Trauma Work Transformation: The Impact Of Five Drawings Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Trauma Healing

Welcome to this interview on the Biology of Trauma Summit 3.0. Talking about the trauma disease connection. I'm your host, Dr. Aimie. Today we're going to be talking about what this healing journey requires.

It requires an integrated approach. It requires a comprehensive program. It's not going to work to go to one specialist and then the other specialist when it comes to trauma.

It affects the mind and the body. It becomes both our psychology and our biology. We have to create a path of healing that involves the integration of the two and addressing both of them.

When we look at what are those elements required for a healing journey, we can see that there are different types of healing journeys. There is the type where you just are getting by and then there's all of this continuum until you get to the possibility of transformation.

We're not you're not just getting by anymore. The work that you've done on your healing journey and the work that you're providing for others on their healing journey is such that it has created the possibility of transformation beyond what levels of health you've had in the past.

And this is your physical health, your mental health, emotional health. You are a better person than you've ever been before. You are a kind of person.

You are more balanced. You are more whole. You are more healthy than you've ever been as a result of the trauma work and the healing journey. But if we're going to get to that transformation and we're talking about that transformation in this interview, if we're going to get to that transformation, it's not going to happen by chance.

We have to be very intentional about it. Let me share with you the three elements that are required for this type of comprehensive program that we're going to talk about in this interview.

This interview is let me let me share that with you again. We have we have these three elements. So we have the body which refers to the actual tissues.

This is what I refer to as somatic work. And so we are connecting with our body. We are feeling our body. We're not just living in our heads. So that's what the body image refers to.

And then we look at the thoughts and beliefs. And so this for me is the internal family systems and the parts work. I integrate those. So that for me, how I've applied it to my life and how I teach it over my professional training program is that the somatic working parts work are literally integrated.

We do them together. We are connecting with parts of us through the somatic practice and through the body work that we are doing. And in the process that starts to open up the work that we need to do with our biology so that we can do all the somatic work, we can do all the parts work, and yet we will hit a ceiling of fact, if we're not addressing how our biology has been affected and will keep us stuck.

Now, the cool thing is, is that as we work on the biology, guess what starts to open up? We have more capacity.

The Three Elements of Comprehensive Healing

Our system is more available to do the somatic work to connect with this thing called our human body, to be able to shift the states of our nervous system and not be kept as helpless and powerless over our own emotional states.

The biology work will also open up more capacity for working with parts of us and actually being more present with those parts of us, because our biology will keep us very reactive, very sensitive.

And as we address those sensitivities, those vulnerabilities, those reactivity, it opens up and we do some somatic work and that opens up more capacity for biology work so that we really need a comprehensive, integrative approach for the best trauma healing journey that will get us the farthest that we can go, that will help us reach the most potential that is possible on this journey.

There is another aspect to I call it the three P's in the Biology of Trauma. Let me share that with you, because this is an essential principle for the trauma healing journey.

Without this, it won't work. You can do all three of those pieces and it still won't come together for you. So any comprehensive program, any comprehensive approach, and if you're doing this for yourself, these are the elements that you need to create for yourself because not everybody will be able to create this for you.

Yet this is still in the making. So I talk about the three P's. So actually this is where I am. If this is the trauma healing accelerated website and I go here to professionals because this is what I teach my professionals in the training program, and I'm going to come down here.

There's the essential sequence. This is what I want to show you. Your approach, your comprehensive approach that will get you the furthest requires three piece. It has to be practical.

This cannot just be something that you read about, that you study about. It needs to be something that you can apply to your daily life. It has to be practical.

It also has to be personal. Everyone has their own biology, their own epigenetics, their own life experiences. And so everyone's body is not the same.

You can't create a complete program and expect everyone to have the same responses to the exercises. That's why in the 21 day journey, I give people 21 different exercises because some of those are really going to land for them and others, not so much.

And yet it'll be different for the next person in the 21 day journey so that it has to be personalized to you and your body. Finally, the third key principle of the biology of trauma that we have to bring in is that idea of empowering.

You are empowered to take ownership, to take control of your body, your experience, your healing journey. If we are still putting that into someone else's hands, we are still actually in that powerless victim place that trauma has put us.

So part of any comprehensive program, whether you're creating one for others or you're creating one for yourself to get the farthest in your trauma healing journey, it has to be empowering to you.

Don't let someone else take your power. With that, let me introduce you to who we have for this interview. This is someone who's been a hero of mine and someone who is very well qualified to speak on this because he has created the Center for Mind Body Medicine and pioneered mind body medicine before it was even considered a thing.

So this is none other than Dr. James Gordon, Harvard educated psychiatrist, 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 of the White House Commission on Complementary and Alternative Medicine Policy.

In 1991 was when Dr. Gordon founded the Center for the Mind Body Medicine. He wanted to create a healing community, a community of healers, to make awareness, self care and group support central to all health care.

Similar to my my team's mission of trauma healing accelerated to get this lens an understanding that trauma becomes our biology and that every medical and mental health training institution by the year 2041.

His latest book, The Transformation Discovering Wholeness and Healing After Trauma, outlines the comprehensive evidence based program that I've just walked you through.

This is the science that tells us why this is necessary. He has also written over 140 publications over his career and has, my goodness, 50 years of clinical experience now.

So let's dove into this interview with Dr. James Gordon. Dr.

The Three P's: Practical, Personal, Empowering

Gordon, I want to ask you, of all of the life experiences that you have collected now, what would you say is the greatest psychological impact and then the greatest biological impact that you have seen that trauma has on the human body?

Well, that's an interesting question. I've actually never been asked that question before. That two part question and I think the first the first part is that when people are traumatized, I feel like the image that comes to me is that they're tied in knots and they don't know, you know, quite what's going on.

And they're uncomfortable in a variety of ways. They're uncomfortable physically or emotionally. Often enough, socially, they're responding in ways that are peculiar or even alien to them, and they don't know where it's coming from.

And there's a sense of being overwhelmed and of not being able to free oneself. I think a lot of that that sculpture of the on the shirt, the serpents around the bodies of somebody who's traumatized.

So that's that's my image of the most serious effect. And I put my arms like this because people who are traumatized are often so shut down. And I think long term, the consequences of the freeze response, the consequences of being in situations that are overwhelming and inescapable and often enough repeated or prolonged over a period of time, that that caused that in causing a freeze response, which is a life saving response.

A life saving response that the vertebrates have when they're in this kind of inescapable and overwhelmed the overwhelmingly dangerous situation when it continues, either because the situation continues or because there is a perpetuation of it in their minds and bodies.

That's the most, I think, serious biological consequence, partly because it is so it's so disabling and it removes us from the capacity to feel it removes us from the capacity to connect with those people in those situations that can be healing and just kind of shuts us down.

So I think that's the most and I'm speaking kind of generally about the biological response, but that deep in the brain stem parasympathetic nervous system protective response, which again is there to save lives when it's prolonged over time, it shuts us off from life, our own life and the life around us.

And then that blocks a person from even being able to reach out to the healing, like you mentioned there. So shut down. They're so tied in knots that there are resources around them and yet they're not able to reach out and access those easily.

Right. That's right. And then the other part of it is they don't recognize when you're in that state that other people are experiencing the same thing.

So I work during and after wars, for example, or climate related disasters. And intellectually, everybody knows that everybody else has been affected, but it feels like they're the only one.

And that's a consequence of that being so shut down. And for me, this is highlighting the impact of community as part of the healing process. And so many times when people are coming into a place where they're ready to do the work, they're ready to start that opening up process.

They're thinking that the only way is just by themselves or reading a book or doing one on one work. And yet part of what I do and I know that part of what you do is like you bring in the community, you bring in the connection with other people so that they can see that, Oh, I'm not alone.

Others are going through this as well. And yet also obviously doing that in a way that you're not adding to the burden of feeling everyone else's overwhelm, but you're able to see it and experience it in a way that you can relate to others and that starts to break through that feeling of it's it's all me and I'm all alone.

Yeah, that's right. And it's also changing the definition of what trauma is, changing it from something that's a purely medical phenomena that requires treatment and perhaps pharmacological treatment, changing it to a universal human experience in which people can become aware of the whatever trauma or challenges they've experienced and share them with one another.

You know, in and you probably do know this in indigenous societies, if you had a minor problem, physical, mental or spiritual, you went to your granny, your grandmother or somebody else's granny.

Introducing Dr. James Gordon

But if you had a major problem, life threatening illness or psychosis, if you've been in combat, you would go to the official healer and the official healer would bring people together because it was understood whatever that official healer was call with, whether called Coroner Darryl or Sangoma or Wise Woman or Medicine Man, that healer understood that in addition to the pharmaco, in addition to the particular rituals, that she or he might use that in order to heal the trauma we needed to come together with a group and reestablish the connection, connection between with our own nature and with the nature of the social, ecological and spiritual world of the group was the vehicle to make that happen.

And we've lost unfortunately, we've we've lost that sense. And so we need a lot of our work at the center for Mind-Body Medicine. This work with groups of people was central.

Whether we're training people, we're going to Ukraine soon. We'll be training 400 people over a period of eight days, groups of 200. But those 200 people will be also divided up into 20 small groups.

So they'll be experienced, able to experience the power of the group and the connection that comes from taking in the sort of the being of other people and the lessons that they're learning.

So powerful. So powerful. And I'm curious what changes in people's physiology you have noticed as a result? I know that in my group program, so I have an entry level program that this is where you start.

If you want to continue on into other programs and courses of mine, you start with a 21 day journey that is part of a community and we meet every day for 21 days.

You do some individual somatic exercises connecting with your body, but just during those 21 days, people experience 26% decrease in their daily physical pain, 28% decrease in their GI symptoms and their sleep issues, along with the decreases in anxiety, depression.

And they start to feel connected, they start to feel joy and the power of that community as part of the healing process is so powerful. What changes have you seen in people's physiology, their biology?

That tells us it's changing. We haven't, except in one study that was done of Georgetown medical students. We haven't used physiological measures. But what people report that they have found is lower blood pressure, slower heart rate, better digestion, better sleep, less irritable.

In the Georgetown study of medical students, they did not have the same spike in stress hormones when exam came, time came around as the students who were not in one of these groups otherwise basically the same students.

So it's those changes are there and just working and working and we're training prisoners to use our model for themselves and then work with others. And I was just in the Plainfield Prison in Indiana, and the guys who came, many of whom in prison for many years, they had just one session with them for an hour and a half, 2 hours.

Psychological and Biological Effects of Trauma

My body feels loose. My heart rate's gone down. I'm calm. That's the first time I've been calm. And this joint in ten years, is that mean so that those kinds of reports and we'd like to do more physical, you know, sort of formal physiological studies, but but it's very clear, very clear from the subjective responses.

They go less often in studies we've done in Gaza, much less often for primary care, because they're taking much better care of themselves. Same thing with the health system we work with here at Eschatology.

Health people were not using the health system in the course. This isn't biological, this is financial. The costs of health care are not increasing the way they were before.

So I think that the effect is very profound. It would be good to study, to do more of these studies on on the biological changes. But I think the important thing and there's been we use about 15 different techniques that we teach to self-care techniques, virtually all of which have very sound evidence for their capacity to make changes in physiology and in fact structure in the nervous system.

So, for example, forms of meditation, we use have been shown to decrease activity in the amygdala, increase activity in the frontal cortex, and indeed build new news, new new tissue in the frontal cortex.

Decrease the size of the amygdala where fear and anger or centered improve functioning in the hippocampus and improve connectivity among various parts of the brain.

So I think the biological research is there. The important thing for I'm concerned now is to create comprehensive programs which make use, which don't say, you know, we're going to the studies.

People will say what what made the difference? And what I would say is what makes the difference is going to be different for each of us that you may like to do soft belly breathing, somebody else may like to do shaking and dancing.

Somebody else may find guided imagery in walks and nature to be the most effective. All of them have biological benefits. But the important thing is what's the program that makes no sense to you?

And putting together these various elements and then individualizing them for each person. I teach that there are three PS in my model of the biology of trauma and you've just nailed it.

One would be it needs to be personalized. We each have our own unique body physiology, life experiences, while there are the different techniques they need to be personalized and then it needs to be very practical.

And I know this is what you teach. It needs to be something that people can do for themselves. The last piece for me is that it needs to be empowering.

I know I cheated a little bit on that one, but it needs to be empowering to help shift them out of this state of I'm helpless, I'm overwhelmed and it's inescapable.

I couldn't agree with you more. All three of those are absolutely crucial. And, you know, and again, if you look to research the research going back to Suzanne Co Boss's research in the set in the seventies shows that if you

become engaged in taking care of yourself, that in itself has such a powerful therapeutic effect.

And I think one of the problems with a lot of the ways trauma treated is there's too much passivity, there's not enough giving people the tools they need and giving them the understanding they need to to to sort of embark on their own path with guidance, to be sure.

But there's so we need to shift the whole model from a narrow medical model to a model in which self-care is central and also in the work we do from a medical strictly medical to a public health model, because trauma is so widespread.

And we really need to think of it as a as a part of life of all of human life and not something that's so alien to us. Dr. Gordon I think that you are a danger to the business of the health care system.

You are a good trouble maker because if people could start integrating a comprehensive program, the way that you're talking about it would change the utilization of our health care services.

And it would depend less on the specialization that puts people into all of these very narrow niches and bring it back to looking at someone through that comprehensive model that you're talking about.

Right. And could it threaten the profit motive? Yes, it could, indeed.

Community as a Healing Force

And one of the places to a couple of the places we work, like the VA, we're working with the largest division of the VA. And our work is being we've trained, I don't know, 400 people in that division who are using this model.

And it's the vets like it so much more. The people who are using the model say, I feel I really enjoy this more. I feel better about myself and about what I'm doing.

So we we need to shift away from being concerned with the profit motive. We we're not here. And if you want to make money, go into finance. Everybody needs to make enough money to live.

But the thing is that if you use this kind of approach and you use it on yourself, you have to use it on yourself first, first, last, and always. You'll feel better, you'll function better, you'll like your job better.

So it it may change the profit motive. But in the long run, one of the things that we're starting to see we haven't fully documented this is people who are likely to stay in their job much longer.

So that saves money for the health care institution. You don't have to bring in another person. I don't know. And you're saving on health care costs for employees.

So there are there are, you know, major savings. Yes. It may threaten the sort of the model of, you know, reimbursement for individual treatment and for lots of high tech work.

But in the long run, I think it's going to make us more economically sound as well as emotionally and socially sound. One of the things that I continue to bring home to the professionals that I train is this idea that healing begins with me, that they have their own work to do, and they need to be applying these tools before they start teaching it.

And that sounds like exactly what you have done with your programs as well. And the people that you train is that we learn through experience and then we can share what we have experienced ourselves, which brings me back to this idea that you've mentioned a couple of times, but is really fundamental and central to your all of your work is that trauma is a universal experience.

It's a universal experience. Everyone can find these times in these patterns, in their nervous system of trauma.

Correct? Yeah. And so when we train people the first five days of our training, we say, we know you want to help other people, but these five days are for you.

We're going to teach you these 16 self-care techniques. You're going to experience our small group model. You're going to make discoveries for yourself.

You're going to learn from other people's discoveries. You're going to have this sense of connection. You're going to use my book words, and here's my book.

You're going to use this transforming trauma. This is going to be your guidebook, and you should not be doing these approaches, just as you said, with other people until you have internalized them, made them a part of your life, and learned both the benefits, but also the challenges.

It's not so easy to make some of these changes. So that's part of what I address in Transforming Trauma, is I'm saying to people, okay, here are the techniques and you really need to practice them and you need to notice what's coming up.

And ideally, if you have a chance, you should be sharing your experience with other people, both in a small group, and you don't have to do that. Of course, you can use transforming trauma by yourself.

So we always encourage people to share, to whether it's reading the book together or coming to a training where you're working in a small group. And once people have come through our training, we also suggest that they begin leaving groups with other people in pairs so that they're always learning from each other and as well as learning from the people in the group.

So let's talk about the transformation and I love how you put it, where you say the possibility, right? Like just the possibility of the transformation that is possible when someone does this work and makes these changes.

Physiological Changes from Mind-Body Work

Yes. Gets through the challenges. But talk to us about how you see the transformation and what is possible. Because what I love, how you say is that it can make us an even better person than what we've ever been.

Yeah. This this insight of is not is not original with me. Indigenous people all over the world. I've always known this. In fact, in many, many groups that I've spent time with or read about around the world, the way they mark out the future healers is through the experience of the boys and girls, or the young women and young men who have dealt with a traumatic experience and dealt with it successfully.

And then at some point the official hit, whether it's through a serious, life threatening illness or a psychosis or major depression or through a vision quest or something resembling that, through some kind of initiation.

And those people who have come through this, those young people who've come through it with some sense of confidence and understanding and compassion for others, those are the ones the official healer says, okay, little girl, little boy, you come work with me.

You have the knack. You've got the you've got the juice for doing this work well. So that's an indigenous understanding. We now call this post-traumatic growth, this possibility of transformation in my book and transforming trauma.

I begin by telling a couple of stories about people who are part of our faculty who have had the most horrendous childhoods that one can imagine. You know, physical, emotional, sexual abuse, incest, all kinds of poverty, violence.

And yet having used our method as central and also used other approaches and techniques, they have become extraordinary people. And I tell those stories because I want to say to people who have been through hell, it is

possible not only for you to reduce your symptoms, not only to feel stronger, not only to feel in balance, but also to feel better than you ever have and to develop a vision and a meaning and a purpose for yourself that you might never have imagined before you experience the trauma.

And so I tell those stories right at the beginning and then create the conditions and then also present the research, the research that's been done by Calhoun and Tedeschi and other people on on post-traumatic growth.

And the research that we've done and I tell the stories about people, they'll do stories about this, a little girl in Gaza who will our largest program, we have parallel programs with the Center for Mind-Body Medicine in Israel and Gaza.

And we see those as ways of helping people come into balance or to move through the trauma on both sides. And the program, just to mention, this was largely funded by by Chuck Feeney, who funded the Irish peace process.

And he sees that what we're doing with trauma is in some way equivalent to what what he was fostering in Ireland with people coming together. So there's a story that I that I tell about a little girl named Azhar to India.

And I tell the story because it's important story to me. But also people can see the video. The CBS 60 Minutes filmed us working in both Israel and Gaza and they focused on Azhar and what you see in the first group where she comes into the first group, we look reviewed her drawings.

And because we do drawings as a way of exploring what's going on, we use methods that help people access what's happening and communicate about it in ways that words might frustrate or they might not be able to in word.

So drawings are one of those ways for adults as well as kids. And in the first group and she was with seven other kids who had it all lost their fathers.

In the 2014 war between Hamas and Israel, all the fathers had been killed and the kids were between eight and ten years old and Azhar was nine years old.

And she drew herself with her biggest problem, which is one of the first drawing we do, is draw yourself second, draw yourself with the biggest problem, and then third, draw the solution to the problem.

The second drawing she drew her home collapsing.

Self-Care, Training, and Empowerment

She drew the dead body of her father next to her home for two uncles were also killed or that was also killed. And their Israeli planes flying overhead.

And in the corner, really tiny little stick figure with the turn down mouth is Azhar. That's her biggest problem, the solution to the problem. And usually people in the first group even find some way to come through.

And beyond the problem, maybe they're living a nature happily, something like that. For Azhar, she drew a grave and she said, The only solution to my problem is to die and be with my father.

That's the only thing that will mean anything to me and she came through nine sessions in our group. It was it was about six months after the war, so it hadn't changed.

She was in despair. Six months after the war, she came through these nine sessions. She did drawings. She did active, expressive meditation, shaking and dancing and fasting, breathing.

She worked with organic training and biofeedback and anagrams and mindful eating and all these things that that we were teaching the kids. And in the ninth group, she did another set of drawings.

This time when she drew herself, she was a big girl occupying the center of the page. There was an arrow coming from her heart to a heart that she drew toward a tree that was in full bloom and in the heart she wrote in English because she was learning English at school.

I love nature. And she said, after these groups, I love nature and I love myself. And then in the second drawing, where would you like to go, which is sort of equivalent to the solution to the problem in the first set of drawings she drew herself.

I think you'll appreciate that. She drew herself in a white coat with the stethoscope in her ears and on a table was lying a person and the table looked like the grave in the first set of drawings.

But she said, we said, what is this? Oh, that's my examining table. That's my patient. He's lying on the table. Since the war, so many people have had their hearts hurt.

I, I want to be a heart doctor and help them. And then I asked and Scott Pelley, who was the interviewer for 60 Minutes. So if people want to go on our website, they can they can see this video as well.

Asked, who are these five other figures standing next to the table? And Azhar looks at him with a big grin and she says, Oh, those are my other patients.

They're waiting for me. And then how are you going to get there is the third drawing, and she put herself at a desk with lots of books. She said, I'm going to study very hard and it's the sadness about her father was still there.

She talked about the purple stork. She was wearing a been a gift from him, but she was a totally different girl. She'd gone from feeling. The only thing that could make a difference was for her to die, to seeing herself as a positive contributor to the to the society.

And I have a now eight year follow up. She's going to medical school, but she now she wants to be an oncologist because there's so many people in Gaza, which is true of cancer.

And then, you know, this is possible.

Post-Traumatic Growth and Transformation

The other thing about this that's really important and I hope important for people who are listening to us and watching us, is that the person leading the group was not a czar, said the doctor.

It wasn't it, or that at least it was translated as doctor wasn't a doctor, it was a schoolteacher whom we trained. It was a schoolteacher who was trained in our model, who used our model to work on her own trauma, who is now sharing it with the children.

So that and one other is sort of the coda is there's a little boy in the group who first drew himself with a as a solution to his problem. He drew himself with a big belt on and it was a suicide belt.

He wanted to become a suicide bomber and kill the Israelis who had killed his father. And in the last group. And unfortunately, they didn't show this on 60 Minutes.

And the last group, the last drawing, he was in a car. And I said, so what's going on here? This is an eight year old boy. He said, I am the driver for the first president of Palestine.

And nobody is saying to these kids, you need to have a positive outlook. You need to look at the future. You're just learning these techniques of self care, self-discovery, and they're sharing what they've learned for each other.

This is a natural healing process and our job is to facilitate it. And as I see it, that's the difference between focusing first on the cognitive aspects and trying to tell somebody that they need to think positively and have a solutions

oriented mind when the body is not there, like the body is still in that trauma.

And yet when you come in and you're able to teach them these things, then it is that bottom up approach where their mind, their thoughts, their outlook is now changing as their body has changed, as their physiology, as their nervous system has changed.

And that that are the changes that are going to stick. And that's what's so beautiful. And then necessary for the other changes. So the first first group or the first part of our training, we work with snow, we work with concentrated meditation, slow, deep breathing with the belly soft and relaxed, and then we also get people up shaking and dancing, doing expressive meditation so their bodies become looser in the freeze response to the trauma frozen bodies begin to melt a little bit and they feel a little energy coming back in.

And that combining those two right at the beginning gives people the tools to create a state of physiological and psychological balance. So everything else that we use, whether it's guided imagery or sharing drawings, everything else becomes so much easier.

My son, Miguel, he shared with me that he wants to become the person who goes in to save hostages because from his childhood, he would have wanted someone to come in and rescue him.

Yeah. And this is the power of doing this work where it gives them so much deeper meaning for their life and it changes everything. They go from wanting to not even to be here to. There is purpose for my life.

There is there. There is meaning. And my goodness, if you could summarize the approach that you developed into this is the key principle. This is the the central theme to these techniques, to this program.

What would be that central theme upon which all of it really rests? Well, you know, I don't know if I can put it in one sentence, but let me let me give you a few sentences.

I think the the theme is that there is a that each of us has enormous possibility to understand and help ourselves and to connect with one another that for the most part, we haven't fully realized, and that our approach gives people the tools to realize their possibility to to to feel in balance, to discover, to discover who they really are and who they can be, and to connect with others.

And as they do that, to find greater meaning and purpose in their lives. So that's that's a kind of overview. And the other thing I'd say is that doing this work, even though we're working on some of the most troubled parts of the planet with people who've been through all kinds of hell is enormously enlivening.

So to doing the work and this is maybe the other theme which we talked about earlier is we have to begin with ourselves and then as we share it to others, that's also part of our healing process and in the way we work we're continually content.

One of the reasons people we have 150 faculty, international faculty around the world and people love to do this because they're not only helping other people, they're helping themselves as they're doing it.

Core Theme and Closing Remarks

It's a continual process of becoming more whole healing and becoming whole for for those who are helping others, as well as for those who we're teaching and helping.

I hope you are walking away from this interview with a lot of hope, a lot of hope for what is possible. That passerby is the open possibilities for the transformation.

It requires intentional elements, though it requires the community. This is why I have created the 21 day journey as a group experience so that we can do this in community.

We feel in community. Following the 21 day journey, I have created an intentional community for support. These are things that we have to be intentional about creating in our life because it cannot always be natural when we've been in that place of wanting to hide, wanting to isolate, wanting to withdraw, bringing in community and bringing in these self-care tools, bringing in these exercise that will help connect us, bring that balance back to our mind and body.

This is the trauma healing journey. This is the trauma healing journey. So with that, I am your host. Dr. Aimie, you have been on the Biology of Trauma Summit 3.0, the Trauma Disease Connection.

All of these recordings are available for. Purchase find the package that seems fit for you at this time so that you can have access to all of this information at any time moving forward and not be in the stress of trying to remember and write down everything.

With that, I will see you on the next interview for this Biology of Trauma Summit.