



## Book Club: Navigating Childhood Trauma with 'The Deepest Well'

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Dr Cathy Kezelman AM, Medical Practitioner & Mental Health Consumer Advocate

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### Host (00:01):

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

### Dr Johanna Lynch (00:18):

Welcome to the Book Club, a podcast series featuring two mental health practitioners in conversation about a fantastic book that has influenced both of our practice. My name is Dr Johanna Lynch. I'm a GP of 25 years who has spent the last 15 years caring for adult survivors of childhood trauma and neglect, including setting up my own transdisciplinary clinic called Integrate Place, which I ran for five years. I've spent the last five years working on strength-based approaches to trauma for GPs, including writing a book from my PhD. And I'm also president of the Australian Society for Psychological Medicine, that trains advocates and connects GPs who do complex whole person care.

Today, Cathy Kezelman and I are going to chat about *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*. This book is what I think of as a tour de force, stepping us clearly through understanding the way that chronic threat causes changes in the body. From Vincent Felitti's groundbreaking population research that showed a clear link between the adverse childhood experiences and illnesses such as cancer, cardiac death, obesity, asthma, and suicide to name a few, to later studies that show us how adversity changes our biology and causes changes across the generations, Nadine links science from many different disciplines, and as a GP, I love thinkers that span across the disciplines. Of course, I've also had my own experiences of trauma, as they say in this field, you have to have had just enough trauma to be useful. And Cathy Kezelman, you have been a supportive colleague along most of that journey.

**Dr Cathy Kezelman (01:54):**

Yeah, thanks Johanna. And yes, I think we've walked a great path together, and it's been a delight. So, look, I'm currently the president, so CEO of Blue Knot Foundation, the National Centre of Excellence for Complex Trauma. So, we work with people who've had repeated experiences of violence, abuse, neglect, exploitation, often as a child, but not always, sometimes as a young person or an adult. I also have my own history of trauma and I'm also an ex-GP, and I suppose they say once a GP, always a GP. And I do, even though I've moved on in what I do, I do always find myself intrigued by discussions around medical issues. And I suppose what we're going to talk about today, really, is an intersection of the work I do now and my work as a GP.

**Dr Johanna Lynch (02:47):**

Yes, thanks Cathy. I think that gives us a nice taster of what's to come. So, I guess I now get to talk about why I chose this book for us to read and discuss, Cathy. As a fellow GP, I totally agree. Sometimes you've told me you're not really a GP anymore, but I really agree, we stay that because that's in our DNA, from how we've sort of been trained and see people. And I also see that we've both been advocating in our different fields for trauma to be recognised. So, I thought you might enjoy reading this book, actually. It's conversational, it's got patient stories, which we both relate to, but they're also stories that stick with you long after you finish the book. And it has such a clear message about the impact of lived experience, or life story, on the body, which again, I think we both really connect to.

(03:35):

So, we've been connected for more than a decade, and I realised that, other than the practitioners who worked in it, you were one of the few colleagues who actually stepped into my clinic, Integrate Place, where I tried to set up a trauma-informed clinic in Brisbane, and you were there before I closed it to go back to study and to try and work out how to earn a living again. And you've also witnessed me in tears over how difficult it has been to get research funding in this medical world, that struggles to fund things that aren't already defined as diseases. So, I thought we would have lots to talk about in this book, and I'm so looking forward to reading it with you.

**Dr Cathy Kezelman (04:16):**

Yeah, no, and certainly I've really loved reading the book, and I read it literally in a day, so I couldn't put it down. And it speaks to the essence of what I personally have struggled with, and what I've struggled with as a medical practitioner, in terms of just a lack of awareness and a lack of education and training for practitioners around the whole area of childhood trauma. And I suppose that really opened my eyes even further than they had been open. I'd already been working in this field for over 10 years, but Nadine Burke Harris, I'd seen her TED Talk, and I mean that is truly inspirational. Really gets the essence of the impacts of just having a childhood that betrays you. And she just describes things in such an accessible way. It's a book that anyone can pick up. It doesn't speak in gobbledygook, but it just gives a very poignant, strong message about why we all need to understand this, and just be aware and care.

(05:37):

And she's obviously someone who cares deeply. And I know, Johanna, you absolutely are. I've seen you just so committed and just, I love your human approach to the way you go about everything, and just the lens that you bring to what is an incredibly challenging field. And I've seen, as you say, your struggles. And I suppose I've had my own as a medical practitioner who, more than 20 years ago now, just had to deal with my own trauma and the impacts of that on my mental health, and a breakdown where I certainly didn't understand what was happening to me and what was going on, and nor did my medical colleagues. And I suppose that's probably what drives both of us, just that this information is just so pivotal and critical, and I certainly can't understand why it isn't out there, and why everyone isn't shouting it from the rooftops. So, I'm sure you feel the same way.

**Dr Johanna Lynch (06:46):**

Yes, yes. And I too watched Nadine Burke Harris, along with the 8 million other people who've watched her, over and over in her TED Talk. And I think the reason I watch it and teach it whenever I teach GPs about mental health is because it was such a relief to see someone else speaking it so clearly. And really, if I could have put it the way she has, I would've wished I could have. She just brought things together. She's had a great experience with population health in her background, as well as biocellular kind of training in her story. And so, she's beautifully poised to bring this story to us, I think. And as with you, I kind of see this sense that she also has struggled with not being heard. We'll talk a bit later, I think, about her experience trying to talk to CEOs about this, when the tea lady actually came up to her afterwards, that she was leaving deflated to go down the lift, and encouraged her to keep on going. And my sense is, both of us will have met people like that, who put faces to the statistics, who remind us to keep on going.

**Dr Cathy Kezelman (08:03):**

No, absolutely. And certainly, just understanding, just what it means for other people to be heard, and to feel that someone else actually gets their struggle and their journey is just so critical. I found myself, when I was dealing with my own trauma and my own history of abuse, that I just read voraciously, just searching for those other stories of people who had similar experiences. Only last week I was rung by someone who didn't even give me their name, just said, look, I hope you don't mind, but I just wanted to say I've read your story, and it's just so much like mine. And I just want to say I believe you, and I've had that experience too. And just being able to identify, yeah. I mean, these aren't people's stories, these are people's lives, and these are people's lives that are just impacted so profoundly by experiences that happened to them along life's journey, and particularly in childhood, because that's what we're speaking about today.

(09:07):

And to not recognise and honour those experiences and respect the way people have coped as best they can. And that they have survived, and that many people, yes, are absolutely struggling in their everyday life, but also we know that many people have absolutely inspirational stories of recovery. And I suppose what's really important is to say that there are definitely times, and I experienced this myself, at which you do lose hope, and you do lose a sense of possibility that things can be different. But I was very lucky, I had a therapist who was able to hold onto that hope for me until I could reclaim it and then find my path. And that's, I think probably, certainly why I do the work I can, to just help to foster that for other people.

**Dr Johanna Lynch (10:05):**

Yeah, I use the phrase of lending people hope when I talk to them at the beginning of the therapy process, until they've got enough of their own. And in a way, I think this book for me offers a little bit of that sense of hope for the bigger picture, because we need hope for each of the individual stories. And then there's that sense of hope in the bigger picture. And I see your life story has done that for me too, Cathy, because I see you are one of those who have overcome and are turning your pain into something that's giving to others. So, I guess as we kind of move on, I better give a little bit of a precis of the book. I think it's a beautiful summary. If someone wants to get a hold of an understanding of the latest science in this field, I think it's the place to go.

(10:51):

She steps us clearly through understanding the way that chronic threat causes changes in the body, from Vincent Felitti's groundbreaking population research that showed a clear link between the adverse childhood experiences and illnesses such as cancer, cardiac death, obesity, asthma, and suicide, Alzheimer's as well to name a few, to later studies that are now just showing us how those adverse childhood experiences impact the body, including changes in our epigenetics, changes in how we manage stress, changes in how our sugar is managed at the cellular level, and how our cells age. And so, Nadine links science from these many different disciplines. As a GP, I love thinkers that span across the disciplines. What key messages stayed with you after you read it, Cathy?

**Dr Cathy Kezelman (11:53):**

Yeah, look, I think what Nadine does is bring her incredible humanity, and obviously her own life story. And she, I'm not going to spoil the book for others, but many of us are in this field because of our own experiences. But she also brings her deep insight as a paediatrician, her scientific mind and background to, as you say, to really combine all of those elements, so that we can understand that a lot of what people struggle with has an absolute biological, physiological basis. And that the book is basically speaking about what we call toxic stress. So, when we are exposed to repeated, traumatic stress, or traumas over time, and when we talk about, for example, a child is sexually abused, we often don't think about the fact that that often happens over time and repeatedly so, and it's often perpetrated by the very person who's meant to care and nurture the child.

(13:09):

And so, when you think about that level of stress, it makes sense that the brain is then on high alert. And what we know with toxic stress is that there are impacts on both the brain, on our neurobiology, on our hormones, on our endocrinology and on our immune system. And this is so well explained in the book, and it's explained, therefore, in the context of what can happen to people's health, and in fact to young children's failure to thrive. And some of the most moving and poignant stories in the book that I found were just about such young children that really stick in your mind, who by other measures should be developing as you'd expect as other children do. But because there's been a blindness to recognising just the impact of trauma in children's life, there hasn't been an understanding as to why that child may not be growing and developing as you anticipate, or why they may be acting out, given all sorts of diagnoses. So, how do we apply this lens to understand human behaviour and the social impacts as well? It's not only the health impacts.

**Dr Johanna Lynch (14:50):**

Yeah, Nadine has a great kind of analogy there, doesn't she? She talks about living with the bear, and how we're designed as human beings to run or fight threat if we're out in the forest and meet a bear. And she refers to this same analogy in her TED Talk where she says, what happens when you finish fighting the bear in the forest and you come home, you're meant to be able to rest and recuperate. Your body recovers overnight. You experience calm and comfort again, and you can organise your mind and get your arousal levels down. And instead, many people are living with the bear, and they don't get that reprieve at any point in their day or night. And I think understanding that from a biological point of view, it just makes sense to understand how this might then change health outcomes for people. And I heard Martin Teicher speak about his studies looking at fMRI brain studies of people who've had different types of trauma. And he says that the studies that have been published looking at fMRIs that don't acknowledge life story might actually be missing something major in their results.

(16:06):

And so, that sense that maybe this missing thing is something really important that the rest of the community needs to understand. And Nadine says at one point that toxic stress is essentially invisible to the healthcare system, and later she calls it an unseen epidemic. While at the same time she says, for many families, it seemed that toxic stress was more consistently transmitted from parent to child than any genetic disease she'd seen. And so that sense of, we've started to talk about intergenerational trauma in our community, we are very aware of it in our Indigenous community, but it is something that is across generations that matters to health, and how we even think about health policy and so on. What do you think about that kind of juxtaposition, that it's not acknowledged, it's invisible, and yet it's so central to, and it's transmitted so easily from parent to child?

**Dr Cathy Kezelman (17:09):**

Yeah, I mean, it's certainly something that in our work in Blue Knot, we were previously called ASCA, I remember probably 15 years ago I approached one of the major medical journals to put in an article about child abuse and its impacts. And I was told that that's not something that would be of interest to GPs. They don't need to know that, they don't see any of it, it doesn't have an effect. But what we know is that every day there are patients walking into GP's surgeries with many, many impacts of what's happened to them along life's journey. But yet GPs, and we've both been trained in a purely biomedical model, and not to say that that doesn't have great relevance, but what also has incredible relevance is what happens to a person, and the psychosocial impacts on the person. And what the book does is just tie those together.

(18:20):

And so, as we're talking about a stress response that never goes back to a sense of being settled and a sense of calm, and a nervous system that's always on overdrive and always on high alert, it makes sense that something is going to give. And what we see is that different things obviously give for different people, but the ACE study, Felitti and Anda, which is a very substantial study of over 17,000 people over a long period of time with multiple publications, just establishes those connections with the number of different categories of childhood traumas that someone experiences and their physical health, their mental health, and their ability to function on a daily basis. And yet, and Blue Knot had contact with Vincent Felitti a number of years ago and share his frustration, that this is not informing, not just

curricular, but policy and systemic change at not just a national, but a global level. This is just so critical to the social determinants of health, and to social wellbeing.

**Dr Johanna Lynch (19:46):**

Yeah, I think that sense that it's hard to understand how such a large population study of 17,000 people, that was a prospective following up of them into their life health stories, has been so ignored. When you read it, you think, and that was Nadine's experience, why hadn't I heard about this before? And I have started to teach it in medical school, but it's really in a side course that's not yet in the centre of the curriculum. And I guess my sense is that the kind of traditional GP that I wanted to become when I was a young student naturally did include life story and relationships and meaning in their understanding of the healing process that they were part of. But I think the kind of focus on, almost the delight in, the technological side of scientific advances has sidelined some of these more kind of relational processes that are part of healing.

(20:56):

And even though those GPs, as traditional GPs, didn't understand why having the alcoholic grandmother made your health more vulnerable, they integrated that into their care naturally. And I think their skillset has slowly got sidelined. And thankfully, science is bringing it back to us, and science that crosses disciplines, which I think would delight those old traditional GPs, to see the generalist nature of what we are needing to know in order to make things change. The other thing, I find it really helpful is that link to the wider things about environment and life story, racism, injustice, those bigger picture social ills that are part of health, and that this kind of helps us understand how they're part of health. So, those sorts of things are part of why her book gives me some hope.

**Dr Cathy Kezelman (21:53):**

And it's sort of a little bit beyond the ACE study as well. The ACE study looked at sort of individual traumas, but when you look at on a community level, and you look poverty, oppression, discrimination, homelessness, there are so many other ways in which people don't have the experiences that they need to really sustain a healthy, robust life going forward. And I suppose I'm feeling a little remiss at this point because I don't think we've really stressed enough that even though people experience often profound traumatic stress, that people can and do heal over time and recover, that the brain is neuroplastic. We know the brain can change, and we know that just as negative experience of interpersonal interactions can damage the brain, so to, and you've just spoken about, relationships of safety and of trust can help the brain heal. And so, I just wanted to say that it's never too late for people to heal and recover.

**Dr Johanna Lynch (23:13):**

That's a really important message. And look, I think as a GP, we don't like to screen for things where there's no treatment available. That's one of our principles of screening. And I think for those GPs who are unaware that there is good quality treatment available now, that this field has advanced exponentially in the last 20 years in terms of treatment modalities and possibilities, and understanding of how healing happens at a neurological level and relational level, that means that it's now important to look for it, because we have treatment options available for it. And it's no longer okay to just write somebody's label down as depressed when you haven't asked them what things are like at home, or how they feel about their whole life story because there's so much that can be done to help them.

(24:14):

So, I think that priority you've reminded us of is so important, that the reason we're passionate about this is because it could make a big difference if we got onto it earlier and we intervened earlier, and we are more aware of what happened to children who are in our community right now, whether they're in foster care, or in homes that are very destructive or struggling at school, and schools can see that something's not right in their home situation. Difficulty with learning, one of the things I was surprised to find in Nadine's book was her pointing out that there was a 32 times increase in learning and behaviour difficulties for children who'd had adverse childhood experiences. Now that's just, I can't even get my head around that kind of increase in risk. And so, to say that we could change things at school, at home, in children's lives, let alone for those adults who have lived that in their earlier life story, those are the things that keep us going, I think.

**Dr Cathy Kezelman (25:23):**

Yeah, and I think what's really important is that for people who are struggling in different ways to understand the reasons why, that it's not because they're bad or evil. We're currently doing some work with people in correctional centres in prison, and we've had someone we've spoken to who's been in and out of jail for over 30 years, but after speaking to a counsellor, he's heard that there's a reason why he's struggled in certain ways, because he experienced lots of trauma as a child. And he didn't understand why he was aggressive, and violent, and reacting in certain ways. But when you use the lens that Nadine presents in *The Deepest Well*, you can understand it, and he understood it for the first time. And what he said is that this time, when he gets out, he knows he can do things differently. And that is just, yeah, I mean wonderful, but how devastating that he's had to have those 30 years of going in and out of jail.

**Dr Johanna Lynch (26:39):**

That does point to the statistics we know, about how many people in jail have experienced complex trauma in their childhoods and how we know the brain changes affect impulsivity. They affect your capacity to form relationships, and to feel safe and okay in the world. And layered on top of that is this sense of shame, that you couldn't protect yourself as a child, that something must be wrong with you because this happened to you. And even those reading Felitti's papers were saying, oh, it's just because of bad behaviour, that people have worse health outcomes because they're smoking, or because they're drinking a lot, or whatever it is. And Nadine's able to debunk that myth in her writing to help us see, it's not about behavioural choices that makes you unwell as a result of this. And not to say that we're not each responsible for how we behave, and that plenty of people who survived childhood abuse haven't resorted to violence, et cetera. But there's a deep shame that comes, that drives behaviours that pull you away from being in community, that make you feel isolated and alone. And that is part of the injury of adverse childhood experiences. It's not your fault. It's what being in those situation does to children. They take on the blame and feel that shame.

**Dr Cathy Kezelman (28:08):**

And I think that's a very important message that society, and we're all also very judgemental, societies judge people, and judge people who just appear not to be able to function as well as we believe everyone in society should. People who may have used alcohol and drugs, people who may self-harm, people who are suicidal. There are reasons for this, and we need to be much more understanding as a society. And you've just spoken about the stats around behaviour issues as a child. Kids who act out in

school are often ostracised and punished rather than being understood, rather than looking at the context of their life, working with their family and understanding what's going on for them. Perhaps they have a parent with their own trauma, which hasn't been worked through. And that's impacting on the way that that parent, despite the best of their intentions, is able to support their child. So, hopefully this book will also start to lead to a more empathic, informed society that isn't so ready to judge, but is much more ready to support and walk alongside people.

**Dr Johanna Lynch (29:38):**

And speaking of hope, there are primary schools starting to have trauma-informed practice in how they respond to behavioural disorders in our community. And that's heartening to hear, isn't it? And it's part of the change that we've got to witness over the last 20 years. Yeah. Nadine has an analogy in her book that says she thinks that toxic stress is a bit like HIV, in that we used to as medical clinicians, before we knew that HIV was there, we'd see all this range of disorders that were gathering in one person. There was Kaposi's sarcoma in their skin, and hepatitis, and immune changes. And we didn't know there was this virus underlying it, but we kept on treating the surface symptoms and diseases, and getting confused about why so many of them were in the one person. And I would see the same with this, that we see these constellations of illnesses that often get put together into syndromes like metabolic syndrome, for example, when people are overweight and their blood pressure's up and their diabetes, they've got diabetic changes, and now we can see there might be something underneath that's a bit like the HIV, that's been hidden.

**Dr Cathy Kezelman (30:57):**

Totally. And the same applies with mental distress, that many people who've experienced childhood trauma carry multiple comorbid diagnoses of mental illness, because of the lack of screening and the lack of asking what happened to you along life's journey, putting that trauma informed lens on it. Which can be challenging when you've come with a biomedical lens that does make you look at what's wrong with you, what's the diagnosis, what's the disorder? But here, it's about putting a different lens and understanding, asking the questions why.

**Dr Johanna Lynch (31:47):**

Yeah, I read a paper this morning, by Indigenous authors who were talking about us needing to have more than cultural safety, we also needed to have trauma informed practice. And they put it beautifully, they said, tell us your story instead of what's wrong with you, which is, that was what they wrote in their paper. And I think that is a natural skillset for a good healer. It may not fit into the capital evidence-based medicine box in some quarters, but I actually think Nadine's given us the backing to say it does fit into the evidence-based medicine box, if you are willing to look across the disciplines, not just within your own discipline.

**Dr Cathy Kezelman (32:34):**

Yeah, it's a question of what is the evidence?

**Dr Johanna Lynch (32:38):**

Yes.



**Dr Cathy Kezelman (32:39):**

Look, I mean, I think if anything, the books made me more passionate to try and see the changes that Nadine and you, Johanna, want to see, and just to get these messages out there, so that we can start to see more people living the lives that, really, they need and deserve. Everyone deserves to live a life that's worth living, and a life where they feel connected and valued. And so, how do we see a world like that?

**Dr Johanna Lynch (33:15):**

Yeah, I think for me, it's increased my confidence and increased my commitment to research that brings this into practice. And I thought it's also a great resource to share. It's so readable that I think just the book in itself would make a big difference. So, I want to spread that news. And it's also sort of validated my life story a bit. I don't know about you, but I've been left feeling a bit vindicated as a medical practitioner, that all our years of being marginalised by our profession because we were talking about trauma and they thought it wasn't relevant, well because we were onto something, that kind of feels good.

**Dr Cathy Kezelman (33:59):**

Yeah, I mean certainly for Blue Knot, I mean, this is what drives our organisation, and it's been quite a journey for the organisation because we've had to fight for the right to have complex trauma recognised in its own right, or toxic stress recognised in its own right, rather than being an accessory after the fact, or just a sort of a footnote. And this is a substantial public health issue. It needs to be not just seen as one, but embraced as one, and invested in as one, because that's a way to really change the lives for people in this country and globally.

**Dr Johanna Lynch (34:50):**

I'm reminded of a question I had in my mind when I was reading this book. I also think this book is a tribute to the interconnectedness of the body, what Nadine calls the symphony of homeostasis. And I love it when clear evidence is presented that confirms the patterns that I've noticed in practice as well, that adversity has direct and indirect impacts on the physical body, and on social health. And so as I was reading it, I was wondering if you were a bit the same as me as a medical student, how much did you enjoy understanding the body's feedback loops and molecular mechanisms of homeostasis when you were a medical student?

**Dr Cathy Kezelman (35:26):**

Look, I probably wasn't so engaged in it as a medical student, to be honest. I was more pragmatic, and that's probably a reflection on where I was at with my own trauma. But now I just find it fascinating to have that evidence, and to have integration, of course. So, integration on so many levels and yeah, it just all makes sense. And when it makes sense, you can really go out there with a clear message to disseminate and embed the knowledge.

**Dr Johanna Lynch (36:03):**

I kind of want to say, if Nadine were here, this is what I'd like to say to her. I'd want to say thank you. I'd want to say that her readable book is an asset to help us communicate about this message, that she's encouraged the scientist in me, and that she's helped me to think of ways to translate this into medical language and encouraged me to do that. I use the TED Talk almost every time I teach GPs and medical students about trauma, and I feel got, I feel validated by her writing, that someone else has experienced the journey of trauma, trauma being marginalised on the edge of real medicine. What would you like to say to her as well?

**Dr Cathy Kezelman (36:48):**

I'd actually like to thank her for being her, and for embodying everything that she articulates. I mean, she has really engaged at the highest levels of US, with Kamala Harris. And I would like to say, I hope you can continue to engage at those high levels, and really make some inroads for real change. And I know you're giving it your all, as I believe we are. It's been, it's always wonderful to speak with you, of course.

**Dr Johanna Lynch (37:27):**

Yeah, it's lovely.

**Dr Cathy Kezelman (37:29):**

And thank you for choosing The Deepest Well. I mean, Nadine Burke Harris was already a hero of mine, but reading her book was fabulous, so thank you.

**Dr Johanna Lynch (37:39):**

Yeah, I mean, in our work in the Australian Society for Psychological Medicine, where I encourage GPs in this space, we talk about generalist mental health, and I think that's the space we sit, doing mental health while we're aware of the body. And that's where the science is now, that the body and the mind, relationships, community are all interconnected. So lovely to talk with you, Cathy. Look forward to the next time.

**Dr Cathy Kezelman (38:08):**

Likewise, Johanna. Thank you.

**Dr Johanna Lynch (38:09):**

And should you want further information on any references in this podcast, they will be in the show notes. We'd love to hear from you regarding any feedback on the podcast, and watch out for future Book Club episodes. You've been listening to Dr. Johanna Lynch, and

**Dr Cathy Kezelman (38:24):**

Dr. Cathy Kezelman.

**Dr Johanna Lynch (38:25):**

Thanks for listening.

**Host (38:29):**

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