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books

**the  
Myth  
of  
Normal**

**TRAUMA, ILLNESS & HEALING  
IN A TOXIC CULTURE**

**GABOR MATÉ**  
*with DANIEL MATÉ*

**Vermilion**  
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*Introduction* Why Normal Is a Myth (And Why That Matters) – 1

## **Part I: Our Interconnected Nature**

- Chapter 1* The Last Place You Want to Be: Facets of Trauma – 15
- Chapter 2* Living in an Immaterial World:  
Emotions, Health, and the Body-Mind Unity – 37
- Chapter 3* You Rattle My Brain: Our Highly Interpersonal Biology – 52
- Chapter 4* Everything I'm Surrounded By:  
Dispatches from the New Science – 59
- Chapter 5* Mutiny on the Body:  
The Mystery of the Rebellious Immune System – 68
- Chapter 6* It Ain't a Thing: Disease as Process – 85
- Chapter 7* A Traumatic Tension: Attachment vs. Authenticity – 96

## **Part II: The Distortion of Human Development**

- Chapter 8* Who Are We Really? Human Nature, Human Needs – 115
- Chapter 9* A Sturdy or Fragile Foundation: Children's Irreducible Needs – 123
- Chapter 10* Trouble at the Threshold: Before We Come into the World – 136
- Chapter 11* What Choice Do I Have? Childbirth in a Medicalized Culture – 146
- Chapter 12* Horticulture on the Moon: Parenting, Undermined – 160
- Chapter 13* Forcing the Brain in the Wrong Direction:  
The Sabotage of Childhood – 179
- Chapter 14* A Template for Distress: How Culture Builds Our Character – 197

## **Part III: Rethinking Abnormal: Afflictions as Adaptations**

- Chapter 15* Just Not to Be You: Debunking the Myths About Addiction – 211
- Chapter 16* Show of Hands: A New View of Addiction – 224

*Chapter 17* An Inaccurate Map of Our Pain:  
What We Get Wrong About Mental Illness – 235

*Chapter 18* The Mind Can Do Some Amazing Things:  
From Madness to Meaning – 253

## **Part IV: The Toxicities of Our Culture**

*Chapter 19* From Society to Cell:  
Uncertainty, Conflict, and Loss of Control – 275

*Chapter 20* Robbing the Human Spirit: Disconnection and Its Discontents – 286

*Chapter 21* They Just Don't Care If It Kills You: Sociopathy as Strategy – 297

*Chapter 22* The Assaulted Sense of Self: How Race and Class Get  
Under the Skin – 311

*Chapter 23* Society's Shock Absorbers: Why Women Have It Worse – 329

*Chapter 24* We Feel Their Pain: Our Trauma-Infused Politics – 343

## **Part V: Pathways to Wholeness**

*Chapter 25* Mind in the Lead: The Possibility of Healing – 361

*Chapter 26* Four A's and Five Compassions: Some Healing Principles – 374

*Chapter 27* A Dreadful Gift: Disease as Teacher – 390

*Chapter 28* Before the Body Says No: First Steps on the Return to Self – 408

*Chapter 29* Seeing Is Disbelieving: Undoing Self-Limiting Beliefs – 422

*Chapter 30* Foes to Friends: Working with the Obstacles to Healing – 430

*Chapter 31* Jesus in the Tipi: Psychedelics and Healing – 447

*Chapter 32* My Life as a Genuine Thing: Touching Spirit – 463

*Chapter 33* Unmaking a Myth: Visioning a Saner Society – 481

Acknowledgments – 499

Notes – 503

Index – 546

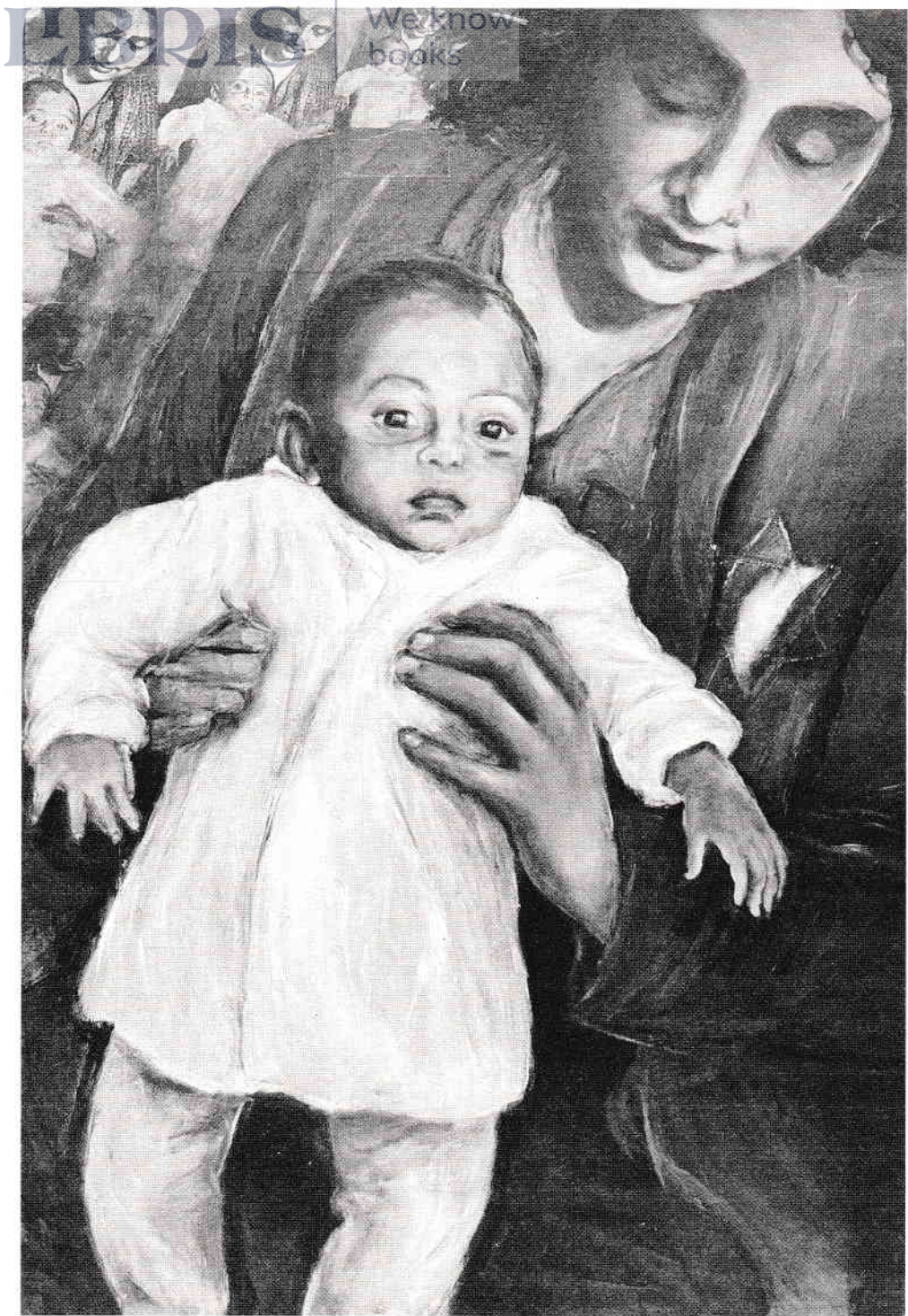
Part I

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# Our Interconnected Nature

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

—Susan Griffin, *A Chorus of Stones*



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

## Chapter 1

# The Last Place You Want to Be: Facets of Trauma

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

—Mark Epstein, *The Trauma of Everyday Life*<sup>†</sup>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **What Trauma Is and What It Does**

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

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

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

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

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

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

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

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

## Two Types of Trauma

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

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

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

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

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

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

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

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

### What Trauma Is Not

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

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

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

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

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

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

### Trauma Separates Us from Our Bodies

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