



Conscious Life presents

TRAUMA SUPER CONFERENCE

Healing population-wide trauma

Guest: Dr James Gordon

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[00:00:10] Alex Howard

Welcome everyone to this interview where I'm super excited to be talking with Dr James Gordon.

And we're going to be talking about, not just his enormous work over the last 50 years working with trauma in a number of different ways, but also particularly the application of this work in some of the more challenging places in our current world, particularly in war zones, particularly some of his work in Ukraine.

I think this interview is a really good reminder of some of the basic principles of trauma healing, but also how they can be effective even in those most challenging and most difficult places. To give you a little bit of Dr Gordon's background, Dr James Gordon is the author of *Transforming Trauma: The Path to Hope and Healing*. He's a Harvard educated psychiatrist and founder and CEO of the nonprofit center for Mind-Body Medicine in Washington, DC.

Dr Gordon is internationally recognized for using self awareness, self care and group support to heal population-wide psychological trauma. He is a clinical professor at Georgetown Medical School and was chairman under presidents Clinton and G.W. Bush of the White House commission on complementary and alternative medicine policy. So, firstly, James, welcome. I am so pleased to have you here with us.

Dr James Gordon

Good to be with you.

Alex Howard

So I'm curious to start with how you first became interested in working with trauma.

Dr James Gordon

Well, it's an interesting question because psychiatry developed out of work with trauma that Freud and Breuer did at the end of the 19th century. So trauma is really, in a sense, the womb in which modern psychiatry was born. And I think I, as a human being, began to experience difficulties in my life which I really first did, or at least ones that I was aware of, in medical school, I began to look for help.

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And as I looked for help and went to a therapist for help, I began to discover the connection between my present life difficulties and some of the earlier life conflicts and difficulties of my family. So it inevitably led me back to, I don't know that I called it trauma at the time, but I sure knew that early life experience was influencing what I was like as an adult. So that was there.

And I always was drawn to the people who were most troubled and who were most isolated, who were in the greatest pain. That just seemed to be something as part of me. So, again, without necessarily calling it trauma, I was drawn to those people who'd been terribly traumatized.

And it became clear years later when I started the center for Mind-Body Medicine, that the method that we developed, the method of self care and group support and community building, that we began to apply to all the different conditions that people had, chronic physical illness, anxiety, depression, that it became of interest to me to see if this approach would work with some of the most troubled people in some of the darkest places on the planet.

Without specifically focusing on the word trauma, I was drawn again and again through my own experience and through what I was attracted to, to the challenges that drew me, to the suffering that moved me, to those people who were most traumatized.

And what I discovered is that the method that we were developing, to help anybody to become more self aware and to become more at peace, was particularly applicable to people who were traumatized. And that, indeed, it worked very well with people who had lived through wars and other terrible catastrophes.

Alex Howard

And I know a large part of the work that you do is working with population-wide psychological trauma, and I'm really interested to get into that. And I think maybe just to set a little bit of a frame, when you speak of population wide trauma, what do you mean by that? And then we can sort of dive more in from there.

Dr James Gordon

Well, we're speaking here on election day here in the United States, and I would say our whole country is more or less traumatized by the COVID pandemic, which has affected everyone by the incredible division in our society, incredibly painful and often violent division that separates groups of people in our society.

So I think that the shift is from a shift in just focusing on the trauma of individuals to looking at those conditions and the consequences of those conditions that affect whole groups of people, whether those are people with chronic illness, whether those are workers in a hospital setting. In hospital settings in the US, there's a 30% to 40% turnover in many hospitals because of the COVID pandemic.

People are so stressed out and indeed traumatized by what's happened. So in that case, we're working with the hospital system. We're working with the US Capitol Police. It's a whole population

of people who have been traumatized by the events in their lives and for whom the present events have also, not incidentally, evoked past trauma in their lives.

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And so the approach is really a public health approach and it's grounded in the understanding that all of us are going to experience trauma at some point or other in our lives. So even if you work in a hospital and you say I'm fine, the approach that we're offering is one which permits everyone to participate. We don't say you have to be traumatized to participate.

We're saying we're bringing an approach which will help everybody who's here to become more balanced physiologically and psychologically, to use their imagination, to feel more at ease, be more productive, more satisfied, find greater meaning and purpose. So we're working with the whole population, but we're not trying, except for research purposes, to single out, oh, you're particularly traumatized and you're not so traumatized. It's much more an understanding that everybody has experienced something.

Alex Howard

And one of the things that struck me as I was reflecting before this interview is that often the experience that we have with trauma is it's isolating. It feels like something happens to us and it can sometimes feel like we're the only one that feels that way. Or it can feel like we need to push the world away because it feels so overwhelming, which then leaves us feeling more isolated.

I was reflecting on there's something that's actually quite, I don't think it's the right word, but, in a sense, quite beautiful, of the recognition that, actually, there are collective experiences and there may be things that have been very difficult in our life that, far from being alone, actually, that many others have had a similar experience.

Dr James Gordon

Yeah, I think you're putting your finger on something very important. When we are traumatized, we do on a physiological, biological basis, we feel less connected to other people and part of the process of healing is allowing us to reconnect with other people, but doing it in an unforced way.

So it's important both in terms of an intellectual understanding that trauma is a part of life and that other people experience it, but also in terms of a practical, therapeutic approach, using groups as a fundamental part of the intervention with people who are traumatized. It seems vitally important.

Alex Howard

And yet, often, I guess I'm curious from your perspective, my observation, having been involved in group work in different ways, a number of ways over the years, is that often one can feel quite reluctant to want to do group work because it can be triggering and it can be challenging.

And I'm curious as to, with the people that you work with through the center, is there generally quite an open appetite or is it sometimes some people need a certain amount of reassurance and building of safety to allow them to open up in those spaces?

[00:09:14] Dr James Gordon

Well, again, what you're saying is accurate. A lot of people are very nervous about being in a group. The way we present the group, a lot of that has to do with the general nervousness about therapy and how therapy many people feel puts them on the spot. We work a lot with the military, active duty military and veterans, and they say, when I went to see the shrink, I felt like a bug under a microscope.

But the group, we say to people, come learn how to better understand and take care of yourself. We're going to teach you some skills. And people say, well, I'm not a group person. That's okay, just relax. You're welcome to speak and to share when you feel like it. And when you don't, you can say I pass. We don't force anybody to participate.

And what happens is when we're working with the whole population, I'm thinking right now our largest program has been in Gaza, the Palestinian territory, where we train 1500 people and work with almost 300,000 children and adults. And people there, they think mental health is just for totally crazy people, and nobody wants to have anything to do with it.

They've never heard of Mind-Body Medicine, but when a member of their community whom they respect says to them, I've experienced this approach, I've learned things that have helped me. Are you interested? It's a totally different framework, and it's a totally different kind of invitation. And I'm smiling because I'm thinking of a workshop I did where 100 women, all totally covered, all of whom have lost family members in the wars between Hamas and Israel, all of whom were eager to participate in these groups.

And they said, so and so came, and we respect him, and it made a difference to him. And he did a group with some of us and our sisters told us that it worked, so we want to do it too. So, in a sense, it's more of a movement, it's educational. And to put it in a health framework, it's more public health than medical treatment, and so that makes it much more acceptable. And because in our groups, we don't push anybody to share, paradoxically, after a while, just about everybody feels comfortable sharing the things that are most troublesome to them.

Alex Howard

It strikes me that there's a real safety building in that allowing someone to be where they are. And it also is in my mind that just as our trauma doesn't happen in isolation, it makes sense that our healing doesn't happen in isolation either.

I guess there's also something around being in those groups where, whether or not someone's actively speaking and putting themselves forward at a certain point, there's something about hearing other people's stories and other people's experiences. And I'd love to hear you speak a little bit about that healing power and impact of just being together in that way, where there's permission to speak about what may, in other contexts, not be allowed to be spoken about.

Dr James Gordon

Well, that's true. And the first piece is that somebody else has taken the chance, somebody else has shared. So it feels like it's okay to share things that we've kept under wraps for a long time. And particularly in our so-called advanced societies, we tend to be very private for the most part. And so when someone else shares, that's an invitation.

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And also it's a learning, because you say, oh, something similar happened to me. And in our groups, we don't analyze, we don't interpret, we don't interrupt, so that people feel that if you're talking about your mother and I'm in the group, or even if I'm the leader, I'm not going to start analyzing or interpreting.

You're talking, what you're saying, but it may remind me of something about my mother or something about somebody else who was in a maternal role to me, and then I share it in the group, and then the next person says, well, there was nobody like that in my life. So each person is opening the door, not only for themselves, but for all the other people.

Alex Howard

And can you say a little bit about some of the impacts of this work and also how you measure and how you can notice those impacts?

Dr James Gordon

Well, from pretty early in our work, we began doing research on it, and we've now published 25 papers in peer reviewed journals on the effect of our model. Most of those papers, some of them are on the effect of healthcare professionals and medical students who are stressed out and burnt out, but most of them are on people who have been traumatized.

And we published the first randomized controlled trial of any intervention with war traumatized kids, which was in Kosovo after the 1998, 99 war there, where the Kosovars freed themselves from Serbian rule. And in twelve groups were teenage kids from a region of Kosovo that was severely traumatized. That is, 80% of the homes were destroyed. 20% of these high school kids lost one or both parents.

These kids were put in a group, ten kids in a group. They had ten sessions where they learned slow, deep, soft, belly breathing, an antidote to fight or flight response, we taught them shaking and dancing as an antidote to the freeze response. We then taught them to use words and drawings and movements to express themselves, and guided imagery and biofeedback, and worked with genograms, all these different techniques.

Twelve sessions. 80% of the kids who initially qualified for the diagnosis of PTSD using the Harvard Trauma Scale no longer qualified.

Alex Howard

Wow.

Dr James Gordon

And those gains held at three month's follow up. So it was a very striking, very impressive finding, and we've replicated it many times with other populations. The other thing that was so striking is that the people leading the groups were not people like you and me, not psychiatrists,

psychotherapists. They were rural high school teachers whom we, that is, the center for Mind-Body Medicine, had trained to do this work.

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And we can train people who are willing to learn the techniques on themselves, because you can't teach other people to take care of themselves unless you're doing it yourself and realizing the benefits and recognizing the challenges. They were committed to working with the kids. They were committed to getting supervision and mentorship from our team.

And this is how we've been able to work on a large scale, by not only training health professionals, we're still the majority of people we train, but teachers, leaders of women's groups, we're training military people to be peer counselors with each other, and teenagers to be peer counselors with each other. So it's an approach that works. And we've demonstrated that it works. And equally important, we've demonstrated that committed people without fancy formal educations or advanced degrees can do the work wonderfully well.

Alex Howard

And it strikes me, James, that to be able to have that effective transmission of ideas, I imagine it kind of ripples, in a sense, that you're teaching people that are teaching people, and it's spreading. There has to be stripping things back to real fundamentals and real simple ingredients.

And I'm curious as to, I'm aware this is a probably slightly annoying question to ask, but I think it'd be a great one to answer, which is if you've got a short period of time with someone to offer a few of the really key principles that are most likely to be helpful, particularly in those obviously traumatic situations like a war zone, what are some of the those really key fundamentals that you focus on?

Dr James Gordon

Well, the first thing is to say to people, as I said at the beginning when we were talking, trauma comes to everyone. This doesn't mean you're weird, it doesn't mean you're mentally ill, that you've suffered from things that have happened in your life. So that's number one.

Number two is that it is possible for a profound change transformation to happen. And that it's happened to me. I've seen it happen to many other people. So giving people a sense of hope and possibility and then teaching them some very basic techniques. We begin by teaching slow, deep, soft belly breathing.

And so, yes, we produce the science and we can tell stories about other people, but the proof really is in the experience of the people who are doing, perhaps for the first time, sitting quietly with their eyes closed, breathing in through the nose and out through the mouth with the belly soft and relaxed. So we teach that for about ten minutes, go through the physiology, how it works as we teach it, and then ask a question, did you notice a change?

And 80, 90% of people notice a change. So it's not a question of convincing anyone. Their own experience says to them, if I do this technique, I can feel calmer, my thoughts can slow down, maybe my heart rate gets slower, maybe my shoulders are more relaxed, maybe I'm not so frantic with thinking about X, Y or Z. So that's the first thing.

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And for those people, the 10 or 20%, who can't, we say, try again. Or we find out, why couldn't you? And then they say, well, I was too agitated, I couldn't sit still, my mind couldn't stop. And then I say, a little bit later, I have a technique for you and we're all going to do this. And then I get people up, shaking and dancing, and I explain to them that this is in fact the antidote to the freeze response.

And it's a biologically based antidote. We can see that animals, when they've been in a confrontation and they're shut down and they may have been in a freeze response, afterwards, they shake their bodies. And indigenous people have known this for tens of thousands of years, that these kinds of active, expressive meditations, as we call them now, are exactly what will help people who have been in overwhelming confrontations, in combat or in some other kind of situation.

So we give people the experience and once they begin to have these experiences, they know it's possible for them to make a change. And the way our minds work, they also know, even if they are not consciously aware of it, that other changes are possible. So, beginning with soft belly breathing. We've seen this in Ukraine. I've seen this everywhere we've worked.

Teaching people these basic techniques and then they're open to learning and effectively using other techniques. Ones that we teach them, ones that they may learn from other people as well because they're coming into a state of balance and they have a sense that it's possible to do something to make a difference.

Alex Howard

It also strikes me that a lot of my work over the last 20 years has been working with people with complex, chronic health issues. And often with those folks there's a level of difficulty and suffering in their life that their willingness to do the work to change is significant. So I've often talked to other practitioners that work with the more general population and they struggle a lot with getting compliance from patients.

And that's something I've had less of a struggle with. And it strikes me that when you're working with people in, for example, war zones and in very intense situations, there's probably also a certain amount of, excuse my language, cut the bullshit and let's get to things that are actually going to help and a willingness to do that work. Is that something that you recognize?

Dr James Gordon

The first thing is that, in any case, I don't try to get anybody to comply. This is an invitation. If you're interested, fantastic. If you're not, that's okay. So it's changing the rules of the game a bit. They don't have to please me. They don't have to do anything if they don't want to. And sometimes people with chronic illness, and I'll come back to the war zones in a minute, they've got to be ready to make the change.

Otherwise, I think this is one of the reasons that health professionals and doctors, mental health professionals, get so burnt out is they're trying to get people to do things they don't want to do. I'm

not interested in that. I'm interested in creating the opportunity for people, if they're interested, to do what I have to offer.

[00:22:43] Alex Howard

It reminds me of the joke of how many therapists does it take to change a light bulb? Only one, but the light bulb has to want to change.

Dr James Gordon

Yes. And that's the offering. So you give people the opportunity, you give them the information, you give them the research and say, here it is. I've worked a lot over many years with people with chronic illness. Sometimes at first, they're not interested. I say, fine. If you ever get interested, come back. And that expression that they use in twelve step programs of hitting bottom. It's a good one.

I don't change easily. Why should I expect anybody else to change easily? I have to really see, no, everything I have done isn't working. Okay, let me try something different. Now back to your question. In a war zone, and this has been my experience in many places, and this is also true generally, when people are deeply traumatized, they are often more open to change.

And in a war zone, when I go to Ukraine and I speak with very highly qualified psychiatrists and psychotherapists, and at first they're not sure about whether or not they want to look at another approach, but very quickly, just about everyone says we're very good at what we do, but we've never encountered anything like this. And often enough, they'll say, and I'm traumatized too.

When I've been working as the director of a hospital system, I haven't felt traumatized. But there's a war going on, and the bombs are falling, and they're killing people I love, and they're threatening me and my whole life and my country. So working with people who are traumatized is, actually, in a way, it's easier because the pain is there, and the openness to something different and something new is generally greater than it is when everything seems calm.

Alex Howard

Yes, I'd love to talk about the work you've been doing in Ukraine, and if you don't mind, I'd like to approach it initially from some of your own personal motivations around it, if you don't mind me asking. I find it very, what's the word, impressive, touching, that you've traveled to Ukraine three times since the war started. You're traveling from America into Europe, into an active war zone. And I'm really curious as to what that calling is within you, what it is that moves you to do that, if that's okay for me to ask?

Dr James Gordon

Well, it's a sense of wanting to be of help. And, obviously, in a situation that feels like it's a... this is a time of profound threat to democracy, to ideals of freedom, to individual self expression, to individual identity. Putin's aim, as best I can tell, is to obliterate the Ukrainian people and the Ukrainian identity. So it moves me because I feel the reverberations of it, and I feel that I and my colleagues at the center for Mind-Body Medicine have something to offer, and I would rather do something than watch it unfold.

[00:26:21]

It feels extraordinarily painful to me to watch it unfold. If I can be of some help, it's better for me, and hopefully it'll be better for the people I'm going there to be useful to. That's why I became a doctor, was to be useful to people. And early on, just going back, I realized I didn't want to just sit in my office seeing patients. I love seeing patients. I love doing therapy, but I wanted to be like my some of my teachers were Erik Erikson.

And I was in therapy with Robert Coles, with Bob Coles, who were interested in working, you know, looking at the larger social system. And Bob, in particular, when I met him, he was working with the black kids who were integrating the schools in New Orleans in the late 1950s and early 60s. And I thought, that's the kind of work that I want to do. That's the inspiration.

One of my other inspirations is Desmond Tutu. He was on my board of advisors and was a friend. And I think there is this, in many of us, and for whatever reason I act on this sense of wanting to be helpful. And I like, in many ways, going into a situation where there's chaos and creating a little bit of order, situations where there's despair and bringing a bit of hope.

And one of the things that I discovered very early on, pretty early on in this work with population-wide healthcare, population-wide trauma healing, is that people who are in the midst of it, whether it's after a climate related disaster or in the middle of war, no matter how talented, how skilled, how resourceful they are, they need and want others from outside to pay attention.

I remember I was in, after Hurricane Katrina, I was visiting one of the still open hospitals and emergency rooms in East Jefferson Parish, and there was an orthopedic surgeon, big strong guy, who was running the emergency room. And I watched him and I was enormously efficient. The emergency room was going beautifully. And I said to him, I said, I wonder, you're doing such an amazing job, do you really need people like me coming down here and, you know, trying to be helpful to the health care providers so they can work with the population?

He started crying and he said, I live here, I lost my home. I'm not so different from these people who are coming into the emergency room. Yes, I'm good at my job and yes, I need you. So I have that sense and that experience over many, many years of understanding that. So I go and I say, here I am, and this is what I have to offer, and let's see what's possible.

And then the response in Ukraine has been enormously positive. And each person I meet, just about everyone wants me to meet other people and says, oh, that group is going to be interested, and that psychiatric hospital and that addiction program and that university and that program for veterans. So people sort of hand me off and they get interested and I come and I do a little teaching and a little talking.

And then many of those people have signed up for the trainings that we're offering in Ukraine. We're doing them online and we're not doing our full training because people don't have the time to be able to take to do two four day trainings. So we're starting with a two day kind of emergency seminar to give people some basic tools. We've had 270 people who have come through that already.

We have 800 people on the waiting list, and that was before my last trip, and now there are a couple of thousand more people who want to come. So it's very fulfilling to do this work, and it's also really gratifying and touching to meet people who are opening themselves to the possibility of

change and who are willing to both talk about what's going on with them, often very strong, very courageous people who are also saying, and, yeah, let's see what's possible. Teach me what you have to teach.

[00:30:52]

So as a teacher, as a physician, as a therapist, it's very satisfying for me. And also I deal with my own issues. I deal with my own fears, my own anxieties. So I'm always growing as I do this work as well.

Alex Howard

And I wanted to ask you that, that particularly when you're in those very intense environments, for example, being in an active war zone, how do you support yourself? What supports and sustains you in that environment?

Dr James Gordon

Well, when we have a full scale program on the ground, we have a team, center for Mind-Body Medicine faculty, who come, and staff. We have 160 faculty worldwide, and we bring a full team. And at the end of each day, we spend an hour and a half or 2 hours sharing our experience with each other, sharing what happened that was satisfying, what were the challenges? What did it bring up in us? What kind of fears and apprehensions did it come up in us?

I'm thinking of a story, and we're always learning, we were in Gaza. We have parallel programs in Gaza and Israel. So I've had the experience of one day being shelled in Israel by Hamas, and the next day being in Gaza being shelled... Not personally, but shells were volleyed by the Israeli air force...

Alex Howard

That's extraordinary. Yeah.

Dr James Gordon

But there was a period of time when we didn't go into Gaza for over a year because various factions were kidnapping Westerners and holding them for ransom and sometimes killing them. And our Palestinian country director, Jamil said, finally, okay, Jim, let's bring the team now it's safe. So we got there, and we got to the border, and Jamil said, Jim, we have to wait because there's a security team. There are actually two security teams that have to come and bring us to the hotel.

And I don't like security because it attracts attention. I like to sort of go under the radar, but we had to go through that. We got to the hotel. We had 6, 8 armed guards, 24 hours a day because there was ferment, and there was the possibility they thought of civil war. Well, indeed, a day later, the civil war between Hamas and Fatah started. And three days later, our security guards fled.

So security guards have fled. There's fighting in the streets. Amazingly, 47 out of 50 people who were in this was in advanced training in Gaza, went through firefights and around checkpoints to come to the training. But there's havoc. There are people dying in front of our hotel. We're seeing

fires all over Gaza on the TV, and some of my team are getting very nervous and they're worried, what do we do? And I'm getting very irritable, which is my way of reacting.

[00:34:11] Alex Howard

We're all different, hey?

Dr James Gordon

So they're fearful, I'm irritable. We go down and sit in the restaurant, in the basement of the hotel, relatively safe from the firefights to have lunch, and Jamil, who's our program director, whom I'd been training for the last few years, turns to me with a little smile and he says, Jim, now is the true time for Mind-Body Medicine. I said, Jamil, you're right.

So we sit and we do slow, deep, soft belly breathing for about ten minutes, and we relax. And I become less irritable. My staff becomes less fearful. We have to make a decision. How are we going to leave? Are we going to wait for the UN and security to take us out? Well, who knows how long that will take. Or are we going to leave as planned the next day and try to go around the firefights and the checkpoints?

We make a decision in ten minutes and we decide to go out around the firefights and the checkpoint. So it's that coming together, that continual sharing with one another. When I'm by myself, as I have been on these three trips to Ukraine, I think at first I can feel the anxiety the first day that I go, because there are drones and missiles falling.

Statistically, it's highly unlikely that I'm going to be injured, but nevertheless, they're falling and there are air raids. And I could feel that first day kind of wanting to hide under the bed. But then as soon as I start connecting with people, and here again, it's that sense of connection with other people. And as soon as I start doing my job of telling them what I have to tell them and sharing my experience and listening to their experience, then I come back into balance.

And that was true pretty much, pretty much every day. The other thing that I do is when I'm there, I do my best to do physical activity, so I try to spend as best I can an hour a day doing yoga, or if the hotel has a fitness room, being on a stationary bike. There are air raids going on, but I'm coming into balance myself. And it's the work. The work also keeps me continually sharing. People are so beautiful.

I was working with a group of people who had been evacuated from the combat zones and they were frozen. No facial expression on many of them. They didn't know what the hell to make of me. Who is this? The guy who was in charge of this program, 150 people were living in this building, he said, you know, come, come. This guy has some techniques that may help you deal with the stress.

But they never imagined anything like what I was teaching. But they were willing to do it. And as they started to do the soft belly breathing with me and listen to me and ask me a few questions and share their experience, and then especially after we got up and did the shaking and dancing and I could see the facial expressions change.

And so this is what I was born to do is to be with people and do this kind of work. And so it's a joy for me. And yes, the situation is still a very stressful situation but in the middle of it, there are these moments of grace and these moments of connection.

[00:37:39] Alex Howard

It also strikes me that there's just something that's very kind of wholehearted in you that seems to come alive in these places. I'm also curious as to what are the lessons that we can take particularly from what's happening for Ukrainians and your contact with them. I'm curious as to what we can all learn from that.

Dr James Gordon

Sure. Well, it seems very important to me, and these are things that I've been writing about and try to bring back here to the United States, and the first is courage. There are people fighting this war, they never held a gun in their hand, they never wanted to. They're not people who are gun nuts. They're farmers, they're clerks, they're lawyers, they're doctors. But they're willing to take this chance to protect their families and their country.

So it's beautiful. Or teenage kids who would go up five flights of stairs while bombs are falling to carry old people down to shelters. Just beautiful to see the courage that's coming out. So that's number one. Number two is the sense of connection that we can learn from them. That there are lots of divisions in Ukraine between East and West, political party, just like anywhere else.

But they have come together and there is a sense that we are all one people and that what happens in Donbas in the East affects me in Lviv in the West over 1000 km away. And that we are connected to each other and that these are truly, they may not use these words exactly, but these are truly my brothers and sisters. And that sense of connection I feel with them and I think that they can teach all of us to have it.

We began by mentioning this is election day here in the United States. We need to get over these divisions. We need to see what binds us together. Another aspect is that these people really care about democracy. I'm not so sure, I don't know what it's like in the UK, but here in the United States, there are people who don't seem to care very much about it.

When voters are asked what their primary concerns are in this election, at best, democracy, preserving democracy, comes in a poor third. I think it's vitally important, and it's reminding me how important it is, because they date, the Ukrainians date, their origin to, I mean, origin obviously goes back a thousand years, but the origin of them, their new identity as a democracy, is 2013, 2014.

When they pushed off the Russian Yoke and really began to demand and to put their lives on the line for democracy, I don't think we have that sense and we really could use it. So those are three very important lessons that we can learn from them and that I hope we'll continue to learn. And this is something that indigenous people have taught me and taught us all the time.

The Dakota people say we are all related to one another, and we are not only related to each other, we're related to the plants and the animals and to everything that lives and even the inanimate parts of the Earth. So I think there's a very deep lesson that we can learn. And I think that's one of the reasons that I feel so good to be there and that I want to keep going back.

[00:41:34] Alex Howard

That's beautiful. James, there's so many places we could go, but I'm also mindful of time. I want you to tell people more about how they can find out more about you and your work, and particularly your book as well. Please speak to some of that.

Dr James Gordon

Sure. I'm going to hold up my book. It's called, I don't know if they can see it, *Transforming Trauma: The Path to Hope and Healing*. And I've written a number of books, but this one really summarizes work that I've done over the last 50 years, more than 50 years now, and it provides a step by step guide to healing trauma. And I wrote it so that anyone can use it, so the therapists can use it for themselves and then share it with their clients or patients.

And I tell stories and I have the research and I teach about 20 different self care techniques and I provide the scripts for those. So this is really the best single introduction to... And I talk about myself because my healing is the beginning and continues to be foundational to all the work that I do with other people, what I'm doing to understand and help myself. And I use these techniques every day. So this would be the basic book, and it's easily available on Amazon and paperback.

For people who are interested in the way, in the center for Mind-Body Medicine and the way we're using these techniques in war and post-war situations after mass shootings, climate related disasters, to deal with the opioid epidemic in hospital settings where there's so much stress and burnout in staff, look at our website. cmbm.org.

And you can read about what we're doing, and we welcome those who are watching us, Alex, who are interested in learning more about it, read the book, look at the website. And if you're interested in being trained by the Center for Mind-Body Medicine, we have online trainings. We have two series of online trainings each year. And people from all over the world, we try to schedule them so that the time difference is not so difficult for people in Europe or the UK or even the Middle East, as well as accessible to people in North America.

And the trainings are led by me and by our faculty. And if we have a group of people from a country who don't speak our language, for example, we've been training about 100 people from Iran online. And so we have Farsi speaking groups, and we have a couple of Iranian American psychiatrists and psychotherapists who lead the group. And then we have translators for other groups, so we can do that as well. We're reaching out more and more widely around the world.

So please, if you're interested, take a look at what we have to offer. And if you don't have much money, we do have the opportunity for significant partial scholarships for people who are working with underserved populations or don't themselves have much money. So, please come.

When I started the center for Mind-Body Medicine in 1991, I wanted to create a healing community and a community of healers. And that's what we are, I hope, and that's what we are committed to maintaining and growing. So this is an invitation, and I really appreciate you having me here to have a chance to talk with you as well as issue this invitation.

[00:45:18] Alex Howard

Well, I think it's amazing work that you're doing. I really appreciate your time today, Dr James Gordon, thank you so very much.

Dr James Gordon

Thank you, Alex.