**Chapter 1**

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

“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.”

“Trauma is not what happens to you but what happens inside you”

Bessel van der Kolk - “Trauma is when we are not seen and known.”

Peter Levine- “Certainly, all traumatic events are stressful, but not all stressful events are traumatic.”

“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.”

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.

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.” 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 is not trauma**

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

1. 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.
2. 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.
3. You are not left compelled either to aggrandize (to increase make large) yourself or to efface (to erase oneself) yourself for the sake of gaining acceptance or to justify your existence.
4. 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.

**Copying mechanism**

In whatever form, disconnection is prominent in the life experience of traumatized people and is an essential aspect of the trauma constellation. As was the case for V, it begins as a natural coping mechanism on the organism’s part, and a mandatory one. She could not have survived her childhood horrors had she stayed present in and aware of her moment-by-moment experience of physical and emotional torment, fully taking in what was happening. And so, these coping mechanisms ride in on the wings of grace, as it were, to save our lives in the short term. Over time, though, if untended to, they become stamped on the psyche and soma, indelibly so, as conditioned responses harden into fixed mechanisms that no longer suit the situation. The result is chronic suffering and frequently, as we will proceed to explore, even disease.

If trauma entails a disconnection from the self, then it makes sense to say that we are being collectively flooded with influences that both exploit and reinforce trauma. Work pressures, multitasking, social media, news updates, multiplicities of entertainment sources—these all induce us to become lost in thoughts, frantic activities, gadgets, meaningless conversations. We are caught up in pursuits of all kinds that draw us on not because they are necessary or inspiring or uplifting, or because they enrich or add meaning to our lives, but simply because they obliterate the present. In an absurd twist, we save up to buy the latest “time-saving” devices, the better to “kill” time. Awareness of the moment has become something to fear. Late-stage capitalism is expert in catering to this sense of present-moment dread—in fact, much of its success depends on the chasm between us and the present, our greatest gift, getting ever wider, the false products and artificial distractions of consumer culture designed to fill in the gap. What is lost is well described by the Polish-born writer [\*] Eva Hoffman as “nothing more or less than the experience of experience itself. And what is that? Perhaps something like the capacity to enter into the textures or sensations of the moment; to relax enough so as to give oneself over to the rhythms of an episode or a personal encounter, to follow the thread of feeling or thought without knowing where it leads, or to pause long enough for reflection or contemplation.”[16] Ultimately, what we are distracted from is living.

**It Didn’t Start with You**

Trauma is in most cases multigenerational. The chain of transmission goes from parent to child, stretching from the past into the future. We pass on to our offspring what we haven’t resolved in ourselves. The home becomes a place where we unwittingly re-create, as I did, scenarios reminiscent of those that wounded us when we were small. “Traumas affect mothers and mothering and fathers and fathering and husbanding and wifeing,” the family constellations therapist Mark Wolynn told me. “The repeated traumas continue to proliferate from that—as a result, they never get healed.” Wolynn is the author of the aptly titled It Didn’t Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle. Trauma may even affect gene activity across generations, as we will see. [\*]

It is no surprise, then, that Helen’s eldest grandchild has faced problems with substance use and behaviour and learning difficulties. Because of all she has learned and despite her unfathomable losses, she is able to be present for him much more warmly and effectively than she ever could be for her own sons. Note, too, the absence of self-judgment in Helen’s description of the situation: she speaks of “understanding” rather than castigating herself for what she didn’t—nay, couldn’t—understand way back when. The act of blaming herself, its gravitational center planted permanently in the past, would only divert her from showing up for her loved one in the here and now.

Blame becomes a meaningless concept the moment one understands how suffering in a family system or even in a community extends back through the generations. “Recognition of this quickly dispels any disposition to see the parent as villain,” wrote John Bowlby, the British psychiatrist who showed the decisive importance of adult-child relationships in shaping the psyche. No matter how far back we look in the chain of consequence—greatgrandparents, pre-modern ancestors, Adam and Eve, the first single-celled amoeba—the accusing finger can find no fixed target. That should come as a relief. The news gets better: seeing trauma as an internal dynamic grants us much-needed agency. If we treat trauma as an external event, something that happens to or around us, then it becomes a piece of history we can never dislodge. If, on the other hand, trauma is what took place inside us as a result of what happened, in the sense of wounding or disconnection, then healing and reconnection become tangible possibilities. Trying to keep awareness of trauma at bay hobbles our capacity to know ourselves.

Conversely, fashioning from it a rock-hard identity—whether the attitude is defiance, cynicism, or self-pity—is to miss both the point and the opportunity of healing, since by definition trauma represents a distortion and limitation of who we were born to be. Facing it directly without either denial or overidentification becomes a doorway to health and balance. “It’s those adversities that open up your mind and your curiosity to see if there are new ways of doing things,” Bessel van der Kolk told me. He then cited Socrates: “An unexamined life is not worth living. As long as one doesn’t examine oneself, one is completely subject to whatever one is wired to do, but once you become aware that you have choices, you can exercise those choices.” Notice that he didn’t say “once you spend decades in therapy.” As I will present later, we can access liberation via even modest self-examination: a willingness to question “many of the truths we cling to” and the “certain point of view” that makes them seem so real—as a famous Jedi master’s Force ghost told his dispirited young apprentice at a pivotal moment in a galaxy far, far away.

**Chapter two.**

**Living in an Immaterial World: Emotions, Health, and the Body-Mind Unity.**

**BODYMIND**

Fifty-six women admitted to hospital for biopsy were evaluated for characteristics such as emotional suppression, rationalization, altruistic behaviour, the avoidance of conflict, and the superautonomous self-sufficiency we saw embodied by Caroline.

In 2000 the publication Cancer Nursing surveyed the relationship of anger repression and cancer, often noted by, among others, the cancer nurses themselves: “Somehow, nurses had an intuitive understanding that this ‘niceness’ was deleterious. [This] view now is being supported by research.”[4] The nurses’ insight reminded me of a paper on amyotrophic lateral sclerosis (ALS) [\*] presented by two Cleveland Clinic neurologists at an international congress in Bavaria in the 1990s. [5] Their staff, too, found that their ALS patients were extraordinarily nice—so much so, that the staff could in most cases accurately predict who would be diagnosed with the condition and who would not. “I’m afraid this person has ALS, she is too nice,” they would jot on the patient’s file. Or, “This person cannot have ALS, he is not nice enough.” The neurologists were dumbfounded. “In spite of the briefness of [the staff’s] contact with the patients, and the obvious unscientific method by which they form their opinions, almost invariably they prove to be correct,” they remarked.

**Stress**

Stress can show up in two forms: as an immediate reaction to a threat or as a prolonged state induced by external pressures or internal emotional factors. While acute stress is a necessary reaction that helps maintain our physical and mental integrity, chronic stress, ongoing and unrelieved, undermines both. Situational anger, for example, is an instance of acute stress being marshalled for a positive purpose—think self-defence or setting interpersonal boundaries. It makes us more alert of mind, quicker, and stronger of limb. Chronic rage, by contrast, floods the system with stress hormones long past the allotted time.

Over the long term, such a hormonal surplus, whatever may have instigated it:

can make us anxious or depressed;

suppress immunity;

promote inflammation;

narrow blood vessels,

promoting vascular disease throughout the body;

encourage cancer growth;

thin the bones;

make us resistant to our own insulin;

inducing diabetes;

contribute to abdominal obesity,

elevating the risk of cardiovascular and metabolic problems;

impair essential cognitive and emotional circuits in the brain;

elevate blood pressure and increase blood clotting;

raising the risk of heart attacks or strokes.

**Memories Aflame**

One’s “visual” is apt not only metaphorically but scientifically as well. To quote just one survey of research among an ever-growing trove, there is “strong evidence that childhood traumatic events significantly impact the inflammatory immune system . . . offering a potential molecular pathway by which early trauma confers vulnerability to developing psychiatric and physical disorders later in life.”

Candace Pert envisioned the mind as involving the unconscious flow of information “among the cells, organs and systems of the body . . . occurring below the level of awareness.” Thus, she asserted, “the mind as we experience it is immaterial, yet it has a physical substrate, which is both the body and the brain.” By “immaterial” she did not mean the word’s usual connotation of insignificant or irrelevant but—on the contrary—that the mind, unlike the brain, is not a material thing: we cannot get a hold of it, put it in a test tube or petri dish, or even “see” it directly. Its impacts and consequences, however, are material indeed. The opportunity we have today is to create a multivalent health care approach that appreciates the impact of “non-things” on the “thing-like” bodies we’ve come to be so marvellously expert in. The “immaterial” mind and its “physical substrate,” the brain and body, are in a constant dance, as intimate as it is intricate. On closer examination, we see that this choreography of psyche and soma involves far more than two “partners” contained within one person: there is also a vital and underappreciated interpersonal component. After all, the mind and body exist inescapably in the context of relationships, social circumstances, history, and culture. If we want a clear and accurate view of human health, we will have to broaden our understanding of “bodymind” to include the myriad roles that other minds and other bodies play in shaping our well-being, indeed our very sense of self. Unity, it turns out, extends well beyond the unitary individual.

I have learnt that the experiences we go through in our childhood and as we are growing up are permanently imprinted in our brains and on our minds and can have long lasting implications in our lives far beyond what we can imagine even when we cannot actively remember some of the things that happened to us.

**Chapter 3**

**You Rattle My Brain: Our Highly Interpersonal Biology**

In as much as we are selfless individuals we cannot do life alone we need other humans we need that connection

The more we learn, the more we realize that our health is a complex consequence of “all our relations,” and not just the ones close at hand (family, friends, intimate others, etc.). Leading U.S. stress researchers Teresa Seeman and Bruce McEwen noted in 1996 that human biology “seem[s] to be highly sensitive” also to factors like one’s social status relative to others, and even how stable or precarious the social order happens to be at a given time. In a British study, unemployed people had higher markers of inflammation in their bodies, and hence were at higher risk for illness; the longer the unemployment, the greater the risk. The most severe inflammation levels were recorded in Scotland, the part of the U.K. where unemployment was most endemic and chronic. Even the gainfully employed can experience physiological blowback. In a study of the British civil service, a lower ranking on the ladder of authority was a greater predictor of death from heart disease than commonly listed risk factors such as smoking, cholesterol, or hypertension. Along similar lines, Australian researchers found that a bad job is worse for mental health than being out of work. So the next time a co-worker complains to you, “This job is killing me,” you can tell them they may be right.

Interpersonal biology also accounts for why loneliness can kill, especially in older people separated from pleasures, social connections, or support. A vast review of multiple studies encompassing more than three hundred thousand participants concluded that the lethal effect of deficient interpersonal relationships is comparable to such risk factors as smoking and alcohol, and even exceeds the dangers posed by physical inactivity and obesity.

**Chapter 4**

**Everything I’m Surrounded By: Dispatches from the New Science**

So much of what makes people either well or not is not coming from within themselves, it’s coming from their circumstances. It makes me think much more about social justice and the bigger issues that go beyond individuals. —Elizabeth Blackburn, Ph.D.

**Chapter 7**

**A Traumatic Tension: Attachment vs. Authenticity**

Most of our tensions and frustrations stem from compulsive needs to act the role of someone we are not. —János (Hans) Selye, M.D., The Stress of Life

This chapter has made me realize how bad it is for my health to suppress my emotions or to always put others before my needs. This is the difference between suppression and repression

[Repression vs. Suppression](https://www.verywellmind.com/repression-as-a-defense-mechanism-4586642#:~:text=Repression%20is%20often%20confused%20with,about%20painful%20or%20unwanted%20thoughts.)

Repression is often confused with suppression, another type of defense mechanism. Where repression involves unconsciously blocking unwanted thoughts or impulses, suppression is entirely voluntary. Specifically, suppression is deliberately trying to forget or not think about painful or unwanted thoughts.

I believe I have, of course unbeknownst to me, moved through the motions of life pleasing other ppl, bending over backwards trying to make sure I am the reliable and ever present help when the need arises

I have distilled my own list of the personality features most often present in people with chronic illness, as observed by myself and many others. They may remind you of some of the personal stories I’ve included thus far. Whether a person exhibits one, a few, or every one of these features, they all, each in their own way, speak to self-suppression and/or repression. I have found them not only present but prominent among people with all manner of chronic illnesses, from cancer to autoimmune disease to persistent skin conditions, through a gamut of maladies including migraine headaches, fibromyalgia, endometriosis, myalgic encephalomyelitis (ME), also known as chronic fatigue syndrome, and many others.

In no particular order, these traits are

1. an automatic and compulsive concern for the emotional needs of others, while ignoring one’s own;
2. rigid identification with social role, duty, and responsibility (which is closely related to the next point);
3. overdriven, externally focused multitasking hyper-responsibility, based on the conviction that one must justify one’s existence by doing and giving;
4. repression of healthy, self-protective aggression and anger;
5. and harboring and compulsively acting out two beliefs: “I am responsible for how other people feel” and “I must never disappoint anyone.”

These characteristics have nothing to do with will or conscious choice. No one wakes up in the morning and decides, “Today I’ll put the needs of the whole world foremost, disregarding my own,” or “I can’t wait to stuff down my anger and frustration and put on a happy face instead.” *Nor is anyone born with such traits: if you’ve ever met a newborn infant, you know they have zero compunction about expressing their feelings, nor do they think twice before crying lest they inconvenience someone else.* The reasons these habits of personality, as we might call them, develop and grow to prominence in some people are both fascinating and sobering. At root they are coping patterns, adaptations originally formed to preserve something essential and nonnegotiable

I am all for enthusiastic engagement with one’s community. But there is such a thing as a lust for life, and then there is being driven to derive one’s sense of self from constant activity, even to the point of not being able to pause for self-care when disaster strikes. As an example, we have a widower remembering his wife (dead of breast cancer at age fifty-five) in these terms: “In her entire life she never got into a fight with anyone . . . She had no ego, she just blended in with the environment in an unassuming manner.” The phrase “no ego” should give us pause. Intended to lovingly convey an admirable lack of arrogance or conceit, those two little words reveal, to me, a deeper story. A healthy ego—not in the sense of superiority, but as in a stable identity, the ground of self-respect, self-regulation, capacity for good decision making, a working memory, and more—is a vital asset of a thriving human being. Unbeknownst to the grieving spouse, what he was describing was the same lifelong repression of one’s feelings—particularly healthy anger—which undermines the immune system and poses a risk for malignancy and other illness.

Where does such forsaking of the self come from? “Type C,” Lydia Temoshok pointed out, “is not a personality, but rather a behavior pattern that can be modified.” I completely agree with her view. Precisely because no one is born with such traits ingrained, we can unlearn them. That’s a pathway toward healing—not an easy road by any means.

A recurring theme—maybe the core theme—in every talk or workshop I give is the inescapable tension, and for most of us an eventual clash, between two essential needs: attachment and authenticity. This clash is ground zero for the most widespread form of trauma in our society: namely, the “small-t” trauma expressed in a disconnection from the self even in the absence of abuse or overwhelming threat.

Attachment, as defined by my colleague and previous co-author, the psychologist Dr. Gordon Neufeld, is the drive for closeness—proximity to others, in not only the physical but the emotional sense as well. Its primary purpose is to facilitate either caretaking or being taken care of. For mammals and even birds, it is indispensable for life. For the human infant especially— at birth among the most immature, dependent, and helpless animals, and remaining that way for by far the longest period of time—the need for attachment is mandatory. Without reliable adults moved to take care of us, and without our impulse to be close to these caregivers, we simply could not survive—not for a day. As we’ll see in the next chapter, we each arrive in the world “expecting” attachment, just as our lungs expect oxygen. Hardwired into our brains, our drive for attachment is mediated by vast and complex neural circuits governing and promoting behaviors designed to keep us close to those without whom we cannot live. For many people, these attachment circuits powerfully override the ones that grant us rationality, objective decision-making, or conscious will—a fact that explains much about our behavior across multiple realms. In infancy our dependence is an obligatory and long-haul proposition. Everything from crying to cuteness—two unignorable cues babies transmit— is an inbuilt behavior tailored by Nature to keep our caregivers giving and caring. But the need for attachment does not expire once we’re out of diapers: it continues to motivate us throughout our lifespan.

As we saw in chapter 3, unsatisfactory attachments can wreak havoc even with adult physiology. What distinguishes our earliest attachment relationships—and, crucially, the coping styles we develop to maintain them—is that they form the template for how we approach all our significant relationships, long after we have grown out of the do-or-die phase. We carry them into interactions with spouses, partners, employers, friends, colleagues: into all aspects of our personal, professional, social, and even political lives. It follows that attachment is a major concern of the culture—as we see, in a trivial form, in popular media gossip about who loves, leaves, or lies to whom. Attachment —along with attachment frustration, as in the “satisfaction” that we, along with Mick Jagger, can’t get none of—is never far from our minds.

Our other core need is authenticity. Definitions vary, but here’s one that I think applies best to this discussion: the quality of being true to oneself, and the capacity to shape one’s own life from a deep knowledge of that self. What may not be apparent is that authenticity is not some abstract aspiration, no mere luxury for New Agers dabbling in self-improvement. Like attachment, it is a drive rooted in survival instincts. At its most concrete and pragmatic, it means simply this: knowing our gut feelings when they arise and honoring them. Imagine our African ancestor on the savanna, sensing the presence of some natural predator: Just how long will she survive if her gut feelings warning of danger are suppressed? The elemental root of “authenticity” is the Greek autos, or “self,” closely related to “author” and “authority.” To be authentic is to be true to a sense of self arising from one’s own unique and genuine essence, to be plugged into this inner GPS and to navigate from it. A healthy sense of self does not preclude caring for others, or being affected or influenced by them. It is not rigid but expansive and inclusive. Authenticity’s only dictate is that we, not externally imposed expectations, be the true author of and authority on our own life.

The seed of woe does not lie in our having these two needs, but in the fact that life too often orchestrates a face-off between them. The dilemma is this: What happens if our needs for attachment are imperiled by our authenticity, our connection to what we truly feel? What happens, in other words, when one nonnegotiable need is pitted by circumstance against the other? These circumstances might include parental addiction, mental illness, family violence and poverty, overt conflict, or profound unhappiness—the stresses imposed by society, on children as well as adults. Even without these, the tragic tension between attachment and authenticity can arise. Not being seen and accepted for who we are is sufficient.

Children often receive the message that certain parts of them are acceptable while others are not—a dichotomy that, if internalized, leads ineluctably to a split in one’s sense of self. The statement “Good children don’t yell,” spoken with annoyance, carries an unintended but most effective threat: “Angry children don’t get loved.” Being “nice” (read: burying one’s anger) and working to be acceptable to the parent may become a child’s way of survival. Or a child may internalize the idea that “I’m lovable only when I’m doing things well,” setting herself up for a life of perfectionism and rigid role identification, cut off from the vulnerable part of herself that needs to know there is room to fail—or even to just be unspectacularly ordinary—and still get the love she needs.

Although both needs are essential, there is a pecking order: in the first phase of life, attachment unfailingly tops the bill. So when the two come into conflict in a child’s life, the outcome is well-nigh predetermined. If the choice is between “hiding my feelings, even from myself, and getting the basic care I need” and “being myself and going without,” I’m going to pick that first option every single time. Thus our real selves are leveraged bit by bit in a tragic transaction where we secure our physical or emotional survival by relinquishing who we are and how we feel.

The fact that we don’t consciously choose such coping mechanisms makes them all the more tenacious. We cannot will them away when they no longer serve us precisely because we have no memory of them not being there, no notion of ourselves without them. Like wallpaper, they blend into the background; they are our “new normal,” our literal second nature, as distinct from our original or authentic nature. As these patterns get wired into our nervous system, the perceived need to be what the world demands becomes entangled with our sense of who we are and how to seek love. Inauthenticity is thereafter misidentified with survival because the two were synonymous during the formative years—or, at least, seemed so to our young selves.

Here we see the perilous downside of our much-vaunted and wondrous capacity to adapt to diverse and challenging circumstances. After all, most adaptations are meant for specific situations, not as eternally applicable responses in every possible case. Here’s an analogy plucked from the headlines: At the time of this writing, freezing weather has enveloped Texas. [\*] People are adapting by wearing extra clothing, heating their homes when power is available, wrapping themselves in warm blankets—all necessary strategies for surviving inclement winter conditions. Those same adaptations, meant to be temporary, would jeopardize health and life if not discarded by the time of summer’s blazing heat. The internal adaptations we make to our own personalities in order to survive adversity early in life carry the same risks as conditions shift, but we are far less wise to the danger. No matter how the weather changes, the protective gear, welded as it is onto the personality, never comes off.

It is sobering to realize that many of the personality traits we have come to believe are us, and perhaps even take pride in, actually bear the scars of where we lost connection to ourselves, way back when. The sources of these scars are most often evident in their shape, so to speak: in many cases, specific traits can be traced to particular kinds of wounding. For example, if we don’t receive the agenda-free, unconditional attention we all require, one way to guard against that deprivation is to become concerned with physical attractiveness or other attention-getting attributes or accomplishments. A child who does not experience himself as consistently and unconditionally lovable may well grow to be preternaturally likable or charming, as with many a politician or media personality. Someone who is not valued or recognized for who she is early in life may develop an outsize appetite for status or wealth. If we are not made to feel important for just who we are, we may seek significance by becoming compulsive helpers—a syndrome I know intimately.

And here’s the final part of the disappearing act: as mentioned, in our culture, many of these compensations for what we lost are seen as not only normal but even admirable. Valued as “strong suits,” they too often encase and wall off the authentic self by assuming its guise. These traits and the behaviors that follow are “runaway addictive,” in Gordon Neufeld’s phrasing. Funny enough, this tractor-beam pull exists precisely because they do not work—or to be more accurate, they work only temporarily. I am fond of the physician and trauma researcher Vincent Felitti’s astute remark about addiction that “it’s hard to get enough of something that almost works.” Much like the rush an addict experiences immediately after using, the relief we buy with our compensatory pseudostrengths does not last: we crave more and more, again and again and again. In fact, the analogy is entirely appropriate physiologically, since among the brain chemicals released when we have moments of feeling loved or valued or accepted are our own internal opiates, or endorphins. And just as an opiate like heroin does not satiate, so the temporary endorphin hit of valuation or appreciation or approval or success cannot possibly resolve the ache in the soul. We are compelled to persevere in seeking those external sources of fleeting relief, only to have to replenish them once the thrill is gone. Hence the seeming sturdiness of the personality: we keep experiencing the same emotions and associated body states, and we persist in performing the same behaviors. But it is closer to the truth to think of the personality as a recurring phenomenon than a fixed or permanent one, much like the way individual movie frames projected at rapid speed create the optical illusion of a single, continuous narrative.