

Therapy Chat Episode 257



Disclaimer: This is a verbatim transcript which may contain spelling errors.

[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 257.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan, LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan, LCSW-C.

[00:00:34] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. Between writing notes, filing insurance claims, and scheduling with clients, it can be hard to stay organized. That's why I recommend Therapy Notes. Their easy-to-use platform lets you manage your practice securely and efficiently.

Visit therapynotes.com to get two free months of therapy notes today, just use the promo code "Therapy Chat" when you sign up for a free trial at therapynotes.com. [00:01:00]

[00:01:02] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And as December, 2020 is winding down I think many of us are looking forward to 2021 in hopes that it will bring many good things. 2020's been a hard year for so many of us. So, as we close out the month, I'm bringing you a replay episode of my interview with Mark Wolynn on Inherited Family Trauma and Intergenerational Trauma. So, I hope you will enjoy this episode. Something to think about during the holidays.

[00:01:34] Don't forget if you are a therapist and you're interested in doing some consultation to build your trauma skills and feel more competent in your work, especially if you feel familiar with trauma, but you don't understand much about working from a bottom-up approach, you'd be a great candidate to join one of my trauma therapist groups.

[00:01:57] So details about those will be coming [00:02:00] out in January. So, stay tuned for that!

[00:02:02] As always, thank you for listening and I hope you have a great week and I'll talk to you soon.

[00:02:11] Hi, welcome back to Therapy Chat. Today I am so excited to be bringing you an interview with someone whose work I greatly admire. My guest today is Mark Wolynn.

[00:02:24] Thanks so much for being on Therapy Chat today.

[00:02:26] **Mark Wolynn:** Laura, thank you for having me. I'm happy to be here.

[00:02:29] I'm so happy too and dying to talk to you about your book. It Didn't Start With You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle. But before we even start talking about the book, can you just, if you could, will you please start off by just telling our audience a little bit about yourself and your work.

[00:02:51] Huh. I see myself as the guy that holds the flashlight. So I hold this flashlight and I'm looking with a certain [00:03:00] view at a certain phenomenon, which is the unexplained symptoms that we think are ours. We

walk around with these mysteries, these fears, these anxieties, these phobias, these obsessive thoughts, these depressions that we never get to the bottom of, and we can't separate ourselves from what we carry. These pieces, as we're now learning could be biologically inherited from our parents and grandparents. And we never think to question, we don't make that link. We think we are our symptoms. So many of us have this mystery and I started to notice this years ago, years and years ago when I first started to work with people.

[00:03:50] I remember, you know, it's funny. I think I'll tell the very first case that led me into the direction of inherited family [00:04:00] trauma. Oh my goodness. Probably about 25 years ago, I was working with, many self-injurers at the time, many cutters. And one woman that I worked with, she was 24 years old. I'll call her Sarah for the sake of the interview. And Sarah would cut herself in an extreme way. It was different than the other cutters that I worked with. She would cut so deeply into her arms and her legs and her abdomen that she would cut a vessel. And start to bleed to death. And her parents would be horrified, and they'd rush her to the hospital because she was bleeding profusely.

[00:04:43] And once they stopped the bleeding, they saw her as suicidal and would put her in a psych ward for weeks at a time. And so this she comes to work with me once and she was one of the cutters I was working with. And when she got out of the psych ward [00:05:00] and again, the backdrop, I knew nothing about inherited family trauma back then.

[00:05:05] So the backdrop is, all I know is why does Sarah cut in this deep way? Well, she got out of the psych ward and she's in the session and I handed her a pen. And I said to her, Sarah, pretend this pen is the knife that you use to cut yourself and go ahead and place it to your body, like you're about to cut and right at that moment, tell me what your thoughts are, what that feeling is, what that sensation is, what that movement is. And she was placing the knife or the pen, of course, at her arm. And the minute she had it on her arm, she had this, you could see the color in her face change. And I said, Sarah, right there, what's going on right there? And she said, I don't deserve to live.

[00:05:56] And here I was Laura working with a [00:06:00] 24-year-old woman whose life had just begun. And I said, Sarah, what have you done? What did you do? Did you harm somebody? Did you take somebody's life? Did you cause an accident? Did you break up with somebody who took his or her life? And she said, no, nothing like that.

[00:06:18] And in that moment we were both kind of clueless, why did she feel that she deserved to die? What had she done, which accompanied this cutting so deeply, that it would almost make her die? So I visited the usual places I knew how to visit back then. I looked at the attachment with her mom, which was safe, secure, strong. She was able to take in her mother's love. She was able to soften in her mother's care. She was able to feel nurtured by her mom. The relationship was great. So I thought, okay, I'll look at the relationship with her [00:07:00] dad or, you know, I'm examining her childhood and nothing. Nothing is there, Laura, she loves her dad, her dad's great. They're big supporters of her. They encourage her. I had nowhere to go. So luckily, I asked this question, I said, so Sarah tell me about your grandparents and boom she dropped the bomb. It was amazing.

[00:07:24] She said, oh, okay. My father's mother, my grandmother was an alcoholic. She was driving the car drunk and she crashed into a pole. And my dad's father was in the passenger seat, and he went through the windshield and got cut, lacerated on the glass and bled to death before the ambulance arrived. And in that moment, Laura, everything was right there.

[00:07:52] **Laura Reagan:** Yeah.

[00:07:53] **Mark Wolynn:** When she cut herself, part of her unconscious was remembering the [00:08:00] grandfather she never met, her father's father. He was 12 at the time, her dad, when his dad died. And part of her body, her cutting the whole experience was bleeding out as though to die like him, which didn't make any sense at that moment. And then it also made sense who felt that she deserved to die, was the grandmother? The grandmother felt she deserved to die for taking the life, taking a life, but even taking the life of her beloved. So, I had Sarah close her eyes and visualize that she was having a conversation. At this point, I was a hypnotherapist trained in Erikson hypnotherapy and I had her close her eyes and have a conversation with her grandmother and grandfather. And so, the question I had her tell, I said, tell your grandfather what you're doing. And she said, well, I'm cutting myself, [00:09:00] grandpa, and I'm almost bleeding to death. And then I had her add the words, the way you bled to death, and she said, yeah, the way you bled to death.

[00:09:13] And then I said, how's he responding? What's he doing in your mind's eye? And she said, he doesn't want me to do this. He's telling me that he's there to support me and to breathe out this cutting feeling. And then I had her look at her grandmother. And say, grandma, when I cut myself like this, I feel it's me who deserves to die, that I need to die and I can see that's how you must have felt taking grandpa's life.

[00:09:51] And I said, so when you tell her that what's she doing? And Sarah said, well she's supporting me too. [00:10:00] She's saying every time that you have this feeling to cut, to find that feeling in your body. And so I'm helping Sarah to find this feeling, the urge, the impulse, right before she feels the need to cut.

[00:10:15] Which is for her, it was a sinking feeling a feeling of dissociation and sinking. And to find that feeling, put her hand on that feeling and breathe it back to her grandmother and her grandfather who she now felt as guardian spirits, blessing her to not do this. So in other words, where there was no resource now there was this massive resource of the grandparents supporting her and helping her breathe this feeling out well, the end of the story was she never cut again.

[00:10:50] But just to make sure I had her bring her dad into the next session. And I worked with him while Sarah sat on the couch because he was a [00:11:00] 12-year-old boy who would've been grieving the death of his father, but the grief would've been thwarted by the anger at his mother. So, I had him see what was behind his grandmother, which made what made her an alcoholic.

[00:11:16] And he could see that she was given away as a little girl to foster care. So he was able to develop compassion for his grandmother. I mean the father, his mother, and he was able to grieve the death of his dad. It was a beautiful session at the end of it. He stood up to say, he stood up in front of Sarah and said, you know what? You leave this with me. I've got this.

[00:11:38] **Laura Reagan:** Oh my gosh.

[00:11:39] **Mark Wolynn:** Yeah. I mean, it's powerful. So I learned everything in that moment in a way that I, you know, discovered that our traumas aren't just our childhood traumas. They can also be our family traumas. And right after that time, I sought out the brilliance of Dr. [00:12:00] Bert Hellinger. This great, he just died. I would call Bert my greatest teacher. And Bert is the father of family constellations where Virginia Satir would be the mother of family constellations. Bert Hellinger would be called the father of family constellations. And has brought a great amount of healing through that method into this world.

[00:12:25] **Laura Reagan:** Oh my gosh. Thank you so much for that beautiful story about working with that client and her father. I was hanging on every word. I must ask, a very practical part wants to know is that a normal, like one-

hour long session, like a 45- 50 session? Or was that like a longer. You know, in the, I know it was two sessions you were describing, but.

[00:12:51] **Mark Wolynn:** Yes, in that I give 90 minute sessions.

[00:12:54] **Laura Reagan:** Okay.

[00:12:55] **Mark Wolynn:** But in, in that 90 minutes, it began with Sarah holding [00:13:00] the pen to her arm and to uncover the impulse, the sensation that urge that unfinished business that we have in our body. At that moment when she cuts, because she, I could see that when she cuts, she goes into a trance.

[00:13:15] She dissociates. And, and so what is beneath that trance? There are so many things beneath that trance. There's this whole family history that we carry in our bodies and in our psyches that passes generation to generation. We have these unfinished, really the unfinished family business lands in our lap. Especially when people don't talk about or ignore or push away or exclude the people who've caused pain or the events or the feelings that they don't want to feel. And when we push these things down or push them away, they always find a way to rise to the surface.

[00:13:59] **Laura Reagan:** [00:14:00] Yeah, that is so powerful.

[00:14:02] Okay. So I guess what I wanted to ask you I'm sort of thinking that you've touched on it, but how really can trauma be passed on from parent to child or through generations we know behaviorally and we know in what maybe doesn't happen or the repetition of abusive behaviors and things like that. But this is more than that.

[00:14:29] **Mark Wolynn:** Yeah. Yeah. We must look at the science because it's there. So when a trauma happens to us, it changes us. Literally, it changes us. It causes a chemical change in our DNA, and this can change how our genes function sometimes for generations.

[00:14:49] So technically there's this chemical tag that wraps around the DNA that, tells the cell, Hey, this terrible thing just happened. So in [00:15:00] order to best survive this trauma let's use or ignore or activate or silence, or turn up or turn down these certain genes so we can better deal with it.

[00:15:12] And then the way our genes are affected, this will change how we act, or feel. For example, we can become sensitive or reactive to situations that

are similar to the original trauma, even if that original trauma happened in a past generation. So we have a better chance of surviving it in this generation.

[00:15:35] I'll give you an example. If our parents or grandparents, let's say our grandparents came from a war-torn country. They would pass forward a skill set- sharper reflexes, quicker reaction times reactions to the violence to help us survive the trauma that they experienced. But the problem is we could also inherit a stress response, which is what we do [00:16:00] inherit with the dials set to 10.

[00:16:03] And here we are prepared. We don't have the war going on, but we're prepared for that war in our bodies. We're prepared for a catastrophe, that never arrives. And then we don't make the link that our anxiety, our hypervigilance, our depression could be connected to our parents and our grandparents.

[00:16:25] We just think we're wired this way. So some of this trauma is generational trauma and some of this trauma is our trauma. For example, we could have a break in the attachment with our mom and our brain, body- mind tightens in a way to deal with that trauma. And we go into hyper- reactivity, hypervigilance, hyperarousal, hypoarousal, fight, flight or freeze. However we want to call it to deal with this trauma [00:17:00] either generational or early. And then that is what we find ourselves working with this hyperactive amygdala, this limbic brain that is maybe twice the size twice its normal size. And here we are trying to tame this beast that we don't even think about.

[00:17:22] In other words, our amygdala is always scanning for threats, as we know, and finding them, finding them even in non-threatening situations. So the person from the war with the grandparents who experienced war, two generations later, we might have this response to men or people in uniforms. Maybe even police officers or people lined up as though there's a memory of people lined up in a square or loud noises like bombs and bullets, and whatnot can become a triggering [00:18:00] event in our family history and then in our lives, if that makes sense. And that we don't think to question, we think it's us.

[00:18:13] **Laura Reagan:** Yeah. So interesting because we don't if we don't know. Sort of like my trajectory in understanding myself, at first it's oh, I think this, and then I feel this, and it's like that kind of top level. And then getting into working with the trauma that we hold in our bodies, whether it's developmental trauma or like shock trauma. And then, but this there's still some element of, for example, with your story about Sarah, her internal message was, I don't deserve to live. And then you,

[00:18:53] **Mark Wolynn:** Yeah. Where did she get that? Where does she get a sentence like that? That's not her sentence.

[00:18:57] **Laura Reagan:** Where does that come from? And then, and if you [00:19:00] don't have some kind of story about your family to understand where that comes from. So she did know about her grandparents, but oftentimes, especially if we're maybe closer to the generation where this occurred and no one talks about it at all, it's hard to get the information.

[00:19:16] **Mark Wolynn:** Yeah. But that information exists. Nonetheless, it exists in our trauma language. You know, I'm sure that if we're going to go into my work, we're going to talk about this nonverbal and this verbal trauma language. Because even if we don't know the information, it lives in our physical and emotional symptoms, specifically the physical or emotional symptoms that show up at a particular age or that show up after an unsettling event.

[00:19:46] For example, people always ask me, uh, well, if I don't have anybody in my family, who's talking, my parents keep the information quiet or everybody's gone or I'm adopted. [00:20:00] So then we can still find this information because I teach clinicians how to take a verbal nonverbal trauma language case.

[00:20:10] And we're looking for the symptom picture. We're looking for the fears and anxieties that strike when we reach a particular age. Often, it's the same age that something traumatic happened in the family history, or we look for the depression, or the just destructive behaviors that arise after a situation that's similar to a trauma in our family history. Even if we don't know anything about it, all this is what I'm describing is the nonverbal trauma language. And it's also mirrored in our relationship struggles. And the repeated way we deal with money and success, and it all forms a breadcrumb trail that we shine this flashlight onto our symptom picture onto this trauma language and learn how to follow it.

[00:20:57] We can pretty much tell what happened in the [00:21:00] family history, even if we don't know what happened. For example, something happened at age 30, because that would be the age that I had that choking response. I'm making this up.

[00:21:12] **Laura Reagan:** Mm-hmm

[00:21:12] **Mark Wolynn:** That choking response in my throat. And that's when my anxiety symptoms came on.

[00:21:18] And then all of a sudden, we know where to look. So, we start to ask the right questions, mom, dad, what happened to you around the age of 30? What happened to grandma and grandpa or what happened. I'll give you a typical example, mom and dad start to break up at age 27 or after eight years of marriage or when we were eight.

[00:21:41] And then we break up with our partner either around age 27 or after eight years of being with our partner or when our child was eight. You get it.

[00:21:51] **Laura Reagan:** Yeah.

[00:21:51] **Mark Wolynn:** And we don't make the link that we're following a blueprint. And often we're following this blueprint, which is why I wrote the book [00:22:00] to also shine a flashlight on these blueprints that we carry.

[00:22:03] I once worked with this woman and there, oh man, I don't know where to start. So let's talk. Let's talk about these signs, these signs of inherited trauma. So yes, it's true we can be born Laura with anxiety or depression from birth and that's often true and we never think to separate it from the events of the previous generation.

[00:22:30] We think it's ours and it might be. But we can also experience, like I was saying a fear or some symptom that strikes us suddenly or unexpectedly, as soon as we experience a milestone or an event or hit a certain age, there's a couple triggers. For example, as soon as we get married, that's one trigger.

[00:22:50] In the book I talk about this woman who loved this guy and wanted to marry him, but the moment she marries him, she feels trapped. [00:23:00] But she loves him. But she feels incredibly trapped. And as soon as we started looking at the trigger of being married, we looked in her family history and we saw that she was from an Arabic country an Arab country and we found that both of her grandmothers were given away as child brides at age nine and twelve to much older men. And they were in fact trapped. They lived their lives trapped with these much older guys. And you know, it was funny. She had two sisters and the traumas expressed differently in both of her sisters. The one sister married a man who was 30 years older, like the grandmothers. And the other sister refused to ever get married at all because she didn't even want to deal with it.

[00:23:48] So getting married, that's one of the triggers. Another trigger is we move to a new place and then we have anxiety or depression and we're never connecting it to [00:24:00] maybe we're connected to our ancestors that were persecuted and we're forced out of their Homeland. And it, our trigger is we move to a new place.

[00:24:09] Or here's another one. We get rejected by our partner. And then the grief we have is insurmountable Laura, but it takes us back to a much earlier grief. Maybe our grief of having a break in the attachment with our mother. That one would not be generational. That would be early trauma, but still that's the trigger. We get rejected by a partner and you and I know as trauma therapists that what happens is that takes us back to okay when, before when was the first time, et cetera, et cetera.

[00:24:42] Or we go to have a child. And it's as though there's this ancestral alarm clock that starts ringing in our body. I once worked with this woman, she was consumed with anxiety, but she didn't know why. And when we got into the session [00:25:00] and we started to shine the flashlight and break it down, we could see that, that it happened as soon as she became pregnant.

[00:25:07] And I said, so what is it about being pregnant? And she said, I'll harm my baby. And then we could find the root of this anxiety was that she had this terrible fear of harming her baby. And I asked her, I said had you ever harmed a baby? And she said, no, And I said, has anyone in your family ever harmed a baby?

[00:25:29] And she was about to say, no, Laura. She was about to say no. And then she goes, oh, wait a minute. And then she said, my grandmother, as a young woman, she had a baby, but she was, she lit a candle, and it caught the curtains on fire. And then the house caught on fire, and she couldn't get the baby out. The baby died.

[00:25:49] And then she said, but we were never allowed to talk about it. And in that moment, Laura, she made the link that she had inherited the [00:26:00] tear from her grandmother. She never harmed a baby yet she, soon as she got pregnant was terrified that she, my client would harm the baby. And after that we could break the pattern.

[00:26:13] So the trauma language that she inherited was I'll harm my baby, just like the trauma language that Sarah inherited was I won't deserve to live. I don't deserve to live. You get it?

[00:26:27] **Laura Reagan:** Yeah.

[00:26:28] **Mark Wolynn:** So, there's this trauma language, both verbal and nonverbal that we inherited and that we can inherit it. And why is this? We know from our trauma theory that when a traumatic event happens, significant information, bypasses the frontal lobes.

[00:26:50] So the experience of exactly what happened to us, it can't be named or ordered through language or words because our language centers become compromised and the [00:27:00] hippocampus becomes compromised. And we either remember too much or too little. So without language, these experiences, they get stored as fragments, as we know, trauma fragments, fragments of memory.

[00:27:13] **Laura Reagan:** Mm-hmm

[00:27:14] **Mark Wolynn:** Fragments of body sensation, fragments of images, fragments of emotion. It's like the mind disperses and essential elements get separated from themselves. We kind of lose the story, but what remains are the sensations and the emotions, but we never complete the healing. It's like the mind gets disorganized and it can remain disorganized can remain lost for generations yet the pieces aren't lost, I've discovered they've just been rerouted. They've been submerged. So the job of the therapist, the trauma therapist, the job of you and me is to gather this language, the pieces of the puzzle, the story fragments, and help our clients link it [00:28:00] together, connect the dots for the clients.

[00:28:02] In a sense, we become their hippocampus. I say this in the book, the therapist becomes the family hippocampus holding the larger consciousness and gathering the pieces together so we can help the client bring together what's been lost or help the client separate out what doesn't belong to the client or help the client integrate what needs to be integrated.

[00:28:25] Does that make sense?

[00:28:27] **Laura Reagan:** Yeah, that's amazing. And just fascinating.

[00:28:33] Let's just pause for a moment so I can give you a little bit more information about why I love Therapy Notes. I switched to Therapy Notes few years ago. I'd say it's about three years now I believe, and I have never regretted it. I was very happy with the EHR I used before, but Therapy Notes is more intuitive. I [00:29:00] love the interface. The customer service is fantastic, and I

love how I can get my notes done quickly because I can customize the template that I use for my notes. And there are opportunities to put check marks rather than having to write out the intervention used. So I have cut my time, spent writing notes way down, which is wonderful because I like to focus on seeing clients. I know documentation is an important part of our work, but it can also be time consuming. And that is why I love using Therapy Notes. If you are considering switching EHRs or you're looking for one to use in your practice, give Therapy Notes a try.

[00:29:48] You can get two free months by using the code "Therapy Chat." now let's get back to our interview.

[00:29:57] So you know what you call it in [00:30:00] the book. This special trauma language is core language.

[00:30:05] **Mark Wolynn:** Yes. Yes. So, this core language. Core language is all- I have these four tools in the book that I teach clinicians and I also teach non-clinicians.

[00:30:16] So I wrote the book with two hats on. I wrote it as a manual for my students, and I also wrote it as an airport book for just the person who knows nothing who can say, why am I suffering with symptoms I can't explain? So one of the things I talk about are these four tools to help the reader come up with her core complaint or his core complaint, the core sentence, the core descriptors, the way they describe parents and partners and themselves.

[00:30:51] And then the core trauma, which is doing the trauma gram in the family and uncovering, leading back to where this began, whether it's a [00:31:00] trauma in attachment or a trauma in the family history. So I teach the reader how to become a detective, if you will, whether it's a therapist or a non therapist, I teach the reader to become a detective of this trauma language.

[00:31:16] And to uncover his or her own trauma language, see where it leads. And then the last third of the book is about, so what do we do once we know what we're working with? I teach how we heal. And surely we can go into that at some point in this talk today, but I just wanna make sure you don't have any questions at this point where I've been going and what's coming up.

[00:31:41] **Laura Reagan:** I feel like I'm right with you. And I would love for you to talk about how someone suffering from inherited family trauma can heal I think that would . Be a great way to kind of close out our interview. And I also want to be sure that people know, and we'll talk about [00:32:00] this at the end,

but where they can get more information, especially clinicians who wanna learn how to use your, your work.

[00:32:07] **Mark Wolynn:** Okay. Yeah, my pleasure. So I guess the bad news is we all have something, right?

[00:32:14] **Laura Reagan:** Mm-hmm.

[00:32:14] **Mark Wolynn:** We're all kind of in the same boat, but the good news is the boat's not sinking. It really isn't. There's so much good news coming out. Now, the researchers particularly with these epigenetic mechanisms, like small non-coding RNAs and DNA methylation, I didn't get a chance to talk about that, but I, we really don't need too.

[00:32:36] Because the researchers are now able to reverse trauma symptoms in mice. And the reason we use mice is because mice and humans share 90, 92, 93% of a similar genetic makeup, which means over 90% of the genes in humans are similar to the genes in mice with over 80% are identical. [00:33:00] And plus you can get a generation in 12 to 20 weeks in mice, which in humans, it takes 12 to 20 years to get a generation. So we're a little slowed down by the study in humans, but we can cause adversity to mice, which I talk about in the book. I list all those studies and then we can see the effects can be observed for three generations, particularly changes in DNA methylation.

[00:33:28] These are some of those epigenetic mechanisms I was talking about or small non-coding RNA molecules that influence the RNA and change gene expression. So what they found now is they take, they traumatize these mice, and then they UN- traumatize these mice by exposing them to positive experiences. And this now can change the way the DNA expressed negatively. It can change the way the DNA expresses [00:34:00] so it starts to move in a more positive way. Technically it can now inhibit the enzymes that caused DNA methylation and histone modifications. Those are two of the co-factors in these epigenetic generational trauma, in these epigenetic, inheritances. So one of the researchers, I like a lot in the university of Zurich, The Brain Institute, a woman named Isabelle Mulswée.

[00:34:27] She would traumatize mice by separating them from their mothers. And then she would measure the effects and she could see them for three generations. Now she takes the traumatized mice as adults and puts them in positive, low stress environments. And then their trauma symptoms reverse. Their behaviors improve, there's changes in the DNA methylation, and this prevents the symptoms from being transmitted to the next generation.

[00:34:55] In other words the sperm loses that signature, [00:35:00] that epigenetic signature that passes to future generations. So to put it in a nutshell, how the mice heal and how we heal are positive experiences. We've got to have new experiences that can change our brain, that we practice. So these positive experiences, these new experiences have to be powerful enough to override the stress response that keeps us stuck in suffering.

[00:35:27] For example, we might adopt a practice like Sarah did, feeling grandpa and grandma blessing her. And that was profound for her. I told her every time that you feel this impulse to cut you can cut if you need to, but take a minute and feel that feeling that we discovered that this feeling of I need to die and feel your grandmother there in the spirit world, blessing you, which she did. And the impulse to cut was [00:36:00] competed with. There was competition for the old way, with this new way of, oh, I feel good. Oh, I'm being blessed. In other words, we need to practice the new feelings, and new sensations that are associated with a positive experience. And then in doing so, and these can be anything like I talk about in the book experiences of receiving comfort or support like Sarah received from a grandparents or feelings of compassion or gratitude, or feelings of generosity or loving kindness, or practicing mindfulness, ultimately anything that allows us to feel strength and peace inside.

[00:36:42] Because these experiences feed the prefrontal cortex specifically, what they do is when we have one of these experiences and practice it, it pulls attention away from the mid-brain, the limbic brain, the amygdala, and brings engagement to [00:37:00] the fore brain, specifically the prefrontal cortex, where we can integrate these new experiences and our brains can change.

[00:37:07] For example, we would practice a positive feeling. And then in the positive feeling by doing this, we're not only creating new neural pathways, like new neural structures. But we're also stimulating the release of feel-good neurotransmitters in our brain like serotonin and GABA and dopamine, or also feel good hormones are being released like estrogen and oxytocin, even the way, the genes express Laura, they start to move in a more positive direction.

[00:37:42] As I said, the mice were not passing forward that fearful or stress related epigenetic signature to the next generation by these by practicing positive experiences. So even our genes can begin to function in an improved way. [00:38:00] And this allows us to break the trauma pattern.

[00:38:04] **Laura Reagan:** Wow. That's amazing. And I mean, it's beautiful, it's fascinating, it's hopeful.

[00:38:12] **Mark Wolynn:** You know there's studies, Isabelle mostly is doing, even as we speak, she's looking at the blood and sperm samples of the survivors, I don't know sperm samples, but I know blood samples for sure the survivors of the 2015 Nice terror attack when that guy drove the van on the pavement and killed almost over 80 people, I don't remember the exact number, but she's finding correlations in the blood samples of those people who survived that trauma and the mice that she traumatizes. And we're able to say, well, what's positive for the mice and what's positive for humans. [00:39:00]

[00:39:00] And she's able to say, oh, this trauma lives in our body as an epigenetic adaptation. She's looking also at the blood of Pakistani orphans right now that have had very chaotic early years, maybe their dads were killed and maybe they had breaks in the attachment with their moms, but similarities with the mice that she separates from their moms. That's what she does, she causes these unpredictable separations from the mice babies and the mice mothers. And then she was able to observe that there were changes in the levels of fatty acid in the orphan's blood and the saliva, that mirrored, the changes in the traumatized mice as well. She found similar small noncoding RNA alterations.

[00:39:50] Those are those epigenetic mechanisms, those epigenetic alterations that were similar biomarkers in mice and in these orphans. [00:40:00] So we're able now to even look at the trauma studies that we do with mice and correlate it to humans, the field is brand new. It's so interesting. It's changing all the time.

[00:40:13] And on my Facebook page, I list all the newest studies. This is what I do so people can see hopeful stories. And can also learn more about this new field of epigenetics. Recently I think I listed, something in the journal of American Medicine Psychiatry that looked at mothers who suffer trauma as children. And they found that their daughters were more likely to struggle with depression and bipolar disorder. And I think I also listed a recent Tufts University Study that found that men who suffered trauma as children and they went on to have high ACE scores, you know, adverse childhood experience scores.

[00:40:58] They were able to pass their [00:41:00] anxiety onto their children through their sperm. And that I think was the first study that showed that human sperm, mirrored the same changes the same again, that same noncoding RNA changes that again, that's a genetic material that regulates gene expression found in mice that were traumatized as pups.

[00:41:21] Again. So, yeah, I, I don't know. I had to read so many papers and understand what RNA is and DNA is when I wrote my book because I wanted

to make sure the science was correct, but RNA is basically copied from DNA. It acts as a messenger and it tells the cells ribosomes to produce specific proteins, which can change the gene expression.

[00:41:48] But the cells also contain what are called the small non-coding RNAs that don't produce proteins. But what they do is they piggyback on the messenger RNAs and they [00:42:00] interfere with, or they amplify the function of RNAs causing more or less of these proteins to be produced causing gene changes. And this Laura, this is what's past generation to generation, stress responses, gene changes. So when we look at the science, we are receiving from our parents and grandparents signals, biology from their traumas. We're receiving our parents and grandparents stress responses, our parents and grandparents, gene express changes, gene expression changes. And that's what we're passing down to our children.

[00:42:45] In hindsight, or, or not in hindsight in foresight, foresight, do your own work. Do your work, do your trauma work, tell your kids what happened. You know what I'm saying?

[00:42:55] **Laura Reagan:** Yes

[00:42:57] **Mark Wolynn:** We've got to do our own trauma work [00:43:00] so our kids are free basically. And then we've got to tell our kids what happened.

[00:43:07] So they're not wondering why they are the why they are, because that's, what's going on. Our kids are walking around, never knowing why they are. So when people, why they act this way, why they feel this way.

[00:43:20] **Laura Reagan:** Yeah.

[00:43:20] **Mark Wolynn:** So pretty much if we have another minute, do we have, do we have one more minute?

[00:43:25] **Laura Reagan:** Sure, sure.

[00:43:26] **Mark Wolynn:** Because, because I'd like to just say that if we, or one of our kids are struggling with something we can't explain, depression, anxiety, OCD, phobia, some destructive behavior. It's gonna sound funny, but shake the family tree, see what falls out. What secrets have been hidden? What stories didn't get told? What traumas never healed all the way?

[00:43:48] And then our job is to not only heal the traumas in ourselves, but talk about the traumas in our family, and try to work through them so they're not passed down to our kids because the more we know [00:44:00] about these traumas and the more we talk about them, the more we're able to bring answers, relief to our kids and to their children who could be suffering without a clue as to why.

[00:44:12] I've found that if we ignore it, if we ignore the past, if we ignore our trauma, it can come back to haunt us. Yet when we explore it, we don't have to repeat it. We can break these destructive patterns. And then lastly, we've got to have an experience that touches us. We've got to have some sort of new experience, positive experience that has meaning for us, that touches us in some way and then make it a daily practice so we can calm the brain stress response.

[00:44:46] **Laura Reagan:** Oh, that's wonderful. Thank you so much for explaining this. And I mean, really the way that you've explained it is so clear and I've definitely never been able to understand epigenetics [00:45:00] to this depth yet. Not that I have like, oh, now I get it all. But that was really helpful and, and how we can heal and what to look for. So this has been wonderful talking with you.

[00:45:13] **Mark Wolynn:** Oh, I'm so glad. I'm so glad Laura. Thank you for having me on your show. I was happy to be here.

[00:45:18] **Laura Reagan:** You're so welcome. And just where will people find if someone is a clinician and they want to be trained in family constellation work? Where can they find that?

[00:45:30] **Mark Wolynn:** So I do trainings and they're on my website: markwolynn.com. I actually have a training coming up in the Bay Area, in Mill Valley, November 8th, ninth, and 10th, which would be a good one for clinicians to come to and there are still a few spots left. I also have one coming up in Sydney, Australia, and Copenhagen, things like that. Thank you for having me [00:46:00] on the show. And, oh, also you told me before we started the show that your clinicians, that a lot of the people who are part of your listenership, are very savvy, a lot of trauma therapists and people interested in trauma.

[00:46:15] They might be able to get just what they need from reading the book. I lay it all out in the book.

[00:46:22] **Laura Reagan:** Wonderful. And I, it's an amazing book. And can they get the book on your website as well?

[00:46:29] **Mark Wolynn:** Amazon or Barnes and Noble Bookstore. It's still on the bookshelves. It's only been out for three years and it does really, really well. It's sold a lot of copies.

[00:46:40] **Laura Reagan:** Oh, that's wonderful. Congratulations.

[00:46:42] **Mark Wolynn:** Thank you.

[00:46:43] **Laura Reagan:** I mean it's a very needed book and I'm so grateful that I found it and that you agreed to come and talk with us today.

[00:46:51] **Mark Wolynn:** Been my pleasure.

[00:46:55] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. There are many ways to keep your [00:47:00] practice organized, but Therapy Notes is the best. Their easy to use, secure platform, lets you not only do your billing, scheduling and progress notes, but also create a client portal to share documents and request signatures. Plus they offer amazing unlimited phone support. So when you have a question, you can get help fast. To get started with the practice management software trusted by over 60,000 professionals, go to therapynotes.com and start a free trial today. If you enter promo code, "Therapy Chat," they will give you two months to try it out for free.

[00:47:32] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan, LCSW-C. For more information, please visit therapychatpodcast.com.