

Paul Conti, MD

trauma  
the invisible epidemic

**How Trauma Works and  
How We Can Heal from It**

 **sounds true**  
BOULDER, COLORADO

# Contents

Foreword *by* Lady Gaga, Stefani Germanotta xiii

Introduction 1

## **PART ONE**

What Trauma Is and How It Works 7

Chapter 1: How We Talk about Trauma 9

    Analogies for Trauma 9

        The Trauma Virus 9

        Pollution 12

        Parasites 12

    Pre-Existing Conditions 14

    I've Got a Story to Tell 14

    Four Vignettes 15

Chapter 2: Types of Trauma and Post-Trauma Syndromes 19

    Acute Trauma 19

    Chronic Trauma 20

    Vicarious Trauma 20

    Post-Trauma Syndromes 21

*Sometimes There Is No Vacation* 25

Chapter 3: Shame and Its Accomplices 29

    A Healthier You, a Healthier Us 30

    Accomplice: Shame 31

        Antidote: Uncovering Self-Talk 31

        Antidote: Reattributing Shame 31

    Accomplice: Poor Self-Care 31

        Antidote: Clarifying What People Deserve 31

        Antidote: Describing What You Would Change 32

    Accomplice: Risk-Taking Behaviors 32

        Antidote: Reviewing Motivations 32

        Antidote: Investigating the Impulse 32

    Accomplice: Poor Sleep 32

        Antidote: Relaxing Body and Mind 32

        Antidote: Employing Imagery 32

Accomplice: Mood Decline	33
Antidote: Activating Body and Mind	33
Antidote: Exploring Your Stressors	33
Accomplice: Anxiety	33
Antidote: Limiting Media	33
Antidote: Identifying Triggers	33
Accomplice: Damaged Immunity	33
Antidote: Taking Care of Your Body and Mind	33
Accomplice: Nightmares and Flashbacks	33
Antidote: Seeking Assistance	33
<i>I Need to Learn from Him</i>	34
Shame Works Best in the Dark	37
The Secret Lessons of Trauma	37
My Family's Experience with Shame	42

Chapter 4: A Conversation with Stephanie zu Guttenberg 43

Chapter 5: Compassion, Community, and Humanity 55

<i>Honey, You're the First One Who's Noticed</i>	56
Trauma Changes the Map	58
<i>Uncle Rango, the War Hero</i>	59

**PART TWO**

The Big Picture—The Sociology of Trauma 63

Chapter 6: The Problems with Trauma and Health Care 65

<i>Vomit Bag</i>	66
<i>Therapeutic Antidote: What to Look for in a Therapist</i>	69
<i>Doc, I'm Dead and You're a Busy Man</i>	71
<i>The Revolving Door</i>	73

Chapter 7: A Conversation with Daryn Reicherter, MD 77

Chapter 8: Social Ills, Social Trauma 89

<i>The Boy in the Gas Mask</i>	90
Three Crises	91
<i>Am I Doing a Bad Job?</i>	92
Trauma and the Assault on Compassion, Community, and Humanity	94

Chapter 9: Social Ills, Social Solutions 97

Antidote: Fostering Humility	97
Antidote: Remembering Our Core Values	98
<i>The Murder That Was and the Assault That Wasn't</i>	99
Antidote: Opening Ourselves to Others	101
Antidote: Managing Fear	101
Antidote: Avoiding Quick Fixes	102

### **PART THREE**

#### **An Owner's Manual for Your Brain 105**

#### **Chapter 10: What Trauma Does to Thought 107**

Logic, Emotion, and Memory 107

Cognitive Blinders 110

*Who Put My Patient on the Train Tracks?* 112

Victimization and the Victim Mindset 114

Antidote: Changing the Channel 116

My Own Limbic Firestorm 117

#### **Chapter 11: The Limbic System 119**

Affect, Feeling, and Emotion 120

Antidote: Finding Supportive Environments 123

Leaping and Landing 124

Memories Don't Hold Meaning 125

Firing and Wiring 126

Antidote: Wait a Minute! 127

*I Have to Kill the Rats* 127

#### **Chapter 12: The Physical and Mental Ravages of Trauma 131**

Inflammation and Chronic Pain 132

Antidote: Reducing Tension 133

Autoimmune Diseases 134

Epigenetics and Childhood Stress 135

Accelerated Aging 135

New Normals Aren't So Normal 136

*You Can't Help It—You're Italian!* 136

### **PART FOUR**

#### **How We Can Beat Trauma—Together 139**

#### **Chapter 13: The Way Home 141**

*Five Critical Links* 142

Antidote: Activating Our Knowledge 144

Allies, Angels, and Devils 144

Antidote: Playing Tug-of-War 146

Antidote: Enhancing Awareness 146

*The Murder That Wasn't and the Assault That Was* 147

Chapter 14: Leading with Wisdom, Patience, and a True Life Narrative	151
Leading with Wisdom and Patience	151
Clear Communication	153
<i>Do You Know What That Word Means?</i>	154
The Importance of Stories and a True Life Narrative	157
Antidote: Writing Your True Life Narrative	158
<i>The Girl Whose Name Was Changed</i>	159
Chapter 15: A Humanist Social Commitment	161
Our Commitment	161
Five Foundations	162
<i>The Biopsychosocial-Spiritual Model</i>	163
Five Goals	164
<i>Ten Years Later, Ten Years Younger</i>	166
Closing Thoughts	168
Acknowledgments	171
Bibliography	173
About the Author	175

# Introduction

**L**ike you, I've experienced quite a bit since I first came into this world (for me, fifty or so years ago on the second floor of St. Francis Hospital in Trenton, New Jersey). Much of it has been joyful, but a lot has been difficult and emotionally painful. I see myself as a regular person who has been through some tragic experiences, felt them deeply, and thought about them a great deal. I am a physician and practicing psychiatrist with training in brain biology and psychology, and I approach my profession from a holistic point of view. I've had the privilege of being alongside countless people going through intense and often life-changing situations. All of these relationships are personal to me, and through these relationships and my own experience, I've come to think the way I do about trauma and the devastating role it plays in our lives.

Before deciding to apply to medical school, I had a career in business. My only experience with health care to that point involved visiting older relatives in the hospital—mostly first- and second-generation Italian immigrants, some who served our country in World War II (you'll hear all about my Uncle Rango in chapter 5). As they aged, these relatives needed more care than they were used to receiving from trusted local doctors, and the shift to visiting hospitals wasn't easy on any of us. The doctors and nurses always seemed so busy and remote, and they rarely communicated with us.

When they did, we often struggled to decipher what they meant, and I was often left feeling intimidated and confused. I knew there had to be kinder, better ways to treat people in such difficult situations, but at the time I'd never have guessed that I'd eventually devote so much of my life to paying attention to people and doing my best to help.

My father is a businessman, so it seemed practical that I'd become one, too. I eventually got a job at a first-rate consulting firm, but after a while in the field I began to feel stagnant and trapped. It felt like all of my options were played out, and everything was going to be downhill from there on out. I became depressed. I was only twenty-five. And that's when my youngest brother killed himself.

Jonathan was twenty. He shot himself in the home we grew up in with a handgun my father had been issued during the Korean War. My mother found his body.

After the shock decreased, my family and I tried to understand what seemed like such a senseless tragedy. My brother and his girlfriend had recently broken up, and we believed he might have been experimenting with drugs, but these issues didn't explain Jonathan's decision to take his own life. In retrospect, I understand much better.

Four years earlier, a rare congenital problem had shut down Jonathan's entire digestive tract. Up until that point, he had been perfectly healthy. Now here he was—sixteen years old, his life in danger, and having to go in and out of Children's Hospital of Philadelphia for one painful procedure after another. He couldn't eat. He lost an unbelievable amount of weight and strength. He was scared. The entire ordeal was horribly traumatic for him. Later on, people who knew Jonathan before his illness would comment on how much he'd changed.

I hadn't seen Jonathan much when I was away at college, but even in the years before his suicide, I was clueless as to what was going on with him. Jonathan wanted me to see him as strong and happy, so he hid his trauma from me (or, more accurately, he hid what he understood of his trauma). I'm not sure I would've noticed much anyway. Like I said, I was depressed at the time. I was lost in my own self-soothing strategies and largely blind to my own tribulations and trauma.

After Jonathan's death, I gradually learned about the history of mental illness and suicide in my family. I spent a lot more time with my parents and my other (now only) brother, and I started to realize some things about how

I'd been living my life up to that point. I began to see how I'd existed under a litany of *shoulds* born of fear—fear that I wouldn't succeed, fear that I would lament leaving a good job, fear that I wouldn't know what I was doing and would regret it later. After my brother's death, those fear-based *shoulds* governing my life faded away, and I couldn't remember why they had been so important in the first place. And that's when I decided to explore my long-held fascination with becoming a physician.

Although it was at times arduous, medical school was a wonderful experience. I was eager to learn all the things I didn't know when my elder relatives were getting sick—all the things I didn't know when my brother was sick. And I wanted to wield this secret knowledge so that I could finally make a difference, one person at a time. As I rotated through different specialties during the last two years of medical school, I was struck over and over again by how the world inside of a person determines so much of their outside world. I began to see how our life choices and experiences of life emerge from whatever is going on inside of us, and I became amazed by the number of problems—some of them fatal—that were entirely preventable. Medical school taught me about the astonishing complexity of human beings, from head to toe, as well as the predictability of many of the preventable things that hurt or kill us—a poor diet, for example, or chronic smoking, or car accidents.

The more I learned about clinical medicine and spent time with patients, the more appalled I became by how mental health factors regularly went unaddressed, leading to both mental and physical pain and sometimes death. I saw how people were suffering and dying not just from physical illness but from underlying mental health factors that contributed to their issues in the first place. So often it was clear that there were better ways to approach medical problems—any problems, for that matter—by paying attention to the underlying issues. More often than not, this meant paying attention to trauma.

I became interested in psychiatry because it excited me to think about combining brain biology, medicine, and psychology to understand and help people. Psychiatrists need to think about medical and neurological conditions that sometimes are the root cause of what leads people to seek care or be brought to care, and they also have to focus on how the mind and body influence each other constantly. For example, the physical suffering my brother had to deal with affected his mind, and those changes resulted



in behaviors that affected both his body and mind even more. I decided to become a psychiatrist because I wanted to make a difference for people like my brother.

## **WHY I WROTE THIS BOOK AND WHAT I HOPE YOU GET FROM IT**

The diversity of human problems I have 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.

That's a bold statement, and it's meant to be. The message I'm here to deliver about trauma should be bold because it's meant to change your life, and the lives of others, for the better. I believe it's also a relieving statement. Think about what it would be like if all the lights went off in your neighborhood—what a pain it would be if the solution required you to go around replacing every last light in every single house! Repairing the transformer might seem like a heavy lift, but it's a much more reasonable solution to the problem you'd be facing. That's how it is with trauma, too.

I wrote this book to sound the alarm about trauma. Trauma is way too prevalent, harmful, contagious, and often invisible—just like a virus. And if we keep ignoring that fact and allowing trauma to remain hidden, I wouldn't bet on our ever defeating it.

Sure, most of us already know about trauma. This certainly isn't the first book about it, and we regularly hear or read about trauma in the news. However, I think most of the ways we encounter the conversation around trauma resemble screaming through a megaphone—megaphones get our attention, but they're overly alarming and annoying, and they usually just leave us shocked or confused. That's not what I want to do here. This book is designed to really talk about trauma, to foster actual dialogue after you put away the computer or newspaper for the day. I'm putting down the megaphone so we can have a thoughtful conversation.

Okay, technically this isn't a conversation—I wrote this book, and now you're reading it, so it isn't exactly a two-way exchange of ideas. Still, I want it to feel like a dialogue, and I offer the practices and reflections in these chapters with that in mind. It's my belief that we currently aren't given adequate strategies to deal with trauma; neither are we provided the understanding and motivation we need to create necessary change in ourselves, others, and the world. With that in mind, here's what I want you to get out of this book:

- A thorough understanding of trauma and shame
- The ability to recognize trauma in yourself, others, and the society around you
- Knowledge of the ways in which individual and collective trauma operate on a societal level
- Motivation to stop trauma in its tracks
- Lots of practical tools to help yourself and others

In addition to being packed with stories from my life and the lives of my patients, this book is full of descriptions and explications broken down into four distinct parts. Part I: *What Trauma Is and How It Works* defines trauma, explores different types of trauma, and lays out the crucial role shame plays in it. Part II: *The Big Picture—The Sociology of Trauma* zooms out to show you how big and pervasive the problem of trauma actually is. I discuss how the current state of health care is ill-equipped to handle trauma; I also explore how social conditions such as the Covid-19 pandemic and racism foster even more trauma. In Part III: *An Owner's Manual for Your Brain*, I get into the role of the limbic system, specifically how trauma alters our brain biology, emotions, memories, and physical experience of illness and pain. Finally, Part IV: *How We Can Beat Trauma—Together* is a call to action to process, purge, and heal trauma's detrimental effects for all of us.



PART ONE

# WHAT TRAUMA IS AND HOW IT WORKS

---

*Human suffering anywhere concerns  
men and women everywhere.*

ELIE WIESEL, *NIGHT*



## CHAPTER 1

# How We Talk About Trauma

---

**trauma** \trau-muh\ *noun* anything that causes emotional or physical pain and leaves its mark on a person as life moves forward.

---

**T**rauma affects everything. An alarming percentage of us has been significantly hurt in ways that cannot be seen from the outside. I don't mean trivial hurt, like someone giving you the wrong flavor of ice cream or eating your last cookie. By trauma, I'm referring to the type of emotional or physical pain that often goes unseen, yet actually changes our brain biology and psychology. And although humans tend to be pretty resilient, many of us suffer from these traumatic changes in more ways and for longer than we imagine.

### **ANALOGIES FOR TRAUMA**

Sometimes a working definition alone doesn't cut it, so I often use analogies to talk about trauma, illustrate how it works, and help lay out a path toward what to do about it. Here are some of my favorite analogies, but you'll find several more scattered throughout the book.

#### *The Trauma Virus*

I probably use this analogy the most, and it's certainly germane at the time I'm writing this book. I've been thinking of trauma as an epidemic for years now, but recently the Covid-19 pandemic has hit home everywhere, and I've started considering trauma as being like a virus that also leaves far too many people

dead and suffering aftereffects in its wake. As with Covid, you can't see trauma itself; you just see it at work—silently but maliciously. As it harms one person, it replicates and jumps to another; then it spreads to another and often back again. Unfortunately, there aren't vaccine trials for trauma, and early testing for trauma is woefully lacking. And until we employ all of the tools at our disposal and finally face the threat of the trauma virus, not only will our happiness and well-being remain threatened but also our survival.

Covid has profoundly changed the way we experience the world and relate to our other community members: We wear masks when we're with others, we maintain physical distance from them (usually six feet or more), we wonder if they might be infectious agents, we keep conversations short, and so on. Trauma's impacts aren't all that different: Because we suffer from anxiety and depression as a result of trauma, we wear metaphorical masks to deal with people (in Rome, theatrical masks were called *personas*), we maintain emotional distance from them, we sometimes avoid people who appear to be suffering from anxiety or depression of their own, and we keep conversations with them brief and shallow.

---

**A wise response to a viral pandemic is to become more closed until a vaccine becomes widely available.**

**A wise response to a trauma pandemic is to become more open so that we ourselves become the vaccine.**

---

Before Covid hit, I always thought of pandemics as times when people set aside differences to come together to fight a common enemy. In the past, I imagined, people must have listened to their doctors and nurses and followed guidelines set by community authorities to take care of their loved ones and others. I'm writing this in 2020, and it has been a rude awakening.

Too many people don't appear inspired by any notion of the common good. In fact, the news is full of folks who seem to have doubled down on whatever preferences and grudges they hold, all the while ignoring the lethal threat growing day by day. Our national response to the Covid virus has been marked by denial, squabbling, and a shocking refusal to face unpleasant truths. Our government didn't look ahead, even when warned. And because we weren't willing to face inconvenient truths, we eliminated countless opportunities to stave off avoidable tragedies. By any legitimate standard,

we failed as a nation to get out of our own way and to do what was right for our country and everyone in it.

I'm deeply troubled by this. But it also makes me all the more determined to get the message out about the trauma virus, which is also a pandemic generating untold misery and desperation around the world.

Trauma might not be getting the press Covid is at the moment, and that makes it all the more deadly. Like Covid, the trauma virus itself is invisible. We might be able to recognize some of its symptoms, but because trauma actually alters our brains—our thoughts and memories and their meanings—it's even more difficult to recognize the extent of its damage. Most of us think of trauma as something that results from a significant, one-time event, but that's just the tip of the trauma iceberg. The scientists who study trauma tell us there's a lot more to it than the obvious stuff we can see, but—as the Covid pandemic has shown—we're not always the best at listening to scientists.

One thing scientists tell us about the trauma virus is that it is harmful enough to affect the children of the future—children who aren't even imagined yet, let alone born. Trauma can define how genetic characteristics are passed on, meaning that the consequences of trauma are being written into our future genetic record today. So trauma acts like a pandemic that extends beyond a person's death. We're looking at a virus that infiltrates the survival chain of our very species, allowing its harm to amplify across generations.

Masks and isolation serve us well in a viral pandemic. They protect us by limiting the spread of illness so that we can survive and move life forward. The masks and isolation imposed by trauma, however, mostly operate on the inside, replacing healthy emotions and thoughts with negative ones and projecting our discomfort and fears upon the world. None of this serves us well or protects us. Instead, the masks and isolation associated with trauma foster even more trauma, allowing the seeds of our suffering to grow and spread. This is how the trauma pandemic perpetuates itself.

A wise response to a viral pandemic is to become more closed until a vaccine becomes widely available. A wise response to a trauma pandemic is to become more open so that we ourselves become the vaccine. Opening ourselves to understanding, to compassion, and to change lets in the psychological sunlight and fresh air we need to thrive.

Although the virus analogy most accurately captures the danger and severity of trauma, I sometimes like to use two other comparisons to describe just how serious a threat trauma is to all of us.

## *Pollution*

Trauma is a lot like the air we breathe—it's everywhere, flowing in and out of our homes and our bodies and the bodies of our loved ones. We usually don't think very much about the air we breathe unless the pollution levels rise (smog in our cities, for example, or smoke from forest fires in our neighborhoods), and it gets unhealthy to take into our bodies. That's why we use the air quality index (AQI) to track major pollutants such as ground-level ozone, carbon monoxide, aerosols, and so on. That being said, most of the time we pay virtually no attention to the air we need to survive. That's similar to our approach to trauma, too—we only recognize it as serious when symptoms get out of hand. What would be ideal is some form of ongoing monitoring system that empowers us to understand trauma's day-to-day effects and helps us to minimize the damage trauma causes in our internal and external environments.

Of course, pollution is also a major problem in water. Imagine placing a drop of colored dye in a large bowl of water. In this case, the dye is toxic, and if you watch the bowl closely, you can see the toxin disperse throughout the water. When the dye first drops into the water, the color is rich and bright, but its intensity decreases as the toxin spreads throughout the bowl. There's still the same amount of poison in the water, and it still goes with the water wherever it travels, but it might seem like less of a big deal than it did at first—after all, the color of the dye isn't nearly as obvious as it once was.

Just because we aren't immediately aware of or concerned about pollution doesn't mean that it isn't a danger to our planet. And just because we aren't paying attention to trauma doesn't mean that it isn't working to undermine our well-being. The threat is real, and trauma is actively doing damage at this very moment.

## *Parasites*

---

**Sometimes the trauma parasite is so bad that we even forget the basics of how to keep ourselves safe.**

---

The third analogy I want to talk about is *toxoplasma*. Toxoplasma is a parasite that goes through different stages of development in different hosts. This allows it to live and reproduce by using the hosts it invades, ensuring its future survival. We can identify the stages of development of the parasite—its life