Therapy Chat Episode 243

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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 243.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan, LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. Between writing notes, filing insurance claims, and scheduling with clients, it can be hard to stay organized. That's why I recommend Therapy Notes. They're easy to use platform lets you manage your practice securely and efficiently.

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[00:01:01] Hi, welcome back to therapy chat. Hope you're all doing well during this extremely stressful, painful time in our world's history. I'm hanging in there. Hope you are too. Today I'm bringing you a replay of another of my favorite episodes, which is my interview with Dr. Veronique Mead. Veronique is a physician who became a therapist, and she is extremely knowledgeable about the connection between childhood trauma and chronic illness.

[00:01:35] And I am a huge fan of her work. I hope you all enjoy listening to our conversation and I'll let you know that we do plan on recording another interview in the near future about her newest direction in her work. So I'm very honored to bring you this replay of my interview with Dr. Veronique Mead, which if you listened to last week's episode with Dr. Gabor [00:02:00] Mate, this makes some links between what he talked about and, you know, goes deeper into the discussion about chronic illness and the connection with childhood trauma. As always, I appreciate your support and be well.

[00:02:17] Hi welcome back to Therapy Chat. Today I am really excited. You all are going to love this. I am talking with Veronique Mead today. Veronique, thank you so much for being my guest at Therapy Chat today.

[00:02:31] **Veronique Mead:** Oh, it's a pleasure.

[00:02:33] **Laura Reagan:** I am really excited. I am dying to dig in and talk with you about your work, but first let's just, if you will, let's just give the audience a little description of yourself and your work.

[00:02:47] **Veronique Mead:** I blog about chronic illness and how adverse life events actually shape and influence risk for chronic diseases of all kinds. And I write about the science [00:03:00] to explain how it's not psychological. And I do that by pulling together my background. I was a family doctor. Uh, 20 years ago, I taught medical students and residents and delivered babies, did the whole spectrum of family practice care.

[00:03:17] And then I changed careers and became a somatically based trauma therapist. And I've been pulling that together and writing about the research now on my blog for about five years.

[00:03:29] **Laura Reagan:** That's awesome. It's pretty rare to hear of someone being a physician and then becoming a therapist because we therapists feel in the medical setting usually like we're kind of the bottom, you know, it goes physicians, nurses, therapists.

[00:03:52] So I'm glad you joined us because we, we love ourselves, but you know, we don't always see that everyone in the medical profession, you know, [00:04:00] values what we do. And it's great that you have both.

[00:04:04] **Veronique Mead:** Yeah. You know, I was actually influenced by two people who were doing work that I, that settled my soul when I was practicing medicine. And that was part of how it influenced my direction to go in this path. So, you know, I'm happy to talk about that.

[00:04:22] Yeah, do you want to share who they are?

[00:04:24] Yeah. You know, one of them was I had my own, uh, stress and distress when I was practicing medicine. I felt that I didn't have the tools that I could really help my patients with.

[00:04:43] Uh, and it wasn't clear exactly at that point. I just felt as though something really important was missing like the whole person and really, I loved my patients and I wanted to spend time with them and talk with them. And, and there was just to just prescribe [00:05:00] medications felt as though I was using more band-aids even though it's a very powerful thing and it can save lives.

[00:05:05] I felt as though I was missing something and at the same time in parallel, I was developing terrible fatigue and it would come in attacks. I would have nights where I was too tired to roll over in bed and then I'd be fine the next day. And so I started working with someone who was a Rolfer and so he was a body-based practitioner who worked on my

body and just to see I developed low back pain and that's why I went to see a body oriented therapist and in only a few sessions I realized I would much rather talk with this person and he spent an hour and a half with me, each time I went. It was the most amazing sense of connection and being heard and seen. And so that was one piece that inspired me.

[00:05:53] Kevin Frank is his name. He works in New Hampshire, uh, and

[00:05:58] **Laura Reagan:** Shout out to Kevin.

[00:05:59] **Veronique Mead:** [00:06:00] Shout out to Kevin changed my life. He, he was, he was awesome. And in parallel at the same time, I had read Dr. Rachel Naomi Remens book, Kitchen Table Wisdom. You heard of it?

[00:06:20] **Laura Reagan:** I have not. I'm writing it down.

[00:06:23] **Veronique Mead:** She is a gem. She is probably in her 80's now. She's a pediatrician who changed careers to become a counselor, which is exactly what I ended up doing.

[00:06:36] **Laura Reagan:** Yeah there's another one, that's two.

[00:06:42] **Veronique Mead:** Yes. And in her book, each chapter is a different story. So it's a book, that's a whole collection of stories. And each story is either about herself, her life, her past, something that she learned or about a [00:07:00] patient when she was a doctor or a client, when she was working as a counselor, and they make you cry.

[00:07:08] They, they, they reach you in a way that's about the human connection and how in the middle of the suffering. There's something else going on that actually shines a light and changes your life for the better or that it can.

[00:07:28] Oh, it's her work is so moving and she has inflammatory bowel disease, which is different from irritable bowel syndrome. Inflammatory bowel disease is usually it's either Crohn's disease or Ulcerative Colitis. It causes terrible abdominal pain, bloody stool. There's often a lot of surgeries involved. She was diagnosed when she was 12 and has had many, [00:08:00] many, many, many surgeries.

[00:08:01] And when she, she was born in 1938, and at that point, when she was diagnosed in the fifties, her expected survival was she wouldn't make it past 40.

[00:08:12] **Laura Reagan:** Wow.

[00:08:13] **Veronique Mead:** Yeah. So she ended up finding this other path, and finding a way that changed her health. And so that that's a long story to kind of say that she was the other influence in my life and why I went into this direction of somatic psychotherapy, just

kind of what Kevin was doing in his own way, too. I would have never even used this, knew these, this way of working existed if it hadn't been for them.

[00:08:43] **Laura Reagan:** That's awesome. And I'm getting her book. I'm very inspired. So I appreciate you sharing that resource. So shout out to Rachel too.

[00:08:52] **Veronique Mead:** Oh, absolutely. My mentor.

[00:08:56] **Laura Reagan:** So how do you practice as a [00:09:00] psychotherapist, somatically? What type of work do you, you know, what body-oriented work do you bring into your practice?

[00:09:09] **Veronique Mead:** So I took a year off after leaving medicine and then I found my way into a master's degree in somatic psychotherapy. So it's a whole underpinning of how do you listen to the body? What's the language of the body, really? How do you access the intelligence of it by listening and by paying attention to sensations or impulses or imagery.

[00:09:37] And I ended up doing some specialty training in somatic, experiencing, which is Peter Levine's work for working with trauma from a similar view, I did Sensorimotor Psychotherapy, the trauma component. They have a few, they have another component on working with development, childhood relationships. I just did the trauma component.

[00:09:58] **Laura Reagan:** So you did Somatic [00:10:00] Experiencing and level one of Sensorimotor Psychotherapy?

[00:10:04] **Veronique Mead:** Yeah.

[00:10:05] **Laura Reagan:** I have um, I'm in next. I think it's yeah. Next weekend is my last weekend of level two of Sensorimotor Psychotherapy. I love that. Oh my God.

[00:10:17] **Veronique Mead:** Oh, that's great. So that's the developmental, there's so much, so many tools out there aren't there. Yeah. That we never really knew about.

[00:10:27] **Laura Reagan:** Right. And I imagine with a master's in somatic psychotherapy, you knew a lot more about it than most therapists learn in school.

[00:10:35] I, I did not learn anything about the mind body connection in school other than which is my master's is in social work, other than, uh, learning about the ACEs, the adverse childhood experiences study in one class during that. So that was a good thing to learn about, but that was a class on, I forget what the, they called the [00:11:00] class, but it was on diagnosing mental illness.

[00:11:02] So that was helpful. But even with that masters, you still took on additional study with somatic experiencing and sensory motor psychotherapy so..

[00:11:14] **Veronique Mead:** Yeah. I, i, um, I ended up coming across research when I was doing my training that made me feel as though the trauma component was really important and also the very early life, the pre and perinatal events that happen in pregnancy and birth.

[00:11:31] And so I ended up doing a three-year training in that work as well, kind of felt like these were two important areas to anchor some approaches.

[00:11:40] **Laura Reagan:** Wow. I didn't even know that they offered a three-year training in pre and perinatal development in terms of trauma. That's incredible. That seems like maybe that'll be my next thing.

[00:11:52] What's that through?

[00:11:54] **Veronique Mead:** That's um, through some individuals, uh, they're they're both associated with an organization [00:12:00] called The Association for Pre and Perinatal Psychology and health APA, and one, the woman I trained with his name is Myrna Martin. I think she may be doing just one or two more trainings she's based in Canada, but she does trainings around the states and abroad.

[00:12:18] And then Rae Castolino is based in California, in OHI. And he does trainings as well. Those are the two people I know. Santa Barbara Graduate Institute when it existed, I think it closed some years ago, they offered a doctorate program and this was a component. And I believe there's, there may be some training in this somewhere in Chicago and there, there may be other areas. Those are the ones that I know of.

[00:12:41] **Laura Reagan:** Thank you for these amazing resources. I hope everybody's got their pens and paper out because I'm jotting everything down. I'll put it in the show notes, but you're a wealth of information already. So thank you. So what was the name of the association association for pre and perinatal?

[00:12:59] **Veronique Mead:** [00:13:00] Psychology and health... APPPPAH.

[00:13:06] **Laura Reagan:** Okay. Thank you. Thank you so much.

[00:13:09] **Veronique Mead:** Absolutely.

[00:13:10] **Laura Reagan:** I'll put a link to that in the show notes.

[00:13:13] **Veronique Mead:** Okay. Great.

[00:13:14] **Laura Reagan:** Yeah. So you really are an extensively trained. This is no wonder you have such great information that you put out because people are listening, don't know this, but I found you through Facebook, some of the, the articles and things that you've

shared, I felt like you were the first person I've seen, who talks in depth about the link between chronic illness and trauma.

[00:13:41] I mean, I know that people know about it and people talk about it, but the way you are talking about it is in depth with backup. And that is incredibly important.

[00:13:53] **Veronique Mead:** There does really seem to be a hole or a vacuum around it. And the biggest [00:14:00] link, because we think of trauma as being linked with mental illness, or at least that's becoming somewhat more well-known, and psychotherapists work with mental illness.

[00:14:11] And so that's kind of the domain of how we approach it. And coming in as a medical doctor who worked with people with chronic illness, I got curious whether the research that was pointing us in the direction of trauma and adversity being a risk factor for depression, suicide anxiety, whether there was any similar type of research showing that it was a risk factor for chronic illness.

[00:14:37] And that's what kind of led me down that path. And there hasn't been a lot of detailed information about that. And because of these links, I think most people and medical professionals think that if there's a history of trauma, it means that the chronic illness must also be psychological, just like mental illness is, and [00:15:00] none of these things are actually really psychological, whatever that actually means. I think what, what people are told or what it means is that their illness must be in their head that they're to blame that it's their fault. That they're weak. It's really very painful how our cultural view has gone with this information.

[00:15:26] You know, our veterans come home from being at war and they went in healthy and we thought of them as our courageous strong people that we send off. And then they come back and they struggle with depression and suicidality and illnesses. And then we think that they're weak and that there's something wrong with them.

[00:15:47] We're really missing the point. We've had these, these, these wars and the science and the research for a hundred years showing that it's not because they're weak, it's because of what they experienced. And then we still [00:16:00] keep falling back into thinking that it's about a personality problem. And so. Really I've been just wanting to see if the research could show anything beyond that.

[00:16:12] And it really does in spades for all kinds of chronic health conditions, whether it's mental health conditions or physical or autoimmune diseases.

[00:16:22] **Laura Reagan:** Yes. That, that was so poignant to me what you were saying about veterans and the, it doesn't show that someone is weak, that they are affected by war. It shows that they haven't lost their humanity because what, you know, as humans, our brains have an impact of trauma.

[00:16:45] And so if you still can feel that and you show the effects, then that means you're still a human being.

[00:16:53] **Veronique Mead:** Yeah. I think bottom line underlying all of this is [00:17:00] that we're, we're all soft, vulnerable human beings who are affected by the environment. You know, it's not all genetic. We thought it was all genetic, that chronic physical illnesses are genetically based and that you can't do anything about it.

[00:17:17] And really, it's about how our genes interact with our environments. And that it's the interaction between the two that shapes and influences our longterm health and our ability to be in relationships. And it's, it's about this journey of being human and how it affects us in different ways.

[00:17:39] **Laura Reagan:** Yeah. And I'm also thinking about, you know, just kind of how, in general, in our culture, something about the way we have this, you know, pull yourself up by your bootstrap's mentality.

[00:17:53] When people came back from World War One, it was said they were shell shocked. You know, there are people [00:18:00] who served during the first Gulf War and had, in addition to potentially trauma symptoms, they may have had physical symptoms of Gulf war syndrome and they were really dismissed. And it was just not, not treated as if they were telling the truth and the same with post 9/11 syndrome.

[00:18:23] And what's the other thing, the effects of Asian Orange from Vietnam. And, you know, so, I mean, those are environmentally. I believe those are thought to be caused by environmental factors, but, you know, it's like when people say their sick, listen to them.

[00:18:44] **Veronique Mead:** This is really a huge struggle. And from some of the things we've talked about, I'd like to maybe try to pull it together. Like how, how can someone make sense of what we're talking about right now? Let's say someone has [00:19:00] a chronic illness like Rachel Remen, for example, who has inflammatory bowel disease. How do you look at it or make sense of it from a trauma point of view? And I wonder, would that be potentially a helpful,

[00:19:11] **Laura Reagan:** I think so, definitely

[00:19:12] **Veronique Mead:** to look at it, it's sort of how, how do I think about chronic illness?

[00:19:18] What, what has the research led me to think? You know, I could, I can name that. And if I were to summarize it, it would be that chronic disease and mental illness represent a body that's caught in a state of survival- is caught in a prolonged threat response. And that that's what is actually underlying the symptoms.

[00:19:41] And so this is actually a paradigm shift in how we understand disease. And there are maybe seven or so different risk factors. When you start to look at it in this way, that you can group things about risk factors. You mentioned ACEs. So I could describe what some [00:20:00] of those are. People might look at, you know, okay how, how it adds up. So the first one that makes us wonder what the cause of disease is really what triggers the onset of symptoms. And so for a war veteran, we kind of understood that trauma causes symptoms when people who have had a traumatic event, that's really obvious whether it's going to war having a car accident, and then they develop symptoms a month, weeks, months later, we've been that's partly, I think how we've been able to relate the two that trauma, oh, something happened before they got sick.

[00:20:40] That seems to have been the trigger, right?

[00:20:43] **Laura Reagan:** Right if there's a clear, like A happened and then few months later B happened, it's easier to see the connection.

[00:20:50] **Veronique Mead:** Exactly and what the science is starting, I find what it, what it shows is that that event is really [00:21:00] just the last event in the whole series of things that happen.

[00:21:04] And I've, I do think of them as about seven or so different events. So this one, I think of it as a pre onset trigger or the last straw, it's sort of like, if you talk to people and you say, when did this start or what happened? And they might say, you know, everything was going fine until, and so, um, I don't know what the triggering event might've been for Rachel Remen. She was diagnosed when she was 12 that's when her symptoms started. But for a lot of folks with chronic illness, it'll start after an infection. Or it could be that they were just taking care of a loved one. Maybe one of their parents was dying and they were their primary caregiver or involved for a year or two.

[00:21:50] Maybe it was their spouse. For others it's exposure. Like you mentioned, agent orange or some other kind of chemical. And [00:22:00] one of the researchers who's, who's been really pulling this together is named Robert Naviaux. He's an MD PhD out of University of San Diego, and he writes about the Cell Danger Response.

[00:22:12] So this comes back to what I named is what I think drives chronic illness. The cell danger response is a cellular function that all our cells are actually designed to help fuel us for energy as one function. And to protect us and work against threat as another function. And what's relevant for everyone is that as Robert Naviaux discusses, it doesn't matter what the threat is.

[00:22:43] If the threat is an infection or mold or agent orange or a psychological threat, like an accident, they all actually trigger the same pathways in our bodies.

[00:22:57] **Laura Reagan:** We'll see now you're making me think too [00:23:00] about like, of course, all of the types of traumas that people don't usually think about. Like nobody being

there for you when you were a kid or, you know, emotionally or a baby crying and nobody's picking them up or those types of things that people don't think of the same way we think of war or plane crash or a car accident as a trauma.

[00:23:23] To the system, it's the same kind of threat to sort of survival when your a child.

[00:23:28] **Veronique Mead:** Exactly. And, and so you can then categorize things. I'll talk about the six different groups. Cause you've just preempted that you've just said no, not preempted, not the negative. You've just led to that. But I I'm just going to name that in those six events.

[00:23:46] It's what you just named either it's an exposure to an adversity or it's a loss or a lack of something like a missing experience. So you don't think of not being held or picked up when you were crying as a baby, as [00:24:00] trauma, but in a sense, it's actually a missing experience where the nervous system of a little one is can perceive that as threat, if their warning call for help, isn't headed, then it can be interpreted by a baby's nervous system, not psychologically, but, in the nervous system as they're not being supported or not being safe or not having what they need. And so we can really overlook that very easily, but it actually affects the nervous system and the cell danger response.

[00:24:36] So there's a, there's a physiological layer, which the threat response that drives diseases and health issues happens. And the research helps show that it happens at all these different levels. And so one level is cellular. Another is Stephen Porges on Polyvagal Theory. It's the nervous system [00:25:00] responding in either fight flight or freeze. Another way of looking at the same picture. It's like different parts of the elephant is epigenetics.

[00:25:11] **Laura Reagan:** Yeah.

[00:25:11] **Veronique Mead:** So our life experiences actually influence whether our genes turn on or off and whether they get stuck. And so Robert Naviaux's big contribution is saying, look, chronic disease the new paradigm of disease is that we have a threat response that's normal, natural, intelligent, innate in all of us, but it's gotten stuck.

[00:25:35] And when it gets stuck in fight or flight mode, this is getting stuck at some level of the HPA axis, the hypothalamus, pituitary adrenal axis. So we can get stuck with lots of cortisol or not enough cortisol, but the paradigm is that this is not a body doing it by accident. It's actually doing it on purpose because it's caught in a threat response. [00:26:00]

[00:26:00] Does that make sense?

[00:26:02] **Laura Reagan:** Yeah, it makes sense to me because, you know, I, I'm learning more and more and even, um, you know, um, I knew from the adverse childhood experiences study, there was a connection between childhood trauma and long-term physical and emotional health outcomes. But, you know, as time has gone by and people

are beginning to be more specific about how hearing about the, you know, we, we know, I knew that trauma being in stuck in survival mode because of unresolved trauma is, you know, causes issues with cortisol. And I knew that that's not supposed to be that way. So I knew that much.

[00:26:51] **Veronique Mead:** Yeah, exactly. And so if we talk about epigenetics that's, um, that science is explaining that we've [00:27:00] realized we've discovered that there are molecules that can attach to our DNA. So our DNA, the genes we are born with don't change, but the molecules, there are molecules that will attach to our DNA to turn them on so that they make proteins because they're in that mode.

[00:27:20] And that happens all day long, like our genes turn on so that we can digest food and release those enzymes for digestion. And then they actually turn off when we're done so that we'll switch gears and store what we're not using. Like that's actually a genetic process that's being managed all day long through epigenetics, through molecules attaching, and then detaching to our genes.

[00:27:47] And that process is called epigenetics because it's these molecules on top of, or attaching to the gene. And so that's actually what they're discovering with something like [00:28:00] ACEs that gets can get stuck in a certain mode. And so that the gene functions in a particular direction and your mentioning of ACEs comes back to the six different ways I think of how adversity in life experiences has shaped chronic illness. I mentioned the seventh one already, which is sort of that pre onset trigger. The last event that happens before we can get sick, but that's often what people think caused their illness. That it's the infection that caused the illness or the exposure to mold or agent orange and absolutely chemicals and toxins can cause symptoms, but what happens when treating the infection or detoxifying or eliminating the mold from the house or moving to a different part of the country so that you're in a drier climate, what happens with none of those things solve the problem and you can't recover? Now, that's kind [00:29:00] of the ultimate question is how do we make sense of chronic illness with all these different causes that seem to happen?

[00:29:07] Like infections, a common trigger for all kinds of diseases, whether it's diabetes or multiple sclerosis or, um, chronic fatigue, for example, which is the chronic illness that I've had. I've actually had a chronic illness myself for 20 years. So when you look at the categories, the seventh one, the pre onset trigger is really the last straw that makes a cell danger response pathway gets stuck, finally gets so stuck that it causes the genes and the epigenetics to function in a certain direction and leave us either in fight mode, irritable, angry in an emotional level or in a body that's caught in sympathetic high blood pressure, always feeling wired like on the go or your insulin levels are acting.

[00:29:59] **Laura Reagan:** We don't think [00:30:00] about high blood pressure as a chronic illness. And we don't certainly do not think about high blood pressure. I mean, my grandmother had, high blood pressure. It was just like, she has high blood pressure. It wasn't like she's in a sympathetic response, but when you were talking and I was thinking about epigenetics and how, you know, my beloved grandmother who died like 14 years ago, she was always worrying, worrying, worrying, worrying, worrying, worrying, and it feels like

that's what is on all the women in our family's DNA is that like, just worry, worry, worry, worry, worry, worry, worry, worry.

[00:30:37] And you know, not everybody it's like even how it's expressed. That's just so fascinating to me as you're, as you're talking about it. So I'm sorry I interrupted,

[00:30:46] **Veronique Mead:** but this is great because it's really a conversation about how do we make sense of this. And so if our blood pressure will increase, when we go from lying down to sitting up, it's a normal response so that [00:31:00] our blood can get pumped to our head instead of falling to our feet, our blood pressure actually has to rise a little bit to keep us alert and conscious. And if we start jogging, it'll increase a little bit or the blood vessels will constrict enough so that again, we can function. And this happens in every system, like in a fight flight mode or in that sympathetic mode, our blood sugar goes up so that our muscles have something to fuel them.

[00:31:32] And our insulin level changes so that it doesn't take sugar into the cells. Our insulin levels either might decrease so that we leave the blood sugar out there. There's a relationship in our bodies for all these functions all day long. And if the function gets stuck, that's when we end up with symptoms.

[00:31:56] So if the blood pressure normal functioning gets [00:32:00] stuck at a particular level, it could get stuck at high blood pressure. It could get stuck in the low blood pressure. Like chronic fatigue is Robert Naviaux's study looking at chronic fatigue. He found out that it's not a sympathetic response, it's primarily a freeze response that collapsed totally shut down when nothing else works as a survival response.

[00:32:24] Yeah.

[00:32:26] **Laura Reagan:** People who have fainting disorders.

[00:32:30] **Veronique Mead:** Yeah.

[00:32:30] **Laura Reagan:** Narcolepsy.

[00:32:32] **Veronique Mead:** Yes. Chances are that everything is a mixture, and every individual is a mixture in those threat responses, but some diseases are more clearly in the ballpark of particular direction. So not everyone with chronic fatigue has low blood pressure, but like mine was 90, over 60 as a normal thing for years, and 120 over 80 is a normal, much more common blood pressure. So my blood pressure was low and my doctors would [00:33:00] take my blood pressure and it just seemed like, oh, you're just someone who runs low, but it's like, no, that's because my physiology is actually more in a freeze direction. And as I've gotten better, my blood pressure has improved as well.

[00:33:12] **Laura Reagan:** I can't help, but think about like, again, mentioning my grandma, but anybody who has high blood pressure. So if you have just chronic high blood pressure

and you take blood pressure medication, it doesn't take your body out of the sympathetic response.

[00:33:26] **Veronique Mead:** That's exactly why I left medicine. Now that I look back on it is that that wasn't solving the issue.

[00:33:33] If a medication though solves most things and you can go on with your life, then it's very helpful in that way. But on the other hand, the question is. What do people do who have a debilitating chronic disease, like multiple sclerosis, for example, that may just worsen over time. You know, what do you do then?

[00:33:54] What if the medications are actually causing so many side effects that you can't tolerate them? [00:34:00] What if there was a different way of making sense of disease so that you could actually do something?

[00:34:08] **Laura Reagan:** Let's just pause for a moment. So I can give you a little bit more information about why I love Therapy Notes. I switched to Therapy Notes a few years ago. I'd say it's about three years now. I believe. And I have never regretted it. I was very happy with the EHR I used before, but Therapy Notes is more intuitive. I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes.

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[00:35:13] If you are considering switching EHR, or you're looking for one to use in your practice, give Therapy Notes a try, you can get two free months by using the code: "TherapyChat." Now let's get back to our interview.

[00:35:33] Yeah, because I'm always thinking, but what's causing it. Not just like for me, I'm having some chronic illness issues myself with adrenal issues now. And so one of the symptoms that I'm having, it's these horrible, hot flashes, and I really want them to go away, but I also want to know why are they happening, you know, and treat that.

[00:35:56] **Veronique Mead:** Exactly. And this [00:36:00] perspective that has evolved for me over 20 years of looking at the research is that if we begin to think of our chronic symptoms, chronic illnesses, as a threat response, that's happening in our nervous systems and at a cellular level, it actually changes our entire view about how we think about our illness, how we understand why we might get triggered, why we have flare ups. Sometimes they seem to come out of the blue. But once you start to understand that there may have been a stress response or a trigger from based on past old events, then you can actually work with flares. You might even prevent them, you know, if flying across the country is a

stressful trigger that, um, because you, you feel contained and really scared in an airplane, you might travel in a different way, or you might build in an extra day at the other end, or you might, if there's ways that make it less stressful for you or decrease your [00:37:00] triggers, you might actually be able to prevent flare ups.

[00:37:04] **Laura Reagan:** I see that. I mean, I can tell you before I was learning really in-depth about this and I don't nearly know what, you know, not by any stretch of the imagination, but working with clients who have chronic illness and history of trauma, just working on the trauma without knowing exactly why it was helping.

[00:37:27] I've had several clients who started having decreased flares, where, you know, they thought that it was just how they were going to have to live. And, you know, they saw themselves as having, you know, become debilitated. I mean, they were debilitated, they didn't see themselves- it was how it was affecting them. But, but after say a year or two of trauma therapy, they could look back and say in the past year, I only had one flare where I would normally have five a month, you know.

[00:37:58] **Veronique Mead:** Exactly. It's like, if [00:38:00] you start to reduce your body's sense of threat and increase its sense of safety, it actually doesn't need to run those patterns anymore. And things change at the cellular level and at the epigenetic level. And so you don't have to work it so hard, your body does it on its own because that's actually how it's designed.

[00:38:22] It's designed to let go of threat when the threat is gone. And the concept of trauma is that the perception of threat has gotten stuck. Even if the trauma is long past. And I'm thinking that thinking of your grandma could be an interesting way to bring in those six remaining events that I haven't named yet.

[00:38:48] **Laura Reagan:** Yes I'm sorry I keep derailing you.

[00:38:51] **Veronique Mead:** We both are because there's so many ways to think about this and look about that. Look at this. So if I were to think of your grandma [00:39:00] having hypertension, I'd be curious about her whole history. And so I'd start off with multi-generational trauma. Like, I'd be very curious about your grandmother's parents and whether they had experienced significant traumas, because those can actually the effect it would have affected her parents.

[00:39:20] It would have affected her parents' physiology and they could have affected how they parented her. And so that they're not positive that it's transferred epigenetically. We don't know that for sure yet. I don't think, but there's a lot of thinking that this is how trauma can actually transfer biologically from one person to another.

[00:39:44] So that's a category like let's call that number one, as far as a potential risk factor. And one that could be really invisible. You might not have any knowledge of it. Rachel Yehuda is a psychiatrist and researcher in this area and [00:40:00] she studied kids of

Holocaust survivors and those kids have a much higher stress response to things that the control group, they don't respond with that degree of stress.

[00:40:14] They have a much higher sensitivity to stress and risk for post traumatic stress disorder, but, but it's also the same pathway can lead to chronic illness, more chronic illness risk, or more mental illness risk, or greater risk of depression or anxiety. So the multi-generational is the first piece, I'd be curious about.

[00:40:40] And the second one will kind of give an idea of what those can be. I'd be curious about your grandmother's experience of pregnancy when she was in the womb and what her birth was. There's research done in world war two, where women who were caught under [00:41:00] siege with very little to eat, they've done a study on these women and they've found lots of studies since then showing that prenatal stress as a risk factor for having a baby that's smaller or a baby, that's going to be more sensitive to stress.

[00:41:19] And those babies in that particular set of studies with 20,000 people. They were higher risk of high blood pressure, and diabetes, type two diabetes, which is not the insulin dependent kind, but it's often related to other related events, obesity, high cholesterol. And what they talk about is insulin resistance, where the body doesn't take in sugar very well and floats around there's too much of it floating around. And that can cause all those different symptoms.

[00:41:50] **Laura Reagan:** And those three symptoms: obesity, high cholesterol, and insulin resistance can also be linked to childhood trauma right?

[00:41:57] **Veronique Mead:** Yes, they can. [00:42:00] Exactly. So the prenatal thing, the childhood trauma, I think is like the third, the third exposure. And so we haven't named adverse childhood experiences.

[00:42:10] Those are 10 particular kinds of trauma happening until the age of the 18th birthday- that are risk factors for disease. And those include events that happen to the parents. So if a parent has a mental illness, that's actually a risk factor. It's an ACE for the child. So a child with a parent who's depressed has an ACE of one.

[00:42:35] Then you look at the other 10 ACEs, um, physical, emotional, or sexual abuse are ACEs, physical, emotional neglect, are ACEs, having someone in the household who goes to jail because of all the things that are related to that, having parents who were exposed to having parents where there's domestic violence, and then the last big one is losing a parent [00:43:00] for any reason, which includes divorce.

[00:43:03] What they do with the ACE score is those are, there are 10 ACEs. It doesn't cover all possible childhood traumas, but they looked at just 10 to see what would happen. They've talked to us. They sent a survey to 17,000 adults at Kaiser and they were middle-class folks. These were not people who were poor with that additional stressor.

[00:43:24] And in those, they ask them these 10 questions and then they look to see what do they, what do they have any chronic illnesses? And does that relate to trauma? So having an ACE score, you get one point for each one of these 10 things. If you have an ACE score of two, that could mean that you lost a parent to divorce and that one of your parents has a mental illness such as depression.

[00:43:49] So if you have a depressed parent and you're being raised by a single parent or your parents remarried, you have an ACE score of two that increases your chance of being [00:44:00] hospitalized for an auto-immune disease by 70%. We're not talking abuse here. We're not talking sexual abuse or physical abuse necessarily.

[00:44:12] It could be that simple and subtle. Like that's actually how big a risk factor ACEs are.

[00:44:18] **Laura Reagan:** Hope everybody's hearing this. You all listening?

[00:44:22] **Veronique Mead:** It's a mind boggling eye-opener really. And what I think of is knowing this information, the reason this is so helpful is it that if you understand that life experiences like this, that you, that have happened to you have had an impact on how your nervous system developed, how it oriented to stress or safety, how it increased or decreased your chances of getting stuck in a threat response is you begin to put things together.

[00:44:54] It's not even so important to know exactly what the trauma is. As you were saying, if you just do trauma [00:45:00] therapy by working with your nervous system and helping it shift gears. That's enough to make a change in your chronic illness and decrease your flares and maybe prevent them and potentially decrease the worsening of a chronic illness.

[00:45:16] It might reverse symptoms of chronic illness. And the big piece is that it might actually completely reverse chronic illness. We don't know that for sure, but we hear stories of people who fully recover. Those are all over the internet. Rheumatoid arthritis for, go ahead. You're going to say something.

[00:45:35] **Laura Reagan:** Well, I was just going to say, I completely believe that because the people who I mentioned that I've been working with before, who had lessened flares, we weren't even doing Somatically oriented trauma therapy because I didn't know about that then. So, you know, I mean, I've seen the somatic work. Oh my gosh.

[00:45:57] **Veronique Mead:** So what were you doing with those folks?

[00:45:59] **Laura Reagan:** We [00:46:00] we're doing more kind of cognitively oriented, attachment, focused talk therapy.

[00:46:05] **Veronique Mead:** So what would attachment focus imply, for example, what would be an example?

[00:46:09] **Laura Reagan:** Well, kind of in the stance of the therapist, how the therapeutic relationship is, you know, the holding space and, you know, very accepting environment and, you know, being very clear with giving kindness towards the person, just as a sort of the Carl Rogers oriented type.

[00:46:31] **Veronique Mead:** Oh, yeah. It's like kind gentle, appreciative, unconditional, um, supportive, non blaming.

[00:46:40] **Laura Reagan:** Very much non judgmental. Yeah. Compassionate. I wouldn't have called it compassion based because I didn't know much about compassion then, but that was the stance that was just kind of naturally there. And then also just, I mean, just psycho-education about trauma symptoms to help the person [00:47:00] understand that, how they feel relates to what they've been through and not just that there is something wrong with them, which is just such a common thing to have this deep belief of being flawed.

[00:47:11] And something is wrong with you when you've experienced trauma, especially in childhood.

[00:47:16] **Veronique Mead:** Exactly. And really what you're naming here kind of gives me goosebumps is the beauty of understanding all this stuff we're talking about trauma and adversity is that there are so many different ways of helping our bodies shift gears.

[00:47:34] It doesn't have to be trauma therapy, it could be cognitive behavioral, although that's, you know, if you have a lot of trauma, cognitive behavioral can be challenging to work with some of the details, but that, that relationship with someone that's safe and that's supportive, and that sees you clearly, all these things can have such a big impact.

[00:47:55] And I have a blog post [00:48:00] called 10 tools for healing nervous system perceptions of threat. At least I think that's what it's called, but 10 tools it's under, um, my menu header called tools. And the emphasis is that there are many, many, many ways to heal these effects and help the stuck threat responses get unstuck, even diet.

[00:48:24] Like a lot of people recover completely from different diseases just by changing their diets. It's often a fairly significant change. Like going completely paleo going completely ketogenic, but people reverse type two diabetes that way, they've reversed rheumatoid arthritis that way. Um, some people have reversed multiple sclerosis that way.

[00:48:47] And so that for some people is sufficient. And then for the rest of us, myself included, it's not enough to actually reverse a chronic illness or really see a ton of [00:49:00] improvement. Then you add other things. And that's why I have 10 tools. Like you just named some of them, even that supportive environment, it can be hugely helpful and curiosity and non-judgment are part of being mindful.

[00:49:14] So people learning mindfulness present moment, not judging themselves. That's part of a process that helps the nervous system begin to unhook from reacting to invisible, subtle triggers of the threat pathways.

[00:49:32] **Laura Reagan:** Yeah that's so important because that that's, you know, some, when you said subtle.

[00:49:37] **Veronique Mead:** Yeah. Really subtle out of, completely out of our awareness subtle.

[00:49:41] Right, right.

[00:49:42] Until you start to know what to look for. And so I want to go back, like I've named three of the seven, the multi-generational trauma, the pre and perinatal events and ACEs. And I want to, so these would be things I'd be curious about for your grandmother's life. And a fourth [00:50:00] one would be what I think of as attachment based trauma, also known as relational trauma.

[00:50:06] Um, and this is where the relationship with our parents isn't ideal. And most of us don't have ideal relationships, parent child relationships, but a parent who had a mother... let's let's go to Rachel Remen. She was born as a premature baby and had to be in an incubator for quite a while. And she was born C-section because her mother had toxemia.

[00:50:36] So I've coined the term Adverse Babyhood Experiences to build on ACEs. It's like the same kind of naming, but because this is a very specific time of life- like those four different things that happened to her, she was born prematurely by C-section and her mother had an illness with toxemia and she was separated in an incubator.[00:51:00]

[00:51:00] Those are four events that have an impact on the nervous system, on perceptions of threat, but they also affect the ability of a mother and baby to bond. And if that bond gets disrupted, there's all kinds of fallout potential from that. Women can have more postpartum depression. So that can be an Adverse Childhood Experience.

[00:51:22] That could be a mental illness that isn't ACE for her child. It could mean that it's hard for her to connect and bond with her baby, so she doesn't hold her baby as much, or she has trouble tolerating it when the baby cries. That leads to the attachment that contributes to attachment disruptions, where the it's difficult for parents and child to have a nurturing, supportive relationship where the child is really welcomed with open arms, regardless of who they are or what's happening.

[00:51:54] So that's, that's another kind of, [00:52:00] or a category I think of as trauma, that's a risk factor for chronic disease and there's research just in attachment showing that people who have what we call an insecure attachment, where they don't really have that sense of total support, and being fully seen, and being really okay as they are when they're growing up.

[00:52:24] That's also a risk factor for chronic disease and it's a risk factor as a child for more infections, ear infections, for example. So that's sort of like the fourth one and the fifth one is the concept of what I think of this as institutional trauma. So that whole systemic trauma, whether that's being African-American in our current culture, that puts you at risk for being jailed at an astronomically higher rate than if you're white or however racism shows up in [00:53:00] subtle and overt ways.

[00:53:02] How, if something happens in one state to someone of a particular race and you're in another state at the other end of the country of that same race, it can still affect you, and your sense of safety. African-American women have four times the death rate, the maternal death rate from pregnancy events, than white women.

[00:53:28] And so this, this concept of institutional trauma is something we overlook, but it's, it's really quite subtle. It's really can be quite pervasive if you're in a minority group. Yeah. So that, there's research in that area that also shows that's a higher risk for chronic disease and chronic health conditions.

[00:53:52] **Laura Reagan:** And even you have to add in, you know, I'm sure you, I know you know this, but I want to say it explicitly that [00:54:00] with a higher risk of chronic illness and a lower likelihood of being taken seriously when ill for African-American women, but African-American people across the board.

[00:54:16] **Veronique Mead:** And any, any minority group based on gender, or sexual orientation, or religion, any of these, and there's a story.

[00:54:24] Um, Serena Williams, the tennis superstar had a baby last year, her first baby. And she has a clotting disorder that she's, it has caused problems in her lungs from these clots, which meant that she had problems breathing when the clots happened. And so she was put on blood thinners as a treatment for this, and she continued those when she was pregnant.

[00:54:51] And then when she went into the hospital to have her baby, she went into labor and there was some major [00:55:00] complication in labor where they were so worried about her baby's life, that they did an emergency C-section and they had to take her off the blood thinners in order to do the C-section so that she would, her blood would be able to clot. And that she wouldn't have a bleeding problem.

[00:55:18] The danger of taking someone with a history of blood clotting issues, taking them off the blood thinners is that, uh, they might clot too much. So she, after her baby was born, she very soon after had a sensation in her, in her calf, in her lower leg, that felt like what she'd had before, when she first had clots.

[00:55:42] And this is actually a hallmark of blood clots that, um, they can start in the calf and then they can make their way into your lungs and cause breathing problems that could actually kill you. It's pretty serious.

[00:55:56] **Laura Reagan:** Pulmonary embolism.

[00:55:58] **Veronique Mead:** Exactly. [00:56:00] And so a PE as it's also called, that's actually a risk from anybody in pregnancy.

[00:56:07] And so she had this symptom in her calf, she told the nurse and the nurse, and she said to the nurse, I think this is a deep vein thrombosis, a DVT. I need to have a scan because I have this history and the nurse blew her off.

[00:56:21] **Laura Reagan:** And she had had this before. She had had PE before.

[00:56:26] **Veronique Mead:** She had a history of this and blood thinners, it was blown off and she had to actually go through a few steps before they finally did the test found out that she was right, put her back on blood thinners.

[00:56:39] Um, but that was a very serious life-threatening event for not being believed for something as you say she had a history of, and it was known.

[00:56:50] **Laura Reagan:** And she's a millionaire

[00:56:52] **Veronique Mead:** And she's a multi-millionaire I'm sure and world renowned, famous person.

[00:56:59] **Laura Reagan:** Yes. [00:57:00] And still couldn't get the right care. I'm so glad she told her story because it really opens people's eyes.

[00:57:08] **Veronique Mead:** Exactly. And so this happens for people with chronic illness of all kinds and mental illness. It's not believed. So all that is really under that area of institutional trauma. And we need to not ignore it, blow it off or pretend it doesn't happen. It is a risk factor.

[00:57:27] **Laura Reagan:** Yes. And for all of those, all of us listening who are helping professionals, we must personally not be adding to the institutional trauma.

[00:57:38] We have to really examine that within ourselves.

[00:57:42] **Veronique Mead:** Yes, exactly. And, that comes around to another piece in this work is that if we can understand how adversity in all shapes and sizes affects health, then we can all be doing our own work, our own individual work, because our own [00:58:00] healing helps us heal others and help others as healthcare professionals.

[00:58:04] **Laura Reagan:** Yes.

[00:58:05] **Veronique Mead:** And also, if we understand how pre and perinatal risk factors affect health, for example, then we're more careful if we do C-sections, we understand that separating mother and baby affects bonding disruptions. It's a interference. So we may actually have a different frequency which was with which we separate mothers and babies.

[00:58:29] If babies have been separated, then we do therapies that have been discovered that can help mothers and babies bond. And so this can work. This is a system-wide thing that can really change how we interact, and how we treat and how we prevent long-term health conditions in our entire population, really.

[00:58:49] And so the institutional piece was number five. Number six was what I mentioned at the very beginning. The pre-onset triggers, caregiving, having an accident, going to war, [00:59:00] it could be getting fired from your job. It could be anything that's really considered stressful to you, and it doesn't have to be a big thing.

[00:59:08] It's sometimes a very minor thing. You flunk an exam, you can't get into the school you want, it may seem like it's just a stressor, but it's building on all these other five major, different kinds of experiences that have built a little pathway of threat that maybe hasn't been completely solidified. And so you've been fine until that last event and that last event solidifies that threat response.

[00:59:41] And that's it's after that, that the symptoms begin. And the number seven I want to add is what I've mentioned earlier today is that infections, exposures to agent orange or mold or pesticides or whatever it is. Those are other environmental [01:00:00] exposures that can act as triggers too. I kind of put them in a separate category.

[01:00:04] **Laura Reagan:** I agree.

[01:00:05] **Veronique Mead:** We don't see them as trauma, but they can trigger the cellular danger response and the nervous system pathways that have been growing for a long time.

[01:00:14] It's like, they're not mental traumas, but they're traumatic to the body. Like a, an injury would. Well, exactly and neurologist, Dr. Robert Scare has a really nice quote in an article on Psychology Today, and he talks about how, you know, how do you define trauma?

[01:00:33] And he talks about it as any experience that triggers a state of relative helplessness. Now we think of helplessness as maybe being some big deal thing of being caught in war. But if you're driving a car and you can't prevent an accident from happening, you can't do it fast enough, you can't turn the steering wheel to get out of the way fast enough. That's an experience of helplessness. You can't control the [01:01:00] situation. And so if you're a child who has a parent that is traveling a ton who loves you, but is gone a ton of the time, you have no control over that, and you have no control over that loss of connection that happens.

[01:01:18] So these, these kinds of experiences of relative helplessness all stimulate the same pathways. It doesn't matter if it's physical, like in a car accident, when you actually have physical harm or emotional, like a car accident, you walk away from unscathed. It doesn't matter if it's an infection, they all trigger the same pathways.

[01:01:40] **Laura Reagan:** Oh my gosh Veronique I am so grateful that you agreed to be on Therapy Chat. I would love to talk to you all afternoon. I really wish I could.

[01:01:51] **Veronique Mead:** This has been wonderful to be able to just sort of open the door a little bit to some concepts about how to think about this in a different [01:02:00] way. It's been really good talking with you, Laura.

[01:02:03] **Laura Reagan:** Thank you so much. I am going to ask you once we're off the air, if you might consider coming back sometime because it seems like there's a lot more to say, and I really wish we had more time.

[01:02:13] **Veronique Mead:** I do too. I'd be happy to there's it's, it's really an exciting, empowering topic.

[01:02:18] **Laura Reagan:** So where can people who are wishing that this interview did go on for a couple more hours, where can they find you and what you're doing?

[01:02:26] **Veronique Mead:** They can find me on my blog. It's called chronicillnesstraumastudies.com and the menu headers, there's one called Studies that has all the different science for these different types of trauma. There's a menu header called Tools where I have how to find a therapist in your area. There are directories to find therapists who are Somatically Oriented Trauma Focused Therapists.

[01:02:54] There's a list of books that people can read so that they can get more information and [01:03:00] better understanding and things. And then look for which way they want to go on how to work with this. And then the 10 tools that gives people ideas on how do you approach this? Even thinking of it from a nervous system perspective.

[01:03:13] And then you are welcome to contact me and that's under the menu header called About, or just subscribe to my blog and get regular blog posts on all this kind of information.

[01:03:24] **Laura Reagan:** Awesome. Well I know I'm going to go and subscribe. I've been following you on Facebook, but I'm going to do that too. Thank you again.

[01:03:31] I am so excited that we had this conversation. I just, it was wonderful. And um, I do want to really have you back if you will, and oh gosh.

[01:03:45] **Veronique Mead:** I look forward to it, Laura, that'll be great to talk again.

[01:03:51] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. There are many ways to keep your practice organized, but Therapy Notes is the best.

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[01:04:29] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.