

Dr. Craig Abrahamson, 63, has been counseling for 34 years and a Professor for 33 years. As an undergraduate at Western Washington University he counseled men who were drafted for Vietnam, giving them advice on going into war as well as opportunities to stay out of Vietnam, such as heading to Canada. Abrahamson began his teaching career at Garrett College in Mc Henry, Md., and came to James Madison University 18 years ago. Early in his life, Abrahamson was a motorcycle enthusiast, no longer does he ride, but he has since carved a full-scale replica of a 1939 Indian motorcycle out of wood and every once in awhile takes a 'ride' on that. Most of Abrahamson's counseling is done on a volunteer basis although he does admit to charging, when necessary, to take care of a few expenses. Abrahamson talks openly about his life as a dual counselor and professor.

Q: First of all how did you get into counseling?

A: I got into counseling through feeling incredibly guilty because I did not go into the U.S. Army during the Vietnam War and three days before I was to go in I was in a motorcycle accident; I broke my back. So I got involved in working with Vietnam vets coping with post-traumatic stress disorder so I have worked and have always worked with people almost exclusively who have been severely traumatized and my whole specialty is traumatization, I guess you could call it that.

Q: Traumatization: through accidents?

A: I work a lot with kids who have been sexually abused. I work a lot with people who are veterans of combat. I work a lot with guys coming back from Iraq (I haven't worked with any ladies yet) and Afghanistan and my life has been very privileged. Every problem I've ever had I brought on myself.

Q: What has been your hardest experience with that?

A: Probably working with children who have been sexually traumatized; they have been penetrated...before the age of four weeks and those children are severely neurologically impaired and will be for the rest of their life. And it's very very hard working with children who have had those experiences...they have no conscious recollection of it and they have no understanding why they act the way they do, why they have difficulty in almost any kind of relationship.

Q: And how did most of them find out about that?

A: Because somebody found out: Child Protective Services found out and the child ends up in a medical clinic and my specialty is trauma so I get referrals from all over.

Q: What is the usual age range?

A: I work a lot with kids. I usually don't work with children before they're 4 ½, 5 years of age. However, I also work with adults who experience it during childhood. Primarily it's females, but not exclusively, there are some males. I would probably say 93 percent of the sexually traumatized population I work with is females.

Q: Those adults that come in, they had the traumatization from early in their life and later on that's when they kind of started dealing with it or that's when they are referred to you?

A: Typically what has happened is they've had problems in their life and they end up seeing counselors and what not. And finally gets diagnosed as being a result of early sexual traumatization...I have one in her 70's and she was probably about 4 ½ and has been living an incredibly estranged life ever since then.

Q: Is it hard for you?

A: It's emotionally exhausting but it's not hard for me. I attempt to enter the perspective of the individual and I leave my own baggage behind.

Q: You said that you go overseas a lot?

A: I float around where the need is called, and I am asked a lot to go to different places...JMU has been very very good with me as far as allowing me to do what I need and love to do and that is I love going into cultures that are different from my own. I was in a township for three weeks back in '05 and this township, literally, everybody has died of AIDS. [Takes a framed photograph off his office wall of a woman's wrinkled face] And this lady asked me to take her photograph and I had spent probably four days with her and you look into her eyes and what do you see?

Q: Hardship and...

A: Yeah, and I think there's a lot of other things in there too and that's what's fascinating for me about that. She died two hours after I took the photograph, of AIDS. How old was she? God only knows, she certainly didn't know. She could've been 35 years of age or she could've been 80 years of age. Is she sad? Not from what I could've gathered from her.

Q: Is there a specific experience that sticks out in your mind as the most rewarding?

A: Probably the most rewarding experiences that I have had is working with children who have been severely traumatized and see them establish successful relationships in their lives.

Q: Do a lot of your clients come back to you? Do they stick with you for awhile?

A: A good many will come back...to kind of check in. I also maintain a sense of professionalism: we never become friends... It's hard, I think, for clients to grasp that

because they want to be my best friend just because they trust me and I'm a nice person... I'm not as nice outside the clinical context as I am inside, at times [laughing].

Q: What do you think makes a good counselor?

A: I believe a good counselor is somebody that can be truly empathetic.

Q: Do you agree with the whole licensing procedure?

A: Yes... Those laws are there to protect the client...I really believe in licensing because I've seen a lot of counselors, before licensing came about, do some horrible things to clients. Not that it doesn't still happen, but yeah.

Q: What kind of horrible things?

A: One of the most typical horrible things that happens with clients is that male therapists taking advantage of female clients...and having personal relationships with clients within the therapeutic context.

Q: That's a pretty common thing?

A: I wouldn't say it's common but it is one of the more common violations that occur

Q: What do you plan to do later?

A: I plan on decreasing my clinical commitments and continue teaching and doing global research.

Q: And when you go to these third world countries, would you say most of their outlooks are hopeful? because I know that a lot of them don't know any different.

A: Most of them, their levels of satisfaction with their lives, are much greater than what I would think they would be.