



## Conscious Life presents

### Core Practices for Healing PTSD

**Guest: Dr James Gordon**

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#### **[00:00:09] Alex Howard**

Welcome everyone to this interview, where I'm super excited to be talking with Dr James Gordon. We'll be talking about some of his substantive work working with trauma over many, many years. Particularly in war zones, and also with people that have experienced significant PTSD trauma, alongside people that have had those difficult, challenging life experiences.

This interview is a really good reminder of the importance of fundamentals. I also want to say that in the last Trauma Super Conference, I interviewed Dr James Gordon, or Jim, about population level trauma. That's also a very interesting interview that we recorded. If you're a Conscious Life member, you'll have access to all of our previous events, including that one.

To give a better introduction, James Gordon, or Dr James Gordon is the author of *Transforming Trauma the Path to Hope and Healing*. He is 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 GW Bush, of the White House Commission on Complementary and Alternative Medicine Policy.

Jim, firstly, welcome back. I very much enjoyed the interview we did for our last Trauma Super Conference. So thank you very much for coming back again.

#### **Dr James Gordon**

It's good to be back with you.

#### **Alex Howard**

Let's start off with what can sound like a very obvious and simple question, but having asked it many times, it always fascinates me that the different answers, that from the lens of your body of work, how do you define trauma?

### **[00:02:20] Dr James Gordon**

I define it, I think the way the Greeks defined it when they use the word, it's an injury. An injury to the body, to the mind, to the spirit, and understanding that goes with that, is that wherever the injury occurs, it affects, or can affect all of us. So physical trauma can affect us emotionally, affect the way we relate to other people. The loss of a significant relationship, which is a psychological trauma, can have physical consequences, and social consequences. I think that we understand trauma as an injury, and the immediate place of the injury is variable, but the consequences affect all of our being.

### **Alex Howard**

One of the things that I asked you before we started recording was where would you like to go in the interview? One of the things you said, we got to talk about was why has trauma become such a big conversation in recent years? I look back from when we started talking about trauma in our conferences, to even in the last three or four years how much evolutions there's been. I'm curious, from your perspective, why do you think that is?

### **Dr James Gordon**

First of all, I think we're rediscovering, one way of looking at it is, we're rediscovering the roots of modern psychiatry, and modern psychotherapy, which are in trauma. Those first papers that Freud and Breuer wrote at the end of the 19th century were all about people who had suffered trauma in childhood, and how that trauma manifested in disabling symptoms in adulthood.

We're going back to our roots. That is both simple and obvious, but also it is radical, going back to the roots, radical means going to the roots. We're going back to the roots of all of our modern understanding of human psychology. Why it's becoming so prominent now is, I think we are in a time of enormous stress for the population worldwide.

I've just got back from Ukraine a few days ago, and in Ukraine it's obvious the whole population is traumatized, it's a country at war. But then you look at what's going on, the European countries, people are very anxious in the European countries, what's going to happen next? In Africa people are starving because the Russians are cutting off the grain supply. Here in the United States one of the issues of contention, do we stay with Ukraine, do we continue to support them or do we not? Just thinking about Ukraine.

Then you look at the temperatures. I don't know what it's been like where you are, but the temperature in Phoenix, Arizona, I think has been over 110 for 20 days in a row, something like that. I think we're at a time, and of course, the pandemic. When the pandemic came, I don't know anybody who wasn't affected fairly significantly, either because they developed COVID and got really sick, or a family member did, or because their kids couldn't go to school.

I think that we are as a species we are experiencing significant trauma. Including the unhappy, in fact sometimes terrifying prospect, of being wiped out as a species, because of the way that we've been behaving over the last couple of centuries.

That's happening and at the same time, the other side of it is people are being a little bit more willing to be vulnerable, a little bit more willing to talk about being distressed, to admit that they are not perfect, that everything is not smiley faces all day long. We have celebrities, and we have

sports figures, and we have politicians, who are willing to talk about their uncertainties, and their doubts, and their depression.

**[00:06:37]**

It's all bringing to the fore, and the understanding of the central importance of trauma as a fact of human life, and also opening the door to helping us deal with it. If you think about, for example, after previous wars when soldiers, sailors, airmen, or airwomen came home nobody wanted to talk about trauma. I mean, after Vietnam people began to, but still very very heavily stigmatized.

Now the military is talking much more freely, they're saying, we don't want to pay disability payments for people who are traumatized, but on the other hand we would like to give them some treatment. In my experience working with veterans here, and also in Ukraine and other places, there is an understanding that it can be done, it is possible to help people without stigmatizing them.

I think one of the problems previously was that if you admitted you were traumatized, if you said, maybe I qualify for Post Traumatic Stress Disorder, there was a very big collar of stigma that went around your neck when you said such a thing. And now there's an understanding that when the situation is grave enough and threatening enough, all of us can be traumatized.

I was talking with a Sergeant Major, who was the number one enlisted man in the US army, and was the advisor to the Chairman of the Joint Chiefs of Staff. I went to visit him in the Pentagon, and he started talking about the use of opioids by military people. And then after about ten minutes, he said, hey, I don't want to talk about that, I want to talk about me. He said, I'm the toughest SOB in the American Army, nine tours in Afghanistan and Iraq. I led my men, did all kinds of stuff, all kinds of crazy stuff, I thought I was fine, I lost men, I thought I dealt with it. I came home, and after about a week when I was home, my wife elbowed me in the ribs, and she said, listen buster, every night you're screaming in your sleep, you may think you're okay, but you're not. You need some help.

So what was remarkable is, first of all, that nice spousal interaction, but also that here is this guy, who is the highest ranking enlisted man in the whole United States military, who is admitting to me, somebody he's just met, that he is traumatized, and that he needs to deal with it. And he's begun to talk with a therapist about it.

This is a huge sea change that's happening, and I think it started happening about 20 years ago. That we're becoming more accustomed to understanding, and not being so ashamed. I think the military has done a pretty good job of making that possible, making it possible for us to have that public discussion.

It's changing, and I think it can go too far, however. All these trigger warnings that are happening, you have to be careful when you read this book, to me that feels excessive. And I feel like we're being... Because trauma is a part of life. And what we have to do ultimately is, if we are triggered by something, which we will inevitably be. We need to look at what's going on. We need to allow ourselves to feel the pain, the fear, the uncertainty that comes up, and then find ways to understand it, to accept it, and to move through, and beyond it. So rather than avoiding those things that may trigger our traumatic memories, or physiological responses, let's acknowledge them, let's come to accept them, let's learn from them.

**[00:11:00]**

We have to shift into, at least in the popular culture, we have to shift into that world where we are learning from our trauma. And same, certainly in the medical culture, that we don't rush to medicate people, or we don't rush to eliminate the symptoms. That we give people the opportunity to understand what's happened, and what it's done to them. And to discover the strength in it, and potentially the greater compassion, and wisdom that can come if we learn how to accept our trauma, and we develop the capacity to move through it.

**Alex Howard**

It's a really interesting point that you raise around where is that place of personal responsibility? Because, of course, there are external things that happen, particularly maybe in childhood, that happen that shouldn't have happened. And in a way, we are a victim of those experiences. And then there's the place where we actually have a heightened sensitivity, and therefore, as you pointed out, some of the cultural narrative has started to become, if we feel anything that's uncomfortable, everyone else has to change to make us feel comfortable. I'm interested as to how we navigate that piece, because I think it's a tricky one, isn't it?

**Dr James Gordon**

Well, yes and no, there's no blame. There's no blame whether the trauma has come from our own stupidity, I've created situations that are traumatic for myself, to be sure. Or whether it's come from childhood where there was nothing we could do about what happened to us. The issue is really to accept what's happened, to not dwell on blaming ourselves, nor for that matter to dwell on blaming somebody else. I mean, yes, be angry, but the question is, what are you going to do now? What do you have to learn from it?

And that doesn't mean that you're responsible because a parent was abusive, but the parent was abusive, how is that affecting you now? How can you accept the pain of it, and in a sense let it go, so it doesn't keep limiting you, so it doesn't keep discouraging you from making connections with other people, or taking certain kinds of chances. I think the work that many of us do as psychotherapists, that I do, whether it's working with a whole population, working in a training program, or working with an individual, is let's take a look at what happened, let's allow it to emerge, not be scared of it.

Certainly as a therapist, as a psychiatrist, I shouldn't be scared of somebody else's trauma, and to create an atmosphere in which on the one hand, something that was very unsafe, something that was traumatic can be brought up, brought out, in an atmosphere of safety, and then it is possible to move through and beyond it.

The human organism is designed to continue evolving, and growing, and changing. Growing and differentiating is what the organismic biologists, the way they described it. And with trauma, we get stuck. I mean, you can think of trauma as simply a kind of stuckness in the past where we replay the events. We have the same kind of physiological response, whether it's a fight or flight response, or a freeze response. We have the nightmares, we have the flashbacks. We're thinking of it all the time and we're worried it's going to happen again.

So in my work with trauma, what I'm trying to cultivate always for myself, and for anybody I'm working with, is the meditative mind, to come into the moment, to relax in the moment, to be able

to, as best one can, see the horrors of what's been inflicted on us. To relax, to let the anger come, or let the grief come, or let the fear come. To allow that reaction to come, and then to bring ourselves back into the moment.

**[00:15:11]**

So in a very real sense, meditation, certainly for me and my colleagues at the Center for Mind-Body Medicine, and the thousands of people we've trained, meditation is at the center of our work. And it's the center of my work with people individually from the very first. And it becomes so clear if you can see that trauma is this kind of fixation, regardless of the cause, fixation on the past, anxiety about the future. Coming into the moment, both of those become less dominant, less overwhelming.

### **Alex Howard**

One of the challenges that people can have when they start to be present to, and sit with their experience, is that the feelings and emotions they've perhaps been trying to get away from and escape, then start to arise and they start to feel them. And that is often what needs to happen, but it can also be difficult. I'm curious as to what you find in your work helps people to navigate that place of coming back to themselves, when that also means sitting with those uncomfortable and painful experiences.

### **Dr James Gordon**

Well, that begins with me, not with them, or it begins with any of us who's being a therapist. We have to be able to relax with it, if we're anxious, and a lot of the work we do in supervising clinicians, or community members, peer counselors, is not so much dealing with the other person's difficulties, but dealing with your own difficulties. Are you getting anxious? Are you getting impatient?

My own experience is if I can relax with people as they go through, just as you accurately say, as those memories come up, those anxieties, those physiological challenges that come up when trauma is evoked, or reawakened. If I can sit with it comfortably, I can help the person go through it. I can just be there with them as a guide, that's my function. Just as in a sense the historical function of our forebears, the shamans who preceded us by tens of thousands of years, really was to be with people. To create an atmosphere of safety, to have a sense of confidence that people can move through these difficult passages.

Also not to force, I think that a lot of the places where people who've been traumatized get into trouble when they're working with therapists, or working with friends, is people are pushing them. I've seen this a lot now. There's some people who want that, some people who want kinds of therapies that push them, and force them to reexperience. I don't work that way. What I have found is that when people feel comfortable, when they feel safe enough, they will bring up the trauma. And at that point it's far easier to deal with.

Now sometimes something will just happen, and it just comes out. For example, I was leading a group, there happened to be a group of therapists, and there were two people from Northern Ireland there, and they'd been there throughout the troubles, and they'd been helping people. We were in a group, there were eight other people in the group, and all of a sudden there were sirens,

and loud noises in the street, and both of these women just were totally triggered, and their bodies were shaking.

**[00:18:38]**

It happened, so I said, okay, let's shake, let's get up and shake. And not only you two, but all of us, let's get up and shake, and let's loosen up all of those binds that we're tied up in. Let's try to let go of some of this tension, and if you need to yell and scream. So there we were, eleven of us, yelling and screaming in a room, in a training program.

It felt better for everyone. The two women it was hard to have the trauma reawakened, to be sure, but at least they could get rid of some of the tension that was evoked in their bodies. They could let go, and they could also feel connected to other people. So in that moment where it comes up, let it come, and create the safety for it to come. And as people will naturally, my experience is that people will, when they are ready, without being pushed, they will talk about what's happened to them.

And that way, when they're ready then there's an intentionality and a willingness, and you're on the same side, you're not pushing. If you've been traumatized, one of the things about having been traumatized is often enough things have been done to you against your will. So why would you appreciate having somebody else try to make you do something against your will? Not likely. I think it's a matter of creating that atmosphere of safety, and of feeling comfortable with being with people as they are experiencing their own trauma.

### **Alex Howard**

I want to come back to this theme in a little bit, because I also want to bring in the role of a breath with this. But before we do, I also want to pick up on something you said a few minutes ago around that, these aren't quite the words you use, but the tendency is to see trauma as what's broken, or what is wrong in us. But, also there can be gifts, lessons, reflections. What's academically referred to as Post Traumatic Growth.

I'm curious as to how you see that within this wider conversation of trauma, because often... I'm going to talk personally, the points of my most difficult chapters of my work are the times that one least wants to hear about the gifts, and the potentials, and the opportunity. And yet when one moves through, it becomes undeniable that there are positives that have come from that experience. I'd love to hear you talk a bit about post traumatic growth, but also how do we help people see that at the times when they probably most need to see it, but they're often the most defensive to seeing it?

### **Dr James Gordon**

It's a great question. I begin my most recent book, *Transforming Trauma the Path to Hope and Healing* with stories of people who were unbelievably, badly traumatized, who then became remarkable human beings. I begin with that's my experience of some other people, and I want to share it with people, so to say to them, it is possible.

Here are people who have been... One of them is a woman who became quadriplegic, another is a woman who was unbelievably traumatized, physically, sexually, every imaginable way as a child.

The message is, it is possible. So I put out that word, it is possible for you to grow and move through these terrible experiences, and come out on the other side.

**[00:22:18]**

I hold that candle, if you will, that hope, that understanding when the person may not have that understanding. You just said it too, you have it too, you have it from yourself, and I have it from myself too. I would not wish to go through that experience I had when my girlfriend and I broke up in medical school, I didn't know why I was in medical school and I got really depressed. I wouldn't want to have it again. And yet that was an incredibly profound turning point for me in my life, and a time of growth. We hold that possibility based on our own experience, and based on the experience of people we know, or people we've worked with.

The other thing is this is an understanding that is there in, dare I say it, in the human DNA, that is from aboriginal times. For thousands and thousands of years, the official healers in society would create a traumatic event to help young people move from one stage of life to another. An event, it could be a vision quest, it could be an isolation, it could be a huge drama that was put on.

In which the young people are scared that they're going to die in many cases, and they have to go through that death experience and rebirth experience, in order to move through to become an adult. And it's recognized that this is part of human maturation. And interestingly, often enough, the people who are picked out to be the next generation of official healers are the ones who have gone through that experience, and changed profoundly from that experience.

Whether it was induced as a rite of passage from adolescence to adulthood, or whether it came spontaneously from a life threatening illness, or a psychosis, or a suicidal depression, those are the people who become the hitters.

I think that understanding, people need to have that understanding, that trauma is a part of life. It's not something separate, it's not something that just comes to those other people. Just like that Sergeant Major made clear to me, that all of us, if the situation is difficult enough, and certainly all of us as we grow old, and lose people, and have physical frailty, and face our own death, that we're going to be traumatized.

And it is possible, there are instances, our own instances, other people's instances, we need to hold those examples in our hearts and be able, whether verbally, or just by our very relaxed confidence, be able to share them with other people.

And then the other piece that's really the starting point for me, as well as this understanding, is I teach people how to breathe slowly and deeply. When we're traumatized we're in a state of... Trauma can be seen as a prolongation of the fight or flight response, agitation, anger, fear, big muscles ready to fight, or run, and or a prolongation of the freeze response, the shut down, how we shut our bodies down, and numb ourselves when the traumatic events are overwhelming and inescapable.

If we can breathe slowly and deeply, in through the nose, out through the mouth, with a belly soft and relaxed, and do that for five or ten minutes. I do almost always when I begin working with someone, and as I do always in our training programs. 80% to 90% of people who are breathing, and perhaps those who are watching us are doing it as I'm speaking, breathing slowly and deeply, in through the nose, and out through the mouth, with the belly soft and relaxed. Concentrating on

the breath, coming in through the nose, and out through the mouth, on our bellies softening and relaxing, and on the words "soft" as we breathe in, and "belly" as we breathe out.

**[00:26:37]**

As we do that for five or ten minutes, 80% to 90% of people who do it notice a change. I don't know about you, we were doing maybe two minutes here, I feel a little calmer. I'm seeing you a little more clearly. I'm speaking a little more slowly, and I don't know about you, do you notice anything just in those couple of minutes?

**Alex Howard**

Yeah, I just feel a little bit more spacious. I sometimes find when I'm interviewing, my mind works quite hard on where I want to go. And then I find myself, I don't know where we're going to go, Jim, but we're going to have fun. There's an openness and spaciousness to the moment.

**Dr James Gordon**

Great. Even, we were in Ukraine working in the middle of a war, I would say close to 90% of the people, even the first time most of them had never done anything like this concentrative meditation, focusing on their breath and the belly, and the word "soft belly", had never done it. But they noticed the change, and that tells them that change is possible.

When you're traumatized, or for that matter, if you are depressed, or you have a chronic illness of any kind, there's a sense that nothing's ever going to change, and I can't do anything about it. So right from the beginning, me and my colleagues are giving people the experience, it is possible to make a change. And with this particular technique of slow, deep, soft belly breathing, it's an antidote to the fight or flight response.

Now, there may be some people who are too wound up, too anxious, they don't see much of a change. So for those people, very quickly I get them up, and I do an expressive meditation, I get them shaking their bodies for five minutes or so, just standing up and shaking, and then pausing for a couple of minutes, and then letting their bodies move to music.

What that is, is an antidote to the freeze response, an antidote to that shutdown. Once again, it's built into our biology, animals after a confrontation, often will shake themselves off to get rid of that tension that they felt in the confrontation.

Many indigenous people use shaking as a way of dealing with individual and collective stress. Kalahari Bushmen are the best known, but many, many people do it. So give people the direct experience, you can make a difference.

That together with the sense of hope that comes out of my experience, and now the research. There is an increasing body of research showing that it is possible to move through and beyond the trauma. Whether it's the trauma of a cancer diagnosis, or the loss of a loved one. Not that the grief disappears, or the sadness and sense of loss, but there is a sense of greater wholeness, increased compassion, a greater commitment to helping other people. That's a natural process that grows out of the healing of trauma.



**[00:29:53]**

There's a video which people can watch, it's a clip from CBS 60 Minutes, of the work that I was doing with war traumatized children in Israel and Gaza. They go to the Center for Mind-Body Medicine website [cmbm.org](http://cmbm.org). They can look at this clip, and the central character is a nine year old Palestinian girl named Azar Jendia, whose father, two uncles, and an aunt were killed in the 2014 war between Hamas and Israel.

She's in a group with seven other kids, all of whom have lost their fathers in that war. In the first of nine groups, she does a drawing, and she draws her biggest problem, she draws what happened during the war, the deaths of these close family members, the destruction of her house, the neighborhood and rubble, the planes, Israeli planes flying overhead and bombing, and she's this little tiny stick figure in the corner.

The next drawing she does, which is the solution to that problem, usually, there's some optimism in the solution. In her case, she drew herself in the grave with her father, she said, this is six months after the war, she said, there's nothing for me in this life. I love my father, I want to be with him, that's the most important thing. She comes through a group nine sessions with these seven other kids, all of whom have lost their fathers.

She does soft belly breathing, she does shaking and dancing, she does drawings, she does mental imagery, she works with a genogram, with a map of her family. In the final session, she does another set of drawings. This time, when she draws herself, instead of being this little tiny stick figure, she's a big girl, she fills up the page, she has these beautiful curls coming down, and there's an arrow coming from her heart, from her chest, through a heart toward a tree which is in bloom. And in the heart, in the English she's learning in school, it says, I love nature. And she says, now I love to be in nature.

And when she draws who she hopes to be, which is equivalent to the solution of her problem in the first drawing, instead of it being I hope to be a martyr, she draws herself in a white coat with a stethoscope in her ears. And on 60 Minutes you can hear Scott Pelley, or see Scott Pelley asking her, what's this? And I did the same when I interviewed her before she went on 60 Minutes, and she said, I am a doctor. I am a heart doctor because of the war here in Gaza, so many people have had their hearts hurt. I'm going to take care of them.

And then Scott says to her, so there's a figure lying on an examining table, and she's got a stethoscope in her ears, she's got a white coat on, and there are five other figures there. And Scott says to her, who are these? And with a big grin on her face, Azar says, oh, those are my other patients. They're waiting for me.

Here in nine sessions, this girl who was despairing without anybody giving her pep talks, she's making the discovery inside herself of what's important to her, what is going to make a difference in her life. And she's making this discovery for herself, as she does the exercises in bringing physiological and psychological balance in, by soft belly breathing, shaking and dancing, as she uses her intuition and her imagination, she makes these discoveries in the group for herself. I have now an eight year follow up, she just graduated from high school with a 98 point something average, and she's going to medical school next year.

**[00:33:56] Alex Howard**

Wow, that's amazing.

**Dr James Gordon**

And the other kids in the group, this is not shown in the 60 minutes, the other kid, another boy in the first group, the solution to his problem was to draw himself with a suicide belt on. He was going to kill Israelis, the Israelis who'd killed his father. In the ninth group, he's in a car and I say to him, what's going on? And he looks at me with a big grin and he says, I am the driver for the first President of Palestine. This is post traumatic growth, with both these kids who lost so much.

**Alex Howard**

It's an amazing story, Jim. I was thinking, as you were talking, that so often I think people think, well, that stuff might work for people with simple trauma, but my stuff is much more difficult, much more complicated. What I really appreciate about what you're sharing is that, and I know this from our previous interview, that you're taking this work to the places where we're not talking about small t trauma, or covert trauma, or so on. We're talking about clear, obvious PTSD trauma.

Yet these fundamental practices are at the heart of what you're doing. I know that there's a level of sophistication and experience in the way that you're training and delivering those, but I think it's a really important message of how important, in a way the fundamentals are the fundamentals for a reason, and how important they are.

**Dr James Gordon**

Yeah, and the same principles apply to dealing with somebody who's dealing with a divorce, there are very few non-traumatic divorces. And certainly during COVID, I mean I worked with health professionals and I worked with non-professionals who were traumatized by COVID.

I think that it's also important that trauma comes to everyone and it's not terribly useful. I mean, we can talk about, and it's true that the trauma in Ukraine, the whole country is traumatized, and tens of thousands of people are dying. But it's so interesting, the people who are most traumatized are not particularly concerned with making those comparisons, they're not concerned with saying I've got more trauma than you, and I see this.

But I think that there's some residual shame that attaches both to the trauma, and to also not having enough trauma. Who am I? And people said this to me, who am I to be asking for help when you work with people in the middle of war?

I'll tell you a little story about my own therapy. When I was in therapy in medical school, when I was depressed, I was in therapy with a young psychiatrist named Robert Coles. You may know, he became one of the most famous psychiatrists in America after a while.

He was then helping the kids in Mississippi, well, mostly in New Orleans, actually, the little kids, black kids, integrate into the schools, this is the late 50s, early 60s. One day I came into his office and I was feeling very sorry for myself. I said, Bob, why are you wasting your time with me when you're working with all these kids who are braving, murderous moms? Why do you do that? And he looked at me and he said, oh, you've got your problems too.

**[00:37:41] Alex Howard**

I bet you felt good about that.

**Dr James Gordon**

We all have our issues, we all have our problems, we all have the opportunity, and we should not compare. We should in a sense honor, there is a pain, there is a suffering, and then let's see how we can move through it. A lot of people don't come for help because they think it's not big enough, my trauma is not big enough, what I'm going through is nothing compared to who that person is usually seeing, or what I've read in the newspaper.

Once we start understanding that trauma is a part of life, and that the pains that come with it are part of being human, then we can have a little more compassion for ourselves.

The other thing I'll just mention is that some of the techniques, like the techniques I was talking about here, that I teach in transforming trauma, like the slow, deep breathing, and the shaking and dancing, they bring us into physiological balance, where those parts of our brain that are responsible for compassion can function better.

When we're traumatized, and we haven't resolved it, or haven't begun to resolve it, it's hard to have compassion for others, or for ourselves. But when we start to come into balance, when we start to take care of ourselves, then the compassion starts to rise and function more effectively.

**Alex Howard**

Someone that's watching this, or listening to this, and they hear that and they recognize that's what they need to do. How do they get started? We'll come in a minute to how people can find out more about your book, and your most recent book, and your work. But where can someone start? Maybe it's with the breathing that you brought in a little bit earlier, but what are some of those practical..? Someone wants to move beyond the cognitive to the practical, where can they start?

**Dr James Gordon**

I wrote the book, in a sense, to answer that question, to answer the question about where you start, and then what you do, *Transforming Trauma* is laid out sequentially. The beginning is, hear this message that there is hope, and hear the message that you don't need to compare your trauma to anyone else's, and be a little kinder to yourself.

Just start with the idea that it's possible to be a little kinder to yourself, and it's possible to move through and beyond trauma, and then begin to do the techniques. Do the slow, deep breathing, in my book *Transforming Trauma* you can read the whole script is in here. You can also hear me on the Center for Mind-Body Medicine website. I take people through the whole exercise of slow, deep, soft belly breathing.

Second thing, pay attention. Pay attention to what the results are. And speaking of paying attention, one of the useful things people can start to do is keep a journal, keep a diary. That in itself, writing down emotional experiences, this is the work of James Pennebaker and others. You

write down what's happening emotionally, and it decreases your level of stress if you do it even for a few days, and can even decrease the level of stress hormones.

**[00:41:07]**

So start keeping a journal, which is also another way of valuing your experience. It's valuing your experience, it's expressing yourself, it's bringing out what you've kept inside, outside.

And do an expressive meditation, again, read in *Transforming Trauma*, look on our website, do the shaking and dancing, see what happens. It's an experiment, there's no wrong way to do it, but it will enliven you, it will decrease your level of anxiety, it's likely to improve your mood, and it may get you laughing at yourself as well as you do it.

Then once you start with those techniques, find a way you can express yourself, in words it's great or the technique that I described of using drawings can be very, very helpful. You can do the first set of drawings that I mentioned that Azar, the little girl, little Palestinian girl, is doing. You draw yourself, you draw yourself with your biggest problem, and you draw yourself with your problem solved. See what happens, develop an experimental attitude. Become a scientist of your own distress, your own trauma, learn about it.

For me turning something, the most difficult times into some kind of educational experience has always been profoundly therapeutic. If I can learn something, I'm mitigating the pain, and mitigating the horror even of the experience.

People can join, if they want, they can join a Mind-Body skills group. We have them online, people can look at the Center for Mind-Body Medicine website. Those groups have a sliding scale so that people can come for what they can pay.

Those who want to do this with other people can come to our training program. We have a training coming up, September 28th, it's an online five day online training. We've been doing these for just about 30 years. And even if you're not, if you're a therapist, or a physician, you're most welcome.

But even if you're not, if you're interested in helping other people, and you're willing to learn, and I want to make this clear, you cannot help other people heal from their trauma, you cannot help them deal with their stress unless you're doing it for yourself. There is plenty of theory, but this is not just a matter of theory, and it's not just a matter of saying, do this or do that. This is really a life journey with enormous benefits, but also real challenges.

You need to embark on this journey yourself. And in the first part of our training, the first 5 days, we teach 15 or 16 of these self-care techniques. We teach science. People have the opportunity to do them, to share them in a small group with 8 or 9 other people, and then, if they're still interested, we have an advanced training where we can teach you how to use this same approach with other people.

It's the same approach that we use in private practice here in the United States, or in hospital, or clinic, or school system here. The same approach we use in the middle of the war in the Middle East, or the Balkans, or Ukraine.

**[00:44:26]**

I'm glad you asked, because this is an invitation, this is an invitation to be part of this healing community for yourself, and then to be able, if you would like, to learn how to use the techniques with others.

**Alex Howard**

Amazing Jim, thank you so much, I really appreciate your time. I encourage people to check out the pieces you mentioned, and particularly your latest book as well. Thank you so much.

**Dr James Gordon**

Thank you, Alex.