



Episode 483: Mark Wolynn on Why It Didn't Start With You, Inherited Trauma & How We Heal

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Katie: Hello and welcome to the "Wellness Mama Podcast." I'm Katie from wellnessmama.com and wellnesse.com. That's wellness with an E on the end. And, I was so excited to record this episode, and I'm so excited to share it with you. It is all about "Why it Didn't Start With You", going into the concept of inherited generational trauma, and how we heal it. We also talk about attachment trauma. I'm here with Mark Wolynn, who I recently discovered his book called "It Didn't Start with You." And when I read it, I knew immediately that I had to share him with you guys. He is the director of the Family Constellation Institute in San Francisco, and he's considered the world's leading expert in the field of inherited family trauma. His book is "It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle." And it's won many awards. He's appeared in a lot of different media outlets for his work, his really ground-breaking work with this. And as a parent, I think his work is incredibly important both on the attachment side for recognizing and healing patterns we know of in our children, and also, on the inherited generational trauma side, which was new to me.

This episode goes deep on a lot of these topics. We talk about what inherited family trauma is and how it might be affecting your life without you even knowing it, the way that trauma is physically passed on through generations in the form of epigenetic changes to our DNA, fascinating new research that explains generational

trauma and how it's passed on, the reason that science is showing that parents can actually pass on trauma through the physical cells of sperm and egg, how mothers' emotions are chemically communicated to an unborn child, and how this can alter biochemical expression, why some people experience inherited traumas while others don't, and the factors that make it more likely, and how to use our core languaging phrases as a pinpoint to where our trauma might actually stem from.

He also goes deep on what research is showing about reversing trauma symptoms and how it's possible at any age, and strategies for helping our children experience and work through potential trauma-related symptoms in their own lives. And, tons of resources in this one. I'm going to link to a lot of other resources in the show notes at wellnessmama.fm. He has a wealth of information online. And, as I said, I would also highly recommend getting his book and starting there. As he makes a case for in this episode, there are probably few or none of us who do not have some aspect of this impacting our lives. And, since sharing my own trauma story from my own life, I've gotten an overwhelming number of responses from people asking for tools and resources to help to start do that work. And I think his work is an incredibly valuable tool. I hope that you guys will all pick up a copy of his book and use it in your own families. It's really, really, really fascinating. I've probably given out at least 10 copies already. And it's now one of my most gifted books. So, I'm very excited, and without any more delay, let's jump in. Mark, welcome to the podcast.

Mark: Katie, thank you for having me.

Katie: I am perhaps more excited about this episode than I have been about an episode in a long time because your area of expertise was a new one for me and something I've been delving into quite a bit recently. And as I mentioned off air, the audience is almost exclusively parents and moms, a lot of parents listening. And when I read your book, I knew I had to have you on because I think the work that you do could be so deeply impactful for so many families and has already started to be so for mine. So, to start off broad, and we'll go several more specific directions from here. Can you define what inherited family trauma is?

Mark: Absolutely. So let's say that one of our parents or grandparents lost their mother or their father when they were young. There was some significant trauma. Maybe our mom or our dad was sent away or placed in an orphanage, or their parents traveled a lot, or maybe one of their siblings died tragically. An event like this can break the heart of the family, but the reaction to the trauma doesn't necessarily stop with the people who experienced it. You know, what we see are the feelings and the sensations, specifically the stress response, the way the genes express. This can pass forward to the children and the grandchildren affecting them in a similar way, even though they didn't personally experience the trauma. So now, there's, as we know, lots of substantial biological evidence for this phenomenon.

Katie: Yeah, this was such a fascinating concept for me to delve into because I had, obviously, like, dealt with my own trauma and I think there are a lot of really wonderful resources coming about right now for people directly dealing with trauma they're aware of in their own lives. And I'm glad we have all of these resources. And I had considered, of course, like me having trauma as a parent could change the way I'm interacting with

my children and therefore impact them. But you explained that there's actually a much deeper level here that things can be passed, even in some ways beyond that in ways that we're, through your research, understanding quite a bit. So can you kind of explain this process by which trauma can get passed on generationally?

Mark: Oh, absolutely. So I'll use the computer analogy. As infants, we do not enter the world with a clean hard drive. There's an operating system already in place that contains the fallout from the traumas that our parents or our grandparents experienced. And here we are, we used to think we're born tabula rasa, blank slate. But the truth is we can be born with the fears, the feelings, symptoms that don't always belong to us. And for the reason why this is, is we have to look at the science. When a trauma happens, it changes us. Literally, it causes a chemical change in our DNA and this can change the way our genes function sometimes for generations. So after this traumatic event, technically, there's a chemical tag which will attach to our DNA and say, "Hey, because of this terrible thing that just happened to us, let's use this genetic material, let's use these genes and ignore these genes," enabling us to better deal with this trauma that just happened.

For example, we can become sensitive or reactive to situations that are similar to the original trauma, even if that trauma occurred in a past generation so that we have a better chance of surviving it in this generation. I'll give you an example. If our grandparents came from a war-torn country, so people are being shot, bombs are going off, people are being taken away, lined up in the square, uniform men are separating people out, the people who experienced this trauma, our grandparents, they would develop and pass forward a skillset. Now, there could be positive things in that skillset, maybe sharper reflexes or quicker reaction times, reactions to the violence to help them survive the trauma that they're going through.

Now, the problem is they're passing forward this skillset, and we can be born in an environment that's not a war environment, here in the suburbs, let's say, and have inherited a stress response from them with the dials set to 10 and here we are prepared for this catastrophe that never arrives, but it's living in our body as we're hypervigilant, or hyperalert, or very cautious, or frightened, or scared, or reacting every time we hear a car backfire or see a policeman in a uniform. And we rarely make the link that our anxiety, our depression, our hypervigilance, our shutdown is connected to our parents or our grandparents. Katie, we just think we're wired this way. I hear this all the time. People will say, "Well, this is the way I am. I'm just wired this way." And no, that's not exactly true. We have the family wiring.

Katie: Yeah, I think a couple of important points that really stood out to me when I first learned about this through your work was understanding that physical-chemical change that can happen within the body, because often I think when we think of trauma, we think of the emotional response, especially our own acute emotional response, but understanding that physical change that can happen and understanding that it would seem like that there's a biological purpose for this, like this is probably how the species has continued to survive, not just in humans, but in animals as well. If we develop heightened responses to things that are threats, then the next generation is also then better able to protect against that threat.

But like you're explaining, when we're in an era when that may not be continuing in that same way, we've got generations dealing with like anxiety or these stress responses into something that they may never connect. And that's what was so eye-opening to me is I don't think I had ever thought to think back to previous generations as being a source of some of these issues. And it fascinated me in the book how you talk about there's actually scientific evidence that we're continuing to get more and more of that explains kind of this process. Is it with mice, I believe, or worms? I know it's been studied in a couple of different species.

Mark: Let's start with humans, actually. So about 15 years ago, there was...that's how new this science really is. You know, it's 15, 16 years ago. You know, scientists have long suspected something like this was going on, but the science didn't roll in until there was a...I'm going to start with Rachel Yehuda, she's an important figure in intergenerational trauma. She is a neuroscientist. She's out of Mount Sinai Medical School, and she's working with Holocaust survivors and their children. And she finds a strange thing. She finds that the children are born with the same trauma symptoms as their parents, even though they didn't go through the trauma. Specifically, physiologically, she's finding low levels of cortisol, the stress hormone that gets us back to normal after a stressful event.

And she finds that both parent who experienced it and child who didn't are having the same physiologic responses. She's also the person who does that famous study when the World Trade Center was attacked during 9/11. She found that mothers who were pregnant, who were at or near the World Trade Center when it was attacked, and if the mother went on to develop a heightened stress response, PTSD, let's say, the children went on to develop PTSD. They were smaller for their gestational age, and these children were born with 16 different gene markers. The 16 different genes express differently. Rachel Yehuda has also said, and I quote this in the book, that, "You and I are three times more likely to have symptoms of post-traumatic stress disorder if one of our parents had PTSD. And as a result here we are struggling with anxiety or depression."

A few years ago, she even went further in the biology and found that survivors and their children share the exact same gene changes in the exact same region even of the exact same gene. She was looking at the FKBP5 gene, which is a gene involved in stress regulation and depressive disorders. Now, the pattern can be observed in humans for two generations, but that's because it takes 12 to 20 years to get a generation in humans. And the science is only, you know, 12, 15 years old, but you can get a generation in mice way more quickly. In fact, in 12 to 20 weeks, you get a new generation. And the reason we study mice is because humans and mice share a similar genetic makeup. Over 92%-93% of the genes in humans have counterparts in mice with over 80% of these genes being identical.

I think I'm gonna tell a few studies because it'll drive it home. So there's one study at Emory Medical School in Atlanta where male mice were made to fear a cherry blossom-like scent. Every time they smelled the scent, they were shocked. And so there were changes right in that first generation that were shocked in their brain, epigenetic changes in their brain, their blood, and their sperm. In the brain, there were enlarged areas where a greater amount of these smell receptors would exist so that the mice could detect the scent at lesser concentrations. In other words, their brain had already begun to epigenetically adapt to protect them. So the

researchers had an idea, what would happen if we take some of the sperm and we impregnate females who are not shocked?

And they did that. And the amazing thing is what happens in the second and third generation. The pups and the grand pups became jumpy and jittery just from smelling the smell. They had inherited the stress response without directly experiencing the trauma. And the other thing I want to mention is that one of the most, and this involves us as parents, one of the most replicated studies in all of epigenetics is what they do in labs. They separate the baby mice from their moms, not even for a long time. I'll talk about four lines in my book. Well, they separate moms from...babies from their moms or moms from their babies, and they can see the effects observed for three generations.

So I'm gonna read you actually four lines in my book that really drive this home. In one such study, researchers prevented females from nurturing their pups for up to three hours a day for the first two weeks of life. That was it, Katie. That's all they did. Up to three hours a day for the first two weeks of life. Listen to this. Later in life, their offspring exhibited behaviors similar to what we call depression in humans. And the symptoms seem to worsen as the mice aged. And surprisingly, some of the males did not express the behaviors themselves, but appeared to epigenetically transmit these behavioral changes to their female offspring. So that would be like fathers going off to war and coming back numb from the trauma and their daughters carrying their fathers' fight or flight or freeze response, his shaking, his terror, his shutdown. And it's not just fathers and daughters because, you know, what we find is trauma is an equal opportunity employer. Male children and female children are equally impacted by a mother or a father's trauma.

You know, this is a brand new field and the studies are rolling in every week and they're very exciting. They're all on my Facebook page. You know, Facebook/markwolynn, every week or two, I put a new study and it's significant. Before I turn it back over to you, I'll just mention two studies that I have on my Facebook page that are significant. One, in "Journal of American Medicine Psychiatry," "JAMA Psychiatry," they followed mothers who suffered trauma as children and found that their daughters were more likely to struggle with depression and bipolar disorder. And then there's a Tufts University study that found that men who suffered trauma as children were able to pass their anxiety through their sperm to their kids. And this is the first study to show that humans sperm mirrored the same changes, the same non-coding RNA changes that were found in those mice that were traumatized in labs. Basically, to put it in a nutshell, Katie, memories of trauma get imprinted in our parents' or grandparents' sperm cells or egg cells. And then this information passes forward to us. And then as a result, and I'm simplifying here, but not really, as a result, we can be born with altered brains that are preparing us biologically to cope with traumas that are similar to the ones they experienced.

Katie: And when you explained it like that, it makes sense that biology would have this as a possibility. And to make sure I understand, so you mentioned epigenetic changes, and I think most listeners will be familiar with the term epigenetics. But make sure I get this right, this is basically the changes in genes in response to an external stimuli, basically, right?

Mark: It's a change in the gene expression, so exactly right. So what'll happen is this trauma happens and our parents, or grandparents, or us, the trauma response has us selecting what genes will be useful. So, because of this trauma, we're ignoring, as I said, or selecting, choosing these genes and then this is what's passed forward. So the epigenetics is the actual DNA code, doesn't change. The strand doesn't change, but the way it expresses does.

Katie: And that's a fascinating thought with the whole age-old debate of nature versus nurturer, both of those being a both/and, not an either/or and how directly that can pass on. And so these are changes that are happening. We're looking at like preconception of a child, right? So these changes have happened pre the sperm and egg, preconception, and then they're passed on through...we're finding now three generations, we can confirm that?

Mark: Oh, yeah. There's even studies now that say four generations, and studies with worms say 14 generations. So the studies with mice are saying three and four generations. And yeah, yeah, we can confirm it. There's enough out there that say we can definitely see a three-generation link.

Katie: And I know from reading your work that you have...seen that you've done a lot of case studies and worked with people who have had very clear expressions of this. Can you give us a couple of examples or at least a case example of this represent?

Mark: Oh, absolutely. Yeah, yeah. I'll give one case with a child because we're speaking mostly to parents today. So a mom came to me with her 16-year-old boy who had a rare neurological disorder. It began when he was 10 years old. He began experiencing burning sensations on his skin. So she took him to doctors who couldn't really explain. They couldn't figure out why this was happening. They couldn't find any root cause. So they just called it an idiopathic rare neurological disorder, threw a bunch of names on it, but had no idea why this was happening. So I asked the mother, given that he was the first boy and there's often a link, not always, but often a link with the first boy and the father. When I was speaking with her, I said, "Tell me about his father before we go further. Did his father experience anything when he was around 10?" And the mother said, "Oh, he did. He was playing with matches and he accidentally burned the house down. Well, he burned the garage down, which was attached to the house and the house caught fire and burned down. And the father got out as a young boy and went in, got his mother out, but couldn't get his brother out of the fire, and his brother ended up dying in the fire and the father never forgave himself."

And because it was so horrific in the father's psyche, soma, psyche, everything, body, emotions, the trauma remained unhealed and unresolved that the man's son expressed the same symptoms, similar symptoms, burning sensations on his skin at around the same age. And the family had never made this connection. And then after making this connection, we were able to work together and the boy's symptoms subsided. And I have hundreds of cases like this, where once we can discern what happened and work with what happened, we can heal, healing can happen at any age. We just need to change our brain.

Katie: And because these are things that happened in past generations and not in our own lifetimes, that's one thing I realized in starting to read your book is, like, we might not even be aware of like in that case, these instances that have happened. So it's harder, I would guess, to make those connections when those are not things we directly experienced. We might not even have knowledge of them. So when you're working with someone, how can you tell if someone might be suffering from an inherited trauma versus just their own acute trauma or something else entirely?

Mark: Yeah, that's a really good question. So we can be born with an anxiety or a depression, that's true, and never think to separate it out from the events of the previous generation. But we can also experience like this boy at age 10, which gives us a clue. We can also experience a fear, or a symptom, or an anxiety, or a depression begins suddenly or unexpectedly when we reach a certain age or hit a certain milestone or an event in our family. For example, let's talk about ages first. Grandpa dies around age 30. Grandma's a widow at age 30. Our parents, without making the connection around age 30, start to split up, divorce, separate. Here, we are looking at our partner at age 30 thinking, "Boy, she/he doesn't do it for me anymore," with never making the connection that there's a sort of a what I call an ancestral alarm clock triggering in the body around that certain age.

And it's not just ages, it's events. For example, as soon as we get married, that can be a triggering event. In the book, you probably remember, I talked about this woman. She adores her fiance. He's the greatest guy in the world. And then she marries him, and she's feeling trapped. And she can't understand this because she loves him so much, but she's feeling this horrific tight feeling of being trapped at a marriage. So when we worked together, we looked at her family history and we discovered that both grandmothers in Iraq had been given away as child brides, one at 9 and one at 12 to these much older men, and they lived these loveless trapped marriages, married to guys 30 years older. What was so interesting, and I talked about this in the book at all, that her sisters experienced a triggering of the same traumatic events, but it expressed differently in each sister. The one sister married a man 30 years older, just like the grandmothers, and the other sister refused to even date at all, lest she be miserable like her grandmother.

So that's one event, one triggering event. We could be married and all of a sudden that triggers depression or anxiety. Another one is we can move to a new place, even around five blocks away, but all of a sudden suddenly, the move triggers a depression, similar to what may have happened to our ancestors who were persecuted, or they were forced out of their homeland, or they suffered many traumas during the potato famine in Ireland and starvation. And so just moving can be a trigger. Another one, we can be rejected by our partner and the grief is insurmountable. Even if we dated this person for three months, but the breakup happens and we can't get over it and the grief is protracted and it takes us to a much earlier grief, perhaps a break in the bond with our mom when we were small.

So the breakup with the partner is really driving us to a deeper grief of losing our mum's attunement or her attention because she was sad or dad was drinking or something was happening. Or another one is we can go

to have a child, this is another trigger, and everything's fine, you know, life is cruising along, and we get pregnant and it's that ancestral alarm clock. It starts ringing. I once worked with this woman, a similar story of the fire, the guy before. I once worked with this woman who was consumed with anxiety. She had no idea why. And I said to her, "So tell me more about this anxiety." And she was frantic. She said, "I, I don't, I don't know." I said, "When did it begin?" And she said, "Seven months ago." And I said, "What happened seven months ago? What happened eight months ago?"

She said, "That's when I got pregnant." I said, "Ah, I see you're pregnant now." I work with everybody on Zoom, so I can't see their bellies. She said, "Yeah, I got pregnant." I said, "So did you ever harm a baby before?" Ah, I'm sorry, I'm skipping a point. I said, "What's your worst fear?" And, you know, that's one of the questions I ask in the book. I said, "What's your worst fear? What's the worst thing that would happen if you have this baby or having a baby? What's it bring up?" She goes, "Well, I'll harm my baby." And I said, "Have you ever harmed a baby?" She said, "Of course not." And I said, "Did anyone in your family ever harm a baby?" And she was about to say no, and she said, "Oh my God." And she remembers the story she heard when she was little about her grandmother who lit a candle, caught the curtains on fire, caught the house on fire, and she can't get her baby out. And then the woman says, "But we were never allowed to talk about that. You know, you had to walk on eggshells around grandma. You could never mention this." And in that moment, she makes the link that she had inherited the terror from her grandmother's actual experience. And then we were able to break the pattern.

Katie: Some several directions I want to go from there. The first being, you mentioned the sisters who had different expressions of the same trauma. And it seems, I would guess, all of us have some form of trauma in our generational history. It would be almost unavoidable that at some point there wasn't something traumatic. But yet everyone seems to maybe manifest differently or perhaps some people don't really seem to manifest at all, perceivably. So what makes the difference on whether someone does or doesn't see this happen?

Mark: That's a good question. Okay. So, you know, why do some people relive trauma and other people don't? Why is this sibling, you know, the lucky sibling that has this difficult fate and the other siblings are fine? You know, epigenetics is really, it's just one piece of the puzzle. Embryologists have known for 100 years that when grandma was five months pregnant with mom, let's say, the egg that will one day become us is already in mom's womb because, you know, in the fifth month of pregnancy, all the eggs that mum will ever have are already there. So one of those eggs will become us. If you can imagine, here we are in mom and our egg, that which will be us, already inserted in mom's womb, in grandma's womb. So there's almost this sense that three generations right there are sharing a shared biological, at least biological environment.

And then when we take the work of Bruce Lipton, who tells us that mother's emotions are chemically communicated, her feelings, her sadness, her joy, her anger, her frustration, chemically communicated to the fetus through the placenta, and that can biochemically alter genetic expression. But the question you're asking me, and I love this question, is what creates these repetitions? What creates this reliving? And what I've found, what I've discovered mostly is when the traumas aren't talked about, when the healing is incomplete,

because the pain is too great, the grief is too great, the sadness, the shame, the embarrassment, and people don't wanna touch it. You know, they don't wanna go there. So it's easier not to feel it. We push it away and then it dives, almost sinks deeper, submerges deeper into the psyche, and it emerges later either with them or with a child in the next generation.

So let's talk about that again. The traumas aren't talked about, the healing hasn't happened, or the people in our family system are excluded or rejected because they've...you know, grandpa hurt grandma by being an alcoholic, or having an affair, or dad hurt mom by having an affair. So we don't like dad. We can't do this. We can't cut off people because that's another way in which people who are excluded, rejected, forgotten, pushed away, cast out, that's another way that traumas repeat. Basically, when there's not been any resolution, we see repetitions, aspects of the traumas then show up in a later generation, and unconsciously will repeat their pattern or share their unhappiness until this trauma finally has a chance to heal.

Hey, Freud observed this 100 years ago when he talked about repetition compulsion. He was talking about the trauma will continue until it achieves a better outcome. The way I feel it is the contraction of the trauma is seeking its expansion, so it'll keep generating more situations where we keep reexperiencing, hitting the same wall, reexperiencing the same situation until we can have expansion. I often say that the seed of expansion exists in the trauma itself if that makes sense.

Katie: It does. And I've very acutely felt that in my own life, not with generational trauma, so specifically, but with actual acute sexual trauma in my life and seeing then the growth that came from that and being able to connect that in my own lifetime. It makes sense that would work on a generational scale as well. It was mind-boggling to me to start thinking in this way of realizing we can be expressing patterns and living as a result of trauma that's not our own that happened in past generations, but we are still very much seeing the outcome of it. And for many people, that's, again, a new concept we perhaps haven't considered, and we have to kind of become detectives to go backwards to identify maybe where some of these things started to come from. And you talk about core language, but can you kind of walk us through like how you work with someone to start identifying what might be the generational roots of these things?

Mark: Absolutely, absolutely. So the first thing I do when I'm working with someone is listen to their trauma language. And I'll get into that in a minute. You know, this language can be verbal and nonverbal. Oh, I can give you an example already. When it's verbal, remember the woman I just talked about. I said, "What's the worst thing that could happen to you if you get pregnant, or you have a baby, or you..." And she said, "I'll harm my child." That's verbal trauma language. And then what's nonverbal trauma language goes back to that other story where the boy begins to express symptoms in his skin at the same age his father burned the house down. That's a nonverbal trauma language. So when I'm working with people, I'm gathering this verbal and this nonverbal trauma language.

When it's nonverbal, it lives in the words we use to describe our issues. It lives in our deepest fears, it lives in our anxieties, it lives in our most difficult relationships. When the trauma language is nonverbal, we see it in our behaviors and our symptoms, and a lot of times in our destructive behaviors, Katie. And these destructive behaviors often mimic certain traumatic situations in our family history. So I'm very interested in what we would call our aberrant behaviors, our panic attacks, our phobias, our unusual symptoms like that kid's burning sensations on his skin because these unusual symptoms often appear after an unsettling event, or, you know, as I talked about earlier.

So these unusual symptoms, they appear after an unsettling event. Our fears and anxieties will strike suddenly as we talked about earlier when we reach a certain age and often it's at a same age that something terrible happened in the family history. So this nonverbal trauma language is also mirrored in our relationship struggles, the types of partners we choose, how we allow ourselves to be treated, how we treat others, what happens in our relationships. Do we leave? Do we get dumped? Do people leave us? This nonverbal trauma language also lives in the way we deal with money and success. All of this forms a breadcrumb trail that can lead us quickly really to the source of the issue.

So I work with people, I ask these questions, we come up with the verbal and the nonverbal trauma language. And then once we've isolated this trauma language, we just track it back to the originating event, either in the early childhood, you know, a break in the attachment, or in the family history, then we do the deep work to heal. And we'll probably talk about this at length, but healing involves many things, but mostly, we need to focus on having positive experiences that allow us to feel integrated in our body and allow us to calm our brain's trauma response, you know, downregulate the stress response so that we can break the cycle of traumatic living. And then in a session with people, often facilitate positive experiences in the session and then give that as homework so they can continue to work to change their brains.

Katie: I'm glad you brought up the early life trauma as well, because I wanted to circle back to that and kind of compare and contrast how we can tell maybe if something is coming from inherited trauma versus early life attachment. For a lot of the moms listening, and I'll just share from my own personal experience, I think about this a lot with my third child. So I have six kids and the third one was an emergency C-section that was very unexpected. And he was in the NICU for a couple of weeks. So through no choice of either of ours, I was separated from him for a long period of time. And you mentioned the study that they did and how even just a few hours a day in mice that separation led to kind of far-reaching consequences. So I'd love to hear kind of compare and contrast how inherited trauma expresses the same or differently than those early life ones. And maybe it's an extension of that, if we know as parents that our children have already potentially experienced some of that early life separation, what can we proactively do as parents to help that not become a negative pattern for their whole lives?

Mark: Wow, that's a lot to unpack in that question, Katie. But let me start. Yeah, there are definitely two types of trauma languages that I listen to, one that takes us generationally and one that takes us toward attachment. So let's start with attachment language. And most of us, really when you ask that question, what's your worst fear, what's the worst thing that could have happened to you if things went terribly wrong,

if things came suddenly falling down, if, you know, if your life most suddenly came crashing down, what's the worst thing that could happen to you, most people will say something like this, "I'll be abandoned, I'll be rejected, I'll be left all alone, I'll lose control, I'll be helpless, I'll be powerless, I'll be homeless." See, all of that language is attachment language because babies are helpless and powerless, and they feel homeless when they're disconnected from their moms because of an event.

When I hear this language, "I'll be rejected, I'll be abandoned, I won't exist, I won't matter, I'll lose everything, I'll lose my mom, I'll lose my family, I'll be judged, I'll be ridiculed", this is attachment language, Katie. It goes back to either our early break in the attachment, or our mum's early break in the attachment with her mother, or our dad's early break in the attachment with his mother. Now, there's a generational language too, and it's different. "I'll harm a child", like that woman said earlier, or "I'll hurt someone", or, you know, again, that question of what's your worst fear? What's the worst thing that could happen to you? And someone might say, "I'll do something terrible. It'll be all my fault. I'll be hated, I'll be ostracized, I'll be sent away, I'll go crazy. They'll lock me up. I'll do something terrible, and I won't deserve to live. I'll hurt a child, I'll take a life." These things don't have anything to do with attachment. These have to do with a generational direction.

And so when I hear that language, I know to ask questions in that direction. And when I hear, "I'll be abandoned, rejected, all alone, helpless, powerless," I'll go in a detachment direction. But not always. I always keep my mind open to see which direction it needs to go in. So the next part of that question I think you asked me is a break in the attachment. What happens when we do have a break? Let me start by saying many events that we don't even think about can cause a break in the attachment with our kids. For example, I always ask what happened when we were in the womb? What were the events in utero? When your mom and dad were conceiving you, did they like each other? Did they want to get married? Did one feel forced? Did one feel trapped? Did they feel they had to get married? Were their hearts in the marriage? So that's important because if our mom's heart wasn't into it or she was feeling trapped. She can't attune to the baby in utero in the same way as if she were choiceful in wanting to get married.

Then there's other questions. Did a baby die before us in the womb? Were their miscarriages or stillborns beforehand? And then the question we ask is, "Well, was mom afraid we would die too? Was her body full of fear? Was she thinking, 'I don't feel the baby. The baby's not kicking. What if he dies too? What if she dies too?'" That can break attunement, or, "What if our mom was not going to keep us and she for the first trimester was thinking about giving us away or aborting us, or she did give us away? And for nine months the messages, 'I can't keep you, I can't keep you.' And then there's that break when she puts us up for adoption, or what if, in utero, our parents are fighting, our parents are drinking, someone's cheating? Maybe they got separated, maybe dad's an alcoholic, maybe mom wasn't feeling supported, and then she couldn't really have freedom of inner space to attune to the baby because they're worried about money, shelter, food, love, the relationship continuing. Maybe she doesn't love our father. She feels trapped." All of this translates into cortisol, which is caustic to the baby.

In fact, babies, I talk about this in the book, even develop a cortisol-busting enzyme to deal with the excess stress that a mother's going through. And then we have to look at the events like you did at birth, labor,

delivery, whether the baby's taken away, put in an incubator, whether the baby's a preemie, whether our body was rejecting the baby during pregnancy, whether it was a long labor, a difficult delivery, the baby's put up for adoption. There was a forced separation that no one planned, like with you, Katie, what you were talking about. Our baby was placed in the NICU or an incubator. We would deliver with forceps. Mum was hospitalized after the birth because there were complications, or our parents took a vacation too early, or as a baby or a little child, an infant, we were sent back and forth to divorced mom and dad and the separations from mom were too early. I mean, there's so many things. I mean, I could keep going. What if mom, during the pregnancy, her mom died, her dad died, her brother died, and she's grieving and that grief is translating into cortisol. So all of these things, including does mum feel lonely or trapped with our father? Does she feel chosen by him? Is he cheating? Is he stressed? Is she stressed? It goes further. Did mum get enough mothering from her mother so she can give enough mothering to us? My goodness, you see how far it can go, Katie? It can go far.

Katie: Well, and when you say it like that, it makes me think there are probably few if any of us who get to any point in life without any of those factors coming into play.

Mark: Thank you. That's exactly...that's where I'm going. You know, it's so funny that you say that. Breaks in the attachment, Katie, they're so common and they go unnoticed. You know, I started out as the inherited trauma guy. Here I am, the guy who's working with generational trauma. And I find myself 75%, 80% of the time working with attachment because it's needed. And if I'm in integrity working with people, or the people I trained, or in integrity working with people, they're working with attachment 75%, 80%, 85% of the time because you're right, because events did happen. They were out of our control. Nobody meant any harm, nobody meant anything bad, but it is just what happened.

Katie: And when something so common like that, I think it's easy to then assume that it's then normal and to minimize the impact it can have, but you make such a strong case for how profoundly these can impact our lives and in subtle ways which can make them even more difficult to identify and work past. But I would guess almost everyone listening is hearing and resonating with some aspect of something you've said thus far in the episode because it would be highly unlikely that any of us have not experienced some version of one of those things at some point in our lives or certainly in our parents' lives. So that brings me to the really relevant question is if we all are potentially facing some version of this as a relevant factor in our lives, how do we become aware of it and start to move toward healing it?

Mark: Okay, that's a really good question, and I can't get out of my brain all the people listening thinking, "What do I do for my child? This happened when I was pregnant." Let me start there and then let me talk about healing, because look, we...our kids, we can always heal our children. We can hold them. We can breathe with them. We can say, "Shh, go to sleep, go to sleep." Once our baby or our child or our teenager falls asleep on our shoulder, falls asleep on our belly, falls asleep on our chest, they surrender into the parent, they surrender into receiving, they surrender into mothering. So a lot of times I'll say to moms where one of these things happen, "Hold that baby and breathe with them and just say, 'Shh, go to sleep, I've got you. Go to sleep, go to sleep. Mommy's here, mommy's here. I'm not leaving. Go to sleep.'" So that's one thing.

And if the baby's a little bit older and maybe the baby has a fear, the toddler, the infant, the child, the teenager has a fear or an anxiety, we can put our hand on their body where they hurt, or where they feel scared, or where they feel anxious, or where they feel uncomfortable, and we can say, "I'm here. I'm not leaving you. I'm gonna hold you. I'm gonna put my arm right here on your body and breathe with you until you feel safe, until your body feels good inside, until you just feel like going to sleep," you know, something like that, some version.

So let's not make the mistake and say, "Oh, that's my independent little boy or girl. She doesn't like to be held. He doesn't like to be held." That means we're bypassing the essential message that know that independence is a cry for help, that's a cry for hold me, hold me, hold me. I may wrench out of your hug when you try to hold me. I may push away, I may turn away, I might say, "Mommy, stop, I want to play with my toys," and do all those things. Don't listen to me. Hold me and tell me you've got me and tell me you're here and tell me you'll just hold me till my body feels safe.

So that's the first thing I wanted to do to address what we can do with our kids. And that's so simple. But I wanted to just address that because I think that's key when we have our little babies that struggle. Now, you asked me an important question of how we heal, and I just think that has to be talked about right now. Healing, it's not difficult. We've got to have...you know, I'm gonna go back to mice for this question. I'm gonna talk about mice because I'm gonna go back to the science because there's a lot of science showing this. So there's a lot of good news right now. Researchers...oh, gosh, how do I say this? They're able to reverse trauma symptoms in mice. That's what they're able to do. So they traumatize these poor little mice in the labs, and then they untraumatize them, they expose them to positive experiences. And it changes the way their DNA expresses. Technically, it inhibits the enzymes that cause DNA methylation and histone modifications. These are two mechanisms. It's all you need to know. They're just mechanisms of transgenerational epigenetic inheritance.

So the researchers put these traumatized mice as adults in positive low stress environments, and their trauma symptoms reversed, their behaviors improved, there were changes in DNA methylation. And this prevented the symptoms from transmitting to the next generation. Remember that study I was talking about where they made the mice fear that cherry blossom scent? Remember that? You know, the same researcher taught them not to fear the scent by repeatedly exposing them to it and not shocking them. Now, these mice no longer feared. They no longer had the heightened sensitivity to that scent and their sperm lost the fearful epigenetic signature that could pass down to future generations. Now, mice aren't the only one who heal from positive experiences. It's how we heal. We've got to calm our brains' stress response, whether we've inherited that stress response from our parents or grandparents, or the trauma happened to us in early life, you know, say, an attachment wound, which is quite common.

I'm gonna elaborate on this. To heal, we've got to have positive experiences that change our brain. And then we need to practice these new feelings and these new sensations associated with these positive experiences.

Because when we do this, we not only create new neural pathways in our brain, we stimulate the release of feel-good neurotransmitters in our brain like dopamine, serotonin, GABA. We also stimulate the release of feel-good hormones like estrogen, oxytocin. We all know that one. And even the very genes involved in our body's stress response can begin to function in a different way. We can change the way our DNA expresses.

So what is a positive experience? It can be practices where we receive comfort and support, even if we believe there wasn't any. You know, you should know from reading my book, it's all about how to feel comfort and support even when we didn't get it from our parents, or we can practice feeling...have a practice of feeling compassion, or having a gratitude practice like Oprah taught us, or a generosity practice, or a loving, kindness practice, or practicing mindfulness, ultimately anything that allows us to feel strength, peace, or joy inside our body and have a curiosity about it, have a wonder about it, have an awe about it. Because these types of experiences feed the prefrontal cortex, and they can help us reframe the stress response so it has a chance to downregulate, so our brain has a chance to calm down. The idea's to pull energy away from our limbic brain, from our amygdala, our overactive amygdala and to bring energy to the forebrain, specifically our prefrontal cortex, where we can integrate these new positive experiences and our brains can change.

Katie: Oh, so many good points in that I was making a lot of notes for the show. It makes me happy to hear you say that about the early attachment stuff because I had definitely an instinct as a mom, especially with my son who I was separate from for a couple of weeks to hold him constantly and to, like, make sounds that kind of like got our breathing in rhythm. And I actually wrote a book while entirely wearing him in a carrier and he was with me almost nonstop, those first couple of years. So I'm hopeful that hopefully broke some of that.

Mark: It did, it did.

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Katie: And I also love your tip about connecting it to their body when they're experiencing any of those emotions or that abandonment. And that's something I've picked up from my own trauma therapy was I had never really made this semantic connection before until I got asked in therapy like, "Well, where are you feeling that in your body?" And I'm like, "Where's my what?" And then I started paying attention to it. And so now I'll walk my kids through that like, "What are you feeling and where do you feel it?"

Mark: Beautiful. That's great.

Katie: It's great as a parent because it also kind of like it did for me, it kind of pulls them out of the immediate response because they're like, "Wait, where am I?" And then they get back in their body, and they start paying attention. It's a really cool tip.

Mark: Awesome to teach them that young to get into their bodies. That's brilliant.

Katie: And hopefully also as parents, another thing I think a lot is, and not minimizing the emotions that they're having or telling them that they should not be having the emotions, try to encourage the experience of their emotions in a way that's not societally harmful, but not like saying, "Oh, anger is bad," or feeling this pain, you know, letting them experience their emotion and not judge their emotion and help them get more in touch with it versus I think a lot of us get taught early to resist emotions or to shut them down, which at least for me led to problems later on. And so I've tried to be cognizant of not doing that with my kids.

Mark: Totally, because we don't know where those emotions are coming from. That might not be our anger. We might be carrying our father's anger at our mom for leaving him, or our mother's anger at our father for drinking. We don't know where this looks exactly. You know, I've learned in my work to support anything, to support any emotion, any phobia, anything somebody feels that somebody would call aberrant. I'm saying, "That's really neat. Let me hear more about it," because, you know, these aberrant symptoms, these aberrant emotions, these aberrant...what someone would call aberrant, I say, "You're on the breadcrumb trail. Tell me more." Because, you know, as long as we have full expression, we can heal, we can lead to something.

And in fact, this is leading me into another point. I wanted to talk about that thing, first of all, of how important it is to get our babies to fall asleep on us like you did with your baby, that he was always attached to you because then that baby learns to receive from the mother, that baby learns surrender to the mother's

love. I'm so glad you did that. But basically, you're leading me to this other point with this cool conversation, which I'm enjoying, is we've got to learn to be with what's uncomfortable in our body. We've got to learn to be with the uncomfortable sensations that we experience in our body until we reach what's beneath them. Because beneath those sensations, if we stay with the uncomfortable sensations long enough, we get to the deeper sensations, which are life-giving, like pulsing, tingling, softening, expanding, blood flowing, waves of energy, waves of warmth, sparkly, swirly energy. And then I teach people to hold those sensations for at least a minute and do that six times a day. That can be enough to change our brain and calm our stress response.

Katie: And what about releasing generational trauma? If it's something that we maybe aren't even aware of, or that was with someone who's already passed on and we can't have a direct healing experience with someone or maybe identified this was something that happened to my grandmother, so how do I, now as me, reverse that trauma?

Mark: Oh, that's a beautiful question too. You put her picture up, and you talk to her. You light a candle, and you talk to her through the flame. You know, you close your eyes, and you visualize her saying, "Grandma, I've been feeling this, and I see it's not mine. I see that this is what happened to you, and I know you don't want me to carry it." And maybe we'd find located in our body, that will take us back to the body here, located in our body. And grandma, because you love me and because I love you, I'm gonna breathe this back because it's part of your dignity, your strength, your fate, your experience. And then maybe have an experience of breathing this back to grandma on one level and then feel grandma's support and love for you, where she's there whenever that behavior arises, and you feel her instead holding you, protecting you, shining a light on you. So, you know, we learn, and I talk about this in the book again and again, that whether we do something in real life or we visualize it, the brain doesn't care, the brain doesn't know the difference. The brain just wants the healing. And when we visualize and experience, the same regions of the brain activate, the same neurons light up. And so whether we're visualizing or experiencing in real life, doesn't matter, the brain heals. We heal.

Katie: Yeah, and that I would guess would ring true as well for maybe someone who had a strained relationship with a parent and doesn't have contact with that parent anymore, maybe never received love in the way they needed from that parent, they can still visualize and have that experience and have that conversation and then let it go in the same way?

Mark: Oh, yeah. In fact, I give this practice probably 90% of the time, Katie. I'll have them put a photo of their mom. Let's say they don't like their mom. They had a broken relationship, and they blame their mom for everything under the sun, and they don't want any connection. I say, "Okay, let's do the work through visualization. Get a picture of her when she was young." And I'm holding up a coaster here. "Get a picture of her when she was young, when you were a baby. Maybe you can use her high school picture, her college picture. Put it over your pillow, above your left shoulder and say to her these words before you go to bed at night," because right before we go to sleep is a very important time for neuroplastic change. So you say these words, "Mom, hold me when I'm sleeping." You can do this for a mom who's deceased as well and put her picture up over your left shoulder, "Mom, hold me at night while I'm sleeping and help me repair the break in the bond between us. Teach me how to trust your love, how to receive it, and how to let it in." And if you took

care of your mother as a baby or a kid, add these words, "Without taking care of you, mom, just receiving." This can be so potent to do that practice.

Katie: And I didn't want to start here, but I do want to go over this story, if you're willing, with your own experience with this, what like pointed your life in this direction and has now led to all of this work. So if you don't mind, will you share your own experience with that?

Mark: I would be happy to. Oh, gosh, over 30 years ago, like many of us, I had symptoms that I couldn't explain. I began to lose the vision in one of my eyes. And, you know, who knew what it was? I went to the eye doctor, and I find out I'm diagnosed with this chronic form of retinopathy and I'm just a young guy and the doctors can't cure it. And they tell me it's in both eyes. And because of the way it's progressing, I'm gonna lose the vision in the other eye too. And I'm pretty desperate to find help. And I go on this search for healing, Katie, literally around the world, learning from anybody and there's no internet back then. I don't even know how I'm finding out these books and these teachers, but I'm going around the world to study with all these masters.

And I go as far as Indonesia, where I learned from several very wise spiritual teachers who taught me some fundamental principles, one of which was the importance of healing my relationship with my parents. But before I could do that, I had to heal what stood in the way, which was inherited trauma, though, I don't know that at the time, but specifically, the anxiety that I had inherited from all my grandparents who were all orphans. Each of them...well, three of them lose their mothers when they're babies. And the fourth one loses her father when she's one, but ultimately, as we know, she loses her mother too because her mother's grieving. So breaks in the attachment from being orphans, this anxiety, this was the real cause of my vision loss. And just like my parents had this, I had inherited this feeling of being broken from my mother's love. So this was passed down in my family.

And I remember as a small boy, whenever my mom would leave the house, I'm five, I'm six, I'm panicked and I'm running into her bedroom, and I'm opening her drawers, and I'm pulling out her scarves and her nightgowns, and I'm crying into her clothes thinking I'd never see her again and that her smell would be the only thing I had left. Now, this would have been true for my grandparents who are orphans. All they have is a garment of their mothers that's left, and that's all they had was their smell. I don't know this at the time, but, you know, I do my healing work. And 40 years later, I share this with my mom, and she said, "Oh, I did the same thing too. When my mother would leave the house, I cried into her clothes also." And then my sister reading the book says, "Honey, I did that too when mom left the house."

And so I find out that this was the family coping mechanism from the terror of losing the mother. So after healing all of this, healing the broken bond, healing the broken attachment with my mom, my sight came...my vision came back. And that was really weird because I didn't expect it to come back at that point. But luckily, it did. And so afterwards, I said, "Geez, there's something to this work." And I felt compelled to share the principles I'd learned and ultimately developed a method for healing the effects of inherited family trauma.

Katie: And definitely, highly recommend your book. I'll make sure it's linked in the show notes at wellnessmama.fm for you guys listening, or anywhere books are sold, "It Didn't Start with You," really, really great book. But I think that your case especially illustrates that really profound point that often what we're told is a strictly physical, and in your case, incurable thing, can have roots that we wouldn't expect. And I first started having my eyes open to that when I read "The Body Keeps the Score" years ago and examining into my own life with direct cause and effect. And then I feel like your work is a whole nother layer that I had not explored previously on this inherited side and as mom being very cognizant of that early childhood phase and making sure that I'm forming a strong foundation for my kids in that way. So I'm very grateful for your work. We've covered a lot today, and I'm guessing we might get some follow-up questions so perhaps we can do a round two one day.

Mark: My pleasure.

Katie: A bit of questions I'd love to ask at the end of episodes, first being if there's a book or a number of books that have had a profound impact on your life, and if so, what they are and why?

Mark: Okay. "Beyond Old Yeller," which, of course, killed me as a child when they shot the dog...oops, I ruined the ending. Really, it would be the books of poems by the poet Rilke. I recommend everybody read Rilke. Just probably the deepest poet I know and profound and really all attachment and trauma work are in his poems. Gosh, if I had one up, I'd read one to you now, but I'm not gonna do that. Just read poems by Rilke.

Katie: I will link those in the show notes as well. And any parting advice you want to leave with the listeners, especially people who might be realizing for the first time the potential that some of these things are impacting their lives today or that this is a new area for them?

Mark: Yeah, we can heal at any age. You know, that's the main thing I'd like to say. It doesn't matter how old we are, it doesn't matter how traumatized we feel, or what we've gone through, or how broken we feel from our parents. Basically, we've got to change our brain. And we do this by having positive experiences. But it isn't just having these positive experiences, it's letting them mean something. It's letting them be meaningful. I always say that those of us who heal aren't attached to the outcome. We're engaged in the process, meaning we're not thinking where it'll lead. We just do it because it feels right. So have these positive experiences because they feel right, because you've let them be meaningful.

For example, when I work with clients, I often give them the practice of learning to be with these life-giving sensations in their body of feeling their blood pulsing, feeling the particles of energy at their core, and just being with that as though it's letting their body dance with it in a way. You know, many times in my sessions, I'll tell people ride on top of that, sort of like that movie, "Whale Rider," where a woman's riding on the whale.

Ride on top of that sensation that you're feeling, that positive sensation, until you become that sensation, become your body pulsing. In fact, your name is no longer Katie. You're just pulsing, pulsing, pulsing in the body. So that's probably the biggest message I could give.

Katie: And I know you have a lot of really valuable tools in the book as well. And you walk people through kind of identifying these things, identifying their core language, and then the steps of healing, which we talked about today, but you go into a lot more detail in the book. So I know that's a great starting point as well. And where else can people find you to keep learning other than...of course, your book is a great starting point.

Mark: All social media and my website, markwolynn.com. There, I have, you know, classes, courses. I just did a training that I'm really happy with. We did this live, or we did the Zoom training that's now streamable. And I teach clinicians who want to learn this and bring this into their work. But also people who want to go for a deep-dive, they've got to do their work in this class, the trauma work. It's like having a session with me. So they can take this course as well.

Katie: Wonderful. And all of that will be linked to you guys in the show notes, wellnessmama.fm, so you can find it. And Mark, I was so excited to have you on. This episode has certainly not disappointed. This was amazing. Thank you so much for your time.

Mark: Oh, Katie, thank you. It was a pleasure talking with you.

Katie: And thanks as always to all of you guys for listening and sharing your most valuable resources, your time, and energy, and attention with us today. We're both so grateful that you did, and I hope that you will join me again on the next episode of the Wellness Mama Podcast.

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