

Praise for *Childhood Disrupted*

“A truly important gift of understanding—illuminates the heartbreaking costs of childhood trauma and, like good medicine, offers the promising science of healing and prevention.”

—Jack Kornfield, PhD, author of *A Path with Heart*

“This groundbreaking book connects the dots between early life trauma and the physical and mental suffering so many live with as adults. Nakazawa fully engages us with fascinating, clearly written science and moving stories from her own and others’ struggles with life-changing illness. A blend of fresh insight into the impact of trauma and invaluable guidance in turning toward healing!”

—Tara Brach, PhD, author of *Radical Acceptance* and *True Refuge*

“A courageous, compassionate, and rigorous every-person’s guide through the common roots and enduring impact of childhood trauma in each of our lives. Artfully leads the reader to take practical steps . . . to heal the legacy of trauma in our personal and collective lives.”

—Christina Bethell, PhD, MBH, MPH, professor of child health,
Johns Hopkins Bloomberg School of Public Health

“Masterfully captures the complexity of how early life adversity imprints on our biology and stalks our health into adulthood. Practical advice for remaining unbroken in a challenging world.”

—Margaret M. McCarthy, PhD, professor and chair,
Department of Pharmacology, University of Maryland School of Medicine

“Eye-opening and inspiring . . . a paradigm-shifting road map for understanding how early stress is linked to later illness and . . . how to begin healing at any age. Will help readers and especially women better understand the biology of stress, and jump-start important new conversations about our health and well-being!”

—DeLisa Fairweather, PhD,
director of cardiovascular translational research, Mayo Clinic

“Every few years a book comes along that changes the way we view ourselves, our society, and our place in the world. This is such a book. Compulsively readable and deeply moving.”

—Shannon Brownlee, MS, author of
Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer and
senior vice president of the Lown Institute

“A must-have book for every person facing mental or physical health challenges and their loved ones—and an inspiring read for every health-care professional.”

—Gerard E. Mullin MD, associate professor of medicine at
Johns Hopkins School of Medicine and author of *The Gut Balance Revolution*

“Nakazawa writes compassionately for readers struggling to make sense of what happened during their childhoods and how their health may be affected . . . [An] engaging work of scientific translation.”

—*Health Affairs*

CHILDHOOD DISRUPTED

HOW YOUR BIOGRAPHY BECOMES YOUR
BIOLOGY, AND HOW YOU CAN HEAL

Donna Jackson Nakazawa

ATRIA PAPERBACK

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For Christian, for Claire

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INTRODUCTION

This book explores how the experiences of childhood shape us into the adults we become. Cutting-edge research tells us that what doesn't kill you doesn't necessarily make you stronger. Far more often, the opposite is true: the early chronic unpredictable stressors, losses, and adversities we face as children shape our biology in ways that pre-determine our adult health. This early biological blueprint depicts our proclivity to develop life-altering adult illnesses such as heart disease, cancer, autoimmune disease, fibromyalgia, and depression. It also lays the groundwork for how we relate to others, how successful our love relationships will be, and how well we will nurture and raise our own children.

My own investigation into the relationship between childhood adversity and adult physical health began after I'd spent more than a dozen years struggling to manage several life-limiting autoimmune illnesses while raising young children and working as a journalist. In my forties, I was paralyzed twice with an autoimmune disease known as Guillain-Barré syndrome, similar to multiple sclerosis, but with a more sudden onset. I had muscle weakness; pervasive numbness; a pacemaker for vasovagal syncope, a fainting and seizing disorder; white and red blood cell counts so low my doctor suspected a problem was brewing in my bone marrow; and thyroid disease.

Still I knew: I was fortunate to be alive, and I was determined to

live the fullest life possible. If the muscles in my hands didn't cooperate, I clasped an oversized pencil in my fist to write. If I couldn't get up the stairs because my legs resisted, I sat down halfway up and rested. I gutted through days battling flulike fatigue—pushing away fears about what might happen to my body next; faking it through work phone calls while lying prone on the floor; reserving what energy I had for moments with my children, husband, and family life; pretending that our “normal” was really okay by me. It had to be—there was no alternative in sight.

Increasingly, I devoted my skills as a science journalist to helping women with chronic illness, writing about the intersection between neuroscience, our immune systems, and the innermost workings of our human hearts. I investigated the many triggers of disease, reporting on chemicals in our environment and foods, genetics, and how inflammatory stress undermines our health. I reported on how going green, eating clean, and practices like mind-body meditation can help us to recuperate and recover. At health conferences I lectured to patients, doctors, and scientists. My mission became to do all I could to help readers who were caught in a chronic cycle of suffering, inflammation, or pain to live healthier, better lives.

In the midst of that quest, three years ago, in 2012, I came across a growing body of science based on a groundbreaking public health research study, the Adverse Childhood Experiences Study, or ACE Study. The ACE Study shows a clear scientific link between many types of childhood adversity and the adult onset of physical disease and mental health disorders. These traumas include being verbally put down and humiliated; being emotionally or physically neglected; being physically or sexually abused; living with a depressed parent, a parent with a mental illness, or a parent who is addicted to alcohol or other substances; witnessing one's mother being abused; and losing a parent to separation or divorce. The ACE Study measured ten types of adversity, but new research tells us that other types of childhood

trauma—such as losing a parent to death, witnessing a sibling being abused, violence in one's community, growing up in poverty, witnessing a father being abused by a mother, being bullied by a classmate or teacher—also have a long-term impact.

These types of chronic adversities change the architecture of a child's brain, altering the expression of genes that control stress hormone output, triggering an overactive inflammatory stress response for life, and predisposing the child to adult disease. ACE research shows that 64 percent of adults faced one ACE in their childhood, and 40 percent faced two or more.

My own doctor at Johns Hopkins medical institutions confessed to me that she suspected that, given the chronic stress I'd faced in my childhood, my body and brain had been marinating in toxic inflammatory chemicals my whole life—predisposing me to the diseases I now faced.

My own story was a simple one of loss. When I was a girl, my father died suddenly. My family struggled and became estranged from our previously tight-knit, extended family. I had been exceptionally close to my father and I had looked to him for my sense of being safe, okay, and valued in the world. In every photo of our family, I'm smiling, clasped in his arms. When he died, childhood suddenly ended, overnight. If I am honest with myself, looking back, I cannot recall a single "happy memory" from there on out in my childhood. It was no one's fault. It just was. And I didn't dwell on any of that. In my mind, people who dwelled on their past, and especially on their childhood, were emotionally suspect.

I soldiered on. Life catapulted forward. I created a good life, worked hard as a science journalist to help meaningful causes, married a really good husband, and brought up children I adored—children I worked hard to stay alive for. But other than enjoying the lovely highlights of a hard-won family life, or being with close friends, I was pushing away pain. I felt myself a stranger at life's party. My body

never let me forget that inside, pretend as I might, I had been masking a great deal of loss for a very long time. I felt myself to be “not like other people.”

Seen through the lens of the new field of research into Adverse Childhood Experiences, it suddenly seemed almost predictable that, by the time I was in my early forties, my health would deteriorate and I would be brought—in my case, quite literally—to my knees.

Like many people, I was surprised, even dubious, when I first learned about ACEs and heard that so much of what we experience as adults is so inextricably linked to our childhood experiences. I did not consider myself to be someone who had had Adverse Childhood Experiences. But when I took the ACEs questionnaire and discovered my own ACE Score, my story also began to make so much more sense to me. This science was entirely new, but it also supported old ideas that we have long known to be true: “the child is father of the man.” This research also told me that none of us is alone in our suffering.

One hundred thirty-three million Americans suffer from chronic illness and 116 million suffer from chronic pain. This revelation of the link between childhood adversity and adult illness can inform all of our efforts to heal. With this knowledge, physicians, health practitioners, psychologists, and psychiatrists can better understand their patients and find new insights to help them. And this knowledge will help us ensure that the children in our lives—whether we are parents, mentors, teachers, or coaches—don’t suffer from the long-term consequences of these sorts of adversity.

To learn everything I could, I spent two years interviewing the leading scientists who research and study the effects of Adverse Childhood Experiences and toxic childhood stress. I combed through seventy research papers that comprise the ACE Study and hundreds of other studies from our nation’s best research institutions that support and complement these findings. And I followed thirteen individuals who suffered early adversity and later faced adult health struggles, who were

able to forge their own life-changing paths to physical and emotional healing.

In these pages, I explore the damage that Adverse Childhood Experiences can do to the brain and body; how these invisible changes contribute to the development of disease including autoimmune diseases, long into adulthood; why some individuals are more likely to be affected by early adversity than others; why girls and women are more affected than men; and how early adversity affects our ability to love and parent.

Just as important, I explore how we can reverse the effects of early toxic stress on our biology, and come back to being who we really are. I hope to help readers to avoid spending so much of their lives locked in pain.

Some points to bear in mind as you read these pages:

- Adverse Childhood Experiences should not be confused with the inevitable small challenges of childhood that create resilience. There are many normal moments in a happy childhood, when things don't go a child's way, when parents lose it and apologize, when children fail and learn to try again. Adverse Childhood Experiences are very different sorts of experiences; they are scary, chronic, unpredictable stressors, and often a child does not have the adult support needed to help navigate safely through them.
- Adverse Childhood Experiences are linked to a far greater likelihood of illness in adulthood, but they are not the only factor. All disease is multifactorial. Genetics, exposures to toxins, and infection all play a role. But for those who have experienced ACEs and toxic stress, other disease-promoting factors become more damaging. To use a simple metaphor, imagine the immune system as being something like a barrel. If you encounter too many environmental toxins from chemicals,

a poor processed-food diet, viruses, infections, and chronic or acute stressors in adulthood, your barrel will slowly fill. At some point, there may be one certain exposure, that last drop that causes the barrel to spill over and disease to develop. Having faced the chronic unpredictable stressors of Adverse Childhood Experiences is a lot like starting life with your barrel half full. ACEs are not the only factor in determining who will develop disease later in life. But they may make it more likely that one will.

- The research into Adverse Childhood Experiences has some factors in common with the research on post-traumatic stress disorder, or PTSD. But childhood adversity can lead to a far wider range of physical and emotional health consequences than the overt symptoms of post-traumatic stress. They are not the same.
- The Adverse Childhood Experiences of extreme poverty and neighborhood violence are not addressed specifically in the original research. Yet clearly, growing up in unsafe neighborhoods where there is poverty and gang violence or in a war-torn area anywhere around the world creates toxic childhood stress, and that relationship is now being more deeply studied. It is an important field of inquiry and one I do not attempt to address here; that is a different book, but one that is no less important.
- Adverse Childhood Experiences are not an excuse for egregious behavior. They should not be considered a “blame the childhood” moral pass. The research allows us to finally tackle real and lasting physical and emotional change from an entirely new vantage point, but it is not about making excuses.

Introduction

- This research is not an invitation to blame parents. Adverse Childhood Experiences are often an intergenerational legacy, and patterns of neglect, maltreatment, and adversity almost always originate many generations prior to one's own.

The new science on Adverse Childhood Experiences and toxic stress has given us a new lens through which to understand the human story; why we suffer; how we parent, raise, and mentor our children; how we might better prevent, treat, and manage illness in our medical care system; and how we can recover and heal on a deeper level than we thought possible.

And that last bit is the best news of all. The brain, which is so changeable in childhood, remains malleable throughout life. Today researchers around the world have discovered a range of powerful ways to reverse the damage that Adverse Childhood Experiences do to both brain and body. No matter how old you are, or how old your children may be, there are scientifically supported and relatively simple steps that you can take to reboot the brain, create new pathways that promote healing, and come back to who it is you were meant to be.

To find out about how many categories of ACEs you might have faced when you were a child or teenager, and your own ACE Score, turn the page and take the Adverse Childhood Experiences Survey for yourself.

TAKE THE ADVERSE CHILDHOOD EXPERIENCES (ACE) SURVEY

You may have picked up this book because you had a painful or traumatic childhood. You may suspect that your past has something to do with your current health problems, your depression, or your anxiety. Or perhaps you are reading this book because you are worried about the health of a spouse, partner, friend, parent—or even your own child—who has survived a trauma or suffered adverse experiences. In order to assess the likelihood that an Adverse Childhood Experience is affecting your health or the health of your loved one, please take a moment to fill out the following survey before you read this book.

ADVERSE CHILDHOOD EXPERIENCES SURVEY

Prior to your eighteenth birthday:

1. Did a parent or another adult in the household *often or very often* . . . swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?

Yes No

If yes, enter 1 _____

Take the Adverse Childhood Experiences (ACE) Survey

2. Did a parent or another adult in the household *often or very often* . . . push, grab, slap, or throw something at you? *Or* ever hit you so hard that you had marks or were injured?

Yes No

If yes, enter 1 _____

3. Did an adult or person at least five years older than you *ever* . . . touch or fondle you or have you touch their body in a sexual way? *Or* attempt to touch you or touch you inappropriately or sexually abuse you?

Yes No

If yes, enter 1 _____

4. Did you *often or very often* feel that . . . no one in your family loved you or thought you were important or special? *Or* feel that your family members didn't look out for one another, feel close to one another, or support one another?

Yes No

If yes, enter 1 _____

5. Did you *often or very often* feel that . . . you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? *Or* that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If yes, enter 1 _____

Take the Adverse Childhood Experiences (ACE) Survey

6. Was a biological parent *ever* lost to you through divorce, abandonment, or another reason?

Yes No

If yes, enter 1 _____

7. Was your mother or stepmother *often or very often* pushed, grabbed, slapped, or have something thrown at her? *Or was she sometimes, often, or very often* kicked, bitten, hit with a fist, or hit with something hard? *Or ever* repeatedly hit over the course of at least a few minutes or threatened with a gun or knife?

Yes No

If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No

If yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If yes, enter 1 _____

10. Did a household member go to prison?

Yes No

If yes, enter 1 _____

Take the Adverse Childhood Experiences (ACE) Survey

Add up your “Yes” answers: _____ (this is your ACE Score)

Now take a moment and ask yourself how your experiences might be affecting your physical, emotional, and mental well-being. Is it possible that someone you love has been affected by Adverse Childhood Experiences they experienced? Are any children or young people you care for in adverse situations now?

Keep your Adverse Childhood Experiences Score in mind as you read the stories and science that follow, and keep your own experiences in mind, as well as those of the people you love. You may find this science to be the missing link in understanding why you or your loved one is having health problems. And this missing link will also lead to the information you will need in order to heal.

PART I

How It Is We Become Who We Are

CHAPTER ONE

Every Adult Was Once a Child

If you saw Laura walking down the New York City street where she lives today, you'd see a well-dressed forty-six-year-old woman with auburn hair and green eyes who exudes a sense of "I matter here." She looks entirely in charge of her life—as long as you don't see the small ghosts trailing after her.

When Laura was growing up, her mom was bipolar. Laura's mom had her good moments: she helped Laura with school projects, braided her hair, and taught her the name of every bird at the bird feeder. But when Laura's mom suffered from depressive bouts, she'd lock herself in her room for hours. At other times she was manic and hypercritical, which took its toll on everyone around her. Laura's dad, a vascular surgeon, was kind to Laura, but rarely around. He was, she says, "home late, out the door early—and then just plain out the door."

Laura recalls a family trip to the Grand Canyon when she was ten. In a photo taken that day, Laura and her parents sit on a bench, sporting tourist whites. The sky is blue and cloudless, and behind them the dark, ribboned shadows of the canyon stretch deep and wide. It is a perfect summer day.

"That afternoon my mom was teaching me to identify the ponder-

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osa pines,” Laura recalls. “Anyone looking at us would have assumed we were a normal, loving family.” Then, something seemed to shift, as it sometimes would. Laura’s parents began arguing about where to set up the tripod for their family photo. By the time the three of them sat down, her parents weren’t speaking. As they put on fake smiles for the camera, Laura’s mom suddenly pinched her daughter’s midriff around the back rim of her shorts, and told her to stop “staring off into space.” Then, a second pinch: “no wonder you’re turning into a butterball, you ate so much cheesecake last night you’re hanging over your shorts!”

If you look hard at Laura’s face in the photograph, you can see that she’s not squinting at the Arizona sun, but holding back tears.

When Laura was fifteen, her dad moved three states away with a new wife-to-be. He sent cards and money, but called less and less often. Her mother’s untreated bipolar disorder worsened. Laura’s days were punctuated with put-downs that caught her off guard as she walked across the living room. “My mom would spit out something like, ‘You look like a semiwide from behind. If you’re ever wondering why no boy asks you out, that’s why!’” One of Laura’s mother’s recurring lines was, “You were such a pretty baby, I don’t know what happened.” Sometimes Laura recalls, “My mom would go on a vitriolic diatribe about my dad until spittle foamed on her chin. I’d stand there, trying not to hear her as she went on and on, my whole body shaking inside.” Laura never invited friends over, for fear they’d find out her secret: her mom “wasn’t like other moms.”

Some thirty years later, Laura says, “In many ways, no matter where I go or what I do, I’m still in my mother’s house.” Today, “If a car swerves into my lane, a grocery store clerk is rude, my husband and I argue, or my boss calls me in to talk over a problem, I feel something flip over inside. It’s like there’s a match standing inside too near a flame, and with the smallest breeze, it ignites.” Something, she says, “just doesn’t feel right. Things feel bigger than they should be. Some days, I

feel as if I'm living my life in an emotional boom box where the volume is turned up too high."

To see Laura, you would never know that she is "always shaking a little, only invisibly, deep down in my cells."

Laura's sense that something is wrong inside is mirrored by her physical health. In her midthirties, she began suffering from migraines that landed her in bed for days at a time. At forty, Laura developed an autoimmune thyroid disease. At forty-four, during a routine exam, Laura's doctor didn't like the sound of her heart. An EKG revealed an arrhythmia. An echocardiogram showed that Laura had a condition known as dilated cardiomyopathy. The left ventricle of her heart was weak; the muscle had trouble pumping blood into her heart. Next thing Laura knew, she was a heart disease patient, undergoing surgery. Today, Laura has a cardioverter defibrillator implanted in the left side of her chest to prevent heart failure. The two-inch scar from the implant is deceptively small.

John's parents met in Asia when his father was deployed there as an army officer. After a whirlwind romance, his parents married and moved to the United States. For as long as John can remember, he says, "my parents' marriage was deeply troubled, as was my relationship with my dad. I consider myself to have been raised by my mom and her mom. I longed to feel a deeper connection with my dad, but it just wasn't there. He couldn't extend himself in that way."

John occasionally runs his hands through his short blond hair, as he carefully chooses his words. "My dad would get so worked up and pissed off about trivial things. He'd throw out opinions that we all knew were factually incorrect, and just keep arguing." If John's dad said the capital of New York was New York City, it didn't matter if John showed him it was Albany. "He'd ask me to help in the garage and I'd be doing everything right, and then a half hour into it I'd put the screwdriver down in the wrong spot and he'd start yelling and not let up. There was

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never any praise. Even when he was the one who'd made a mistake, it somehow became my fault. He could not be wrong about anything."

As John got older, it seemed wrong to him that "my dad was constantly pointing out all the mistakes that my brother and I made, without acknowledging any of his own." His dad chronically criticized his mother, who was, John says, "kinder and more confident."

When John was twelve, he interjected himself into the fights between his parents. One Christmas Eve, when he was fifteen, John awoke to the sound of "a scream and a commotion. I realized it was my mother screaming. I jumped out of bed and ran into my parents' room, shouting, 'What the hell is going on here?' My mother sputtered, 'He's choking me!' My father had his hands around my mother's neck. I yelled at him: 'You stay right here! Don't you dare move! Mom is coming with me!' I took my mother downstairs. She was sobbing. I was trying to understand what was happening, trying to be the adult between them."

Later that Christmas morning, John's father came down the steps to the living room where John and his mom were sleeping. "No one explained," he says. "My little brother came downstairs and we had Christmas morning as if nothing had happened."

Not long after, John's grandmother, "who'd been an enormous source of love for my mom and me," died suddenly. John says, "It was a terrible shock and loss for both of us. My father couldn't support my mom or me in our grieving. He told my mom, 'You just need to get over it!' He was the quintessential narcissist. If it wasn't about him, it wasn't important, it wasn't happening."

Today, John is a boyish forty. He has warm hazel eyes and a wide, affable grin that would be hard not to warm up to. But beneath his easy, open demeanor, John struggles with an array of chronic illnesses.

By the time John was thirty-three, his blood pressure was shockingly high for a young man. He began to experience bouts of stabbing stomach pain and diarrhea and often had blood in his stool. These ep-