New Light
Loved ones as a vertex for recovery from trauma

INAUGURAL SPEECH BY PROFESSOR ELISA VAN EE
Social support has a defining influence on recovery from traumatic experiences. But the way in which people shape relationships in their social environment is related to their developmental history—that is, to experiences they have had in relationships. How people recover from traumatic experiences in turn affects how they and their loved ones develop in their relationships with others. How resilient people who have had traumatic experiences are, is thus influenced by a dynamic interaction among time, the person, and the environment. This interplay among the person, loved ones, and community develops over time, and forms a triangle within which recovery from trauma occurs.

Elisa van Ee studied developmental psychology, child development, and law at Leiden University. In 1993 she defended her thesis, *A New Generation: How Refugee Trauma Affects Parenting and Child Development*, at Utrecht University. As a clinical psychologist, psychotrauma therapist, family therapist, and senior researcher at Reinier van Arkel’s Psychotraumacentrum Zuid Nederland (Psychotrauma Centre of the Southern Netherlands), she developed a research line on the importance of social relationships in the recovery from trauma-related problems following war and violence. Her research interest lies in the systemic processes that play a role here. Professor van Ee’s starting point was and is to develop and evaluate new knowledge and skills in areas where therapists experience treatment deficits in their work on trauma-related problems. She enjoys looking beyond the boundaries of her own discipline, she has a strong belief in the power of innovation, and she derives great satisfaction from sharing a broad view of the profession with others.
NEW LIGHT
LOVED ONES AS A VERTEX FOR RECOVERY FROM TRAUMA
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Speech delivered on accepting the appointment of Extraordinary Professor of Psychotraumatology in a Developmental Perspective at the Faculty of Social Sciences of Radboud University, on Wednesday, 21 September 2022

by Professor Elisa van Ee
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Mr. Rector Magnificus, distinguished audience members:

An old fan rattles and hums above me. It’s warm in the dimly lit hotel room. Though the fan is going audibly at full tilt, it’s not making the room any cooler. The room has been checked for eavesdropping devices, but the fan is on to prevent anyone from listening in from the hallway. It’s 2006, and I’m in Bangui with a team from the International Criminal Court to investigate sexual violence committed by rebels in the Central African Republic during the 2001 coup. Across from me sits a petite girl of just 18 who looks at me with wide eyes both tense and expectant. She is here to give her testimony in the hope that her rapists will be brought to justice. My role as a trauma psychologist is to make an evaluation of the degree to which she is traumatised, and to assess whether she’s capable of giving her testimony without suffering further harm as a result. So I ask about her symptoms and how she’s getting on, and she talks without hesitation about her fears, her nightmares, and her gloom. But she also talks about what helps her get on with her life, about how she goes to the market every day to sell bananas. At the market she has her stall between two other women who she knows were also raped during the coup. She says she goes to church every week and prays for strength. There, too, she’s among women who she knows were also raped during the coup. She doesn’t talk to the others about what happened: that would be too much of a risk. Girls who have been raped have no chance of finding a marriage partner, and married women who have been raped are disowned. But there is no need to talk about it either, because the realisation that she is part of a community of women gives her the strength to carry on. At that point, I had more than a decade of training as a psychologist from professors and clinical experts in well-lit lecture halls, but this simple girl in that dimly lit hotel room in Bangui shed new light for me on everything I had learned. For her, it is not important whether she has access to therapy; what is important is who her loved ones are.

Social support has a defining influence on recovery from traumatic experiences. But the way in which people shape relationships in their social environment is related to their developmental history—that is, to experiences they have had in relationships. How people recover from traumatic experiences in turn affects how they and their loved ones develop in their relationships with others. Resilience takes shape in a dynamic interaction among time, people, and the environment. This interplay among the person, loved ones, and community develops over time, and forms a triangle within which recovery from trauma occurs. This interplay is what I want to explore with you today, and in the coming years within the professorship, from various perspectives.
The importance of relationships to our well-being was recognised long ago by classical philosophers. Three centuries before Christ, in a country burdened by ever-increasing internal conflicts, Aristotle wrote his Nicomachean Ethics, the first systematic exposition of ethics in Western philosophy, and the origin of what is known as the ethics of happiness. In it, he explores what makes a person happy. He describes happiness as an activity. It is not, he says, something that happens just like that or that one possesses, but something that arises and that we, as people, thus have influence over. Friendship, he says, is not only an essential part of a happy life, but is, indeed, the greatest good. Aristotle uses the concept of friendship more broadly than is common today. He means deep social connections with friends, but also with one’s partner and one’s children. These loved ones give meaning to life and help us to be resilient in the face of adversity.

“A in poverty and other misfortunes of life, true friends are a sure refuge.” (Aristotle, Engelse uitgave 2010, p. 146.)

Although friendships are shaped in the private sphere, separate from the public sphere, a sense of community takes shape on the basis of these social connections. Friendship and community are inextricably linked. And for Aristotle, this is important because people, as political beings, are by nature destined to live with others in a community. It is interesting, given that he lived in a country riven by strife, that he articulates so emphatically the importance of loved ones as the basis for life within a community.
Over fifteen hundred years later, Thomas Aquinas elaborated on this idea when he wrote: “People are by nature political—that is, social” (*homo est naturaliter politicus, id est, socialis*; Aquinas, 1265). He writes, in an era when Christian thought was predominant in Western philosophy, that living in community not only is inspired by the Divine, but is also subject to natural law. Aquinas is more expansive in his thinking about social connections. His view is that all people are equal and belong to the community. They are thus our neighbours, and we should behave towards them lovingly and with constancy. Moreover, Aquinas emphasises not only the theological but the universal and timeless importance of loved ones and neighbourly love (Aquinas, 1999).

Since all people are equal in their nature, they should love one another. And therefore, hating one’s neighbour is contrary not only to God’s law but also to natural law. (Aquinas, 1999, p. 38)

Hannah Arendt (1958), a Jewish woman who experienced totalitarianism first-hand in the twentieth century, and who fled war and genocide, further develops this body of thought by arguing that people are lonely as individuals. We can break that loneliness only by being part of a community. Deep social connections with others in that community allow people to see different positions and perspectives. This is important, because it is from these different positions and perspectives that reality, the world before us, appears. Arendt uses the example of friends sitting at a table. The world is like the table that is between them. Everyone at the table looks at that table and at the others at the table from their own position, each in their own unique way. As a result, everyone’s reality is different, but through a relationship with the others at the table a shared meaning can emerge. A person remains connected as long as they continue to sit at the table with the others. So it is important not to get up from the table and leave these neighbours, because it is the world that lies between us that
both separates and connects us. People with traumatic experiences often feel deeply lonely in making sense of the stark reality of what happened to them. This loneliness regularly drives them to leave the table. In Arendt’s thinking, they can break through the loneliness they feel only by staying connected to others, so that personal meaning becomes visible and the traumatised individual remains part of a community. It is precisely by sharing through connections that the world appears to everyone involved and a sense of community takes shape. It is these relationships that protect people from loneliness and provide a place of shelter in the larger world where traumatic experiences take place.

To live an entirely private life means above all to be deprived of things essential to a truly human life: to be deprived of the reality that comes from being seen and heard by others, to be deprived of an “objective” relationship with them that comes from being related to and separated from them through the intermediary of a common world of things, to be deprived of the possibility of achieving something more permanent than life itself. (Arendt, 1958, p. 58)

Various contemporary philosophers follow this tradition by pointing out the worrying development of detachment in today’s society. Societies have become increasingly focused on goods and consumption, whereas a healthy society is a community that promotes a focus on social connections. It is the Enlightenment, with its proclaimed ideals of freedom and equality, that has led to a focus on the subjectively and individually determined satisfaction of needs. Later, during the Romanticist period, this led more towards a focus on the development of individuality and authenticity. Doing what you want or being who you are is considered freedom by modern people, so that the individual is placed above the importance of social connections (Kinneging, 2020). Finding a purpose in the community gave way to individual freedom. However, the loss of that destination, that connection to loved ones, led to both social and existential alienation and loneliness. Verbrugge (2004) calls this “being caught in freedom.” Several contemporary philosophers therefore argue for a re-evaluation of the philosophical tradition and the restoration of the importance of community. They argue that, instead of clinging to a community focused on self-interest, we should return to one that has shared values, standards, and goals. Such communities in the small (family, relatives), embedded in larger communities (the local, regional, or national community), can provide people with the security (Kinneging, 2020; Taylor, 1994) they need for recovery after traumatic experiences.
A DEVELOPMENTAL-PSYCHOLOGICAL PERSPECTIVE ON TRAUMA AND RELATIONSHIPS

We have seen how loved ones are important from a philosophical perspective to break through loneliness, to have connections give meaning to the world around us, and to provide shelter as a community in a world that is also unsafe. For further insights into the role of loved ones, the developmental-psychology perspective points us to the influence of developmental history. People are born into a relationship with parents on whom they depend for their well-being and happiness. Indeed, they depend on their parents for their survival. Bowlby (1973) therefore developed attachment theory to explain the relationship between parent and child from an evolutionary perspective. Based on its dependence on care, a child becomes attached to the parent. This attachment may evolve to be secure or insecure. If the parents are sensitive and responsive—that is, if they accurately read the child’s needs and cues and adjust their behaviour accordingly, the child usually develops a secure attachment (Ainsworth et al., 1978; De Wolff & van IJzendoorn, 1997; Van IJzendoorn, 1995). Such a child relies on their parents and seeks support when they experience stress. They can thus regulate this stress. If the interaction is inadequately attuned or is unpredictable, the child usually develops an insecure attachment. Children with insecure attachments experience less space to develop trust in themselves (fearful attachment) or in others (avoidant attachment) (Ainsworth et al., 1978; Main, 1990). This influences the way they enter into relationships, including the information that is transferred within those relationships: trustfully or distrustfully (Mascaro & Sperber, 2009; Sperber et al., 2010; Smeekens et al., 2009). This is also called epistemic trust. The attachment experiences a child gains in the parent-child relationship eventually develop into internalised working models of the world and the important people in it. These working models are emotionally charged, and thus determine the expectations of relationships and the trust or distrust a person feels (Luyten et al., 2020; Park & Waters, 1989; Waters et al., 2013). These working models are self-sustaining—that is, they are self-sustaining because they influence, within the relationship, what someone focuses attention on, and how they interpret information (Dykas & Cassidy, 2011; Zimmermann & Iwanski, 2015; De Winter et al., 2016). Attachment can thus be seen initially as an adaptation to the social environment (Ellis et al., 2011; Luyten & Fonagy, 2021)—an adaptation that, over the course of their life, influences whether someone feels enough trust in themselves and others, and thus also determines whether support from loved ones helps them to unwind in times of stress.
There is a strong causal relationship between an individual’s experiences with his parents (attachments) and his later capacity to make affectional bonds. (Bowlby 1977, p. 206)

That said, there is more going on in the attachment relationship between parent and child. Within that relationship, the child also learns to put themselves back to rights after experiencing emotions. This is known as the regulation of emotions (Albers et al., 2008; Mikulincer et al., 2003). A baby’s emotions, for example crying upon waking, are first appeased and thus regulated by the parent. Mother enters and comforts the child. The attunement of the parent to the child is very important here. Obviously, this alignment is not always optimal; there are interruptions in attunement that are followed by moments of recovery (Stern, 1985). “Good-enough parenting”, or sufficient coordination between parent and child, leads to the regulation of emotions, which means that the child learns to regulate emotions on their own: they develop the ability to regulate their own emotions (Beebe & Lachman, 2002; Gergely & Watson, 1999; Schore, 1994, 1996; Watson, 1994). When the parent does not respond sensitively or predictably to the baby’s needs, the baby becomes overwhelmed by its own emotions. Instead of the relationship’s supporting the regulation of emotions, it itself becomes the source of increased inner turmoil, and this in turn results in the disorganisation in the child.
“What do we do when our hearts hurt?” the boy asked. “We wrap it in friendship, shared tears, and time, until it wakes up again happy and full of hope.” (Mackesy, 2020)

The regulation of emotions is closely related to mentalising: the ability to think about emotions and internal images in ourselves and others. This is the beginning of the development of social cognitive skills, the ability to perceive, interpret, and respond to the dispositions, intentions, and behaviours of others (Cotter et al., 2018). Indeed, it is the parent who, from the beginning, attributes mental states to the child, for example by interpreting the baby’s crying as missing the parent. It is precisely because the child is approached as a little person who thinks and feels that they learn to read their own mental state and that of others. The development of emotion regulation is, as it were, the musical prelude to the development of an ability to mentalise, which then continues to evolve in harmonious fashion. Once that starts happening, the regulation of emotion changes. Indeed, mentalising contributes to a sense of self and ownership (agency), and thus to self-regulation (Fonagy & Target, 2006). However, when parents do not sufficiently attune their behaviour to the child—for example, if they base how they respond on their own mental state, or if their own attachment is insufficiently secure, the development of the ability to mentalise is delayed or disrupted (Allen, 2020; Gabbard, 2005). In a word: the quality of attachment is related to the capacity to emotionally regulate and mentalise, and these go hand in hand within a social process (Fonagy et al., 2002; Fonagy & Target, 2006). Those same skills, and this capacity for organisation and self-regulation in one’s relation to others can influence, into adulthood, the regulation of stress and the processing of traumatic experiences (Dujardin et al., 2016; Charuvastra & Cloitre, 2008; MacDonald et al., 2008; Ortigo et al., 2013).
A SOCIO-ECOLOGICAL PERSPECTIVE ON TRAUMA AND RELATIONSHIPS

If there’s a war
I need to take refuge from,
Can I hide with you?
If there’s a club
I don’t want to be in,
Will you take me in?
If there’s a rule
I just can’t meet,
Can I come your way?
And if I’ve got to be something
That I’ve never been
Can I come to you?
Can I come to you and hide,
If I’ve nowhere else to go?
And if I need to cry,
Will you wipe my tears away?
Because if I can be with you,
You can always be with me.
Come whenever you want.
I’ll keep a room free for you.
(Claudia de Breij, 2009)

In the song “Mag ik dan bij jou?” (“Can I be with you?”), Claudia de Breij aptly expresses our human vulnerability, and how much we need the support of others, in times of stress. But the song also tells us that this support can be fragile. “Can I be with you then?” is a question that needs to be asked and answered.

From a socio-ecological perspective, people’s development and well-being are largely determined by the social environment in which they find themselves (Bronfenbrenner, 1979, 1999; Slatcher & Selcuk, 2017). People are constantly interacting with their social environment. A person responds to the social environment, but also elicits a response from that environment, and that in turn provides a stimulus for the person to respond to (Bronfenbrenner, 2005; Cicchetti & Walker, 2001; Sameroff, 2009). Mental health thus takes shape within the context of relationships with others,
the relationship with a partner, the family, and the community. Recovery after traumatic experiences thus cannot be separated from the social environment (Maercker & Hecker, 2016; Maercker & Horn, 2013). The social environment influences the wellbeing of people who have traumatic experiences, and the social support a person has determines to a significant extent whether they develop post-traumatic stress disorder (PTSD; APA, 2013) after having traumatic experiences (Brewin et al., 2000; Ozer et al., 2003; Prati & Pietrantoni, 2010; van der Velden et al., 2020a). Moreover, this same social support can serve as a predictor of how a person recovers from these symptoms over time, because a lack of social support perpetuates post-traumatic stress symptoms (Guay et al., 2011; van der Velden et al., 2020b; Wang et al., 2021). Thus, in times of war, parental support can protect the well-being of children and provide a buffer against PTSD (Freud & Burlingham, 1943; Punamäki, 2006; Zhou et al., 2021). After someone has had traumatic experiences, the support of another person with whom one has an attachment relationship is needed to dampen the traumatic stress. At the same time, traumatic experiences also alter attachment-based internalised models of work, and PTSD symptoms are related to a diminished ability to understand others and maintain relationships (Herman, 1992; Horowitz, 1986; Janssen et al., 2021; Nietlisbach & Maercker, 2009; Sharp et al., 2012). So, although we actually need the support of those close to us as we recover from traumatic experiences, at the same time those experiences hinder us from letting others in. This problem becomes all the more pressing when the ability to trust others has been damaged as a result of our developmental history.

Impaired social cognition prevents the individual from effectively making use of current attachment relationships or social support structures to dampen the negative impact of the trauma. The reduction in a potentially important protective factor (social support and connection) then puts the individual at risk for developing the behavioral, cognitive, and emotional symptoms of PTSD. (Sharp, Fonagy & Allen, 2012 p. 234)

In addition, people who go through traumatic experiences also affect their social environment. Thus, post-traumatic stress symptoms help determine how parents can shape their parenting. The symptoms hinder parents from tolerating their children’s emotions and regulating their own and their child’s emotions (Van Ee et al., 2013). They hinder them from mentalising about their child’s inner world and sensitively tuning in to what they need. Consequently, their children are at increased risk of developing an insecure attachment (Janssen et al., 2021; Kosslyn, 2005; Van Ee et al., 2012; Van Ee et al., 2016; Van Ee et al., 2017). In the literature, this is called intergenerational transmission of trauma. As I see it, parents suffer from their traumatic experiences, which prevent them from being the parents they could have been had they not had them. That
altered parenting then affects the development of their children (Van Ee et al., 2017). But there’s hope: internalised working models that represent secure attachments provide resilience. Parents with these working models can be more sensitive to their child despite having post-traumatic stress symptoms. So the development history does matter. In addition to the functioning of parent and child, the functioning of the family may also change. Living with someone with symptoms causes stress, and this can lead to problems in the relationship between the partners and family problems, and the support that family members get from each other breaks down over time (Kaniasty & Norris, 2008; Shallcross et al., 2016). Family members become overburdened and isolated, so they too get less social support from others (Lambert et al., 2012; Van Ee et al., 2018). Psychological stress leads to the erosion of social support and well-being over time at various levels (Wagner et al., 2016; Wang et al., 2021). According to Rolf Kleber, my former supervisor, individual recovery cannot, then, be separated from the restoration of the social environment (Kleber, 2007, p. 12). Loved ones thus play an essential role in recovery from traumatic experiences, and it is noteworthy that this fact has as yet hardly been translated into interventions for traumatised people that involve loved ones, the family, or the community in recovery (Meuleman et al., 2022; Villalonga-Olives et al., 2022).

In that social environment, it is also the community that encourages or discourages social support. Thus, our common language about trauma contributes to the erosion of social support in recovery from traumatic experiences. The word trauma has become commonplace, and it is used all over the place. However, using it to apply to severely and less severely stressful experiences erodes recognition and thus social support for people who are actually traumatised. Summerfield (2002) describes how the thinking around trauma as an individual rather than a social process is woven into our common language. Through terms such as “healing” and “processing the past”, the sickening effects of war and violence are placed within the person, as though it is the person that must recover from a disease that has no relationship to the community.

By using this language, we view recovery from traumatic experiences as an individual process, the restoration of the social environment remains unspoken, and the social suffering of people and their loved ones remains invisible. A poignant example is that of mothers with a child born of rape, where trauma issues and stigma are intertwined
Because of the discomfort that professionals feel in asking about sexual violence, the motherhood that results, and what this means for these women, these mothers and their children do not get the care they need (Meuleman & Van Ee, 2021). Professionals who fail to discuss these issues help unwittingly to perpetuate the stigmatisation of these mothers and their children (Major & O’Brien, 2005; Maner et al., 2007; Mueller et al., 2008; Williams, 2007; Van Ee & Blokland, 2019).

Looking back on her treatment, one mother said of her son, who was born of a rape: “I realise now that he is half my blood and that there is nothing whatsoever he can do about what befell us.” (Van Ee & Blokland, 2019). With those words, she made her son part of her community. I hope our community can find the courage to say: “We realise that these mothers are part of us and that there is nothing whatsoever he can do about what befell them.” Only then can we offer them the supportive community they deserve.

This brings us back to Aristotle, Aquinas, and Arendt: within the community, people’s loneliness can be broken through the relationships we form, for they connect us, despite our differences, and help us look, from different perspectives, at the world that lies between us. Such a community makes our world and our hearts bigger.

LOOKING BACK

About 25 years ago, I entered the trauma field as a young psychologist. At the time, treatment consisted primarily of talking therapy and the use of methods such as Eye Movement Desensitisation and Reprocessing (EMDR) and Imaginary Exposure was also emerging. In the past 25 years, however, much has changed. Scientific research has made great leaps in our thinking about treating trauma. Considering that PTSD was not recognised until 1980, with the inclusion in the third edition of the Diagnostic and Statistical Manual (DSM III) (American Psychiatric Association, 1980), scientific research in the field of trauma treatment has made considerable progress. While these developments in the area of effective treatment options are commendable, I also see a downside, a one-sidedness in our thinking about the consequences of traumatic experiences. We know that avoidance of various aspects of the traumatic event plays a role in perpetuating the symptoms of PTSD. Breaking through avoidance is now considered a must if trauma is to be treated successfully. Our Enlightenment thinking, in which we are prone to perceiving the world as socially engineered and controllable, may have led us to reduce the problem of the traumatised person, to put it crudely, to mere avoidance. According to this way of thinking, the solution to the traumatised person’s problem lies in breaking that avoidance through therapy and, in EMDR-speak, “pounding the target”. By using such language, we take the person out of context and reduce the problem to something the patient should be able to manage if only they would stop doing the avoiding. We thus place the responsibility for recovery on the shoulders of the individual. If avoidance is not broken to a sufficient degree, it may be down to the
patient or therapist. But where is our neighbour in this story? Where is the community?

Recovery is not some discrete process: it happens in people’s lives rather than in their psychologies. (Summerfield 2002, p. 1107)

If we want to do right by traumatised people in their social environment, it is advisable to start seeing the treatment of trauma based on a triangle model. Although the sharpness of the vertices in a triangle may vary, there are always three vertices. These three vertices are the different perspectives of the individual, his or her loved ones, and the community. A person grows and regenerates within deep social connections that are necessary within a community, and that community is in turn necessary in order to break through the person’s loneliness. Only then will that person find shelter in the larger world. For some people the emphasis is more on the vertex of individual processes; for others, it is more on the social connection. Within a given treatment method, the emphasis may also be more on one vertex than another, and the same is true of the therapist’s abilities. When we apply this model, we can better determine what a person needs and seek a treatment method and a practitioner that are appropriate to them, while keeping in mind the other perspectives. When we give these three perspectives a clear place within the framework of trauma care, we increase the possibilities of recovery, because in doing so we recognise that our actions in the world are never isolated, but always stand in relation to those with whom we share the world.

Figure 2. Triangle model for the trauma field
LOOKING AHEAD

With this professorship, I want to contribute, from a developmental perspective, to a greater understanding of the role of social connections in recovery from traumatic experiences, which involves attachment not only to loved ones but also within a community.

For this reason, I am investigating, along with Mélanie Sloover, Sabine Stoltz, Desiree Florisson, and Roxanne Camfferman the relationships among trauma symptoms in children, their socio-cognitive development, and their social network. With Marloes Eidhof and Agnes van Minnen, I am investigating the influence of avoidance, including attachment-related avoidance, on the outcome of intensive trauma therapy. With Peter Janssen, Toon Cillessen, and Sabine Stoltz, I am focusing on traumatised veterans and looking at aspects of social cognition and the effectiveness of different treatments for families that have been bogged down by the PTSD of a family member. With Maarten Muskens, I am studying the role of attribution and social support in chronic trauma problems, and the effectiveness of a treatment focused on this for people who do not benefit sufficiently from existing, evidence-based trauma treatment. With Eline Meuleman, Yvonne Montfoort, Adriana Jaspere and Julia Bala, I am working in the MomS project, where we combine clinical expertise with scientific research in order both to strengthen the parent-child relationship of mothers with a child born of sexual violence and to make it possible to talk about stigma. With these studies, I have established several lines of inquiry that I want to explore in more depth with this professorship. Within these lines of inquiry, the factors that play a role in recovery after traumatic experiences of PTSD and trauma-related problems are key, namely: 1) attachment, 2) social-cognitive skills, 3) a social network (including the family, peers, and partner), and 4) related social processes. Insights into these processes are clinically relevant, especially for so-called “non-responders”, people who do not respond sufficiently to existing evidence-based trauma-focused treatment.

However, there is a risk, especially in a trauma field where discussions can be highly polarizing, that everyone, including me, retreats to their own corner and loses sight of the triangle (see also: Kleber, 2007). It is precisely because of this polarisation that, in my opinion, our knowledge of trauma is subject to corrosion. We lose the ability to integrate when we look at the world from our own perspective and do not, or no longer, look through others’ eyes. Those of us working in the field of trauma need a restoration of social connections and of community. We could see these as parallel processes. With this professorship, I would like to contribute to seeing this triangle, to quote Hannah Arendt, as a table at which we as scientists and clinicians take our seats. When we engage with each other from within our own specialisations and perspectives, we strengthen our view of the reality that lies between us, of the person who is traumatised and suffering. Only when we seek connection, stay at the table, and stay in conversation can we collectively shine a new light on recovery from that suffering.
After the interview, the girl left the hotel and disappeared into the heat of Bangui. I never saw her again. But during that interview, despite a difference in language and culture, she was my neighbour. She had left an indelible impression on me.

_No Man Is an Island_

_No Man is an island,
Entire of itself;
Every man is a piece of the continent,
A part of the main.
If a clod be washed away by the sea,
Europe is the less,
As well as if a promontory were:
As well as if a manor of thy friend's
Or of thine own were.
Any man's death diminishes me,
Because I am involved in mankind.
And therefore never send to know for whom the bell tolls;
It tolls for thee.
(Donne, 1624)
ACKNOWLEDGEMENTS

In conclusion, a word of thanks, because this professorship has come into being along with the community of people around me. I would like to express my gratitude to the Executive Board and the Board of Trustees of the Faculty of Social Sciences of Radboud University for the confidence they have placed in me. My thanks also go to Tom van Mierlo and Eddy van Doorn who, serving at the time as the board of directors of Reinier van Arkel, initiated this professorship and ventured with me to enter into the process of academicising healthcare. And a big thank you, too, to Toon Cillessen, director of the Behavioural Science Institute, and Monic Schijvenaars, director of the Radboud Center for Social Sciences, who helped to establish this professorship from the beginning. I have great appreciation for how you both—each in your own way—encourage personal development. I would also like to thank Joris Philipsen: our collaboration has been indispensable in getting the Psychotraumacentrum Zuid-Nederland (Psychotrauma Center of the Southern Netherlands) up and running. I have the greatest admiration for you, both as a manager and as a human being. Thanks, too, to the research team around me, with whom I hope to build a community that will contribute, in interconnected fashion, to improvements in trauma care. My thanks also go out to my colleagues at the Psychotraumacentre South Netherlands, Behavioural Science Institute, and the Radboud Center for Social Sciences: space does not allow me to mention you all by name, but you provide me with a home at work, my limited presence notwithstanding.

With those words, I come to the people who make up my actual home. On a day such as today, the loss of both parents, physical or mental, is palpable. I console myself with the knowledge that, if you were here, you would be immensely proud of me. I would also like to thank my brother and my sister-in-law, who for me so courageously represent family ties. I’m so very fond of you both. Thank you to my partner, René van Ee: it’s not always easy to both pursue a career and raise young children at the same time, yet here I am, and that’s thanks in no small part to you. And finally, Tifara and Isandro, my thinker and dreamer, my dreamer and thinker. You guys show me every day that thinking and dreaming can be combined to really good effect, and I hope to keep doing that with this professorship.

And that concludes my address.
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