The Upside of Down
– living with courage and an open heart

Dr Cathy Kezelman:
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The upside of down – living with courage and an open heart

Dr. Cathy Kezelman

Fifteen years ago, I was busy, successful and apparently invincible – the quintessential superwoman. I was a general practitioner working in a busy group practice in the Eastern suburbs in Sydney. I was also a wife and mother with 4 active children and a foster child. Life was frenetic and I dealt with the multiple demands with apparent ease. However in retrospect I didn’t know how to check in with myself or enjoy the moment… my life was about doing, not being. I couldn’t acknowledge my needs and for all intents and purposes didn’t ever ask myself what they were. In retrospect I knew precious little about myself at all. I did not question or complain and abhorred weakness, especially my own. I was emotionally detached with little patience for the ups and downs of life.

I lived my life on autopilot, robotically dispensing with tasks and detached from the true depth and meaning of life. Regardless I was a popular doctor and in fact that role worked for me. It gave me an identity I otherwise lacked. I was in control, the expert who others consulted. In my work I would refer patients to psychiatrists for treatment of their mental illnesses and to psychologists for help with issues they could not manage. I perceived such patients as being weak. They possessed frailties to which I couldn’t relate. I’d never countenanced the possibility that one day I would be forced to seek such help myself but then there is nothing like a humbling personal crisis to bring such preconceptions to their knees.

When I was in my mid-forties, my niece was killed suddenly in a car accident. Her death was the trigger which cracked my defences and started my inner world unravelling. After Angie died I grieved as one would expect. In 20 years of practice, I’d witnessed a multitude of other people’s losses and fancied myself as somewhat of an expert on grief. However those intellectual theories were challenged when, as other family members began to come to terms with their loss, my grief became more entrenched. Images of Angie’s mangled body dominated my mind and my grief subsumed me. I was frightened. I was not used to emotions.

Soon my emotions were ruling me. I felt overwhelmed by the everyday demands I’d previously taken for granted, and my practice and home life suffered. I wasn’t a superwoman after all. I needed help but struggled to admit it because doing so meant acknowledging the vulnerability I’d always denied. Yet I wasn’t coping and eventually had to cave in. I didn’t want to see a psychiatrist— they were for ‘mad’ people so I made an appointment with a female clinical psychologist, about whom I’d heard good reports.

I envisaged that I’d only need a few sessions— a quick treatment for the unseasonal imbalance in my system. That’s almost 15 years ago now and I’m still seeing her! It seems like a long time and by some measures it is. However the psychologist (who we will call Kate) and my process of psychotherapy have not only meant that I am here to tell the tale. I am now living a very different, full, rich and far more connected life.

The journey has been far from easy. For one I hated being the patient. With the tables turned, she was in control and not me. The first session was excruciating and the next few, intensely uncomfortable as I struggled with the alien concept of talking about myself. Lengthy embarrassed silences were further exacerbated by my determination to not reveal anything personal. Despite her office being aesthetic and private, comforting and containing I still felt like a lamb to the slaughter. In those early weeks hardly a session passed in which I didn’t fantasise about bolting. I especially resented having to start the ball rolling in sessions and tried to ‘out-silence’ her. I’d stare her down so she’d be forced to speak rather than me. But after years in the chair she had mastered sitting with silences and my attempts at asides and distractions failed miserably.

Before long I was fronting up for 2 x 50 minute sessions a week and I’m still not sure how that happened! Those sessions provided a place where my feelings, thoughts and needs could be identified, listened to and heard and ultimately a safe space where my trauma could be explored and processed.

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I’d been in therapy for a few weeks when Kate asked some innocuous questions about my childhood… questions about childhood friends, school teachers and classrooms, favourite foods and so on. I could recall the occasional fact but had very little information to draw on. I became agitated and blurted out the line I’d used for years “I had a happy childhood. My mother told me so”. I’d had a lousy memory for as long as I could recall but I’d always dismissed it hating when friends would reminisce because I couldn’t produce a single vignette.

Over several months it crystallised that I had virtually no memory for ten years of my childhood. I could no longer dismiss how abnormal that was and my deficit started to trouble me. Being a doctor, I was smart, wasn’t I? If I was smart why couldn’t I remember? I didn’t appreciate the significance of my amnesia then – that such a complete memory blank could indicate major trauma for the period of the blank. Kate knew but didn’t share her suspicions with me. She let my history unfold in its own time.

I struggled to trust Kate and to feel safe. In the meantime I was becoming anxious. Then I had my first panic attack. It was the first of many and my medical training was useless. I thought I was going to die. Kate endeavoured to ‘normalise’ my symptoms and reassured me. I was starting to depend on her, the essence of any therapeutic relationship but I resented that growing dependency. Although I desperately needed to see her, I behaved as though I didn’t. By arriving late to sessions and calling to cancel I tried to show myself that I was still in control. Kate maintained the boundaries - if I came late the session still stopped at the appointed time. If I offered an excuse as to why I shouldn’t come, she held me to the appointment regardless. Nothing new to her, no doubt! My approach/avoid dynamic reflected my trust and attachment issues while her consistent availability helped ameliorate them.

As I broke down further I sank into a depression and felt less safe overall. Yet my relationship of trust with Kate was evolving and I did feel safe in her office… just nowhere else. The sense of being psychologically held vanished as soon as I walked out the door. I couldn’t internalise Kate’s caring or know that she could keep me in mind. The attachment relationship I was forming with Kate was a new experience for me. As Kate became the maternal ‘thinking mind’ I needed, I tested her availability by calling her repeatedly. Most often I didn’t want to talk with her. I just wanted to hear her voice on the answering machine. When Kate did answer I would hang up not knowing what to say. I didn’t have the capacity to communicate my needs directly. Yet I was very needy, anxious and agitated much of the time. Just listening to her recorded message would help contain my panic. Occasionally I would leave a message and when I did I would anxiously wait for her to call back. I expected her to be at my beck and call, with no other demands on her time! When she didn’t call straight back I’d wonder why she was ignoring me. Perhaps she didn’t really care. Maybe she was just going through the motions because I paid her and she had to. My underlying fear was that Kate would abandon me just like everyone else had, but I wasn’t aware of it then.

My first flashback scared the living daylights out of me as my mind took control of me and my body adopted a life of its own. I didn’t know it was a flashback (reliving of traumatic experiences of the past as though they are occurring in the here and now). It struck outside of therapy, in the safety of my husband’s arms and we were terrified. As I writhed in pain, terror and confusion I thought I was losing my mind. I didn’t know that flashbacks couldn’t hurt me – that they were fragments of dissociated (compartmentalised) experiences returning to consciousness. As the flashbacks intensified and became more frequent I told Kate what was happening but I was too shocked and ashamed to reveal their content. I was reassured that Kate seemed to know what was happening - maybe I wasn’t losing my mind after all. Kate suggested that I should write details from the flashbacks down. I brought the writing to therapy. At first I couldn’t read out what I’d written so withering was my shame; I’d hand the material to Kate and she’d read through it. Eventually I could articulate some of it and we’d explore the content together. It was hard to piece together – sensations, feelings, body reactions with very little context. I grappled with accepting horrors which seemed to be outside of my realm of experience. As the flashbacks intensified so did my depression and along with it my first thoughts of suicide. Kate’s availability during sessions, on the phone, and by email was pivotal. Thank goodness I could trust Kate more. That relationship of safety and trust was crucial to not just my process but my survival as well.

My life became my memories, and the past subsumed the present to such a degree that my everyday life rarely got a look-in. Kate would work hard to ground me. She’d inquire about my plans and activities always talking about my children to connect me back to my world in the present. Not only was I a bundle of nerves but I was profoundly...
depresseed and barely functioning. I couldn’t continue to work and left my practice, so relinquishing my identity as a doctor.

Losing that role cut me further adrift, but I had no choice. I could barely get out of bed in the morning. My neediness consumed me and attending to my children’s needs was nigh on impossible. As I flipped between my present-day life as a middle-aged mother of 4, to being a 4 or a 10 or a 14 year-old terrified and agonised child my husband picked up the pieces of home and family. And so began a psychic dance between my once competent adult self and the child parts of my personality who had been so badly traumatised.

I became obsessed with seeing Kate starting the countdown to our next session as soon as I awoke. Kate was my lifeline and seeing her, the grounding in my day. I longed to feel safe, if only for 50 minutes a day - now 3 or sometimes 4 times a week. That didn’t stop me testing her and our relationship and I did so regularly. She was firm when she needed to be to keep me safe but always patient, empathic and validating.

Kate was the only person I sought out for a couple of years. Unless someone rang, I interacted only with her, my immediate family and a couple of friends. Most friends could not support me for the long haul and that was understandable; people were confronted by the change in me and besides I was giving so little back. Doesn’t mean it didn’t hurt; I felt abandoned and withdrew further, from friends first but then from my family too. Disconnecting from my loved ones was dangerous, and as I withdrew into my familiar isolated childhood space I put myself at serious risk. Kate worked hard to keep me connected. She told me to walk into my children’s bedrooms when they weren’t home, to look through photo albums whenever I could and keep family photos with me in my wallet and in the car. And that sure helped as this small excerpt from my book attests

“One desolate evening at dusk I strode to my spot, resolute. Trembling with my knees pressed hard against the rusty wire of the white painted fence, images of my family paraded before my eyes. I reached inside my handbag and rummaged through tissues, biros and the clink of keys for my wallet. Sequestered behind a flimsy plastic flap inside my wallet was a set of pint-sized photos; one of each of the children I had cared for, including one of my niece, Angie, taken a year before she died. I slid Angie’s photo out first and remembered.

I had seen Angie lying in the bottom of her rosewood coffin on the night before she was cremated. I’d bent forward to kiss her; I always kissed Angie when I saw her, but this time as soon as my lips touched her cheek I shuddered and recoiled. The icy chill of death had crept in and snatched my Angie away when I was watching.

Standing on my spot I envisaged my body laid out in a dark wooden box as my children bent forward for their farewell kiss. “Stop, don’t touch me!” I screamed as a seagull screeched in the buffeting sky above, swooped down, then back up and away.”

I needed to be drawn out of my isolation repeatedly. Kate urged me to get out of the house; to join a gym and get some exercise; to take the dog for a walk. I tried. I followed Kate’s instructions some of the time, but when I was at my lowest ebb and needed to most I couldn’t.

Despite seeing Kate 3, 4 or sometimes 5 times a week, with phone calls in between, my mood was plummeting and I was struggling to function. Kate referred me to a psychiatrist who prescribed anti-depressants. I took them begrudgingly. I still didn’t want to admit that I was sick, or worse still, needy! At first the medication took the edge off my mood but as my depression deepened, suicidal thoughts filled my days and trips to the Gap became a daily occurrence. I kept my thoughts and sojourns secret for weeks before sharing them with Kate. She responded calmly when I revealed my suicidality and urged me to call her on her mobile whenever I needed to. Her acceptance was crucial to my growing trust in her. My battle with suicide raged repeatedly in those early years. I was often secretive, not sharing my plans with Kate and certainly not with my husband. The option of suicide presented an ‘out’ which I clutched like a security blanket. Kate sometimes informed me that unless I told my husband how I was feeling, she would have to. I would resist and she would call him in, me feeling like a naughty school girl as my destructive thoughts were revealed. I didn’t really want to die; I just wanted to end my pain.

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As time progressed I learnt to keep Kate’s presence in my mind outside of sessions. Despite her consistent caring, my trust in her developed slowly. I expected her to betray and abandon me as others had. As I became more attached to Kate I felt safer and my growing safety enabled me to unlock and reveal more of my history. And so it was that Kate walked alongside me each step of the way bearing witness to every aspect of my trauma as it unfolded.

It became apparent that unbeknownst to me I had dissociated on and off for much of my life. Dissociation had enabled me to compartmentalise my trauma, lock it away from my conscious mind and so protect the child and then the adult me from being overwhelmed. I now started to become more overtly dissociative in my everyday life but especially around and during my therapy sessions. At times Kate would find me in the waiting room spaced out and unable to move. I could not respond when she called me in and she would coax me along, sometimes having to lead me by the hand when I could not move myself.

By now my memories were returning thick and fast, no longer with my husband but from my dissociated state in Kate’s office. I now trusted her enough to expose my vulnerability. And so Kate became a patient observer to my dissociated state of mind and the outpouring of horror I relived in her presence. She would sit with me holding the feelings and the experience in the room. Twenty minutes before the end of each session, she would offer me a glass of water. The water trickling down my throat became the mechanism which pulled me back through the layers of dissociation so I could share my terrifying and confusing experiences. They emerged in disarticulated fragments without chronology or context. Kate would sit with me as I struggled to accept and understand the material; together we would question, examine, think and process. At the end of each session I was immobilised. I’d relived ghastly abuses from childhood. I would struggle to leave and sometimes need to sit a bit longer to ground myself, to find my feet, and place them on the floor, one foot in front of another, to return to my car. I’d struggle into the car, tip the seat back and pass out. When I’d recovered sufficiently I’d drive home to rejoin my life in the present.

During that time I experienced lots of strange ‘out of body’ experiences with parts of myself disappearing, my mind not feeling like my own, and myself or the world around me feeling unreal. Most terrifying was the day in therapy during which one of my parts spoke out aloud for the first time. Over time different disavowed child parts came to therapy, some only fragments, others holding a single horror, others more formed, each having played a pivotal role in my survival. Each would speak in a different child’s voice, and the child would use children’s language and concepts. Sometimes the parts would converse with one another, with Kate or my adult self. My mouth would switch between different voices. I never knew what to expect until the words came out. To cope with my trauma I had compartmentalised my essence, creating different child parts. These child parts which appeared to be different personalities were now making themselves and their experiences known to me, Kate and one another.

Kate was able to engage with each of the parts as was appropriate to their age and personality. She worked with them as she had with me so they felt safe and came to trust her. Over many months all of the parts introduced themselves. Some parts were suspicious, others angry and hurt and the road to them accepting one another and to me accepting them all, was fraught with resentments, fear and aversion. I struggled to facilitate connections between them as did the parts between one another. I also struggled to accept the parts which had carried the worst of the abuse, those of which I was ashamed and which the other parts blamed for them being abused. These parts felt ‘bad’ and ‘dirty’ to the others and to me. At first I rejected them.

I endeavoured time and again to get rid of the bad parts and my feelings of shame pushed me to the Gap. Yet Kate’s tolerance for all the parts encouraged me to accept them. Kate helped me appreciate the role they had played in protecting the child me. She encouraged me to put my arm around the hurt, scared and ‘shameful parts’ and as I accepted all of the child parts of me, they were absorbed. Over time the fragmented turbulent ‘we’ became a more peaceful resolving ‘me’.

I can now reflect on my struggle to reach that point. I can recall in retrospect the ludicrous conversations Kate and I had. Conversations during which I would tell her that if she liked the parts so much that she should keep them over the weekend! I often wanted to leave a part called Growly behind as Growly had done the most terrible things of all and I hated him.

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“Growly’s snoring makes me come back out. I look out at him and am able to see him clearly; he looks like someone who has been badly beaten.

Why didn’t you tell us?” I shout. “Why didn’t you let us know?”

Growly shakes his head and looks away; I can see tears in his eyes.

“Look what he had to do!” I shout to the others.

“But how do you know that Growly won’t hurt us?” Long Suffering’s voice shudders. When I see how scared Long-Suffering is, I get confused and don’t know what to think. We’ve all been scared of Growly for a long time and it’s hard to let go of that fear.

“Cathy, sometimes you have trouble being compassionate, don’t you? One minute you’re feeling sorry for what Growly experience and the next you’re being harsh and rejecting him.” Kate’s voice cut me to the quick. “Why don’t you put your arm around him?”

I screwed up my face. The thought of putting my arm around Growly makes me sick. Growly is smelly and yucky and I don’t want to put my arm around him.

I hate Growly and I want to scream at Kate: If you love Growly so much, you put your arms around him! You take him home!”

The internal battle to accept Growly raged for months. Accepting Growly meant accepting a part of me which had perpetrated despicable acts. And it meant absorbing the pain and the guilt of being Growly. Dissociating Growly and the other parts had allowed me to externalise those negative feelings and behaviours, but in so doing I had lost large parts of myself. I ultimately reclaimed those parts and brought them back together through a process known as integration. In so doing I could develop a real sense of self.

My shame was one of the largest obstacles to my progress and dealing with it took a long time. I blamed myself for my abuse and judged the child me for having been abused. Kate suggested that I look at my own children, especially my 2 youngest daughters and ask myself whether they could have stopped powerful adults from abusing them. Or look at children at play, young children of the age at which I was abused. That I should stop judging myself with my adult mind and ask myself how the young child me could have protected herself. It took me a long time to show compassion for my child self, to forgive myself and believe that I wasn’t to blame - that I wasn’t worthless and bad. I had internalised those messages from my abuse, and they had become ingrained. Those feelings had left me hating myself and rendered me not just self-critical but self-destructive as well.

My history is complex and that complexity coupled with my obsessive nature meant that Kate and I revisited aspects of my history time and again exploring it from a range of angles. I needed to know what had happened to me and understand it. I experienced my last flashback five years ago and rarely dissociate anymore. I have now integrated the bulk of my traumatic experiences, and no longer have parts speaking out on my behalf. Most importantly the trauma is now part of my history. It no longer permeates my entire existence. Yet my therapy and within it my process of self discovery continue.

As a child my feelings were invalidated and my experiences were denied. The adults in my world imposed their own thoughts and feelings on me and I grew up out of touch with myself, installed in the service of others. I became a people pleaser, deferring to others in the vain hope of being acknowledged and cared for. Deferring to others is still my default position. Kate has modelled kindness and compassion and I have learnt a lot from the dynamics of our relationship. However I am still learning how to value myself and be kind to me in the process. I am also learning to acknowledge my strengths and achievements. When I was in medical school I hated being asked questions. I used to stand as far back as I could, hiding behind the crowd trying to be invisible. Being singled out was reminiscent of being singled out for abuse and it left me feeling exposed. I often knew the answer but the possibility that I might be wrong and therefore criticised, humiliated or judged to be stupid was chilling.

So how has a child who was scared of her own shadow and an adult who was terrified to speak even in social settings ended up so psychically naked in front of so many? Therapy gave me a voice and it was heard. And what I said was respected. I spoke in therapy and I also wrote. Writing started as a private purge, a way of getting the trauma out and onto the page. Later I chronicled my history and in writing my book I was compelled to weave that history into a digestible narrative. Part of that process entailed weaving myself together as well. Publishing my book and speaking to
share my experiences and now my reflections has empowered me. For instead of being ignored, disrespected and violated I have a voice. That voice has grown stronger and moved from therapy into social settings and now through my book, and such talks, into the public domain.

Like many survivors I have sought to find meaning in what happened to me. I became an advocate. And my advocacy role has led me to challenges beyond what I thought possible. For despite the horrors I have experienced I know that I am privileged. I have had the resources and support to recover. Many don’t. Being an advocate means that I can use my experience to highlight the needs of adults abused as children and the urgent need for accessible, affordable support for all. Trauma is far more common than we as a society acknowledge, and especially multiple unresolved traumas from childhood. As a society we need to overcome the stigma, taboo and collective denial which stop those some of our most vulnerable living the lives they deserve. As human beings we share a common humanity and by virtue of being human a common vulnerability. The sooner we all acknowledge and embrace our humanity and vulnerability the sooner we will be able to be there for one another, especially the most vulnerable amongst us.

Healthy relationships of acceptance and understanding are a crucial part of achieving this. One of my most valuable lessons has been learning about relationships. I have made substantial progress in the most crucial relationship of all, that with myself, with acknowledging my needs, understanding them and seeking to meet them. As my relationship with myself develops, so do my relationships with others. Because I am more at peace with my history I am also more at peace with myself. Prior to my breakdown I was often intolerant and judgemental, intellectually defended and mocking. I used a lot of black humour and sarcasm, barriers I had erected to prevent anyone from getting too close. I rarely need to resort to black humour or mocking now and can communicate my feelings and needs more directly, most of the time. This has translated into greater empathy, patience and tolerance for others, and along with it, the capacity for deeper more fulfilling relationships.

My family relationships are most important as well. My husband and children have been through one hell of a journey as well. For many years I couldn’t share what was going on with them. All of my energy was spent just surviving. As I’ve understood more about my history and myself we have explored our shared history together. Doing so hasn’t been easy but denying one’s history doesn’t make it go away. In exploring our painful legacy we have developed a deeper understanding of ourselves, one another and of our family.

My family observed me at my most vulnerable and I would have done anything to spare them that experience. Yet it wasn’t all bad. As I came to terms with my vulnerability we learnt that acknowledging vulnerability is a strength which reaps positive changes. Kate also showed me and my children the importance of being ‘dependent’. I had to become dependent on Kate to allow myself to be vulnerable. The good news is that finally I could allow myself to depend on someone! My children observed my growing dependence on Kate, and understood that my dependency was necessary for my survival. Without that relationship I would not be here today. As I became dependent on Kate I became more available to my children. I can now be there for them in a much more committed way than I could when they were younger. By Kate’s example and now mine my children have learnt that not only is reaching out in need okay but it is also courageous and laudable.

As a family we have learnt to talk much more openly not just about our shared journey but about our feelings and concerns. All of my children have their challenges as everyone does but they can now give themselves permission to seek help when they need to. We have collectively moved a long way. Kate has shown us the strength and value in making connections and in sustaining them. As a family goals and achievement are no longer the be-all and end-all. We value compassion, openness and being there for one another much more these days. And we can be there for one another because now we know how to be.

As my relationships with my family have changed, so have those with my friends. Whereas before I was unable to develop deep friendships I now seek them out. Intimacy in relationships no longer scares me; I am far more open and better connected than before. I am also much more insightful and able to reflect not just on my behaviour but on that of others. I am also much more confident in social situations, able to step forward and speak my mind. In fact I enjoy the challenge. When I was in medical practice I didn’t attend conferences or professional meetings. I avoided the social situations related to my discipline but now I seek out those related to my advocacy work.

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Not only did I grow up out of touch with my feelings but also with my thoughts and beliefs. Other people’s thoughts and beliefs were imposed on me and I was too scared to hold alternate views. Ultimately I didn’t even ask myself what my beliefs were. Nor could I identify my wishes and desires. I didn’t know that I could make choices or determine my own path. As a result of my therapeutic process I know much better who I am; I am stronger, much more in touch with my feelings and thoughts, and learning to acknowledge and honour them. We are all a work in progress – I will continue to work and develop as best I can.

I was fortunate to find a health professional with the capacity to sit with me and patiently bear witness to my trauma, no matter how disturbing. As Kate was there for me so I learnt to be there for myself, and to value myself as previously I was unable. Without her, my family and a few close friends, I would not have survived. And I have not only survived but have been able to move past mere survival to learn how to live well. Prior to my breakdown I was not living my life. In the midst of my breakdown my past ablated the present. Now I can not only live in the present but also embrace a future full of hope and possibilities.

Within all of us there is a resilience we can harness ... even when all seems lost.

About Dr Cathy Kezelman

Dr. Cathy Kezelman www.cathykezelman.com is a medical practitioner and President of Adults Surviving Child Abuse (ASCA), a national charity for adults who have experienced childhood trauma such as abuse. She is a prominent mental health advocate and holds a number of directorships and representative positions nationally. She is also co-author of the highly acclaimed ASCA document: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery which sets the standards for clinical treatment and organisational responsiveness to people with a lived experience of childhood trauma. Cathy has used her personal story of recovery to inspire others and promote the policy and practice changes needed to enable others to recover. Cathy’s memoir Innocence Revisited - a tale in parts can be purchased from www.jojopublishing.com.

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