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Dear Mr O'Callaghan,

Report on Ms Kathleen Folbigg

Thank you for asking me to write a report from my observations and understanding after reading Ms Kathleen Folbigg's diaries and having seen her in Analytical Psychotherapy.

In my practice I usually avoid writing medico-legal reports. Thus, the reader may find that my way of writing this report is different from the ones done by people accustomed to writing them.

I wasn't familiar with Ms Folbigg's case until I was asked if I would be prepared to provide my opinion on her diaries. In writing this report I preferred to keep myself at arm's length from previous observations and understandings: police, legal, psychological or media reports, keeping my thoughts free from any contaminant.

I was provided with the following documentation:

1. Full copies of Ms Folbigg's writings from:
 - a. 1989
 - b. 1990
 - c. 1992
 - d. August 1993 page
 - e. 1996-1997
 - f. 1997-1998
 - g. 1999

2. Transcribed corpus of Ms Folbigg's writings (for ease of reading).

First, I read the diaries then met Ms Folbigg on five occasions for full sessions of Analytical Psychotherapy in a bid to reach a better psychodynamic understanding. The sixth session was only a brief one for getting permission to add some audio recordings from our psychotherapy

sessions together to this report. Some aspect of my conclusions may not be fully grasped from a written report. In some situations, listening to the voice would allow a better understanding.

In my report I will use psychoanalytical/psychotherapeutic concepts to shed light on my understanding including developmental trauma, disrupted rupture attachment systems, Primary and Secondary Dissociation, Negative Attributes of Self and self-hatred, Transitional Objects and phenomena and last Self-Objects. Readers of this report, not versed in the field of Analytical Psychotherapy, may be unfamiliar with these concepts. Briefly, I will try to explain, elaborate, contextualise and relate them to the subject of this report.

My Background and Expertise

- I am an Analytical Psychotherapist in private practice in Sydney.
- I am a registered Medical Practitioner. I hold a Master in Medicine in Psychotherapy. (Sydney)
- *Honorary Medical Officer in the Department of Psychotherapy at Westmead Hospital.*
- Faculty member of the Sydney University Master of Medicine (Psychotherapy) Program.
- *Faculty member at the Australian and New Zealand Association of Psychotherapy.*

These opinions are wholly based on my expertise.

I have read and agree to be bound by the UCPR 31.23 Code of Conduct, the UCPR 31.27 Experts' Report and the UCPR Schedule 7 – Expert witness code of conduct.

Primary and Secondary Dissociation and the emotional distance.

1. At first Ms Folbigg presents as distant, rather disconnected from emotions. Despite knowing that I was meeting her to write a psychological report, during our first sessions she barely talked about her children nor her feelings. The whole experience was split off from her consciousness. I suspected that could be the case reading her diaries. Now it was confirmed to me, this woman presents the hallmarks of early developmental trauma and parental failure.

2. Dissociation is a familiar concept in Analytical Psychotherapy for more than a century starting with the work of Pierre Janet. Since then, the interest in (and knowledge of) early development has increased, dissociation has been increasingly recognized as primary response to trauma.
3. For the purpose of this report, I will be using Russell Meares understanding and description of two forms of dissociation: the primary and the secondary dissociation.
4. Primary dissociation: Here, the traumatic system is pre-reflective and cannot be accessed by episodic memory. It relates to failure of emergence of self / “inadequate provision of the ‘sociogenic’ component necessary to (maturation)” (Meares, 2012 p.63). This leading to a “fragmentation or a disintegration of the sense of personal existing” (Meares, 2012, p. 153).
5. The Secondary Dissociation “arises out of primary dissociation... A sequestration of a complex of psychic life now occurs. This compartmentalization is achieved by neuroinhibitory mechanisms ...to reduce the high arousal characteristic of primary dissociation” (ibid) / leading to a separation of elements of experience from the rest of consciousness.
6. The emergence of a sense of ‘Self’ as William James put it. A Self defined by the experience of “going on being” in life, emerges, is fostered and nourished in very early life by the attunement between the child and its caretaker, principally the mother and the emotional resonance between the two.
7. This process “of reverberating processes.... may be disturbed first, through ‘traumatic uncoupling’ and second the caregivers may fail, through their own egocentricity and lack of empathy, to provide the resonating representations, based on feeling, which show the child who is ‘me’ (Meares “Intimacy and Alienation” 2000 p.55).
8. Out of the disruption of this process emerges a fragmented and compartmentalized experiencing of life within oneself and in its interactions with others.

9. Ms Folbigg during infancy and childhood experienced both psychological insults. First, the 'traumatic uncoupling' when losing her mother at eighteen months, then second as the 'caregiving failure'.
10. Her mother died when she was eighteen months old. A brutal experience of 'Traumatic uncoupling'. At this age the child and the mother are still 'one' in the infant's mind. This brutal rupture of the mother infant system of attachment can be recognised here as Primary Dissociation. The child now has lost its primary soothing mechanism, the one that used to resonate with its affect. Positive or negative. The child now, with the best intentions of his/her new carers lives in a mismatched emotional resonance. The inner and the outer world now are different, unrelated. One of the consequences of this mismatch, that is of interest for us in this report is the compartmentalization. The large part of the potentiality for relatedness with the others is now shut down. Sharing emotions is from there on avoided.
11. Emotional subjects are so dissociated that they don't even emerge into the mind. This is not a conscious or a manipulative action, all this is unconscious and sequestered out of the main sense of existence.
12. Initially Ms Folbigg was moved around, looked after by different carers until adopted by her current family. To add insult to injury her adoptive mother had herself poor maternal instinct. Ten years earlier she failed to properly rear her own two children and farmed them out to be looked after by family. The adopted Kathleen became like a trophy to show to visitors, never fully integrated to the family as she wasn't "blood".
13. She describes her adoptive mother as 'nosy'. She made her, growing up, keep her bedroom door open at all time with no privacy of her own. This childhood rather than fostering healing from the initial or primary traumatic experiences managed to reinforce it and consolidate a state of repetitive secondary dissociation or dissociative state leading to a permanent state of dissociated feelings. (Annex – Audio: The nosy mother and the foster child)

14. Her adoptive family, oblivious to the re-enactment of her original trauma never failed to shame her as lacking emotions.
15. This dissociative mechanism can be easily missed. She related to me how when following the loss of one of their children she consulted with her husband a grief therapist. Two sessions later the counsellor concluded that Kathleen, who wasn't showing any apparent distress, was fine and that she has 'obviously' successfully dealt with and resolved her grieving. He asked to continue seeing her husband who readily showed distress to help him with his grief and discharged Kathleen from his care. Today she related to me the pain she was in and her incapacity to express it.
16. Her presentation was readily misinterpreted by mental health professionals and according to her was too during police interviews and court proceedings as one of callousness and insensitivity. Missing dissociation has tripped more than once and most of us professionals in the field.
17. Is it infrequent? Well, no. Here is an extract from a vignette presented as part of the Master of Psychotherapy course of Sydney University teaching by Dr Anthony Korner illustrating this phenomenon experienced with one of his patients. He wrote: "A young woman presents with recurrent self-harm ... Although frequently dysphoric and distressed, she is unable to cry. At times her mental state switches abruptly and it becomes difficult to communicate with her".
18. In the case of Kathleen, the painful aloneness of being dissociated with and from her feelings is illustrated by this simple heart-breaking entry in her diary the day her daughter Sarah died:

MONDAY 30: SARAH LEFT US.

What's in a Diary?

19. Let me start by what a diary is not: It is not a confession, it is not a legal statement, it is not writing one's own memoirs and most importantly it is not addressed to a third person. This applies to most personal diaries and in particular to Ms Folbigg's one.
20. The world of Analytical Psychotherapy is familiar with the notion of diaries. It is frequent for our patients to use diaries during and outside the period of their therapy. This has been studied and published by Dr Janine Stevenson psychiatrist and senior lecturer/researcher at the Westmead group. She understood a diary as fulfilling the role of what Winnicott described as a 'Transitional Object' or an object with a 'Transitional Function'. I will later add Heinz Kohut's Self-Object notion to this understanding.
21. I will try here to explain the two concepts and how they apply to better understanding Ms Folbigg's diaries.
22. Initially the infant and the mother are experienced as one in the child's mind. The individuation and the awareness of the child that he/she is a separate entity from the mother is around the age of four.
23. The transition between unity to duality is at time difficult for the child, especially during the mother's absences from its sight even for a short time. The child picks up an object, a rug or a soft toy and carries it constantly especially if distressed. Winnicott called it "Transitional object". It represents for the child the emotional function of the presence of the mother. A sort of mother by proxy.
24. It is called transitional because it's existence in the child's life is transitional. It helps the child crossing that difficult phase of forging an identity separate from that of the mother. Its function softens the blow of that separation. One day the child experiences without anxiety its separation from the mother and drops the transitional object.
25. Some of my patients in therapy who used a diary, when looking back into their progress, they at time choose to re-read their diary. Not infrequently they get shocked in disbelief about what they have written in it.

26. Why do some people, as is the case for Ms Folbigg keep a diary, this transitional object, for long, even lifelong?
27. With the loss of the mother during this 'intermediate area of experiencing', the transition is aborted, as if frozen in time, unresolved it tends to become indefinite.
28. In the case of Ms Folbigg. Her mother died when she was 18 months old just at the emerging time of this transition. Her mother's absence is sudden and brutal. The longing, although nonconscious is now permanent and may take different forms. In Ms Folbigg's case it is a diary.
29. A present as a diary at the age of seven is going to give Kathleen this permanent transitional object. Her diary is not anymore a transitional object in its strict sense, it started to my mind, to have the function of what Heinz Kohut described as 'Self-Object'. A relationship with a person, object or place ... that have a function of soothing, generating a sense of wellbeing. A familiar example is writers, composers and other creative persons who can best create in a certain environment, close to some special people in their life or in some specific places. The people or places now are fulfilling this 'Self-object'.
30. Following my conversations with Ms Folbigg I came to the conclusion that for her the diary was fulfilling unconsciously the function of transitional object and to a certain extent consciously the function of Self-Object. According to her, she tended to feel like writing in her diary mostly when anxious, needing soothing or reassurance. Her preoccupation to stay desirable for her husband not to desert her as well as repetitive themes of broken friendships reflects her primary trauma of being 'abandoned' by her mother.
31. In her diary Ms Folbigg wrote:

17.12.97 Wed nite 10.30 *"Tell ya what don't think anyone could read this & find out all my secrets. I write like a 5 yr old. Disgusting to _____"*

32. This short note confirms the above understanding: Her diary contains “secrets”. The secrets of a five-year-old.
33. In conclusion, the diary for her had the function of soothing anxieties and fears through a conversation with Mother/Self. It is certainly not a confession nor the writings of historical facts. Understanding this diary in such way is simply wrong and misleading.

Self-Hatred and Negative attributes of Self

34. In her diaries Ms Folbigg describes herself as a terrible person and mother. Taken at face value the writings would suggest to a reader that the babies of such cruel and unloving mother should be removed from her care and fostered away to save their lives!
35. In Psychology such statements are described as ‘Negative Attributes of Self’. They can be so severe akin of self-hatred. Although frequently observed, their genesis is less well understood. They are mostly noticed in sufferers of early trauma and neglect.
36. It is posited that during the early formative years of a child, the absence of valuing and positive mirroring from the caregiver leads to fixed negative attributes about themselves. For example, the person may carry a lifelong belief that they are ugly, nasty, selfish, stupid, boring, unattractive...
37. The negative attributes are not true. The observable reality is usually the opposite of what the patients describes themselves to be.
38. Analytical psychotherapists are not infrequently confronted with a similar discourse, especially with patients who suffered early developmental challenges.
39. This is accentuated with the responsibility of motherhood, at times bordering on psychosis. A mother may believe that she is a terrible mother, that her children should be taken away from her or in extreme forms, wishes she was dead and that it would be better for her children if she wasn’t around.

40. Incidentally, while writing this report one of my patients that carries such beliefs, a mother of two, is currently hospitalised on suicide watch. According to her, she is such a bad mother that it would be much better for her two daughters if she dies, and they are looked after by another person. I met her on few occasions accompanied by her two young daughters and observed the most loving and tender interactions.
41. Not infrequently that person would be convinced that he/she should be punished or abandoned.
42. Ms Folbigg is no exception. She ticks most of the boxes. She genuinely believed that she was a bad mother, even a “cruel” one.
43. Following are few examples of the negative attributes from her diary:

***4.2.97 Tues morn 3.30am** I wonder whether having this one wasn't just a determination on my behalf to get it right & not be defeated by me total inadequate feelings about myself...*

...What sort of mother am I, have I been a terrible one, that's what it boils down too thats how I feel that is what I think Im trying to conquer with this baby,

***11.6.97 – Wednesday nite 9.45pm** Don't think I'll suffer Alzheimer's disease, my brain has too much happening, unstored & unrecalled memories just waiting. Heaven help the day they surface & I recall. That will be the day they lock me up & throw away the key. My problem is I'm feeling like an obscurity of no existence. And it happens every birthday – damn why have them.*

***28.1.98 – Wednesday 5.30pm** I feel like the worst mother on this earth. Scared that she'll leave me now. Like Sarah did. ...I knew I was short tempered & cruel sometimes to her...*

44. The treatment of Negative attributes and Self-hatred is notoriously difficult. Attached to this report a video extract from a presentation delivered by Dr Nick Bendit during the 29th annual conference of the Australia and New Zealand Association of Psychotherapists (ANZAP) that would shed more lights on this pathology. (Annex – Video: Dr Nick Bendit)

45. Dr Bendit heads The Centre for Psychotherapy a publicly funded unit in Newcastle Australia specialised in the treatment of sufferers from borderline personality disorders. In his presentation he related his experience with a young woman whose childhood is eerily similar to Ms Folbigg's and who was riddled with self-hatred. It took him three years at a rate of twice a week of psychotherapy where she started believing that she is a good mother.

46. Was Ms Folbigg really a bad mother? The following extracts from her diary tell a different story:

28.1.98 – Wednesday 5.30pm *I've done it. I lost it with her. I yelled at her so angrily that it scared her, she hasn't stopped crying. Got so bad I nearly purposely dropped her on the floor & left her. I restrained enough to put her on the floor & walk away. Went to my room & left her to cry. Was gone probably only 5 mins but it seemed like a lifetime.*

47. All Ms Folbigg could tolerate was 5 minutes of her child crying. She was very anxious of losing Laura after having lost 3 babies.

48. She suffered from separation anxieties. Worried about the baby when not with her in her line of sight. External observers noted that she was "too overprotective":

3 January Sunday (K probably 1993)

BACK TO WORK

Be a hard day. Having to leave baby. But confident Craig will handle it? I think.

3.11.97 6pm Monday *...my release & enjoyment of the gym's been taken away. I have to take her with me most times now, which means I cant enjoy myself & turn off like I usually do because she's there & I worry about her.*

Trick is I need to learn to have confidence in whoever is caring for her. The _____ guy was right I truly am too over protective of her.

I love her, I really do, I don't want anything to happen.

28.11.97 9.30 Fri *Could get back into the gym, but I have to take her with me & it's too hard & I don't enjoy the classes anymore because she's there. And Craig doesn't like Mel or anyone else looking after Laura except me so gym out.*

8 Nov 97 Monday nite 10pm – Bub’s 4 months old

I’d love to have some time alone with Craig. An overnight stay. Actually I’d love to have the mystery flight without Laura but that will never happen. We will never again do anything that doesn’t involve her.

49. During my sessions with Ms Folbigg. She talked about her experience of herself as an obscurity of no existence. She preferred not to go too deeper in that. She told me that she will work on that aspect of herself later in life when she is out of the jail and able to have face to face therapy with someone. Which I understand.
50. Ms Folbigg related to me that during court a judge took her description of herself as being “cruel” at face value, noting that she was educated enough to understand the meaning of the word cruel.
51. Well! I will refrain from commenting.
52. In conclusion to this part, it is clear to me that Ms Folbigg suffers, even is riddled with negative attributes of self. Memories from the past are always bad. She doesn’t have it in herself to register or recall good memories. Taking her statements about mothering and deserving that her children leave her for truth is believing a traumatic system of description of self that has nothing to do with reality. Her responses to viewing old videos of her children and her associative narrative about them that I will develop later in this report all point to the contrary. Ms Folbigg was a very good mother.
53. What added complexity to this picture is Ms Folbigg’s spiritual beliefs.

Spiritual beliefs and the supernatural.

54. Ms Folbigg believes in the afterlife. Believes in powers that can affect our daily lives, that dead people are present and intervene in our daily life, that dead people do communicate with one another and discuss our existence and the life they’ve chosen,

that a child may decide or will itself into leaving if unhappy with the mothering it is getting. In my recent conversation with Ms Folbigg, she still carries deeply her beliefs.

55. In this report I will avoid any value judgement about her spiritual beliefs. Just noting that the presence of her dead mother and her dead children alive in some sort of a way must be soothing and comforting.
56. Following are a few extracts from the diaries of examples of her beliefs. It is rightly confusing and making it more difficult to interpret as she intermingled the negative attributes of self at the same time experiencing them as the deserved cause for the spiritual interventions though her strong belief of her responsibility, fault and deserving for her children to 'leave' her by their own will and volition, the will of 'The man upstairs' or "the elusive higher power".

26.8.96 9.30am Monday *Went to clairvoyant last week – so did Craig. I always believed there is more going on than just human nature. I seem content now because I now know that even though I'm responsible it's alright. She accepts _____ happy their. I've always felt her strongly and now I know why. She is with me. I think my mother is too.*

Nice to know that Craig's mum and guardian angel are with him. He seems more relaxed now he knows they are still with him.

14.10.96 Monday 9.00am *Nature, fate, and the man upstairs have decided I don't get a 4th chance. And rightly so I suppose.*

8.6.97 – Sunday 10pm *I'm not too concerned if he doesn't paint the rest of the house, it can wait. The house is fine without it. Although every time we finish a room I have a feeling that we put our spirits into the house & slowly rid it of the Haggartys ?. Silly huh*

26.6.97 – Thursday nite 9.30pm *I don't wish to die with no one really knowing I was here. At least now I know my second daughter will. If God or that elusive higher power doesn't take them away from me once they are older to punish me .*

25.10.97 10pm Sat nite *Looking at the video, Sarah was boyish looking, Laura has definite feminine features, they are chalk & cheese & truthfully just as well. Wouldn't of handled another one like Sarah. She's saved her life by being different.*

15.12.97 Mon nite 10.14pmWell enough. _____ sent a beautiful angel teddy for Laura. Both her and Craig are convinced that Laura's soul is not her own by the looks of it. Me well I'm sure she met everyone & they've told her, don't be a bad or sickly kid, mum may you know cause they've warned her – good. But she's still her own little person & will always be. Must stop calling her Sarah, she's most definitely not her.

31.12.97 New Years Eve 11pm She's a fairly good natured baby – thank goodness, it saved her from the fate of her siblings. I think she was warned.

57. In conclusion on this section of the report from my readings of the diaries and my conversations with Ms Folbigg, that what may have been “implicating” in her diary are in fact nothing but secondary to a distorted reality due to her spiritual belief acting to punish her for her negative attributes of self.

What is the true relationship of Kathleen with her children?

58. Sufferers from this form of personality disorder with features of borderline personality disorder tend to demonise the past. What is remembered is mostly negative feelings and experiences. This becoming much more silent with ones that are harbouring pervasive negative attributes of self. Ms Folbigg in her diaries can only ‘remember’ that she was a terrible mother for the first three babies. Unlike what she is trying to be now with the fourth baby (when still alive):

28.4.97 Monday morn 9.15 I think this baby deserves everything I can give her. Coincidentally I really gave nothing to the others I think even my feelings towards this one are already deeper

26.6.97 – Thursday nite 9.30pm ...the slight visions of the future I've been having will come true this time. With the other 3 I never bothered to think of school or teenage years, maybe because I always knew they'd never get there

25.8.97 Monday nite 8.30pm Scary feelings, I've realized I actually love her & have bonded with her, wish to protect her etc. maternal instincts, is what they call it. I now know I never had it with the others.

59. The observed reality contradicts these statements. When viewing videos of her dead children she reacted and wrote differently about them. A sort of a 'presentification' of the memory to use Pierre Janet's term.
60. We describe the narrative of this form of traumatic memories, for a better term, when the person is in this state of mind as 'linear'. A 'chronicle' as opposed to an 'associative' one that is lively accessing areas of the memory that are outside the traumatic system of memory in the grip of which, the person with this form of disorder of self is in. Conversations in the linear are usually questions answers or statements. They are devoid of feelings.
61. During my therapy sessions with Ms Folbigg, the form of the conversation using the Conversational Model of Psychotherapy, (CM) led to the access of this "associative" narrative by Ms Folbigg. She now talked about her four children with liveliness, relating her minute observations of the four of them and the future she imagined for each one of them. A pleasure to listen to. This contrast to her constant refusal or incapacity to talk about them when in a different state of mind. The mind of the constant dissociation and compartmentalization. A traumatic state of mind that becomes dominant at moments of threat and anxieties which one would expect when Ms Folbigg was interviewed by police or during court proceedings. (Annex - Audio File: what do your children look like?)
62. I am adding to the annex of this report the audio extract of this conversation. (Audio file: Fond Memories of Kids and Liveliness) A written transcript cannot reflect what we may call the 'musicality' of the moment where immersed in associative thinking she talked about her children. This is the true memories she keeps of her children and wasn't since losing them able to access to express. This is not how a murderous mother would ever talk about her children.
63. Before concluding my report, I would like to address a question that may arise. If Ms Folbigg suffers from dissociation, why would one not imagine that she may have killed her children in severe dissociative, fugue like states?

64. To that I would say that although theoretically possible, in this context it is extremely unlikely. For that to happen the dissociative phenomena should be of another level of severity of which I did not observe with Ms Folbigg. Her dissociation is nowhere near the severity of a dissociative disorders that one would expect to observe with such phenomena. Nowhere in the diaries nor in my conversation with Ms Folbigg was this observable. I can comfortably exclude this hypothesis.
65. Concluding this section, I am comfortable in describing Ms Folbigg as having been a very loving and attentive mother (despite her belief).
66. Following on all the above conclusions after reading and analysing the minute particulars of Ms Folbigg's diaries and having met her for five Analytical psychotherapeutic sessions, I cannot see anything in the diaries or from my sessions with Ms Folbigg to indicate that she harmed her children.

Kamal Touma



13 September 2021

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References

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Jan. 2015 : GPMHC approved for FPS (Focus
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Dec. 2014 : Certificate of Clinical Hypnosis

Jul. 2000 : Master in Medicine (Psychotherapy) Sydney,
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May. 2000 : Eye movement desensitization and restructuring
EMDR I, Sydney,
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Aug. 1998 : Research Fellowship in Impotence Medicine.
Australian Centre for Sexual Health (NSW)
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Dec. 1997 : Diploma in Sexual Counselling (ACSHP)
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Sept. 1993 : Australian Medical Council Examination.
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1986 – 1987 : Attestation d'Etudes Préparatoires à la
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1978 - 1985 : Doctor of Medicine Diploma (MD)

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2016 - Current	Royal Australasian College of Psychiatry Psychotherapy Supervisor for trainee psychiatrists.
Jan 2015 – Current	Faculty of the Sydney University Master of Medicine Lecturer / Supervisor
Dec.97 – Current	Private practice: Analytical Psychotherapy.
Dec.97 - July .01	CMO Psychiatry St John of God Psychiatric Hospital (NSW).
July.97- July.98	Australian Centre for Sexual Health (NSW) Research Fellow in Male Erectile Dysfunctions.
Jan.97 - Dec.97	Westmead Hospital (NSW) CMO Psychiatry.

PAPERS AND LECTURES DELIVERED

1. "Lateral dissociation. When each brain hemisphere tells a different story" 3rd Annual conference Westmead Psychotherapy Program for Complex Traumatic Disorder. Westmead September 2014
2. "Interview with Emeritus Professor Russell Meares on the evolution of The Conversational Model" ANZAP annual conference. Sydney. October 2013
3. "EMDR and the sub-conscious traumatic memories" NSW Psychotherapy chapter of RANZCP. Sydney August 2013
4. "Don't be fooled by painful memories, it is the traumatic memories that count. Exploring EMDR and The Conversational Model". Westmead Psychotherapy Program for Complex Traumatic Disorders, Grand Round/Think Tank. September 2011
5. "An exploration of the genesis and suggested treatment approaches to the negative self attributes that results from early sex abuse" World Association of Sexual Health. Sydney 2007
6. "Introduction to the Conversational Model" Workshop, 16th annual conference: Australia and New Zealand Association of Psychotherapy, 'Trauma and the Transformational Conversation', Manly, NSW, October 2004.
7. "The genomes of trauma", Annual conference Australia and New Zealand Association of Psychotherapy (ANZAP). August 2002.
8. "Tendances in Pierre Janet's Theory", Grand Round Psychotherapy, Master In Medicine Psychotherapy course. Cumberland hospital June 2002.
9. "The 'Error' in Therapy", Invited speaker. Lecture for General Practitioners Penrith April 2002.
10. "Psychotherapy", Counselling Workshop, The Royal Australian College of General Practitioners , NSW Faculty. July 2001.
11. "What is psychotherapy?" Invited speaker, NSW Help Line counselors. Sydney, May 2000
12. "Trauma and the Conversational Model in Pelléas and Mélisande" 12th annual conference: Australia and New Zealand Association of Psychotherapy, 'Intimacy, Alienation and the Conversational Model' Sydney, October 2000.
13. "Gender Identity disorder and the disruption of the Self" The Northern Sydney Division of General Practice. Willoughby, NSW. November 1999.
14. "Analytically-Oriented Psychotherapy." Lecture, part of the 'Group Skills Training Course' St. John of God Hospital Burwood, NSW. April 1999

PUBLISHED PAPERS

1. “*The polarization of beings*” The Self in Conversation. Vol.3, 2004. Australia and New Zealand Association of Psychotherapy.
2. “*The Genomes of Trauma*” The Self in Conversation. Vol.2 , 2003. Australian and New Zealand Association of Psychotherapy.
3. “*Claude Debussy and the self object experience*” The Self in conversation. Vol.1 , 2002 . Australian and New Zealand Association of Psychotherapy.

NOTE:

Please refer to the electronic copy of the audio recordings of Dr Touma's Analytical Psychotherapy sessions with Kathleen Folbigg.

Rhane Rego
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Dear Ms Rego,

Treatment Plan for Kathleen Folbigg

Thank you for asking me to provide a treatment plan for Ms Kathleen Folbigg.

The prognosis after her release from gaol is totally unknown at this stage and unpredictable. My impression is that initially she may face a period of elation and happiness, and then reality will hit. How hard this reality will hit is unknown. Kathleen, as you know, has just come to connect with her feelings and to express them about her children. I would not be surprised she may enter a severely grieving period in which she would need support. She may enter a phase of profound depression and she may also need support there.

To be on the safe side, I would project at least two years of weekly psychotherapy, once or twice weekly. Frequency depends on the severity of her reaction. She may need medications too, but this will be decided with the evolution of her grieving and recovering in a world she has left for 19 years.

As for the impact of her being in gaol for 19 years, again, personally I lack experience in that. But I imagine that it is like any other grief, loss of part of someone's life and this will also need to be grieved properly.

Thank you for asking me for my opinion.

Kindly yours
Dr Kamal Touma
Prov: 209337UX.



3 November 2021