CASAT Podcast Network

Welcome to season two of CASAT Conversations.

I am your host, Heather Haslem.

This season we will explore the timely and complex topic of resilience for healthcare providers within each conversation, you will hear from experts, clinicians and providers who will explore and share the latest research, best practices and applications for how to be resilient.

Please enjoy today's conversation.

Welcome to today's episode of CASAT Conversations.

We are so excited to welcome Dr. James Gordon to the show today.

Dr. Gordon is a Harvard-educated psychiatrist, former researcher at the National Institute of Mental Health, founder and executive director of the nonprofit Center for Mind-Body Medicine in Washington, D.C.

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.

He has written for the New York Times, The Washington Post, and the Atlantic, as well as numerous professional journals, and has been featured on 60 minutes, The Today Show, Good Morning America and NPR. Dr. Gordon’s latest book, Transforming Trauma: The Path to Hope and Healing, helps us understand that trauma will come sooner or later to us all.

Welcome Dr. Gordon.

We are delighted to have you on the show today.

Thank you so much Heather and of course we're recording during a time when we're watching what's happening in Afghanistan and Haiti and here in Washington D.C.

The unfolding uncertainty and trauma of political conflict and concern about COVID-19 so indeed trauma.

Although it comes to everyone in any case now is coming to pretty much all of us all at once.

So, the topic becomes I think even more important now.

Yeah, I was actually thinking about that in preparing for today's interview.

Um really reflecting on, I've been following your work for the last couple of years and it seems like there's an intensity in the world over the last couple of years and how important the work that you've done um, is today there is.

And I think we're all experiencing it.

I mean, there are very few people I know who during the last time of of Covid have not become a little more anxious, a little more easily aggravated little more trouble sleeping or concentrating.

So, these are all symptoms of traumatic stress that that are coming to us now.

And it's important that we recognize where it's coming from, doesn't mean we have a disease or were sick.

It means this is the way we're responding to a situation that is traumatic.

And trauma is simply a Greek word.

That means injury that injures our mind, our body and our spirit.

Mm hmm.

Yeah.

And when you describe it that way, it's really um, part of the human experience is trauma.

Yeah.

That that's a really, I mean, that's the point I make at the beginning of transforming trauma is the trauma comes not just on these particular troubled times, but if it doesn't come early in life because we're uh don't have money or live in a violent neighborhood or a violent country or because we, we have a congenital illness or childhood illness, it may welcome in young adulthood or midlife when many of us have suffered significant losses of, of, of relationships of parents or grandparents.

Or we're dealing with major disappointments at work or divorce.

Well over half of all American marriages end in divorce and I've, I've yet to see a non traumatic divorce and if it doesn't happen, then surely as we grow old and become frail and deal with inevitable losses and our own upcoming death, all of those are traumatic.

So it's really important that we understand the trauma.

Both the trauma is a part of life and that there are ways that we can develop and learn for ourselves to move through and beyond it.

Mm hmm.

And as you know, our audience for this podcast really is health care professionals.

And so can you speak to some of the trauma that's experienced within the field that you've seen in your work?

Well, yes.

And I think the thing to begin with is that this is an extraordinary situation these last couple of years with COVID-19 where the trauma for frontline healthcare professionals, the level has gone way up whether we're working with physical illness or psychological issues or working with families or consulting with schools.

We come in as health care professionals for the most part when people are going through a difficult time and so staying with those people being able to be present with them to relax with them to really tune into what's going on with them while we are paying attention to the trauma that they're telling us about is challenging.

And because we, you know, we tend to try to protect ourselves to to say no, that's a little too much, and that's one of the things that one of the great problems that people have with healthcare professionals, and I'm sure, you know, one of the reasons they look for alternative or other than conventional therapies, because they feel their health professionals not really listening to us and not not tuning into who we are.

So this is a vital part of our work is to be able to relax with people when they're going through difficult times, when the the life perhaps life threatening crises that they're experiencing are causing anxiety and us or causing, you know, understandable concern.

We need to have that kind of compassionate presence and yet not be swallowed up by the difficulties that other people are bringing to us.

So we all need to learn to deal with the trauma that people bring to us and with our own trauma because, you know, we're all human, we're all going through our own, our own lives and the the whole point of the approach to trauma that I describe in transforming trauma and that we work with the center for mind body medicine is to help health professionals come into that state of balance, physiological and psychological balance, relaxed, moment to moment awareness, which is healthy for them, helps them or us deal with our trauma and at the same time allows us to do our best possible job with the people who are coming for help.

So trauma healing for us is critical to our us as people as and as professionals.

And it's also of critical importance to the people who were trying to serve.

Whether we're psychotherapists or physicians or nurses or counselors of any kind, which is one of the reasons why meditation is so much so a part of the work that that I do, that we do with the Center for Mind Body Medicine.

I love the term compassionate presence as a way to honor the impact that a clinician has on how they show up.

Um and then the ripple effect that that has on their patients and their clients.

Yeah.

You know, for me and this is important that we want to tell everybody who's listening to us that this is especially important right at the beginning of when we're seeing people that I know in my life when I've been going through a hard time and I reach out to somebody and they have that compassionate presence, What a difference it makes to me and how much I can feel myself breathing a little more easily even as I talk about it, how much that provides the kind of fertile soil for everything else that we're going to do.

So what this means is that we need to be doing our best always to deal with our own stress and trauma so that we can have that compassionate presence with the people who are coming to us.

So yes it's it's what we need for our own help and healing but it's what they need as well.

So I'm curious um really how did you get into this work?

You are a psychiatrist, you are an M.D.

And um you come from this world.

How did how did you get here?

Well um I am I went to medical school and I experienced my first major trauma of which I was aware.

I know I had some earlier in life and I subsequently became aware of them.

I got to medical school and I thought what is going on here?

You know when you mentioned I went to Harvard I went to Harvard Harvard Medical School and it felt like a super high class trade school.

I grew up in New York City and we used to have these schools called machine and metal trades where you know high school kids could learn a trade Harvard medical school felt like a super fancy trade school a little on the rigid side lots of rote learning not so much time or place for imagination and I I started looking around and wondering what you know what am I doing here.

All my classmates, generally extremely smart and many of them had published scientific papers while they were still in college and, and most of them seemed to have a very clear idea of where they were headed and I wasn't and they didn't mind all this rote learning.

I'd gone as an undergraduate, I studied English literature, I was a writer, beginning to be a writer and the imagination and it was crucially important to me.

And so was connecting with other people.

And here we were in medical school, sitting in lectures, hour after hour after hour and then going to labs and doing experiments which were experiments that other researchers had already done, that we were trying to replicate.

And it just didn't feel, it didn't feel right to me.

So my own discomfort, my own distress at feeling out of place began to tune me in much more clearly and closely to other people's distress to my patients when I began in second year to see some patients and also To the struggle that black people were having in the south and the civil rights movement.

This is 1962-63 and I recognized my little bit of trauma.

My bit of alienation made it much easier for me to appreciate and want to do something about.

And with people who were traumatized whether it was by racism and discrimination or by did the difficulty of dealing with an illness in a hospital.

So that's really how I started.

And um then uh, and that was good.

I mean that was my trauma, it was painful and I'm not, you know, saying that, you know, I'm not saying people should go out and try to have it, but it did open me in certain ways that I was not up till that time and then I got into therapy and I think one of the things we sometimes forget, mental health professionals forget is that the foundation of modern psychiatry and of all modern mental health where the clinical social worker, psychologist counselor, it all goes back to the late 19th century and the beginning of the 20th century.

Um, when two things happened, the most important of which was one guy happened to be Sigmund Freud started looking inside and connecting what was going on in his own mind and what had happened to him when he was young with what was going on now in his life.

And he began to do the same with his patients and what he mandated for this field of psychoanalysis that he created is that anybody who wanted to work with other people had to have this process of introspection.

So I went into this and and that's what, you know, so many psychiatric residents for example have never done this kind of work and many counselors and psychologists, they've never, you know, they learn a technique or some tools which find, but they haven't done the work on themselves.

And so I realized how important that was for me and that.

And then I became very interested um as I was in medical school, in the experience of other people.

I mean, it seems like maybe a dumb thing to say.

Of course you're a doctor, you're supposed to be interested in other people, but I wasn't just interested in their diagnosis, I was interested in who is the person who has this diagnosis, Who's the person lying there suffering in the hospital bed or coming into my office as an outpatient and talking with me.

And I began to realize as I opened myself to the connection with people that they had a far greater capacity to understand and help themselves than I was usually taught in medical school.

And that this process of self discovery is one that could yield great results for people.

And I wanted to facilitate that process and I wanted to create a relationship that was really to repeat that word.

There was really a relationship, it wasn't me up here and the patient down there, it was.

We're in this together.

Yes, I'm here to help you.

But we're both human beings and this is a human encounter that we're having.

So that's where I started.

And then in later years and we can talk more about that as I move through my own psychotherapy as a patient in my own circle analysis.

I realized that that I wanted something more that this was incredibly valuable.

I learned a great deal.

It benefited me.

I made significant changes.

I believe I have to check with other people and see if they agree, but I wanted something more.

And um, unfortunately the people I saw for psychotherapy and psychoanalysis, I chose them because not only were they skillful, they're very open mind and very kind to people.

And all of those were important.

My psychoanalyst in New York, I was lying on the couch of my mind was going here and there and I was feeling so peaceful and state.

I'd never entered before quite like this.

And I said, Ed, what's going on?

And he said he took a puff of his pipe and he said, I believe that's what they call meditation.

And I said, oh, okay, that's what it is.

I've been reading about it, I want more of that.

So I started because I recognized that meditation could help me achieve this relaxed moment to moment awareness and could help me understand.

And look at myself in ways that went beyond what I had learned in psychotherapy and psychoanalysis.

So meditation as I began to pursue that, that then opened the door to all of these other tools and techniques that I've Learn to use over the last 50 years or so, mm hmm, There's so many great nuggets in your path and getting to hear about, you know, the wisdom that you've accumulated through your own introspection and your own practices throughout um you know, you talked about wanting more at some point.

And so much of your work is mind body medicine.

And so I'm curious your path on coming from the mind from psychiatry and then moving into the body.

Ah, that's a great question.

Well, first of all, in in the question is the suggestion which I believe is true that psychiatry has pretty much abandoned the body, with the exception of prescribing prescribing drugs or electro convulsive therapy that that they've lost touch with the body.

And so to a significant degree, have the mental health professions.

So that often mental health professionals who come to our training say, oh my God, I don't know if showing people how to move their bodies and dance, if that's in my scope of practice and I definitely can't touch anybody.

I know that the State Board's not gonna like such nonsense.

It's it's madness.

It's a it's eliminating a part of life and eliminating uh parts of ourselves that can be so helpful in helping us to heal.

So how did I start?

Um Well, when I started meditating, I could feel a difference in my body.

And then In 197, and I was interested interested in Chinese medicine Because I started reading material coming out of China, this is about 1971, showing that acupuncture seemed to be working.

They were doing scientific studies.

And at that point, Western science was saying, this is this is a delusion, literally people people that that that it works because or maybe it's a placebo effect it works because Chinese people believe in it.

I thought, well maybe that's true.

And then I read a randomized controlled trial of a study of the use of acupuncture on oxen with laminitis with inflammation of the hooves and the oxen who were treated with acupuncture did so much better than the untreated ones.

And I thought to myself, um having made an ox or two, I don't think this is placebo effect, this is something's going on here.

Meanwhile, I'd also had the occasion in the sixties to eat macrobiotic food sometimes regularly for a while, and I could see my mood changed if I ate a cheeseburger and strawberry shortcake or if I ate brown rice veggies and some fish.

It was, you know, after one, I was ready to go to sleep after the other.

My energy was all there.

My mind was clear.

So I was starting to get glimpses of how uh in acupuncture, how the body and the mind and the emotions were completely inter penetrating one another and also of the power of food to at least change mood.

And I was reading some of the studies, they weren't great studies on the use of macrobiotic diet, but people with chronic illness really did seem to be doing better when they got off processed food when they stopped eating sugar when they started eating, you know more on the lines of rice and veggies and fish rather than lots of fatty sugary foods now.

So I was primed and you know that what's become now an old saying that's become a new one as well.

When the student is ready, the teacher arrived.

So this is 1973 and a friend of mine called me up from London and he started talking with me about Treatment that he was having.

Now the phone call was important for two reasons.

It was the first mrs 73 I never had a transatlantic call before, but even more interesting was my friend was deaf.

So if he was in the same room with me and I was shouting at him, he could hear me.

I had never talked with him on the phone.

He'd always had to have somebody interpreted.

And I said, Richard, what is going on?

And Richard said, well, I'm going to see this crazy Indian and he's uh doing acupuncture every day and I'm eating grapes and hot water only for 60 days.

And I think my hearing is better.

I said, no ship.

Richard, I've never talked with you on the phone.

You're hearing me, you're hearing is much better.

Mhm And he said, well, he's coming to the United States, would, could you set up a workshop for him?

I was a researcher at the National Institute of Mental Health.

I said, absolutely anybody who can do that, I want to meet him, I want to know what he knows.

And so his name was Sean Singer.

I wrote about him.

Um I don't think I wrote about him in this recent book transforming trauma.

I've written about him in a couple of other books and he was he was very he was a mad Indian.

It was very strange to me.

Um he was wearing Savile Row, fancy suit, uh fancy necktie hair, shoulder length black hair, had yellow eyes, bright yellow eyes.

And he walked around like a big cat and just spending an hour with him.

I knew he knew so many things I didn't know about Chinese medicine, about herbal ism, about foods, about different forms of meditation.

So I became a student and I was a student for Close to 20 years and I learned Chinese medicine from him.

I learned Western Nature, empathic medicine, I learned osteopathic manipulation.

He was an osteopath.

He was a homeopath or herbalist, the nature of path.

And I learned many different meditation techniques and many of those techniques had to do with the body.

We have a mistaken idea in our modern, much of our modern world the meditation, you simply sit quietly or you become a little more mindful.

Those are beautiful tools and techniques and we use them and I teach them in transforming trauma.

But some of the most powerful meditative techniques are active, physical expressive meditations.

And I know you've been in our training, so you've experienced some of those techniques and what those techniques do, whether it's fast deep breathing or shaking and dancing or whirling or jumping up and down is they break up fixed patterns of tension and restriction in the body, which often come been severely traumatized or we have chronic illness.

They certainly are there and people who are struggling with addiction or alcoholism and also those techniques bring emotions to the surface.

So sometimes you can sit and talk with people week after week after week and nothing comes out.

Somebody will come to one of our groups or learn a technique and transforming trauma and all of a sudden they're in touch with sadness and then behind that maybe anger or maybe joy.

So these expressive techniques which are importantly, the oldest forms of meditation on the planet, these used the body and so that's how I began.

I had a hard time sitting still when I tried to do sitting meditation in 1970 70, 70, all those times I got antsy.

Whereas I could do these active expressive meditations, I'm a physical person and I could do those and then I could come to a state of calm through intense activity.

I could not only loosen up what was going on in my body and bring out emotions.

I came to that state of relaxed moment to moment awareness after I finished the expressive meditation.

So that's how So with expressive meditations and also with observing the power of food.

And I began to experiment back in 1973 if I eat this way?

What happens if I have an allergic reaction?

What do I do if I was a little for example I had pollen allergies and I hated taking antihistamines because I got sleepy and I knew that I was a doctor.

I knew they weren't really good for digestion in the long run.

So I said Sean How do I get rid of these allergies?

And maybe this is 74 or 75 or even 76.

Before I ask that kind of question he said take a cubic inch of locally grown honeycomb, squeeze out the honey chua cubic inch of locally grown honeycomb three times a day for three months.

It's a kind of homeopathic treatment for the allergies.

I did it and knock wood.

I've never had allergies in D.C.

Since now.

If I go somewhere else where the pollen is different I may still have allergies.

It's not that I've but here now where I live so I experienced this every time and I recommend this to people every time you have a you know a relatively minor physical complaint.

See what you can do, see what you can do with meditation, see what you can do with food, See what you can do with non pharmacological treatments first.

Before you go rushing to the drugs.

So I experimented on myself and I still do.

I love that.

And it sounds like really what you've helped to do is bring some of these ancient techniques and um bring your research skills to them to support our highly evidence based world so that these techniques can be more transferable and widely used.

Yeah, no, that's very important.

And we've studied the approach, the approach that we use at the center for mind body medicine.

The one I teach in transforming trauma includes about 15 different self care techniques and the vast majority of them everything from gratitude practice to forgiveness meditations, to uh to physical exercise, to eating in a variety of different health giving ways.

There is lots of evidence for those techniques and if you put them together.

And I think this is important too for people who are listening to us.

This is not about finding yet another magic bullet.

This is about bringing together a comprehensive program that in which each approach and each techniques works in concert with the others.

So in our training, the work that we do the mind body skills groups where we teach these tools and techniques.

We've done research on the use of these groups for eight or 10 or 12 weeks with depressed young people or traumatized veterans kids who have lost family members, um anxious medical students, stressed out health professionals.

We've got almost I think almost 25 research papers showing the benefits of putting together this kind of program of self care and where possible doing it as part of a group.

Because this is also an important point that you can do this.

And I wrote transforming trauma.

So anybody can use this approach on their own.

And yet it's easier and more interesting and more enjoyable if you can do it with a small group of other people.

Mm hmm.

Going, I've been through the training and um the power of the group is really miraculous in having this deep connection with other people and hearing their stories and sharing just these experiences in a group is so meaningful to me.

And so I really have seen that good.

I'm glad.

And the groups are really important.

One thing we can come back to later.

We have online groups.

So if people are interested in participating and it's a sliding scale for those groups of people who are financially challenged the group.

And these are different from other groups.

Do you, what do you want to say?

A little bit about what you saw?

That was different.

So, in this group, from other groups you've been in?

Yeah, I think what's different is one the facilitator um, is sharing their own experience and their own emotions in a very powerful way.

And so to see a facilitator in that role.

Um, just being raw and human really, I feel like helps the group to settle down.

Um, and make it okay to bring your own stuff to the table into the group.

So I found it to be really a community of safety and a community of support um to connect with on this deep human level.

Yeah and everybody is there to learn for themselves to make their own discoveries, were not there to fix each other, We don't need fixing, we need to have an opportunity to share what we need to share, to learn what we need to learn um and to learn from other people without anybody giving a lecture or saying Heather or Jim you should do this or do the other.

But just when I share my experience you might get the idea and say oh that's interesting.

Let me see how that works for me.

So it's a group where each person is making discoveries and as a leader I assume you notice that we don't interpret, we don't analyze and don't interrupt except if somebody's going on at great length our job is to facilitate each person's growth.

Plus every group you learn a new tool and technique.

So there's a new kind of educational energy in in every group.

And I think it also for me what stands out is it honors um a person's inherent wisdom that if we can take the time to do these practices, there is the answers are inside of us.

Just sometimes we need to quiet all the noise to find those answers and so to see someone you know, discover their own wisdom is a very beautiful thing.

Yeah, good.

I'm so glad.

Yeah, that's it.

You got it.

Great.

I'm gonna bypass.

That's wonderful.

I'm so glad you brought up the power of food and mood.

Um this really you know, there's a growing field on nutritional psychiatry.

Um but it sounds like you've really noticed this for the last 30 40 years, the impact of food on mood and yet um in in the behavioral health world it it seems like there's still a long way to go in understanding that connection.

Yes.

The longest chapter in transforming trauma is on the trauma healing diet.

That's because so little attention is paid number one.

That very few trauma healing programs.

Pay much attention to the incredible therapeutic force of foods.

Number two is it's a it's a subject that deserves time and space When we are traumatized or when we have been under chronic stress, our digestive tract is just as damaged just as distressed as our brain and everything that happens in our digestive tract also affects our mental state.

That the science is there.

We know.

I mean the for example, we know that the vagus nerve plays a major role in creating physiological and psychological balance as an antidote to fight or flight and stress response.

What we too often forget and what is not generally taught to mental health professionals.

Is that the way the vagus nerve operates is definitely affected by how our digestive system is operating.

So for example, if the microbiome, the bacteria that are in the small intestine are out of balance and that this is a new field Last 10, 15 years and the bad bacteria multiply and the good bacteria are suppressed.

The functioning of the vagus nerve and its capacity to be an antidote to the fear and anger of the fight or flight response are diminished.

The vagus nerves capacity to stimulate the production and effectiveness of brain derived neurotrophic factor, which is important for rebuilding brains that have been traumatized is also diminished.

So just that one aspect of digestion is also affecting mood and then mood in turn affects digestion.

So the more traumatized, the more anxious, the more stressed out you are.

And I'm just talking about the microbiome now and there are many other aspects of it, the more damage the microbiome is going to be.

So it becomes a vicious cycle and we can interrupt this cycle by protecting our digestive system, repairing damage that's been done by stress and trauma to the digestive system and then eating foods that replenish the microbiome and promote efficiency in the digestive system.

So it should be fundamental and everyone who is working with themselves or other people should know about nutrition.

Now one of the things that comes up and as as you mentioned that this wasn't generally observed or known and the mental health professions is sometimes mental health professionals get very anxious about talking about nutrition.

Oh, that's not in my scope of practice.

I'm not a nutritionist or dietitian or doctor called education.

Is it not alright to educate people or say you should read this book or read this chapter in Jim Gordon's book or whatever, let them if they sue you for malpractice for that, I'll come and defend you because what you're doing is you're giving people basic information that's available.

We're not talking about prescribing toxic drugs or doing a surgical procedure.

What we're talking about is information that is available to everyone.

And I think mental health professionals all should have some basic grounding in nutrition and in mindful eating and they should be including that as part of their work with everyone they work with.

It's certainly part of my work with every person I see, I love that I am was presenting to a group of behavioral health professionals on holistic well being and a multitude of different practices, nutrition being one stress management movement, the gamut.

And um I had a clinician come up after the presentation and say that's nice.

But that's for the worried well, which was such an interesting perspective because as you said, this is basic information that all human beings need to have access to.

Um it isn't, you know, just for some people who have resources and access and so I find that to be um a very interesting perspective in that world sometimes.

Yeah.

And and I'm curious this is for the worried well meaning meaning, what it's not for, it's not for him or her, it's not for their patients, for their this person was talking about their patients or clients that they have severe mental illness and severe needs that it's not connected, which was really is such an interesting perspective.

Well, I don't know whether I would put myself in the worried, well or the severely mentally ill class, but it changes me and I've worked with people um severely depressed people and psychotic people with whom nutrition as well as very anxious and very traumatized people for whom nutrition has made a significant difference.

Is it a cure all a panacea occasionally.

But mostly, no, but it's part of a comprehensive approach.

And what people need to do is they need to experiment on themselves.

They need to look at the evidence at the research literature and they need to begin to think about how to apply that with their patients or clients, but they have to experience it themselves to that that's part of the message uh that that I really want to get across that whether you're doing psychotherapy with somebody else, you shouldn't be doing it unless you've been in psychotherapy experience, what is this like?

Same with using meditation or nutrition, you need to have experimented with yourself to find out what the benefits are, what the challenges and and if there's a downside, what the downside might be.

So you'll know and you'll be prepared to deal with somebody else and we need to be opening up.

We invite people who are listening to us to come to our training programs.

They can look at our website CMBM.org.

We're training so many people who are working with issues related to substance abuse and trauma and mental health and chronic physical illness here in the United States and all over the world.

And so take a look if you want to learn, you know how to use this method, we welcome you and we have online trainings right now.

So they're easy to get to and if for some reason, if you're working with a low income marginalized population, oh and or you don't have money yourself and you want to work with those people, we we do our best to find scholarships.

At least partial scholarships.

You want.

The whole point of what we're doing is to make available what we've been learning and using to as many people as possible.

Center for Mind Body Medicine website CMBM.org.

All information is about our programs is there.

That's great and we'll make sure that gets in the show notes.

Um it's really about embodied practice.

Uh and how again, going back to how we started this conversation where you talked about compassionate presence and so how can I show up my best self as I work with people, um my clients patients, etcetera.

So as we look at that, um how does your work support healthcare professionals directly?

Well, the primary focus of our work is on health care professionals, although we also train educators, community organizers, clergy, and peer counselors.

Still the vast, we've trained about 7000 people now and probably 80, at least 80% of health professionals.

So that's where we started and that's where our focus is.

And we we teach you by by inviting you to come to our trainings, experiencing our model, learning the techniques, learning the science, experiencing the small group model.

That's the first part of our training, which is sometimes it's four days, sometimes it's five days.

Then in the second part of our training, we teach you how to use what you've learned in the first part with other people.

So when you came through the advanced training, you led a group, You know, you taught people the science of the techniques you were teaching, you were in charge of the group process and you got feedback about that.

And then what we do is we help people through ongoing supervision and mentorship to integrate what you've learned from our training into what you're doing.

So you may decide well, I want to, I want to do one of these mind body skills groups and use the tools that are there in transforming trauma.

And that's what I want to focus on, where you may say Well you know I want to include this in my one on one counseling with people and I want to include some techniques or where I want to develop workshops where I include the techniques and so our job in that period of mentorship and supervision that follows the training is to help you integrate what you've learned into what you're doing and what we're teaching is the basic vocabulary and grammar of how human beings function and tools and techniques so that you learn to speak that language.

And it's very easily integrated with every every kind of therapy that that I've seen, whether it's family therapy, individual therapy, cognitive therapy, people use EMDR.

Together with what we're doing these all different kinds of approaches.

Um it's used for with harm reduction people in programs of abstinence can use it.

It's a flexible model and these are tools and techniques that are part of our sort of heritage as a as a species drawn from many different traditions for which we now have scientific evidence.

And so arca our goal is really to help you to do your work and help you integrate it in a way that makes sense to you.

And I'm curious do you have um any stories or examples of how you've seen this work transform people who have gone through the programs any that come to mind.

Well many, many, many examples.

I'm going to give one, I love it's quite dramatic.

But people can look take a look on our website at a little video which illustrates it.

I think I probably showed it to you in the initial training, one of the little the little kids in Gaza who had lost.

So this is an example and and it's I think I hope it's a useful example.

Uh we're working and we've been working in Gaza as well as in Israel Since 2004, 2005 And we've trained about 500 people in Israel and our model and about 1000 in Gaza.

And those 1000 people Have worked with either in small groups or individually or workshops with about 280,000 Children and adults over the last 15 years there's a video that shows a group of eight Children, all of whom lost their fathers in the 2014 war between Hamas and Israel and there's a little girl in the group named as RJ India and I write about her in transforming trauma as well.

And in the first group she does some drawings, we all, we do drawings in the first group, we're always trying to mobilize people's imagination as well as their cognitive capacity.

And she drew herself with her biggest problem and her biggest problem was her father had been killed, Two uncles had been killed and aunt had been killed in the war.

So she drew their dead bodies with blood.

Her home was destroyed.

You could see the destroyed home.

Her school was destroyed and she was this little tiny stick figure off in the corner.

The next drawing, withdraw yourself with your problem solve goal so often that's a positive drawing because the imagination can imagine a solution in her case she drew herself in the grave with her father and she said the only solution to my problem is to die, to be killed by Israelis to die and be in the grave with my father.

There's nothing for me in this life direct quote after nine sessions, learning soft belly breathing, slow, deep breathing, shaking and dancing.

Um learning to use mental imagery, working with genogram family tree, working with a written dialogue.

Um she did another set of drawings and this time when she drew herself And this this particular drawing is not in the 60 minutes segment.

When she drew herself, she was a big girl, not this little stick figure, she had a smile on her face.

She had brown curls, nice skirt on bright colors.

There was an arrow coming from her chest through the heart, in the heart.

It said I love nature.

And the arrow was headed toward a tree with all these beautiful blossoms on it.

She said since I've been in this program, I've learned to love nature and love myself.

The next drawing was where she would want to be equivalent of having her problem solved and she was there in a white coat and had a stethoscope in her ears.

And I said, and on the video to 60 minutes CBS 60 minutes segment, Scott Pelley, the interviewer says, who are you here?

And she says very proudly, I am a heart doctor.

Since the war in Gaza, many people have had their hearts hurt, I want to be there to help them.

And then he said, I said, both of us said, and who are these five people standing nearby and she looks looks at us with this big grin and she says, oh, those are my other patients there, waiting for me Now, this is nine sessions of these self care skills, the person leading the group and this is lost in the translation because she said it was they translated her Arabic word as doctor a teacher.

It was an ordinary schoolteacher who led the group.

This is very important, anybody can do this.

So that's an example, A girl who wants to die.

It's not that she's not sad, She hasn't, she told me this didn't get in the 60 minutes segment.

She said these purple socks or ones my father gave me, I wear them so often, so she would loved him and she still feels sadness, but she has a new life for herself.

That's what's possible.

And many of the people I write about in transforming trauma have been through that kind of trauma or even the trauma of gross physical abuse as Children of incest and sexual abuse.

And they can come through it using this approach and come out on the other side.

It's a beautiful example.

Thank you.

And we have research.

I just want to add that.

We've done a whole bunch of studies.

Anyone who's interested can see them on the website.

You can follow up and in general, what we've seen is that 80% of the people who qualify for a diagnosis of frank post traumatic stress disorder, anxious, agitated, withdrawn flashbacks, nightmares, 80% of people who qualify for the diagnosis at the beginning of an 8, 10, 12 week long group, no longer qualify After those 10 or 12 weeks and those gains hold that follow up.

So this is an intervention that works not not for everybody, but for the vast majority of people, even those who were disabled by their trauma and works perhaps even more easily with people who, like most of us who have symptoms of post traumatic stress but are not disabled.

Thank you.

So, I'm mindful of the time as we wrap up.

I want to just end with this last question and how has this work impacted your life?

Ah in a way, this work is my life.

This work is um my I went into medicine to help people.

So this is this is this is I'm gonna still do acupuncture and I can do musculoskeletal manipulation and do those things.

But most of my work is teaching people how to understand and help themselves and use this model with others for my own life.

I hope it's made me more observant, more compassionate to others as well as to myself, more aware of the way I get in my own way and create problems for myself, um more flexible, more capable of dealing with adversity as well as helping other people deal with adversity.

So this is This is a kind of widening and extension of the path that I started on when I went to medical school in 1962, this is a continuation.

This is and as I do this, I have a sense of connection with all as the Lakota people say with all my relations with all my ancestors with all those people all over the world who were doing healing work.

So it's also expanded who I am as a person and my sense of comradeship and familial feeling for people everywhere, all over the world.

People who are going through every imaginable kind of challenge and stress and trauma.

So I I believe it's changed who I am and I think it's going to keep on changing who I am.

And what I'm struck by is that really all of these practices and this work is a lifelong path and a lifelong practice.

And so um I think that's just highlighted there.

Thank you.

Yes, that's that's beautiful.

Well where you mentioned uh the CMBM.org website anywhere else that people can find your work that you want to share with us today.

Well, I think that, you know, the most important, the most basic and foundational introduction is is my book transforming trauma.

The information about all the techniques, all the science, all the stories, all the scripts for the techniques are in there.

And so people will have a really rich sense of what this work is about and they can begin to use it themselves.

Looking at the website on the website, there are videos of me and other people demonstrating the techniques.

There's the research on our work.

People can participate in online groups if they're interested in doing that and they can sign up for the trainings that we're offering regularly here in the United States and around the world.

So the those are the plan.

You know, you can look at the stories that, you know, there's been stories in the New York, as you mentioned.

Well, you mentioned my writing, we've also been written about in the New York Times, the Washington Post, the Atlantic, USA today and other places.

So people can look and see what this is and see, see what interests them that way.

And they can talk to you too.

Sure, I'd love for you to reach out.

Well, thank you so much Dr. Gordon?

We really appreciate your time.

And it's just been wonderful chatting with you today.

Thanks so much.

Thank you.

I've enjoyed it as well.

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