of natural disasters, that an individual's shattering of assumptions is subjective, separate from the nature of the event itself. Those who base their identity more on the external, such as house and lifestyle, find it more difficult to progress, while those who are internally guided by values and life purpose fare better.

Acceptance requires reflection time – 'mulling over' and letting go of old ways of viewing oneself and one's world. Life is not fair, nor is it secure or stable. When our landscape changes we need to morph; how prepared are we to do that? Non-acceptance and stuckness are more likely when intrusive rumination dominates and prior beliefs, which no longer serve us well, are doggedly held onto.

Shame and self-criticism inhibit acceptance and growth. We need to open to our pain and suffering rather than numb it, repress it or run away. Mindful awareness counteracts this, and self-compassion practices cultivate kindness and courage, defusing shame and self-criticism. At all stages, we need to reach out and engage with others.

Finding what we can control is empowering, even if this means understanding that we don't have much control right then and there. As an individual member of the human race, we don't have a choice over what we've inherited, nor the social shaping we've been exposed to, when we accept this and choose how we respond growth begins.

Chapter 10

Joy can be so childlike, even in an adult; it's free of pretension, an uncluttered emotion, and it lifts the spirits of those who observe it. When someone's been through what many would consider great misfortune and that person laughs – an effervescent, joyous laugh – that tells me a lot. Wise people are often like that. They manifest a lightness of being that transcends the weight of the suffering they've carried.

For these people, joy seems to come with liberation from suffering. It's not that hardships disappear, nor that upsets no longer happen, but they seem to unthread themselves from the tentacles of suffering, moving through it rather than being enveloped by it. Their joy emanates like steam from a fissure in the earth's crust, its source unseen.



It was already bone piercingly cold before the sleet started to swirl. I shrunk even further into my rain jacket; *I'm suffering for my art here*. It was Melbourne, and it was winter. After alighting from a tram I was headed on foot to meet Maurice Gleeson at his apartment. He would be home from work after 5 pm, he'd said.

I knocked on his door. Maurice, a short, slightly built man in his early sixties, dressed in his work clothes – a colourful shirt and tie – let me into the relative warmth of his sparsely furnished lounge room as he finished off a telephone conversation. I looked around.

I guess there's no point having decorative things on the walls. How does he choose his clothes? How does he cook?

Maurice is blind.

We sat on his couch, side by side, Maurice resting his hands in his lap, his face turned towards me. We spent a good hour and a half talking before he went out to dinner with friends. Halfway through the conversation, with the light fading, I had trouble reading the questions in my notepad. There were no lights on. I realised with a start that this made no difference to Maurice, who continued speaking, but I felt strangely odd about raising it with him.

‘Maurice, can I ask if it’s okay to put the light on?’

‘Oh, yes, sorry,’ he said.

‘Is it by the door?’

‘Straight ahead of you.’

It took me a while to locate the right switch in the gloom, but when light returned I could function again.



Maurice was busy being a typical twelve-year-old when he collided with another child in the school playground.

‘My eye was throbbing with this knock, and the teacher told me to go to the sick bay. I went to sleep and woke to find that all the other kids had gone, so I got up and went home. My parents took me to the eye hospital the next day. I was examined and we were told everything was okay, although there was severe bruising.

‘A few days later I went back to school and it all went blurry. They took me to the eye hospital again and did emergency surgery, which brought my vision back. I was told to rest. After they took the bandages off, I was on my way to the shower and the retinas tore away a second time. They couldn’t repair it, so that was that.’

‘In those days it was, “Sorry, best of British luck!”’

Maurice has only witnessed darkness since.

‘I think I must have been in total denial because there was no emotion, no distress. I loved my parents so much I might have cried once, but I didn’t do it again because I didn’t want to hurt them. My parents didn’t show me how they

were feeling except in kindness, coming to visit me in hospital every day, looking after me and showering me with love. At the same time, subconsciously, I was thinking, *This is not going to be a permanent condition, I will get sight back.* I used to imagine that I could see, but obviously I couldn't.'

Maurice was adjusting to a world of darkness. No services came to his home, and his parents had to learn as they went along. He lost contact with his school. A few friends came by once and then he never saw them again. This was back in the day where blind people felt segregated.

It wasn't until Maurice was sent to board at St Paul's School for the Blind in Kew, Melbourne, months later, that he received practical advice.

'They taught me how to fold my clothes, how to cut my meat, how to set the table, how to polish my shoes, all of those domestic chores. Then once you learnt those things, you applied them to everyday tasks. I describe it as a bit like being born again, a new person developing – it just slowly evolved.'

Eighteen months after Maurice's accident his younger brother Nicholas was walking into a supermarket. He trod on the rubber mat that activated the doors to open, but they swung outwards instead of inwards and banged into his head, causing detachment of both retinas and permanent loss of sight. He was seven.

Maurice took on a natural role of being a mentor. 'We were somehow a great support for each other because we weren't so isolated.' Maurice and Nicolas have remained close throughout their lives, but have taken different paths.



Some people are just plain unlucky from the get-go. Maurice was born with a cleft palate. He underwent a series of operations as a young child, most of which he doesn't remember. He described his family as working class. His parents lived on a dairy farm for a short time near Wollongong, New South Wales. When Maurice was four or five, his mother gave birth to a baby girl who died of cot death at six weeks old.

'That caused a huge depression for my mother.'

His parents separated for a time and Maurice lived with his grandparents and father in Wollongong. This distressed him, and he was very pleased when his

parents reunited. They made a new home in the developing sprawl of Broadmeadows, on the northern outskirts of Melbourne, an area of public housing, migrants, factories and little infrastructure.

Maurice had an older sister and brother. In his early twenties, he learned that they were the product of his mother's previous marriage, something that had never been talked about. 'That was a revelation!' he said. After the sister who died came his two younger brothers, Russell and Nicholas.

Maurice and Nicholas boarded Monday to Friday at the school for the blind, because it was too far to travel from their home in Broadmeadows.

'That was a wonderful experience,' Maurice said. 'I saw a different way of living. There were so many kids from all walks of life, whereas I was coming from a working-class area where people were really nice but they didn't necessarily have ambition to do anything. They were happy with their lot.'

In his four years at the school for the blind Maurice had the same teacher and the same subjects, with very little expectation of educational advancement. He was seventeen when the school suggested he go no further with his education. They didn't think he had the ability; employment would be the better option. He was offered two choices, both of them working in factories. He chose the factory making electric light bulbs because it was closest to home in Broadmeadows.

'All I did was clamping, every day. Put two pins in a disc, clamp! Two pins in, clamp! After a while I'm thinking, *I can't keep doing this every day.*' He spoke to the forewoman and she offered other tasks – stapling boxes, working on the conveyor belt and testing light globes.

'How did you test them if you couldn't see?' I asked.

'Well it's very scientific. You put the globe in the socket and if it was warm it passed. If there was no warmth it was a dud. Simple as that,' he said, laughing.

'But, after two years, I'm thinking to myself, *How long am I going to do this for, another forty years?* Probably even before I lost my sight, you know how kids are, I wanted to be either a journalist or a social worker. Probably my preference was to be a reporter or a journalist.'

Maurice had only achieved the academic equivalent of second year high school, so he went to night school to study English. At the end of the year he

asked his teacher, 'Do you think I should pursue my education?' No, he was told, he would be better off doing pottery, basketry or being a piano tuner.

'That was the stereotype of what people who are blind could do. I didn't think I could do any of those things.'

Maurice's brother Russell, 'a sensitive, caring guy', had a relationship with an English girl. They both worked hard, pooling their savings, but she left him and returned to England, taking all their money.

'He had depression,' Maurice said. 'He didn't cope very well. He ended up dying in an accidental shooting when he was about twenty-two. It was from carelessness. I think he wanted to die.'

'Depression, mental health, wasn't spoken about in those days. He'd lost two brothers to blindness who'd been sent off to boarding school, he lost his girlfriend... if it was now, I would have been more aware of how he was feeling and tried to help. I feel bad about that now.'

This wasn't the end of Maurice's losses. His mother died unexpectedly in her sleep, aged forty-nine. She had been unwell for several years with a respiratory condition. 'I came home for the first time to an empty house... when your mum's not there... even though I was about twenty-three, I had that adjustment.'

Six years later his father died, aged fifty-four, from a sudden heart attack. Maurice was in his late twenties.

'I said to his doctor, Dr Wong, "How can my father die of a massive heart attack, he was always swimming and active?" "Your father died from a broken heart," he said.'

Up until this point in our conversation, Maurice had spoken of his life events in an unaffected way, but now he fell quiet, as did I.

He looked away.

'They were very challenging years. I never wanted to die or take my life, but I certainly didn't want to wake up. One day I kept taking sleeping tablets just to go back to sleep so I wouldn't have to face this terrible question, "What's happening in my life?" It got to the point where I was waiting for the next tragedy to happen. I would think, *Well, it has to happen soon*. It just became part of life.'

He had reached rock bottom, the point where survival becomes the prime achievement and everything else pales. This is when The Choice arises: do I keep floating, or do I give in?

‘You go on a rollercoaster and you just don’t look too far ahead, you just deal with the situation at the time. You want to be optimistic and find hope, but you’re still dealing with grief. It’s not until you look back that you think, *I don’t know how I got through all of that!* I guess I realised that if I was not mentally strong, if I didn’t keep my sanity, that I would go under, and I didn’t want to do that... so I became strong.’

But Maurice was grappling with something even larger than grief: his identity. Who was he? How did he fit into the scheme of things?

‘If you had a disability you were either shunned by the community or you were a novelty. People are more educated today. After being a sighted person, I had to adapt to a different way of thinking. Did I belong in the sighted world as a person who is blind, or was I someone in a blind world?’

In his early twenties, Maurice was desperate to make new friends, trying to get people to like him but crippled with self-doubt.

‘Sighted people would talk to me, be friendly, but they’d never invite me to parties. Everybody else would be going out, but I’d be left home. They didn’t say it, but it was because I was blind. I’m gay, so I had to deal with that as well.’

‘Lucky you!’ I said. We both laughed.

I hadn’t seen that coming. What more could life throw at this man?

‘That was a real challenge because I didn’t want to be that way. It doesn’t matter that people say, “Oh, you choose your orientation.” It’s got nothing to do with it.’

‘You tried to change it?’

‘I thought it might be a phase, and that if I formed relationships with girls I’d come out of it.’

Maurice met a girl when he was twenty. They became engaged but he knew it wasn’t going to work out.

‘We really had nothing in common but I was such a polite person. Luckily she met somebody else while I was studying at night. Then I thought if I formed a more serious relationship that would fix it.’

Three or four years later, he did. ‘I met the most wonderful woman, who I loved very, very much, and we had a great relationship. I was working overseas and came back, and the hardest thing I ever had to do was tell this lady that I was gay. While I loved her and cared for her, I wouldn’t want to commit to something where I had to live a total double life. I didn’t want to hurt this wonderful person. I didn’t think getting married would work. While I did hurt her, she was so wonderful, and thirty years later we’re still great friends.’

He’d reached a crisis point.

‘I went to see a counsellor who used to be on the radio station and he said, “Maurice, why are you trying to change yourself? Why are you trying to be something you’re not? Why can’t you just be Maurice who happens to be blind and gay? Instead of trying to appease everybody, just be who you are.” That helped me a lot.

‘I realised I can’t change who I am, I can’t change being a person who is blind, this is the new me. I don’t go out and tell everyone I’m gay, I don’t think it’s necessary, but I’m no longer embarrassed by it. I have the right to be in this world. People either accept me or not, but I don’t need to change.’

‘How long did it take to find this acceptance?’

‘It probably took twelve or fourteen years.’

I was floored by Maurice’s litany of challenges. He used the word ‘challenge’ a lot, but that didn’t feel right. Were they traumas? Crises? Catastrophes? Acceptance of major loss, finding a new identity – none of these things come easy, or quickly.



Time heals, they say, but that’s not quite true. It’s what happens in that time that makes the difference.

With my incapacity to work and the onset of the global financial crisis in 2008, we were inexorably losing our life savings. This was the reality; it was unchangeable and we had no control over it. But at night I would dream of how things used to be: how financially secure we were, the holidays we used to go on, the things we could buy. In the morning I’d wake to the knowledge, as if anew,

that we had lost everything. Morning after morning, it rolled on like earthquake aftershocks, for... I don't know how long?

There is an inevitable process that I'll call 'bashing your head against reality' – it's the antecedent to acceptance. Jane woke in the mornings to the absence of her daughter, found herself in places where she and Georgia had done things together, thought of things she wanted to tell Georgia and then realised she could not. Bushfire survivors turn up to the ashes of their house and poke through the remnants, looking for a home and a neighbourhood that no longer exists. Banging up against our new reality pushes us, orients us by degrees, out of the disbelief and numbness stage and into the I'll-never-go-back-to-how-things-were stage.

Is this acceptance? No, but it is halfway there.

Maurice's story shows us why.

'The only person that really helped me was a friend, Margaret, who I hadn't seen for a while. When we caught up after Dad died she hugged me and said, "Maurice, you have had a tragic life. I don't know how you are doing it!" She didn't try to fix it for me, try to make me feel good. It was pure acknowledgement of how I was feeling. It helped me a lot. Here I am feeling absolutely terrible and people were saying, "Time will heal," "God chose you," "This is a test of your strength," "This is all the sins of your parents." I couldn't get any real answers from anyone.'

But Margaret connected.

Our need for connection is mammalian; we are hardwired for it, and after a crisis or tragedy we float in a twilight zone without it. We need others whom we trust to see this new reality with us, without any personal agenda, and to confirm its existence. We need to keep telling our story, having it heard, re-experiencing the shock anew, dismantling our storied Self, until we're empty of all illusion.

Connection also helps us in another way: when we see our loss in others.

The first time I sat in a room with other stroke survivors and we each told the basics of our stories I felt deeply moved by the commonalities of our experiences, the commonalities of human suffering and the triumph of the human spirit. The thoughts, feelings, frustrations and successes I had been experiencing were echoed around the room; I had found bedrock.

When Steve Garlick attended ‘The Beginning Experience’ program, not only did the other attendees comprehend his grief, but in their expressions of loss, Steve was offered a mirror to his own. He could view his grief as if from another angle, another perspective, and he realised, ‘I’m not alone. I’m not crazy; others are suffering too.’

Connections like these remake our identity. We inhabit a seam of human experience that welds us together. In the flailing sea after a life crisis we need a railing to hang onto, and connection with fellow survivors gives us this railing.

When we see suffering in another we are presented with the opportunity to ease their suffering. This is compassion. Steve reached into the pain of the other attendees and found solace in helping them. In caring for them he could forget his own pain, even if only for a while. He found life purpose, and with that came forward momentum.

The caring response appears to be ancient. Penny Spikins, an archaeologist, has made a study of the evolution of emotional connection in the earliest Stone Age societies, including in the lives of Neanderthals in Ice Age Europe. Her evidence suggests that kindness and the capacity to reach out beyond ourselves, the compassionate care of the ill and infirm, and risk-taking on behalf of others, has been with us for a very long time. It has been critical to human success, she suggests.

Bones of the disabled and the elderly have been excavated in caves once inhabited by Palaeolithic peoples, suggesting they must have been cared for even while not contributing fully to the welfare of their community. This was at a time when life was brutal and short.

Being human is to care. We do this in a far more premeditated way than any other animal species. Chimpanzees might care for one of their own who is distressed after a fight or in grief, but this is not the same planned care that human beings engage in. My investigation into suffering was telling me that if we divorce ourselves from our innate caring nature we hinder our own healing, stoking our suffering and agonising others.

We have a need to care.



It's not only the connections we make after a crisis that count, it's also our early connections. I once conducted family assessments for the Children's Court Clinic after children had been removed from their parents due to neglect, abuse or adverse life circumstances. Maurice's parents had left him with a crucial legacy; his underlying sense of self-worth was intact, even if rocked by his misfortunes.

'From both of my parents I only experienced pure love. Absolute, wonderful love. My father would come home drunk, wanting to sing and wake us all up – he was a hopeless drunk, not a violent bloke, but kind and loving and caring, very caring of us. In the year he died he gave my brother and I all his savings to put a deposit on a unit. He had nothing left. He died six months later.

'When I was in the eye hospital my mother was coming from Broadmeadows twice a day, which meant she had to catch a bus, a train and a tram, do all that in the morning and then come back again in the afternoon, every day for a month. She came in and never ever told us. I never thought about it till much later, the sacrifice that she made. My mother came from a dysfunctional family and she probably wanted to give us the love that she never had. That simple thing of loving without ever saying, "Look what I've done for you."

Unconditional, embracing love like this grows our inner sense of worthiness. It sets us up for both receiving love and giving love to others.

Unconditional love from our primary caregiver(s) is necessary for a secure attachment bond, although it is not sufficient in itself.

A *secure* attachment bond develops when a child is helped to feel safe and secure, feels understood and is helped to soothe distress, experience joy and manage emotions (emotion regulation). The developing brain organises itself in response, laying a neural foundation that will support learning and confident exploration, self-awareness, trust and empathy.

An *insecure* attachment bond develops when a child's need for safety and security, feeling understood and emotion regulation, are neglected, or are met in an unpredictable fashion. The child's developing brain organises itself in response, laying a neural foundation that will limit the potential for healthy emotional, mental and physical development.

A secure attachment bond improves our chances of forming stable relationships in the future, and after a trauma, we need those. An insecure attachment bond makes forming stable relationships more difficult and a sense of self-worth harder to come by.

However, what matters most in later life is how well the adult understands what happened to them as a child and how much they've integrated this understanding in their present-day life – a type of post-traumatic growth.



Maurice's next comment showed how our life story can turn, not only on the dramatic moments, but also on the quiet, invisible ones.

'When I was stapling these boxes I was thinking, *I must be able to do better than this*, but they told me I couldn't. Then I'm thinking after a while, that doesn't mean I have to accept it.'

Maurice enrolled himself in a tertiary orientation program; he wanted to prove to himself that he wasn't stupid. Halfway through the year the student counsellor asked why he was doing the course.

'I'm trying to improve my education,' he told her.

'Why don't you go into a tertiary level course as a mature-aged student?' she said. He was twenty-five by this time.

'No, I wouldn't be able to do that,' Maurice told her.

'I've seen you in lectures and I think you would.'

Encouraged by her, he enrolled in a Bachelor of Arts, then applied to switch to a behavioural studies course, but he needed a scholarship to support his studies. For two years running he applied to the government agency that offered study scholarships, and spoke to the same woman on each occasion. Both times she told him there was 'a glut in welfare', and knocked his application back each time. The third year, he decided to try a different office (this was before the computerisation of data). The man he spoke to accepted his application without any mention of a glut.

Maurice completed the Advanced Diploma and learned that he wasn't dumb after all.

During the course he'd gravitated towards placements in drug and alcohol dependence and aged care. On completion of his studies, the Association for the Blind offered him a paid position, but he didn't want to work with blind people.

'I didn't want to be locked into a Peyton Place environment, this closed community of people where everybody knows everyone. I didn't want to be institutionalised. I wanted to be much broader in the community. I was struggling because I couldn't seem to get out of that, that's why I chose the drug and alcohol and aged care placements, I was trying to expand.'

However, he needed the money, so, thinking he'd only remain for six months, he accepted the offer from the Association for the Blind. He stayed on for twenty-five years.

'I think the turning point came with four key things happening. One, I'd sorted out my identity and my sexual orientation. Two, I got my first meaningful job. Three, my father had just died. And four, I thought, *If I'm going to survive and have a career I have to let go of all the challenges of the past and just look forward, create a career and a life for myself and accept who I am... just go out there and see what happens.*'

Maurice was engaging in deliberate rumination.



I caught up with Maurice a second time at the Vision Australia headquarters, where he now works as the CEO of Blind Sports and Recreation, Victoria, responsible for a staff of seven, both sighted and vision-impaired. It's a position he's held for ten years.

Earlier that morning I had been with Maurice to visit the only school in Melbourne that caters for the vision-impaired, where he is on the board of management and observed him interacting with students and staff.

In his previous position with the Association for the Blind he provided services to those who were newly blind or vision impaired, visiting their homes and offering group programs; providing the help he was never given. He eventually became the team leader of twelve or thirteen women who had never

had a male leader before, let alone a manager who was blind, Maurice told me. He enjoyed supporting his staff members.

I was keen to dig out the strategies Maurice had used to unthread himself from suffering. We located a spare office with a window that looked out over a well-attended, boisterous staff Christmas party on the lawns outside. The tone of our conversation was in stark contrast to the revelry.

‘I spent a lot of time trying to find some answer as to why I lost three loved ones, and me and my brother lost our sight. I found the answer: there is no answer.’

Maurice had found the landing place of acceptance: there was no deeper meaning to his losses. He could stop searching.

‘What did that do for you, how did it change the way you felt?’ I asked.

‘It made me move forward. Because I had reached what I felt was rock bottom, anything was good. Even the smallest thing became the most important thing. We don’t have to reach for the sky.’

‘When we’re dealing with a crisis we’ve got to analyse. “What’s going to work for me to get through the day, or the hour?” There will be highs and lows; there will be challenges. We’ve got to keep reminding ourselves, Why are we here? What do we want to live for? What brings us pleasure? What makes us feel good?’

There is no shortcut with grief, and Maurice didn’t ignore it.

‘I don’t think you should keep it to yourself. That doesn’t do a lot of good.’ Instead, he found people to talk to. Men, he thought, were at a disadvantage, because in male culture expressing vulnerability is seen as a weakness, although, he suggested, this was improving.

‘I never go to a cemetery because the three people in my life that I lost all died suddenly in a short space of time, and all relatively young. Going to a cemetery makes me feel worse, so I don’t go. We all deal with grief in different ways and that works for me. It doesn’t mean that you block it out or deny it; I just don’t need to bring it to the surface anymore. When you lose a loved one, they can still be a part of your life in a positive way.’

‘There’s a bitter sweetness, isn’t there?’

‘There is. I regret that I never had a chance to say goodbye to the three people I lost. There was no opportunity to say that I loved them. On the other hand, I am so grateful to have had those people who genuinely loved me, and I loved them. They’re still having an influence, so I thank them for what they’ve contributed in my life, rather than being morbid. That’s how I feel.

‘We must focus on what we have and not on what we’ve lost. Once you lose something, whatever that is – a loved one, a marriage, anything – as much as we would wish to change it, if we can’t, well, then you go on.’

Maurice was displaying the hallmarks of hard-won acceptance and the remaking of the storied Self. What I found encouraging about his story was that he had discovered mindfulness and compassion without exposure to formalised techniques. He learnt, rather than was taught, to discern the thoughts and actions that ameliorated his suffering. This showed that we don’t have to have the toolbox of formalised techniques that our mental health professionals like Sandra and Tobyn had access to to move through suffering and experience growth, although, as Ira had found with her patients, these can be helpful for those who are stuck.

‘David, another lesson I’ve learnt is that we can’t appease everyone. We can’t be there for everybody; we’re not going to always make them happy.’

Maurice mentioned his aunt, who had disinherited him and Nicholas after their grandfather’s death, and his sister, who, although she has a less optimistic outlook on life than he does, he still loves just the same.

‘I’ve learnt that there are people I used to put a lot of energy into trying to tiptoe around, and we don’t always have to; sometimes that just creates a lot more anxiety. We can have friends who are equally important or more important, and you might connect with them more than some of your biological relatives.’

After my stroke I found some people’s energy and comments out of sync with me; they felt invasive. I needed to protect my fragile state. Maurice was confirming what I had discovered – that some people disappoint us in their capacity to be there in helpful ways, some surprise us in positive ways and others are downright harmful. We need to sort out who to associate with and who to avoid, and not tolerate those who would derail us.

Maurice touched on another aspect I've found to be true.

'Listen to what people are telling you, take it on board and consider it, but don't take it as gospel either, which I always did when I was growing up. Every time, I thought, *they must be right because they told me*. But then I realised, "Hey, I can actually decide for myself."' "

His next comment seemed understated, given what I was learning about him: 'Don't be afraid to go out of your comfort zone,' he said.

In his thirties, Marge, an 87-year-old blind woman, a client of Maurice's, asked him to accompany her overseas; she had never been before. Maurice baulked at the idea but Marge was persistent. With Maurice leading the way they visited, as two blind people, Ireland, England and the USA, where Marge either had connections or reasons for visiting.

'I had travelled on my own before, but I hadn't travelled with an 87-year-old vision-impaired lady, I can tell you that. She was fairly robust, but she was also frail. I was responsible for somebody else and I didn't know what my capability would be.'

They first arrived in London, where they stayed overnight before departing for Dublin the next day.

'Marge decided to take a bath that night in our hotel but she couldn't get out, she had nothing to leverage on. I couldn't get her out so I had to get the house staff. Anyway, we got these two men, who Marge said were very sheepish coming to get this 87-year-old lady out of the bath, she was quite amused by them. I said to Marge, we've got a five-week journey, so from now on we have showers but no baths.

'In Dublin, I had to cash travellers cheques but I didn't know how to do it. Marge said just go down and ask somebody at reception, they will be able to help you,' he said, chuckling. 'So I go down to reception and then try to find a bank, totally blind, in an unfamiliar area. Anyway, she didn't fuss, she believed I'd be able to do it, which I did do.'

I knew too well the feeling of stepping off a precipice when venturing into new territory and then succeeding, a sure-fire way to gain confidence. Having someone we trust coaxing us off that precipice is, well... gratifying, and rare. Those people can be found in surprising quarters. Marge was one such person.

Maurice was organising bags outside one hotel when the porter came over and said to her, 'Your husband won't be long.'

'She was absolutely rapt. I said, "Well, Marge, either you've found the fountain of youth or I'm ageing rapidly."

'I learnt to be very patient, but the reward... it was a most wonderful experience. Her determination to engage and do things, she was very ahead of her time.

'People often say, why travel when you can't see anything? I've enjoyed learning about cultures and customs and the environment. We have to appreciate what we have. I don't have vision, but I have the mental capacity to enjoy life.'



I first learned of Maurice while watching *The Weekly with Charlie Pickering*. Charlie had tried his hand at playing blind tennis. Film rolled of him on a tennis court wearing black goggles, playing very badly.

In blind tennis the player tries to hit a foam tennis ball that has bells inside it. The player uses their directional hearing to locate the ball and strike it while completely unsighted. After an hour of practice, Charlie managed to hit the ball over the net once, to whoops of excitement and applause. It was funny and poignant.

The camera returned to Charlie in the studio. 'Would you please welcome Maurice Gleeson, the President of Blind Sports and Recreation Victoria, who has received an Order of Australia medal for making sports accessible to people who are visually impaired.'

Across the desk from Charlie sat Maurice Gleeson, dressed in a colourful shirt and tie, wearing a dark jacket. Not the usual celebrity guest for a late-night show, I thought, intrigued.

Maurice quipped, 'Charlie, you and I are equal in our tennis ability.'

'So you don't play,' said Charlie.

'No, I do play. I love to play doubles, so I play with a sighted partner and he or she has to do all the work.' Audience laughter. 'I've done many, many sports

from cricket, goal ball, skydiving, scuba diving – and I’ve been hopeless at all of them.’

It was their father who encouraged Maurice and Nicholas into sports, taking them to athletics, karate and blind cricket.

‘Everybody has to have a purpose in life,’ Maurice said. ‘It doesn’t matter what it is. What I really enjoy, David, is that up until about ten years ago there were limited opportunities for people with disability to participate in sport, but with society wanting to be more inclusive, we’ve actually expanded our program a lot more now.

‘There’s a young man called Chris – he’s coming up to thirty. Fifteen years ago or thereabouts he had a brain tumour and was left with a mild cognitive impairment and a shunt, so he can’t play contact sport. He was in supportive employment, very isolated, and came from a family where they killed him with kindness. He was struggling. His mother died and he thought there was no future for him at all. He heard about blind tennis and someone encouraged him to come along. Now he is representing Australia, travelling the world playing blind tennis. He has a purpose now, and he’s made a whole lot of other friends. He says openly that, if not for blind sports, “I would be where mother is now.” There’s many other people like that where it’s changed their life.’

Maurice was, I thought, making recovery and growth sound straightforward, his wisdom neatly packaged and easy to implement. There had been some of this quality in the conversations I’d had with Steve Garlick and Ian Roberts as well. They’d had a long time to integrate their experiences, to grow and embrace new life trajectories.

I’d experienced the same. Oftentimes, it feels as though my life crises happened to some other person, or some other version of myself, a version that is no longer me. Although sculpted by our experiences, we don’t need to carry the burden of suffering like we once did.

‘Crises are crises,’ Maurice said, ‘but they don’t have to remain a crisis. The thing that you had to deal with at the time was a crisis, but you don’t have to carry that crisis with you... you leave it there, adapt and change. Sometimes people feel guilty if they’re enjoying themselves.

‘There are three words in life I try to avoid. I don’t like people saying you “should” do this because it feels like an “I must do it” command. I don’t like “failure”, as whatever we do in life, even if it is a negative experience, you can gain something out of it, even if that means not doing it again or doing it better. It’s all an experience, but don’t ever think of it as a failure. And “normal”, I don’t know how we define what normal is. Normal to me is when they want to stereotype people. They are the three words I try to avoid.’

‘We’ve talked about why some people don’t progress after difficult life events. You said earlier some people aren’t meant for this world,’ I said.

‘First of all, when they have challenges, some people believe that it doesn’t matter what happens, they are not going to make it. It doesn’t matter how much love or care or whatever – they struggle.’

This wasn’t what I wanted to hear – I wanted to hear that everyone could survive and grow. But perhaps Maurice was being realistic. He must have worked with hundreds of people going through crisis. If Maurice was right, perhaps those caring for someone going through a life crisis might be released from regret or guilt or frustration if, in spite of all their efforts, that person doesn’t make it, or doesn’t thrive. After all, we are still unravelling the mysteries of the human mind and the human condition.

‘You have those people who really try to make it. They really put in a huge effort but somehow they just can’t. Then you have those who won’t recognise they have a problem – you would have seen them in counselling. They don’t see that there is an issue, it’s just everybody else. They’re just not prepared to look at themselves and say, “I wonder if I can do better?” Those people aren’t going to make it, or they will always be difficult or challenging. I think that can happen.’

Yes, I knew those kinds of people, the ones who remained stuck, refused to do something different. Bronwyn Morris, the psycho-oncology researcher who had first put me onto the concept of post-traumatic growth, told me her ex-partner, who was supposed to die as a young child from cancer and didn’t, remained stuck in life. He didn’t dwell on his childhood cancer or remain harnessed to it, but it certainly wasn’t a catalyst for growth.

It was time to put the counterfactual question to Maurice: ‘If none of this had happened to you, if you hadn’t lost your sight, hadn’t lost your parents, if

you'd had what we could call a conventionally normal life, what sort of person do you think you would be compared to who you are now?'

'I think I would have been a strong person, but I don't think I would have achieved anywhere near as much as I have. Coming from a very poor working-class area where you didn't have high expectations and education wasn't highly important, I wouldn't have achieved the level I have, I don't believe. I wouldn't have had all the opportunities I have now.'

'When I was growing up we never heard anything about goal setting. You never had a five-year plan. It was day by day; we just rolled along. I think it brought out the best of me to survive the challenges, becoming stronger and more accepting. In the early days I was self-conscious, lacking confidence, shying away from people. I don't think I've lost anything by having setbacks, I think they've made me go forwards.'

'Do you think you would have been a more content or less content person?'

'I reckon I would be less content, because I had to become content to survive. I would have been going along with the same thing. It's not until we have a severe setback that reality hits. Often we just go along.'

This sounded familiar. Ian Roberts had said, 'Sometimes people need a shake-up. It's like a catastrophe has to happen to shake them up, something out of their control... I see them doing the same thing.'

We turned to the subject of Maurice's brother, Nicholas, who has devoted his professional life to personal service, inspiring others through physical adventuring, demonstrating that you can push through perceived limits. He's trekked to basecamp at Mt Everest and the top of Kilimanjaro; he's been a Paralympic athlete, a marathon runner and a skydiver, and recently walked across a desert.

Is it possible to experience PTG from self-initiated challenges, like undertaking a pilgrimage, sailing around the world, becoming immersed in a different culture or starting a new career later in life? It seems that some aspects of PTG do occur in these circumstances: developing personal courage, opening to new opportunities and spiritual change. Chris, the blind tennis player, and Nick, it seemed, were growing through self-initiated challenges.

‘I’m so proud of what he’s achieved. Fantastic. I wouldn’t wish to be like that – it’s not my desire – but I admire people and what they do. It doesn’t matter who they are.’

‘But he’s a bit crazy?’ I said.

‘A bit? *Very* crazy!’

We both laughed.



In the morning at the school for the vision impaired, Maurice and I joined in the Christmas celebrations. Maurice and I were sitting outside with our plates of food when a boy, Nathan, aged twelve, came up to us. He rocked backwards and forwards with one foot in front of the other as he spoke in a very soft voice.

We discussed football and where he was from. Maurice told Nathan how nice it was for him to come and introduce himself. In response, Nathan entreated us to follow him into the garden and encouraged us to feel the plants – some with lovely textures, some fragrant, some both. Maurice stayed talking with Nathan in the garden, his head bowed low to hear what the boy was saying. It epitomised, I thought, Maurice’s life purpose.



Maurice has chosen to remain single in adult life but he still enjoys companionship. For the last few years he has lived with two close friends in a purpose-built home outside of Melbourne, where his main home is. They each have their own bedroom, lounge room and bathroom. It is Robin who helps Maurice choose the clothes he wears and sometimes helps with clothes shopping, although Maurice also shops for clothes by himself.

‘We’re three great friends. We all support each other and care for each other. Robin is not vision-impaired, so that’s handy, and he loves gardening and driving. Patricia, who is blind, loves cooking, so I’ve got it made. I contribute very little but they keep me working: “No, you keep working and bring in the income.” They’re grateful that I provide a home for them. It’s a great friendship.

Again, in life we have to create our own opportunities. It's no good waiting for somebody to come to you. By being proactive opportunities will come your way that you never thought of...'

In a follow-up telephone call with Maurice I asked him what advantages there were to being blind.

'I wouldn't recommend it to people,' he chuckled. 'I've heard people say, "Oh it's fantastic." Well I wouldn't recommend it. What you have to do is to make it positive. You have to let go, adapt to the situation and enjoy what you have. Forget about the visual part then focus on the other senses that you do have and make it into a positive.'

He did admit to one advantage of being blind.

'I think you can actually judge people far better. You're judging them for what they are, not on external appearances. A lot of people with vision judge too much on the external... it might be the colour of their skin, their weight, it might be something else; so they avoid them and don't get to know them at all. To me it's like judging a book by its cover – it might have a great cover, but it might be a poor story, or it might have a poor cover but a great story. I think you can make better judgements because you're judging the person.'

'If there are people out there who you do connect with, don't take it for granted and try not to lose it, because they're hard to come by. That's from Reverend Maurice Gleeson, my sermon to you. I forgive you your sins, David, so you're fine.'

We both laughed. It was easy to laugh with Maurice, I'd noticed; it was that joy thing.

And what was he grateful for?

'For my health, for the journey that I've had thus far and the most incredible people that I have met along the way from all walks of life. Everybody is important to me. I've met many, many politicians, many celebrities, both here and overseas. In New York I've had dinner with the UN Consul General, presented on blind communication in Washington DC with Edward Kennedy Junior present, met two popes, travelled the world, and never been unemployed. All these things have been fascinating, but at the end of the day it's the simpler

things in life that I enjoy the most. My close friends. Everything is a good experience, but that's what I love the most.'

Does PTG continue after the traumas that set it in motion are gone? As long as there is continuing distress, like the grit in an oyster shell that creates a pearl, the fuel for PTG is present. However, isn't it the case that the changes set in motion by PTG, such as opening to new opportunities, living a more value-driven life and engaging more deeply with others, offer us growth that is not powered by distress? This, I suspected, is what was powering Maurice's growth in later years.

'My greatest reward is to see what people are doing. The only reason I go public is because if I can influence or inspire somebody to take up a challenge or do something, that's absolutely wonderful. Following the Charlie Pickering program I was at Southern Cross Station waiting for my train and a man came over and said, 'Maybe people have seen you and didn't come over to you or recognise you. I saw you on the Charlie Pickering show some time ago. May I shake your hand? My name is Paul and I wanted to thank you very much for sharing your story, because it's given me something to think about in my own life, about what I can do and how I can change.'

Chapter 11

When our belief in the essential goodness of the world, the rightness of the world and the predictability of life is shattered, what then? When we are challenged so directly that we become stuck, frozen in incomprehension with nowhere to go, no comfort to be found, then what?

I was in my late thirties and hitting my stride as a clinical psychologist, with a private practice in the city and consultancy work. Call-outs that took me away from the office were usually welcome, but I was not excited about this one.

On this otherwise idyllic late summer's afternoon, I stood at the edge of a village in the foothills of the Blue Mountains. The day's warmth hung close. The scent of eucalyptus rose from the surrounding forest; bellbird chimes rang through the valley below. But the equanimity of this small community had been ruptured by an incomprehensible act of violence.

I was there to give a Critical Incident Stress Debriefing (CISD), taking a group of twelve volunteer firefighters through a sequence of seven phases. The CISD is a group storytelling process combined with practical information, intended to help first responders come to terms with confronting, graphic or traumatic events.

Geoff, a Rural Fire Service peer debriefer, had met me earlier and brought me up to date. A few days before, in the early hours of the night, the fire service had responded to a house fire in the village. Tragically, it was too late to save the inhabitants: a mother and her two young children. But forensic investigation afterwards established that the mother had set fire to the house; it was a double murder and a suicide.

Earlier that day neighbours had heard the wife and husband arguing inside the house, then the husband stomping out and driving off. After that, all was quiet until the fire.

The family were fairly new in the community and they liked to keep to themselves, but that wasn't the first time neighbours had heard them arguing. During the debrief one of the anguished participants said, 'How could this happen? We should have done more!' Tears flowed. This was the crux of the trauma: how could a mother kill her own children, and what if? What if the community had stepped in earlier? Could they have prevented the three deaths?

I joined the twelve firefighters standing in a circle outside the firehouse and went through my introduction, then we established the facts of what had happened from the perspective of each member present.

After the debriefing, Geoff pulled me aside. 'That was fantastic! It's great to see how a professional does it.'

But in spite of the apparent success of the debriefing, I was left with a feeling of inadequacy and a vague unease. Sure, I'd helped the participants understand their reactions to the traumatic event, and shown them how to manage their psychological and physiological symptoms. But I couldn't take away the burden from those who felt they could have done *more*. How could they find acceptance? How could they come to peace with the loss of those two innocents? I realised that nothing I could say or do would make the mother's act any more comprehensible for them.

So how do we deal with this kind of suffering? How do we find the grace of understanding and acceptance, the capacity to move on? And what do we offer a person in the face of such raw emotional pain?

I was thinking of these things as I approached the end of my investigation. I was also wondering if the spiritual dimension could offer something here. It surprised me how few of my interviewees had mentioned spiritual growth. Jane became interested in Buddhism after Georgia's death, taking refuge in its teachings and in the company of other Buddhists; Sandra also drew on some of the practices of Buddhist psychology. Prudence and her family had already had a strong Christian faith, which they continued to nurture upon arrival in Australia. Deepening spirituality is one of the five domains of post-traumatic

growth, Richard Tedeschi said, although growth in this dimension occurred less frequently than in the other four domains.

I was pondering this relative lack of spiritual growth when I came across a newspaper piece about Paul McFarlane, Senior Chaplain with the NSW Ambulance Service. He and his volunteer chaplains respond to call-outs from paramedics. ‘Ambulance staff see a lot of “death and dying” and one man provides different help’, said the heading.

The article quoted Paul McFarlane: ‘There is something intangible about chaplaincy. When a chaplain arrives on a chaotic scene, there’s often a palpable feeling that someone there’s got more going on, the spiritual thing. People will say there is something so good about having you there.’

What was this ‘spiritual thing’ that made a difference in the face of raw pain and existential crisis? It sounded real, and it sounded useful.



Early one morning, Paul McFarlane came by in his marked ambulance vehicle to collect me from my accommodation in Sydney. He was going to take me on the road for the day, answer any questions I had and allow me to sit in on an afternoon training session with new paramedics.

At Paul’s suggestion we decamped to a cafe, where we ordered coffees. Paul stood out among the office workers, tall and lanky, bespectacled, with a boyish, clean-shaven face. He wore the ocean-blue denim drill of an ambulance paramedic, regulation black boots and two gold crosses on the epaulets of his uniform. He was soon to turn fifty, he said.

I had been expecting a serene, slow-talking man but Paul was a little hyper. Once he’d opened his iPad and set it up on our table, I understood. He needed to check on the jobs of the day, he explained. I saw scrolling lines of text trail across the screen. These, it turned out, told the barest details of ambulance call-outs from around New South Wales. It seemed that the state was jumping with emergencies, and it felt odd to be watching these tell-tale signs of crises from within the comfort of the warm cafe.

Paul pointed to a symbol alongside one of the lines of text – this signified the presence of a chaplain at the scene, he explained. ‘My parish is the whole state,’ he said with evident delight, lifting his gaze from the screen. Having assessed the state of things, he relaxed, and I caught up on some of his history.

Paul was a voluntary chaplain with the ambulance service for ten years during his time as an Anglican minister in a country town in the west of the state. He left this position to become employed as the senior chaplain for the ambulance service. For the last seven years he has worked at the NSW Ambulance headquarters in Sydney, where he supervises the more than forty volunteer chaplains.

The state is divided into eight regions, each with a chaplain who acts as the team leader. Paul maintains regular contact with each chaplain, granting them a measure of autonomy in their region. He likes to promote resilience-building within each team through both pastoral care and encouraging self-care. Once a year, he gathers all the chaplains together for a three-day conference. Paul, I would quickly learn, is big on building connection.

We hit the road and headed out to western Sydney. Paul was keen to take me to a new, state-of-the-art ambulance station in the suburb of Northmead, where more than 150 paramedics worked. He radioed in to the control centre to let them know where he was headed, his call sign, ‘Charlie 1’, a humorous reference to Charlie Chaplin. Part of me hoped we would be called out to an emergency, but I was also nervous about that prospect.

We parked within a hangar-like enclosure alongside some other emergency vehicles. Once inside, Paul guided me through the station. It was gleaming, ordered and quite empty of staff. I surmised that most personnel were out on jobs.

We found a quiet office, where we sat talking for two hours. Paul was an earnest, animated, unaffected conversationalist with a seize-the-day enthusiasm that was hard not to like.

There were no call-outs for Paul that day, leaving me both disappointed and relieved. At the afternoon training session with the paramedics, who had been on the job for twelve months, Paul spoke for an hour on stress management and

an hour on being with grief. The themes he touched on were very familiar to me after the in-depth discussions I'd had with Paul earlier.

However, I was struck by the youth of the paramedics, who were all in their twenties and early thirties. It reminded me of how I was on the job at that age. What I didn't know then was that, ultimately, the only way to understand suffering is through firsthand experience. No lecture can teach that.

The volunteer chaplains, Paul told me, are both lay people and ministers of religion. Most are of the Christian faith, with the exception of a rabbi and an imam. Many are ex-ambos, ex-nurses, ex-police and ex-military.

'They are confident that there is a god who is in control, even if it doesn't look like it. Our faith anchors us, we see we are part of something bigger.'

When he interviews prospective chaplains, Paul looks for people who will quickly build rapport with the paramedics.

'Why do they do it?' I asked.

'They want to look after paramedics,' he said. 'People care about ambos. If the ambos put a call out to the chaplain, they're saying, "I can't deal with the emotions." We make a genuine difference to our paramedics because we're there, being present. We step into that space that they find hard. You win credibility by being safe, being a good listener, and being able to delve into the deeper questions.'

Chaplains don't offer any clinical services, but they may help with practical needs like food and water. Chaplains wear purple helmets – the international colour for chaplaincy. Paul might hand things from the ambulance vehicle to paramedics at the scene, or help them repack once the job is complete. It's often at the end of a job that paramedics will talk about what's happened. Chaplains make sure paramedics are connected to ongoing care or get referred for additional medical or psychological support if required.

'We provide care in an emergency services environment and minister in places where emotions are raw, where the scene is dangerous or unpredictable and it is not a faith-based context or location. We engage chaplains who are comfortable and competent ministering in that environment, and who have developed the trust of our staff and volunteers. That way, we are part of the team and we are *with them* on the tough days.'

Paul maintains his first-aid skills, and keeps a first-aid kit in the car. He drives home along a busy road and often comes across roadside accidents, where he will stop to offer assistance.

An incident from the day before comes up in conversation. I'd heard about it on the news. There had been a massive storm in Sydney. A young male driver had collected his fourteen-year-old brother from school, then was involved in a single-car accident. His brother was killed. A new chaplain had been called to that incident and he'd sent Paul a text message afterwards. Paul located the text on his phone and read it out to me. In the message, the chaplain said how honoured and grateful he was to do this work, and praised Paul for his training and support.

'He would have been standing in the rain on the roadside with these grieving parents. How many people would be thankful for doing a job like that?' Paul said.

Paul mentioned the chaplains at the World Trade Center ruins after 9/11.

'There was a palpable sense that when the chaplain arrived that was a good moment for people. Maybe America is a more faith-based culture, but people felt the chaplain brought something more than just oneself – the God thing. The people in 9/11 felt abandoned. How could this have happened? Where is God? These were real questions being thrown around. The chaplain walking in meant God hadn't forgotten them.'

Later, I came across an account from Rear Admiral Margaret Kibben, Chief of Chaplains, US Navy, who said, '9/11 redefined the role of chaplains in the military, as we were sought out to bring a voice to the wilderness. May it serve as a beacon to remind us of this core capability we have... demonstrating compassion and love, in times of crisis.'



Paul grew up in the country town of Moree in New South Wales, an agricultural centre known for its artesian hot springs. His father was the local ambulance officer and his mother the canteen supervisor at the local primary school. With a younger sister and brother, Paul felt loved within the family, and enjoyed Moree.

After leaving school he began training as a nurse at the local hospital before enrolling at the University of New England, Armidale, to become a registered nurse.

His parents attended the local Anglican church, although they were not particularly religious. 'It was more my thing, and shaped who I am now in terms of faith,' Paul explained. He participated in the church kids club and youth groups as a teenager, developing a strong social network, elements of which remain today. He became a junior leader and was nurtured by senior community members of the church.

I found this aspect of Paul's account telling because, religious or not, our social networks and our connections with others form a foundation for our wellbeing. It's interesting how people grow their social networks. Is it through school or university? Through work or a close-knit community, or through a common interest in sport, music or a hobby? Perhaps it's through serendipity, a faith, or through extended family? Lack of social connection, both surface and deep, damages our wellbeing. Loneliness hurts. In the face of a life crisis, a lack of social connection that was once a crack in our resilience can become a crevasse.

One of the post-traumatic growth outcomes is the push to grow relationships with others (both people and animals). With the advent of a crisis, the realisation that we cannot do it alone, and nor do we want to, is stark. We might awaken to the knowledge that we have no meaningful social connections. Those we thought we could depend upon may vanish.

Paul's early environment gave him opportunities to develop social confidence, and to enjoy connecting with others. He was naturally inclined towards spiritual seeking, and this guided the people he gravitated towards. Developing faith, necessarily, demands deep personal questioning and reflection, and a sharing of these reflections. He cultivated connection not only with others but also with himself, because enquiry is a conduit for self-knowing.

I don't have a hard and fast definition of spirituality, it's more pragmatic. Enquiry, reflection and discussion that goes beyond the concerns of everyday life, that goes beyond the individual, that touches on the awe of human existence and life in its varied forms: this is spiritual.

Astronauts speak of the Overview Effect, a mental shift that occurs when their view of the Earth changes. Astronaut Chris Hadfield spent 166 days in space. ‘When you’re looking back at something you did, you realise what just happened. I took a picture of Karachi, Pakistan, and I read what I wrote about it the next day, which was: “There are six million of us living in Pakistan.” And I realised that that part of the world had become *us*... I think that’s when the world became one place for me.’

Spirituality is that kind of thing, shifting from a small ‘I’ to a big ‘We’. Seeing beyond the Self, beyond the superficial.

Religion goes a step further, adopting definite beliefs about human existence, values and behaviour, often with devotion to a creator god, or gods. Religion can offer great comfort and guidance, although it can also be a source of anguish and division. But most religious communities offer social connection, and that is not to be sniffed at.

Why is it beneficial to go beyond the concerns of the Self? Why is it beneficial to see the bigger picture, that we are a small part of this creation called life? We benefit, it seems, when we are less fixated on the small Self, a grasping Self, a fearful Self. Trauma takes hold of our storied Self, stomps on it, chews it, forcing us to remake it and to establish a new world view, a more expanded one. This refashioning goes to the question: what is really important to me? I’ve noticed that those who grow through their suffering are less materialistic in their focus and more expanded in their concerns: people, animals, the natural world. Paul, it turned out, was a good example of this.

I wanted to nut out with Paul what was ‘this spiritual thing’ that he and his chaplains offered to others. How did it give him the courage and the capacity to be with them during suffering? It seemed important to first understand his faith.



When he was fourteen, Paul undertook Confirmation in the church, an important transition in the Anglican faith where the suppliant takes on the values and beliefs of the Church for themselves, rather than through their parents.

‘I remember thinking, if I’m going to stand up in front of the Church and my parents and the Bishop and God and say I’m going to follow Jesus then I had to make sure I believed it, one hundred per cent. That period gave me the chance to work that through as a young man. People often have a testimony when they become a Christian. For me it was a gradual thing, it wasn’t a lightning moment. That was the point where I owned publicly that it was important for me, and I understood it better. I won’t do or say something unless I feel it’s right for me.

‘Jesus was a storyteller, which I like. It’s probably his compassion, his willingness to engage with people of all beliefs and backgrounds. Jesus was usually found in the places where the people’s faith weren’t, necessarily. He’d eat with the tax collectors and sinners. Religious people got upset that he wouldn’t hang out with them.’

‘So he wasn’t a clubby sort of person?’ I proffered.

‘No,’ Paul smiled. ‘That’s probably true of me. I’m an Anglican minister and I don’t feel like I’m in some club. I move very comfortably with people of no faith and different races. It doesn’t make me want to change my beliefs or whatever, it just means I’m happy being with people, which I think is what Jesus would want.’

The major turning point in Paul’s life occurred just before Christmas 1994, when he and his wife, Katie (whom he met at university) were in their first year of marriage.

‘Katie and I were nursing at Armidale at the time and she had already gone to Sydney to visit family. It was just before we had children [they now have two sons]. I was heading down to Sydney the next morning after my last shift at the hospital. It might have been 21 or 22 December. I was driving south of Armidale when I came across a car accident.

‘I remember thinking, I could have left home at seven in the morning but I was delayed by fifteen or twenty minutes doing last-minute things. If I’d been fifteen minutes earlier I could have been involved in the accident, or it could’ve happened behind me. Instead, I arrived just after it happened. There was a car on fire, a Toyota van with four kids inside. The parents had driven all night to get somewhere for the holidays and dad had fallen asleep. It was in a little cutting and he had veered across the road and had a head-on collision with a car coming

the other way. His car exploded and three of his kids were incinerated straight away, you could see them burning in the back.'

'So you saw them burning in the car?' *Had I heard right?*

'Yeah, you could see that in the background. Mum and Dad had terrible injuries because they were burnt as well. Because it was a van they had fractured legs, their limbs flapping around. People were running around trying to help and cars were burning. It was pretty full on.'

'Who was in the other car?' I asked.

'It was an elderly couple with a daughter or son. The elderly driver eventually died. I was the first medically trained person to get there. Someone handed me the baby, they had smashed the window and pulled the baby out. It had third-degree burns, which was confronting in itself. I didn't have the water I needed to cool the burns.'

'I did what I could and then the ambos eventually got there. I was on my own there for fifteen to twenty minutes not being able to do much. The baby survived.'

'What happened after the ambos arrived?'

'Well, it often happens, you just leave. I meandered off on my own. I've got a lot of compassion for bystanders at car accidents now who stop to help, because there's this whirlwind of the emergency services turning up, sorting it out and then you're left standing there, glazed.'

Paul seemed remarkably untroubled as he related these memories.

'I remember getting towards Sydney on the motorway, stopping at a Caltex service station with a McDonald's and I went in there for some lunch – not particularly hungry, but I needed a break. I remember this surreal moment.'

He brought his hand to his forehead as if coaxing out the memory.

'I've just been through this horrific thing and everyone's just there eating their Big Macs, completely unaware.' That was the sense of being part of something bigger than myself.'

It was a telling moment: like astronaut Paul Hadfield's epiphany, Paul's small Self had expanded. He had entered another layer of perception.

But for Paul, the repercussions didn't stop there.

He had a connection with the police in Armidale. They had mentioned that a psychologist was coming to speak with them and asked if Paul wanted to talk to the psychologist. He took them up on the offer, and Katie came as well. The psychologist did something that was quite forward-thinking.

‘We talked about what that day had been like for me. Then he asked, “Well Paul, what is something you can take from this that’s positive, that you can grow from?” I remember it as clear as a bell. I said, “One day I’m going to work with emergency services people and help them through days like that.” I’d never had that thought before.’ His eyes widened with the reigniting of this light-bulb moment.

Paul had a clear mission.

After the accident in 1994, Paul was nursing part-time. He had connected with the university chaplaincy service as a student and he continued that involvement after his studies. He was thinking about ministry, but he couldn’t see how this would work. The road accident galvanised his decision to go to Bible College and become a minister of religion.

Paul claimed he did not develop PTSD from the incident, and I believed him. From an ambulance point of view, he said, it was a once-in-a-lifetime job, ‘off the scale’. He went through a week or two of being affected by it, he said, but it dissipated over time, a normal response to an extraordinary event.

Reflecting on his response, as if thinking out loud, Paul mentioned he’d seen injuries before as a nurse in Moree, where he’d often helped out in emergencies. He’d worked in the morgue and assisted with autopsies. Death and dying weren’t foreign to him, but something else was: ‘Being powerless is a difficult feeling; not being able to help people is a difficult thing.’

It is our subjective experience of a trauma event rather than its objective nature that determines its impact. Two people can be witness to the same trauma yet have very different responses. This is as it should be, because we bring our individual selves, not some universal human stereotype, to a life event. It’s a reminder of what Eric Cassell said earlier: ‘Suffering is a breakdown of the intactness of the person as the person knows themselves.’

Paul’s clinical training had exposed him to injury and death, so he was more desensitised to the accident scene than most would be. He was also young, in

good mental health and without other life burdens, all ingredients for a bounce back.

But he did more than bounce back. In discovering a mission he'd found meaning, and meaning in life offers great resilience to suffering. There is no formula for finding this kind of meaning, but here is one of the potential gifts of suffering: meaning making.

'Maybe in the sovereignty of God he exposed me or allowed me to see something to be part of. That inoculated me, gave me some resilience. There's no way of being trained for something like that. If I can get through that and survive, then I can handle a fair bit in life. I can go to a car crash these days and it doesn't really get my blood pressure up too much because compared to something like that, most things I see are way down the scale.'

There is no hard and fast definition of what is *meaning in life*, but I like Laura King's description. Laura King is Professor of Psychology at the University of Missouri.

'Lives may be experienced as meaningful when they are felt to have a significance beyond the trivial or momentary, to have purpose, or to have a coherence that transcends chaos.'

The key words here are purpose, significance and coherence.

Paul's purpose was clear to him: to the best of his ability, he would represent Jesus's 'compassion, his willingness to engage with people of all beliefs and backgrounds'. The work would be of significance, helping first responders cope with tasks that most of us couldn't deal with, for which we are very thankful. It offered coherence: 'God shaped me a certain way and it would be strange not to use those skills and abilities. There's a whole lot of stuff like that which is beyond me. It's not just me who makes these decisions, it's my journey in life that has shaped me in this way.'

Given Paul's long spiritual development, I don't think this last assertion was a throwaway line, but rather, a deeply held conviction. Paul's long search for meaning had prepared him for that 'off the scale' accident in December 1994.

It felt time to nail it: what is 'the spiritual thing' that chaplains offered?

'Things happen to people and you can't humanly explain them, but what I can say is I don't know why this has happened but I still know God cares about

these people. He loves these people because of what I understand of the character of God. It doesn't look like it at the moment, but you might speak to someone down the track and something's come out of that horrific day that's been a growth stimulus or a faith stimulus or a relational bond for people. Inevitably it does.'

Paul will turn up to a scene and sometimes think, *This is out of control*.

'But if God has sent me there, there is a purpose. God is in charge, so life is not random. My prayer before I enter the scene is, "God help me to do something useful for you today." It's a little quick arrow to God.'

'A little tug on the lifeline,' I suggested, smiling at the thought of a direct lifeline to God.

'A tug on the lifeline, just reminding myself, as well as asking for help, that I'm here to do something bigger. Sometimes I feel that sense of peace or calm. It feels supernatural.

'Paramedics will be heads-down looking after patients so I go around and physically touch them on the shoulder and say, "Just letting you know I'm around." "Oh, thanks Paul." That's all you get because they're busy. It's a connection. You've made it tangible. Over time when they can withdraw from the intensity, they'll remember that you're there. Eventually they'll talk about the incident afterwards and have a coffee or whatever. They often say, "I didn't need to talk to you but I was glad that you were there.'"

Chaplains often have a pre-existing relationship with the paramedics at the scene, and can follow up with them afterwards, but this is not the case with the family members of the victim(s), the survivors, or the bystanders.

'Nothing you're going to do in the next hour is going to make this awful thing any better for these people, but you can actually make it a little safer for them emotionally, make them a little less vulnerable, and set them up for a better journey processing the grief because you've been there. It's not been completely out of control, there's some little safety around that incident because of your presence. We won't even see the fruit of that because we probably won't see these people again. That's why you've got to have trust as well. You don't do it for the reward, or to see a good outcome long term.

‘You are standing in a very painful place with people. You’re not trying to fill the vacuum with words. You’re acknowledging to them that it’s okay to have these feelings. Invariably, they’ll say, “Thank you for everything you did for us today.” Often you think, *Well, I sat on your lounge and I hardly said anything and I had a cup of tea.* But if you think about it, where is everybody else? They’re not in that room. That’s the epicentre of the pain. We sit in the epicentre of the storm and be present.’

‘So you connect in the silence, and not with words and answers,’ I said.

‘Being a country chaplain I’ve been to the side of a dam where someone’s drowned and I’ve stood with the family while the police divers are looking for the body. I remember some rainy days standing there with a raincoat and getting wet with a family who didn’t want to be anywhere else except standing by the water while the police divers looked for their loved one who’d been missing for twelve or twenty-four hours. And they say thank you for being there.

‘There’s a physical distance from you and the family and everybody else, because nobody else wants to be standing there with the family. That’s a really hard place to stay. Others will be further up the hill under the tree, or trying to stay dry. It’s not the physically staying dry that’s why they can’t be there, it’s because it’s too hard. And you think, *Well that’s where I am. That’s where I need to be.* So we take on the hard stuff. But you don’t need an answer, you don’t need to fix it. You just have to be there, be present with people. Be non-judgemental. That’s the liberating thing.’

‘Chaplains will often say to me, “I just don’t know what I did?” “Well, you were there, you sat with them, you didn’t try to do something or fix things.” People need honesty at that point, even if you don’t have an answer.’

This honesty and directness with people in emotional pain rang true to me. It was one of the changes I noticed in myself: don’t beat around the bush, don’t try and minimise it, and don’t be afraid of it.



On Bastille Day, 14 July 2016, a terrorist deliberately drove a 19-tonne truck into the crowds of people celebrating along the Promenade des Anglais in Nice,

France. Eighty-six people were killed and hundreds more were injured. One of those injured was Adelaide Stratton, a 23-year-old Australian tourist. She was lying on the street when she awoke, with no memory of what had occurred, to find a stranger, a Frenchman she later learned was named Patrick Sergeant, holding her hand. Patrick had been out celebrating, too, with his girlfriend. He was unharmed, and after the attack he went along the street trying to help. He came across Adelaide and realised she was alive.

Adelaide's injuries could have been fatal. The base of her head was crushed, her forehead cut open and she had burn marks on her leg from where she'd been dragged by the truck.

Chris Bath interviewed both of them for Channel 7.

'I remember being really scared. There was a stranger holding my hand, I was lying on the ground in pain with... blood dripping down my face,' Adelaide said.

While he knelt beside her Patrick shielded her from the horrifying scene unfolding around them as the police shot dead the driver of the truck, only metres away.

'I couldn't leave her on her own and she didn't want me to go, anyway,' Patrick said. 'She gripped my hand very strongly. There was a strange mixture of I was very sad but happy there was someone alive.'

'I kind of knew he couldn't speak English because he wasn't telling me what had happened,' said Adelaide. 'He was looking at me, squeezing my hand back. He made sure I always had his face to look at... I remember being pushed into the back of the ambulance, him holding my hand and me saying please don't leave me.'

Patrick travelled with her to the hospital. He didn't let go of her hand. Once she was in hospital he continued to visit her until she was well enough to return to Australia.

'The memories I have of that night are mainly of him. He saved my life, definitely. My story is about love and helping others and the beautiful things that can come from the terrible.'

Presence and connection, no words required.



Paul continued, 'We usually spend an hour or two with a family until a sufficient number of people have gathered around from their natural support network. There's a tangible change in the atmosphere then, the tone changes. They go from being out of control to, "I've got some caring people that I trust with me now." It feels more contained. So that's a natural point where we think, *Okay, our job here is done*. We hold the space until the natural system kicks in that, hopefully, everybody has.'

So, if I had this right, Paul's faith allowed him to view a crisis, an accident, a disaster as not random. Although they could appear that way, such events are part of a bigger picture that can't be fathomed, a play of God's hand. And even if these were random events, God is there to help survivors not only to cope, but to grow, if they are open to growth. This reminded me of Rabbi Harold Kushner's conclusion in *When Bad Things Happen to Good People*. God's main role is to care for us after bad events, to help us through them, give us strength. The power of suffering is to grow through that process.

I could see now how Paul could walk into a calamitous situation with courage and acceptance and feel that he did not need to change it, or fix it beyond what was humanly possible. As a conduit for God he was not present solely in his own capacity; he was part of something bigger.

This conviction made it easier for him to stand within the shadow of another's pain. They could be angry, distraught, shocked, questioning; he offered acceptance, warmth and non-judgement. He wasn't afraid of silence, he wasn't afraid of not knowing what to say, or what to do. This lack of apprehensiveness, this quality of presence, invited connection, and connection means safety and containment, a form of love, and through him, God's love.

Okay, I thought, but what about after the event, down the track? What about Viktor Frankl's idea of finding meaning in suffering, finding a way forward? I offered Paul my brief take on Frankl's message.

'People survive suffering better if they can find meaning in it. This might be a new life purpose, finding beauty or joy in spite of the suffering or by changing oneself, one's attitude, when the situation itself cannot be changed,' I said.

'That makes sense,' Paul said. 'But I struggle to see how finding some existential meaning is going to make a difference to the pain or the suffering at

the time. To understand it later can help you to work it out... to stop being angry about something. It can be helpful in your own healing, but if you've just had the loss yourself then I'm not sure I've ever found that a right time to explore meaning with people.

'Whether it's a natural disaster or a human one or a bus crash or whatever, it's not my job to try and rationalise why it happened. I've got zero interest in which car hit which car and why did it end up over there? You see people analysing, walking around, asking how did that happen? It's irrelevant to what I do. I've never been one to have anguish about the circumstances, and that probably helps protect me to some degree.

'I've been to a couple of jobs where parents have murdered their children and it's... just, how to get your head around that? How does a parent kill a child, their offspring? Well, how do I deal with that? I think usually there's mental health issues, there's other things going on. There are very few people out there who are genuinely evil. Society doesn't give enough credit for mental health issues and how they impact on people's lives and their decision-making.

'I get angry about things like that. We may never understand it. Suicide is a classic example. People want to know that there's a note somewhere that explains the decision-making, and there almost never is.'

Paul will sometimes suggest to families that it could be useful for an autopsy to be done, even though it is invasive; for the police to investigate, the coroner to be involved. Even court cases can be helpful. Information may come to light that helps with understanding. But, on the day, there may be no answers and sometimes it is better to leave it at that.

Psychotherapists talk of being a container for their patient or client, holding them so they feel safe to be, to express and to explore what is going on. I wondered if the chaplains, through their belief that they are part of something bigger, part of a higher purpose, align their actions and words to form a container that holds those they commiserate with? A compassionate presence that doesn't demand anything. And could it be that the grief-stricken and the shell-shocked sense this in the chaplain?

Could it also be that when we suffer a deep psychological wound there is a spiritual ache, which whether we are conscious of it or not, is salved by the

emblematic presence of the spiritual attendant.

Rabbi Potasnik, a Fire Department of New York Chaplain who attended 9/11, gave this response to the most common question he receives in a crisis like 9/11: 'Where is God?'

'I don't have an answer,' he said. 'I think faith doesn't always provide us with an answer, but provides us with the strength to live with the question.'



I had one more thing to do while I was in Sydney.

The day after I met with Paul, I left my accommodation early and made my way to Sydney Hospital, the oldest hospital in Australia, which stands on Macquarie Street, on the edge of the Sydney CBD. Built in colonial times, its sandstone buildings and slate-tiled roofs proclaim a certain stateliness and solemnity, as if it has always been there and could be nowhere else. In the 1800s, with input from Florence Nightingale, it became Sydney's teaching hospital for nurses.

With a singular purpose, I found the entrance to the Chapel of St Luke in the Worrall Building. Once inside, I felt swallowed by the high-ceilinged space. I was the only one present; all was still. Elongated stained-glass windows on two sides told their biblical stories and turned the bright light from outside into a whisper. The air was misty, like mountain air.

There it was, the bronze plaque on the left-hand wall. I already knew what it would say: 'In fond memory of Anita Lorraine Cobby, whose life ended tragically on 2nd of February 1986. A Friend and Colleague to the Nursing Staff. May Her Light Shine Forever.'

I made my way towards it and edged into a wooden pew, one back from the front, so that I could sit close by her, but not alongside. It didn't feel right to sit in the front pew, where the family of the deceased normally gather at a funeral. And it did feel like I was attending a funeral.

I was twenty-seven years old, the senior psychologist at the Parklea Correctional Centre, a massive new high-security prison in Western Sydney, when news of Anita Cobby's murder broke in February 1986. The details were

shocking. Anita was a loved, well-respected nurse at Sydney Hospital. She had finished her shift on a Sunday afternoon. Rather than go straight home as she normally did, she dined out with two of her workmates before catching the train to Blacktown, in Western Sydney.

Upon her arrival at Blacktown Station an hour later, she went to the telephone box to call her father, as she usually did, to ask him to pick her up. Although Anita was married at the time, she and her husband, John, were undergoing a temporary separation.

The phone was out of order – this was the pre-mobile phone era – so Anita decided to walk home. The streets were quiet and dark, and she was alone. A sedan with five young men pulled up alongside and the men dragged her into the vehicle. A boy from a nearby house later told police that he heard screams coming from the car, and as it pulled away he saw a man riding in the back seat, raised high, as if he was sitting on something.

That night Anita underwent a terrible ordeal that ended with her throat being slit, almost decapitating her. Her body was left naked in a cow paddock to be discovered two days later by the resident farmer, who had wondered why his cows kept hovering in that corner of the field. A policeman attending the site later remarked, ‘There was absolute agony in her eyes in death. It’s a look that stays.’

The five men were apprehended three weeks later, and three of them were brought to Parklea Prison. They were placed in the Protection Unit, a jail within the jail, which housed inmates who were likely to be harmed by the general prison population. Anita’s killers were placed on protection because of the death threats they’d been receiving from inside and outside the jail.

I conducted the morning therapy program at Parklea’s Drug Dependence Unit, located within the Protection Unit building. I was also responsible to many of the Protection Unit inmates, and I came face to face with Anita’s killers over the ensuing weeks. One of them asked to see me for counselling. It was one of the most difficult professional tasks I have ever undertaken.

With today’s global news cycle, which showcases tragedy and atrocity daily, it’s hard to explain the impact of Anita’s death around the nation. It sparked the largest manhunt in Australian history. There was unprecedented public outrage,

including calls for the reintroduction of capital punishment. Women and girls were afraid to go outside. That Anita was a nurse made the crime even more disturbing; health professionals felt wounded. How could someone so kind, so blameless, be a victim of such barbarity?

Before Parklea, I had worked at Grafton Gaol, a medium-security prison in a country location a long way from Sydney. At that time Grafton housed many life-sentence prisoners. As the sole psychologist, my role was to acquaint myself with each of them and report on their wellbeing and progress. At the outset, this meant reading through the extensive files detailing their offences and life stories.

It might seem odd, but most were pleasant to deal with, well settled in their daily routines and not threatening. Grafton Gaol was like an austere retirement home for these inmates, their crimes from a distant past. But Anita's killers were fresh and, from what I was told by the prison guards, savage killers who had tortured their victim.

When I had become unwell with post-traumatic stress disorder and depression, the result of being exposed to too much trauma through my work, I undertook psychotherapy with Wayne, a clinical psychologist. The memory of Anita and her killers, although more than twenty years old by that time, had remained stubbornly stuck in my psyche. It surprised me how the memory was still worming its way through my consciousness and gnawing at my emotional wellbeing.

But I shouldn't have been surprised. I had always turned away from any reference to Anita Cobby. These references were frequent, as hers was a high-profile case. Anita's parents, Garry and Grace, became well known for their work in setting up the Homicide Victims Support Group. Numerous articles and books were written by others detailing their involvement in the case and the effect it had had on them. For years I expended great mental energy on suppressing Anita's memory, duping myself that it no longer had a hold over me.

Wayne took me through the memory, helping to drain it of its potency. But years later, and no longer suffering PTSD, I still felt I hadn't fully stared it down, hadn't quite got its measure. In anticipation of my visit to Sydney to meet with Paul, I decided it was time to close the circle, to go back to the source. I would

recreate for myself Anita's last train ride from start to finish, ending my pilgrimage at her gravesite in Pinegrove Memorial Park, Western Sydney.



As I sat in the pew in the Chapel of St Luke a woman's heavily accented voice penetrated from outside the walls. She spoke about shoes and shoe sizes – whether to someone present or into her phone, I couldn't tell, but I wanted her to shut up. On the walk from the train station to the hospital I'd passed office workers carrying coffees, and the hospital cafe, where people sat outside finishing off late breakfasts. Medical staff in blue outfits loitered in passageways, chatting, and students hastened to lectures. The normalcy of all this, the everydayness of it, made me wonder if I was being absurd, pretentious even, kidding myself that I had a place in Anita's story. But the nausea in the pit of my stomach as I sat there, my chest heaving, on the edge of tears and filled with a cold quiet, told me otherwise.

For half an hour I stewed in my reflections, enveloped by the immensity of Anita's death and my bit part in it. I got up and went to read the other plaques on the walls, which named nurses and doctors going back to the 1800s. I felt the warm gratitude these plaques emanated for those who cared for the sick, who sat by bedsides, bearing witness to illnesses and deaths that most of us would shy away from. Anita was among these, but her plaque was an anomaly. It was the only one that spoke of a shortened life, of what could have been and never was.

Why did I identify so heavily with her? Why do some traumas stick with us more than others, seemingly creating an insurmountable bump? Only now, as if discovering a new chapter in the book of my life, did it become clear. Anita was one year my junior when she died. We shared the popular music of the day and the fashions. I somehow think we would have gotten on. I had dated a nurse-in-training from another hospital several years before, and become absorbed within her circle of vivacious trainee nurses. I witnessed how kind and carefree these young women were. I eavesdropped on their black humour as they talked about their day's work, and I listened to their stories of the Matron and her strict ways.

Anita could have been one of them. I lived in Western Sydney, and I was a health professional too.

By the time I left the chapel and boarded the train to Blacktown it was mid-morning. The trains are quieter these days, and air-conditioned, the seats with upgraded upholstery. Those in my carriage jabbed at their mobile phones, listened to music or watched videos. Many were young. Despite the extensive advances in technology, I mused, trauma affects us just the same; we remain human beings, just the same. The churning in my stomach didn't ease. From Blacktown station I took an Uber to Pinegrove Memorial Park. The driver smiled a lot as he drove. I didn't feel like saying much.

At the main office I asked where Anita Cobby's grave was and immediately the woman at reception directed me, as if it were a daily request. It was within easy walking distance. I'd had it in mind to bring flowers, but forgot, so I stopped by the florist on the way and bought lilac-coloured irises. I didn't know if it was Anita's colour, but to me, lilac represented peace and healing.

Her memorial site, encircled by a border of stones, was easy to spot. It lay in a patch of lawn, like a little coral island. A trained white rose bush grew from the centre, like a palm tree. Once close, I saw Anita's plaque in the ground, neighboured by plaques commemorating her father and mother. It reminded me that my parents were dead, too.

Other people had placed objects meaningful to them within the site. A statue of the Virgin Mary, a rabbit, little toys, hearts. Plastic flowers and, I noted, fresh flowers stood in several vases. I placed the irises in a glass vase and topped it up with water from my drink bottle.

As I'd drawn closer to the site, the anguish in my stomach had intensified. Almost as if in fright, I felt light-headed as I knelt upon the grass before Anita's plaque. It said:

Anita Lorraine Cobby
1959–1986
Her Light Shines Forever

Grief engulfed me. Quietly and softly, I wept.

I grieved for her, for the life she did not have. I grieved for her family; parents who had lost a child before their time, and her father, who had publicly spoken of how he could not wish that it was someone else's daughter, for that would have meant other parents experiencing the pain he was feeling. 'I could wish it was someone else's daughter but I can't, can I? They would then have to go through what we're going through.' I grieved her sister's loss, her husband's loss, her friends' and colleagues' losses. I grieved for myself.

In February 1986, my life story and Anita's had intersected, and like many others, I only knew her in death. Fate played a horrible game with her. If she'd not stayed back that Sunday evening, if she'd walked more slowly from the platform, if the public telephone had been working, if her killers had been delayed for any reason... Her innocence was taken from her after she left Blacktown station that night and walked unknowingly to her doom, fighting off her assailants till her last breath. My innocence was taken from me when I encountered her killers, their sharp, emotionless gazes like a daily assault as I walked in their presence. As Sandra remarked, once we lose our naivety we never get it back.

At the sentencing of Anita's killers, the 62-year-old senior judge had shed tears when he handed down life sentences to all five men, marking their files 'never to be released'. He spoke of their evilness. Before Anita, evil had been a concept for me, not a reality. Not something you could stand face-to-face with, speak with. What was even more disturbing was that I could not have picked her killers out from a crowd and said, 'There is evil. That's what it looks like.'

Before I'd made the trip to Sydney I researched Anita's case again. I felt like a voyeur as I read articles and watched videos. I reminded myself that she was not her injuries, she was not a forensic specimen, a media sensation or a potential source of self-aggrandisement. Anita was an ordinary person, doing everyday things, leading an ordinary life, living in an ordinary house, following ordinary routines. She could have been my sister, a family friend's daughter, a girlfriend or a colleague.

Paul McFarlane said that chasing meaning is often fruitless. A piece of information or an insight may come along that gives added meaning, but in Anita's case, I struggled to find it. She was a good person in the wrong place at

the wrong time. Life is precarious, sometimes unfathomable and unjust. Yes, there were causes and conditions that led to her death, there were reasons why her killers were the way they were; their personal stories weren't edifying.

If I was ever to believe there is life after death, it was then, as I knelt before Anita's grave. I would want to know that Anita was safe, that she was out of pain, that she'd let go the memories of her ordeal and that she was in a beautiful place. I would hope that her parents were beside her, that her younger sister could join her someday, as could the others who loved her.

By now the blue sky was dotted with cotton wool clouds. Crows cawed from the trees bordering the park, their baleful calls strangely appropriate. A funeral service had gathered across the way, an erected canopy providing shade from the beating sun as mourners stood around the gravesite. I saw the priest mouthing words and the coffin being lowered into the ground, the crowd dispersing. It looked like a good death.

I wished for myself that Anita's life story and mine had not intersected. But as Paul McFarlane says, 'It is what it is.' When we've been exposed to a reality we don't like, we can't return it like an unwanted gift or purchase. We can only seek the grace of acceptance.

Maybe that's what I had come for: acceptance. Acceptance of what I couldn't change, so I could stop turning away, stop being frightened. Like others I'd encountered who needed to tell their stories, I'd found the one person left to whom I needed to speak.

'I'm sorry it was you,' I told Anita. 'I'm sorry for the incomprehensibility of your death, the horror and the indignity of it. I can't explain why it was you and why it was then. I still can't make sense of it. I understand some of the causes, but I can see nothing right with it. I don't feel hatred towards them – mainly pity. Who would want to be in their minds and in their bodies?'

After these words, I stood up and moved away to sit on a rock under a small, gnarled tree that shaded the memorial of another family; I felt they wouldn't mind me resting there a while. My tears dried, the day looked brighter and I glanced back to Anita, her parents and the rose bush. The anguish in my stomach had gone; my breathing felt free, my mind lighter. Maybe her life story would torture me no more, and we could both be at rest.

‘Thank you, Anita.’

Chapter 12

The greatest gift evolution has given us is not the capacity to bend and flex when the storm comes, as Rob Gordon, the natural disaster psychologist, reminded us, but to grow and transform beyond what we once were, what we once knew and what we once saw. It is our capacity for transformation that suffering points us to, focusing the mind with such raw intensity that we can't look away. That is its gift, if we're prepared to take it. We are freaks of nature. No other animal species does this.

But as Paul Gilbert says, we are a flawed species all the same, with our tricky brain. Humans are conflicted and contradictory in their behaviour. Even when we resolve, either within ourselves or with others, what is a sensible course of action, we don't always take it.

However, through my investigation, I have become so confident in the ability of the human spirit to rise and rise again, to fall and get up, that I now hold a bigger view of suffering. It's an uplifting view, a counterfactual view. It reminds me of the astronaut who looks down upon planet Earth from space, drinks in its beauty and homey fragility and understands that humankind, animal kind and plant kind are all family, that through some outrageously, infinitesimally small chance, our destiny is to spend time together on this pin-sized, spinning world splashing around in deep space. This is an ego-shattering elixir, an offset for our propensity to become too big for our boots.

We know, as Eric Cassell so brilliantly described, that physical and emotional pains are a part of life and of survival. Suffering, as Cassell also explained, is a part of life but with more options. Pain is there to be endured and alleviated as best we can, but suffering is yoked to our sense of self, our manufactured Self, the

storied Self. The architecture of the storied Self is the assemblage of the core beliefs we hold about ourselves, about others, about the world, about the past and the future and how all these interweave. This is our assumptive world. Suffering shakes the architecture of the assumptive world, dismantling our illusions and jettisoning us into the land of clear seeing, or clearer seeing. Suffering in its simplest form is an ill at ease with what is, wanting it to be some other way when it can not be. We do not create our pain; it is the natural outcome of a psychic or physical injury. But we do create our suffering. We throw things on top of the pain that makes it all worse, that is our nature and we compassionately acknowledge that too. So we embrace our reality. We embrace our suffering with its anger, grief, despair and confusion and bring it close, hug it like a friend; it is trying to tell us something. If we keep suffering at arm's length, if we turn away, repress it or distract ourselves, how can we discern its nature? How can we possibly soothe our pain?

Can we ride with our suffering long enough to realise it doesn't have to consume us, that we are more than our suffering? Can we ride with our suffering long enough to see what we are creating and what we are not? Can we ride with our suffering and treat it like the hitchhiker who will be getting out down the way, while pain remains sitting in the back seat?

Can we embrace our suffering?

It dawned on me, once firmly out of my own crises, that many of those who shouldered me through recovery and growth had also been through suffering. I came to the view that these people, and others like them, are mostly unheralded within our communities. We so readily champion our high-profile heroes, rather than our quiet ones. But the quiet heroes are the glue of our communities.

During the time I spent with the people who are featured in this book, I often felt something that I could not name. It was not until I was writing up their stories that the word 'heroic' squeezed its way into my consciousness.

I had heard of Joseph Campbell's Hero's Journey but had not researched it. The general idea is that someone is plucked out of anonymity, out of everyday ordinariness and is called on to take a journey of endurance and self-discovery, one that ultimately leads to greater realisation and a return of the 'hero'. Joseph Campbell loved mythology: myths, folk tales, rituals, religious stories, and he

harvested them from cultures all around the world. He taught mythology at university and wrote about its application to life. He identified a common structure to a set of tales that he called the 'monomyth', with its three principal stages: departure, initiation and return.

'It's stunning,' he said, 'after years and years of reading these things I'm still overwhelmed at the similarities in cultures that are far, far apart.'

He thought this was because the human psyche is the same the world over, describing it as 'the inward aspect of the human body'. 'The ancient stories live in us today,' he said. 'Mythology is to relate found truth to the living of a life. Myths are there to help us move throughout life seasons and nature's changes.'

This rang true. The hero's journey described what I had felt but could only see when I looked back. Are mythologies a roar down the ages, lore for us all? Was the modern story of suffering that I was telling, the stories my subjects inhabited, an old story?

Not all students of mythology agree with what Joseph Campbell posited, and some have modified his analysis. But his formulation has been found within literature and other forms of storytelling. Hollywood's highest grossing movies have incorporated the hero's journey. It's a story arc we innately respond to.

The hero's journey is helpful because it offers a sense of movement when it can feel like there is none. During the survival stage, our biggest achievement may be to keep on moving. In successfully traversing the phases of the hero's journey, transformation comes.

I re-examined the stories in this book and found that they each contained the key elements of the hero's journey. And yet, none of my story subjects had mentioned the hero's journey or said that it had guided them.

It's unlikely that someone in the immediate aftermath of a life crisis will view themselves as beginning a journey. However, as the shock dissolves, like fog leaking away, a path does appear. But will they take it?

The story begins with our hero living in an ordinary world, the known world, transacting everyday routines and relationships with no sign of what is to come. There is a call to action. A message arrives, an unexpected visitor turns up or an event occurs that threatens our hero's safety, their way of life or peace of mind.

Our hero must cross the threshold from the ordinary world to a special world, the unknown world, to answer this call, but they may refuse. If they cross the threshold into the special world, they will undergo tests and trials aided by allies, and confrontations with enemies and dark forces. The climax comes when our hero approaches the inmost cave and undertakes their greatest ordeal, the transformation of the self, the begetting of wisdom.

The return to the ordinary world is not an easy transition – this world is the same but our hero views it through different eyes; they can't live the way they had before. However, with intention and time, they carve out a new way of being; what we would recognise as post-traumatic growth.



Jane's world changed with Georgia's cancer diagnosis, bleaching the sunshine out of her life. Steve, the straight-up economist who would later rescue and rehabilitate animals, was driving home from holidays with his family, the world at his feet, when he awoke to devastation. Ian Roberts, the football champion, was a happy nine-year-old kid until his father's rant about homosexuals shook him out of his carefree complacency and into secrecy and despair. Prudence and her happy family from Chad were enjoying their early morning routine when a knock came at the front door. Suddenly, Fidele was gone, setting them onto the path of refugeedom.

Sufferers experience further dislocation beyond the event itself. Those in the ordinary world, unaffected by the call to action, behave as they had before – nothing's changed for them. But for our sufferer a divide has opened, a separation of incomprehension. They straddle both worlds, the old one and the new, but they must choose.

The call to action signals that a quest must be undertaken, but for most, this quest is not welcome, and the call is refused. Answering the call would mean acceptance of that which they would rather deny.

When Dr Cameron told Sandra that she and Jeremy had three options for the birth of Noah, none of them what they had expected or hoped for, Sandra's

immediate reaction was to refuse the call – ‘This is so fucked! I don’t want to have to make this decision; this is too hard.’

Jane and her family acted quickly after the diagnosis. Georgia underwent medical procedures and treatments, an attempt to return to the ordinary world. But Georgia had been given a death sentence; there was no turning back.

This period of refusal has no set time limit. This is a time of shock, numbness, denial, disbelief and crumbling of the assumptive world. It is a time of intrusive rumination, nightmares, despair, addictions and distractions, raging, going off the rails, and sometimes suicidal thoughts. Our sufferer may feel mute, groping for words to express the unfathomable. They wake, morning after morning, to the same sickening new reality.

For Maurice, whose nightmare of traumas began when he was blinded at age twelve, this was a long period, more than ten years. He was handed one life-changing event, one call to action, after another.

Angela lay in intensive care after being bashed into a coma by her ex-boyfriend. ‘I tried so hard to let go because I knew it’d be such a long road. I just couldn’t be bothered.’ And she was right; it has been sixteen years now.

Even those with long-term conditions refuse the call at different times. Ira, the positive-thinking psychiatrist who has known haemophilia since birth, pushed against her boundaries as a teenager, pretending she didn’t need her medication, wanting to be like her peers.

For those who care for the sufferer and to those who turn up, this is a time for practical needs to be met, to keep the sufferer safe. Hold their hand, hear their story yet again, be patient and, as much as possible, be unafraid of their suffering and be honest in communication. Paul’s experience as a chaplain offers us much advice here.

‘You don’t need an answer, you don’t need to fix it. You just have to be there, be present with people... You’re not trying to fill the vacuum with words. You’re acknowledging to them that it’s okay to have these feelings.’

It is not a time to search for meaning.

For Maurice, ‘The only person that really helped me was a friend, Margaret... She didn’t try to fix it for me, try to make me feel good. It was pure acknowledgement of how I was feeling.’

The refusal of the call is often where sufferers stay stuck for the kinds of reasons discussed with Rob, Tobyn and Ira. Principal among these is that our sufferer does not reach out. They won't unshackle their pride and unmask their vulnerabilities. There can be many reasons for this. They may not know how, or who to reach out to. They may be in a hostile environment where there is no meaningful support. Men, believing that asking for help, especially emotional help, is a sign of weakness, may remain defiantly stoic until their insides give way or they explode. Yet, reaching out is an act of resilience.

Our sufferer may be barnacled to beliefs that no longer serve them. Rob spoke of two people with gunshot wounds, one who saw their injury as a sign from God to find new purpose in his life, the other unable to accept that God would bring this upon her. A person's emotional wound may be deep, but if they view the cause of their suffering as being only 'out there' rather than 'in here', they will remain in victimhood; stay stuck.

Pre-existing traumas may already be overwhelming and incapacitating our sufferer; one more trauma squashes them. It is not until they circumnavigate the pre-existing that they can address the new. Security of accommodation and finances, access to health and welfare may not be present.

The nature of the event has an impact. Trauma perpetrated by another is harder to navigate than accidental trauma. Statistics tell us that men experience trauma events more frequently than women, probably because they tend to work in riskier occupations and engage in riskier behaviours. However, the traumatic events suffered by women tend to be more severe, chronic and violating; childhood sexual assault and domestic violence, for example, more commonly affect women.

For our sufferer to cross the threshold into the special world and undertake the hero's journey they will need the help of a mentor. This mentor or expert companion, may appear by their side or the sufferer may seek them out. The mentor fosters the courage, insight and skills required for the sufferer to move forward. With the sufferer's acceptance of the call and their mentor's aid, the quest can begin.

Tobyn, whose self-destructive inner critic drove him to anorexia during his teenage years, found his mentor in the social worker who 'got him'. Tobyn

stepped onto the path, baring himself for the journey ahead. For Sandra's father, a once-suicidal Vietnam War veteran, it was his meeting with a psychologist 'who had a way with veterans' that led to him accepting his PTSD and engaging in the treatment he needed.

Maurice consulted with the counsellor from the radio station. 'I realised I can't change who I am, I can't change being a person who is blind, this is the new me... People either accept me or not, but I don't need to change.'

The hero may embark on several quests. These may happen concurrently or at different life periods. In a sense, we are always on a quest, but not always with the same urgency, intensity and transformative power of that which follows a life crisis.

Ian Roberts' quest was, in different ways, for personal acceptance and to live an authentic life. He refused to open the lid on his illiteracy for a long time, until Kevin, the acting teacher at NIDA, helped him across this particular threshold.

'It was the first time I felt like someone expected higher of me. He was the first person I told about my illiteracy. It was so not an issue for him. He said, "Okay, we can work with that... you'll just need to work a bit harder."... He changed the goalposts.'

Crossing the threshold, striking out in a new direction, the destination uncertain, is like jumping off a cliff. If it doesn't feel that way, it's unlikely to be a turning point.

Our hero crosses the threshold into the special world, where a series of tests and trials begin. These are all manner of things: physical, psychological and social. To the observer this may appear as a period of withdrawal, either physical or psychological.

Once again, time spent in the special world has no set limit. For some it is quick and for others it is long, and there may be several journeys. The hero will require more than one ally, aide or expert companion; rarely does one individual sustain our hero at all times. Allies travel on a similar quest; they boost the hero's courage.

Our hero needs to draw in those who lift them up and ditch those who do not. They need people with whom they can say whatever they need to say. This

is not a time to please others, or to make them feel better. Frank communication is often needed.

Sandra's expert companion, her husband Jeremy, was already by her side. He too was on a quest. Sandra's mother, friends and colleagues were other companions. Her mother played expert companion to Jeremy.

For Maurice there was an unusual expert companion in his brother Nicholas. 'We were somehow a great support for each other because we weren't so isolated.' Maurice also spoke highly of the matron at his boarding school, where he learned to reach out early.

An expert companion needs to be steady in the face of the hero's distress, empathising, helping them name and manage their emotions but not judging or telling them what they should and shouldn't feel. The companion hears the hero's story, validates them, perhaps offers alternative perspectives, but does not direct the discussion. Patience is everything. Our companion believes in the hero, modelling hope, allowing them to go at their own pace.

Our expert companion gauges the hero's movement and reports on their progress, especially when the hero notices none. At times our companion is passive in providing assistance and at other times more active. Their guidance comes through helpful questioning and suggestions. 'What do you need?' is a fundamental question.

Eric Cassell asks, 'Are you frightened by all of this? What exactly are you frightened of? What are you afraid is going to happen? What is the worst thing about all of this?'

'I used Temazepam and Valium nearly for the whole first three months,' Sandra said, 'until Jeremy sat down with me one day and said, "I think it's time to start not using that as much. You need to trust your body and your mind and you can start falling asleep again." That's all he had to say and I stopped.' Jeremy had timed his suggestion well, and Sandra would probably not have accepted it so readily from anyone else.

Does our expert companion sound too good to be true? Yes. Rarely do we find all the desired qualities in one person or all of the time; our companion will need periods of respite. More than one companion is ideal. But, most importantly, we need our expert companion to see that the hero is more than

their suffering, that they are on a journey and transformation is, potentially, down the road.

‘When she lived,’ Angela’s mother Helen said, ‘I knew she was going to get better. I never had a doubt. I just wanted her to get well enough to have a really great life.’

Our hero will face obstacles, enemies and dark forces. One of the dark forces may be their shadow self; the aspects of oneself that are unhelpful and destabilising, such as shame, self-criticism, feelings of vengeance or anger, jealousy, bitterness and undermining behaviours.

For Angela there were, and still are, many physical trials and obstacles, like stairs, ‘the creatures of this world’, and people who invite her to places she can’t access. Her parents, Helen and Ian, have been her primary expert companions.

‘How can you expect your child to go through this on their own?’ Helen said.

Helen and Ian were, in turn, thrust out of their ordinary world into shock and trauma, put through tests and trials and impeded by others – the paucity of rehabilitation resources for young people, financial and medical constraints.

The trials faced by Fidele, Angele, Prudence and her siblings in the refugee camp, their special world, are beyond comprehension for most of us. Fidele and Angele were expert companions to each other. Their religion and association with those of faith offered them allies. Fidele and Angele also had children to live for, as strong a motivator for survival as one could find.

Rob said that membership of support groups is one of the greatest aides to the sufferer following a natural disaster. Steve’s work colleague helped him over the threshold by suggesting he attend ‘The Beginning Experience’ course. Within the group, members offered Steve solace and insights, and he reciprocated, shrinking his own suffering. Later, with his new wife Rosemary, rehabilitating native animals became his aide.

‘I owe these animals a lot... You know, they don’t judge you, they don’t question you, they’re just there and they love you. That’s all they want in return.’

Expert companions may come through connection online with those who have been through or are going through similar traumas, people who can offer

an immediate understanding of one's plight. Hearing others' stories of survival and triumph through podcasts, blogs, memoirs and movies based upon real-life events can also help.

By accepting and receiving assistance, our hero is giving others the opportunity to show their care and compassion. That is a gift to them.

It is through the period of trials that our hero grows in skill and courage. They listen to their internal world, become curious about their strengths and weaknesses, and trial new ways of thinking and behaving. They learn to discriminate more wisely, both among those they associate with and those they do not.

Maurice tested himself by catching up on his formal education, proving to himself that he wasn't dumb and then embarking on a university qualification. Ian confided in others who were accepting of him, including fellow football players and coaches, well before he outed himself publicly. Angela learnt to talk first by a spell board, then a light reader and then vocally as she advocated for herself and, later, for those who could not. Tobyn learned the skills of mindfulness and self-compassion.

Tests and trials show each individual the strengths they already possess and what they need to develop to continue the journey. Following my brain injury it took eighteen months for me to work out what I could and couldn't do as I learnt to discriminate between roadblocks and thoroughfares.

Ultimately, the hero is propelled towards the final challenge: entering the inmost cave. In mythology, this may be an actual location where our hero faces their biggest ordeal. In a metaphorical sense, we can think of it as the reshaping of the self, the self that accommodates the hero's insights and all that exists within their new landscape.

To appreciate how momentous this is, consider how we create our identity with layers that solidify like a plaster cast. I was born in Australia, so I am Australian. My parents were Christian, so I'm a Christian, or I rejected religion. We were not a sporty family so I did, or did not, fit into this mould. I am the black sheep of the family, or I am the conformist one. I have always risen above challenges, or I don't handle setbacks well. I'm shy, or I'm comfortable meeting strangers.

We see how our identity is created from the biological as well as the social when we look at identical twins separated after birth who grow up into different families, cultures or countries. Their similarities can seem magical.

We layer ourselves with these elements of identity like we do clothes and, even if unconsciously, we try on characteristics for size, opting for what feels right. Teenagers first identify with their tribe through clothes and appearance.

But, unlike clothes, we don't easily dislodge from our identities. Why not? Because we think of our identity as us, in us, being us. To shed our identity or part of it would be like cutting off an arm or a pound of flesh, as if that were an easy thing to do. What suffering does, life crisis type suffering, is cut off the arm, take the pound of flesh. This can be cataclysmic, like with Angela and Maurice, or it can be whittled away like Ira or sculptured like Paul.

This is why reforming our identity in the special world can be the most frightening thing of all. And a new fixed identity, we realise, is setting us up to be trapped again; we need something more fluid, like the reeds that Rob spoke about.

'The cave you fear to enter holds the treasure you seek,' Campbell said.

Jane entered the darkness of the cave when she sought a meaningful life without Georgia. Georgia was gone, only Jane could enact change. Sandra withdrew from her community for three months before re-emerging, chrysalis-like, as a proud mother. 'I didn't really identify with the term "bereaved mother",' Sandra told me. 'I was a mother, I just didn't have my baby with me.'

Ian entered the cave when he sat with his parents at the kitchen table and decided, *Time to turn it off, that's enough. I've had enough. You can't keep holding me to ransom like this.* He knew it was time to live truthfully, he knew it would challenge the parental relationship, but he was ready to face the fallout.

Prudence and her family entered the inmost cave during their time in the refugee camp. Who were they when stateless, without position, without a home? They entered the cave again when entering Australian society as outcasts; were they Australians or were they still refugees? Tobyn entered the inmost cave each time he addressed his self-critical voice and instead of recoiling from it, swaddled it in compassion, and a more compassionate self emerged.

Before returning to the ordinary world our hero must examine their core beliefs and refashion them. As Paul Gilbert said, we walk around slightly dissociated from reality, believing that bad things happen to other people. The first challenge to our hero's belief system is, 'Why me?' The answer to that is, 'Why not me?' We are all part of the fragility of life.

Trauma brings into question three categories of core beliefs: the benevolence of the world – people around us are decent and good, our world is fair, the world is meaningful (things make sense, events are predictable, we have control); and we are worthwhile and deserving of good outcomes if we behave well.

In the ordinary world our hero believes her child will outlive her. *If I do all the right things I'll have a healthy baby. If I'm disabled or displaced, I will not be discriminated against. If I adopt a healthy lifestyle I won't get sick. I have control over my life. I have agency. Disasters happen to other people. Life is fair.* But in the Black Saturday bushfires some families' houses were left intact while their neighbours' were incinerated.

Richard Tedeschi's analogy of the city damaged by an earthquake and its aftershocks is a wonderful illustration of the transformational process. Infrastructure is destroyed, disrupting the city's capacity to function. Some aspects of the infrastructure may survive; perhaps it was better-constructed or just plain good luck. It's necessary to get the city functioning again as soon as possible, but it is equally important to rebuild it with greater resilience, to accommodate future earthquakes.

In the rebuilding phase our hero moves out of intrusive rumination towards reflective rumination, although not completely and not all of the time. There is oscillation between the two, but gradually reflective rumination takes over. Reflective rumination gives birth to what we might call wisdom. Wisdom steers the hero. They become more deliberate in their thinking.

Parts of the storied Self may survive the disaster intact, while other parts are broken and need to be remade. This is the paradox: we need to let go before we can find, but we are frightened of what we'll lose rather than being drawn to what we'll gain. Rob said, 'People can't let go of their sense of agency or their wishes because they fear that they will lose themselves, but the self they're going to lose is not really the real self. It's a self that is supported by their world, their

understandings and so on. It's only when you let that go that you find out what's left. There is something left and that's really more important.'

So what is left?

My crises sent me into freefall and I ached for stable ground, a secure landing place. I did not find it in the psychiatric hospital, I did not find it at home and I did not find it 'out there'. But I did read a story by an American woman who would later take on the spiritual name Pema Chodron and write the book *When Things Fall Apart*. She was living in New Mexico, USA, and was sitting outside her house drinking tea one day when her husband returned home. He announced that he was having an affair and wanted a divorce. She was completely bowled over but, 'I regrouped and picked up a stone and threw it at him.

'When someone asks me how I got involved in Buddhism,' she said, 'I always say it was because I was so angry with my husband. The truth is, he saved my life. When that marriage fell apart I tried – very, very hard – to go back to some kind of comfort, some kind of security, some kind of familiar resting place. Fortunately for me, I could never pull it off. Instinctively I knew that annihilation of my old dependent, clinging self was the only way to go.'

It was a revelation for me to realise that nothing in life is certain, nothing at all. There is no stable ground, for anyone. I was not alone in this, I just happened to be seeing this truth more clearly at the time.

Life is like river flow. We identify a river, but its flow is never the same. The river is always changing; getting a little wider, a little shallower, flowing slower or faster. We identify a Self but we are in the flow of life – we can no more pin down certainty than we can hold running water in our hands. If we continue to strive for certainty our suffering will be sustained. If we let go of the notion of certainty our suffering will ease.

'The first function of mythology,' Campbell said, 'is showing everything as a metaphor to transcendence.' Ira reminded us that we have very little personal control, and the apprehension of this is empowering. Releasing our fixed notions of how things should be, how they should go and who we are is the conduit for transcendence. When our hero enters the inmost cave, they die to become reborn, to transcend their suffering.

When Jane re-emerged, her relationship with Georgia had transformed. 'I still talk to Georgia.' When Angela gave her TEDx talk she came out as a survivor and a thriver; she was not ashamed of who she now was. Steve re-emerged 'sceptical about the notion of competition... I've looked for other ways to take my profession, and to use it in better ways.'

Rob remarked that those who rebuild their life based upon external parameters are treading a more fragile path than those who take as their guide meaning, purpose and values; internal parameters. The seeds for growth are internal. Our sufferer will remain stuck if they stay focused only on what is lost and not on new life purpose, what could be.

'I think there is a core, which emerges when a lot of other stuff is stripped away and you realise, I still exist,' Rob said. 'It helps greatly if they have values that are not completely immersed in the external everyday world.'

When our hero returns to the ordinary world they undergo a process of re-integration. They may no longer find value or enjoyment in the same things. At first, our hero is more comfortable associating with others who have travelled the hero's journey, who share in the knowledge of loss and gain. But the journey will not be complete until the hero finds ways to be their new self, enriched by the company of a wider circle who offer fresh joys and perspectives and, in turn, offering them something.

Things didn't turn out the way the hero had imagined they would, so a new life story needs to be written. Our hero can usually demarcate a point that marks 'before' and 'after' the trauma. The old story tells of our hero's former life and how that came to be. The new story tells of our hero's changed circumstances, their new way of being and what the future might hold for them.

When I say write a new story I mean this both metaphorically and literally. Create a story in any format that makes sense. I'm a fan of mind mapping, for example. Some people write songs or poetry, create artwork or objects.

The Australian composer Nigel Westlake's son Eli was murdered, and Westlake was plunged into immense grief, unable to write any music for a year. Then he wrote *Missa Solis: Requiem for Eli*, first performed by the Melbourne Symphony Orchestra in 2011. He, his wife, Janice, and their older son, Joel, were

in attendance among the audience of 12,000. It was an emotional release for them all.

‘Now I know,’ he said, ‘music can be a form of memorialising someone dearly loved. It can represent a physical entity of the departed spirit and you can keep the spirit of the person alive through the vibration of sound. This act can also serve as a form of healing for others who have experienced loss.’

I visited the Black Saturday bushfires memorial in Strathewen in Victoria and viewed the 10-metre-high tree of steel and copper made by hundreds of volunteer blacksmiths, each leaf carrying a message. At the base of the tree the inscription reads: ‘I have risen from the flames, I have stretched across the earth, I am shining with your name.’

The basic units of our brain are neurons. They are anatomically simple structures, but we have an enormous number of them and they work together. From this we get emergent properties of the brain, consciousness, sense of free will and self. We also get story.

Stories arise because humans are pattern recognition makers. We find patterns in nature – the seasons, plants, animals. We find patterns in the behaviour of others, in the way we do things, even in the stock market. If there is not a pattern to be found, we make one – interpretations, superstitions, prophecies. We abhor randomness and chaos.

From our patterns we sculpt a version of us and a version of the world and how we operate in it. Suffering, then, is when our patterns are disrupted and no longer fit. Suffering eases or ceases when we create new patterns, when we’ve landed on the farther shore with a new coherent story. It is all an illusion in the end, but it is our nature to find these patterns, create stories and a narrative that encompasses the whole. We can’t *not* do this.

Antonio Damasio has said, ‘The problem of how to make all this wisdom understandable, transmissible, persuasive, enforceable – in a word, of how to make it stick – was faced and a solution found. Storytelling was the solution – storytelling is something brains do, naturally and implicitly.’

Our hero has arrived back in the ordinary world but the old won’t work as before; it has become new territory. The hero’s new story needs to draw on beliefs that function and hold in the new (ordinary) world. This means finding

new purpose, a deeper purpose, meaning and mission, practical ways of living. Once our hero works these things out, we have a new story that's going somewhere.

Our stories link past, present and future. They give us a continuous narrative that shows the points of major disruption, like growth rings in a tree or strata in rock that tell of climatic events long gone but still encoded. By looking back over our story, we see that events can appear as random, or out of our control, but we retain a core that is not. What this core is, is for us to fathom. One thing is certain: as we look back through our life strata we can see our life force, see our courage and our thirst for life. We know that this is not random; this is part of the core.

Let's never forget though, that loss is loss, grief is grief and harm is harm. Our hero will continue to co-exist with the consequences of their traumas.

We will run alongside grief as we find new joys. Old ways are shut off while new ways open up; old relationships die while new ones flourish. This is the coming and going of common humanity. But we have a choice. Do we embark on the hero's journey or do we refuse the call?

Chapter 13

Life is short. Life is precious. Any day it could change.

The great gift of human suffering is that it shows us what we don't need as well as what we do. It winnows the wheat from the chaff, opens rather than closes, and pilots us towards life purpose, if we choose to view it in these ways. Our storytellers did just that; showing us that it is the individual who traverses suffering, and it is in the individual that we see the universal.

What are the lessons and practices that we can embrace from our storytellers? What can we extract from the field of post-traumatic growth research, even if we haven't experienced trauma or the outer reaches of suffering as others have?

All our storytellers changed the way they viewed themselves and their assumptions about the way life goes. This points to the benefit of a more fluid Self, a pliable Self with an easier-going relationship with the assumptive world. It is becoming less afraid of change, the external and the internal things will not always turn out how we expect – for some more so than for others. So it's fashioning a sense of self that accommodates the known world, with the expectation that this world will change and we will morph again. It's a Self that accepts what is, for now, but with a looser grip. A fixed Self with fixed notions of how things should be is the formula for becoming stuck in suffering.

My GP, who had a heart attack some years ago, told me that since then, she doesn't 'sweat the small stuff'. Irritations that bothered her before now seem irrelevant. Her external world didn't change, but she did.

Our storytellers became familiar with their internal weather. A farmer who never looks at the weather report and sows his crops regardless is sure to have hit and miss harvests and eventual failure.

We can develop our internal antennae through formal practices like mindfulness, meditation and psychotherapy, or through conversations with others who are similarly inclined. Support groups, enquiry and practices of a spiritual, philosophical and religious kind can help here. The fundamental qualities to bring to our enquiry are curiosity, introspection and discernment.

Suffering is extremely exhausting. It can consume everything we have, especially during the survival phase. One antidote is to drip in self-compassion. Self-compassion means holding ourselves like a loved one would. Finding ways to soothe and connect, even when we feel crushed. Keeping the light of hope in our hearts. Sometimes we do amazingly well just to get through the day. At other times we can push through, and there are also times when it's best to go easy. There can be more potency in gentleness than in force.

Latching solely onto the external, such as status, material wealth, occupation and in-group membership for our assumed identity means that, when the fall comes, the landing will be harder. The alternative is to be guided by the internal: ethics, values, a moral compass or a spiritual framework. This requires a lot of soul searching, and this soul searching is for each of us to do. It's the holy road to finding meaning and purpose. This isn't an argument against materialism but it points to where contentment is to be found. There is no pot of treasure to be hit upon, but rather the 'foundness' is the change in us. Looking for meaning and purpose in materialism can be a diversion from finding this new us.

We can be helped in this search through readings, courses, teachings and fellowships that enrol us in existential/philosophical/spiritual questioning. This is a form of personal hygiene. How do I want to be remembered? What mark would I like to leave on the world? What are my priorities? How do I become a better person? How do I find meaning? What is life purpose?

We don't need as much security as we think we do; after all, there is no inherent security for anyone; it's a fiction. By simply being alive we walk the tightrope of security and insecurity. We fabricate thickets of security around us through habits, routines, work, finances, relationships, lifestyle and busyness, but these things can't beat sickness and death, disappointments, surprises, failures and things not going the way we want them to.

We have little control over most things. Discerning this and knowing what we do have influence over is empowering. It shows us where we stand, which is not on much. This eases the way to accepting life outcomes, taking things less personally and operating with less self-recrimination and disapproval. Being less rigid.

Steer towards a smaller I and a bigger We. This is the astronaut's view, a capacious view of our place in the flow of life. Some ways we can cultivate a smaller I and bigger We are through personal service to others, giving back, experiencing awe in nature, through the arts or sciences, being a member of a closely bonded team, going on a pilgrimage or a retreat, experiencing discovery, putting ourselves in someone else's shoes for a time, or perhaps being an astronaut.

Technology is offering us new ways to experience the bigger We. Transcranial magnetic stimulation of the brain and other forms of non-invasive brain activation can expand our perception of the world. Virtual reality films that employ 360-degree cameras give the viewer an enriched, immersive experience of something they wouldn't otherwise experience. Augmented reality adds virtual elements as an overlay to the real world, combining the digital and the real, creating endless possibilities.



We are more robust and courageous than we realise.

Reading through the personal stories in this book and hearing the stories of others who have overcome tragedy, great misfortune or loss, we may wonder, *How did they do it? Where did they find the courage to continue?* We may believe that we could never do that. But we can.

Immediately after a major life crisis we are operating blind. It is a journey we didn't foresee, it's not something we were mentored for or trained to do, but we can draw on the courage we need. We can face challenges beyond the imagined. Those who have been through major suffering know this, and for others, it is something to be taken on as faith.

Knowing that we have the seeds for such courage within means we can engage with life in a less anxious way. We can face fears, we can feel easier not knowing what the future holds for us. We can stop worrying so much, be less fearful.



Relationships are foundational; they are as essential as breathing.

Our brains are social, our minds are social, and we live and operate in a social world. Intense suffering shows us how social we are, how much we need connection and what kind of connection we need. A frog only fully understands the qualities of water once it has left the pond. I suspect that very few of us could live as a hermit in a cave or in the forest, able to accommodate complete withdrawal from social life.

Our storytellers have shown us that we find comfort, support and guidance from people we didn't know could provide it. Some people who we thought would be pillars of strength aren't. Cultivate a range of relationships in different social contexts, and be careful about predetermining who we can connect with and who not. My recovery period showed me how much I'd narrowed my range of relationships; now this range is richer and broader, and less stereotypical.

Building relationships is a skill and a choice. Quality relationships don't just happen, and they take time; prioritise time for them. Remember birthdays and celebrations, and write notes of thanks. Go to that wedding or funeral. Find a tribe and engage in their activities. Be the initiator for contact. Meet someone new, don't just rely on pre-existing connections. And remember, animals offer connection too. Orientate towards people who align with your life purpose and values and you may be surprised who these people are. The reward of connection is contentment and joy.



We need to be shaken out of our dreamlike state every now and then, woken up.

All our storytellers were woken out of their dreamlike state by their life crises, but emerged thankful for the new vistas that unfolded. They spoke of living authentically, living their truth, and with an added vibrancy that wasn't there before.

Our dreamlike state hides ignorance, a closing off from how things are beyond what we habitually see and know. The physician who ends up in a hospital bed as a vulnerable patient is shaken by their experience, given a reality check that alters their approach to patient care in the future.

Dissociation from reality like this is a way of remaining comfortable, secure and a little superior – all alluring inducements, for sure. But doing this means we separate aspects of ourselves from our fellow beings, losing the chance for deeper connection.

Dissociation also sets us up for being blindsided by something that we might have seen coming, like Pema Choden's husband turning up with his announcement.

A downside of not being shaken up is that we remain held within the velvet glove of comfort. This glove encourages us to do more of the same to avoid stepping outside of the proverbial comfort zone. It narrows our focus. Extricating ourselves from that velvet glove might feel like dislodging a fly from sticky paper.

For most of us it will take a crisis to be pushed out, kicking and screaming, from the comfort nest. Parent birds do this for good reason. But unless we do, we will remain shielded from new opportunities and growth experiences gained from new perspectives. We avoid risk-taking. I'm not talking about being reckless, or foolish. Downsize life; we have more stuff and more created demands than we need. Too much becomes a weight, it hampers growth.

A particular mental poison is to live with regrets, maybes and what ifs. Open yourself up to new opportunities, take on a different life path, develop new interests, reprioritise, change your wardrobe, where or how you live; shake up that inherent resistance to change.



Appreciate the preciousness of life, savour life's moments, because life is transient. Do that thing you are always talking about – do it today, plan for it now, for tomorrow everything may have changed.

In everyday life we have much that we could be more appreciative of: a blue sky, birdsong, friendships, conversation, being mobile, being part of a community, friendship, family, having a home, but if we haven't been threatened with the loss of these things, it's harder to appreciate their preciousness.

Gratitude is like self-compassion, it often arrives out of the blue like a call from an old friend, unexpected and delightful. We can be more purposeful in cultivating gratitude. Those who have been through suffering speak of the good things as 'blessings' or 'gifts'. We can grow gratitude through a gratitude journal, writing about specific events or people that we are thankful for and elaborating on why. The list keeps expanding. We can slow down, take in the full experience, breathe and give thanks.



Say hello to the child within; see things as kids do.

A benefit of suffering is that it tears down pretension and self-consciousness, constraints to spontaneity and wonderment.

Playfulness and wonder are forms of transcendence that we can jettison with the responsibilities of adulthood. Children and pets naturally bring out joyfulness in us. Be playful, lose those inhibitions, and be silly sometimes. Take a chance. Laugh.



Without exception our storytellers engaged in personal service to others. I call this compassionate action.

Once personal suffering has opened us up, like a surgeon opening the chest cavity to reveal a beating heart, we can't put away knowledge of, and our empathy for, the suffering of others as easily, and nor do we want to.

Compassionate action has the paradoxical effect of easing the suffering of others while also granting us connection that feels deep, full and uplifting. PTG research has consistently found that being of personal service to others rewards the giver and offers meaning and purpose. That's gold right there.

Compassion doesn't have to mean serving meals to the homeless or rescuing animals. It could be tutoring our children in life wisdom more closely, planting trees to counteract climate change effects, becoming a benefactor, building a particular product that improves lives, or activism to reduce racism.



My curiosity about suffering had been first aroused when Ashley had needed my help and I'd responded in a way that felt different from before. During my investigation, a further realisation about my daughters came to me.

Trying to be all things to my three daughters after the marital separation was a source of suffering. I could no more be a mother to my daughters than their mother could be a father to them. We each had different personalities, ways of communicating, interests and parenting styles, and our daughters would be richer for drawing from us both. I was the only father they had, our bond was unique and it was strong. I did not need to go beyond this. Accepting these truths eased my suffering.

The summer holidays were approaching and plans were being made independently of me, so I needed to act. With Emma, nineteen, visiting from Sydney, where she had recently moved, I managed to get the three of them together for a family conference over dinner.

'Girrls,' I said. The way I said 'girls' as a collective noun was a standing joke, and they each echoed this refrain with cartoon-like characterisations.

'We will all be going our different ways soon, and who knows when we'll be able to spend time together again.' They nodded in assent. Ashley, twenty-two, would be moving out of home and into a share house in Brisbane with friends, and Amelia, seventeen, had already determined she wanted to move to Melbourne after school to live and study.

‘I’d like to share with you the wisdom I’ve gained from my years of living. How about we go camping and I do that?’ Camping and walking were activities that we did together. The older two loved it, though the youngest was more reluctant, especially if it involved bushwalking.

‘All right,’ Amelia said with a resolve that surprised me.

The others agreed, and a small thrill ran through me.

We worked out dates and I booked a safari tent within the grounds of a guesthouse, in a mountainous national park about two hours from home. The tents came with beds and a small verandah so we would only need to bring sleeping bags, food and cooking gear. Whatever the weather, I thought, we could complete our mission. We would have three nights and four days together.

On our first evening, as we sat around on the verandah after dinner, the candlelight washing over our faces like water flow over creek pebbles, I opened the topic with an, ‘Okay girls.’

‘You know Mum and I both love you?’ They nodded. ‘I want you to know you will always have a home wherever I have a home. It may not be a big one, but there will always be a place for you.’ I felt our circle of intimacy deepen, and softness came over their faces. I hadn’t workshopped this but I had been thinking it through.

‘I’ve also found,’ I said, ‘that success in life is being contented. Happiness is elusive; it goes up and down, like the waves of the ocean. Contentment is more reliable, it runs deeper like the water beneath the waves; still and always there, whatever is happening on the surface.’

They were quiet and nodding.

‘One thing I’ve learned,’ I said, ‘is that contentment often comes from connection with others. You three already have a gold medal in this department. You’ve got each other, in spite of your different personalities.’

They smiled and glanced at each other, acknowledging the truth of this.

‘You get on so well. When you’re together you are always laughing. What you have is really precious.’

‘Your second gold medal is your parents, who both love you and will look out for you as best we can.

‘Your third gold medal is your friends. You all have good friends.

‘Your fourth gold medal is your acquaintances.

‘You’ve got your best friends, but no friend will ever replace the histories you have together and the way you understand each other. There will be times when things won’t go well for you. That’s inevitable. You won’t always be fun to be around, but still, be there for each other. Stay connected, don’t lose what you have.’

They were attentive, a gleam in their eyes. The acrid smoke from someone’s campfire that had been intermittently blowing in our direction had ceased.

I explained that we can let the winds of life blow us where they may, or we can set an intention to steer by. We can’t control how our life turns out, but we can influence the outcomes. You make your life or you let life make you. I gave them the analogy of the sailing boat. Knowing they were embarking on different careers, I said, ‘The way to tell if something is meaningful to you is if, after being knocked down, you get up the next day and think, “I want to give this another go.” And you keep doing that.’

‘In my experience,’ I said, ‘success in what you’re doing often comes just when you feel like giving up. It’s like you’re a pin pushing through something – suddenly there is an opening and everything comes together.’

‘Ahh,’ Emma said, as if connecting something with this statement.

I had some practical things to impart too. I suggested they start investing small amounts of money regularly, and recommended a platform for doing this. ‘Take a self-defence course,’ I said, ‘because our worst enemy is fear. You don’t want to be overcome by fear when you need to be thinking clearly.’ It wasn’t late, but we were all droopy from the long day of packing, driving and setting up. It was time to wind up.



The next day we went for a long walk, getting the physical and mental cobwebs out of our system, then finished in the evening with a home-cooked curry, rice and salad and sat for a while around the campfire.

The following morning I wanted to show the girls how to do mind mapping, as a way of setting their intentions. We took coloured pens and paper to the

guesthouse library, where we spread out around a big table. I ran them through the principles of mind mapping and, as an example, wrote 'contentment' in the centre of the paper with branches coming off this to the types of things that I thought contributed to contentment: family, nature, home, relationships, occupation, health (mental and physical) and hobbies.

'Mind mapping is an organic way of creating a picture of how you'd like something to go,' I explained. It wasn't goal setting, which came after the intentions were in place.

We spread out and began drawing and writing, heads down. We spent the whole morning like this. Around lunchtime we took our mind maps outside and sat on benches overlooking the expansive view. We conducted a show and tell, holding up our mind maps like a school project and explaining them. Ashley and Emma had chosen contentment at the centre of their mind maps, while Amelia had decided to go with happiness.

I was surprised at how pruned back and uncluttered my mind map was. I had completed personal mind maps before, but they had been busier than this one. This was life stripped bare of the trivialities, with the necessities amplified. There were five branches: Relationship/connection, home/community, health, occupation and finances. Most of the elements in these were described through drawings, rather than words.

We applauded after each presentation and asked a few questions. Amelia's was the most precise and full in its detail – no surprises there, given her scientific leanings and list-making inclinations.

On the final morning, I sensed a fluid web of connection between us all. There was an air of not wanting this to end. We had camped before, but not with a directed purpose like this. We packed the car and went on a half-day walk that Emma had insisted we do. It turned out to be the best walk ever. We left the heat of the day behind us and descended through rainforest gullies and sat contemplatively beside rocky creeks. Amelia and Emma climbed, spider-like, up a sheer rock wall networked with clinging vines that reminded me of a ruined Angkorian temple.

At the endpoint of the walk we reached the waterfall. Ashley and I dumped our packs, stripped down and edged onto the rock ledge under the waterfall.

Heavy beads of water hammered our heads, cold and hard – it was exhilarating. Emma joined us. Then, at Ashley's behest, Amelia, who had been reluctant, joined in. We shrieked and laughed. We were children again, all of us.

Upon our return we flopped down on the lawn at the start of the walk and sucked on our water bottles and peeled oranges.

'Dad, can we do this again?' Emma asked.

'Yeah,' the other two said.

'Of course we can,' I said, a broad smile erupting. 'Same time next year?'



The bonfire in my neighbours' yard was set and I was joining in. It was a month after the camping trip. Branches sheathed in rust-coloured leaves poked out of the pile like broken arms, and tree trunks like sawn torsos formed the base of a mound of flammable material that stood higher than my head.

Impregnating the mound at raked angles were twenty years of case files, their pages of handwritten notes splayed open like dissections, recording twenty years of the personal histories of people I'd worked with, twenty years of crafting my clinical skills – time capsules of my former Self. For good measure, I'd also chucked on the ring folders enclosing the letters of demand, correspondences and documents from the banks and lenders who had trammelled us during our financial meltdown.

That mound represented a Self that had begun to form long ago when, at the age of sixteen, I picked up a book called *What Freud Really Said: an introduction to his life and thought* by David Stafford-Clark, a British psychoanalyst. As a curious and sensitive teenager, I wanted to know why people did what they did, and this book opened to me the world of the unconscious mind. Like peering through a telescope to a new universe, it explained why we behave the way we do. It led me to reading Sigmund Freud's major works and studying psychology at university, busting to understand the prodigious variants of the human psyche.

My knowledge of the human psyche would evolve as I was exposed to new ways of fathoming human behaviour, but the wonder of that revelation has

never left me.

So as I held a match to the mound, I was holding a match to much of my past, much of me. It was not only the incineration of old paperwork, it was a sloughing off, a disposal of a big part of my storied Self.

As the flames licked up the side, crackling and hissing, smoke whirling like a lazy dervish, I felt both sadness and a little apprehension at what I was doing. But as the radiant heat of the fire grew, forcing me to stand well back, it was release that I felt most, an enfolding lightness – liberation. And I thanked my investigation into suffering for giving me the fortitude to be able to do this. The courage and wisdom of my storytellers had seeped into me.

Soon after this, I downsized my possessions, selling and giving away years of accumulated stuff; things I now felt burdened by. I stored what I had left in the neighbours' shed with enough of the domestic and personal basics I would need to set up again, whenever that time should come. I wanted to shake loose the twenty plus years of routines and responsibilities that had bound me while working and raising my daughters in this very neighbourhood. I wanted to feel the freedom of insecurity again, the freedom of not being too far ahead of myself. I wanted aliveness.

When I'd told my daughters of my plan, that it was my turn to be irresponsible, Emma looked concerned, and said, 'Dad, don't stay out too late.'

I smiled.

I intend to remain irresponsible.

Epilogue

The journey of our storytellers is constantly evolving, and I was keen for an update on where they were at before publication. Some spoke with me by telephone and others through email. As usual, they revealed their individuality and the universality of the human condition.

Jane

When I asked Jane for an update she had returned from Port Fairy and was living in her hometown again and with her new partner, Tony. Pompidou had passed on. Bollinger, Georgia's Cavoodle, and Claude, a young poodle, were living with her. By coincidence it was the sixth anniversary of Georgia's death.

'It is six years to the day that my Darling Georgia died. My body remembers every year before my mind. Yesterday I was born (Jane's birthday was the day prior) and today my Georgia danced into the stars and left me! God I miss her so.

'Today, we gathered at her tree and honoured her as I do every year since she left. We held hands around her tree and each person named a quality of hers they loved and sent her a blessing. Stories were told and she was with us in all her glorious *outré*.

'This ritual marks the passage of time and punctuates the grief into manageable lots. We would all give our own lives in a heartbeat to secure our child's... but life has its own plans and such exchanges are not an option.

'I did not know what to think and feel after Georgia died. I was laid to waste by Georgia's dancing into the stars before me and by the loss of her wonderful spirit, fiery nature and beautiful heart. At that time I felt slain in every way but yet I lived. Now, through love in all its forms, I have been resurrected into a

changed version of my old self. I will never be the same person again. Nor should I be. Our heart can be petrified or cracked open. My heart cracked open and love moves in and out but it never leaves.

‘The setting of the sun draws a shroud over my sorrow where I can breathe out and in the dawning of the day is always the realisation that she is not here in her physical form but Georgia is with me all of the time. Because of her I am crisper, braver, more open and I have a deep understanding of the preciousness of this life we have.

‘I look at my son and am so grateful he is still here. I am more attentive with him and I take nothing for granted. Every encounter with the living could be my last. I try, and often fail, to remember how special every meeting and parting is to me. It could be the last. I am so glad when joy visits and accepting when it leaves. Life, after all, is a series of arrivals and departures!

‘I am more compassionate nowadays. For me, there are “no others”, we are all shepherding each other home. I am a better, more present, more layered and rounded mother, partner, friend and therapist. I feel I am now in intimate relationship with the universality of human suffering; we are no longer distant cousins. This intimacy allows love to flow around me to others, to life, to me.

‘I know now what really matters, it’s not the small stuff we spend so much time on, and believe me, I still find myself heading down those rabbit holes of anxiety but I am quicker to re-emerge, see the beauty of all of us in this world and feel blessed to be here, no matter how long this tour will be. The exquisite nature of suffering is to come to know the seams of gold in the coalmine of life and to see them in the darkness. These seams are the best versions of us. Complacency has left and gratitude, bliss in connection and profound acceptance has arrived.’

Steve

‘Some four years after the death of Helen and Andrew, I met Rosemary at the home of a mutual friend. I thought little more about it. She was studying medicine at the time and I was still deeply involved in helping with Peter’s recovery and battling the education and health systems.

‘One day when looking out the kitchen window I saw this person riding a bicycle up our rather long and bumpy rural driveway. Rosemary had come to visit. We became good friends and not long after, in 2006, we were married. After nearly 24 years we are still happily married.

‘Rosemary and I have given more than 6000 wild mammals a second chance of life and in so doing have learnt much from them. Reaching out to these creatures has been the key to my recovery. We have learnt that human exceptionalism has no place in the future of the planet and simple terms like sentience vastly undervalue the contributions animals can make to the world if properly understood.

‘I am doing a second PhD, this time on wildlife stress and trauma. Rosemary is continuing her medical work as a general practitioner.

Peter has made remarkable progress. He has gained a number of certificate and university degrees. He is now married to Jeanette with a young daughter, Sofia, and has casual employment. It is a happy family with their own home and friendly neighbours in Canberra. This is a far better outcome than was anticipated at the time of his head injury all those years ago. He visits the farm and helps out. I feel my work with him is now done.’

Ian

When I sought an update from Ian he said he was applying for an entertainment visa to the US. He was keen to return to LA and pursue fulltime acting again. ‘I’m still waiting for my big break’.

He continues working as one of four improvisational actors with the National Rugby League theatre program. This program gathers players and personnel together behind closed doors. The actors play out 5 or 6 ‘uncomfortable’ scenes drawing on themes like misogyny, bad language, racism, homophobia and social media presence – what not to post and understanding how ‘degrading social media can become’. Ian is continually amazed, he said, at how many young people are unaware of the effects of bullying and homophobia in the social media space.

Ian also works as a ramp manager for Virgin Airlines.

Dan and Ian are going strong. Ian's mother is in good health, she was sick when we'd last spoken. Ian speaks with her 'most days' and visits her a couple of times a week. He described their relationship as better than it has ever been.

Ben, one of the cats that saved Ian from suicide is still living with him and is 13 years old now, however Bill is deceased.

Sandra

'Since we met, as always in life, a lot has happened. Life continues to be full and meaningful. Our eldest daughter has started university and is pursuing early education teaching; our youngest is growing, happy and healthy! We have sold our house and moved elsewhere in the same area while we plan another building opportunity, and, I have moved my private practice and am now enjoying a larger, beautiful space with Loretta. Sadly we had to make a tough decision for our little companion, our dog of 14 years, Max. He was old and no longer enjoying a quality of life with us, he died just a few weeks ago, June 2019.

'I continue on my path of growth and have started research through a Master of Philosophy. This idea of growth after trauma and how we have the capacity to not only bounce back but also experience growth continues to resonate with me and interest me deeply. I am particularly interested in how emotions play a role in the path to growth. We know that developing a story that makes sense to us is a pathway to growth and I want to look at how understanding our emotions may help develop that story. I will spend the next 3 to 4 years immersing myself with this (feeling completely out of my depth!).

'In September this year, 2019, it will be 10 years since I held my son. Ten years since we fit what should have been a lifetime with him into a few hours. I notice I am resisting and the anticipation leading up to his anniversary is causing me distress. It's okay though; it is another part of my grief.

'One more thing, Jeremy and I continue to walk side by side in life, he is still my expert companion, my husband and my greatest love.'

Angela

When I caught up by telephone with Helen, she told me that she, Ian and Angela had all been unwell with coughs and colds and with the winter. 'We're all a bit out of sorts,' she said.

The National Disability Insurance Scheme has taken over the care needs for Angela including funding and case management. This has provided more backup for Angela and freeing Helen from doing night shifts when Angela is unwell. Helen and Ian have more time with their grandchildren.

Angela was awarded an Order of Australia in 2019 for service to community through social welfare organisations, and which cited 'Advocate for young people in nursing homes, Young people's care and Domestic Violence, current.'

Angela has had to make a few adjustments recently. She had a fall, which put her into hospital for 2 days and her long-term carers and her personal trainer have changed recently. This has sent Angela into a bit of depression, Helen said. She continues to work with NAB.

Angela is continuing to speak to students around Australia on her quest to educate the younger generation and to eliminate relationship violence for future generations. She has contributed to an updated video showing the people she has met along the way and the things she has been able to accomplish. This video, which was funded by her employer NAB and Rotary, will be released in schools.

In 2018, Angela was a key consultant in the production of a hidden app called 'Sunny' for disabled women who are in domestic violence situations, to help them stay safe and to leave the situation.

Angela recently had her first holiday away and visited Cairns, Queensland, accompanied by her carer, Liz. But, although she had a great time, she 'may have done a bit too much,' Helen said, as she was still tired from the trip. Helen and Ian are undertaking their first major overseas trip this year, going to China and Japan.

Prudence

Since I last caught up with Prudence she was shortlisted as a finalist in the Australian Human Rights Commission Awards for 2019 under the 'Racism. It Stops With Me' category. Her listing describes Prudence as 'the founder of E-

Raced, a program for school students that champions the stories of refugees and immigrants who have migrated to Australia. Prudence's tireless work to prioritise refugees' voices promotes empathy and understanding of their humanity and experiences, challenging pre-conceived stereotypes and racism.'

E-raced now has two office locations in Toowoomba (Queensland) and Mount Gambier (South Australia), with over 120 young people who share their stories around Australia.

Prudence has been listed as the ninth most influential person in Toowoomba's top 100 list for 2019.

Angele, Prudence's mother, now works as a kitchen hand in an aged care facility. Her father Fidele recently completed his training and is expected to gain employment in the disability sector as a personal caregiver.

Rob

Dr Rob Gordon continues to work in the field of disaster psychology advising clients, communities and agencies on how to recover and rebuild lives after a natural disaster.

He told me, 'I have multiple projects, reports and chapters on the go, all of which are way overdue but my work continues much the same as before. Best wishes for your work.'

Tobyn

'My research, like my clinical work, concentrates on chairwork (a psychotherapy method that can be used to explore internal and external dialogues). In CFT, chairwork is frequently used to work with patterns of self-criticism and internal shame.

'Given my own history, it is perhaps not a surprise that my working life has become focused on self-criticism and shame. I also work as a trainer, within the National Health Service in the UK and for the Compassionate Mind Foundation.

'More importantly, I am enjoying being a dad to my young son. Being a parent seems to me to be the best training any psychotherapist could have! I live

and work in Manchester in the UK and whilst I'm originally from the South of England, I have found a home in the city and love the people and culture here.'

Ira

'Ultimately, we are all role models for others, and if we can help ourselves and others to find more positives to focus on, we can create a huge positive mindset movement.

'Like with so many popular techniques, mindfulness is also encountering criticism, mostly when presented as the panacea to systemic issues. My programs consist of much more than mindfulness, although it is still a very powerful tool to achieve a level of self-awareness, which is much needed and hard to achieve.

'At the time of writing this I have presented the "Resilience on the Run" program to more than 2000 Queensland junior doctors. I am encouraged by the immensely positive feedback we receive and humbled that my professional and personal experiences can be of help to others.

'The ongoing support of the Australian Medical Association Queensland and Queensland Health for this program and its follow-up "Wellbeing at Work" ensures much-needed support for doctors who care for others on a daily basis.'

Maurice

I asked Maurice for an update on the activities of Blind Sports and Recreation Victoria. He told me that it was established in 1977, its principle aim being to enable people of all ages who are blind or vision impaired to participate in any sport or recreational activity of their choice.

'Up until 2009 we had supported 9 affiliated sport and recreation clubs for the blind in traditional sports. In 2019 we cater for participants in 38 different sport and recreational activities, many of which had never been conceived of as possible for blind and vision impaired people to join in with in any meaningful way: The latest being Australian Football League Blind Football.

'We also have a number of different walking programs, enabling people to walk on a regular basis, as well as opportunities to travel interstate and experience new environments if anyone wishes to do so. Some of these programs

need to be modified to meet the needs of our participants, so we rely heavily upon the many contributions of volunteers and sponsors.

Lastly, he said, 'Life is for living and learning, loving and laughing.

Live for today, look forward to tomorrow, and learn from yesterday.

Life is precious!'

Paul

Paul McFarlane wrote to me saying that he continues to lead and develop the Chaplaincy program at NSW Ambulance. He was appointing additional volunteers for the team and exploring new and innovative ways to provide spiritual care to the people of NSW in times of crisis. Two of his team have recently commenced PhD studies exploring the role of chaplaincy within an ambulance service and also the way that chaplains can help paramedics to overcome moral injury throughout their career.

'I'm increasingly providing support and guidance to ambulance services throughout Australia and New Zealand as they develop and grow their chaplaincy programs. In late 2019 I was invited to present a paper on "The role of spiritual care within First Responder crisis care" at an international emergency services conference in Växjö, Sweden.

'My eldest son is thriving as a first year university student and my youngest is bracing himself to tackle the Higher School Certificate (HSC) next year (2020) before hopefully embarking on a career as a Paramedic.

'My wife continues to provide chaplaincy and welfare support to one of the biggest and most culturally diverse high schools in NSW where she passionately supports the refugees and the most vulnerable members of the school community.'

Acknowledgements

I wish to express my enormous gratitude to the storytellers who people this book. You trusted me with your life stories, baring your hearts and minds and through that, offering us shared humanity. You have populated my mind for the last three years and I could not be happier about that.

Thank you to Jane Enter, Steve Garlick, Ian Roberts, Sandra Bond, Angela, Helen and Ian Barker, Prudence Melom and her parents, Fidele and Angele, Rob Gordon, Tobyn Bell, Ira van der Steenstraten, Maurice Gleeson and Paul McFarlane. I also extend my deep thanks to Paul Gilbert and Richard Tedeschi, marvellous human beings.

At the beginning of 2019, having downsized from my former home, I undertook an extended writing road trip. I wrote for up to six days a week for many months as I travelled around the country. I undertook an artist's residency at Bundanon Trust, Illaroo. I was hosted by friends and, in between times, worked from my mobile office, a little retro caravan I bought on the road.

I wish to thank those of you who offered me sanctuary, writing space and connection. In alphabetical order: Robbie and Greg Apps, Graeme and Kate Barr, Jane Enter, Ian Hayes, Peter and Rosalind Horton, Jenni Koch, Donna Lavell, Holly Shiach, Doug and Tara Skipper and Denis Wood.

Thank you to the dog companions who patiently sat with me during writing sessions and who urged me to go for walks and take in the air. Pompidou, Winston, Dot, Stormy, Claude, Missy and Bollinger.

On the book side of things I wish to thank my editor Brandon VanOver from Simon & Shuster. Brandon welcomed work from me chapter by chapter and each time offered an appraisal with discussion so that I never strayed too far off

track. He also encouraged me to put more of my commentary into the text when I would have held back otherwise. This is a far, far better book because of Brandon's guidance. I wish to express my appreciation to Vanessa Lanaway who did a fine copy edit after I'd made the manuscript as good as I could get it. In her hands the manuscript underwent a gentle weight loss program and in its svelteness it shines more luminously. Thank you to Siobhán Cantrill who worked through the final page proofs with me.

Thank you Gaby Naher from Left Bank Literary agency for your instant and continual faith in my book idea. I value the initial discussions we had while I was still framing the concept into a proposal. I'm very pleased you sought out S & S.

I wish to thank Sharon Dean who with observant skill helped me get the book proposal pencil sharp before it went on its way to the publisher.

I would also like to acknowledge the help of the following individuals who have contributed in various ways. Bronwyn Morris, Denise Mitchell, James Bennett-Levy, Judy Singer, Teresa Kavcic, Anna Brenchat Psicóloga, Matt Lee, David Goldman, Aashish and Syedda Ali and Donna Zander

I would like to acknowledge the assistance of UCRH, University of Sydney and acknowledge Richard G. Tedeschi, Jane Shakespeare-Finch, Kanako Taku and Lawrence G. Calhoun, joint authors of *Posttraumatic Growth: Theory, Research and Applications*, for a clear summation of the research and concepts in this field.

I want to make special mention of Karren Belinda Mackay (11 January 1965–22 October 2016) with whom I had the earliest conversations about growing through life crises. We first met when Karren was in remission from leukaemia and we quickly gained closeness. Karren lived with grace, humour and equanimity and she was a genuine poster girl for post-traumatic growth. Her period of remission did not last, however, and ten months after we met I attended her funeral. Like all of us who knew her we would have liked to have had more time with her. I remain in contact with Karren's parents Lynne and John and I value that.

About the Author

DAVID ROLAND is the author of *How I Rescued My Brain*. He has a PhD in clinical psychology and is an honorary associate with the University Centre for Rural Health at the University of Sydney. He is a founding member of Compassionate Mind Australia.

SIMON & SCHUSTER

simonandschuster.com.au

www.SimonandSchuster.com.au/Authors/David-Roland

**We hope you enjoyed
reading this Simon &
Schuster ebook.**

Join our mailing list to get updates on new releases, deals, recommended reads, and more from Simon & Schuster.

[CLICK HERE TO SIGN UP](#)

Already a subscriber? Provide your email again so we can register this ebook and send you more of what you like to read. You will continue to receive exclusive offers in your inbox.

THE POWER OF SUFFERING: Growing Through Life Crises

First published in Australia in 2020 by

Simon & Schuster (Australia) Pty Limited

Suite 19A, Level 1, Building C, 450 Miller Street, Cammeray, NSW 2062

A CBS Company

Sydney New York London Toronto New Delhi

Visit our website at www.simonandschuster.com.au

© David Roland 2020

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission of the publisher.



A catalogue record for this
book is available from the
National Library of Australia

Cover design: Emily O'Neill

Cover images: Getty Images, Shutterstock

Typeset by Midland Typesetters, Australia