

Trauma: The Invisible Epidemic by Tami Simon

What follows is the syndicated transcript of a SoundsTrue interview between Tami Simon and Dr. Paul Conti.

TS: 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 Dr. Paul Conti. Dr. Conti is a graduate of Stanford University School of Medicine. He completed his psychiatry training at Stanford and at Harvard where he was appointed Chief Resident and then served on the medical faculty at Harvard. Before moving to Portland, Oregon and founding Pacific Premier Group, which has an office in both Portland and New York City, Dr. Conti serves patients and clients throughout the United States and internationally. With Sounds True, has released a new book called *Trauma: The Invisible Epidemic: How Trauma Works and How We Can Heal from It*. Foreword by Lady Gaga. Dr. Paul Conti is an incredibly humble person.

He's also a person on a mission. His mission to sound the alarm that trauma is an invisible epidemic that we all face, and how knowing this can dramatically further our healing in profound ways, both individually and collectively. Here's my conversation with the very warm and insightful Dr. Paul Conti. Great to be with you, Paul, and thank you for making the time for this. Thank you.

PC: You're very welcome. Thank you for having me.

TS: To begin with by way of introduction, can you let our listeners know a bit about your early life, your upbringing, and how you decided that psychiatry was going to become your profession?

PC: Sure. I was born and raised outside of Trenton, New Jersey. It was a normal middle class family environment. I was fortunate that early on in my life there were not major traumas, so it was a relatively normal and distress free upbringing in a lot of ways. I went to college. I got a job in business. I thought I had a lot of things figured out of what I wanted to do and who I wanted to be, that there was always a drive in me that was about people. I was a political science major. I was interested in the people who are driving political events. My focus on history or religion studies, even math, all came through that lens. I realized when I was out of school, it was four- or five-year mark and I had a career in business that it was nothing negative about what I was doing, but it wasn't as intensely person-driven as I wanted it to be. There were also a lot of older people in my family; they were getting sick, and it was scary and mysterious.

I just wanted to understand and know more. That's what led me to go back to school. I took all the pre-med classes. I didn't have any pre-med or anything like that. When I did it, I went to medical school. Part way through, I realized that, "Oh, you can really be a doctor and you can know things about medical science and neuroscience. You can integrate that with regular life knowledge, travel, and reading, and all the things that were of so much interest to me. That you could have that come through a lens of really looking at specific people. You come to know them and make a difference in their lives. That's what really clicked for me. Like, "Oh, I can do all of that." Then it answered a lot of questions for me of what I was going to do that was going to really make me feel a sense of satisfaction and sense of achievement.

TS: Then what brought you to focus on trauma and for that to be the subject of your book? Trauma: The Invisible Epidemic. Why trauma?

PC: Well, I started out as a general psychiatrist, and I learned things. I saw so many patients when I was a resident—all residents do, because we're in training. Then in my transition to being out in the world and practicing, I learned things I didn't know before. One of the things I learned was how important substances were. Right? Alcohol and drugs. Such a high percentage of people I was taking care of had this problem. I realized I'm not going to really be able to help them without understanding this problem. That led me down a road of doing a lot of substance treatment. But as time evolved and my practice branched out in a lot of different ways, including a lot of consultant work too, what I came to see was that trauma was underlying the vast majority of problems in myself and in other people.

Those problems could come through a certain lens, maybe depression, maybe panic attacks, maybe alcohol abuse, but underneath so much of it was trauma. It really just presented itself to me—it's like, "Hey, this is the common factor of most of what you're doing and most of the problems in your own life." That's what then really captivated me and had me start to think and learn a lot more about trauma. Then ultimately, to want to write about it.

TS: You call the book Trauma: The Invisible Epidemic. At first, when I saw that subtitle, I was like, I don't know if I know exactly what that means. Then I started reading the book

and I started understanding what you were really trying to point to. You write that trauma operates in secret. It seems to me, and I want to check this out with you, that part of what you're doing with *Trauma: The Invisible Epidemic* is taking something that's invisible and trying to make it visible for all of us. I want to see if that's true, and if so, why you thought this move of taking something that's invisible and making it visible is so important?

PC: I would relate it to, I remember being a kid and realizing like, "Oh, air is something." It's not that there's nothing between me and the next thing I'm looking at. What that is matters, right? If it's healthy or if it's unhealthy. I'm breathing it in and out of me, right. It's what I'm living in. I would make that that parallel to trauma, that it's invisible in a sense like the air is invisible, but it's all around us. It's pervading in and out of it, and we're impacting it. It is an epidemic and that there's so much trauma and it's so widespread on individual levels and on societal levels. Even before the recent pandemic, this idea of trauma as an epidemic was there in my mind because I felt, "Well, it's everywhere but it gets away without being noticed," right? Like unhealthy air.

If people aren't aware to test the quality of it, we don't know like that's not good for me. It's not healthy. It's not healthy for the people I love. It's not healthy as I try and guide my life forward. The combination of it being invisible, just often not seen and understood and being so pervasive is what led ultimately to that title.

TS: I'm just going to bring myself forward here a little bit, because as I was reading the book and I was understanding this—you say that "my purpose is to sound the alarm about trauma." You write, "Trauma is a problem for each and every one of us." What I started feeling more and more is how much invisible trauma there is in my life. Not necessarily in my own biography—but yes, also in my own biography and also in the people that are in my family, my partner, my friends. I got to be honest with you, Paul. It freaked me out a little bit. Just to say it just like that. I don't know if you've gotten any other feedback like that from sensitive people reading the book, but it's like, "Oh wow, this thing. I didn't even know it was impacting so much of actions, how we think, our physiology. Now I can point to it and go, 'Oh, that's trauma.'" You wanted to bring this to people's awareness. How is it that you think this increase in awareness will lead necessarily to an increase in healing?

PC: I think the increase in awareness, it tells us there is a problem here that is common across us. If you think about the problems we have as being a more and more fractured and separated society, the idea that we share a common problem—which is trauma in all of our lives. I don't view myself as a guy who thought of something and then made an angle, like, "Let's see the world from this angle." I view myself as a person who saw the obviousness of what's right in front of me. How pervasive trauma is? How much it impacts people inside of themselves? People I would see who before trauma thought that "I'm a good person. I'm hardworking. I can have a good job and I can have a good partner." Sure. Then after trauma, they think very differently, and they don't know it. They don't know that they thought differently before.

When they say, "Oh, no one will ever treat me well, I'll never have a good relationship. I'm never going to be happy." The person didn't think this of themselves before this. When we

look into ourselves, we can see how the trauma may have changed us. From seeing ourselves as a good person who can navigate the world, to seeing ourselves as maybe a person who can't quite make it in a hostile world. Then when we look at the interconnection between us, we see—well, how does that affect somebody else who maybe is really hesitant to live up to their own expectations of themselves? Or hesitant to take some reasonable chance that could make their life better.

When we start to see that, I think it creates an urgency to do something about it. This isn't esoteric and distant. It is tearing our society apart, whether it's through the lens of response to the pandemic and response to vaccination, whether it's through racial injustice and systemic racism, or an undermining of faith, even in our economic foundation. It's from individual people changing how they think about themselves without knowing it, to the giant social issues, that we really are at risk of them tearing us apart.

TS: One of the questions that came up for me thinking about trauma, because you know, now so many authors are submitting books to Sounds True about trauma. It is the discourse of our time. I started thinking, is there more trauma now than there used to be? Or are we just understanding it better now? Meaning, when we think back, war, starvation, poverty, abuse. I mean, these are not new things in our collective life. I was curious to know your view of this invisible epidemic. Have we always had it?

PC: I think we have always had it, but there are differences in the modern world that I think led the different complexion to the problem that really makes it worse.

On the one hand, yes, there always has been trauma. Trauma first started being recognized through wartime problems. After the Second World War when enough people were called "shell shocked," someone then had to pay attention to that—like, "Something is different in them." The conception of trauma has grown up around military trauma, which then extrapolated at some point to really acute trauma, like being attacked, something very bad happening. We gained an increased awareness, but even that increased awareness has not been around chronic trauma. The chronic trauma of prejudice or stigmatization, or vicarious trauma—thank goodness that most people are empathically attuned to feel someone else's pain and potentially be kind to them.

But we also feel other people's suffering. We've had an increased awareness but not nearly enough of an increased awareness. I think that comes out in the conversations in the book about the sociological aspects of trauma and the fact that we know now that trauma can impact children who are not born yet, because of the impact, say, upon the mother. That would have been considered crazy to say not that long ago. I mean, that person is traumatized now, and that's going to change the genetics that become operative, the operational in someone who may not be born for 10 years. But this is true. We know this is true. A big part of it is greater recognition, which still falls far short of the problems around us.

The second aspect is that social media—and then just the broad ability to contact and interact with people that aren't around us—I would say [has] a shockingly negative impact. The information disseminates more, so people can more know right from wrong; it's the loudest voices, which are often coming from the most traumatized, angriest people—because not everyone who has trauma goes into themselves and doesn't take

care of themselves. Sometimes people get very aggressive towards others. They want to find a reason for their own trauma. They want to blame others. Then we have these lightning rods for anger and frustration that are divorced from truth. We thereby bring a new route of trauma, being able to access people and hurt them, even though they're in, allegedly, the comfort of their own homes.

TS: That's helpful. The subtitle of the book—How Trauma Works and How We Can Heal It. Let's start with this first half, How Trauma Works. I want to ask you a question about this. What's your understanding about how two—or many—people could experience the same thing and some person could be traumatized by it, but maybe someone else isn't traumatized by it or isn't traumatized by it very much? What does that tell us about how trauma works?

PC: Sure. The first thing that tells us is that we're each individual, unique human beings, which might seem like I'm saying the obvious. Our healthcare system, certainly in mental health, often wants to think exactly the opposite of that. It doesn't want to think that, for example, you and I are different people. We've had different experiences. Something that might just pass through you, and you don't think much about, might strike a chord in me because we're different. Or it may be that five or six difficult things have happened recently to you but not to me, so you're prying for that next thing to have a deep impact on you and I'm not. These are differences between human beings. Some of it is multiple hit hypothesis which says over time more and more trauma accumulation can predispose us to start to have a post-trauma syndrome at the next trauma.

We're different people. We have different coping skills. We have different life experiences. Maybe one of us wakes up well rested and the other wakes up after a bad night of sleep. Some of it is just the nuances of individual people. Some of it actually anchors to the neuroscience of how much trauma has a person had, how genetically susceptible or protected are they. There are the idiosyncrasies of real people in their real lives. Then there's also the way that the neuroscience of it plays out on these big levels around when changes happen in us, how those changes happen, when we have, say, reflexive shame—among the greatest poison of trauma, reflexive shame. How does that work in a person? How strong is it? How much has a person distanced themselves from good things if they feel reflexive shame? So much of it is because we are individuals and things affect us differently even though there might be some commonality. Something really terrible might affect all of us. But something that's less than the worst trauma we can imagine is going to sit differently with us. It's going to trigger different biological and psychological mechanisms within each of us.

TS: What do you mean by reflexive shame versus garden-variety shame?

PC: The idea is that shame is what gets called an "affect," which, technically it's a very deep level of feeling something. We talk about the limbic system, which is really the emotion system, but there are different levels of how that works. There are affects that—they happen reflexively in us. For example, if you think you're home alone at night

and then you hear a door close—that's immediate fear, right? Because there's not a choice. We don't think about it. It's reflexive because it's designed to protect us, to feel afraid so that then all those systems of fight or flight come online. Well, the same thing happens in trauma that when we are traumatized, the vast majority—it may be that every single time, we don't know for sure, but I would say every time I've ever seen—when a person suffers trauma, there is some reflex that makes us feel ashamed of that, as if we're targeted, that something is wrong with us or we're bad.

How many times have I seen people, especially when I was doing work in emergency rooms, who would come after being assaulted—they're walking down the street, someone attacks them; they come in feeling, "Oh, it was my fault. Bad things always happen to me, and I wore the wrong thing," or whatever a person is saying. It's a reflex that makes the shame, and then we back-map a story to it. That's why shame is so—the word we use is "pernicious." It's so bad. It's so far-reaching because we often don't question that reflex.

Even in my own book, I write about my brother's suicide. Absolutely, I carry it forward with me—"I'm a bad person. I mean, if I weren't, I would have known he wasn't doing well. I would have been able to do something more." I absolutely felt a sense of shame about it. I felt it immediately and pervasively. Unless we go look at that—what is it that I feel ashamed about? There are things we think it might make sense to feel ashamed about—stealing candy from babies, we should feel ashamed—but in most cases, the shame that we feel is reflexive because something bad has happened to us and we don't know what to do with the shame that just gets created in us, so we apply to ourselves. I've seen it over and over and over again.

TS: In mentioning your brother's suicide—and you write about it beautifully in the book, and the shame you experienced—how were you able, knowing everything you know to work with your own shame in that situation and find some level of resolution, if you have?

PC: I was very fortunate. I mean, very, very fortunate. When I look back on where that could have gone, I see where it does go for a lot of people. It's not a platitude, but it's true—it's a reflection of truth to see people who are in very bad situations and to think, "There, but for the grace of God, go I." Because we all have vulnerabilities and susceptibilities. If I were not fortunate to have really good supportive people around me who were emphasizing to me that they felt compassion for me, that I was not a bad person, and I could have a good life. I could get help, and I did. I went and I saw a therapist. The therapist helped me understand some of what was going on with me. I was lucky that I had enough knowledge and resources to get myself some help and good people around me who told me, "Right, it makes sense to do that. Don't just drink yourself to death because of this. Don't just decide that you're worth nothing and stop trying to achieve anything because of this." But it was far from obvious.

I'm a pretty perseverant person. I think that stood in my favor, that I was very miserable and despairing at times, but I kept forging forward. I was fortunate to have that character trait, but then I was fortunate to have good people around me personally and professionally who helped me. Otherwise, I absolutely don't think I would have come through that in a way that let me go on and achieve some things in life and do things that I think help other people, the kind of things that make me feel good about myself in my life and allow me to establish romantic relationship and a marriage and children. I

wouldn't have been able to do this without getting through it intact enough, and that was only through the grace of other people.

TS: Someone's listening to this—and believe me, this was my experience reading the book: I started feeling into traumatic experiences in my own life and the self-blame and shame that came up and have realized that like you just described, whatever healing has happened has happened through the love, kindness, generosity of others and the privilege that I have in my life to have reached out and gotten some really good therapy over the years. What else? What else helps someone? As they're listening and they're like, "You know, I do have a lot of shame about that thing. I don't know why I'm blaming myself. I shouldn't be blaming myself, but I am, and I have been for years, and it has debilitated me."

PC: The things that we can do that don't require resources and sometimes don't even require other people to be helpful to us. An example: it is good to talk to someone, a trusted other person, because our brains just kind of function differently. If we put things into words, we know someone is listening. But people at times have gained a lot through just being reflective, like, "Wait, let me think about that." If I say, "I know I blame myself," that's a big statement, right? What does that mean? Can one put that into words? Like, "I know I blame myself after so-and-so died unexpectedly." Or, "I know I blame myself after so-and-so hurt me." They say, "Well, OK, think about that. What did that change in me? What could it change to look at that differently?" The idea of a true life narrative, right?

Sometimes people will say, "I had realized there absolutely is someone who should be ashamed, and it's not me. It's the person who hurt me. Or it's the society in which I grew up and was stigmatized as being less than—because, what, there's something different about me from what society says the norm is?" People can, in a sense take back their own. Because people aren't born thinking that they're less than. In general, it is experiences that make us think that. If we go back and question that, "Do I think anyone is less than someone else where they can't have a good life, or they don't deserve to strive for a good life—because, what, they were discriminated against or they were raped or they were beaten up or whatever awful thing has happened? Don't we want to feel compassion for that person and help that person anchor to what's true about me that I knew before trauma?"

It's a lot easier to assess this with acute trauma because people's feelings change. If it's chronic trauma or vicarious trauma, it's harder but it's not impossible. I've said to people: "What did you think about yourself back in middle school or high school? If I remember right, you're getting straight As and you're on a sports team. You thought you were going to do this, this and this. You told me that, right? What's changed from then to now? When you're telling me you're not worth anything and you couldn't stop drinking if you tried, what's different?"

We can do that with another person, but we can do that within ourselves. "What's going on inside of me that's changed me in ways that I don't recognize—unless I think about it or write about it?" That's one way of—it's free and can be done in ourselves because we're then applying ourselves to the scrutiny of what's really true and what's not. "Am I persecuting myself because of the things that aren't true?"

TS: You mentioned Paul that you're a perseverant person, a determined person, driven person, whatever. You can see you accomplished so much in your life. For somebody who has experienced trauma and find themselves flattened in some way, they don't have that go-get-it kind of spirit. What can you say to them that could be helpful?

PC: I think that the quiet compassion that we can have for ourselves is really necessary. I think the perseverance in me that you one might see on overt levels, like, "Oh, then you went to medical school." There are things you could check boxes up and say, "That sounds like perseverance." It's not really what helped me the most. I mean, I think it was helpful to me because it came through the lens of me. But I think it was the internal stuff of being persevered enough to think about myself in a different way when it was in a sense easier to just keep thinking bad things. It's this sort of quiet compassion that we can all have. The idea of like—you're given a comfort food, right? How about some, just comfort, the comfort environment, right? Like sitting in a comfortable place, in clothes that feel comfortable. Eat something you like. Be nice to yourself. Sit down with a cup of tea. Think about, "What's going on inside of me? What are these basic principles that I'm thinking about myself? Is there a way that I could be nicer? What would I say to someone else?"

It's an age-old trick in mental health because it works. "What would I say to someone else in this position? Why can I not say that to me? Is it really true that I can't say that to me? Oh, you're hopeless because of what? Would I say that to somebody else?" It's really the perseverance. It's the quiet ways in which the good qualities in all of us come to the fore that I think really help us along the most. We should be able to muster within ourselves the compassion that we can muster for other people. Most of us can do that far, far better for others than for ourselves.

TS: Now you've worked with all kinds of clients and many, many, many, many, many different people. When people have this breakthrough and they start treating themselves with this quiet compassion, what has happened? What has happened in your exchange with them? What has happened that that breakthrough actually happens and works?

PC: There comes a time when a person sees that. In one way or another, the person sees, "You know, I'm persecuting myself and I'm sick of that. I don't want to do that anymore. Somebody maybe when I was growing up told me I was worthless over and over again. Maybe that person is not even alive anymore, but guess who's saying it to me now, I am." There's this idea that there's no internal victim without an internal persecutor. What I mean is, we can be victimized by things. Someone attacks us. We are legally a victim. But that's the difference between internalizing, "Well, now I've decided that I'm just a victim of life or fate. Nothing ever goes well. No one will ever love me. I'll never be happy." Those are broad statements.

It can be a realization. That's often the sort of magic moment. It's not always a moment. Sometimes it evolves over time and then you see that it's happened where the person realizes like, "No, I'm not. Nothing is foretold about me. It's not foretold my next

relationship is going to be abusive because my last five were.” Oftentimes the last five were because the person recreated the first abusive relationship in the other four, trying to gain some sense of mastery and safety. The realization, “I can unattach myself from all of this. I do not need to see myself through this victim light where nothing’s going to be OK for me. Then when I’m kicking that out of me, what I’m also kicking out of me is the persecutor.” That’s when a person can see now things can be different. “I’m going to think about them differently. I’m going to strategize about them differently. I’m going to go stepwise and carefully.”

That’s when you see the person who came in saying, “Other people say exactly this, there’s no way you’re ever going to help me. All of my relationships were abusive, and they always will be. Look, my last seven were abusive.” I’ll say back something like, “If you tell me that you’ve had seven completely different abusive relationships, maybe I’ll agree with you, but you’re not going to tell me that. Then they basically say something that gets recreated from trauma. Maybe they’re trying to please somebody because it’s what they learned when they were a child and they’d picked someone who is unhealthy. They see, “Oh, there’s a pattern. I didn’t do the same thing. I didn’t do a different thing each time. It’s the same thing over and over again and I can understand and control that.” That’s when you see that next relationship is different. That applies to all the things that trauma gives us big blinders on us.

It gets us stuck into ruts of unhealthy patterns. Then we think we’ll never get out of those ruts because we cite the circular evidence—“I can’t get out of it because I’m in it.” But that’s not true. That’s when people have, at times, amazing changes. It’s not a miracle because it all makes sense. It makes sense why the problem is there, and it makes sense how we get out of it. Miracles aren’t good because you don’t know if they’re going to happen. What’s good is I can learn and understand and do something and make change. I absolutely see that all the time.

[ADVERSEMENT]

Tami Simon: As a global culture, we’re going through challenging times. However, when posed with the question she is asked more than any other question, do you honestly believe there is hope for our world, for the future of our children and grandchildren? Jane Goodall, the world’s leading naturalist is able to answer truthfully—yes. And now I’m thrilled to extend an invitation of hope to you. Please join Sounds True for a free seven-day online gathering: Activating Hope Together, we can. Together, we will. Featuring Jane Goodall, author of the new *The Book of Hope*. Please visit hopesummit2021.com to register and learn more.

[END OF ADVERSEMENT]

You know, Paul, I could tell from reading the book that I was going to enjoy talking with you. I could tell.

PC: Thank you.

TS: I thought, “Obviously Paul is really warm, and he has built relationships and rapport with all kinds of people. I know that he and I will be able to connect and have a good rapport. I was curious from your perspective how you do it on the inside. You’re working with patients who highly traumatized, many of them, and you write stories about them in *Trauma: The Invisible Epidemic*. They don’t want to talk to you. They don’t want your help. They’re not interested in you. They see you as some kind of intervening, whatever guy in a white lab coat kind of thing. “Leave me alone. Don’t shove that medicine in me,” whatever. How do you do it? What’s happening on the inside such that you’re able to create such a relationship with so many different kinds of people?

PC: I think the answer to that—and the answer I’ve seen anytime I think a person really can connect well with other people—is it’s the humility to see that we’re just all in it together and to just be a regular person. We all have our roles, and we all have our successes and failures and things we’re proud of and things we’re not proud of. But ultimately, if we meet people where they’re at and maybe the silver lining of some of the traumas in my own life, which really came more in the second part of my life, in a sequence of very significant traumas. Maybe it helped me to see that we’re all in it together. If I have a white coat on, it’s a medical knowledge. I’m incredibly lucky. Right? Yes, I’ve worked hard, but it doesn’t matter how hard you work if you don’t have the good fortune to be in a place where people will love and support and nurture you.

Now you have the opportunity to learn something, right? So, use that thing to help people and realize that you can learn back from them. You don’t know everything. Have the humility to just sit with people. That’s what I saw when I think about, as you said that to me, I was picturing in my head some of the mentors when I was in training. I could see them in their roles. Some of them were very powerful people in the field. I could see them in their roles, but then when I saw them with patients, they were always humble. There was always a humility of like, “I’m another person. I’m here to try and understand something and help you.” That’s why they were able to be effective. Because in a sense of their own trauma, whatever their traumas may have been, didn’t get them to a point where they had to say, “I feel good about myself. I got to feel better than other people.” There’s a lot of that, stratified by any power, whether it’s wealth or it’s political power, or it’s having a white coat on when somebody else doesn’t. But when people don’t need to do that—and that’s true in the medical system, and it’s true just across the board—when you say, “I don’t need you to feel worse for me to feel better about myself,” that’s what lets people connect with other people because you can be real with them. You’re not hiding behind anything. You don’t have to.

TS: One of the things I’m curious about is when people start to self-reflect and self-inquire the way we’ve been talking about here, and they start to identify, “Yes, this is an area of my life where I’ve been traumatized, yes, I have shame about it,” they even get to know what triggers their trauma. These are the things that trigger it. What have you learned and seen helps the people you work with when they’re in the presence of a trauma

trigger?

PC: Sure. There are a lot of strategies people can employ. And they can be very basic, even in a physical sense, of grounding oneself to solid things around one; slow, measured breathing, where we fill our lungs with air and we let the air come back out; the things that we can do to feel a better sense of groundedness to the situation that we're in, so it tells our brain, "This is now, this is not then." We get to live in the present. Because the part of the brain that most matters, that limbic or emotional part of the brain, does not care about the clock and the calendar. If I was traumatized by someone who looked a certain way and dressed a certain way, and now I see someone like that, my brain says, "Now is then and that's going to happen again."

But if I can ground myself to the present and sometimes that's in thought, sometimes that's in body, then I can change that. I can change it so that I'm aware that I'm in the present and I'm not unsafe. Just because I'm not unsafe, just because I've been triggered to feel something in the past now again in the present. That's when the person can then have greater control over their thoughts. "Now is not then. I am in a safe place. Just because someone else who looked like this hurt me, doesn't mean this person is going to hurt me. Look how different things are. Look how far I've come." People can then ground themselves. We all can, to the truth of the present instead of basically the terror of the past.

TS: What about a situation where the trauma is associated with a tremendous amount of grief? You've mentioned that a couple of times in our conversation that sometimes for people it can be the death of someone close to them. That could be the source of a major trauma in their life. Processing a grief for many of us is just excruciatingly terrible. It's just terrible. It's just terrible. How do we do it?

PC: Well, I think there's a pretty concrete answer to that. We separate grief from all the things that almost always come along with it but aren't about grief. In order for grief to be processed, felt, addressed, made better, grief has to have a level playing field without a whole bunch of other problems in it. Often when people are grieving, they're trying to grieve when they're feeling guilty. They're trying to grieve when they're feeling angry. They're trying to grieve when they're feeling shame. Then they cannot grieve. Then the grief becomes complicated because now the grief exists over time and now it's colored by the shame or the anger, or the sense of responsibility that came along with loss.

If we can parse those things out in a way that we talk about—"OK, you're angry, you're ashamed, you feel responsible, you feel guilty"—we talk about those things so that we can put them in their place, because those things are not about grief. If you can put those things in their place then the person can be left with what actually makes sense to be there, which is grief. Then we can talk about sadness, loss. The person can cry. Because we often need to cry. It's the best defense we've got. It doesn't hurt anybody, but boy, it sure pays down the distress inside of us, and then we can actually grieve. When people say, "Oh, it'd been months or years and my grief is the same." That's because the grief has been blocked and there's been no opportunity to pay down that grief.

TS: That's really, really helpful. I think that process of separation, untangling that you're describing, that's very insightful that we need to do that.

PC: Thank you. It's almost like you imagine someone just put a gigantic vat of something toxic behind your home. I want that to go away. But the very fact that it's put there, that prevents you from being able to do anything about being able to drain it out or get help. Now it's there and its very presence prevents you from doing something about it. That's often how grief and shame comes. The grief is something bad has happened, something toxic, that we have to cry, we have to be sad about it. We have to feel close to good people around us. We have to do something about it or it's going to hurt us. But the shame that comes along with us prevents us from doing anything about it, from getting rid of it a gallon at a time, or from doing something to dilute it [so that] it's not as bad anymore. Even the passage of time—does it make things better if we're still living in the immediacy of the event that caused the grief in the first place?

If we're fighting shame and everything that comes along with it, there's no amount of grief that we can't, even though it's painful—and I'm not making light of that pain—but there's no amount of grief that a person who's looking at that grief and has good support systems around them can't get through. But if there's a bunch of guards, making sure you never actually get at, like shame and all the other accomplices of shame, that's when the grief gets worse, it gets complicated. Sometimes it gets so complicated with depression or anxiety or substances that the person doesn't survive the grief. I think that's among the greatest of tragedies because it absolutely doesn't have to be that way.

TS: One of the sections of your new book that I thought was really interesting—and I hadn't really considered all of these implications—a section of the book called "How Trauma Changes the Map." You write about how trauma changes, how we think, our physiology; there can be chronic pain, inflammation, etc., that come in the wake of trauma. I'd love to hear more [about] what you see when you say trauma changes the map. How does it do that?

PC: Because it can change inside of us, what we believe about ourselves and the world, without us knowing it. To me, that is perfect—it maps perfectly to the idea of actually having a map that you knew and understood, that said where you wanted to go and how you want it to be and safe ways to get there. That gets changed and you don't know it. Now you see dangers where there aren't dangers. You see it's safer to just stay home and do nothing, because look at the map—it shows nothing but frightening things around us. We don't know how to navigate any more. Parts of the map now where they're washed out or they're colored over. It tells us that we can't get a grasp on ourselves and our lives and navigate ourselves fully. That's really terrifying, right? It changes, it truly changes everything.

I'm not exaggerating when I say most of what I treat comes from trauma. That I hear said by general medical doctors as well. Trauma predisposes to depression; depression predisposes to cardiovascular disease, which predisposes to heart attacks and heart

failure, strokes. Trauma can over-activate the immune system. Now we're predisposing to all sorts of autoimmune diseases that people can get. It zaps us of energy and vitality, and it impacts our sleep. It exacerbates and accentuates pain signal. Right? A person can feel like they are miserable, they're depressed. They're in pain all the time. They don't feel like they know what to do or where to go. They don't actually realize that all of that developed after trauma. They don't even know it because the brain can't see back to what they thought and felt before trauma, because why? What are they referencing? Their referencing their map.

The map is now different. They're referencing that's the way it is. That's the way it always was. They don't realize trauma came in and changed that map. That's why we have to anchor ourselves to what we thought and knew about ourselves, make a life narrative. What were things like when I was younger? What did I feel about myself before certain traumatic things happen? If I'm not aware of the traumatic things happen, let me think about that. Maybe they did. Maybe they didn't. Right? I'm not saying everybody has some giant thing they don't know about. But your experience when you were reading the book is not uncommon—even in discussions with people, that we start to realize, "Great, there's trauma in us."

The trauma that we don't acknowledge is often not small trauma. It's not like waiting to get picked for the team you want. It's often deaths of people, assaults, discrimination. It's really big things that we're not aware of, but if we look and see that they're there, now we can start with "That's not the map I started off with. You know what I want to get back to? I want to get back to the original map because that was true and accurate. It wasn't changed by trauma to make me think that I can't navigate myself forward and the world won't let me do it anyway."

TS: You made this interesting comment that it's possible to inherit trauma from our family line and not even know. The traumas could have happened before we were even conceived. As we're tracing back and looking for the trauma that might be invisible underneath, how do you suggest we engage in that kind of activity when we're looking at inherited trauma?

PC: When looking at a family constellation, we I think, especially in America now, we're so focused on "who I am and where I came from" is "maybe that's even the last place I lived," right? We're not thinking anchored to generations. But when we do that, it elucidates so much about us. And that is psychological in many ways, but it's biological as well. Understanding, say that previous generation suffered through trauma. You see this in the Second World War where it was thought all the people who went through the Holocaust, that their children were more anxious; the thought was, "Well, because they were probably more anxious people when they were parenting, because of what they went through." We realized there's often truth to that. But also, that trauma changed through what's called epigenetics, which is like our genes—or not just our genes, but whether our genes are manifested in us, whether they do things that impact us can shift according to trauma.

Now we know that the genetic expression in an offspring can be changed by trauma that happened years ago, that the children of Holocaust survivors at times were having mental health issues, including around anxiety in ways that was part psychological but also part

coming from the direct impact of trauma on parents that have experienced that trauma perhaps years before they were born. When we embed ourselves in our own history and the meaning of that history in the families and the social systems that we come from, then we get an accurate picture of ourselves. A much more accurate picture than if I just say, “Well I’m me as I’m sitting here,” but it’s not actually true. Because the trauma that came before I was even conceived impacts me in some way—which isn’t an excuse for not taking care of myself, but it can certainly help me understand if I’m lamenting.

“My God, why am I so anxious all the time?” I think, “Well, look at this, the hand I was dealt in.” Some of that is literally historical hands. I don’t want to say, “Well that’s because there’s something wrong with me, but because I think that’s historical and biological hand that I’ve been dealt. Now I don’t feel so ashamed about it. What can I do about it? Because I do want to understand it so I can do something about it.”

This is all about change. I may be talking about theoretical things sometimes, but the book is all about being grounded to the practical. If I can understand these things, I can do something about it now for myself, for the people around me, and the communities that I live in.

TS: I just want to check this out to see if I’m tracking with you accurately. When you look at someone and they’re reporting, self-report is anxiety, depression, or a lot of the other things that people bring to a psychiatrist. Through your lens, you would get curious. I wonder what the traumas might be underneath this. I’m curious about that. Is that correct? Is that fair to say that?

PC: Yes. I think yes, it’s fair to say that I’m absolutely curious, because if you come to me and say you’re depressed, I want to know why. Here’s one example. Maybe it’s because your thyroid is not functioning well. That’s not trauma, but that could be why you’re depressed. I don’t want to say, “Oh, you’re depressed. Let me give you an antidepressant.” I want to say, “You’re depressed. Why?” I want to make sure there’s not a tumor somewhere that’s spinning off molecules that make you depressed, or there’s not a thyroid problem that we could easily fix with a thyroid medicine. But as part of that, where does that curiosity often lead? Most of the time where that leads to is to talking about trauma.

I discovered that because as a curious person, every now and then I’ll find somebody who has low thyroid if they’re depressed. What do I find most of the time? No matter what it is that a person is presenting with, I’m curious why. Because if I don’t understand why, what am I doing? I’m just a vending machine of medicine if I don’t try and understand why. Where that answer has led to again and again and again is trauma. Sometimes that’s true about purely physical things. Someone gets sent to me for pain. They have terrible shoulder pain. No one knows why. Four orthopedic surgeons have seen him. So often the answer is trauma, even when it seems like, “Oh, it’s purely physical.”

TS: Now, something I wanted to ask you about, Paul, one of the unusual features of your new book, *Trauma: The Invisible Epidemic: How Trauma Works and How We Can Heal From It*, is that there’s a foreword to the book by Lady Gaga. I have to say, for me and for

the folks at Sounds True, this is a really big deal. This is a moment in time to have a book published by Sounds True that has a foreword by Lady Gaga. I'm curious to know a little bit more about your relationship with her and how she came to write the foreword for the book.

PC: Sure. I'm fortunate to meet people from all different walks of life. One of the things that I have found is, gosh, when push comes to shove, we are so similar in the things that make us suffer and in how we suffer; that is, as she wrote in the foreword to the book is the basis for our meeting, that she was in a place of suffering. That suffering was through the human lens of what that was like for her and through traumatic things that promoted along that suffering. In one sense, the experience has been similar because we're both human beings and we both have trauma. I'm in a place where I know some things and I can then be helpful to her. There's an element of it that's just the shared humanness, right. There's also a way in which she's an exceptionally kind and insightful person who very much wants to do good in the world around her, and then is interested in spreading the word about trauma.

Instead of saying, "I don't want to acknowledge that I've had trauma," like a lot of us do, right? Of saying, "No, I'm OK with acknowledging. This is part of the shared humanness between me and other people." I think that's what led her to be willing to write a foreword that speaks to the trauma that she's had in her own life, and how having someone that presumably has some knowledge and ability that can be a real human with her, to where trust and rapport can be built, has made a difference to her. That is unique in a sense that we're all unique. Some of that is unique to her, but it's also like, that's the way that we're helped, including how she's helping people.

She's helping people by sharing, "I, like you, have trauma." Just the same way I might say, "I have trauma like you." Just because I have a white coat on and just because she is who she is in the world doesn't mean that we're immune from any of this. By being open about that, well, guess what, we can each get help ourselves. It opens up the window to help other people. It's something we've aligned around because I think we both have a desire to use, utilize some of the difficult things that have happened to us to help make other people's lives better if we can.

TS: She says in the foreword that you were instrumental in saving her life, really. A powerful statement that she makes. What comes up for me [is when] I said, "What helped you with your trauma?" You said, "Other people." When I looked into my own experience, I thought to myself, "Other people. The kindness, the generosity, the love, the goodness, the compassion of other people." What I'm wondering here as we bring our conversation towards the end is, if we want to be a healing resource in the lives of other people, in our world who have experienced trauma in one way or another, who share with us their shame about something that's happened in their lives, something that's traumatic, what would you advise us so that we can be a healing resource for other people?

PC: In the social climate that we're in, I would focus on being aware of what is going on inside of us that blocks us from connection with other people. There's a lot going on in our country today and I think in the world today that goes like this: "Hey, if you're not just like

me or if you don't believe what I believe, then you die. I don't want you anywhere near me and now I'm angry with you." What this does is it separates people; people don't have a sense of safety in talking about whatever it is may have happened to them. Whether it's because they're worried about being assailed or because their back is so against the wall with "I have to be as strong and powerful as I can because everyone's fighting for everything now."

We see so much of this with some of the ways in which social media has run rampant. There are ways in which it's helpful; there are ways in which it becomes a route to the loudest, most aggressive, most polarizing opinions really informing people's thoughts. Then there's no room for even basic facts, right? If we disagree, can we assess if you and I think the same things are true? That would be a good place to start, right. If we can't even do that, then we become so polarized and isolated that no one, including people who are being the aggressors at times, feel any sense of safety to look at what's inside of them.

I would say, if a person is angry, if a person is frustrated, if a person is blaming, if a person is looking at whole demographics of society and identifying demographics of society as problems, we say like, "What's coming for me?" That I feel something in myself. I feel the need to do this, to never be wrong, or to never tolerate one degree of difference from what my reflex response is to something. We're breeding this in society in a way that makes us more and more and more isolated. What we need is something different from that, right? We need to feel like, "Hey, if we're not exactly the same, we can be in the same room together and we don't have to have a reflexive feeling of fear and insecurity." We've got to start changing on a societal level of how we are approaching the world and how are we approaching other people. Because this hasn't really gone in the best direction over the last several years. It runs risk that we get so, we all get more and more and more and more isolated in our own trauma, which gets worse and worse and spins up and spins up and that we blow ourselves apart. That's not an unrealistic thing to think.

I don't think I'm catastrophizing when I think, "Could that bring down the nation?" Absolutely I think it can. If that happens, sure, that's a societal phenomenon. If it happens, it would happen on an individual level, because we can't even feel some basic safety of connection with each other anymore. That's a problem.

TS: Paul, I want to end our conversation on the note that you actually end the book on. You write here at the end of the book, you circle back to the introduction, and you say:

"In the introduction, I wrote, 'The diversity of human problems I've witnessed in my life and career is nearly infinite. That being said, one reason stands out for the vast majority of these problems. The underlying reason is trauma.' I still think this is an incredibly hopeful statement, because having one reason to address makes our task obvious and straightforward. We must address trauma."

Let's say that the listener now agrees with you, and they say, "OK, we must address trauma. This one reason, it's underneath so much of our reactivity, etc." What is Dr. Paul Conti's manifesto, if you will, on how we're going to do that? Even if we could agree on that, how are we going to do that?

PC: I think there are very, very practical and even common-sense routes to it. I set out five goals in that last part of the book that I think again, are very commonsensical. Let's consider ourselves and others with compassion. Why can't we start from a place, if I'm trying to think about my own tribulations or disappointments, or if I'm thinking about someone else. Can we make choices to act without harming other people? Can we make choices to learn how to be different in the world? How to think about the facts of the world around us, the feelings of other people, right. Can we hold people accountable for truth? How much goes on in the world where we know that's being driven by something that's not true, but we tolerate it? There are some basic principles here that anchor back to our religious traditions.

Our religious traditions tell us some very basic concepts about honesty, openness, acceptance—which fit by the way with I think the lessons of history. It fits with even early education. “What would I have done in kindergarten?” is often not a bad question to ask. If we ground ourselves to these basic foundations and these basic goals, which in many ways are very commonsensical, but we're very far away from them, which is why I do feel hopeful that we can ground to these things. I'm not saying we've got to get ourselves to Mars in order to be OK. How about we go back to some of the principles of the major religious traditions and early childhood education? Maybe it's not that hard then to gain knowledge and we can use that knowledge for good. We start making healing and hope. I see this happening. It's not theoretical. I see this happening in people and in situations that I have the privilege to be involved in.

They can happen on broader levels too, but we have to ground ourselves back to some of what actually makes sense instead of being off in a place that really ends up being driven by trauma and anger and aggression, denial, and all of these things that I think we've seen really grow certainly over the last couple of years in this country. It just doesn't have to be like that and it's not that hard, but we've got to have the wherewithal. We have to have the insight to see like, “Hey, let's back away from some of this and ground to something that's basic.”

TS: I've been speaking with Dr. Paul Conti. He's written a new illuminating book, it's called Trauma: The Invisible Epidemic: How Trauma Works and How We Can Heal It. I find you personally just such an inspiring and heart-based person. I just want to thank you so much for all your great work, Paul. Thank you.

PC: You're very welcome and thank you. Thank you for having me.

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