



Racial Trauma Panel

Understanding and Healing Racial Trauma

**Guests: Nkem Ndefo; Andrea Nakayama; Dr. Cheryl Grills;
Farzana Khan; Thomas Hübl**

Alex Howard: So welcome, everyone, to this session. I think this is one of the most important, if not the most important conversation we're having as part of the Trauma and Mind Body Super Conference.

This panel came about, there's been some developments over the last few weeks. And I just want to give a little bit of the context behind this and then we'll come into some of the form and then we'll introduce the people, which have very kindly agreed to participate in this conversation.

So about a month ago now, from the point of recording this conversation, we started the promotional cycle for the Trauma and Mind Body Super Conference. And almost immediately we started to receive comments on social media and started to receive emails to our customer service inbox saying, where are your black speakers? Where are people of color? And why are you not representing those communities?

And my initial response was, 'oh, I sort of get the point, but why am I being attacked? And I feel defensive. And I've spent, you know, countless hours with great heart and great love putting together this project'. I then reached out to a few trusted friends of mine that I felt had better insight into this than, I realized, than I did. And I, as a part of that, began a journey of realizing just how much we messed up, I guess is one way to put it, but also how little understanding I, and I think it's probably true for many other people in this space, have about this topic.

And I realized that we needed to do something in the time that we had, to try and address this. But at that point, ninety five percent of the interviews had been completed. So also being realistic about the time that we had, looking at ways of how can we at least begin an attempt to better speak to this area? In that process I reached out to various people to ask for interviews, had various people make introductions for me and in came Nkem Ndefo who is co hosting this panel with me. Who I'll introduce in a moment.

She was one of the people that I was put in touch with. And I like people that challenge me and stand up to me. I find that a helpful form of sort of feedback in life and Nkem said, 'well, I'd like to have a chat with you on Zoom first. I'm not sure, actually, if I want to participate in this'. And we had a conversation which I found very helpful, and I realized that Nkem certainly had the potential to be an enormous ally in doing what we could in the time that

we had. And I want to be very clear, I still think there's a lot of shortcoming in terms of how we've spoken to this topic as part of the conference. We aim to do another Trauma Mind Body Super Conference in the future and I hope that will be very different in terms of the format.

But one of the things that came out of that conversation that Nkem and I had, was this idea of doing this panel. So perhaps that's a good point, Nkem, to hand over to you for a little bit. And then we can come to the the people we have joining us today.

Nkem Ndefo: Thank you. Because the thing I appreciate about this is the possibility of what repair can look like, because we know that there's been harming around racial term trauma. A huge amount of wounding. And we don't have a lot of models about what does repair look like? Right. So we have to actually get in and do it. And we're going to make mistakes! And so I took this as an opportunity. And I appreciate you, Alex, for your openness to do this, because what I brought up is, it's one thing to diversify your panel, so to say, to add in people of color, in terms of bodies as well as perspectives.

It's another thing to really acknowledge that racial trauma affects everybody and white people need to talk about whiteness as well.

And so, that that needs to come into the dialog. So this is a collective problem that people of color didn't create. And so we need to collectively work on this. I feel like this panel is advancing that area. If we are tasked or have taken it, you know, as part of our mission around trauma healing, this is an important one, right?

So the goals and themes for this panel. We have a nice little story arc we're going to do and we're going to first start by talking about what are the shortcomings. We have a diverse panel here with different disciplines, different countries and different cultures to talk about the historical shortcomings from their discipline, in addressing racial trauma and white privilege. And perhaps perpetuating it as well.

And then we're going to move into Act Two, which is where does racial trauma and privilege, where does that fit inside each panelist's approach to working. Where does that fit?

And lastly, in our last act, we're going to come together and we're going to talk about what's the collective vision? What does each panelist, what's their contribution from their perspective that they can lend to the collective healing of racial trauma.

So we're excited for this conversation and hope we get some good dialog here. Alex?

Alex Howard: Nkem, thank you. So just to briefly introduce who we have with us today. You can read longer bios and links to everyone's websites below the video.

But just introduce, we just heard from Nkem. Nkem Ndefo is the founder of Lumos Transforms and creator of The Resilience Toolkit. She is a trained nurse and midwife and is particularly interested in working alongside people most impacted by violence and

marginalization. Firstly, Nkem, thank you for joining us. Thank you for hosting with me I should say!

Secondly, we have Andrea Nakayama, a functional medicine nutritionist and founder of The Functional Nutrition Lab and The Functional Nutrition Alliance. Andrea had a very personal experience with trauma when her young husband was diagnosed with a fatal brain tumor whilst she was pregnant with their only child. Andrea, thank you for joining us as well.

Andrea Nakayama: Thank you, I'm so honored to be here, Alex.

Alex Howard: Thank you. And next, we have Dr. Cheryl Grills. Dr. Cheryl Grills is a clinical psychologist, past president of the Association of Black Psychologists. She has a current emphasis on community psychology from an Afrocentric perspective, among many other projects and roles, she is well-known as the creator of the Emotional Emancipation Circle model for black people dealing with antiblack racism.

Welcome, Cheryl. Thanks for joining us.

Dr. Cheryl Grills: Thank you for inviting me.

Alex Howard: Thank you. Next, we have Farzana Khan, a writer, director, cultural producer, an award winning arts educator. Farzana is the co-founder and director of Healing Justice London, which focuses on building community repair and self transformation models based on non Eurocentric methods for communities of color.

Farzana, thank you for joining us as well.

Farzana Khan: Thank you for having me.

Alex Howard: And finally, we have Thomas Hübl. Thomas Hübl is a modern mystic and spiritual teacher whose work integrates the core insights of the great wisdom traditions, with the discoveries of contemporary science. Last year, Thomas hosted the very popular Collective Trauma Online Summit and his book, *Collective Trauma*, is being released in the fall. Again, Thomas, thank you for joining us.

Thomas Hübl: Thank you Alex for inviting me here again. Thank you.

Alex Howard: OK. So Nkem, let's come to this first section.

Nkem Ndefo: OK. So, again, this is where we're going to talk about some of the shortcomings. What has been the historical responsibility of your particular discipline or approach in perpetuating racism? Either failing to address perpetuating racism and/or white privilege.

And I'd like to start with Cheryl, and thinking about, you know, you're trained traditionally in psychology, and about psychology's approaches to trauma healing. How have they operated around racial trauma? You could address that a bit.

Dr. Cheryl Grills: Sure thing. Thank you. Well, you know, I'm trained in the Western paradigm of clinical psychology, so I'm going to speak to that. But I've defected from that tradition, and I primarily focus on and operate from African psychology or African centered psychology.

But when talking about Eurocentric Western psychology, it has a very long history of perpetuating racism and white privilege. In fact, black folks, for us, it's been an oppressive force. For example, when we teach students about psychology, they're taught that psychological tests and conclusions were brilliant moments of insight from intelligent white male psychologists.

The historical accounts of the discipline ignore the social, the political, the corporate motives and factors that actually contributed to design, the results, the popularization of these experiments. And how these findings then influence social policy, social control and social behavior.

And so when I look at the European meta paradigm in psychology, it has at least four fundamental race related assumptions:

All human beings evolve along the same line.

The European experience is universal.

Europeans are superior.

And others are defined by their experiences with Europeans.

And then in addition to that, the discipline is replete with critical assumptions that perpetuate privilege and the privileging of a Eurocentric perspective.

Things like human beings are objects and we must use objective methods to study them in. Quantification is the only accepted measure of reality and material reality is essential and the essence of human beings is in fact material. That there's no superior power or purpose beyond human beings themselves, and that is the observable activities of the person that are the critical dimensions of who that person is. Things like the souls, spirits, revelations, the invisible intangible phenomena. Those are irrelevant. And in fact, not only irrelevant, they're relegated to superstition. And the death of the body is the death of the mind.

And so, you know, when I look at this discipline, it is it has been part of the problem and it does not allow us to be fully who we are and if we really want to understand the seeds and the roots of all this, we gotta go back to the origins of psychology itself and things like religion and philosophy.

And I'll end with this, that if we go back to the origins, we actually have to go back six hundred years to the work of a guy named Zurara, who wrote a book on behalf of Prince Henry in Portugal who needed to justify his enslavement of over 900 Africans in Portugal. That book was like the equivalent of being on Oprah Winfrey's bestseller list, right. Because it spread like wildfire across Europe. And it planted the seeds of many of the implicit biases and stereotypes we have about people of color. But especially black folk in this current day.

And we have to go to the philosophers like Hegel, who created a fundamentally influential system of thought, and his views of African people were clear and not covered up. He

believed that African people were incapable of experiencing love. Don't appreciate life. And didn't mind being enslaved in the Americas. And enslavement saved us, for example. So those are some of, I can go on. I mean, if we had five hours on this alone, I could go into more detail! I'll stop there.

Nkem Ndefo: I really appreciate those comments. And it makes me think about, even who I was thinking about asking next, that I would like to lead into talking about Thomas, where your work is more in the spiritual realm.

And so here, pinging off what Cheryl just said, what are your thoughts here?

Thomas Hübl: Like, I really love what you shared Cheryl. Because I think that's very true. I think there's a lot of truth in what you said right now and that there is this European centric whiteness that is represented in a lot of the spiritual, like in the monotheistic spiritual traditions, I think that there's a strong emphasis and a strong perpetuation. I think that's right.

And I love always to make a distinction between the mystical core and the religion itself, because, of course, they are kind of connected but they're not really the same.

One is more the social fabric and the other one is the true revelation. And since the true revelations have been diluted a lot, we end up with a big body of religious social framework with all kinds of interpretations. And I completely agree with you, I think that there is a very strong perpetuation. And I see this also in Europe. That, kind of the identification, because there's so little confrontation still today going on, I agree.

And then when I look at trauma, because I'm very deep into the mystical work, that's the core of my work, but I'm also very much into trauma and collective trauma. That's actually the reason why I came to collective trauma, is to see that, what you said right now, the thought leaders, basically white folk leaders for most of it in the field, and that sets a standard. But there are so many other ways of dealing with trauma that are very powerful, that are not coming up to the surface.

And I think that's also, that's why I love that you also brought this panel together Alex. And I like this kind of repair process that you mentioned, Nkem, before. And I think that especially when I look at Europe, I mean, my roots are in Europe, that's why I can speak more about Europe than the US. But that I wish for more of that process to happen through the collective trauma work that we're doing.

But coming back to what needs to change, I think also in the spiritual dimension, the openness for deep listening and learning from each other. I think that's something that we need to induce through spaces as we do it here now. And then I have also seen in my own work, at the beginning when I started off, I came out of a four year meditation retreat and I started to run my workshops and it grew pretty quickly.

But at the beginning, it was very much in our own sphere, until I started to realize, wow, the whole dimension of collective trauma is so much more important to understand individual trauma. I mean, we'll talk about that later. But that was also my opening. It started mainly

because I work a lot in the Holocaust history of Europe and the relation to Israel and the Israeli Palestinian conflict. So that was my my first main area of work. And that's also what I wrote a lot about.

But in the moment, I understood that the collective dimension of what we are dealing with, with individuals or small groups. So that was the beginning of of me opening up my own approach. And we see also, right now, how, exactly what you said before, Cheryl, that, I think there's a very loud noise at the doors of Europe. And and I think that's gonna become louder and louder. And there is a stronger and stronger evolutionary calling to do exactly the work that you said.

So I think that the whole refugee streams and the whole, like there is this very deep process going on. I believe that we have to support and facilitate a deep learning process in Europe.

Nkem Ndefo: So I have just a quick follow up question. So when I think, what I'm hearing here is this idea of your recognition that the individualization of trauma was missing the piece about collective. And so in your, you know, those individual approaches, from a contemplative place, you then recognized that the collective was what was missing.

And I'm curious, because there's a lot of conversation about the practice or of spiritual bypassing that happens. Right. Spiritual bypassing as a way to skirt around talking and confronting issues of racial trauma and white privilege. Could you speak to that at all?

Thomas Hübl: Right. Yeah. So to speak to the first part that you said, like my own awakening while I was running my groups was, wow, we are all sitting in a world that is traumatized over thousands and thousands of years and trauma became so part of the way we look. There are so many things we call normal that are totally not normal. But we normalize them and we are living in a hurt world, like broken pieces of glass, for thousands of years.

And so that was the first part where I said, well, we have to include what we cannot see because we grew up, all of us, in this kind of framework in different ways. And then I understood the power of that.

And the second part that you said is true too, that without doing the deep inner work, a deep inquiry individually and collectively of what kind of structures we are living and perpetuating. Then that's what we call spiritual bypassing. And I think it needs, like I often say a senior practitioner is somebody that doesn't shy away to go through the discomfort of that kind of deep awakening process. And so that's yeah, I very much agree with you. We need to identify where that happens and confront it also.

Nkem Ndefo: Thank you so much. So, we're going - not in the order I anticipated - but just following the flow of the conversation, I think about, Farzana, your work in art practice, cultural production and somatics. And about where you see the perpetuation of racial trauma and white privilege doing damage historically?

Farzana Khan: So I'm actually going to loop back and reorient a little bit, because the capacity that I'm going to speak from is really from the healing justice perspective, because I think maybe a bit later on I can speak about the art and cultural side.

And so I'm based in London and we do have a public health system. And so you think that's something that means, you know, is identified as a notion of progress. However, for communities of color - one of the reason that healing justice kind of emerged was because when we were accessing public infrastructure like public health, those were sites of harm. Those were places where our bodies were also being brutalized. And so often the narrative, both used by the right wing but also that we hear in the mainstream, is that the public health system doesn't work because of cuts to funding.

But as we've seen with Covid, there's a deeper, more systemic, racialized eugenics based conversation that we need to have. Which is why our public health service systems were not designed for bodies that are racialized. And so that is a key thing that I wanted to touch on, because I think, from that public infrastructure perspective, it's a key thing. When we're thinking about the disciplines of health and healing.

And I really, really appreciate, Cheryl, you starting from the philosophers. Because for me, that brutalization of body, to add another philosopher into the mix, Descartes. You know, Descartes, "I think therefore I am", the mind, the totalization of reason dismembered the body in order to be able to brutalize it.

And actually the opposite, in our mystical, in our spiritual, in our traditional traditions is not "I think therefore I am". We are, so it is. And it touches into this notion of there is no individual without the interdependence of not just other people, but other ecologies, other systems that we are part of. And so I think that there's a really important conversation when we think about the failures and the shortcomings of Western knowledge production and its totalization of reason, which creates this neo liberal logic that health is on the individual but also about its role in terms of brutalizing the body and creating what we've got now, which is chronic unsustainability.

We can't survive, because as Audre Lorde said, you know, we weren't designed to survive under these current contexts. So I think that those are some of the things that I wanted to kind of bring into this space. And I think I'll hold there and let you follow up.

Nkem Ndefo: So I think about your work around grief, and I think we can talk more about how you work with it, but just if you could speak to the traumatic grief and how it's not held in the public health system?

Farzana Khan: Absolutely. So, you know, we all know that grief and loss and bereavement, of multiple forms, not just physical bereavement. There isn't really a public discourse around it, in public consciousness. And it's not that it didn't exist. There are spiritual traditions and mystical traditions had rites and passages and ways to celebrate loss, to engage with loss in different ways. But those have an authentic relationship with it.

And I think what we have, as a result of that Western and colonial relationship, is that loss is seen as failure. And so, you know, we see that alongside capitalism. Time is linear. And so you're always at a loss. And so in particular, at Healing Justice London, we brought together

a team of artists, psychologists, doctors, academics, looking at a range of loss. Because all our national and political narratives are hinged on loss. Loss of the EU, loss of the NHS, losing our minds, loss of British values.

And so we wanted to have this interrogation of loss, both from that side, but also about the relationship to loss and criminalization. And what we were finding, looking at some of the small amounts of research that is available right now, is that, you know, because there's been so little attention to the impact of bereavement on marginalized communities who experience loss and bereavement on intersecting and isolated ways, you could see that 90 percent of the adult male prison population, in the UK, experienced up to six bereavements.

And we saw similar types of statistics within homelessness and substance issues. So there is a strong correlation to what is criminalised, particularly the ways in which people are surviving without an actual response, an adequate response to how bereavement and loss and grief impacts people's lives. And in particular, in one of the research pieces that we looked at, was how if there isn't adequate support around loss and bereavement, a person can go into a non recovery phase, which makes them much more prone or susceptible to risk taking behaviors.

But of course, those risks are framed within whiteness. And then we see how police brutality comes into effect. And all of those types of things. So, yeah, that's some of the work that we've been exploring in terms of loss and bereavement.

Nkem Ndefo: And it's racialized, right?

Farzana Khan: Absolutely.

Nkem Ndefo: So I want to give Andrea a chance to speak about functional medicine. And I particularly think, about functional medicine really having a big interest in environmental toxicity. You know, there's a big narrative around that. So that's something that I wonder about, how functional medicine is addressing that in a racial context, or not doing that?

Andrea Nakayama: Yes. Not enough. And I have to say, we have a lot of work to do and that "we" includes myself. So I'm going to own my privilege and trip over myself here. I just want to recognize that. And also really honor all the wise words that have already been said. I wish I was taking notes because I have so much to respond to and to celebrate, that was already spoken.

The first thing that comes to mind for me, in terms of the current state of things, and I'm going to take the liberty to speak both about functional medicine and about nutrition because I'm a functional medicine nutritionist. So I'm going to just speak about both realms and say that access and education are huge problems in terms of reaching the people who actually could benefit from the work that we do.

And that needs to be addressed and that education goes all the way back to who's being educated to deliver the kinds of services that functional medicine pays heed to, which is looking at the entirety of the individual.

And so we have to recognize ancestral trauma and that really impacts the genes. And when I hear the conversations that we're already having here, we're talking about psychology and we're talking about spirituality, we're talking about grief and loss. These conversations should be baked into the care that we give and bring to each and every individual, because these things impact the physiology. They impact the gut, they impact the way the blood flows, they impact our risk for disease states.

And so from my perspective, that ancestral trauma, the triggers that we have through our life that are baked in from where we came from - I'm Jewish so speaking to that ancestral grief and that ancestral trauma, really knowing what that looks like in our lives and how we hold that and how that impacts our bodies.

Functional medicine, like you said, really looks at the environmental impact and it's supposed to pay heed to this whole story that we come from, all the way back, hundreds of years. But all too often, it is still based in looking at what I call the X for Y, looking at the disease state and not looking at how we might treat that disease differently based on ancestral background, how we might really look at a different treatment protocol overall, based on who it is we're talking to.

And that goes to gender. It goes to sexuality. It goes to race. It goes to every aspect that we need to be bringing in to who we're looking at. And then, like Thomas said, the collective that we're living in.

In functional medicine and functional nutrition, we look at what we call or we should be looking at what we call the ATMs, the antecedents, the triggers and the mediators. And I keep saying, this moment in time is a trigger on everybody's timeline. And those triggers are very dependent on our history, on our ancestry, on what brought us, individually and collectively, to this point.

Nkem Ndefo: Thank you. Ooh, I have follow up questions for everybody, but I'm watching the time and I know people want to talk about what we need to do, right. Like we acknowledge that there are big problems in the framing, in the history, in the education of practitioners, in delivery and in all different areas.

And so I'm really excited to hear, in the next section, what your models and your approaches, how you're holding and approaching racial trauma and privilege. Alex?

Alex Howard: Yeah. And I think it's also, there's something that's really important about naming the limitations. And I really appreciate everyone's sincerity and sort of openness in coming at these different disciplines in that way, because I think, we can't repair something if we don't first diagnose and name the problem.

So, like Nkem, I feel like each of these disciplines and areas would warrant a series of interviews just to dig deeper into what we've said so far. But I agree, in the realization of time, we need to move to this next piece. Which I think is to understand - we'll come into the third section around how things can be done better and how things can be improved for the future - but there is a lot that each of these disciplines already have to offer.

They may be imperfect models and there's obviously great potential for progress. But I think it is helpful to talk about, with the lenses that we currently have, how can we use those to better understand and better with these areas? And I just wanted to come back to Farzana. Nkem came in with a question around some of the work that you do with the arts. And I really appreciated the direction you went in, but I think actually it's a good place to perhaps come back, to the piece that you parked for later.

Which is, how can working with the arts, how can working from a somatic perspective, how does that actually help working with racial trauma?

Farzana Khan: So I'm gonna offer two perspectives and the arts and the culture side of it will feed into that.

The first thing, because as we know, trauma robs us of our own presence, our ability to participate. And when we're doing work around trauma, we're trying to restore agency so people can participate and direct their lives. And so, in our work, we have three overarching kind of strands.

One is to create internal capacity, which is, within our communities, to generate the analysis because we're still learning what trauma is. We're still remembering our relationship to body, to our bodies. We're reviving our ancestral traditions. So there's a work that specifically has to happen in the communities that are impacted, that are lived. And so we really think about, how do we kind of restore agency in the spaces and build up that work around resilience within our communities.

The second area is about external capacities. What are the sectors that interface with our communities and then take away their agency. So for us, that's public health, all of those things. How to be disrupted it? How do we shape it? So that might look like training doctors on embodiment and racialized trauma and disarming privilege. All of those kinds of things.

And then the other side is about sustaining capacity. And I'm starting at capacity because that's the heart of it. If we don't get to show up, if we don't get to participate, then it's still going to be led by dominant identities who get to... So that is the overarching kind of strategies that we use in terms of our model.

And then more deeply, in terms of approaches that we use, absolutely art. We do a lot of community based arts processes to think and learn together and using art as a thinking space, but also about visioning. Because, you know, what trauma does is make us live moment to moment. And actually, when you're trying to be able to vision and see yourself long term, be able to project into where you can move into, it's really important to be able to have an imagination. And especially when, you know, when trauma work is also a political strategy. And we know who is disproportionately being affected and traumatized.

And so, absolutely, community co-production, working together to create and imagine and think together is essential. But I also recognize that that can also participate in that spiritual bypassing, because so often art is seen as just the cathartic space. You just go and do that thing. And it's also been used in colonization, to diminish the weight of art as the sight of knowledge. So I really want to emphasize that for us, in the hierarchies of knowledge

currently, art is absolutely at the forefront. And we see it as a thinking space, but it can't happen on its own.

Alongside that, we make sure that our practices are tied to survivor and trauma informed, they're led by disability justice. That our teams and our practitioners, our lived experience not just on race, but all other intersections, too.

And so there's a robustness in terms of how you bring all of those things together. So it's not isolated. But also that the imagination, the consciousness that we're working with can be as nuanced as as possible. And I think this is one of the things that, we're going to swing back to the shortcomings, that whiteness is a deficit position. And so we can't actually find solutions there because it has established itself as the superior. It doesn't hold multiple realities. And it's been designed to be unable to hold multiple realities.

And so imagination and that critical and creative thinking that we can do, is unlearning that whiteness is the norm, whiteness as the human position and making us more able to have more humanized relationships with one another.

Alex Howard: That's really fascinating. And I think there's something about people really coming into their bodies and actually feeling and experiencing what's happening. And I was thinking, Andrea, from the point of view of functional medicine, that one of the things that we're also doing is addressing and dealing with those impacts in the body.

And I really appreciated what you said a little bit earlier around just the access to those approaches. That's something I think you and I very much share a sort of passion about that, around how do we actually take that work and and bring it to more people.

But perhaps we could hear a bit from you around how do we heal the impact of trauma, and perhaps racial trauma, in the body.

Andrea Nakayama: Yeah, I I really want to celebrate, for a moment, the functional medicine and the functional nutrition matrices. And I also just want to speak to their limitations, or the limitations we as practitioners have in using them.

So the Matrix is a tool. It's a mental model for how we assess a person and really get everything out on paper. And in its design, functional medicine and functional nutrition are meant to be integrative, but they are not intersectional enough. So we have to be bringing a recognition of each person to that model.

So the model itself takes us through those ATMs as I mentioned earlier, that's the antecedents, the triggers and the mediators. That's a person's story.

What I call the soup is what's going on physiologically. And that's everything from the gut, the brain, the hormones, the inflammation, all of it. Our spirit is in there. The work that we each do here is an important integrative part of the healing journey. And then we really need to look at what's happening in a person's skills. And that, too, needs to bring in a person's lifestyle and what is true to them, their ancestral foods. What's important for them to be consuming.

So the Matrix itself, looking at the story, the soup and the skill, for any one individual, recognizes that the story and the skill will impact the physiological terrain, that everything we do and all of who we are needs to be brought into that.

But, we do need to bring a deep level of recognizing difference. We need to avoid oversimplified language and ideally to look closely at the spaces that we all occupy. If we brings something to it, if it's not my terrain to look at trauma specifically, like Cheryl might in her work or Faziana might in her work, then I need to make sure that we are partnering there for each and every individual.

And we need to make sure that we are embracing other points of view and continuing to show up, questioning the model and questioning our biases in bringing that to the model. So I think the matrix itself, to answer you, is a tool that can be used, but we need to bring a new understanding to that tool.

Alex Howard: Thank you, Andrea. And I just want to say Andre is very kindly joining us whilst on holiday, on vacation and doesn't have the best Internet. So I stopped the video when it stuck.

But thank you, Andrea. I think that that's a really important piece.

I wanted to come to you, Cheryl, next.

Andrea Nakayama: Sorry about that. I hope it came through now.

Alex Howard: The audio came through great, thank you.

Cheryl, you opened the session by talking about coming from the psychology tradition and seeing the limitations. And in many ways, I know the motivation of your work has been to challenge and to work within and to progress those. I'd love to hear a bit about - Psychology provides us with a great deal of maps and understanding, particularly of the individual - how can they help us see this more clearly?

Dr. Cheryl Grills: Well, I'm gonna be frank. For the moment, I don't really see Western or Eurocentric psychology providing a road map. They are too stuck in their own mindset. They lack awareness of the, how can I put this, the underlying ideology and the assumptions that they hold. They lack insight about the extent to which psychology is a product of the culture which gave it birth.

And so I really now focus on looking at things through the lens of African psychology and African centered psychology. And so from that perspective, I do see some some strategies and ways forward. And I don't assume that it's universal for everyone. I'm speaking now specifically about people of African ancestry. And so the starting place from that perspective can be captured in a simple phrase:

We need to escape from the anomie of Fringeness.

Right? We have been on the fringes in the world. And so we have to come up out of that.

That is a necessary part of our healing journey. And so when you look at African centered psychology, it argues that we have to reclaim historical and cultural agency from an African frame of reference. We have to empower African agency, which means we operate with an attitude and practice grounded in our experience, our world view, wherever we find ourselves in the diaspora.

And that a critical source of our agency is our consciousness. And that consciousness is determined by our relationship to a source. And our source is Africa, which gave us a world view. It gave us cultural principles. It gave us rules for living. It gave us methods and metrics for well-being and health.

And that consciousness is vertical. It's our relationship to the ancestors.

And it's horizontal, our relationship to the Pan African community.

And so then when we look at them, how do we address racial trauma? We have to address it from a framework that says, first of all, go back to what is the definition of human beingness? What makes you a human being?

And from our perspective, it starts with understanding that spirit permeates everything. And the notion that everything in the universe is interconnected, the value that the collective is the most salient element of existence. The idea that communal self knowledge is the key to mental health. That being in the world and recognizing the importance of the other is central to wellness and to resolving trauma and to understanding that trauma and its source. And that life is interdependent. And interpenetrating. So the living, the deceased, the mundane and the spiritual, nature and humans are all interconnected. And so we're with multiple systems constantly interacting with one another.

And that goes against that mind body dualism that was referenced earlier. That the opposition of mind and body, self and other. And so this then means that we we enter into a territory that Western psychology doesn't even know what to do with, concepts like *Sonsum* [sp?] which is an energy. *Ocra* [sp?], which is soul; *Morja* [sp?], which is the blood that carries the epigenetics that transfers stress and trauma over generations.

And finally - because I can go on. I know I can go on - what we have to understand is a collective communal strategy, that's really the way forward. This self-absorption with the individual, with the self, really does a disservice to people who come from a communal collectivist perspective and understands a person is a person because of other people. And we are each other's medicine.

So we've got to do community centric interventions to support any individual focused strategies.

Alex Howard: Thank you Cheryl. And I think that's a perfect point to come to Thomas, because, Thomas, I know, as you spoke about a little bit earlier, this has been part of the development in your work about this recognition that we have to work on this collective level.

Thomas Hübl: Yes, very much so. It's kind of like honey on my soul when I listen to you, Cheryl. It's so lovely. I mean, it's so physical. It's so true, in my understanding.

And secondly, it's so beautiful how you framed it very clearly in a very short time. And I very much agree along those lines. Like how we started working on collective trauma was that in my group, collective trauma was really coming up very strongly. My group started off in Europe, and then we expanded to other parts in the world.

And we had these massive eruptions of collectively suppressed material that, like, 50 people in the room started to cry. And saw terrible images from the Holocaust and concentration camps. And then, the first time, that was kind of a very strong process. And it, you know, it took some days to integrate it. And then I learned, we do this now since 18 years old, we learned how to work within the collective field of coherence that we can build, in service of individual and collective healing.

And the more I understood that how trauma hurts our capacity to relate and that the trauma that is stored in certain levels of our bodies and nervous systems kind of creates a feeling of isolation, separation, numbness, indifference and hyper agitation.

But it literally makes me not able to feel you. Like, on a very simple level, the human feeling, like that we feel our connection and then we can have all kinds of ideas. I often say, one can write a PHD on childhood trauma but be severely traumatized because that knowledge might have no effect on our healing process. But it might have, when we learned to embody that knowledge. And that's why I love it very much. How we how we create collective spaces in order to do the healing work on an individual and collective level.

And the second part that we are working with is, because, you know, as children. Like in my understanding, therapy often addresses a certain aspect of human development. Psychotherapy. But there are certain aspects of the collective wiring within the individual that are not so in the center of psychotherapy. And I find that incredibly interesting because every trauma immediately creates a screen where I cannot see you anymore. My perception is covered by my own absence.

And so that means in my felt experience of you, I cannot have a direct experience. So I need to compensate on that by putting other processes in place, which are helpful for me to survive as a child. But culturally they create a lot of side effects. And now that kind of screen, in my perception, because I don't know what I don't see. And when we grow up in a society that holds this very strong level of fragmentation, what other simple way - how can I put it - sometime trauma is a mind emotion, body fragmentation.

And we are so used to that, that the relational information we get is fragmented, that we call that normal. And so that fragmentation is pandemic. And when I grow up as a one, two, three, four, five year old and I'm living in that, how do I handle that very strong fragmentation? Of my parents, my teachers, in the supermarket. Everywhere.

And I find it very interesting to track that process down into what you said, Andrea, like the importance of the transgenerational transmission of trauma.

And so so there's a very complex system. And I found that creating spaces where people really relate to each other on a coherent level, including the incoherence and fragmentation that's in there is a very powerful healing resource that helps us to slowly open our eyes to,

what are all these societal structures that are based on frozen ice and not based on relation? They are based on the past. And to become aware how much of us is actually non emergent in our societies, and frozen, I think it's very, very important.

So, like all of us, we could go on for a long time but I'll stop here.

Alex Howard: I have some follow up questions here. But I'm also mindful of time. So perhaps, Nkem, it's a good moment to transition to this sort of third section of how do we move forwards?

Nkem Ndefo: I just have a quick question before we do. I'm just curious, you know, there's different kinds of collective trauma and I have zero interest in trauma Olympics because there's a lot of trauma Olympics that happens and nobody wins trauma Olympics!

I'm just wondering, Thomas, if you think that racial trauma, does it need to be addressed differently? In that collective racial trauma, like in your model, how is race addressed? Is it addressed the same or separately?

Thomas Hübl: I love to say that I believe love is in the precision of relation.

And what I mean by this, I don't think that there's anything general in life. There's only specifically individual or specifically collective or specifically universal. But there is a specific relation on a certain level of life. And so, included in that, I believe there is something very specific about racial trauma that needs to be addressed specifically, and that means it has a unique voice in the field of humanity, basically.

So we need to learn how to apply universal principles to that specific aspect of life. So I think that's the expression of love.

And that means many, many elements of applications. But I think, yes, there is a specificity to racial trauma that needs to be understood, related to, integrated and so on in a specific way, because that's its expression.

Nkem Ndefo: Cheryl?

Dr. Cheryl Grills: There's just something so profound about what you said, Thomas. That I'm like jumping out of my skin because of the implications, the ramifications of what you're saying. So I've been, you know, doing these healing circles all around the world with people of African ancestry around racial trauma. And I do this activity called, 'when was the first time you realized you were black?' And it doesn't matter if you're in an all black space, you could be on any part of the continent of Africa or the Caribbean, etc. The question is still relevant.

And the answer to that question is - almost ninety nine percent of the time - and these are hundreds and hundreds of people. The answer is something that occurred in childhood that has scarred them and it stayed with them throughout their adult life. And so that notion of being frozen and then a screen up is happening at the very earliest stages of life. And so how does that then compromise development and connections, which are the fundamental

source of well-being, from an African centric perspective. And then I couple that with what I heard - I did a webinar with black Yale alumni a couple of weeks ago. Now, these are like the brainiest, most intelligent, top of their game, you know, MDs, JDs, PhDs, running corporations, and, you know, many coming from really healthy families. And many of them, when doing another activity we call the the blackening, they mentioned that their first reaction, these highly intelligent, knowledgeable, resourced people say their first reaction is to freeze.

Now, I didn't go through the stress response cycle. I didn't mention that. But they naturally came up with this notion of "I froze". And so, just connecting that with what you're saying, actually makes me sad because it speaks to the depth and breadth of what racial trauma will do to an individual, to a family, to a community, to a global village.

It's just heartbreaking.

Thomas Hübl: Right. And that needs to be on the line. I believe that's the core of what we're talking about. And I think if, for all of us, if we acknowledge the depth of what you said right now, in there is the core of this conversation.

Nkem Ndefo: Sitting with that for a minute. So for all of us just to sit and feel how that lands in our bodies, how that lands in our spirit, and make some space around that. I think about what Farzana said about us having capacity. Think about the capacity to hold this, to get in the conversation, to stay in the conversation.

And thinking about the visioning. This is a very unusual time in history. It's not like we haven't had these times in the past. But this is an unusual time. The pandemic has thrown all kinds of ways of being up in the air. Right. An intense focus on state sponsored racialized violence and uprisings around the globe. There's a lot of opening.

So I think about this conversation at this moment, about your different approaches. And when we think about moving forward, we think about from here. Or opening, maybe it's not forward, it's opening, it's all these integrating.

And you think about collectively, because the depth of what we're talking about, it's a collective wounding and it needs a collective healing.

So what kind of contributions, I'm going to maybe start with Farzana here, what kind of contributions, that you feel you in the work that you're doing, can lend to that collective piece around healing?

Farzana Khan: Firstly, I just want to acknowledge, like, the brilliance that's been shared. And just really how much I'm receiving from it. So thank you.

A few things that I might bring in, in terms of the collective contributions that are being made, particularly, I think it ties to Thomas and Cheryl's last point, is that for me, a lot of my work emerged out of working in violence and navigating through forms of violence,

intimate, structural, systemic, interpersonal. And the opposite of violence is connection. And disconnection is where violence thrives and gets to perpetuate itself.

So really, the work that we're all moving towards in the different ways that we're speaking is returning, remembering back to that space of deep connection.

But in order to do that, and Thomas and Cheryl touched on it, is that with racialized trauma, we are in a state of disassociation because of the dynamic of abuse that we have to survive within. And that happens very early on. As soon as you are able to perceive that othering and experience it. So that racialized disassociation is a huge thing that we have to also be working with and that disconnection that carries on and accumulates throughout our lifetimes. And so really recognizing the central need for racialized trauma to be part of the collective work and why it's so central to a lot of my work, because I see it as that disassociated way in which our presence and our agency is robbed.

And so all of the work that I'm participating in, Healing Justice or as an artist is about how do we bring more connection into these spaces that appear disconnected or that are, in order to connect. They're not authentic connections. So you can connect and assimilate whiteness. You can connect and become institutionalized.

And so, how are we being able to have the social skills to discern and make meaningful connections that take us closer to truth? And then there's work a lot that's around authenticity and how we authenticate things and make things be true and how our work in liberation, not just politically, but really on that spiritual level, is about shedding falsehood. And what white supremacy and the way that the world is organized, is that we're situated in a falsehood. And so if we really want to bring us those back into connection, that dynamic cannot exist. That imbalance of power existence cannot exist. So also thinking about the proactiveness of how we make, as you said Nkem, show up and reveal what is taking place in order to make those real connections and connect to that which is true, that deep oneness, that deep interconnectedness.

And I think those are the two - because I want to hear from everyone - those are the two offerings that I put into the space as strategies for the collective healing.

Nkem Ndefo: Thank you so much Farzana.

Andrea, when you think about connection, about shedding falsehoods - you've pointed out some issues with functional medicine, functional nutrition - what do you see coming out of this discussion? What kind of seeds are you thinking about carrying forward into this collective healing?

Andrea Nakayama: Yeah, I'm really moved by the entire conversation. So I also just want to thank everybody for showing up.

And I'll take myself off camera, hopefully that helps with the [internet] connection.

I am always holding the trauma of chronic illness in the body. That is my vantage point where we hit that tipping point that is the accumulation of all the things we're talking about, where the body literally shuts down in some way or starts attacking itself.

And that trauma is also a place where we disconnect, where there isn't collective understanding, not from the medical profession, not from our peers. It's a place that many people feel misunderstood and not connected. And as I'm listening here today, I'm reflecting on how individual this experience can feel. All of those things accumulating to that one tipping point, and how we have to come back together, and the many different ways we have to come back together.

I'm also thinking about scope and where we need to, as healers, work as a collective to bring together the many different modalities that we can touch. And also in our communities, how we each can extend into the different places that we touch. Who do we have access to?

As Cheryl's shared so brilliantly, she's able to do these healing circles that people are going to come to Cheryl for. So how do I, as an educator, help to educate those who can move into our collective but distinct communities, to bring the principles of that understanding of the body, mind and spirit through the physiological forward?

So that's really what I'm struck with today, is that piece, like my role as an educator and how I can inspire other educators and thought leaders in functional medicine and functional nutrition to spread what we can do.

Nkem Ndefo: That's beautiful. And this idea of capacity building, which comes back to what Farzana said about people having the capacity to stay and to have agency, right, because the weathering effects, the weathering effects of racial trauma are significant.

And so when our bodies are breaking down, our spirits are broken down, like, you know, what functional medicine can pair with. I think about the organization called Integrative Medicine for the Underserved. If you're familiar with them and some work that they do about integrity of approaches in public health. So thank you. Thank you.

Thomas, you know, we've talked a lot about this collective moving forward. So it might be a little reiteration.

But is there anything that you want to pull forward here?

Thomas Hübl: Yes. First of all, I believe what's happening right now is one element of what I see being the future, that we, in a vulnerable way, come together and we explore in spaces where we come from different areas of life and walks of life and disciplines together. And we see what emerges through us, because some things that are emerging now, they are just being born right now. And I think that's beautiful.

And also that there's a felt realltion. Cheryl, when you, you know, shared being vulnerable and touched, like that immediately creates like a field here. And I think that's the field that we need because that's the restoration of the relation.

That's the moment of healing, in a way, to come together in such a closeness that we can sense here.

And I think that's kind of the the micro unit. But that's an important, like in the relational work, 'I feel you feeling me' that micro unit of relation. And my brain being able to connect inside and outside and not having them separate like in trauma, these are the micro units of the healing process. So I think starting from that place and building individual capacity to do that, that's one thing.

The other thing is, I think we are moving into a much more collective understanding of health as many have said already, and also of healing. Like that we are here together to build collective spaces for healing. And that downloads, in a way, a much higher capacity for the individual to heal him or herself. And for our collective structures, too.

So because the coherence building, I often say human beings are like - like there is a supercomputer, with many workstations and every workstation animates a laptop. And we believe that we are that laptop versus all of us being one supercomputer. And that's why I liked what you brought in Cheryl, at the beginning, about everything is, you know, spirit in a way. And and that's, I think, the next thing.

So there's the individual competence building, the collective competence building. And then not to forget that we all have access to the most profound remedies of what we are talking about. One is restoring relation, as many said already, and the other one is that we are participating, like we have access to the same source.

And even if it come to that source from different directions. But to me, that's basically a very strong resource, too. So I see the marriage of the scientific and the mystical as another puzzle piece, where we see how the ancient knowledge and the kind of leading edge of the science that we come up with, also around transgenerational trauma.

And so there are many, many dialogs that can happen. And so to keep it short, that's my offering.

Nkem Ndefo: That's a great description. I mean, it's likely a lot of the work you're already doing.

So, Cheryl, as you think about, maybe you can close us out here, about what has been said here and about collective approaches and also something that I often ask in any panel, like who's not in the conversation? Who do we need to be partnering with?

And in connection with that as well, right. And in your vision of what you're bringing to our collective healing here.

Dr. Cheryl Grills: Yeah, I mean, as soon as you said, who's not here? Who do we need to be talking to? Who needs to be at the table? My mind immediately went to the wisdom keepers in each of our cultural traditions. They are the culture keepers. They have the knowledge. And imagine that, it's like each of us has a little piece to the puzzle of truth and the meaning

of life. And if we can go back to our sources and then begin to piece that together, what an incredible mosaic that would be.

And so, my thoughts on this is that, you know, for healing from racial trauma, from an African centered perspective, for people of African ancestry, I look to the affirmations from African psychology, which is that, you know, psychology and healing need to be about seeing. It needs to understand the limitations of language.

The English language cripples us from fully understanding ourselves and the totality of reality. That knowledge begins with an inward looking process. With speaking not about yourself, but about the world as you've come to know it, as Vitelli [sp?] talks about in South Africa. It's about a reawakening, a roll towards emancipation that's emotional, that's cognitive, that's cultural, that's political, that's economic.

It's about ridding ourselves of the shackles of intellectual servitude to your American centered knowledge base and way of walking and being in the world. And it's about doing a practice that's the antithesis of oppressive knowledge about what it means to be African.

And if I can close with saying, I think one of the things we can also do is flip the script and examine the obverse of illness and trauma, you know, coming at resilience from a multi-dimensional understanding, paying a greater attention to community centric prevention, early intervention and treatment approaches. Prevention is better than cure.

But now, after what Thomas has said, I'm like, oh, that means we got to catch up. Well, I don't know, because of epigenetics, I don't know where prevention is actually happening.

But if we pay attention to these kinds of things, then we, as I said before, we are each other's medicine. We can operate from what I call a supra biological model. So we need to coach behavior biology within a deeper model, that we operate from the understanding of energy. And what we call some *Sunsum* [sp?] or *Suriti* [sp?] or *Ahshay* [sp?] or *Engola* [sp?] in different parts of Africa.

And that we have a deeper understanding of epigenetics in the context of multigenerational trauma. And that, when we go to the healers, to the traditional wisdom keepers, we uncover the deep knowledge that we're just catching up to a neuropsychology.

We talk about, in neurophysiology, mirroring neurons. Africa has talked about that for generations in terms of *Sunsum* [sp?] or *Suriti* [sp?] or *Ahshay* [sp?] or *Engola* [sp?] and other concepts. We know about, how do you down regulate and use cold water, you know, to shift the stress level.

I am very familiar with the use of putting cold water on the back of the neck to bring somebody down from going into a trance state in Africa.

We talk about epigenetics. But in Africa, we've talked about that for generations in terms of understanding ancestral rebirth. What is carried in your blood in terms of ancestral memory and unresolved issues, etc.

And then we even just look at Covid and the realization from Covid that, hey, we're not feeling right because we're not able to see each other, touch each other, be with each other. And oh, wow, it looks like we're wired to be connected. And that is the fundamental principle of African psychology. That is everything is about being in relationship to.

So I think there's a lot that we can learn by going back to our sources and not letting Western hegemony, you know, be a gatekeeper from going back to ourselves.

Nkem Ndefo: Thank you so much. I think, like this, we are each other's medicine. And we, meaning all of us, that everyone's at the table. We are each other's medicine. I'm gonna let that be, right there.

Alex Howard: That's a great place to end. I'm mindful of time.

I just want to say thank you, everyone, for participating in this dialog. When you put together a panel, you never quite know what's gonna happen. But I've been personally very moved to touched, and I really hope it comes through to the people watching.

And I also want to just say thank you, each of you, for being part of my own education. I feel like, I've I mentioned at the start, I consider myself at the beginning of a journey. And this has been a helpful piece of progressing that.

And I really appreciate everyone's sincerity and vulnerability of acknowledging limitation, but also bringing what they have to offer in terms of the ways forward.

So thank you, everyone, very much for your for your hearts and for your minds and participation.

And I just want to thank you Nkem as well, very much. If it hadn't been for your willingness to stand for what's true for you, then this wouldn't I wouldn't have been a catalyst for this conversation. So I really appreciate that as well.

Nkem Ndefo: This is what repair can look like.