Mark Wolynn: Healing Inherited Family Trauma
by Tami Simon

Tami Simon: Welcome to Insights at the Edge, produced by Sounds True. My name is Tami Simon; I’m the founder of Sounds True. I’d love to take a moment to introduce you to the new Sounds True Foundation. The Sounds True Foundation is dedicated to creating a wiser and kinder world by making transformational education widely available. We want everyone to have access to transformational tools such as mindfulness, emotional awareness, and self-compassion, regardless of financial, social, or physical challenges. The Sounds True Foundation is a nonprofit dedicated to providing these transformational tools to communities in need, including at-risk youth, prisoners, veterans, and those in developing countries. If you’d like to learn more or feel inspired to become a supporter, please visit SoundsTrueFoundation.org.

You’re listening to Insights at the Edge. Today, my guest is Mark Wolynn. Mark is the director of The Family Constellation Institute, The Inherited Trauma Institute, and The Hellinger Institute of Northern California. His book, It Didn’t Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle, is the winner of the 2016 Silver Nautilus Book Award in Psychology. Mark specializes in working with depression, anxiety, obsessive thoughts, fears, panic disorders, self-injury, chronic pain, and persistent symptoms and conditions.

In this conversation, we talk about how unexplained symptoms can often be linked to inherited family trauma. Mark helps us understand the science behind this, and more importantly, how becoming aware of these patterns is the first step in the very important healing we all need to do, so that we can receive the love and support of our family lineages. Here’s my conversation with Mark Wolynn.

Mark, by way of introduction to the Sounds True audience, I would love for you to tell us a bit about what led you to focus in your work on healing inherited family trauma.

Mark Wolynn: Yes. That’s a story that is two-pronged, but I think I’ll tell the personal part of it first. So, like many of us, I had symptoms I couldn’t explain. I think we’re going back about 28 years ago. I began to lose the vision in one of my eyes. I was diagnosed by the doctors with a chronic form of retinopathy for which there was no cure. Then the doctors told me, because of the way it was progressing, I was likely going to lose the vision in my other eye, too. I was pretty scared. I was desperate.

Western medicine didn’t offer me any avenues. All they could say is, “It’s stress.” So, I’m desperate to find help. I go in this search for healing. It’s funny. Sounds True is a big part of that because back then, at this time, I’m listening to the cassette tapes—it goes back that long—of the masters and teachers, and I’m following leads and ideas and workshops and trainings. This search led me literally halfway around the globe, as far as Indonesia, where I learned from several wise teachers who taught me some fundamental principles
that I didn’t know—one of which was the importance of healing my relationship with my parents, which was extremely broken.

Before I could do that, I had to heal what stood in the way, though I didn’t know at the time it was inherited family trauma: specifically, the anxiety that I had inherited from my grandparents, who were all orphaned in some way. Three of them lost their moms when they were babies, and the fourth lost her dad when she was one. So, ultimately, she loses her mom, too, in the grief.

This anxiety, this was the real cause of my vision loss, but I didn’t know it. As my parents did, same as me, I inherited this feeling of being broken from a mother’s love. That’s what would have been passed down in my family. I remember as a small boy, maybe I’m five or six, and I’m feeling panicked whenever my mom would leave the house. I’d run into her room. I’d open her drawers, and I’d cry into her scarves and her nightgowns thinking that I’d never see her again, and that her smell would be the only thing I had left—which would have been true for my grandparents. They only did have the smell in a garment of their mother left.

I remember 40 years later, I shared this with my mom. I said, “Mom, I used to cry into your clothes.” And she told me, she said, “I did the exact same thing when my mother left the house.” Then my sister reading the book said, “Honey, you cried into mom’s clothes, too?” Then I realized it was a family pattern. We all wept when our mother would leave. I had a break in the attachment, of course, as did everyone. My dad, my mom, my grandparents. After healing this broken bond with my mom, my sight came back, and I thought, “OK. There’s something to these principles.”

Afterwards, I felt compelled to share these principles. I learned, and ultimately I created a method for healing the effects of inherited family traumas. That’s why I wrote my book.

TS: So, you said how you came here was two-pronged. So, it was your own personal story, and then the other prong, did that have to do with your professional evolution?

MW: Yes. So, at this time, I’m a clinician. I’m working with the body. I’m working in myriad with them, taking every trauma training I can find. I would run across clients who had symptoms that couldn’t be explained in the context of their life experience. So, here they are carrying trauma, but they’re not experiencing this trauma directly. Their language, later on I’m sure we’ll talk about this, the language that they’re talking about—”I don’t deserve to live. I deserve to die. I want to vaporize myself,” things like this—didn’t make any sense from their own life experience. In fact, the very first . . . Do you mind if I tell a case?

TS: No, please. I want to hear about the cases. I think that’s really important. It really illustrates inherited family trauma, and also your method, and we’re going to get there, but yes, please.

MW: So, the very first case that leads me in this direction is a young cutter. She’s 24 years old. Just for the sake of the interview, I’m going to call her Sarah, which isn’t her name. I was working with a lot of self-injurers back then. This cutter, Sarah, cut in such an extreme way that she would nearly bleed to death when she would cut. They weren’t superficial cuts. She would cut so deeply into her arms or her legs or her abdomen that she would hit a major vessel, and had to be rushed to the hospital by her parents. Then they’d put her in a psych ward for months, thinking she was suicidal.
She shows up in my office, and I’m going over her cuts. We’re looking at her arm where she cuts. I had this idea to hand her a pen. I said, “Sarah, pretend this is your razor knife, and let’s hold it to your arm like you’re going to make a cut, and tell me what’s the first feeling, first thought, the first image that comes to you as you’re making this cut.”

She said to me, “I don’t deserve to live. I don’t deserve to live.” Here’s a 24-year-old whose life had just begun. I said to her, I said, “Sarah, what did you do? Did you accidentally take someone’s life? Did you cause an accident? Did someone die? Did you break up with someone who took a life?”

She said, “No, nothing like that.” So, here I am. I have no clue what to do because I don’t know anything about inherited trauma back then, so I did the normal things I know how to do. I looked at her relationship with her parents, which was stellar. She was able to receive her mom’s love deeply and trust it. She was able to receive her dad’s love deeply and trust it. So I thought, OK. I’ll look at her attachment. Surely, it’s hiding there. It was a strong, safe, secure attachment with her mom. I was flummoxed.

So, what I did is I had to . . . I don’t know where this question came from, but I said, “Tell me about your grandparents,” and boom! She dropped the bomb. Dad’s mom had been an alcoholic. Dad was 12. She had been driving the car drunk—the grandma. Grandpa was in the passenger seat. She crashed into a telephone poll drunk. She lived, but grandpa went through the windshield and got cut, lacerated on the glass and bled to death before the ambulance could arrive.

Then in that moment, everything made sense. Who felt that they didn’t deserve to live for taking a life—not only taking a life, but taking the life of their beloved? So, in that moment, here was this cutter, Sarah, not her real name, telling the story with her actions. She’s almost bleeding to death before she can get to the hospital—like the grandpa—and she feels she doesn’t deserve to live, which was never her in the first place, like the grandma.

So, once she told the story, I knew exactly what to do with her. I had her visualize talking to her grandma and grandpa, and telling her grandpa that she bleeds to death almost like he does. She had this inner image that he didn’t want that for her, and that he asked her to find that place in her body where she felt that feeling of needing to cut. So, we slowed everything down and had her—before she cut she was able to find this impulse, in her body, of feeling like she deserved to die, which preceded the cutting. She could breathe that feeling back to the grandmother, and she felt now—the grandparents, who were these ominous figures in the family—she felt them as resources, guardian angels, so to speak, people standing behind her. They’re both gone. People standing behind her, loving her, supporting her, and helping her.

You see, it transported from these ominous figures that we can’t even talk about because the pain is so great. The father couldn’t love his father because every time he thought of his father, he had to think about the horrible way he died. Of course, he couldn’t love his mother because he blamed her for the death.

So, that’s another thing I did, Tami. I said, after I worked with her, I said, “Could you bring your dad in?” She did. I said, “Sarah,” not her real name, “Sarah, sit over there on the couch. I’m going to work with your dad.” I worked with the dad to recover his love for his dad and his mother by going into the shadow, into the feelings he didn’t want to go into, and to find his heart open for his mom. Because we started looking at inherited trauma. Behind her, she was given away into foster care as a baby. He turned to me and said, “No
wonder she drank."

So, the whole thing lined up. She drank because she had a trauma. He couldn’t open his heart to his parents because the trauma was so great, and there was so much anger and rejection and hatred and all those feelings. Once we worked through them, he then had his parents as a resource. He was able to turn to Sarah in the session and say, “Sarah, this ends with me. You leave all of this with me.” It worked. Sarah stopped cutting. It was profound.

She had her dad in a new way. Her dad had his parents finally in his heart, and it was my opening, my crucible, my fire through which I walked to learn what to do. Then I was lucky I met Bert Hellinger, who was a teacher in Family Constellations, they call it in Germany, and he became one of my greatest teachers, and so on and so forth.

TS: I’m curious how the work that you did with Bert Hellinger has impacted the approach that you use to healing inherited family trauma. How did it inform the work you do today?

MW: Bert works with live representatives in an audience for family members, and I thought that was deeply profound. In fact, when I met Bert Hellinger, it was this thing where, “Finally, he understands!” Because I had these cases, and then here was Bert Hellinger, this German—used to be a priest turned psychotherapist—who learned some principles from the Zulus when he was trying to convert them 40 years before that. What was so interesting, instead of converting them to Catholicism, they converted him, showing him that everyone needs to be included. When people are rejected or excluded or cast out or forgotten or pushed away, we can repeat aspects of their traumas, which led me onto the next phase, which was to study the science—of which there was none at the time. The science is new.

Can I go into the science?

TS: Yes. I’m very curious about that. You talk about some of the science in your book, It Didn’t Start with You, and I think it’s really important for people to understand how a great-grandparent’s trauma could be passed down even if you didn’t know your great-grandparents or anything about them.

MW: Exactly, Tami. Exactly. In fact, what we don’t know can have even a greater effect. In fact, the more we know can have palliative effect, and have a calming and supportive effect. So, for all of this, we’ve got to look at trauma, and the science of what happens to us. When there’s a trauma, it changes us—literally, literally changes us. It causes a chemical change in our DNA. This change is the way our genes function, sometimes for generations.

Technically, a chemical tag or an epigenetic tag—this information signal attaches to our DNA, and it tells the cell to use or ignore certain genes, so we’re better equipped to deal with this trauma. And in the way our genes are affected, it will change how we act or how we feel. For example, we can become sensitive or reactive to situations that are similar to the original trauma in a past generation, so we have a better chance of surviving it in this generation.

For example, if our grandparents came from a war-torn country—there’s bombs going off, there’s bullets flying, there’s men being lined up, or men in uniform harming people—our grandparents would adapt epigenetically and pass forward this skillset of sharper reflexes and quicker reaction times—reactions to the violence that they’re experiencing—to help
us survive this trauma that they experienced. The problem is we can also inherit a stress response with the dials set to 10. And here we are, constantly preparing for this catastrophe of war that never arrives, but our body is on alert for this war.

We’re walking around thinking that this is just how we’re wired. We don’t make the link. We don’t make the link that our anxiety, our hypervigilance, our shutdown, our depression is actually connected to our parents, our grandparents, or our great-grandparents. We just think we’re wired this way. But it’s these gene changes, the stress responses that we’re inheriting. And what we’re learning can be transmitted to our children, and then even to our children’s children.

As I was saying before, we didn’t know anything about this until about 13 years ago. Now, scientists have long suspected something like this was happening, but it wasn’t until about, I don’t know, 13 or 14 years ago that Rachel Yehuda, a neuroscientist out of Mount Sinai Medical School, discovers that the children of holocaust survivors are being born with the same trauma symptoms of their parents, specifically the low levels of cortisol, the stress hormone that gets us back to normal after a stressful event. She finds a similar pattern in babies who were born to mothers who were pregnant at or near the World Trade Center when it was attacked during 9/11.

She found that if the mothers went on to develop PTSD, the babies went on to develop PTSD. These babies were also smaller for their gestational age, and they were born with 16 genes that express differently than babies who weren’t near the World Trade Center inside the pregnant mom. Rachel Yehuda tells us that you and I are three times more likely to have symptoms of post-traumatic stress disorder if one of our parents had PTSD.

As a result, we’re more likely to struggle with anxiety and depression. I think one of the most interesting pieces of her science is, about three years ago, she found that the traumatized survivors and their children share the exact same gene changes, Tami, in the exact same region of the very same gene. She’s looking at the FKBP5 gene, which is a gene involved in stress regulation and depressive disorders.

TS: Now, part of what I’m curious about, Mark, is if someone’s listening to this, and they’re thinking, “I wonder if, in my own experience, something I’ve been suffering from could perhaps not be from my own personal biography, like I’ve been thinking, but actually from my parents or grandparents or great-grandparents.” One clue you’ve given us is if we’re having unexplained symptoms. We just can’t trace it. It doesn’t make any sense, like you shared with your own vision. Are there any other clues that help people identify, “Oh, this is probably from a different generation. It’s not from my own personal biography, this life”?

MW: Absolutely. Absolutely. So, it’s what I call the signs. There are definitely some tell-tale signs. Now, of course, we can be born with an anxiety or a depression, and have it all our lives, and never connect it to the events of the previous generation. We can also experience a fear or a phobia or a symptom that strikes suddenly or unexpectedly—say, for example, when we reach a certain age or we hit a certain milestone or event in our life, for example, as soon as we get married.

In the book, I talk about a woman who loves her husband and wants to marry him, and then marries him. But immediately, she feels trapped. She knows she’s married the right guy, but she feels trapped as soon as she gets married. When we look at her family history—and this wasn’t conscious in her, in the forefront of her mind—we see that both grandmothers (they were Arabic) were given away as child brides at age nine and age 12
So, she’s feeling the trapped-ness of her grandmothers, that they felt. What was interesting is the trauma expressed differently in both sisters. The one sister married a much older man, 30 years older, like the grandmothers; and the other refused to be married at all, lest she be trapped in a loveless marriage.

Another triggering sign is we move to a new place and then suddenly we become depressed, maybe like our ancestors who were persecuted and forced out of their homeland. Or we get rejected by our partner, and then the grief is insurmountable. If we follow that grief and its language, it can take us back to a much earlier grief, perhaps to a break in the attachment with our mom.

Here’s another triggering sign. We’re fine until we get pregnant or we have a child. It’s as though this ancestral alarm clock starts ringing. I once worked with this woman, she was consumed with anxiety as soon as she became pregnant, but she never made the link. She came to my office and she said, “I’m just so anxious all the time.”

I said, “Slow down. Let’s get to when it started.”

She said, “I don’t know. Maybe about seven months ago.”

“What happened seven months ago?”

“Well, that’s when I got pregnant.”

So, as we started to peel it back, we discovered that there was language, what I call core language, trauma language, in there. I said, “So, tell me. What’s the worst thing that could happen about your being pregnant?”

She said, “I’ll harm my baby.”

It came out. There’s my language that I’m looking for. I asked her if she or anyone in her family had ever harmed a baby.

She said, “No.”

Then she said, “Oh, hey. Wait. Oh, my God!” She talked about her grandmother, as a young woman, who lit a candle and the candle caught the curtains on fire, and then the house caught on fire, but the baby was upstairs. She tries to run up the steps, but now the steps are on fire, and she can’t get the baby out. Then the woman said, “But we were never allowed to talk about it. You never talk about this fire. You never mention it to grandma.”

In that moment, the woman made the link that she had inherited the terror from her grandmother. Then we could break the pattern. We knew what we were dealing with.

**TS:** How many generations back do you think trauma gets passed down from? How far back might it be originally situated?

**MW:** In the book, I talk about this research that shows, that suggests it can be transmitted for three generations. One of my favorite researchers, Isabelle Mansuy from the Brain Research Institute at the University of Zurich . . . She was . . . You’re allowed to cause
adversity to little mice, but not humans, unfortunately to the little mice. But they would separate them from their moms to make the mice depressed. Afterwards, these mice exhibit depression-like symptoms, and they’re not even separating them for that long a time—maybe two, three hours a day for the first two, three weeks life, first two weeks of life. That’s not a lot, but it’s enough to create these breaks in the attachment in the mice.

So, the interesting thing is what happens to the pups in the second and third generation. They experienced, without being separated from their moms, they’re born with, they’ve inherited the epigenetic mechanism which would be these abnormally high numbers of small noncoding RNAs, what they call micro-RNAs. It’s the genetic material, one of the genetic materials that regulate gene expression. So, they find that these little mice, these pups and these grandpups, they’re experiencing the same trauma symptoms despite never having experienced the separation themselves.

Now, they find this material in the blood in the brain, and so they impregnate the female mice that weren’t traumatized. Then they found that this material existed in the mice for three generations—they were expressing the same trauma symptoms as the fathers and grandfathers. They have the elevated numbers of micro-RNAs, but these elevated numbers of micro-RNAs, even though they have the same behavior, they were not detected in the third generation, which led the researchers to speculate that the behavior effects can maybe travel for three generations and express for three generations, but perhaps not beyond that.

We’re seeing studies now where, oh my gosh, they . . . I publish all these studies on my Facebook page, and I published a study not long ago wherein worms can show a generational link for 14 generations.

TS: Oh, my!

MW: So, the science—it’s a brand new field. The science is still coming out all the time. Some of the mechanisms of transmission are not completely clear yet. For that reason, much of the research has focused on the male line, because it’s much easier to track the sperm’s influence on the embryo. The egg’s influence is more complicated. However, there’s ample research done with both the female line and the male line, and the effects of trauma can be equally observed in both males and females for three generations.

TS: Now, Mark, you mentioned that it can be palliative, it can be healing for people to actually know the sufferings that their parents and grandparents and great-grandparents went through. That can really help us. But what about for those people who just don’t know that much about their family line and that information is now lost? They’re never going to have it. What would you suggest to someone who’s having an unexplained symptom? They have the sense, “Huh, maybe it is inherited family trauma, but I’m just not sure.”

You’re right. Yes. That’s exactly . . . it happens all the time. So, we just don’t have the information—either we’re adopted or our parents have passed away or our parents think they’re immunizing us by not telling us what happened, which is quite common. So, we know that there’s something, but we can’t get our fingers on the information. What I teach my reader in the book is even if we don’t have this information about our family history, the information lives in our trauma language. It’s in our fears. It’s in our unexplained symptoms. It’s in our self-sabotaging behaviors. It lives in our relationship struggles or repeated ways we deal with money, success—all of this forms a breadcrumb trail.
It can give us more than a glimpse of what might have happened in our family history, even if the story has been lost or kept secret, and can help us understand things. For example, if Sarah didn’t know the story of this bleeding to death in her family or a feeling that someone might have had—that “I don’t deserve to live”—I’d have pushed it. I just said, “Sarah, go home. Bring your parents in. Talk to your parents. See if there was someone who had an accident or who bled to death or who was cut, or someone who felt they didn’t deserve to live,” and it would have popped up.

TS: OK, Mark. Now, I’m going to ask you the weird question that I’ve wanted to ask you since I encountered the book, It Didn’t Start with You. I read in the acknowledgments that you had a debt of gratitude as well to someone who influenced you, Roger Woolger. At Sounds True, we created a book and also an audio series with Roger Woolger on past-life therapy. He talked about how it’s possible that unexplained symptoms could be linked to past lives that someone has experienced. He gave a lot of examples of case studies of people he worked with. I’m curious what you think about someone who says, “Is this from my own biological family line or maybe it’s from a past life?”

MW: We just don’t know the answer to that until we cross over. I know Roger well. In fact, during that time when my eye couldn’t see, Roger was one of my teachers, one of my great teachers. I loved Roger. There were these events that we would land on in our inner images, which very well could be past-life images, but I’ve discovered that they could also be in the family history, and that we just don’t know the family history.

So, I don’t know. I can’t say. I stay close to the science, Tami. I’m interested in epigenetics, and I’m interested in what we know for sure. It doesn’t mean past lives don’t exist. We just don’t know that answer. I have a very open mind in all directions to it being . . . Maybe one day they’ll discover a DNA link. I’ve studied that whole world, and there was a man named Dr. Ian Stevenson who wrote an interesting book where reincarnation and biology intersect.

What he did is he went all around the world, particularly India, where he found children born with birthmarks, who remembered being other people on the other side of the country or the globe. They could tell the story, “Yes, I was this man named Rajib, and I lived over in the north of India and I had a family and I was killed by a knife in my chest.” On the boy’s chest, the baby who’s born, the five-year-old boy who remembers, and he has a birthmark there.

Dr. Stevenson traveled to these villages and got the story of the deceased from the deceased’s family, as well as from the child. It’s quite compelling, quite compelling. For me, particularly, since you asked me a personal question, I like to stay as close to the science as I can. What we do know is that these stress responses are heritable. There are all these epigenetic mechanisms that are being passed forward.

I could tell you some of the ones that they’re studying nowadays. They’re looking at DNA methylation, where a methyl residue is cast on the DNA—that’s this heritable mechanism. Or histone modifications, which are added to the proteins. Or as I mentioned about those mice, there are abnormal levels of the small noncoding RNA molecule, these micro-RNAs, and they’re found in the blood. They can find them in the blood, the brain, and the sperm of mice.

Although recently, I saw a study, which I published on Facebook, where the long RNAs can also transmit the effects of early-life trauma. Then recently, I saw this really cool study
where hey, it’s none of that at all. There’s this intercellular communication going on where these particles are ejected from a cell, releasing little packages that they’re calling “extracellular vesicles,” which create a form of long-distance communication between the cells. So, epigenetics is just one piece of the puzzle.

You know that embryologists for a hundred years have known that the female cell line stops dividing in the womb, which means when grandmother is five months pregnant with our mother, the egg that will one day become us is already present in our mother’s womb, which is in grandma’s womb.

I talk about this in my book. Just speculating, what do you think the implications are that there are three generations present in mother and grandmother’s womb? Then we know from the work of Bruce Lipton that mother’s emotions can be chemically communicated to the fetus through the placenta, and that can biochemically alter genetic expression. So, there’s lots of science they’re just cobbled together nowadays. They’re using mice because you can only get a generation in humans. You can only look at a generation. It takes, what, 12 to 20 years to get a generation in humans? The studies are only 12–13 years old. So, they’re using mice because with mice, mice and humans, they share a similar genetic makeup. Over 90 percent of the genes in humans have counterparts in mice with over 80 percent being identical. You can get a generation in 12 to 20 weeks with mice.

So, for that reason, they’re able to extrapolate from these studies. In fact, my favorite study happened out of Emory Medical School in Atlanta, where they took male mice, and they made them afraid of a cherry blossom-like scent. Every time the mice smell the scent, they’d shock them. They found already, right in that first generation, changes—epigenetic changes in the blood, in the brain, in the sperm.

In the brain, there were these enlarged areas where a greater amount of smell receptors existed, so that these mice in that first generation that were shocked started learning to detect the scent at lesser concentrations, thereby protecting themselves. Their brains epigenetically adapted to protect them, which fascinates me, how quickly these epigenetic changes begin.

They found the changes in the sperm and the brain. So the researcher said, “Well, what would happen if we impregnate females that were not shocked with this sperm?” They did it. Then the amazing thing happened in the second and third generations. The pups and grandpups became jumpy and jittery just by smelling the smell, not by being shocked. They were never shocked. They became jumpy and jittery. They had inherited the stress response without directly experiencing the trauma.

So, I know this is a long answer to your question about past life, but this is where my fascination lives . . .

TS: Sure. No, I appreciate it.

MW: . . . in all these discoveries.

TS: What I want to make sure our listeners get a real sense of, and what I want to understand better, is your approach to helping people heal, what you call the “core language approach” for healing from inherited trauma. Take us through the steps.

MW: OK. So, when I’m working with people, I want to know both their verbal and their
nonverbal trauma language, what I call core language. So, I’ve discovered that when a trauma happens, it leaves clues behind—not just in the DNA, but in the form of emotionally charged words and sentences. These clues, they form a breadcrumb trail. If you follow it, it can lead us back to a traumatic event in our family history. It’s like collecting the puzzle pieces, and then all of a sudden, you get this missing piece of the puzzle, and then the whole picture comes into view, and you finally have context that explains why you feel the way you feel.

MW: There’s a scientific reason also for this trauma language, because we know from trauma theory that when a trauma event happens, significant information in the trauma gets lost. It disperses. It bypasses the frontal lobes. So, the experience of this trauma, exactly what happens to us, can’t be named or ordered through words. Our language centers get compromised. Then without language, our traumatic experiences get stored as fragments of memory, language, body sensations, images, emotions. It’s like the mind disperses. The hippocampus gets disrupted and then these essential elements get separated. We lose the story, and then we never complete the healing.

Yet, what I found is these pieces aren’t lost, Tami. They’ve simply been rerouted. So, I’m looking for my client’s verbal and nonverbal trauma language, and the job is to gather this language and link it together and connect the dots, so we can land on the events where this language originated.

So, when it’s verbal, it can be sentences like, “I’ll go crazy,” or “I’ll be locked up,” or “I’ll harm somebody and I don’t deserve to live,” or “I’ll be abandoned,” or “I’ll lose everything.” But it can also be nonverbal, and that’s when we look at our fears and our phobias and our unusual symptoms and our anxieties and depressions. These things that strike suddenly may be or begin at a certain age, age 30, when grandma became a widow or age 25, when dad went to war and came home numb. It’s often the same age where something traumatic has happened in our family history. Or we look at the depressions or our destructive behaviors that keep repeating, or we keep making the same relationship choices or the same money choices or the same career choices, or we repeatedly self-sabotage our success. Literally, we keep stepping in the same potholes.

This is what I’m interested in finding. Then from there, now that we’ve isolated the problem, we got to have a positive experience that can shift our brain—that can change our brain. I feel like I’ve given the listeners only the bad news that we’re all in the same boat, and the boat is sinking, but it’s not true. There’s actually positive research that’s out there now.

Researchers are now able to reverse the trauma symptoms in mice, and the implications are fast. I list this all on my Facebook page, all of these studies, but just to put it into words, when these traumatized mice are exposed to positive experiences, it changes the way their DNA is expressed. It expresses. It inhibits the enzymes that caused the DNA methylation and histone modifications. So, Isabelle Mansuy, whom I talked about earlier, she was traumatizing these mice. Once she placed them in positive low-stress environments, their trauma symptoms reversed. Their behaviors improved. There were changes in the DNA methylation, which prevented the symptoms from being transmitted to the next generation.

TS: Now, one of the things I’m curious about, Mark, I know you’ve worked with people who are children and grandchildren of people who have been affected by the holocaust or people who lived through various wars or grew up in war zones. I’d be curious to know how you were able to find their core trauma language, but more importantly, the
healing—in your work, how you were able to help those people heal from a real family lineage of such trauma.

MW: I’ll tell the story of Prak, not his real name, but an eight-year-old Cambodian boy, which was a fascinating case. He was never told that his grandfather was murdered in the killing fields. In fact, he was led to believe that the second grandfather, whom the grandmother married, was his real grandfather. So he didn’t have any information. This boy, he would run headfirst into walls and concuss himself. He would be on a basketball court, and he’d just run headfirst into a basketball pole and get knocked out. At eight years old, I think he’d had seven concussions already.

He also would take a hanger, just a regular coat hanger, and he would whack it on the sofa, and he’d scream, “Kill! Kill! Kill! Kill!” So, as I’m working with his parents, both his mother and father, I’m already gathering his trauma language, the nonverbal and the verbal. The verbal language is, “Kill! Kill!” Where does it come from? The nonverbal trauma language is he keeps running into walls and poles and having concussions.

So, he has these two destructive behaviors, which is not important, but I call it a double identification. He’s identified with two people. Well, it is important. Who he’s identified with is the grandfather, the real grandfather, who’s bonked over the head with a scythe-like tool in Tuol Sleng prison, where he’s murdered. They accused him of being a Western spy, a CIA spy. They hit him over the head with the scythe, which looks like a hanger, and the person who hits him over the head kills him.

So the boy, without even knowing what he’s doing, is enacting these two behaviors of being bonked on the head, killed, and screaming, “Kill! Kill!” So I told the father, “Go home and tell your son about your real father, and how much you loved him, and what happened, and how you still miss him.” Because I found in that culture there’s a looking forward, not a looking back. It was really hard to get the father to tell him about the past.

He was telling me, “We only look forward. We don’t look back.”

I said, “Yes, but this is essential for your son’s healing. Do you have a photo of your real father?”

He says, “I do.”

“Please place this photo,” I said, “of his real grandfather over his bed, and tell him that grandpa protects him. In fact, show him the picture of a halo, and tell him that grandpa in the spirit world makes this light on the top of his head, blesses his head at night when he’s sleeping. Give him the image of this halo over his head. With his dad blessing him, tell him his head doesn’t have to be hurt anymore. Then also take him to the pagoda and light incense,” that’s the temple, “and light incense for the grandfather, his real grandfather, as well as for the man who killed him, so that the descendants in both families could be free.” That was a tough one explaining that to the family, but they did it.

This is the coolest part. They took him to the temple. Three weeks after taking him to the temple and putting the picture of the grandpa over his head with that image, Prak hands the coat hanger to his mother and says, “Mommy, I don’t need to play with this anymore.”

TS: It’s a powerful story.

MW: Yes, yes. It’s potent. Yes, yes.
TS: Now, Mark, one of the takeaways that was very meaningful for me in your book, It Didn’t Start with You, is a teaching that you credit Bert Hellinger with, which is this idea that we can have bonds of loyalty, which you refer to as unconscious loyalty, and that much of our suffering in our families can come from this—that we somehow feel we’re being loyal to people by carrying their pain.

I think this is a really, really profound idea. How do you help someone heal when they have this sense of, “This is an expression of my loyalty to this person, to carry their grief or their rage or whatever they’re suffering from.”

MW: What you’re talking about, this loyalty—and sometimes it’s unconscious loyalty, we don’t even know we have it—it’s the anchor. It’s why some people seem to relive and repeat and others don’t. When traumas aren’t talked about or when the healing is incomplete because the pain or the grief or the shame or the embarrassment is too great, and we don’t want to go in there and look at that trauma or talk about that trauma, or the people involved in the trauma are rejected or excluded, then as you mentioned, aspects of these traumas can show up in later generations. Unconsciously, we’ll repeat the pattern or share similar unhappiness until the trauma finally has a chance to heal.

Ultimately, I believe that the contraction of a trauma is ultimately looking for its expansion, and it will repeat, in a family, too, in generations, until that expansion happens. I mean, even Freud, a hundred years ago, when he wrote about repetition compulsion, he was writing about how the trauma is merely seeking the opportunity for a better outcome, so it can heal.

As an answer to your question, I might have somebody come into the office after we’ve diagnosed or unearthed this unconscious loyalty. I might have the person stand in the footprints. I literally might put out rubber footprints of the father or the mother or the grandmother or the grandfather, and have the client feel that his mother, her mother, his father, her grandfather, her grandmother, his grandfather doesn’t want our misfortune.

In fact, they only want us to do well, even if they can’t show us that. That’s really the hope and the dream: that we do well. The best way to honor them is to live our life fully, which is where we arrive in the session, where the client has a newer, deeper understanding that the true loyalty is to do well.

TS: I know you made a very significant leap there, let’s say, that this parent or grandparent has passed away. How do we know that they don’t want us to carry their pain? That the best way to honor them is by living fully and not continuing to carry that burden? How do we know that?

MW: Great question. In my experience, clinically, in my office, when I have people stand on the footprints of their deceased parent or their deceased grandparent and feel into their body as though they’re them, that’s not the information they report. The information they report, I mean the negative information that the parent would want, it’s always—I would say, my gosh! I would say 100 percent of the time—that parent or grandparent is . . . It’s as almost as though there’s also a cellular memory of this person, as though they’ve passed away in our bodies, and a cellular knowledge in our bodies that the movement is toward expansion, and not to sustain the contraction. Does that make sense?

TS: It does. It does. I know you work with healing images, as well as healing sentences. So, a healing sentence might be something like, “I will now honor you by living fully. What
happened to you won’t be in vain,” that kind of thing. What are some healing images that people work with that are ways that they can release these bonds of loyalty to a previous generation’s trauma that’s actually holding the person back? What images help?

MW: Well, going back to some of the stories I even told today, Sarah had the image of her grandparents supporting her. Every time she would go to cut, instead of cutting, she would feel a warm feeling of her grandma loving her, standing behind her, and her grandpa loving her, standing behind her. Prak, the Cambodian boy, had a healing image of his head being blessed at night by a halo by his real grandfather, and then he was able to take the love. He could feel the father also, a change in his father, which is a healing image with the father being able to talk about his real father.

So, that was another. There are so many healing images wrapped up in that story. Now, the family is embracing this dimensional love in all dimensions, in all directions. The grandfather was brought back into the family lineage, into the history. He couldn’t be erased even by another person. This was what Bert Hellinger learned from the Zulus. He learned that when somebody passes away, they’re not gone, they’re very much right here, and they’re still very much a part of our family.

The idea of rejecting them, in Zulu culture, is almost unheard of, but it’s common in our Western culture. In fact, even when we think of the tomb, the big cement block, the six-foot block that is on a grave site. It was, superstitiously, so the spirit couldn’t escape. So, we’re erasing, we’re separating from the spirits rather than embracing the spirits as resources and as strength, as resources of strength, as healing images of strength.

I would tell the listener—if the listener could feel his or her ancestors behind him, his or her parents, and behind the parents the grandparents, and behind the parents and grandparents, the great-grandparents, and behind the great-grandparents, the great-great-grandparents—just to soften and breathe and lean back into this image of all that comes from behind us, all the gifts, all the strength, all the wisdom, all the lived life, the experiences, all the knowledge. And if we could just lean back into it, and bring it into our bodies, and soften to it, and allow it to expand us, even in this image we can gain.

TS: Now, Mark, you mentioned toward the beginning of our conversation that when you were traveling all over the world looking for help with your vision challenge—the fact that you were losing your vision—that you heard from various spiritual teachers that the most important thing you could do is actually heal your relationship with your parents. In the book It Didn’t Start with You, one of the pieces of science that really impacted me were studies that showed that if you are able to feel this love, if you can receive the love of your family line coming toward you, similar to how you just described it, that you’ll actually have greater health and even longevity. I thought this is so . . .

MW: Isn’t that amazing?

TS: Yes. Can you tell our listeners a bit about that?

MW: Yes. There’s a study that not many people know about that was conducted in the 1950s by Harvard and by Johns Hopkins. Well, the study at Harvard was called the Mastery of Stress study. They asked 21-year-olds, it was a longitudinal study, they looked at them every 35 years. They asked one question, “Describe your relationship with your mom,” and then one question, “Describe your relationship with your dad.” To make it easy, they gave you four multiple choice boxes. It was either warm and close, friendly, tolerant, or strained and cold.
People who chose—with their mother, for example—“tolerant” or “strained and cold,” 35 years later, 91 percent of them had a significant health condition like coronary artery disease, alcoholism, diabetes, compared with only 45 percent, less than a half, who checked the boxes “warm and close” and “friendly.” Isn’t that amazing? The numbers were similar with the father, 82 percent and 50 percent.

Johns Hopkins repeated this study looking at correlation with cancer, and they found the same thing: that there’s a correlation between closeness with the parents. So a lot of times, we can’t heal with our parents in real life, but minimally, we can heal it in our inner image. If it’s not possible to heal it in real life—never throw yourself in front of a moving train—but when you’re able to reflect in a broader way, you’ll see the behind your parents, behind their actions and behaviors, their criticism, their hurtfulness—is just a traumatic event that blocked the love they could give.

When we truly understand this, it changes things. We’re able to reach our compassion. Then through our compassion, we’re engaging areas of the brain that fill us with peace, the prefrontal cortex. It doesn’t excuse the bad behavior, but it explains. That’s something that I teach in the book, how to receive something good from my parents even very little was given.

TS: Can you give a clue to that for one of our listeners who might be tuning in right now saying, “Oh, God! I’m going to have to do some work now with my difficult parent?”

MW: Well, first thing, we have to get to the idea, and this is a mental part of that as to . . . I talk a lot about this in the book. I talk about the negativity bias that keeps us from feeling anything positive. A lot of us report, “There’s nothing positive. They were just cruel.” And the negativity bias in our brain, the way we’re oriented toward what’s negative to keep us safe, the amygdala, two-thirds of it is scanning for threats. It doesn’t really allow us to have any positive images. We are only holding the negative images so we can feel safe, but if we can look, start here, and look behind that parent and do a genogram, peel back the layers, list the traumas that happened to that parent.

“Oh, my God! She was given away when she was two.”

“Oh, my goodness! My father, his little brother died at the swimming hall and he was blamed because he was eight and the brother was five.”

We start to see some of these traumas that broke our parent’s love or broke our grandmother’s love for our mother or our grandmother’s love for our father. We can see these patterns of attachment have trickled down for generations. In fact, that’s the most replicated study in all of epigenetics. They take baby mice, separate them from their moms, and they can see for three generations that the pattern of broken attachment is experienced for three generations.

So, we have to look at, “Well, what broke the attachment? What shut your grandmother down?” Because if your mother didn’t get enough, she couldn’t give enough, clearly, and so on and so forth. So I help the client, the reader, the listener, first, look back. Let’s start with doing your traumagram, and I teach how to do that in the book, how to do the genogram, the traumagram to start to list these things, and to take a look at some of your trauma language, and where it really originated. Who was the first to feel this way? And then that’s to open us up.
TS: I just have one final question for you. One of the things I picked up from the book is this sentence: “Healing from an inherited trauma is akin to creating a poem.” I know you write poetry, Mark, and I thought this is so interesting that you would compare this process—which I think many people might think, “Wow! This is hard stuff. This is going to be tough for me to do this work.” It’s akin to creating a poem.

MW: That’s what I know best, writing. My background is writing every day and understanding how language comes to us, and where that language originates from. But let me see if I can explain that. When we write a poem, it hinges on the right image, the right timing, and the right language. If the poem is going to have any strength, we have to hit that image at the right time. That image won’t make sense to us if we’re still in our anger. You know what I mean?

We’ve got to be beyond all the ways in which we’re fighting ourselves for that image to land. It’s got to land in our bodies. It’s got to come at the right time, and the language has to be precise. So I not only help the reader, the listener, the client come upon his trauma language, but also his healing language, which is the reverse, often, of the trauma language.

When we heal, we’ve got to find an image, an experience that’s powerful enough to override the stress response. We’ve got to calm the brain’s stress response, and then we need to practice the new feelings, the new sensations, the new images associated with these experiences. Then by doing so, we not only create the neural pathways, Tami, we also stimulate the release of feel-good neurotransmitters like serotonin and dopamine, or feel-good hormones like estrogen and oxytocin, even the very genes involved in the body’s stress response can begin to function in an improved way. These images, these experiences can be receiving comfort and support like I teach in my book, or feelings of feeling compassion or gratitude or practicing generosity, lovingkindness, mindfulness—ultimately anything that allows us to feel strength or peace inside.

Experiences like this feed the prefrontal cortex, as we know, and can help us reframe the stress response, which is what it’s all about, so it has the chance to calm down. What I found personally is our practice, whatever practice we land on, it needs to have meaning for us. We need to feel emotionally connected to it, Tami. The idea is to pull traction away from the midbrain, the limbic brain, the amygdala going crazy, and bring engagement to the forebrain, specifically the prefrontal cortex where we can integrate these new images, these new experiences, these new poems, this new language, and our brains can change.

TS: Mark, could you share with me whether it’s a visual poem or a language poem that for you has been a healing key?

MW: It’s funny you mentioned that. There are many poems by Rilke that just completely changed my life. My goodness! I could butcher many of them by telling you many of them, but one of the earliest ones that I worked with was a poem fragment by Theodore Roethke when he talked about, “In a dark time, the eye begins to see. I meet my shadow in the deepening shade.”

That’s the first stanza of a poem “In a Dark Time.” And just remembering that when my eye, when I couldn’t see and they told me I was going to be blind in both eyes—it was a very dark time. I kept wanting to see in a different way, realizing that I knew that I might not see with my eyes, but I knew that in the dark time, the other eye, the inner eye, the eye begins to see. I did a lot of shadow work. It’s what we do. When we want to heal, we’ve got to go into the uncomfortable places. Yes. I met my shadow.
TS: Mark Wolynn is the author of a book that won the Nautilus Award for Psychology. It’s called It Didn’t Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle. Mark, thank you so much for your great and important and deep work, and for being a guest on Insights at the Edge. Thank you.

MW: Thank you, Tami. I enjoyed talking with you and being here.

TS: Thank you for listening to Insights at the Edge. You can read a full transcript of today’s interview at SoundsTrue.com/podcast. If you’re interested, hit the subscribe button in your podcast app. Also, if you feel inspired, head to iTunes and leave Insights at the Edge a review. I love getting your feedback, being in connection with you, and learning how we can continue to evolve and improve our program. Working together, I believe, we can create a kinder and wiser world. SoundsTrue.com: waking up the world.