

10 Health + Family

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Trish Murphy



'I think my brother might be controlling his family'

Q I was at a training course at work recently and there was some discussion of coercive control. I think it has woken me up to a situation close to me. My brother (late 50s) has been living quite a reclusive life for a long time, but having spent years just commenting on

how weird he is, I think he might be controlling his wife and daughter. He and his wife never engage in any larger family events, and I now realise that I haven't seen his wife for more than a year. His daughter lives at home and is doing some kind of course, but she actively avoids us (wider family) and

seems to believe we are bad or distasteful. My brother works in some kind of finance, but I realise now that I don't know anything about it at all, or if he has colleagues or even if he has progressed over the years.

I know that his wife gave up work many years ago and gradually withdrew from all social engagements. The last time I saw her was at my mother's funeral, and I was too upset to notice much – I know that she and my brother left before the food and that he said something about needing to leave as his wife was not well.

I spoke to my other siblings, and everyone has backed away from any involvement in my brother's life, feeling that we are not wanted and that there has been no return on any engagement. It's almost as if they have disappeared from our lives. My brother was always very possessive growing up and would freak out if you touched any of his stuff. Thinking about it now, I realise that my dad had some of this in him too and my mum had to battle to be allowed have her own life, but she succeeded and had her own friends, book club and hiking group in the end.

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Dad stopped leaving the house about 10 years before he died, and now I'm frightened that I've stood by and watched harm happening to my brother's family.

A Now that you have woken up to the possibility of coercive control in your brother's family, it is incumbent on you to take some actions. Can you contact your sister-in-law directly, perhaps by text, and establish

some rapport with her? If this is not possible, does she have a family member, relative or friend with whom you could check in?

Obviously, her daughter, your niece, is a possibility and you might ask her to drop in to you to pick up a present for her mum or some such thing.

With your own extended family you might find events to invite your brother to, or any member of his family, and gradually gain closer contact. You can contact Safeireland and speak to the experts on domestic violence to find supportive ways to access your sister-in-law, but you might also consider how to find advice and help for your brother.

MOVE (Men Overcoming Violence) will be a huge source of information and support for you as you try to connect with your brother and they will help you understand what might be going on for him. It may be possible to talk to your brother (you could be quite upfront about looking to meet him) and ask him about his experience of your father and if he saw any troubling traits there. If there is any recognition, you might explore if he sees any similarities in himself and offer to source help for him.

If you are concerned that your intervention might create a negative response in his home, you have no choice but to contact the gardai, who have lots of experience of dealing with such situations.

Sometimes a crisis can bring a situation to a head and then appropriate services can be sourced and implemented, so do not back off from this possibility.

Of course, you too will need to be resourced and supported, so talk to your siblings and see if you can share the responsibility for decisions and actions taken. If you are feeling lost, ask for advice and check your plan with the experts listed above. Guilt at having not realised what might be happening in your brother's household will only create a barrier for you, so actively let it go. If this does not work, seek a number of counselling sessions to assist you.

Modelling self-care is important in your family so take your own self-care seriously and put it high up in your list of priorities. Society is waking up to the issues of coercive control and you will find understanding and pathways available to you and your family.

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Helping doctors to cope with their own trauma

Sheila Wayman

A GP who could not save himself now helps health workers deal with distress

'You're done." This pronouncement that Dr Hilton Koppe received as a patient in a GP surgery brought his own career as a community doctor to an abrupt halt.

Shocked to be told to give up his medical work immediately, Dr Koppe's first dilemma was: would he, as a GP, follow his own GP's advice? Maybe he could keep going at least until the following week, as his own practice was a doctor short.

His GP was adamant: "You need to not go to work tomorrow."

But that was only one doctor's opinion, so Dr Koppe went home to talk it over with his wife Sharon. Would he be a "good patient" and act on that advice, or not?

"In the end, I thought, well, for all my working life, I've encouraged doctors to have a doctor and then be a good patient. I thought I'd better do it myself," he says. With huge trepidation, he rang his small-town practice on the east coast of Australia to say that he was not coming in that day and did not know when he would be back.

"Once I made that call, I felt the relief instantly," he says. "A mixture of guilt and relief."

In truth, that sudden crisis point in 2019 had been a long time coming.

While serving the community in Lennox Head, New South Wales, as a GP for more than 20 years, he had gone from caring enough to do to his job to, arguably, caring too much. "I've had the opportunity to care for people over a really long period of time, through good days and bad days, and I became fairly attached to some."

As his patients grew older, many with chronic illness, "I would sit and bear witness to that suffering. Then, of course, some of them started to die." Not because of medical error on his part, he hastens to add, "but just because it was their time."

Yet, he found himself becoming "hyper vigilant" about his GP work, which he combined with being a medical educator, and patients haunted his sleep at night. "I think because of my personality those things built up on me."

What he sees now as an accumulation of multiple, mini traumas into collective trauma, started to have an impact on his physical health and "probably on my psychological wellbeing as well".

After a long period of neck pain, one side of his face suddenly went numb while he was talking to a patient. Fearing a stroke, he went to hospital for an MRI scan. The consultation at which his GP told him the scan was clear then triggered a frank outpouring about how stressful he was finding work, which led to his doctor's conclusion that he could not go on.

With his life as a GP finished at the age of 60, Dr Koppe used writing – which he had already found to be therapeutic – to try to make sense of what had happened to him. It led to the initially self-published *One Curious Doctor: A Memoir of Medicine, Migration and Mortality*, which was soon picked up by mainstream US publisher Wakefield Press (and can be ordered through Irish bookshops).

His condition ticked all the boxes for post-traumatic stress disorder (PTSD), a label that he could live with, "whereas 'burned out', to me, rightly or wrongly, felt like a failure". Not only had he done "all the things you're supposed to do" to avoid burn-out, but he had also not felt the typical symptoms of detachment and not caring. "It was the opposite," he says.

He also explored the possibility of inter-generational trauma, as both sets of his Jewish grandparents had had to flee from Europe. As a child, Dr Koppe experienced migration too when his parents moved from South Africa, where he was born, and he always felt like an outsider while growing up in Sydney.

Six years on from that life-changing appointment with his GP, Dr Koppe is in Ireland for the first time – to lead a series of reflective writing workshops around the coun-



try with doctors and other healthcare professionals. His visit has been arranged by Attuned in Practice, a voluntary organisation that strives to give those working on the frontline of health and social care a chance to pause and reflect – so that they can go on.

"It's very difficult to slow down and to think about how the work is affecting you," says social care consultant Dr Nicola O'Sullivan, co-founder with former GP Dr Maeve Hurley of Attuned in Practice. "I think especially when you are in the middle of a busy A&E or a busy child protection team, because there is a worry – and staff will say to me – 'If I stop, I might not start again'; or 'If I cry, will I stop crying?'"

There is, she agrees, a very fine line between caring enough and caring too much. "In order to be good at this job, you have to have empathy, and of course there's a cost to being empathic. Our hearts are open, and so things get in."

It's vital for frontline staff to find space to process trauma and then let it go, rather than letting it in.

There is no one right way to cope with work-related upset, and counselling may not be the answer. "If you tell somebody in the healthcare profession they need personal therapy, then that misses a vital part because what you're telling them is the problem is with you as a person," says Dr O'Sullivan. "That's not true. The problem is in the work."

Attuned in Practice has welcomed the openness of healthcare settings to offer staff the benefit of Dr Koppe's workshops. Dr O'Sullivan believes it is indicative of a growing awareness of the impact of trauma and that more has to be done for the wellbeing and retention of staff.

Emotional support
At the Rotunda Hospital in Dublin, where Dr Koppe will be working this week with members of the sexual assault treatment unit (SATU) teams, Prof Maeve Eogan says there is a critical need for this type of emotional support. This event is part of a programme that the hospital has been running for a number of years. "Frontline working can feel relentless, and these initiatives have been really valuable to support and sustain the SATU team," she says.

Dr Koppe's two-week tour started in Cork University Hospital on March 3rd and will conclude in Naas General Hospital, Co Kildare, at the end of this week.

His engagements include a one-day Regional Trauma Network (RTN) conference in Belfast. This network is made up of staff within both the North's statutory services and the community/voluntary sector work-

ing together to address the trauma of victims and survivors of the Troubles/conflict.

Speaking in advance of the RTN's Day of Reflection, Learning and Connection on March 10th, Nicola Doherty, senior psychologist with the network, says she believes it will give staff time for reflection and encourage self-compassion, which helps promote overall psychological wellness. It's not just about the people that the staff see, she says, "it's about looking after themselves too, because when they look after themselves they also do a better job".

Giving staff this opportunity is acknowledgment by the leadership that their wellbeing matters, she adds. "I think it's a really important message for all staff to know that they're valued."

What does Dr Koppe expect Irish health professionals to get out of his workshops?

"I think the first thing is that they will have fun; even though we might be talking about things that are a little bit challenging, that's done in a fun and lighthearted way."

"The second thing is that they will have learned ways to reframe some of the more challenging aspects of the work, to enable them to see it through a different lens or in a different light."

There is a big focus on the emotional impact of relationships, he says, not only with the people they are caring for, but also with their colleagues. In GP work, relationships with patients are formed over time, but

■ **There is a very fine line between caring enough and caring too much in health and social care.** PHOTOGRAPH: POND SAKSIT/GETTY IMAGES

even in an emergency department there can be very intense relationships with, for example, a stranger injured in a car crash, he says, even though patients are just passing through.

A new perspective

The idea behind the writing workshops "was that, as health practitioners, we experience a lot and hear a lot of things. There are not always great avenues to try and understand our responses to what has gone on."

"The usual complaining in the tea room that happens at hospitals and medical practices is not always very helpful. The writing offers a different avenue; I talk about it 'relieving' the distress rather than 'reliving' the distress."

Writing gives thoughts a forward direction, instead of having them on a loop in the mind. "It can sometimes lead people to a place that offers a new perspective."

Dr Koppe discovered this for himself through a depressed patient he had worried greatly about over nine months of consultations. When she told him writing poems about her journey with depression had cured her, he asked if he could read some. She seemed delighted to be asked and delivered a bundle to the surgery that he took home.

Months later, at the end of a long day, he started to read them. Then one entitled *And You Caught My Eye* and he recalls, with his trademark, self-deprecating humour, that he wondered if this might be in praise of his dedicated care for her. It turned out to be about him all right, but was far from complimentary.

Hurt and angry, he took pen to paper himself that night to write a poem in response before going to bed. Feeling the better for writing from the heart, without thinking, he repeated the exercise after other stressful episodes. Curious to see if it might help other doctors, he introduced it into his educator work. The response was positive, demand grew, and when he had to walk away from the GP surgery, a new path beckoned with his memoir and reflective writing workshops.

"Healing and helping has given my life meaning over the years, and so to be able to continue that, even though it's not one-on-one in the clinic room," he says, "feels very good."
Dr Hilton Koppe is far from done.

What is causing menstruation to start earlier?



Geraldine Walsh

What the Science Says, part 10: Genetics and the environment are only part of the story

In recent years, researchers have investigated the impact of hormonal fluctuations on brain structure during the menstrual cycle, how the internal circadian rhythm affects menstruation, and how women experience increased mental agility during menstruation.

The representation of women in medical research studies and trials has increased over the years, with vital research now being conducted on the topic of menstruation and female puberty.

A recent US study published in the *Journal of the American Medical Association (JAMA)* identified that the average age of menarche – when menstruation begins – continues in a downward trend. This longitudinal study of menstrual cycles, gynaecological conditions and women's health was conducted by Harvard Chan School, the National Institute of Environmental Health Sciences, and Apple. More than 71,000 women were enrolled through an app and were asked to recall when they began menstruation.

The study found that the average age of menarche and breast development is becoming progressively younger. The timing of menstruation is ordinarily determined by genetics and the environment; however, the pace at which the change in onset of early puberty has occurred has led researchers to consider other factors.

Research indicates that the earlier the age of first menstruation, the greater the risk of adverse health outcomes – including several cancers such as endometrial, ovarian and breast. A 2020 research study identified the "potential effects of younger age at menarche on lower lung function, higher heel bone-mineral density, greater burden of psychosocial/mental health problems, younger age at first birth, higher risk of childhood sexual abuse, poorer cardiometabolic health, and lower physical activity".

According to the HSE, most girls get their first period around the age of 12, though they can start between 10 and 16.

Dr Geraldine Connolly, a consultant gynaecologist with 25 years of experience in the field, believes there are several potential causes of early puberty. Dr Connolly says the "skin" in the vulva and vagina is mucous membrane, "like what we have in our mouths, nose and ears. We don't use perfumes in these areas and so should avoid them on our vulvas and vaginas. Also, many of the products used contain multiple chemicals such as chlorine bleach and plastics, which also should be avoided".

Potential triggers

A recent study in *Endocrinology* aimed to identify chemicals that could potentially activate or affect reproductive functions. Many of these chemicals and compounds are found in daily life, resulting in a potential trigger for early menstruation and puberty.

In her workshops with gynaecological resource My Girls Gynae, Dr Connolly discusses the importance of avoiding perfumed sanitary products, advising the use of eco-friendly products – particularly if using tampons as these are in direct

contact with vaginal mucosa.

"We advise on vulval hygiene, avoiding all soap and washes in the vulva," she says. "Also avoiding things like bubble bath and bath bombs, which are stuffed with chemicals. Like the nose and mouth, the vulva should not be exposed to chemicals and feminine hygiene products which remove the vulval microbiome and make the area more prone to soreness and infection."

Environmental toxins

A report in *Animal Reproduction* studied the impact of microplastics on female reproduction and early life, noting that further research is needed.

"Microplastics are everywhere in our environment," says Dr Connolly. "In food wrappings, in skincare products, washes and cosmetics, and in the clothes we wear. Microplastics have been found in atheromatous plaques removed from blood vessels (the carotid artery) in people who are at risk of or have had strokes. Our children are increasingly exposed to these environmental toxins, and these may play a role in early puberty."

Additionally, diet is known to be a factor in menstruation. A 2022 report in *Nutrients* identified that a "high intake of yogurt, longer duration of breastfeeding, and food insecurity, decreased the possibility of earlier menarche, while high intake of protein increased that risk. As a modifiable factor, diet and nutrition in infancy and childhood provide new insights into the future prevention of early puberty".

Dr Connolly says ultra-processed foods, usually wrapped in plastic, are another environmental exposure.

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Our children are increasingly exposed to environmental toxins, which may play a role in early puberty

"These are so common now in most people's diet, leading to childhood obesity, which in turn leads to early puberty," she says. "Our children have never not been exposed to the chemicals in our food stuffs. Reading the label on many products is like a chemistry lesson – and is not real food, but put there to make food addictive to increase sales. Many of the multinational food companies were previously run by cigarette companies, so the bottom line is shareholder profits and not providing healthy food."

On another note, Dr Connolly says the increase in polycystic ovarian syndrome (PCOS) and obesity in young people are "likely to be due to increased empty calories and chemical content which form a large part of the adolescent diet".

The recent study in *JAMA* identifying the earlier age of menarche also noted that more girls are taking longer to reach a regular menstrual cycle, with irregular cycles being associated with health conditions such as PCOS.

Dr Connolly emphasises that the fact that further scientific research is needed should not be used as a counter argument to these environmental changes.

"There are studies showing microplastics in blood vessels, which is just the start of the story," she says. "Big money, and political will, are needed to develop and run observational population studies with the power to give meaningful answers. Such studies are not designed to increase profits for big multinationals and will be very difficult to get off the ground."

She says further investigation into early menarche and its drivers is vital to the health of younger populations, and increased investment in menstrual health research is required.