Transitions: Moving Past Denial

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Host (00:01):

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

Dr Monica Moore (00:18):

Welcome to Transitions, a series of conversations between a GP and a mental health social worker where we share our perspectives on life's changes. We've been chatting about the transitions, not just the transitions at the end of life, which is one of the things that we started talking about, but also the transitions when we have major life changes such as bringing a child into the family or as happened during last year, losing our jobs and all the changes that occurred as a result of the pandemic, the tragedies of the bush fires. And the thing that we'd like to focus on for our last two sessions is the importance of our relationship with ourselves and the importance of our relationship with others. And so Julianne, when we were chatting about this topic about relationships, what stayed with you in terms of our relationship with ourselves and health really?

Ms Julianne Whyte (01:17):

Yeah. Monica, isn't that such a wonderful topic? We've talked about this so often in our work with people, is that as life changes, things happen, it's that sense of uncertainty that often strikes us as, and not only in our own personal and professional lives, but in the lives of the people we are trying to help and work with. So what struck me over the last series is one is the uniqueness of each individual's experience, but also the sameness as human beings. Our experiences are very similar regardless of where we are in life, and we are constantly dealing with change. As we've often said, change is the one constant, isn't it? So it's as we mature and as our brains grow and develop, how we then make sense of this change. And I think I've really, really been not meditating over this, but thinking in those quiet moments of thought, just how we all adapt to change and how it hits us. And sometimes we're just a bit more vulnerable to change and it sometimes hits us like a tsunami, and other times we can take it on very gently.

Dr Monica Moore (02:29):

Yeah, I was thinking about that. Why is it that for the same event people will respond differently? And I know I've been talking about individual responses and how we share a lot of our ways of thinking about the world, but we're also very different in a lot of ways and what catches us, and when I was thinking about this in terms of the work I do and also my personal life, if I'm looking at through the filter of my competent adult self, I will go more into problem solving. I'll acknowledge the fact that it's difficult, that it's hard, but I'll be able to shift in a more, when you, in episode three, you were talking to Matt about that, taking the drone view mentalizing about our problems and being able to solve them to being able to see the perspectives, to see what resources we need.

(03:33):

But at the same time, it's difficult to do that if we are actually caught in an experience that's not our adult self and not something that we talk about in our normal conversations. It's something that as clinicians that we know about that we are not always looking at things from the perspective of an adult competent self. We're sometimes looking at it through the perspective of a more childlike self. And I know I've been caught recently with a situation in my life where I was having problems with a particular patient and instead of seeing it from the point of view of the interaction and what was happening for that person, I started to take it personally. And then I dropped into a more younger self and started to self-blame and see it as all my problem. That I think is something that we can be aware of that we actually have these parts. Do you use that in your work? I find it really helpful. It helps people to understand where they're coming from as well when they're doing things that they go, why am I behaving in this way? And then you go, well, you make the connection.

Ms Julianne Whyte (04:45):

Monica. What I love about what you've just talked about is that that's a real person reaching out to another real person rather than using a manualized approach that someone comes in with a problem. We just try to problem solve it. Listening to you and the conversations we've had, it really allows you to go in with an open mind and look at things with curiosity and not be judgmental of the person that's having this conversation. They're talking about what's happening or situation you've had. I know that in my personal life there's been many, many changes. Sometimes I'm just a little bit more vulnerable, a little bit more just fragile depending on the number. I often say to myself and to my clients as well, sometimes stuff stacks up and it stacks on and it just gets a bit harder if some of the things you're trying to deal with are in the middle of the stack or at the bottom of the stack. And then sometimes we do our childlike self comes out a bit and goes, no, I don't want this anymore. I don't want to play in this sandpit. I'm just over it. I want something to be fixed. And maybe then you do more impulsive things rather than when you're more in a relaxed or a more open space where you can problem solve with that adult mind. And I think maybe that's an openness that we have to have, isn't it?

Dr Monica Moore (06:05):

Yeah. I really loved when you were talking about the fact that we shouldn't use as clinicians. We shouldn't use the concept of denial that you talked about the three Ds. I loved that.

Ms Julianne Whyte (06:19):

So that's the distancing, the distracting and dissociation. Rather than say someone's in denial, which I feel is such a subjective, my view on their reaction to something, whereas they just might be taking a distance from it, just don't want to deal with it today. And so I'll just walk away from it or distract and go and watch heaps of Netflix movies or just dissociate and just pretend it actually isn't there. It just is too hard for the psyche or the spirit or the mind to actually cope with whatever's happening at the moment. And I think personally in private and professionally, we've really got to be mindful not to say someone's in denial, our judgement on their reaction, and perhaps give them the skills to use something else to say, oh, it looks to me like you're doing a bit of distancing right now. Would I be right? What's it like for you when you distance? What are the things you choose when you distance yourself? It might be going out getting drunk, it might be just pretending the problem doesn't exist. Is that how you took that, those three Ds?

Dr Monica Moore (07:19):

Yeah. Yeah. And what I really liked when I'm thinking about as a GP and people come and see me and they have problems which I've diagnosed say a major health diagnosis like cancer or multiple sclerosis, or even the ones that are not necessarily life-threatening but still cause a lot of interference with their lives and require a lot of adjustment as we are talking, they're the transitions that we're continually making that recognising that when someone is distancing or distracting or dissociating, and you mentioned that we need to find the need behind it and explore that and validate that, that often helps the person not only recognise that they are doing this behaviour, but also recognise perhaps that there's a need that needs to be addressed so that they can then transition to this next phase of their life. And I thought that that was a really helpful way of looking at it when you were mentioning it.

Ms Julianne Whyte (08:24):

And on that point too, Monica, I think what I often do with people is allow them to go like say distancing or distracting becomes a common go-to response, like the habit they've developed to deal with life crises or uncertainties, but allow them to explore at different times of their lives that they might've noticed that that strategy or that habit was something that they've been working on very hard. So that when there is some uncertain, something might've happened. I just to give you an example, when I started school, I remember my first day at school as a little five-year-old tiny little thing with a mop of curly hair. And I went to school with my brothers because mum said, you can go to school with your brothers today. And I was so proud of it, and I'm 63 and I still haven't forgotten this scary frightening day when they just left me at the gate and said, Hey, sis, you'll be fine.

(09:16):

And I remember standing there and my brain just shut down because I felt an immediate sense of uncertainty. My confidence was left at the gate. And I find I do that regularly when there's something just as put there, I do that moment of, oh, it just, it's almost like my brain shuts down momentarily and when I notice it happens to me in other times when I've been given something a little bit out of the blue, I feel that there's a sense of that maybe that's a dissociating, maybe it's a bit of distancing from the thought, my brain taking some time. But I can go into other times when I can talk about that to people. I remember doing that when I was five. I can remember doing it at 16. And sometimes when you're working with clients, it allows us then to explore what are the things that we could put in place to help something that might be more useful, rather than saying, well, that's a really bad thing because denial has that negative connotation, doesn't it? Whereas if we're just distancing, we can be curious about

what distancing is it useful? Sometimes distancing and distracting is really, really useful. Sometimes you've got to be distracted because the trauma is too great,

Dr Monica Moore (10:21):

And how do we use them as coping strategies? And I think when I was 19, I had a blood disorder and while it was being investigated, there was a lot of talk of maybe it was something very serious and members of my family got very distressed about it. I was only 19. And I think there was a lack of knowledge about it, which actually created a situation where I could just distance myself and not get as involved with the fear of death as other people around me were. And it was interesting how negotiating that space and then looking back on it now, I see. So in some ways I wonder whether my distancing was an attempt to protect other people from their distress. I think, look, I'm not worried about it, so you don't have to be worried about it. But it's interesting how our reaction can sometimes be part of the relationship that we have with those around us that when we are reacting to something that we are looking around and sort of saying, it's my reaction. What's the impact that it's going to have on others and other people's reaction and the impact that it's having on us. And I think even when we're talking about our own health, we're still in relationship, we're in relationship with all sorts of different people in all sorts of different roles. And it's those things I think that sometimes we need to, when we are examining our own, we need to look not just inside ourselves but more globally at the environment that we're in and be curious about how's that interaction happening?

Ms Julianne Whyte (12:03):

They're really good points. You've raised that sense of developing relationship, isn't it? Because a news, something that's transitioned us into a new stage or a new category of persons sometimes like you're going from a person who when you were 19, had a diagnosis, all of a sudden you're a young person, a 19 year old, fit and vibrant, intelligent. I'm assuming I know all these things about you, Monica. And then becoming a person with a health issue, we actually have a new category of person. And then the relationships we have with our loved ones, our family, our friends, our peers, and then new relationships with healthcare providers, which can be really tricky to navigate, can't it?

Dr Monica Moore (12:47):

And not just the healthcare providers, but everyone around us. I went back, I had a problem with my platelets and I was bleeding and bruising, and so when I went back, I had to tell my flat mates that I couldn't wash up anymore in case a glass broke and cut me and then I couldn't stop the bleeding. It's a great way of getting out of the washing up. And they thought it was a joke that I actually had been specifically advised by the hematologist, absolutely that I must go back and if I wasn't going to go back home to live with my mother, that I needed to share this with my flat mates who look were lovely and were able to support me in that. And that was another transition that they had. We went from being a very happy go lucky group of people living together and sharing that space, going to university to, oh, there is someone in our midst who has a major diagnosis.

(13:53):

And that actually did lead to some serious discussions within the group. We were into philosophical discussions about death and what's after death and all that. And that's our relationship in terms of people who have a strong faith. That's another relationship that we then have to negotiate as we go through one of those major life transitions, isn't it? And all of these things, both personally in our lives

and as clinicians, we need to keep that balance of being aware of all of that. And it's really hard. I forget sometimes about calling on people's resources and what their strengths are,

(14:30):

Especially with the language I was thinking about, the language of cancer and the language of cancer has battle invade and survive and wipe out and kill the cells. And then there is this thing about if somehow you're not doing as well or you're not doing everything possible to beat it, there's a guilting that occurs, an active sort of blaming the person who has the illness for not doing as much as they possibly can to beat the problem. I find that a really difficult thing to navigate, to be patient with people who speak like that because I think life is to be lived and we are not perfect.

Ms Julianne Whyte (15:11):

And look, and you're so right because we're also seeing that in some of the lifestyle diseases too with diabetes weight. There's almost like if you smoke, then there's a sense of self blame. So can you complain about the transition or the difficulty you've got dealing with this new health condition if perhaps there's been something you've done in your past that has perhaps contributed to it. And I'm hearing a lot in clinical sessions with people, a sense of shame that they recognise that, oh, or regret, what could I have done differently? I've lived this in my life and now I've got this problem, it's my fault. And they have to live with that other layer of psychological dealing with things and some grief that goes with that sense of this was my life before, this is my life now and did I contribute to this? And some of the cancers are becoming or recognised as lifestyle diseases as well, which I think we're creating a difficulty for people to actually feel, how do we fit in with this rather than just perhaps having that acceptance.

(16:17):

We were talking earlier and I tack on board something that you said about a phrase I use a little bit is leaning into the discomfort or leaning into the uncertainty. And perhaps at times like this, when there's a little bit of guilt or remorse or regret, that leaning in is just probably the wrong phrase, probably that we're asking too much of people as they transition into this role that they've got to take on or the new busyness that comes with life. Yeah. So what do you think? We did talk a little bit about that phrase we use, don't we?

Dr Monica Moore (16:49):

Yeah, we did. And I don't like it. I don't like the phrase lean in because when I visualise it in my head, when I visualise leaning into problems, I visualise leaning in, falling over and getting a bloody nose. It's not a helpful, it's interesting, isn't it? Because language is so important and I was thinking about this guilt and blame and throughout our series as we've been talking about transitions, we've been talking about that sort of inner voice, the inner critic, the outer critic, like people who do criticise us, but then the inner critic, that sense that somehow we are responsible for what's happened to us. And one of the things I think that really touched me when I was reading, doing some reading random is Alain de Botton, who's a philosopher in the UK, and he's got a little saying that one of the greatest sources of despair is the belief that things should have been easier than they turned out to be. But the problem is that we have to stop thinking that we deserve our success or that we deserve our tragedy because the universe doesn't distribute its gifts and its horrors with divinely accurate knowledge of the good and bad within each of us. It's random luck plays such a big part in what happens to us, and we often don't recognise it.

We don't recognise the fact that I'm so lucky to, for example, live in Australia, to benefit from being an island, to benefit from being let's say white middle class background, all of that kind of stuff. These are elements of luck that have contributed to my ability to live a good life and other people have not been so lucky, but I don't deserve these things. It's just luck. And in the same way when something bad happens, no one deserves to suffer. It's just luck.

Ms Julianne Whyte (18:57):

I think that's a really important phrase is there is bad things happen to good people. There's no sense of that there's something special or unique about someone or others or why didn't bad people get bad things? It is quite random, but I think people as they're adjusting and finding their new normal or their new story through a transitional period, so even looking at your experience as a 19 year old fit, active, healthy, looking forward to the future, and then now this thing happens, and then it's who am I at now with this sense of caution and awareness and so that the risky things that you might've wanted to do or could do perhaps have now being challenged or changed. So how do we adjust our narrative or get a bit of a T intersection so that yes, this is, we are not us anymore, but we actually have this new narrative.

Dr Monica Moore (19:55):

I just want to clarify the risky things that Julianne's talking about is I'm a bush walker, so that's what she considers to be risky. That's right. I'm just thinking maybe I think of the things that I was doing and in fact that's how it was diagnosed. I climbed the middle, one of the three sisters, the rock climbing from the bottom to the top with some friends, and at the end of it I was covered in bruises much more so than was expected. And that's how it was diagnosed. But I think it's one of those things that I think we just need to clarify the risky things. Actually, it's funny about another thing.

(20:42):

When I wasn't able to go bush walking, I had to develop different interests. I had to develop different things that I enjoy doing, and that's part of that transitions process that we grieve what we've lost, but we also, there are gains I think as I've got older now, wear glasses all the time, they're multifocals. I'm so glad I've got them. And I know that people complain, oh, it's dreadful being dependent on glasses. I love the fact that I can have multifocals and I can see clearly and I don't need to go hunting around for anything or even what my ancestors would've had to do, which is put up with the fact that everything was blurry all of a sudden. I love the fact that I can use walking poles and continue bush walking now that my knees have packed it in. I love the fact that I can have medication to help me with all my things that I'm developing. It's not a dependency, it's liberating, I think. What do you think about that?

Ms Julianne Whyte (21:47):

Look, I see part of a lot of the work I do as a social worker in working with people with chronic health issues is helping them see opportunities through what this new situation that they've found themselves in for whatever reason, are there opportunities using aids that do make life more, take some of the burden out of life so that living can happen? So finding the things that they put great value on and seeing things like your glasses to be able to read, to be able to study, to be able to do the things that matter as opposed to perhaps being burdened by not taking on some of the gifts or things that are available for us to use. And it's an important piece of work that we do as clinicians is work with people gently. And this is where denial comes in as well too.

(22:38):

Because often I'll hear from professionals that might say, oh, that person's in denial. They won't wear their walker or use their walker or they won't put the safety pendant alarm on, or they're not doing the things we want them to do to be safe. And there's that whole dignity of risk around safe and how much we help people see that perhaps this change is a change and that the aids and advice and other things around our opportunities as opposed to things that give us perhaps a negative narrative of ourself. I'm a this disabled person or I'm now in that cohort of people that's an older group, but I just want to share with you while we're talking about our health issues that, look, I also as a mature person, got a blood disorder and found, well, I've obviously had it since I was born, but came out of a fairly horribly traumatic realisation that I had a clotting disorder.

(23:35):

So I now have to wear compression stockings and I have one leg that's really badly affected and I can't wear my stilettos anymore. I can't wear sexy little dresses. I have wear longish only. I don't like wearing my, the stockings very visible and the legs a bit swollen so people can see it. And I'm so conscious with skirts and clothes. So I've got a brand new wardrobe, which wasn't a wardrobe I would've normally chosen to wear. Got to be conscious of what I put on that. My doctor was really gorgeous, said, don't worry about it, just wear purple stockings. And I thought I could do that. I have done that once. It wasn't me at all. I thought very self-conscious in my purple stockings. I thought, no, that's not an image. I want that social worker working around town with purple stockings. So it's interesting then how we find our new image of ourselves in the new storyline that starts with the acceptance of a transitional period.

Dr Monica Moore (24:30):

Yeah, it's interesting because my blood disorder kind of got better and yet I hear about your blood disorder and I think, yeah, that's when I'm thinking of the things that are happening to me now, the osteoporosis and various other things. But yeah, it's that why not purple stockings when I am old, I shall wear purple and a red hat that doesn't.

Ms Julianne Whyte (24:55):

Well, I know I'm getting it. They're really pretty.

Dr Monica Moore (24:58):

They're really pretty. I like the idea of you in purple stockings

Ms Julianne Whyte (25:06):

And I noticed there's some you can buy with little diamante's on the side of them too, so I just might

Dr Monica Moore (25:12):

No, definitely go the diamante's. Yes.

Ms Julianne Whyte (25:14):

I think. But that also is a transition for me because I'm a bit conservative in that area and very conscious. I don't want it to become the talking point when I'm out. People say, oh, we noticed that you've got

compression stockings on. I wanted it to become emerged in just to be the new normal. It's not something that I talk about. It's not something that's there, but it is there and it rears its ugly head every now and then. So I've often thought about this and just mused over how I'm dealing with this transitional period also as I get older, because mine will obviously get worse as I get older and I need to have more vigilance. I didn't get out of washing the dishes though, so that's something I'm going to work on. And the other good thing is I think wearing stilettos is not good for your back, so maybe there's some things I'm getting out of it. Having to wear flats all the time.

Dr Monica Moore (26:07):

That's right, that's right. I gave up stilettos never having got into them really. So yeah, couldn't understand why people would wear them. It's an interesting thing about, because I was thinking about someone I met who had a mastectomy and who didn't have a reconstruction, and she said that it was important to wear it with pride, to not see it as a lessening of her personhood, but to see it as an experience that she'd gone through, like a life transition that she'd gone through that was part of her. And she said that what really helped her was to be part of a group, to be part of a group of women who could talk honestly about their emotions. The thing isn't it? It's being able to validate our emotions, so validate our experience, our grief, our anger, whatever it is, our need behind the three Ds, the distancing, the distracting, the dissociating to be able to name those emotions, to validate them, yes, they clearly make sense because it then allows us to engage our frontal lobes and to do that mentalizing, that perspective of seeing things from that drone view to see not just the impact on ourselves, but how it connects with everything else around us.

(27:32):

And not to have shame around our bodies, not no longer being what they were not to have. So for example, not to have shame for me, I went recently to Lord Howe Island we had a family holiday. It was absolutely wonderful. But there's a big mountain that I climbed a few years ago when I went there for the first time. And this time I said, no, I'm not climbing it. My knees won't like it.

(28:02):

I was aware of that sense of loss and that sense of grief, but at the same time, I got to spend the day with my granddaughter. And that was a gain that was a positive. It was a lovely thing to be able to do, to be able to sort of, because it's when we validate our emotions, when we give ourselves permission to do that, when other people do the same, that we actually connect to what our life is like now. What is something that we can actually be grateful for, that we can appreciate, and that gratitude practice that we do every day, that going against that negative bias that we normally have, it is such an important daily practice for me and it helps me.

Ms Julianne Whyte (28:46):

And I think what you're talking about too, Monica, is really important because it's different to the positive psychology or the positive thinking. Just be positive, have positive thoughts. This actually, because I think that's quite a superficial response to people's desire to have their experience understood and to actually work through and acknowledge that people have to go through a transition first and grieve the person or the experience or the stage of life they were in and allow them to that cognitive processes to start understanding that this is new for them and we have to allow them the sadness of grief and with an acceptance of this new relationships and new ways of doing things that sometimes

take for some a little bit more adjusted depending on what's happening cognitively for them. And also as things happen as we age, some of the cognitive decline prevents or inhibits or slows down some of that cognitive awareness and reasoning. So we have to be really mindful not to just glibly say to people, look, just be positive. Just have those positive thoughts. Surround yourself positive. I don't think that's what's needed. I think what's needed is a lovely, grounded, gentle, that kindness and generosity approach, very much that mindfulness approach to what's happening with people, that we practice it and we work with people so that they can actually in a very gentle, generous way, develop a new understanding.

Dr Monica Moore (30:10):

And something just popped into my head just then about the impact of my not being able to go up the mountain on the people around me, that I had to also take into account my husband's grief because he really likes doing things together that we go on bush walks together. And that was a moment where he said, yeah, okay, you can't come. And he's very lovely and he was not bitter about it at all. But I can imagine that if we take it more globally in this topic that we're talking about generally of the transition is in health, that we can really be aware of the impact on family, on the impact on friends, on coworkers, on everybody around someone who is going through a major health transition and that perhaps we are supporting that person or supporting that family. And I've been listening to a podcast called Tiny Victories, and if guys, if anybody who wants to really be uplifted, it's only about 15 minutes.

(31:17):

And these two comedians and one of them has been diagnosed with stage four lung cancer and they decided to do this podcast together about the tiny victories, the tiny things that get done that you can shout hooray about when you're going through a major life transition. And I thought it was such a lovely coincidence that I found it. And they were talking about a woman who'd been diagnosed with cancer and her workmates put together a box of things of her favourite colour just as a goodie box to distract her and to allow her to have a bit of joy in her day. And it's those people who go, I'm in office works. What would you like for your kids before they go to school? I'm at the supermarket. What would you like me to get you? Those practical things are so helpful as well when we feel helpless when people around us are going through a hard time and just a note to say, I'm thinking of you, a funny video. All of those things are so helpful rather than you'll beat this or be positive, otherwise you get your cancer back or don't get stressed otherwise you'll get your cancer back. I've heard people tell me that they've been told this. And so there are so many ways that we can be helpful and ways that we can help to choose the people around us that are going to give us the support that we need.

Ms Julianne Whyte (32:43):

What came to mind when you were talking is in mental health, we have the Are you okay? And just ask the question and then listen to the answer or even ask the question and refer on maybe we need to be talking about this in this context and not just in the workplace and mental health, but saying to people who are dealing with life's transitions, just a very gentleness, are you okay? Is there anything else that we can do rather than not know what to say or just offer those very superficial responses as look, just be positive or try not to get stress regardless. I appreciate her in the cancer environment, but it's often seen in other sort of MS motor neuron diseases, even in Parkinson's. Done hearing that and also even in the aged care space when people are transitioning, I think one of the hardest transitions I think must be for a person is to have a fall and then to go to hospital, have to have whatever procedure they need

done and know that they will never, ever go home again and then have to deal with something that's happened really, really quickly.

(33:47):

And the grief of that where there's a knowing that change has to happen and that somehow people aren't stopping and asking, are you okay with this?

(33:57):

And finding a way to allow that person to talk about the grief without being the caring people, the health professionals and families being worried that they won't make that transition to aged care or supported living easy. I think that would be some of the people I'm working with in the moment in aged care. It comes up as a very constant sadness that I think we need to explore. One lady too, a few years ago or probably two years ago, said to me, said, do you like talking like this to people? And I said, oh, tell me about how you think I'm talking said, listening and talking to me. She said, I haven't had a conversation like this for 30 years. And it was saddened. It was a beautiful gift to be able to say, oh wow, gee, what a blessing that I'm here with you today. But I also felt very sad that perhaps she'd never had an opportunity for someone to sit down and say, wow, you must be pretty scared right now. Tell me what's happening for you. What do you miss most about the life you used to have? And we talked about what could she bring from her past to now that she was dealing with change, how did she deal with change when she had a first child, when her husband died and now here

(34:59):

With these similarities? And she just loved it. So she said, please come back, please. And so maybe we just need to be open to say, are you okay?

Dr Monica Moore (35:08):

Yeah. And not only that, but when I was talking to Martina in episode four and Martina Gleason and I, who's a GP, we were talking about the transition from being the gender that you were assigned at birth to the gender that you recognising yourself that the whole transgender space. Such a fascinating discussion. And I remember another conversation that she and I were having where she learned to ask people, what would be the thing that I could do to help you that would be the biggest bang for your buck? So in other words, what could we focus on that would make your life the most enjoyable at the moment, given all the things that have been happening? And I think that's been one of the focus throughout our conversations, Julianne, when we're talking about transitions, we're talking about how can we pull from other people's conversations, other people's life experiences and all the experiences that we have around us, what is going to help us personally, what is going to help us to both professionally and personally live a really good life? And as you say, we need to finish. And so I'm going to say that's it for today and we hope that you've all enjoyed this episode of Transitions while we've been talking about transitions in the area of physical health and mental health and all of those sorts of things. And next time, we are actually going to be talking about our relationships widely to bring our podcast series to a close. We learn so much from each other.

Ms Julianne Whyte (36:55):

Yes,

Dr Monica Moore (36:55):

And so thank you very much, Jillian.

Ms Julianne Whyte (36:58):

Wonderful. Monica, it's just been fantastic. I have loved these episodes, so looking forward to episode six and hoping that people listening got lots of feedback so that we've got things to work on and develop, hopefully new series of podcasts. But look, I'd like to say too, Monica, I have learned so much and our conversations I think are enlightening and really something I look forward to.

Dr Monica Moore (37:23):

And so I'm Monica Moore, a GP and my friend Julianne White. We're saying goodbye and look forward to talking again at our next episode.

Host (37:34):

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