

The website was created with the intention to include material on trauma and art, but I soon found that these two broad categories essentially cover or are connected to a huge range of individual and collective human experience. So, the themes I have written about and the resources I have referred to and quoted are diverse and varied depending on what was salient or what I deemed valuable or of interest at the time. Clawing our ways out of conditioning, structures and contexts brings us into contact with our own woundedness and stories, but also connects us to collective and institutional discourse and realities (and vice versa) The website eventually became the canvas for a very rough and messy journey of learning, healing, reclamation, waking up to more personal and collective truths, breaking the silence, seeking justice and freedom, and the process of piecing a much bigger picture, to gradually become visible.

I have often referred to the work of Dr Peter Levine, Dr Bessel van der Kolk and many others in the field of trauma that suggest that our body remembers what we have lived through and what we have forgotten, repressed, failed to make sense of and integrate operates in the background and defines our health and decisions. The stuck energy of surgical events and their side effects or aftereffects, like all other traumatic or body taxing experiences, need to be released and integrated. Over time I pieced the different aspects of the three surgical experiences of adenoidectomy, tonsillectomy and appendectomy I had undergone as a child to create a more coherent story. The memories of getting to eat soft vanilla ice cream to soothe and distract me from the pain, the intense throat soreness and abdominal discomfort and pain, after effects like asthma and much more, and the side effects of anaesthesia like fear of dying, nausea and vomiting, all came together to create a more complex mosaic. And yet the process was not completed because I had failed to embed my experience in the collective reality, and also, make adequate links between past and present experiences. In some sense I was holding both ends of the skipping rope, but was unable to see the whole rope.

As I searched for information and personal health documents in an attempt to integrate more of my story I frequently came across a lot of interesting additional information concerning relevant social discourse and policies. Although tonsillectomy was once a common procedure, especially during childhood, to treat inflammation of the tonsils, it has for a very long time been a procedure surrounded by controversy. At the start of the twentieth century, tonsillectomy was routinely performed on at least 80 000 school children each year in Britain, but by the 1980s, there was a shift in the medical, political and social position of tonsillectomy and public and professional discourse condemned the operation as a ‘dangerous fad’. More recent research suggests that tonsillectomies may have long-term, adverse effects on health. After tonsil or / and adenoid removal researchers have found an increase in diseases of the upper respiratory tract, like asthma, pneumonia, etc, risks for infectious and allergic conditions, and removal has also been linked to diabetes and inflammatory bowel disease later in life.

The extract below comes from an article from NCBI resources:

“A convincing demonstration of the absurdity of indiscriminate tonsillectomy was given ten years ago by the American Child Health Association.” This citation originates from an article written by Harry Bakwin in 1945 entitled “Pseudoxia pediatrician”. The author refers to a report of 1,000 school children in New York, 61% of them had already undergone tonsillectomy (TE) at the age of about 11 years. Three examination procedures performed by school doctors revealed that only 65 children had not had such an intervention. This example shows very clearly how the former developments in medicine together with seemingly logic conceptions of a so-called focus theory led to a completely undifferentiated indication of TE as routine surgery.”

So, as I was delving into my early life and health, and also, themes of belonging, my search inevitably turned towards my birthplace, and I sort of accidentally came across the sad story of

child migration, a policy of social engineering, according to Dr Coldrey. (More on child migration at:https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/1999-02/child_migrat/report/c02) As part of my reclamation process I spent time exploring online resources, watching documentaries, listening to music, writing relevant posts. I read *Empty Cradles*, Margaret Humphreys' account of the formation and early struggles of the Child Migrants Trust, and watched the 2011 feature film *Oranges and Sunshine*, a 2010 British-Australian drama film based on her book, directed by Jim Loach. At some point I came across a film document of child migrants indiscriminately undergoing tonsillectomy before departure from Britain. Inevitably, our search for our own stories connects us not only to others' stories, but to historical and institutional policies and dynamics.

Interestingly, I currently I find myself looking at material relevant to immunity and health, and more specifically, research around tonsillectomy, Probably because healing, learning integrating occur cyclically and are ongoing. A cohort study was carried out by researchers from the University of Birmingham, published in the British Journal of General Practice, which reviewed general practice medical records to see how often tonsillectomies were being performed and how many of these referrals were appropriate. The researchers reviewed medical records between 2005 and 2016 to see how many tonsillectomies were performed for children each year and the reasons. The study looked at data relating to 1,630,807 children aged 7.8 years on average. In total, 18,281 tonsillectomies were performed. The researchers reached the conclusions that many children who could potentially benefit from a tonsillectomy aren't getting one and that most of the tonsillectomies that are carried out are not appropriate or necessary (“..... few children with evidence-based indications undergo tonsillectomy and 7 in 8 of those who do (32,500 of 37,000 annually) are unlikely to benefit.”). Also, they found that the effect of the surgery is not

dramatic and that most children improve with or without surgery.

More at: <https://www.nhs.uk/news/pregnancy-and-child/childrens-tonsils-are-being-removed-unnecessarily/>

Another recent study led by the University of Melbourne has looked at the long-term effects of removing the tonsils and adenoids in childhood. The research showed that both tonsillectomies and adenoidectomies are associated with higher levels of allergic, respiratory and infectious diseases later in life; alongside the already known short-term risks of surgery. The study also provides evidence to support possible alternatives to surgery when possible. Dr Sean Byars from the University of Melbourne led the research with Dr Stephen Stearns from Yale University and Dr Jacobus Boomsma from the University of Copenhagen. They analysed a dataset from Denmark, one of the most complete in the world, comprising health records of 1,189,061 children born between 1979 and 1999, covering at least the first 10 years, and up to 30 years of their life. The health of children who had these operations was then analysed for diagnoses of 28 respiratory, infectious and allergic diseases and compared to children who hadn't had surgery, after ensuring all children had general good health. They calculated disease risk later in life depending on whether adenoids, tonsils or both were removed in the first 9 years of life. Their results support delaying removal if possible, which could aid normal immune system development in childhood and reduce later life risks that they observed.

Read Dr Nerissa Hannink's whole article at: <https://pursuit.unimelb.edu.au/articles/what-are-the-long-term-health-risks-of-having-your-tonsils-out>

Dr Hannink ends her article: "In 1870 Charles Darwin famously said that the appendix was a useless vestige of evolution, predicting it was too small to contribute to digestion in any meaningful way. We now know it also has an important

function in the immune system, protecting against gut infections by encouraging the growth of good bacteria” “As we uncover more about the function of immune tissues and the lifelong consequences of their removal especially during sensitive ages when the body is developing, this will help guide parents and doctors about what treatments they should use. “

Finally, in an interesting article titled *Immunity* Bruce H. Lipton, Ph.D (<https://www.brucelipton.com/blog/immunity>) writes:

“The body must come in contact with an infection in order for it to create its own immune activation. What people don't understand is the immune activation is due to the tonsils that are in the throat. People think tonsils are there to fight infections, but that's wrong. The tonsils don't fight infection, they invite infection in! They're nature's way of creating an immune response. The tonsils make a recording of everything in the environment that passes by them, which is why infants reflexively stick everything they can into their mouths. This (is) the design of the system-they're creating an oral vaccine.”