Introduction

Why Normal Is a Myth (And Why That Matters)

> *The fact that millions of people share the same vices does not make these vices virtues, the fact that they share so many errors does not make the errors to be truths, and the fact that millions of people share the same forms of mental pathology does not make these people sane.*
>
> —Erich Fromm, *The Sane Society*

In the most health-obsessed society ever, all is not well.

Health and wellness have become a modern fixation. Multibillion-dollar industries bank on people's ongoing investment—mental and emotional, not to mention financial—in endless quests to eat better, look younger, live longer, or feel livelier, or simply to suffer fewer symptoms. We encounter would-be bombshells of "breaking health news" on magazine covers, in TV news stories, omnipresent advertising, and the daily deluge of viral online content, all pushing this or that mode of self-betterment. We do our best to keep up: we take supplements, join yoga studios, serially switch diets, shell out for genetic testing, strategize to prevent cancer or dementia, and seek medical advice or alternative therapies for maladies of the body, psyche, and soul.

And yet our collective health is deteriorating.

What is happening? How are we to understand that in our modern world, at the pinnacle of medical ingenuity and

sophistication, we are seeing more and more chronic physical disease as well as afflictions such as mental illness and addiction? Moreover, how is it that we're not more alarmed, if we notice at all? And how are we to find our way to preventing and healing the many ailments that assail us, even putting aside acute catastrophes such as the COVID-19 pandemic?

As a physician for over three decades, in work ranging from delivering infants to running a palliative care ward, I was always struck by the links between the individual and the social and emotional contexts in which our lives unfold and health or illness ensue. This curiosity, or should I say fascination, led me in time to look deeply into the cutting-edge science that has elegantly delineated such links. My previous books have explored some of these connections as they manifest in particular ailments such as attention deficit hyperactivity disorder (ADHD), cancer and autoimmune disease of all types, and addiction. I have also written about child development, the most decisively formative period of our lives.[1]

This book, *The Myth of Normal,* sets its sights on something far more encompassing. I have come to believe that behind the entire epidemic of chronic afflictions, mental and physical, that beset our current moment, something is amiss in our culture itself, generating both the rash of ailments we are suffering *and,* crucially, the ideological blind spots that keep us from seeing our predicament clearly, the better to do something about it. These blind spots—prevalent throughout the culture but endemic to a tragic extent in my own profession—keep us ignorant of the connections that bind our health to our social-emotional lives.

Another way of saying it: chronic illness—mental or physical—is to a large extent a *function* or *feature* of the way things are and not a *glitch*; a consequence of how we live, not a mysterious aberration.

The phrase "a toxic culture" in this book's subtitle may suggest things like environmental pollutants, so prevalent since the dawn of the industrial age and so antagonistic to human health. From asbestos particles to carbon dioxide run amok, there is indeed no shortage of real, physical toxins in our midst. We could also understand "toxic" in its more contemporary, pop-psychological sense, as in the spread of negativity, distrust, hostility, and polarization that, no question, typify the present sociopolitical moment.

We can certainly fold these two meanings into our discussion, but I am using "toxic culture" to characterize something even broader and more deeply rooted: *the entire context of social structures, belief systems, assumptions, and values that surround us and necessarily pervade every aspect of our lives*.

That social life bears upon health is not a new discovery, but the recognition of it has never been more urgent. I see it as the most important and consequential health concern of our time, driven by the effects of burgeoning stress, inequality, and climate catastrophe, to name a few salient factors. Our concept of well-being must move from the individual to the global in every sense of that word. That is particularly so in this era of globalized capitalism, which, in the words of the cultural historian Morris Berman, has become the "total commercial environment that circumscribes an entire mental world."[2] Given the mind-body unity to be highlighted in this book, I would add that it constitutes a total physiological environment as well.

It is my contention that by its very nature our social and economic culture generates chronic stressors that undermine well-being in the most serious of ways, as they have done with increasing force over the past several decades.

Here's an analogy I find helpful. In a laboratory, a culture is a biochemical broth custom-made to promote the development of this or that organism. Assuming the microbes in question start

out with a clean bill of health and genetic fitness, a suitable and well-maintained culture should allow for their happy, healthy growth and proliferation. If the same organisms begin showing pathologies at unprecedented rates, or fail to thrive, it's either because the culture has become contaminated or because it was the wrong mixture in the first place. Whichever the case, we could rightly call this a *toxic culture*—unsuitable for the creatures it is meant to support. Or worse: dangerous to their existence. It is the same with human societies. As the broadcaster, activist, and author Thom Hartmann asserts, "Culture can be healthy or toxic, nurturing or murderous."[3]

From a wellness perspective, our current culture, viewed as a laboratory experiment, is an ever-more globalized demonstration of what can go awry. Amid spectacular economic, technological, and medical resources, it induces countless humans to suffer illness born of stress, ignorance, inequality, environmental degradation, climate change, poverty, and social isolation. It allows millions to die prematurely of diseases we know how to prevent or of deprivations we have more than enough resources to eliminate.

In the United States, the richest country in history and the epicenter of the globalized economic system, 60 percent of adults have a chronic disorder such as high blood pressure or diabetes, and over 40 percent have two or more such conditions.[4] Nearly 70 percent of Americans are on at least one prescription drug; more than half take two.[5] In my own country, Canada, up to half of all baby boomers are on track for hypertension within a few years if current trends continue.[6] Among women there is a disproportionate elevation in diagnoses of potentially disabling autoimmune conditions like multiple sclerosis (MS).[7] Among the young, non-smoking-related cancers seem to be on the rise. Rates of obesity, along with the multiple health risks it poses, are

going up in many countries, including in Canada, Australia, and notably the United States, where over 30 percent of the adult population meet the criteria. Recently Mexico has surpassed its northern neighbor in that unenviable category, with the result that thirty-eight Mexicans are diagnosed with diabetes every hour. Thanks to globalization, Asia is catching up. "China has entered the era of obesity," Ji Chengye, a child health researcher in Beijing, reported. "The speed of growth is shocking."[8]

Throughout the Western world, mental health diagnoses are escalating among the young, in adults, and among the elderly. In Canada, depression and anxiety are the fastest-growing diagnoses; and in 2019 more than fifty million Americans, over 20 percent of U.S. adults, suffered an episode of mental illness.[9] In Europe, according to the authors of a recent international survey, mental disorders have become "the largest health challenge of the 21st century."[10] Millions of North American children and youths are being medicated with stimulants, antidepressants, and even antipsychotic drugs whose long-term effects on the developing brain are yet to be established—a perilous social experiment in the chemical control of young people's brains and behavior. A chilling 2019 headline on the online news site ScienceAlert speaks for itself: "Child Suicide Attempts Are Skyrocketing in the US, and Nobody Knows Why."[11] The picture is similarly stark in the U.K., where the *Guardian* recently reported, "British universities are experiencing a surge in student anxiety, mental breakdowns and depression."[12] As globalization envelops the world, conditions hitherto found in "developed" countries are finding their way into new venues. ADHD among children, for example, has become "an increasing public health concern" in China.[13]

The climate catastrophe already afflicting us has introduced an entirely new health hazard, a magnified version—if that is possible—of the existential threat that nuclear war has posed

since Hiroshima. "Distress about climate change is associated with young people perceiving that they have no future, that humanity is doomed," found the authors of a 2021 survey of the attitudes of over ten thousand individuals in forty-two countries. Along with a sense of betrayal and abandonment by governments and adults, such despondence and hopelessness "are chronic stressors which will have significant, long-lasting and incremental negative implications on the mental health of children and young people."[14]

Casting ourselves as the organisms in the laboratory analogy, these and other metrics indicate unmistakably that ours is a toxic culture. Worse yet, we have become accustomed—or perhaps better to say *acculturated*—to so much of what plagues us. It has become, for lack of a better word, normal.

In medical practice, the word "normal" denotes, among other things, the state of affairs we doctors aim for, setting the boundaries delineating health from disease. "Normal levels" and "normal functioning" are our goal when we apply treatments or remedies. We also gauge success or failure against "statistical norms"; we reassure worried patients that this symptom or that side effect is completely normal, as in "to be expected." These are all specific and legitimate uses of the word, enabling us to assess situations realistically so that we can aim our efforts appropriately.

It is not in these senses that this book's title refers to "normal," but rather in a more insidious one that, far from helping us progress toward a healthier future, cuts such an endeavor off at the pass.

For better or worse, we humans have a genius for getting used to things, especially when the changes are incremental. The newfangled verb "to normalize" refers to the mechanism by which something previously aberrant becomes normal enough that it passes beneath our radar. On a societal level, then, "normal"

often means "nothing to see here": all systems are functioning as they should, no further inquiry needed.

The truth as I see it is quite different.

The late David Foster Wallace, master wordsmith, author, and essayist, once opened a commencement speech with a droll parable that well illustrates the trouble with normality. The story concerns two fish crossing aquatic paths with an elder of their species, who greets them jovially: " 'Morning, boys. How's the water?' And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes, 'What the hell is water?' " The point Wallace wanted to leave his audience pondering was that "the most obvious, ubiquitous, important realities are often the ones hardest to see and talk about." On its surface, he allowed, that might sound like "a banal platitude" but "in the day-to-day trenches of adult existence, banal platitudes *can have a life-or-death importance*."

He could have been articulating this book's thesis. Indeed, the lives, and the deaths, of individual human beings—their quality and in many cases their duration—are intimately bound up with the aspects of modern society that are "hardest to see and talk about"; phenomena that are, like water to fish, both too vast and too near to be appreciated. In other words, those features of daily life that appear to us now as normal are the ones crying out the loudest for our scrutiny. That is my central contention. My core intention, accordingly, is to offer a new way of seeing and talking about these phenomena, bringing them from the background to the foreground so we might more swiftly find their much-needed remedies.

I will make the case that much of what passes for normal in our society is neither healthy nor natural, and that to meet modern society's criteria for normality is, in many ways, to conform to requirements that are profoundly *abnormal* in regard to our

Nature-given needs—which is to say, unhealthy and harmful on the physiological, mental, and even spiritual levels.

If we could begin to see much illness itself not as a cruel twist of fate or some nefarious mystery but rather as an *expected and therefore normal consequence of abnormal, unnatural circumstances,* it would have revolutionary implications for how we approach everything health related. The ailing bodies and minds among us would no longer be regarded as expressions of individual pathology but as living alarms directing our attention toward where our society has gone askew, and where our prevailing certainties and assumptions around health are, in fact, fictions. Seen clearly, they might also give us clues as to what it would take to reverse course and build a healthier world.

Far more than a lack of technological acumen, sufficient funds, or new discoveries, our culture's skewed idea of normality is the single biggest impediment to fostering a healthier world, even keeping us from acting on what we already know. Its occluding effects are particularly dominant in the field where clear sight is most called for: medicine.

The current medical paradigm, owing to an ostensibly scientific bent that in some ways bears more resemblance to an ideology than to empirical knowledge, commits a double fault. It reduces complex events to their biology, and it separates mind from body, concerning itself almost exclusively with one or the other without appreciating their essential unity. This shortcoming does not invalidate medicine's indisputably miraculous achievements, nor sully the good intentions of so many people practicing it, but it does severely constrain the good that medical science could be doing.

One of the most persistent and calamitous failures handicapping our health systems is an ignorance—in the sense either of not knowing or of actual, active ignoring—of *what science has already established*. Case in point: the ample and growing evidence

that living people cannot be dissected into separate organs and systems, not even into "minds" and "bodies." Overall, the medical world has been unwilling or unable to metabolize this evidence and to adjust its ways accordingly. The new science—much of which isn't all that conceptually new—has yet to have significant impact on medical school training, leaving well-meaning health providers to toil in the dark. Many end up having to connect the dots for themselves.

For me, the process of putting the pieces together began several decades ago when, on a hunch, I went beyond the standard repertoire of dry doctorly questions about symptom presentation and medical history to ask my patients about the larger context for their illnesses: their lives. I am grateful for what these men and women taught me through how they lived and died, suffered and recovered, and through the stories they shared with me. The core of it, which accords entirely with what the science shows, is this: health and illness are not random states in a particular body or body part. They are, in fact, an expression of an entire life lived, one that cannot, in turn, be understood in isolation: it is influenced by—or better yet, it arises from—a web of circumstances, relationships, events, and experiences.

Of course, we have cause to celebrate the past two centuries' astonishing medical advances and the tireless fortitude and intellectual brilliance of those whose work has led to giant strides in many different fields of human health. To take just one example, the incidence of polio—an awful illness that killed or maimed countless children only two or three generations back—has dropped by more than 99 percent since 1988, according to the U.S. Centers for Disease Control and Prevention; most kids today probably have never heard of the disease.[15] Even the more recent epidemic of HIV has been downgraded in a relatively short period of time from a death sentence to a manageable chronic condition—at

least for those with access to the right kinds of treatment. And as destructive as the COVID-19 pandemic has been, the rapid development of vaccines may be counted among the triumphs of modern science and medicine.

The problem with good news stories like these—and they are very good news—is that they stoke the reassuring conviction that we are, overall, making advances toward a healthier standard of life, lulling us into a false passivity. The actual picture is quite different. Far from being on the verge of curbing the contemporary health challenges facing us, we are barely keeping pace with most of them. Often the best we can do is mitigate symptoms, whether surgically or pharmacologically, or both. As welcome as medical breakthroughs are, and as fruitful as research can be, the crux of the problem is not a dearth of facts, not a lack of technology or techniques, but an impoverished, out-of-date perspective that cannot account for what we are seeing. My aim here is to offer a fresh one that I believe brings with it enormous possibilities for a healthier paradigm: a new vision of normal that nurtures the best in who we are.

This book's arc follows the concentric circles of cause, connection, and consequence that influence how healthy or unhealthy we are. Beginning from the inside at the level of human biology, and then examining the close relationships within which our bodies, brains, and personalities develop, we will make our way outward to the most macro dimensions of our collective existence, namely the socioeconomic and the political. Along the path I will show how our physical and mental health is intricately interwoven with how we feel, what we perceive or believe about ourselves and the world, and the ways that life does or does not satisfy our nonnegotiable human needs. Because trauma is a foundational layer of experience in modern life, but one largely ignored or misapprehended, I will begin with a working definition to set up everything that follows.

At each stage, my task is to lift the veil of common knowledge and received wisdom, considering what science and watchful observation tell us, with the aim of unfastening the myths that keep the status quo locked in place. As in my previous books, the science and its health implications will be brought home via real-life stories and case studies of people who have generously shared something of their journeys through illness and health with me. These range from the mildly surprising to the truly incredible, the heartbreaking to the inspiring.

Yes, inspiring. For there is a heartening corollary to all the difficult news. When we can look soberly at what we as a culture have normalized about health and illness, and realize that it is not, in fact, the way things are meant or fated to be, there arises the possibility of returning to what Nature has always intended for us. Hence the "healing" in our subtitle: once we resolve to see clearly how things are, the process of healing—a word that, at its root, means "returning to wholeness"—can begin. That statement contains no promise of miracle cures but simply the recognition that each of us contains as-yet-unimagined possibilities for wellness, possibilities that reveal themselves only when we face and debunk the misleading myths† about normality to which we have become passively accustomed. If that is true for us as individuals, it must also be true for us as a species.

Healing is not guaranteed, but it is available. It is no exaggeration to say at this point in Earth's history that it is also required. Everything I have seen and learned over the years gives me confidence that we have it in us.

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† Although I'll mostly be using "myth" in its contemporary meaning of "fictional" or "misleading," I will have occasion much later in the book to acknowledge the healing power of genuine *mythic thinking*, in the ancient sense of the word.

Part I

Our Interconnected Nature

Because we think in a fragmentary way, we see fragments. And this way of seeing leads us to make actual fragments of the world.

—Susan Griffin, *A Chorus of Stones*

A painting by my wife, Rae, based on a 1944 photograph (seen in the upper left corner) of me at three months, held by my mother, Judith. The yellow star she wears is the badge of shame mandated for Hungarian Jews, as in other Nazi-occupied territories. Rae well captures the haunted look and fear in my infant eyes. Acrylic on canvas, 40 x 30 inches, 1997.

Chapter 1

The Last Place You Want to Be: Facets of Trauma

It is hard to imagine the scope of an individual life without envisioning some kind of trauma, and it is hard for most people to know what to do about it.

—Mark Epstein, *The Trauma of Everyday Life*†

Picture this: At the tender age of seventy-one, six years before this writing, your author arrives back in Vancouver from a speaking jaunt to Philadelphia. The talk was successful, the audience enthusiastic, my message about addiction and trauma's impact on people's lives warmly received. I have traveled in unexpected comfort, having been upgraded to the business-class cabin, thanks to a courtesy from Air Canada. Descending over Vancouver's pristine sea-to-sky panorama, I am a regular Little Jack Horner in my corner of the plane, suffused with a "What a good boy am I" glow. As we touch down and begin to taxi to the gate, the text from my wife, Rae, lights up the tiny screen: "Sorry. I haven't left home yet. Do you still want me to come?" I stiffen, satisfaction displaced by rage. "Never mind," I dictate tersely into the phone. Embittered, I disembark, clear customs, and take a taxi home, all of a twenty-minute ride door-to-door. (I trust the reader is already gripping the pages in empathetic outrage at the

† Mark Epstein is a psychiatrist, Buddhist meditation teacher, and author.

indignity suffered by your author.) Seeing Rae, I growl a hello that is more accusation than greeting, and scarcely look at her. In fact, I barely make eye contact for the next twenty-four hours. When addressed, I utter little more than brief, monotone grunts. My gaze is averted, the upper part of my face tense and rigid, and my jaw in a perma-clench.

What is happening with me? Is this the response of a mature adult in his eighth decade? Only superficially. At times like this, there is very little grown-up Gabor in the mix. Most of me is in the grips of the distant past, near the beginnings of my life. This kind of physio-emotional time warp, preventing me from inhabiting the present moment, is one of the imprints of trauma, an underlying theme for many people in this culture. In fact, it is so deeply "underlying" that many of us don't know it's there.

The meaning of the word "trauma," in its Greek origin, is "wound." Whether we realize it or not, it is our woundedness, or how we cope with it, that dictates much of our behavior, shapes our social habits, and informs our ways of thinking about the world. It can even determine whether or not we are *capable* of rational thought at all in matters of the greatest importance to our lives. For many of us, it rears its head in our closest partnerships, causing all kinds of relational mischief.

It was in 1889 that the pioneering French psychologist Pierre Janet first depicted traumatic memory as being held in "automatic actions and reactions, sensations and attitudes . . . replayed and reenacted in visceral sensations."[1] In the present century, the leading trauma psychologist and healer Peter Levine has written that certain shocks to the organism "can alter a person's biological, psychological, and social equilibrium to such a degree that the memory of one particular event comes to taint, and dominate, all other experiences, spoiling an appreciation of the present moment."[2] Levine calls this "the tyranny of the past."

In my case, the template for my hostility to Rae's message is to be found in the diary my mother kept, in a nearly illegible scrawl and only intermittently, during my first years in wartime and post–World War II Budapest. The following, translated by me from the Hungarian, is her entry on April 8, 1945, when I was fourteen months old:

> My dear little man, only after many long months do I take in hand again the pen, so that I may briefly sketch for you the unspeakable horrors of those times, the details of which I do not wish you to know . . . It was on December 12 that the Crossed-Arrows† forced us into the fenced-in Budapest ghetto, from which, with extreme difficulty, we found refuge in a Swiss-protected house. From there, after two days, I sent you by a complete stranger to your Aunt Viola's because I saw that your little organism could not possibly endure the living conditions in that building. Now began the most dreadful five or six weeks of my life, when I couldn't see you.

I survived, thanks to the kindness and courage of the unknown Christian woman to whom my mother entrusted me in the street and who conveyed me to relatives living in hiding under relatively safer circumstances. Reunited with my mother after the Soviet army had put the Germans to flight, I did not so much as look at her for several days.

The great twentieth-century British psychiatrist and psychologist John Bowlby was familiar with such behavior: he called it detachment. At his clinic he observed ten small children who had to endure prolonged separation from their parents due to uncontrollable circumstances. "On meeting mother for the first time

† The viciously anti-Semitic fascist Hungarian political movement and paramilitary allied with the Nazi occupiers.

after days or weeks away every one of the children showed some degree of detachment," Bowlby observed. "Two seemed not to recognize mother. The other eight turned away or even walked away from her. Most of them either cried or came close to tears; a number alternated between a tearful and expressionless face."[3] It may seem counterintuitive, but this reflexive rejection of the loving mother is an adaptation: "I was so hurt when you abandoned me," says the young child's mind, "that I will not reconnect with you. I don't dare open myself to that pain again." In many children—and I was certainly one—early reactions like these become embedded in the nervous system, mind, and body, playing havoc with future relationships. They show up throughout the lifetime in response to any incident even vaguely resembling the original imprint—often without any recall of the inciting circumstances. My petulant and defensive reaction to Rae signaled that old, deep-brain emotional circuits, programmed in infancy, had taken over while the rational, calming, self-regulating parts of my brain went offline.

"All trauma is preverbal," the psychiatrist Bessel van der Kolk has written.[4] His statement is true in two senses. First, the psychic wounds we sustain are often inflicted upon us before our brain is capable of formulating any kind of a verbal narrative, as in my case. Second, even after we become language-endowed, some wounds are imprinted on regions of our nervous systems having nothing to do with language or concepts; this includes brain areas, of course, but the rest of the body, too. They are stored in parts of us that words and thoughts cannot directly access—we might even call this level of traumatic encoding "subverbal." As Peter Levine explains, "Conscious, *explicit* memory is only the proverbial tip of a very deep and mighty iceberg. It barely hints at the submerged strata of *primal implicit experience* that moves us in ways the conscious mind can only begin to imagine."[5]

To her credit, my wife will not allow me to get away with pinning the entire blame for my arrivals-gate hissy fit on Nazis and fascists and infant trauma. Yes, the backstory merits compassion and understanding—and she has given me an abundance of both—but there comes a point when "Hitler made me do it" won't fly. Responsibility can and must be taken. After twenty-four hours of the silent treatment, Rae had had enough. "Oh, knock it off already," she said. And so I did—a measure of progress and relative maturation on my part. In times past, it would have taken me days or longer to "knock it off": to drop my resentment, and for my core to unfreeze, my face to relax, my voice to soften, and my head to turn willingly and with love toward my life partner.

"My problem is that I am married to someone who understands me," I have often grumbled, only partly in jest. Really, of course, my great blessing is to be married to someone with healthy boundaries, who sees me as I am now and who will no longer bear the brunt of my prolonged and unplanned visits to the distant past.

What Trauma Is and What It Does

Trauma's imprint is more endemic than we realize. That may seem a puzzling statement, as "trauma" has become something of a catchword in our society. To boot, the word has taken on a number of colloquial valences that confuse and dilute its meaning. A clear and comprehensive reckoning is warranted, especially in the field of health—and, since everything is connected, in virtually all other societal domains as well.

The usual conception of trauma conjures up notions of catastrophic events: hurricanes, abuse, egregious neglect, and war. This has the unintended and misleading effect of relegating trauma to the realm of the abnormal, the unusual, the exceptional. If there

exists a class of people we call "traumatized," that must mean that most of us are not. Here we miss the mark by a wide margin. Trauma pervades our culture, from personal functioning through social relationships, parenting, education, popular culture, economics, and politics. In fact, someone *without* the marks of trauma would be an outlier in our society. We are closer to the truth when we ask: Where do we each fit on the broad and surprisingly inclusive trauma spectrum? Which of its many marks has each of us carried all (or most) of our lives, and what have the impacts been? And what possibilities would open up were we to become more familiar, even intimate, with them?

A more basic question comes first: What is trauma? As I use the word, "trauma" is an inner injury, a lasting rupture or split within the self due to difficult or hurtful events. By this definition, trauma is primarily what happens within someone as a result of the difficult or hurtful events that befall them; it is not the events themselves. "Trauma is not what happens *to* you but what happens *inside* you" is how I formulate it. Think of a car accident where someone sustains a concussion: the accident is what happened; the injury is what lasts. Likewise, trauma is a psychic injury, lodged in our nervous system, mind, and body, lasting long past the originating incident(s), triggerable at any moment. It is a constellation of hardships, composed of the wound itself and the residual burdens that our woundedness imposes on our bodies and souls: the unresolved emotions they visit upon us; the coping dynamics they dictate; the tragic or melodramatic or neurotic scripts we unwittingly but inexorably live out; and, not least, the toll these take on our bodies.

When a wound doesn't mend on its own, one of two things will happen: it can either remain raw or, more commonly, be replaced by a thick layer of scar tissue. As an open sore, it is an ongoing source of pain and a place where we can be hurt over and

over again by even the slightest stimulus. It compels us to be ever vigilant—always nursing our wounds, as it were—and leaves us limited in our capacity to move flexibly and act confidently lest we be harmed again. The scar is preferable, providing protection and holding tissues together, but it has its drawbacks: it is tight, hard, inflexible, unable to grow, a zone of numbness. The original healthy, alive flesh is not regenerated.

Raw wound or scar, unresolved trauma is a constriction of the self, both physical and psychological. It constrains our inborn capacities and generates an enduring distortion of our view of the world and of other people. Trauma, until we work it through, keeps us stuck in the past, robbing us of the present moment's riches, limiting who we can be. By impelling us to suppress hurt and unwanted parts of the psyche, it fragments the self. Until seen and acknowledged, it is also a barrier to growth. In many cases, as in mine, it blights a person's sense of worth, poisons relationships, and undermines appreciation for life itself. Early in childhood it may even interfere with healthy brain development. And, as we will witness, trauma is an antecedent and a contributor to illness of all kinds throughout the lifespan.

Taken together, these impacts constitute a major and foundational impediment to flourishing for many, many people. To quote Peter Levine once more, "Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering."[6]

Two Types of Trauma

Before we go on, let's distinguish two forms of trauma. The first—the sense in which clinicians and teachers like Levine and van der Kolk usually employ the word—involves automatic responses and mind-body adaptations to specific, identifiable hurtful and overwhelming events, whether in childhood or later. As my

medical work taught me and as research has amply shown, painful things happen to many children, from outright abuse or severe neglect in the family of origin to the poverty or racism or oppression that are daily features of many societies. The consequences can be terrible. Far more common than usually acknowledged, such traumas give rise to multiple symptoms and syndromes and to conditions diagnosed as pathology, physical or mental—a linkage that remains almost invisible to the eyes of mainstream medicine and psychiatry, except in specific "diseases" like post-traumatic stress disorder. This kind of injury has been called by some "capital-*T* trauma." It underlies much of what gets labeled as mental illness. It also creates a predisposition to physical illness by driving inflammation, elevating physiological stress, and impairing the healthy functioning of genes, among many other mechanisms. To sum up, then, capital-*T* trauma occurs when things happen to vulnerable people that should *not* have happened, as, for example, a child being abused, or violence in the family, or a rancorous divorce, or the loss of a parent. All these are among the criteria for childhood affliction in the well-known adverse childhood experiences (ACE) studies. Once again, the traumatic events themselves are not identical to the trauma—the injury to self—that occurs in their immediate wake within the person.

There is another form of trauma—and this is the kind I am calling nearly universal in our culture—that has sometimes been termed "small-*t* trauma." I have often witnessed what long-lasting marks seemingly ordinary events—what a seminal researcher poignantly called the "less memorable but hurtful and far more prevalent misfortunes of childhood"—can leave on the psyches of children.[7] These might include bullying by peers, the casual but repeated harsh comments of a well-meaning parent, or even just a lack of sufficient emotional connection with the nurturing adults.

Children, especially highly sensitive children, can be wounded in multiple ways: by bad things happening, yes, but also by good things not happening, such as their emotional needs for attunement not being met, or the experience of not being seen and accepted, even by loving parents. Trauma of this kind does not require overt distress or misfortune of the sort mentioned above and can also lead to the pain of disconnection from the self, occurring as a result of core needs not being satisfied. Such nonevents are what the British pediatrician D. W. Winnicott referred to as "nothing happening when something might profitably have happened"—a subject we will return to when we consider human development. "The traumas of everyday life can easily make us feel like a motherless child," writes the psychiatrist Mark Epstein.[8]

If, despite decades of evidence, "big-*T* trauma" has barely registered on the medical radar screen, small-*t* trauma does not even cause a blip.

Even as we make this distinction between big-*T* and small-*t* traumas, given the continuum and broad spectrum of human experience, let's keep in mind that in real life the lines are fluid, are not easily drawn, and should not be rigidly maintained. What the two types share is succinctly summarized by Bessel van der Kolk: "Trauma is when we are not seen and known."

Although there are dramatic differences in the way the two forms of trauma can affect people's lives and functioning—the big-*T* variety, in general, being far more distressing and disabling—there is also much overlap. They both represent a fracturing of the self and of one's relationship to the world. *That fracturing is the essence of trauma*. As Peter Levine writes, trauma "is about a loss of connection—to ourselves, our families, and the world around us. This loss is hard to recognize, because it happens slowly, over time. We adapt to these subtle changes;

sometimes without noticing them."[9] As the lost connection gets internalized, it forges our view of reality: we come to believe in the world we see through its cracked lens. It is sobering to realize that who we take ourselves to be and the ways we habitually act, including many of our seeming "strengths"—the least and the most functional aspects of our "normal" selves—are often, in part, the wages of traumatic loss. It may also be disconcerting for many of us to consider that, as happy and well adjusted as we think ourselves to be, we may fall somewhere on the trauma spectrum, even if far from the capital-*T* pole. Ultimately, comparisons fail. It doesn't matter whether we can point to other people who seem more traumatized than we are, for there is no comparing suffering. Nor is it appropriate to use our own trauma as a way of placing ourselves above others—"You haven't suffered like I have"—or as a cudgel to beat back others' legitimate grievances when we behave destructively. We each carry our wounds in our own way; there is neither sense nor value in gauging them against those of others.

What Trauma Is Not

Most of us have heard someone, perhaps ourselves, say something like "Oh my God, that movie last night was so disturbing, I left the theater traumatized." Or we've read a (typically dismissive) news story about university students agitating for "content warnings" lest they be "retraumatized" by what they hear. In all these cases, the usage is understandable but misplaced; what people are actually referring to in these cases is *stress,* physical and/or emotional. As Peter Levine aptly points out, "Certainly, all traumatic events are stressful, but not all stressful events are traumatic."[10]

An event is traumatizing, or retraumatizing, only if it renders one *diminished,* which is to say psychically (or physically) *more*

limited than before in a way that *persists*. Much in life, including in art and/or social intercourse or politics, may be upsetting, distressing, even very painful without being newly traumatic. That is not to say that old traumatic reactions, having nothing to do with whatever's going on, cannot be triggered by present-day stresses—see, for example, a certain author arriving home from a speaking gig. That is not the same as being retraumatized, unless over time it leaves us even more constricted than before.

Here's a fairly reliable process-of-elimination checklist. It is *not* trauma if the following remain true over the long term:

- It does not limit you, constrict you, diminish your capacity to feel or think or to trust or assert yourself, to experience suffering without succumbing to despair or to witness it with compassion.
- It does not keep you from holding your pain and sorrow and fear without being overwhelmed and without having to escape habitually into work or compulsive self-soothing or self-stimulating by whatever means.
- You are not left compelled either to aggrandize yourself or to efface yourself for the sake of gaining acceptance or to justify your existence.
- It does not impair your capacity to experience gratitude for the beauty and wonder of life.

If, on the other hand, you *do* recognize these chronic constraints in yourself, they might well represent trauma's shadow on your psyche, the presence of an unhealed emotional wound, no matter the size of the *t*.

Trauma Separates Us from Our Bodies

"Once somebody has invaded you and entered you, your body is no longer yours," the writer V, formerly known as Eve Ensler,

told me, recalling her sexual abuse by her father as a young girl.† "It's a landscape of dread and betrayal and sorrow and cruelty. The last place you want to be is in your body. And so, you begin to live in your head, you begin to live up here without any ability to protect your body, to know your body. Look, I had a tumor the size of an avocado inside me, and I didn't know it—that's how separated I was from myself." Although the details of my past diverge wildly from V's, I know whereof she speaks. For many years the most difficult question that could be put to me was "What are you feeling?" My customary response was an irritated "How should I know?" I faced no such problem on being asked what my thoughts were: on those I am a tenured expert. Not knowing how or what one feels, on the other hand, is a sure sign of disconnect from the body.

What causes such a disconnect? In my case, the answer requires no speculation. As an infant in wartime Hungary, I endured chronic hunger and dysentery, states of acute discomfort threatening and distressing to adults, let alone to a one-year-old. I also absorbed the terrors and unrelenting emotional distress of my mother. In the absence of relief, a young person's natural response—their only response, really—is to repress and disconnect from the feeling-states associated with suffering. One no longer knows one's body. Oddly, this self-estrangement can show up later in life in the form of an apparent *strength*, such as my ability to perform at a high level when hungry or stressed or fatigued, pushing on without awareness of my need for pause, nutrition, or rest. Alternatively, some people's disconnection from their bodies manifests as not knowing when to stop eating or drinking—the "enough" signal doesn't get through.

In whatever form, disconnection is prominent in the life

† See chapter 6, first paragraph and footnote.

experience of traumatized people and is an essential aspect of the trauma constellation. As was the case for V, it begins as a natural coping mechanism on the organism's part, and a mandatory one. She could not have survived her childhood horrors had she stayed present in and aware of her moment-by-moment experience of physical and emotional torment, fully taking in what was happening. And so these coping mechanisms ride in on the wings of grace, as it were, to save our lives in the short term. Over time, though, if untended to, they become stamped on the psyche and soma, indelibly so, as conditioned responses harden into fixed mechanisms that no longer suit the situation. The result is chronic suffering and frequently, as we will proceed to explore, even disease.

"What was so remarkable about my encounter with cancer," V told me, "was that the whole journey from waking up after a nine-hour surgery and losing several organs and seventy nodes—I woke up with bags and tubes and everything coming out of me, but for the first time in my life, I was a body . . . It was painful, but it was also exhilarating. It was like, 'I'm a body. Oh my God, I'm here. *I'm inside this body*.' " Her account of a sudden at-home-ness in her physical self is emblematic of how healing works: when trauma's shackles begin to loosen, we gladly reunite with the severed parts of ourselves.

Trauma Splits Us Off from Gut Feelings

For the average person in V's early predicament, Nature's best recommendations would be to escape or to fight back against the misuse of her body and the assault on her soul. But therein lies the rub: neither option is available to a small child, for to attempt either would be to put herself in further jeopardy. Therefore, Nature defaults to plan C: both impulses are suppressed by tuning out the emotions that would propel such responses. This suppression would seem to be akin to the *freeze* response that

creatures often display when *fight* and *flight* are both impossible. The crucial difference is this: once the hawk is gone, the possum is free to go about his business, his survival strategy having succeeded. A traumatized nervous system, on the other hand, never gets to *un*freeze.

"We have feelings because they tell us what supports our survival and what detracts from our survival," the late neuroscientist Jaak Panksepp once said. Emotions, he stressed, emerge not from the thinking brain but from ancient brain structures associated with survival. They are drivers and guarantors of life and development. Intense rage activates the fight response; intense fear mobilizes flight. Therefore, if the circumstances dictate that these natural, healthy impulses (to defend or run away) must be quelled, their gut-level cues—the feelings themselves—will have to be suppressed as well. No alarm, no mobilization. If this seems self-defeating, it is so only in a limited sense: on an existential level, it is the "least worst" option, being the only available one that reduces risk of further harm.

The result is a tamping down of one's feeling-world and often, for extra protection, the hardening of one's psychic shell. A vivid example is given by the writer Tara Westover in her bestselling memoir, *Educated*. Here she recalls the impact of abuse at the hands of a sibling, willfully ignored by her parents:

> I saw myself as unbreakable, tender as stone. At first I merely believed this, until one day it became the truth. Then I was able to tell myself, without lying, that it didn't affect me, that *he* didn't affect me, because nothing affected me. I didn't understand how morbidly right I was. How I had hollowed myself out. For all my obsessing over the consequences of that night, I had misunderstood the vital truth: that its not affecting me, that *was* its effect.[11] [Italics in original.]

Trauma Limits Response Flexibility

A flashback to our chapter's tragic opening scene, only this time set in a parallel universe where my trauma imprints don't rule the day: The plane lands and Rae's text pops up on my screen. "Hmm, that's not what I expected," I say to myself. "But I get it: she's probably immersed in her painting. Nothing new there, nor anything personal. Actually, I can empathize: How many times have *I* gotten so absorbed in work that the clock got away from me? Okay, taxi it is." I might well notice some disappointed feelings, in which case I allow myself to feel them until they pass; in effect, I choose vulnerability over victimhood. Arriving home, there is no upset, no emotional detaching, no sulking—maybe some gentle teasing, but all within the bounds of loving humor and with affinity intact.

I would have thus exhibited what is called *response flexibility*: the ability to choose how we address life's inevitable ups and downs, its disappointments, triumphs, and challenges. "Human freedom involves our capacity to pause between stimulus and response and, in that pause, to choose the one response toward which we wish to throw our weight," wrote the psychologist Rollo May.[12] Trauma robs us of that freedom.

Response flexibility is a function of the midfrontal portion of our cerebral cortex. No infant is born with any such capacity: babies' behavior is governed by instinct and reflex, not conscious selection. The freedom to choose develops as the brain develops. The more severe and the earlier the trauma, the less opportunity response flexibility has to become encoded in the appropriate brain circuits, and the faster it becomes disabled. One becomes stuck in predictable, automatic defensive reactions, especially to stressful stimuli. Emotionally and cognitively, our range of movement becomes well-nigh sclerotic—and the greater the trauma, the more stringent the constraints. The past hijacks and co-opts the present, again and again.

Trauma Fosters a Shame-Based View of the Self

One of the saddest letters I have ever received was from a Seattle man who had read my book on addiction, *In the Realm of Hungry Ghosts*, in which I show that addiction is an outcome—not the only one possible, but a prevalent one—of childhood trauma. Nine years sober, he was still struggling, had not worked for a decade, and was being treated for obsessive-compulsive disorder (OCD). Although he found the book fascinating, he wrote, "I resist the opportunity to blame my mother. I'm a piece of shit because of me." I could only sigh: self-assaulting shame so easily moonlights as personal responsibility. Moreover, he had missed the point: there is nothing in my book that blamed parents or advocated doing so—in fact, I explain over several pages why parent-blaming is inappropriate, inaccurate, and unscientific. This man's impulse to protect his mother was not a defense against anything I had said or implied but against his own unacknowledged anger. Stored away in deep-freeze and finding no healthy outlet, the emotion had turned against him in the form of self-hatred.

"Contained in the experience of shame," writes the psychologist Gershen Kaufman, "is a piercing awareness of ourselves as fundamentally deficient in some vital way as a human being."[13] People bearing trauma's scars almost uniformly develop a shame-based view of themselves at the core, a negative self-perception most of them are all too conscious of. Among the most poisonous consequences of shame is the loss of compassion for oneself. The more severe the trauma, the more total that loss.

The negative view of self may not always penetrate conscious awareness and may even masquerade as its opposite: high self-regard. Some people encase themselves in an armored coat of grandiosity and denial of any shortcomings so as not to feel that enervating shame. That self-puffery is as sure a manifestation of

self-loathing as is abject self-deprecation, albeit a much more normalized one. It is a marker of our culture's insanity that certain individuals who flee from shame into a shameless narcissism may even achieve great social, economic, and political status and success. Our culture grinds many of the most traumatized into the mud but may also—depending on class background, economic resources, race, and other variables—raise a few to the highest positions of power.

The most common form shame assumes in this culture is the belief that "I am not enough." The writer Elizabeth Wurtzel, who died of breast cancer at age fifty-two in 2020, suffered depression from an early age. Her childhood was traumatic, beginning with a secret deliberately kept from her about who her actual father was. "I was intensely downcast," she chronicled in an autobiographical piece for *New York* magazine, "with a chronic depression that began when I was about 10, but instead of killing my will, it motivated me: I thought if I could be good enough at whatever task, great or small, that was before me, I might have a few minutes of happiness."[14] That conviction of one's inadequacy has fueled a great many glittering careers and instigated many instances of illness, often both in the same individual.

Trauma Distorts Our View of the World

"Everything has mind in the lead, has mind in the forefront, is made by the mind." Thus opens the *Dhammapada*, the Buddha's timeless collection of sayings.[15] Put another way, the world we believe in becomes the world we live in. If I see the world as a hostile place where only winners thrive, I may well become aggressive, selfish, and grandiose to survive in such a milieu. Later in life I will gravitate to competitive environments and endeavors that can only confirm that view and reinforce its validity. Our beliefs are not only self-fulfilling; they are world-building.

Here's what the Buddha left out, if I may be so bold: before the mind can create the world, the world creates our minds. Trauma, especially severe trauma, imposes a worldview tinged with pain, fear, and suspicion: a lens that both distorts and determines our view of how things are. Or it may, through the sheer force of denial, engender a naively rosy perspective that blinds us to real and present dangers—a veneer concealing fears we dare not acknowledge. One may also come to dismiss painful realities by habitually lying to oneself and others.

Trauma Alienates Us from the Present

I once shared a meal in an Oslo restaurant with the German psychologist Franz Ruppert. The noise was overwhelming: loud pop music pumping through several speakers and multiple TV channels blaring from bright screens mounted high on the walls. I have to think that when the great Norwegian playwright Henrik Ibsen used to hold court in that same establishment a little over a century before, the ambience was much more serene. "What's this all about?" I shouted to my companion over the cacophony, shaking my head in exasperation. "Trauma," he replied as he shrugged his shoulders. Ruppert meant, simply, that people were desperately seeking an escape from themselves.

If trauma entails a disconnection from the self, then it makes sense to say that we are being collectively flooded with influences that both exploit and reinforce trauma. Work pressures, multitasking, social media, news updates, multiplicities of entertainment sources—these all induce us to become lost in thoughts, frantic activities, gadgets, meaningless conversations. We are caught up in pursuits of all kinds that draw us on not because they are necessary or inspiring or uplifting, or because they enrich or add meaning to our lives, but simply because they obliterate the present. In an absurd twist, we save up to buy the latest "time-saving" devices,

the better to "kill" time. Awareness of the moment has become something to fear. Late-stage capitalism is expert in catering to this sense of present-moment dread—in fact, much of its success depends on the chasm between us and the present, our greatest gift, getting ever wider, the false products and artificial distractions of consumer culture designed to fill in the gap.

What is lost is well described by the Polish-born writer† Eva Hoffman as "*nothing more or less than the experience of experience itself*. And what is that? Perhaps something like the capacity to enter into the textures or sensations of the moment; to relax enough so as to give oneself over to the rhythms of an episode or a personal encounter, to follow the thread of feeling or thought without knowing where it leads, or to pause long enough for reflection or contemplation."[16] Ultimately, what we are distracted from is living.

It Didn't Start with You

Helen Jennings, a sixty-seven-year-old resident of the B.C. Interior region, is caring for her two grandchildren, their father—her son—having died of an overdose. Her other son suffered the same fate. As I interviewed her, it occurred to me that Helen even being willing to speak with me was remarkable, knowing my view that addiction originates in childhood trauma, most often in the family of origin. "When I go back and look at my sons' lives, I understand that there was a lot of trauma," she explained. "I was living with them, so I was part of that. I was a single parent from the time they were three and two until I remarried, when they were six and seven. I understand that how I lived, what I was doing, what I knew and what I didn't know, affected them."

After the birth father abandoned the family early, a stepfather abused the boys both physically and emotionally. "I was very

† And fellow 1950s émigré to Vancouver, now a longtime London resident.

lonely and scared and feeling trapped," Helen recalled. That she would lack the gut-sense not to choose such men and that she would not assert herself and protect her sons in the face of abuse were themselves the marks of trauma sustained in Helen's own childhood. Apart from being physically hit on her bare bottom by her father up until age ten, Helen endured emotional torment. "I was ashamed a lot for my feelings as a child," she recalled. "I was very sensitive, and I cried a lot."

Trauma is in most cases multigenerational. The chain of transmission goes from parent to child, stretching from the past into the future. We pass on to our offspring what we haven't resolved in ourselves. The home becomes a place where we unwittingly re-create, as I did, scenarios reminiscent of those that wounded us when we were small. "Traumas affect mothers and mothering and fathers and fathering and husbanding and wifeing," the family constellations therapist Mark Wolynn told me. "The repeated traumas continue to proliferate from that—as a result that they never get healed." Wolynn is the author of the aptly titled *It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle*. Trauma may even affect gene activity across generations, as we will see.†

It is no surprise, then, that Helen's eldest grandchild has faced problems with substance use and behavior and learning difficulties. Because of all she has learned and despite her unfathomable losses, she is able to be present for him much more warmly and effectively than she ever could be for her own sons. Note, too, the absence of self-judgment in Helen's description of the situation: she speaks of "understanding" rather than castigating herself for what she didn't—nay, couldn't—understand way back when. The act of blaming herself, its gravitational center planted

† Chapter 4.

permanently in the past, would only divert her from showing up for her loved one in the here and now.

Blame becomes a meaningless concept the moment one understands how suffering in a family system or even in a community extends back through the generations. "Recognition of this quickly dispels any disposition to see the parent as villain," wrote John Bowlby, the British psychiatrist who showed the decisive importance of adult-child relationships in shaping the psyche. No matter how far back we look in the chain of consequence—great-grandparents, pre-modern ancestors, Adam and Eve, the first single-celled amoeba—the accusing finger can find no fixed target. That should come as a relief.

The news gets better: seeing trauma as an internal dynamic grants us much-needed agency. If we treat trauma as an external event, something that happens *to* or around us, then it becomes a piece of history we can never dislodge. If, on the other hand, trauma is what took place *inside* us as a result of what happened, in the sense of wounding or disconnection, then healing and reconnection become tangible possibilities. Trying to keep awareness of trauma at bay hobbles our capacity to know ourselves. Conversely, fashioning from it a rock-hard identity—whether the attitude is defiance, cynicism, or self-pity—is to miss both the point and the opportunity of healing, since by definition trauma represents a distortion and limitation of who we were born to be. Facing it directly without either denial or overidentification becomes a doorway to health and balance.

"It's those adversities that open up your mind and your curiosity to see if there are new ways of doing things," Bessel van der Kolk told me. He then cited Socrates: "An unexamined life is not worth living. As long as one doesn't examine oneself, one is completely subject to whatever one is wired to do, but once you become aware that you have choices, you can exercise those

choices." Notice that he didn't say "once you spend decades in therapy." As I will present later, we can access liberation via even modest self-examination: a willingness to question "many of the truths we cling to" and the "certain point of view" that makes them seem so real—as a famous Jedi master's Force ghost told his dispirited young apprentice at a pivotal moment in a galaxy far, far away.†

Although this chapter has focused on its personal dimensions, trauma exists in the collective sphere, too, affecting entire nations and peoples at different moments in history. To this day it is visited upon some groups with disproportionate force, as on Canada's Indigenous people. Their multigenerational deprivation and persecution at the hands of colonialism and especially the hundred-year agony of their children, abducted from their families and reared in church-run residential schools where physical, sexual, and emotional abuse were rampant, has left them with tragic legacies of addiction, mental and physical illness, suicide, and the ongoing transmission of trauma to new generations. The traumatic legacy of slavery and racism in the United States is another salient example. I will have more to say about this painful subject in Part IV.

† Obi-Wan Kenobi to Luke Skywalker in 1983's *Return of the Jedi*.

Chapter 2

Living in an Immaterial World: Emotions, Health, and the Body-Mind Unity

Unless we can measure something, science won't concede it exists, which is why science refuses to deal with such "nonthings" as the emotions, the mind, the soul, or the spirit.

—Candace Pert, Ph.D., ***Molecules of Emotion***

"I was thirty-six when they told me it was a very early breast cancer," said Caroline, a resident of the Pocono Mountains of Pennsylvania. That diagnosis occurred more than three decades ago, in 1988. The tumor was treated with surgery and radiation. A few years later, when a new malignancy showed up in her left hip and femur, Caroline required emergency joint replacement; the surgeons had to remove a large part of her thigh bone as well. "At that time, they gave me a timeline of one to two years," she recalled. "My boys were very young, only eight and nine. I've just turned fifty-six, so I've beaten all their records."

Caroline had multiple courses of chemotherapy over the intervening years. By the time of our conversation, the cancer had reached the palliative stage, having spread to her right hip and thigh. As we spoke, she could not expect to outpace her current prognosis by much;‡ still, this mother of two radiated deep satis-

‡ I was saddened to learn of her death, about a year after our interview.

faction with how things had gone. She had, after all, gained two unforeseen decades to raise her kids. "You know," she mused, "looking at my own mortality, and them telling me I had twelve to twenty-four months . . . I got extremely profane with the doctor and said, you know, sorry, I need ten years to raise them to be men. I will do anything in my power to raise them to be men."

" 'Profane,' " I repeated. "What exactly did you say?"

"I used the f-word. I said, 'Fuck your statistics.' "

"Good for you," I offered. "That probably helped extend your life."

"Well, that's what I said to him." Caroline laughed. "I said, 'Fuck your statistics. I need those years to raise them to be men.' He walked out of the room. He didn't appreciate my language. He thought I was a crazy, vulgar woman. I've often wanted to look for that doctor—he has since moved to California—and tell him that my boys are now twenty-four and twenty-five. One's in grad school at Princeton. The other one went through a difficult period, pulled himself up, and will be graduating with three degrees, on the dean's list."

Caroline's outburst at the unsuspecting physician was out of character. All her life she had fit the profile of the nice person who avoids confrontation. "My way was always being the caretaker, being needed, always coming to somebody's rescue, a lot of the time to my own detriment," she told me. "I never wanted to have conflict with anyone. And I always had to be in charge, making sure everything was okay." Caroline had exhibited what has been called "superautonomous self-sufficiency,"† which means exactly what it sounds like: an exaggerated and outsize aversion to asking anything of anyone.

A quick note: Nobody is born with such traits. They invariably stem from coping reactions to developmental trauma, beginning

† A phrase coined in 1982 by researchers at Heidelberg University, Germany.

with self-abnegation in early childhood. Such suppression takes a lasting toll, a process we'll explore more fully in chapter 7.

"I've come to believe that virtually all illness, if not psychosomatic in foundation, has a definite psychosomatic component," the pioneering neuroscientist Candace Pert wrote in her 1997 book, *Molecules of Emotion*. By "psychosomatic," Pert did not imply the modern, often derisive dismissal of disease as a neurotic figment. Instead she meant the word's strict scientific connotation: having to do with the oneness of the human *psyche* (mind and spirit) and the *soma* (the body), a oneness she did much to measure and record in the laboratory. Her discoveries, as she justly claimed, would help fuel "a synthesis of behavior, psychology, and biology."[1]

There is nothing novel about the notion of the mind and body being intricately linked; if anything, what is new is the belief, tacitly held and overtly enacted by many well-meaning doctors, that they are separable. Traditional healing practices the world over, while lacking the wondrous technology and scientific know-how developed in the West, have long understood this unity implicitly. Despite Western medicine's artificial cleaving of the two, most people still know—if only on a gut level—that what they think and how they feel have everything to do with each other. It is run-of-the-mill, for instance, to speculate about which life stresses have contributed to one's ulcer, what mental strain is behind a headache, or what unprocessed fears lead one to experience panic attacks. The same principle applies when we look not just at individual symptoms but at most types of diseases. Emotional perturbances stemming from relationship troubles, financial worries, or any other source of chronic upset impose physiological burdens that can result in illness.

Pert coined the term "bodymind" to describe this oneness. The official website dedicated to her work and legacy takes care

to note that this expression was "intentionally written without a hyphen *in order to emphasize unity of its component parts*." Body and mind, while not identical, cannot be understood separately from each other. We can ignore or deny this paradox, but we cannot escape it. Since Pert's groundbreaking work, the biological impacts of emotions—those "nonthings" whose non-recognition she lamented—have been extensively researched and documented in many thousands upon thousands of ingenious studies. It's worth looking at a few of these, bearing in mind that each is only the tip of an iceberg of similarly compelling findings.

A 1982 German study presented at the fourth international Symposium on the Prevention and Detection of Cancer in London found certain personality traits to have a strong association with breast cancer. Fifty-six women admitted to hospital for biopsy were evaluated for characteristics such as emotional suppression, rationalization, altruistic behavior, the avoidance of conflict, and the superautonomous self-sufficiency we saw embodied by Caroline. Based on the interview results alone, both the interviewers and "blind" raters who had no direct contact with the women were able to predict the correct diagnosis in up to 94 percent of all cancer patients, and in about 70 percent of the benign cases.[2] In a previous British study at King's College Hospital in London, it had also been shown that women with cancerous breast lumps characteristically exhibited "extreme suppression of anger and of other feelings" in "a significantly higher proportion" than the control group, which was made up of women admitted for biopsy at the same time but found to have benign breast tumors.[3]

In 2000 the publication *Cancer Nursing* surveyed the relationship of anger repression and cancer, often noted by, among others, the cancer nurses themselves: "Somehow, nurses had an intuitive understanding that this 'niceness' was deleterious.

[This] view now is being supported by research."[4] The nurses' insight reminded me of a paper on amyotrophic lateral sclerosis (ALS)† presented by two Cleveland Clinic neurologists at an international congress in Bavaria in the 1990s.[5] Their staff, too, found that their ALS patients were extraordinarily nice—so much so, that the staff could in most cases accurately predict who would be diagnosed with the condition and who would not. "I'm afraid this person has ALS, she is too nice," they would jot on the patient's file. Or, "This person cannot have ALS, he is not nice enough." The neurologists were dumbfounded. "In spite of the briefness of [the staff's] contact with the patients, and the obvious unscientific method by which they form their opinions, almost invariably they prove to be correct," they remarked.

I interviewed Dr. Asa J. Wilbourn, senior author of the paper. "It's almost universal," he told me. "It becomes common knowledge in the laboratory where you evaluate a lot of patients with ALS—and we do an enormous number of cases. I think that anyone who deals with ALS knows that this is a definite phenomenon." Such anecdotal observations have since been reaffirmed by more formal research, as seen in the title of a recent paper from a neurological journal: " 'Patients with Amyotrophic Lateral Sclerosis (ALS) Are Usually Nice Persons'—How Physicians Experienced in ALS See the Personality Characteristics of Their Patients."[6]

In a study of men with prostate cancer, anger suppression was associated with a diminished effectiveness of natural killer (NK) cells—a frontline immune system defense against malignancy and foreign invaders. These cells play a key role in tumor resistance.[7] In previous research, NK cell activity was reduced in healthy young people in response to even relatively minor

† A degenerative and nearly always fatal disease of the nervous system, it is known in Britain as motor neuron disease and in the United States also as Lou Gehrig's disease.

stresses—especially for those who were emotionally isolated, a significant source of chronic stress.

Grief, too, has a powerful physiological dimension. An illuminating study from the British journal *Lancet Oncology* described the impact of psychological factors on the intricate pathways linking the immune system, the hormones, and the nervous system in, for example, bereavement. Among parents who lost an adult son to an accident or military conflict, the authors reported increased occurrence of lymphatic and hematological malignancy—cancers of the blood, bone marrow, and lymph nodes—along with skin and lung cancer.[8] War kills, and so, it seems, can deep emotional loss. As for cancer, so with other illnesses. In a Danish nationwide study, grieving parents had double the risk of multiple sclerosis.[9]

(Despite such compelling evidence, I do not believe the loss of a loved one, howsoever tragic, by itself necessarily poses a health risk. I believe the latter depends on how people are able to process their loss, including what support they may reach out for and receive. It's not only events as such but also our emotional responses and how we process them that affect our physiology.)

One 2019 study alone in *Cancer Research* should set every clinician on a fast-track exploration of bodymind medicine. Women with severe post-traumatic stress disorder (PTSD) were found to have twice the risk of ovarian cancer as women with no known trauma exposure.[10] The *Daily Gazette,* published by Harvard University, where the study was done, reported, "The findings indicate that having higher levels of PTSD symptoms, such as being easily startled by ordinary noises or avoiding reminders of the traumatic experience, can be associated with increased risks of ovarian cancer even decades after women experience a traumatic event." The more severe the trauma symptoms, the more aggressive the cancer proved to be.