
PEER-REVIEWED ARTICLE

Being a ‘barefoot therapist’ in a time of war: Offering support to traumatised and tortured children and adults

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ABSTRACT

In 1976, as a poet of 30, I was responding to the murder of President Allende in Chile in 1973 and the attacks on women protesters fighting the regime of Pinochet. I was profoundly affected by the realisation that while one group of similar-minded people could be joyously on holiday, just a short geographic distance away, a similar group could be facing unbearable trauma. Professionals working in a time of upheaval can sometimes take a dissociative defence in exaggerating the difference in their lives compared to the lives of those they are trying to help. Working with extreme trauma in a range of countries can break down those defences so that we see the commonality in the human condition. Whether religious or not, this is best expressed by the 16th century phrase ascribed to John Bradford, ‘there, but for the grace of God go I!’. The wish to blame the other for their hurricanes, floods, wars, and torture is significant. Even secular insurance companies do not insure against ‘acts of God’.

KEYWORDS: refugees; trauma; relational therapy

On the terrace of joyful summer houses

There are people smiling out to sea

They are in shorts and swimsuits

And their wine dances to them

And behind all the terraces

Are sleeping dinosaur hills

With paws dipped in sand

And beyond the dinosaurs

Green-muscled and silently dying

There are soldiers in the President's house

There is sky with lashmarks on its face

There is sun with searchlights round its neck

(Valerie Sinason, 1976)

INTRODUCTION

We find we are in different places. People just like us are facing the abyss in ways we are not right now, even if our parents or grandparents did. How do we help them? Can we? How do they bear us?

I recall comments made to me over the decades. The names given re not their real names. *'My address for social services is The Beach, Earth, Infinity'*, said 24-year-old homeless Colin, pointing to the crazy British bureaucracy that will not give you money until you have a fixed address which you cannot get without money. Mary, who shared the same beach shelter, agreed. Running from an abusive home and an abusive church she sat by a stony beach. *'They might as well have stoned me'*. What do they need? What can we give?

Steve, a former English teacher, gave up sofa-surfing when he lost his job, his flat, his wife, and sits by a cash machine rattling his cup. *'I rely on the kindness of strangers'* he said, *'even if they hate me. I am the ghost at the christening'*. Mo sat outside her local supermarket come rain or shine with an assortment of Disney figures around her and a Micky Mouse cup to put

money in. On a cold winter day pouring with rain hardly anyone passed. *'How do you do it?'* I asked. *'Taking the micky are you? Well, you have got to go to work each day don't you'*, she said. Kaya was struggling to read instructions on how to offer AIDS (acquired immunodeficiency syndrome) advice in her township. She had a headache. *'My sister needed glasses to wear for a job interview yesterday, so I do not have them today. We cannot afford two pairs'*. Maria sat begging with her baby on Charles Bridge, Prague. *'At least my baby is with me. I was put into care'*.

We have all had a different introduction to this subject. What do we want to know? What can we bear to know? I found John Bowlby's (1979) seminal paper 'On knowing what you are not supposed to know' a great help here (Sinason, 2020). Facing mortality is a key issue.

'I held the babies', said Asja, old and bent but with a powerful gleam in her eye. *'I held the babies and they died quietly, peacefully in my arms. The soldiers left us alone'*. The orphanage was in a famine area in the midst of a civil war. The babies were dying. Many staff had left. But she was there. What did she have, this carer, that allowed her to be there, helping dying babies move towards death when they were only just born? She had no formal training but felt what needed to be done.

Janusz Korczak was a highly trained teacher and writer who founded an orphanage in Warsaw. With the rise of Nazism, he went into the ghetto with 'his children' to provide a structure around them to keep them as comfortable as possible and when he could not save them, despite the fact that he could have been freed, decided to go into Treblinka with them.

THE BAREFOOT THERAPISTS

Kaya came to ask for help for her project in a dangerous African township with a high rape and murder rate. *'The men have been hurt by the white police, so they hurt the black women and the black women hurt their children. Everyone is hurting. People talk to me and ask for help. I can listen but I need to know I am doing the right thing.'* Nomfundo wanted to begin a township project on AIDS.

Then there was us, last year, a privileged group of white women (despite some minority histories of generational trauma), responding to a similar group of white men and women who were no longer privileged; who were trained therapists like us but in a country, Ukraine, suddenly in danger. How do we speak of rape and murder in our relative safety to our counterparts who are facing it in reality? How do we deal with the unbearableness of difference or similarities?

In a time of external conflict, extreme poverty, war, or hunger, nearly all adults, however trained we may be in mental and physical health services, find we are 'barefoot therapists'. We do not have the resources truly needed because the situation is so appalling that no-one

can be truly resourced. We have not had the training to deal with this and rarely have had the direct lived experience, even if our parents and grandparents did. We are struggling humans trying to help each other.

The term 'barefoot therapist' came from China in the 1960s when farmers and others were given basic healthcare education to provide help in rural areas where there were no doctors. As they often worked barefoot in rice paddies they were called 'barefoot doctors'. This term has been applied to all of us who take on a new needed role in times and places where help is needed. Highly trained psychotherapists and psychoanalysts who have never knowingly worked with rape and torture before can be, and feel, as new to this field as people who have never been involved in any caring profession. Sometimes we are less resilient or empathic than others. Sometimes we just walk away.

John Southgate, who founded what became the Bowlby Centre, enjoyed calling himself a 'barefoot psychoanalyst' (Southgate & Randall, 1990). He sought supervision from John Bowlby weekly for decades and took pleasure in understanding the many different languages of theories. He was also a musician. His original brainchild was The Institute of Self Analysis with the concept that each person needed their own journey to understand trauma in their lives. He especially wanted each individual to learn how to nurture the child within their lives. We not only enjoyed music and poetry together with his wife Kate White, but also collaboration on extreme trauma and dissociative identity disorder. We shared views on what training could and could not do.

After all, teacher training can help someone learn about different aspects of educational and emotional development, the minutiae of syllabuses and techniques but cannot make someone like or relate to a child. Undertaking analytic or psychodynamic training does not mean a capacity to bear trauma. Indeed, within the UK the lack of psychoanalytic involvement in understanding and treating child abuse, domestic abuse and adult rape was astonishing in the 1970s and 1980s and still has not really caught up. It was, after all, Kempe, a paediatrician, who realised that bruised children were not victims of clumsiness, but of assault (Kempe et al., 1962). It was not a therapist. Before, the words 'rape' and 'child abuse' were seen as minority words for something that rarely happened. Now those terms are understood to include one in four in a lucky country like England. However, professionals hide or dissociate under 'tickbox' safeguarding procedures to avoid feeling it. And, feeling it is, at times, looked on as a shameful indulgence, not being adequately neutral or regulated.

I have been taught by great people on how to be a barefoot therapist. It is the more recent examples in the last twenty five years of my adult life that come first to mind. Being privileged to go yearly to Cape Town to aid colleagues with disability therapy and trauma therapy programs there was a huge amount to be learned from them; Professor Leslie Swartz, Professor Sally Swartz, Professor Astrid Berg, Jeni Couzyn, and all from the Cape Town Child Guidance Clinic (CTCGC) and New Bethesda First People Centre. They did not make colonial

visits to poverty stricken townships to impose ideas of help. They waited to be invited and asked in what way they could encourage what was happening. Kaya (not her real name) is an example. CTCGC provided supervision of a relational emotionally linked kind. From the grass roots township counselling groups grew and flourished. They were respected and learned from.

OUR LEARNING FROM OUR LEGACIES

But of course, there was an earlier lesson which came from my father, a first generation Londoner, brought up in the East End of London slums, whose parents had faced the pogroms in Kiev and Odessa. It was Professor S. S. Segal OBE JP who helped to instigate schools and education for children with intellectual disability. Before him, such children were deemed 'ineducable' and left in hospital. His book *No Child is Ineducable* (Segal, 1967) was the catalyst for the Warnock (1978) and Plowden (1967) reports and, although a passionate socialist, he deeply respected Lady Plowden and Lady Warnock as colleagues and friends for their genuine non-patronising concern for people with a disability. In all the council estates we lived in, until I was 16 (and he reluctantly bought a house on gaining a Headship, worried at losing working class roots), he set up community centres and activities minimising delinquency on the estates. As a Head of schools for boys with a disability he had animals in the playground long before city farms, provided nightly bingo for parents to help them with numbers and words, and separated out disability that was intrinsic with handicapping processes in the environment which made everything worse.

Then I go back further. My loving maternal grandmother had a mild learning disability from trauma. My father said, 'to become a professor of mental handicap it is good learning to have a mother who is illiterate and a mother-in-law with a mild disability'. He listened to her, and she always praised his kindness to her. So, for all of us there is some learning that is within us without having to do all the hard work. There is something we will each truly understand without any more therapy and supervision, and some issues that will always be hard for us. It is our task to learn to differentiate between these issues and to find the grey area where we can improve.

FORMING A TEAM IN A TIME OF COVID-19

For 50 years I worked with children and adults with disabilities who had experienced abuse and stigma, and then, through them, with children and adults with dissociative 'disorders' (a sane response to a mad world), and finally until my retirement, with mind control, deliberately installed dissociation, trafficking victims, abuse rings. They all had the pain of having to educate me for me to provide the best I could. So, when a fine group of British therapists asked if I could join their team and help with their work in the Ukraine it took me

out of my COVID-19-induced paralysis and brought up all these issues. They were not trauma specialists and nor were the Ukrainian therapists. But the Ukrainian therapists now needed help in working with rape and torture victims and they morally and relationally responded.

There were five of them—relational transactional analysts—and I had been trained in psychoanalytic child and adolescent therapy at the Tavistock and the adult psychoanalytic training from the British Society. We had overlapping theories and differences and we did not know each other. What we found we had immediately was a shared passion for justice and a respect for colleagues who had woken up into a nightmare. In planning a ten-week course we had the unusual benefit of six equal minds, a non-shaming willingness to support and learn from anything that did or did not work, and an openness and an emotional capacity to grieve. The trauma of Ukraine, unfolding before our eyes, stayed with us, making a shared priority.

Theory needed to live in the inside of us, enriching us and resourcing us, whilst the language that came from our mouths, especially as we needed interpreters, needed to be simple. We had to be authentic and relational. We wanted to provide a course that had structure but was flexible, that tried to resource without traumatising. To do our best we slowly added more thinking and support time for ourselves. Six of us met for 90 minutes each week with interpreter and a group as well as two one-hour weekly meetings between ourselves. It took a safe village of all of us to hold the pain and shock of what was happening. I provided a larger input at the start, which reduced as the participants spoke more, and therefore my colleagues did as well. We all had different points and skills and showed how difference could be enriching. There was no splitting. The task was too precious.

In facing a group of trainees and therapists who were dealing with terrors that might soon apply to themselves and their own families there was a moral dilemma. They needed their defences to face thinking of the possibility of rape and murder, but reality was the most important issue of all.

The written material I provided was therefore political. Here are a few examples:

‘Every war is a war against children’ (Eglantyne Jebb, Founder of Save The Children, 1919) (Save the Children, 2020).

‘Sexual violence in conflict needs to be treated as the war crime that it is; it can no longer be treated as an unfortunate collateral damage of war.’ (UN Special Representative on Sexual Violence in Conflict, Ms Zainab Hawa Bangura) (United Nations, 2014).

SOME THOUGHTS FOR WORK WITH ADULTS WHO HAVE BEEN RAPED AND TORTURED

Preparing for therapy for women

Never underestimate the power of bearing witness, with or without any training. Never underestimate the power of just being there gently enabling someone to be however they are.

Give the other (usually a woman but also a man) as much power as you can in offering choices. There might not be a safe place to be or a shared time but finding out what would help best, if it is possible, matters. Stay with uncertainty. You hope to see the person at a particular time, not that you will. Only the lucky expect time to be consistently kept to. We might hope to see each other next week but we can never really guarantee it.

Regardless of your own pain and losses and fear, do your best to be there for the wounded other. In that moment of bearing witness, even if you have gone through or are still going through the same fears, terrors, and suffer similar symptoms, you are there for the person you are listening to.

Consider that anything that has ever happened to a raped woman (or man) in war could have happened to the other to prepare yourself. However, do not emotionally go too deeply into those possibilities for fear of traumatising yourself. Sometimes it is easier to think objectively of lists. These lists need to say words bravely and clearly.

Sometimes I include examples of terrible acts of barbarity that I do not think the particular woman has just suffered, even if others have. This is so she knows she is not alone—other women have suffered. Potentially, she can experience small relief by saying to some of them ‘No. That did not happen to me’.

For example:

Some women have told me the man/men:

- Put his penis in my vagina.
- Put his penis in my anus.
- Urinated on me.
- Defecated on me.
- Raped me in front of my children.
- Hurt my children in front of me.

Things to hold in mind during therapy: Some guidelines

- Listen to the other if she can speak and be with her if she is speechless. There is no rush.
- Be prepared for a range of responses: frozen speechless terror, unutterable anguish, strong suicidal wishes, shame. All are natural and normal in such an abnormal criminal situation.
- Do not be surprised by flashbacks, nightmares, inability to sleep, inability to eat, wariness, physical pain, volatile moods, inability to concentrate, suicidal feelings, guilt, shame, anxiety, fear of intimacy. It is normal. The perpetrators were abnormal.
- It might take weeks before she can speak, or she might pour into you details of atrocity that bring fear into your heart. Make sure you have support.
- Trauma survivors can very rarely give a clear account of what has happened. All sense of time and place can disappear and language itself can become fragmented. That is normal. There might not be continuous memory.
- Do not ask 'What happened next?' as that requires a normal mental state. Stay with the broken-up flow. If a question feels a useful way to proceed you can ask, 'What else happened?'
- Do not push for details. People heal in their own way, and some will take weeks before they can or wish to speak. Some might never speak. The shame of the invader which was forced into them they see as their own shame.
- Sometimes it helps to emphasise these are war injuries for women. Some families can accept that their daughter, mother, or wife was wounded in battle, on the frontline, and is alive and is a heroine for surviving the annihilatory force of the enemy.

Practical considerations

Does the woman have physical injuries? War rape includes other brutality. Is there anyone medically trained in a place where her injuries can be tended, if she is able to bear that? Is there even such a person or safe place? Can you be with her for that, if she wishes for your attendance, or is there someone she can go with?

Does the woman have dependent living children? Are they with her and were they physically hurt too? Women who have witnessed injury to their children or whose children have witnessed their own sexual assault carry an extra burden. The woman needs to know that attachment and love are the flowers that grow even in a bomb site, even if she feels dead and numb right now. She needs to know that sometimes it takes time to feel love again because the fear of loss and damage is so great. A lucky few find that love helps even in the midst of great chaos and terror. She needs to know she matters whatever her emotional state.

She is also a political witness to major war crimes.

It needs to be emphasised that what has happened to women and children in war is not only criminal it is a WAR CRIME and therefore can and should be recorded. It matters that a victim can choose whether to make her experience public or anonymous data. It can empower some to know that the world is bearing witness to such crimes. In December 2015, Japan finally made a financial settlement and apology over the raped South Korean 'comfort women' during World War II. However long it takes, truth comes out. However, some women feel more shame at the idea that such internal body experiences could be public, even if anonymous.

We need to understand that while a soldier having his limbs blown off can be made public easily, a vagina or anus is a private and sexual place to receive injuries and accepting this as war damage is harder. It is our task to emphasise this.

Are there family nearby who can support her physically or through telephone or Zoom? Are there any cultural problems about 'honour' or 'purity' that would limit their support? Some will be widows, or not know where their husbands are or if their menfolk will still support them when they know their wife has been raped. Some women will be single and feel as if they are dirtied forever. Some will have religious, political, and cultural beliefs which help them, and others have religious, political, or cultural beliefs which add to their problems. In the absence of supportive family can you and your colleagues form a circle of support?

If the rape victim was not alone, and was raped alongside others, it can help to keep them as a group together.

This is not an individual situation, even where someone was alone and raped. They are each part of the whole of their country which is being attacked. In being alive they are survivors holding their national banners up.

I provided similar information for working with men and with children. Once it was possible for these terrible events to be discussed as reality there was a freeing up but providing a case example was too shaming and painful. After discussion with my colleagues, with great trepidation between us but a sense of rightness, I included the following one.

Anna: A case example

Anna, aged 24, had arrived into a safer country. She was alone and had been helped by two women who tended her wounds and provided food and basic lodging. They felt she had 'died inside' and wanted help with her.

I saw her sitting in the corner of the room her arms wrapped around herself.

She was rocking up and down.

V: Hello Anna. I'm Valerie. Your friends asked me to come and see you.

Anna raised her head a little. Her face filled with grief and terror.

A: Baby

V: Baby

A: dead.

V: Oh no. Baby is dead?

A: My baby—called Sweetness.

V: Your baby, Sweetness is dead.

A: Ah my baby. Yes. My Baby Sweetness. Dead and she is/was only two months old.

V: Two months old. Your little baby. Sweetness. Dead, your daughter.

(I chose to introduce the word 'daughter'.)

A: My daughter.

Silence.

V: Yes. Your daughter. Sweetness.

A: So sweet.

V: So sweet and that is why you called her Sweetness.

A: And she only lived for two months.

V: Such a short baby life, only two months, for a little baby girl called Sweetness who was so sweet.

A: *(head up more)* Aieeee, my body.

V: The precious baby from your body is dead. Little Sweetness only two months old. Your poor body and heart without Baby Sweetness. Your own daughter.

(Using her own language to respond to her with little additions.)

A: My breasts are full of milk although I am starving and no baby.

V: Milk, food from your body was all there for Baby Sweetness even though you went hungry. She is not here to drink it. Her poor mother has love and food for her, but Baby Sweetness is dead after only two months in this world.

Silence.

A: Killed.

V: Baby Sweetness killed?

A: They killed her. Soldiers with guns.

V: Oh no. Soldiers killed Baby Sweetness, two months old.

A: Yes. The soldiers killed her, and they didn't kill me. They snatched her from my arms, and they threw her against the wall. She could not even cry—it was too fast. There was a huge scream in the air, and it frightened the soldiers, and it was coming out of me.

She collapsed banging the floor with her fists.

A pause.

V: What a huge scream came from you! You did not have guns, but you had a huge scream.

A: And the soldiers... they said, 'shut up'.

V: Because your scream frightened them. But they did not kill you.

A: They said, 'shut up' and one put a gun in my mouth.

V: Oh how terrifying.

A: And they shouted 'shut up' even when I could not speak, and they put their thing in me.

V: Their penises?

A: Yes.

Silence.

V: And there is more.

A: Yes. And I wanted them to blow my head into pieces like my baby's head, but they did it to me front and back and then they pissed on me.

V: They didn't kill you—they raped you in your vagina and anus and they pissed on you. And you wanted your head to explode from their guns like your baby's body. But they killed your baby. And you screamed for your baby and your body screamed with all its milk. You screamed for Baby Sweetness only two months old.

(I emphasised her power and agency in her scream and the fact she was alive.)

A: Baby dead. Sweetness killed. Murdered.

She screams and screams.

V: You scream because there has been a murder, a baby has been killed. Murdered. Baby Sweetness. It is mad and obscene. And you were raped and had to run away.

She screams.

A: I left her. I left her.

V: She was dead. She could not even cry it was so fast.

A: I ran away. I left her.

V: You left her tiny dead body because there was nothing more you could do. Your body makes milk, but Baby Sweetness cannot drink from you. She is dead.

A: And I should be dead.

V: Why?

A: I could not save my baby.

V: And in a mad war parents cannot save their babies. Or their partners. Or their parents.

She lifts her head again.

V: However big or tall or strong we are there is always someone bigger and stronger or with worse weapons. An angry penis or a penis-shaped missile.

Anna laughs bitterly.

V: You could not save her and there was no spiderman or superman to help. A mother's love is emotionally powerful, but it cannot fight a missile or an angry penis!

A: And my scream could not fight an angry penis.

V: But it is possible your scream was so powerful it disturbed the soldiers and they raped you because your scream frightened them, and they felt dirty and shamed and wanted you to feel dirty.

Silence.

A: I shat myself when they did it from behind and—and—

V: They spread it over you?

(I took it further to reduce her shame in saying it.)

A: And in my mouth when he took the gun out.

V: So that scream was really powerful as it exposed their shit and their shame, and they needed to pass it back. And you are alive because they didn't want to kill you and you managed to run and if you had not run no-one would have known what happened to Baby Sweetness.

Thinking silence.

A: You mean my scream did have power?

V: Your scream was you bearing witness to the madness and cruelty of her murder. You did not care if you were killed or what happened—you just showed what mother love is. And that is why they had to rape you. To try and shut you up because your scream frightened them. They raped you in your body where Baby Sweetness was born. They could not bear what they had done. They did not kill you.

A: War is hard time for women.

V: Yes. So, so hard for women and women who are mothers.

A: My husband has not returned. May be dead. Hard for women who are mothers and wives.

V: Very, very hard. Cruel. Obscene.

Silence.

A: My husband may hate me for not saving Baby Sweetness.

V: Yes.

A: My husband may hate me for being raped by six men.

V: Yes. He might.

Silence.

A: Or his family.

V: Yes.

A: Shall I light a candle for Baby Sweetness?

V: Yes. What a moving idea.

A: And I will invite the two new friends who have helped me. And I invite you.

V: Thank you. I will be honoured.

A: My scream made them need their penises. Their baby missiles. Babies with poo and piss. Boys and their toys. My scream frightened them.

Anna (not her real name) became a barefoot therapist. One of the two women who helped her became her partner, and the other joined with them to counsel raped women. My words, coming from deep inside me, from my lived experience with my family and my 25 years of work in South Africa, and Anna's words, welcomed and appreciated by my five colleagues and our Ukrainian brothers and sister who heard it, completed the circle.

CLOSING THOUGHTS

Facing reality, looking into the abyss of the worst humans can do is devastating. And yet there is a linking of minds and souls that brings the clarity of truth. Barefoot therapy is a beautiful term. Think of Shakespeare's (1609/2001) Sonnet 29 raising to 'heaven with my bootless cries'. Walking into a war zone whether in the next street or the next country requires strong shoes. Yet barefoot, accepting vulnerability, using language as links instead of as theoretical one-upmanship brings beauty of the deepest kind. This particular course could not be repeated by me. Our texts and thinking and speaking came from a structure that was permeable and followed our transferences and counter-transferences. I have never had a collegial experience like this before and it may never happen again. It came from the deepest part of our hearts and stayed open between us throughout. To have a group of 'sunflowers' with whom to face the daily onslaught of news of atrocities and deaths and the courage of colleagues was profound. Our analytic understanding was needed for our own containment and all the knowledge and experiences we had from our lives and the lives of our ancestors were relevant. At times we had practical ideas. At times there was a painful silence. Each week we looked to see their faces to know if they were alive. 'See you next week', we knew, was a delusional phrase. 'We hope to see you next week'. John Bowlby's (1979) awareness was that all humans need a nest, a home. But the security we got from providing a home between us did not get clouded by the delusion it could offer safety. For Bowlby too, safety was secondary to having a nest. May we all continue to reach out to others to form nests.

I am so grateful to have been asked, with thanks to the Ukrainian colleagues for asking their English colleagues and to the "Sunflowers", Carole Shadbolt, Heather Fowlie, Suzanne Boyd, Karen Minikin, Tess Elliott, for the finest circle of light to enter the darkness.

REFERENCES

- Bowlby, J. (1979). On knowing what you are not supposed to know and feeling what you are not supposed to feel. *The Canadian Journal of Psychiatry*, 24(5), 403–408.
<https://doi.org/10.1177/070674377902400506>
- Kempe, C. H., Silverman, F. M., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181(1), 17–24.
- Plowden, B. (1967). *Children and their primary schools: A report of the Central Advisory Council for Education (England)*. HMSO.
<http://www.educationengland.org.uk/documents/plowden/plowden1967-1.html>
- Save the Children. (2022). *Charter*. <https://www.stopwaronchildren.org/charter/>
- Segal, S. S. (1967). *No child is ineducable: Special education—provision and trends*. Pergamon Press.

Shakespeare, W. (2001). *The sonnets* (S. Orgel, Ed.). Penguin. (Original work published 1609)

Sinason, V. (2020). *The truth about trauma and dissociation: Everything you didn't want to know and were afraid to ask*. Confer Books.

Southgate, J., & Randall, R. (1990). *The barefoot psychoanalyst: Illustrated manual of self-help therapy*. Gale Centre Books.

United Nations. (2014). *Sexual violence: A tool of war* [Background note].

<https://www.un.org/en/preventgenocide/rwanda/assets/pdf/Backgrounder%20Sexual%20Violence%202014.pdf>

Warnock, H. M. (1978). *Special educational needs: Report of the Committee of Enquiry into the education of handicapped children and young people*. HMSO.

<http://www.educationengland.org.uk/documents/warnock/warnock1978.html>

ACKNOWLEDGMENTS

With thanks for the support of the sunflowers, Suzanne Boyd, Tess Elliott, Heather Fowlie, Karen Minikin, Carole Shadbolt, and to Lisa Shaverin, Jo Stubbley, Leslie Swartz, Sally Swartz, Astrid Berg, Jeni Couzyn, and all from the Cape Town Child Guidance Clinic (CTCGC) and New Bethesda Bushman Heritage Centre.

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Valerie Sinason is a poet, writer, retired child psychotherapist, and adult psychoanalyst. She has specialised in disability and trauma all her life. She was a consultant psychotherapist at both the Tavistock Clinic and St Georges Hospital and in 2000 created the Clinic for Dissociative Studies. She is an honorary consultant psychotherapist at the Cape Town Child Guidance Clinic. Her paternal grandmother led a strike over children's factory conditions at the age of 10, and all grandparents were refugees from the pogroms of Kiev and Odessa.

Her parents, as first generation Londoners, had to leave school at 14 to help their families and moved 14 times in her first 18 years, including two years in Australia where her father was active in fighting for the rights of indigenous people. They lived on different London council estates until she was 16. After an English degree and teacher-training certificate from Goldsmiths, she added child psychotherapy training when her children began fulltime school, then adult psychoanalytic training, and then a PhD on trauma and disability. She is a prolific writer having published 21 books and over 200 papers and chapters. Her most recent book is her first novel, *The Orpheus Project* (Sphinx, 2022), on mind control and VIP abuse.