



Transforming Trauma

Bringing Nationwide Trauma Healing to Ukraine: Lessons for Integrative Practitioners in the US

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Disclosure

James S. Gordon, MD

- I have no relevant affiliations or financial interests to disclose.
- I have not presented any promotional talks to pharmaceutical companies within the past 12 months.
- I will not discuss off-label or investigational drug use.



The Center for Mind-Body Medicine is helping the people of Ukraine to meet the challenge of population-wide psychological trauma

As they learn to use mind-body medicine- that is, the practical tools of self-care, self-awareness, and self-expression- to heal their own trauma and stress and experience the benefits of small group support, they understand themselves better, care for themselves more effectively, reduce their own symptoms of trauma, manage stress more successfully, and build their resilience.

And help all those whom they serve to do the same.

What we at The Center for Mind-Body Medicine are teaching Ukrainian clinicians, educators, and community leaders in an approach that all of us can use in our own practices and our own communities as well as in our own lives



What is Mind-Body Medicine?

Mind-Body Medicine is grounded in the understanding that all our thoughts, feelings, and experiences can affect every organ and cell in our bodies. Every part of us is connected to every other part anatomically, physiologically, and biochemically. For example, the same molecules that act as and are called neurotransmitters in the brain, act as and are called hormones in the endocrine system, and cytokines in the immune system.

Mind-Body Medicine also refers to the understanding and supporting evidence that all of us have the capacity to use the tools and techniques of self-awareness, self-expression, and self-care as well as group support to enter in a beneficial way into the continual conversation within the brain and among the brain and all our other organs.



CMBM Training in Mind-Body Medicine

The Center for Mind-Body Medicine (CMBM) initial training presents the biological underpinnings of Mind-Body Medicine and provides didactic instruction and personal experience of the evidence-based self-care tools and techniques that allow us to enter the Mind-Body conversation, tools and techniques that enhance our self-awareness, successfully address distressing symptoms, build resilience, and promote wellness and feelings of self-efficacy.

The CMBM advanced training then teaches all participants to use what they have learned with those whom they serve—individually, in family and workshop settings, and in small intensive mind-body skills groups.

“

The Center for Mind-Body Medicine’s program...is the most comprehensive of all of them, giving participants a variety of different strategies to choose from: breathing, meditation, guided visual imagery, biofeedback, self-awareness, dance, self-expression, drawing. And it is the one with the strongest evidence that it works to cure PTSD.

The New York Times
“For Veterans, a Surge of New Treatments for Trauma”
by Tina Rosenberg (September 26, 2012)



Trauma

Trauma is a Greek word which means “injury” – to our body, mind, and spirit.

It will come to all of us



Causes of Trauma

- War
- Torture
- Climate-related disasters
- Racism and historical trauma
- Pandemics (COVID-19, etc)
- Poverty
- Loss and separation
- Child abuse
- Spousal abuse
- Incarceration
- Life threatening and chronic illness
- Rape and other violent crimes
- Health care itself
- Old age

Change and Trauma

- Healthy systems (beings) move toward complexity (includes differentiation and integration)
- After trauma we tend to oscillate between rigidity (withdrawal, inhibition, flashback) and chaos (agitation, disorganization)





Post-Traumatic Stress Disorder (PTSD)

PTSD is a kind of fixation—the characteristics that follow describe some of its subjective and objective components. They do not adequately convey the experience.

- Prolongation of the fight-or-flight response (with initially increased stress hormones and eventual adrenal exhaustion), to create increased heart rate and blood pressure, ongoing anxiety, difficulty sleeping and concentrating, and irritability.
- Re-experience of the original trauma(s), including: intrusive recollections, nightmares, flashbacks, and intense distress at reminders of the trauma.
- Continuation of the freeze response, with physical tension, emotional numbness, and social withdrawal.
- Significant impairment of functioning.

PTSD is a Diagnosis for Some Ongoing Traumatic Stress and a Reality for Many, Including Whole Populations During and After Wars, Climate-related Disasters, Mass Shootings, and the COVID-19 Pandemic



Symptoms include:

- Anxiety
- Difficulty Focusing
- Sleep Disturbance
- Irritability
- Hypervigilance
- Preoccupation with Disturbing Past Events and Losses
- Apprehension about the Future
- Social Withdrawal and Emotional Numbing



Qualifying for the Diagnosis of Post-Traumatic Stress Disorder in Post-War and Post-Disaster Situations

- 23% among Israelis in regions that have been shelled (after wars before 2023)
- 40-70% in Gaza (after wars before 2023)
- 17% of US Military (4 months after return to US)
- 30% in New Orleans (after Hurricane Katrina)
- 44% among high school seniors in the Suhareka region of Kosovo (5 years after the end of the war)

PTSD may well increase over time.



Unaddressed Trauma Can Cause or Contribute To Virtually Every Chronic Illness and Disorder

- 82% of individuals in the U.S. have experienced at least one traumatic event in their lifetime
- 8-18% of trauma-exposed individuals develop PTSD
- 7-19% develop Major Depressive Disorder
- “Comorbid” conditions with PTSD have been reported to be as high as 37%
- Risk of developing PTSD after trauma exposure is twice as high in women than in men

Patel R, Spreng RN, Shin LM, Girard TA. Neurocircuitry models of posttraumatic stress disorder and beyond: A meta-analysis of functional neuroimaging studies. *Neurosci Biobehav Rev.* 2012 Oct;36(9):2130-42



Trauma Can Produce...

- Increased stress response to subsequent trauma
- Increased incidence of depression, anxiety, separation anxiety
- Increased incidence of stress related illness and substance abuse



PTSD and Cardiovascular Disease

"PTSD is a risk factor for incident CVD, and a common psychiatric consequence of CVD events that may worsen CVD prognosis."

Edmondson, D., & von Känel, R. (2017). Post-traumatic stress disorder and cardiovascular disease. *The lancet. Psychiatry*, 4(4), 320–329. [https://doi.org/10.1016/S2215-0366\(16\)30377-7](https://doi.org/10.1016/S2215-0366(16)30377-7)

PTSD and Pelvic Floor Diseases

“A history of sexual abuse is common among women with pelvic floor diseases (PFDs), and these women were more likely to have chronic pelvic pain.”

Cichowski, S. B., Dunivan, G. C., Komesu, Y. M., & Rogers, R. G. (2013). Sexual abuse history and pelvic floor disorders in women. *Southern medical journal*, 106(12), 675–678. <https://doi.org/10.1097/SMJ.0000000000000029>

PTSD and Depression

“Results from a large national survey showed that depression is nearly 3 to 5 times more likely in those with PTSD than those without PTSD”

va.gov: Veterans Affairs. Depression, Trauma, and PTSD. (2018, August 3).
[https://www.ptsd.va.gov/understand/related/depression_trauma.asp#:~:text=PTSD%20and%20depression%20are%20often,those%20without%20PTSD%20\(3\).](https://www.ptsd.va.gov/understand/related/depression_trauma.asp#:~:text=PTSD%20and%20depression%20are%20often,those%20without%20PTSD%20(3).)



PTSD and Epigenetics

Trauma can make changes in the chromosomes which affect the way genes including those that enable us to deal with stress, express themselves. These changes are called "epigenetic" and can persist through a lifetime and be transmitted from generation to generation.



The Epigenetics of Trauma

- Researchers observed the effect of childhood abuse on the gene expression profiles
- Sixty-one individuals met criteria for current PTSD, of which 32 reported a history of childhood maltreatment and 29 did not report childhood abuse.
- All individuals reported trauma in adulthood.
- Gene expression profiles of PTSD patients with childhood abuse compared to non-childhood abuse were almost completely non-overlapping (98%).
- Childhood abuse has an influence on biological processes via epigenetic modifications

Mehta, D., Klengel, T., Conneely, K. N., Smith, A. K., Altmann, A., Pace, T. W., ... Binder, E. B. (2013). Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder. *Proceedings of the National Academy of Sciences of the United States of America*, 110(20), 8302–8307. doi:10.1073/pnas.1217750110



Epigenetics

Researchers show that chronic and unpredictable maternal separation induces depressive-like behaviors and alters the behavioral response to aversive environments in the separated animals when adult.

- Most of the behavioral alterations are further expressed by the offspring of males subjected to maternal separation, despite the fact that these males are reared normally.
- Chronic and unpredictable maternal separation also alters the profile of DNA methylation in the promoter of several candidate genes in the germline of the separated males.
- Comparable changes in DNA methylation are also present in the brain of the offspring and are associated with altered gene expression

Franklin, T. B., Russig, H., Weiss, I. C., Gräff, J., Linder, N., Michalon, A., ... & Mansuy, I. M. (2010). Epigenetic transmission of the impact of early stress across generations. *Biological psychiatry*, 68(5), 408-415



Epigenetics

- Exposure to traumatic stress in mouse parents altered the miRNA expression, heightened the anxiolytic behavioral activity in response to threats and decreased glucose and insulin tolerance in the next generation.
- Injection of sperm RNAs from traumatized males into fertilized eggs reproduced the behavioral and metabolic alterations in the resulting offspring.

Gapp, K., Jawaid, A., Sarkies, P., Bohacek, J., Pelczar, P., Prados, J., ... & Mansuy, I. M. (2014). Implication of sperm RNAs in transgenerational inheritance of the effects of early trauma in mice. *Nature neuroscience*, 17(5), 667-669.



The Epigenetics of Trauma

In a 2014 study, Yehuda observed the effect of Holocaust trauma exposure on the gene expression profiles of adults and offspring

- Twenty-four-hour urinary cortisol excretion was measured in 35 adult offspring of Holocaust survivors and 15 health comparison control subjects
- Low cortisol levels were significantly associated with both PTSD in parents and in offspring
- Parental PTSD appears to be associated with low cortisol levels in offspring, even in the absence of lifetime PTSD in the offspring

In Yehuda's 2015 study, Holocaust survivors and their offspring both showed methylation alterations on the FKBP5 gene

- These results demonstrated the transmission of pre-conception stress effects resulting in epigenetic changes in both exposed parents and their offspring

Yehuda, R., Bierer, L. M., Schmeidler, J., Aferiat, D. H., Breslau, I., & Dolan, S. (2014). Low cortisol and risk for PTSD in adult offspring of holocaust survivors. *American Journal of Psychiatry*.

Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2015). Holocaust exposure induced intergenerational effects on FKBP5 methylation. *Biological Psychiatry*.



What Happens When We Are Traumatized?

There are two basic biological reactions to trauma:

1. Fight-or-Flight

2. Freeze

These must be addressed as a foundational part of transforming trauma.

And, most often, there is a biologically-based social withdrawal, a feeling of being alone with one's pain.

This also must be addressed.



“Fight or Flight”

- Walter Cannon, MD (1926) recognized that certain immediate physiological changes occur in response to an acute stressor.
- This is an important adaptive response
- It occurs in all vertebrates
- Crucial to Survival
- These changes are consistent with dominant activity of the Sympathetic Nervous System.
- Fight or Flight is necessary. The problem comes, and along with it, the symptoms of PTSD, when fight or flight persists either because the trauma continues or because memories of it persist.



Fight or Flight

- Walter Bradford Cannon, MD, 1926
- Danger or stress
- Arousal and preparation
- Increased heart rate
- Faster breathing
- Muscular tension
- Coldness and sweating
- Decreased intestinal activity, generally but increased in distal colon (diarrhea)
- Dilated pupils
- Increased blood viscosity
- Mediated by periorbital, frontal cortex (limbic system), hypothalamus, and autonomic nervous system



We cannot help others to deal
with their trauma unless we deal
with our own.



Soft-Belly Breathing is an antidote to Fight or Flight and promotes easier connection with others.

- It mobilizes the vagus nerve.
- In the body: it lowers blood pressure and heart rate, relaxes the big muscles in arms and legs, enhances digestive activity.
- In the mind: it decreases fear and anger in the amygdala and enhances activity in areas of the frontal cortex responsible for thoughtful decision-making, self-awareness, and compassion.
- In our relations with others: it enhances our ability to read their facial expressions and tune into their voice, promoting connectivity and bonding.



Porges, Stephen W. (2009). "The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system" *Cleveland Clinic Journal of Medicine*. 76 (Suppl 2): S86-S90.

Porges, Stephen W. (2011). *The Polyvagal Theory: Neuropsychological Foundations of Emotions, Attachment, Communication, and Self-regulation*. W.W. Norton & Company. ISBN 978-0-3937-0700-7.



Meditation As an Antidote to Fight or Flight: Quiet, Mindfulness Meditation Produces Stress Reduction & Structural Changes in the Amygdala

- The amygdala is known to register threats and is a critical part of the “fight or flight” response. Chronic stress is associated with greater connectivity between the bilateral amygdala and anterior cingulate.
- Stronger connections between the bilateral amygdala and anterior cingulate is the basis of fear memory formation
- Studies have shown that a 3-day intensive mindfulness meditation training intervention reduced right amygdala and anterior cingulate connectivity in a sample of stressed unemployed community adults (N=35)
- Stress may increase the connections between the amygdala and anterior cingulate cortex but brief training in mindfulness meditation could reverse these effects.

Taren, A. A., Gianaros, P. J., Greco, C. M., Lindsay, E. K., Fairgrieve, A., Brown, K. W., ... Marsland, A. L. (2015). Mindfulness meditation training alters stress-related amygdala resting state functional connectivity: a randomized controlled trial. *Social Cognitive and Affective Neuroscience*, nsv066.



Meditation As an Antidote to Fight or Flight Increasing Cortical Thickness

- The brains of typical western meditation practitioners (about 2-6 hours weekly) were compared to those with no experience of meditation
- Brain regions associated with attention, interoception (perception of internal sensation) and sensory processing were thicker in the meditation group
- Among those who meditate cortical thickness increased with years of meditation

SOURCE: Lazar, S.W., Kerr, C.E., Wasserman, R.H., Gray, J.R., Greve, D.N., Treadway, M.T., McGarvey, M., Quinn, B.T., Dusek, J.A., Benson, H., Rauch, S.L., Moore, C.I., Fischl, B. Meditation experience is associated with increased cortical thickness. *Neuroreport*. 2005 Nov; 16(17): 1893-97



The *Freeze* Response

- “Deer In Headlights; Mouse & Cat; Trapped in War
- In extremely threatening situations, response may be Parasympathetic dominance.
 - ❖ Most primitive response
 - ❖ Inhibition of motor function
 - ❖ Slow heart rate, decreased blood pressure, etc.
- Higher baseline anxiety may predispose.
- This is a necessary survival response but becomes a problem and an ominous feature of PTSD when it persists- either because the trauma is ongoing or because the memory of it in our bodies and minds continues to inhibit functioning.

Mongeau R et al. Neural correlates of competing fear behaviors evoked by an innately aversive stimulus. *J of Neuro*. 2003 May; 23:3855-3868.

Porges, SW. Social engagement and attachment: A phylogenetic perspective. *Ann NY Acad Sci*. 2003 Dec; 1008:31-47.

Hagenaars, Muriel A, et al. *Neurosci Biobehav Rev*. 2014 Nov.

Paci E, Lawrenson C, Pickford J, Drake RAR, Lumb BM, Apps R. “Cerebellar Modulation of Memory Encoding in the Periaqueductal Grey and Fear Behaviour.” *eLife* (First published: March 15, 2022).



Active, Expressive Meditations are the antidote to the Freeze Response

Shaking the body is a direct response to freezing as well as fight-or-flight and is easily observed in animals.

Humans have adapted the animal response to create a wide variety of “expressive meditations.” These are the oldest meditations on the planet. All of our ancestors did them, and indigenous people around the world still use them regularly.

Shaking and Dancing is an expressive meditation that is easily accessible to people of all ages and physical conditions. It, like soft-belly breathing, is foundational to the CMBM approach.



Levine, P. Somatic experiencing. In E. Neukrug (Ed.), *The SAGE Encyclopedia of Theory in Counseling and Psychotherapy*. (Vol 2. pp. 951-954). Thousand Oaks, CA: SAGE Publications, Inc.
Bradford, Keeney (1995). *Shaking Out the Spirits*, New York: Station Hill Press.

Soft-Belly Breathing and Shaking & Dancing bring us into the present moment

In that moment, the body and mind are moving toward balance.

And memories of past trauma, and anticipation of future traumatic events both begin to fade.

These techniques provide different and complementary ways to enter the state of relaxed, moment-to-moment awareness which is the essence of all meditation, and the foundation for our healing journey.

Here I am in Irpin where Russian troops murdered and brutalized civilians at the beginning of their February 2022 invasion. I'm with 19 year-old Angelina to whom I've just taught soft-belly breathing and shaking and dancing. She is as you can see relaxed and tells me she's eager to learn to use mind-body medicine with other traumatized young people.

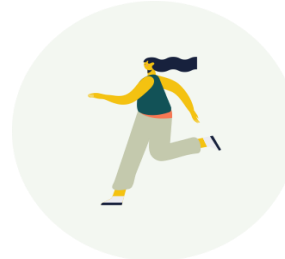




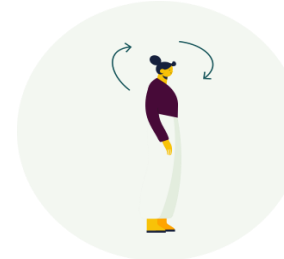
Once we begin to come into balance, we can more effectively use a wide variety of self-care skills and techniques, and can more easily participate in therapeutic interventions.

At right are some of the mind-body self-care skills that CMBM uses in its programs of population-wide trauma healing.

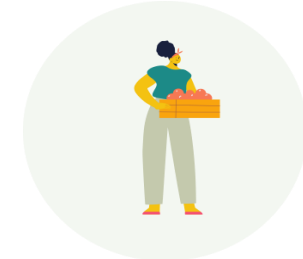
We have been teaching 16 of these techniques in our trainings for 30 years.



EXERCISE



**AUTOGENICS &
BIOFEEDBACK**



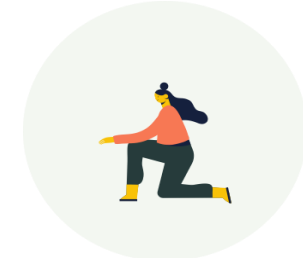
NUTRITION



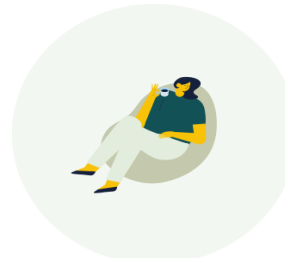
GENOGRAMS



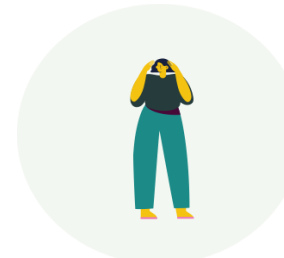
**SELF-AWARENESS &
SELF-EXPRESSION**



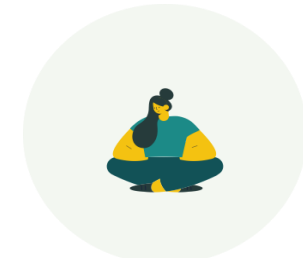
PRAYER



RELAXATION



**IMAGERY &
SELF-HYPNOSIS**



MEDITATION



Group Support

Group support helps restore the human connection that trauma has disrupted, and provides a safe place in which healing practices of all kinds can flourish.

It is a valuable and integral part of trauma healing.

This is Jamil, the leader of our program in Gaza with a group of women amputees.



Mind-Body Skills Groups

THE CENTER FOR MIND-BODY MEDICINE MODEL

- Meditative
- Safe Place
- Respect
- Educational
- Staying in the moment
- Leader as teacher and real person
- Power of each person to know him/herself
- Power of each person to care for him/herself
- Mutual—we are all mirrors for one another
- Group as growth organism
- Balance of structure and flexibility





Putting it All Together & Studying It

MEASURING: POST-TRAUMATIC STRESS IN KOSOVAR HIGH SCHOOL STUDENTS

- First **ever** RCT published on **any** intervention with children with post-war PTSD
- 82 adolescents meeting PTSD criteria using the Harvard Trauma Questionnaire
- 12 session mind-body group
- Significant decrease in PTSD symptom scores (90%)
- Maintained at 3-month follow up
- The groups were led by rural high school teachers whose only education in psychology was The Center for Mind-Body Medicine training

Gordon, J. S., Staples, J. K., Blyta, A., Bytyqi, M., & Wilson, A. T. *J Clin Psychiatry*. 2008; 69(9):1469-76.



Gaza Adult Study

- 92 adults with PTSD participated in 10-week-long mind-body skills groups.
- Significant improvements in PTSD, depression, and anxiety symptoms and significant improvements in quality of life (QOL) were observed immediately following participation in the program.
- Greater than 80% decrease in PTSD in adults who participated in our groups.
- All gains significantly maintained at 10 months follow-up.

Gordon, J. S., Staples, J. K., He, D. Y., & Atti, J. A. A. *Traumatology*. 2016; 22(3):155.

If we do successfully address trauma, we are on our way to transformation, which modern psychology calls **post-traumatic growth**.



Post-Traumatic Growth

Trauma may catalyze a psychological/spiritual crisis which leads to transformation.

In shattering all our beliefs and ideas, our bodily integrity, the structures which defined and anchored us, trauma can create the space for a new identity and growth to a more integrated self.

Indigenous people have long understood this and have created rituals that facilitate the process of transformation. Modern psychologists are rediscovering what they have known and are calling it "post-traumatic growth."



Post-Traumatic Growth

Post-Traumatic Growth (PTG) is the positive change experienced as a result of the psychological and cognitive efforts made in order to deal with challenging circumstances.

- Richard Tedeschi, mid-1990's

Tedeschi, R. G., Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Routledge.



Post-Traumatic Growth Meta Analysis

- Found 57 qualitative studies spanning 32 years of publications.
- The four key themes to emerge were:
 - **reappraisal of life and priorities**
 - prioritizing happiness, relationships, new values, and relinquishing control; new appreciation of life,
 - **trauma equals the development of self**
 - Maturity, increased empathy, sense of identity, humanitarianism
 - **existential re-evaluation**
 - Finding meaning in illness, greater awareness of vulnerability and mortality, increased spirituality
 - **a new awareness of the body** – new health behaviors

Hefferon, K., Grealy, M., & Mutrie, N. (2009). Post-traumatic growth and life-threatening physical illness: A systematic review of the qualitative literature. *British journal of health psychology*, 14(2), 343-378.



Post Traumatic Growth in Childhood Cancer Study

Parry and Chesler found that adult survivors of childhood cancer felt their illness had psychologically matured them and made them more spiritual, empathetic, and humanitarian-wiser adults.

Parry, C., & Chesler, M. A. (2005).
Thematic evidence of psychosocial
thriving in childhood cancer
survivors. *Qualitative Health
Research*, 15(8), 1055-1073.



Post-Traumatic Growth

What was possible for the people in these studies, what we have seen in the US and around the world over the last 32 years, is possible for children and adults in Ukraine.

At The Center for Mind-Body Medicine (CMBM), we have been exploring these possibilities, documenting the results, and working to catalyze this transformation.

At present, we are, with our Ukrainian partners, laying the foundation for a program of district-wide healing, and, perhaps ultimately, nationwide healing.

Trauma in Ukraine



The Mental Health of Everyone in Ukraine is Challenged

- The UN estimates that 17.7 million people—around 40% of the population—will require lifesaving humanitarian assistance in the coming months, 9.5 million of whom are women.
- Almost 2/3 of Ukrainian children have been displaced by fighting.
- 9.6 million people may have a mental health condition; 3.9 million may have conditions which are moderate to severe.

In my three visits to Ukraine since the February 2022 Russian invasion, I have been told by every psychiatrist and psychologist I've met, as well as by soldiers, truck drivers, intellectuals, and housewives: "None of us is normal anymore," and "Trauma is in our DNA."

Everyone in Ukraine is affected.

World Health Organization. (2022, May 13). Mental health in Ukraine: How community mental health teams are providing care amidst the ongoing war. World Health Organization. Retrieved November 10, 2022, from <https://www.who.int/news-room/feature-stories/detail/mental-health-in-ukraine-how-community-mental-health-teams-are-providing-care-amidst-the-ongoing-war>

Education Under Attack

- 3,467 educational institutions have suffered bombing and shelling, and 335 of them have been destroyed completely (Ministry of Education and Science of Ukraine)
- Online education is the only option for millions of children across Ukraine. However, online education is dependent on access to devices, power, and the internet, and less than 30% of children have access to an individual device in Ukraine
- As of 2023, 5.3 million children and teachers require substantial humanitarian education assistance with needs in mental health and psychosocial support, social-emotional learning, provision of catch-up/accelerated learning opportunities, and provision of explosive ordnance risk education (February 2023, Save the Children)
- **3.6 million Ukrainian children are likely missing out on education** as a result of the war (August 2022, World Vision International)



A man removes a curtain inside a damaged school in Kyiv, Ukraine, on March 18, 2022. (Source: AP Photo)

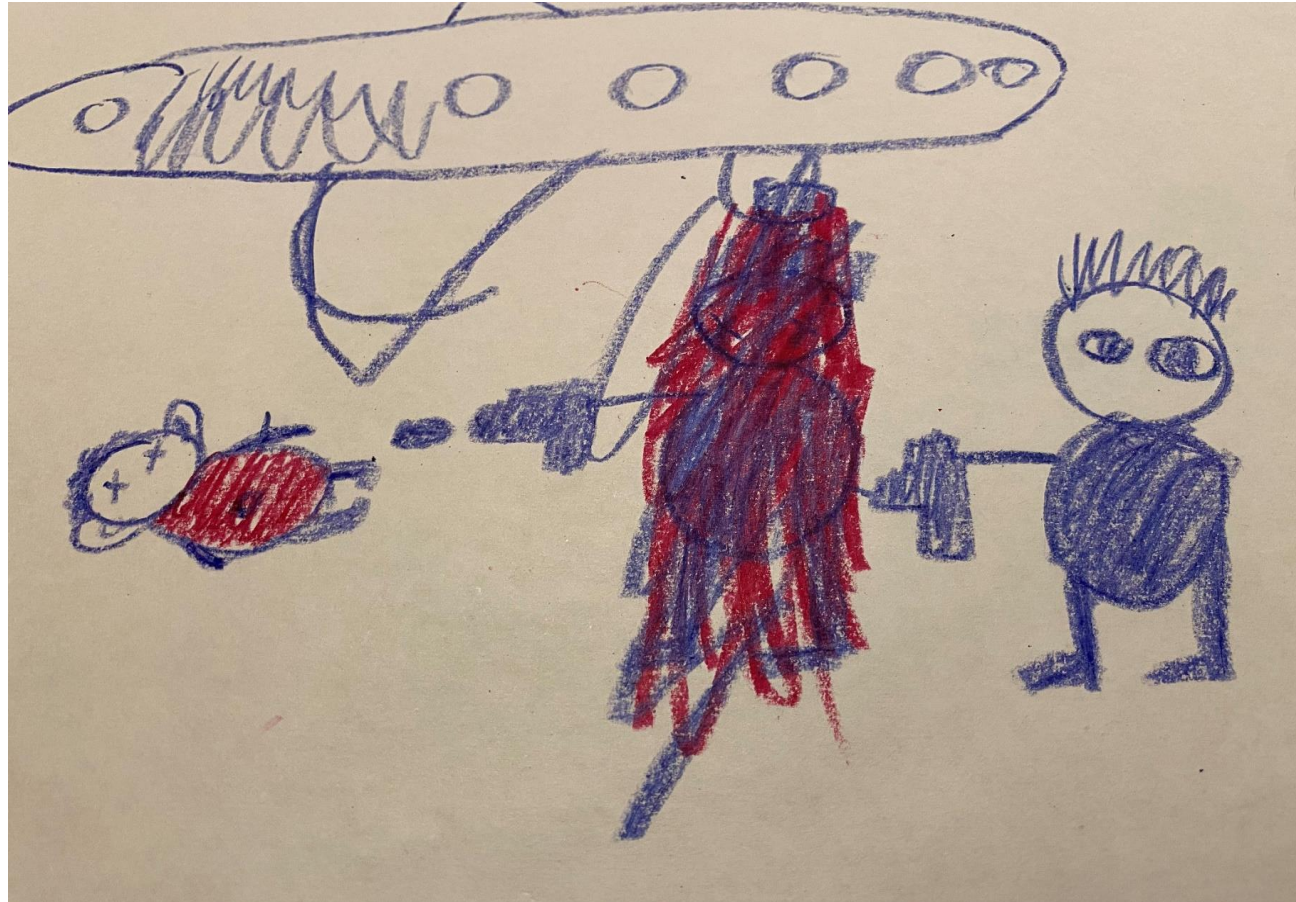
Deliberate Targeting of Hospitals

- **More than 800 health facilities are reported to have been damaged or destroyed** by shelling and airstrikes, with such attacks killing and causing serious injuries to patients – including children – as well as to medical personnel, and restricting access to care (February 2023, UNICEF)
- Between February 24-April 7, 2022 alone 10 Children's Hospitals and 9 Maternity Hospitals were attacked (Report by Ukrainian Healthcare Center)



March 10, 2022: Russian forces bombed a maternity and children's hospital in the southern Ukrainian city of Mariupol. At least 17 people were injured, including mothers and staff, and three people died including a pregnant mother (Irina Kalinina, pictured here) and her newborn child. (Source: via BBC)

A drawing by 8-year-old Sofia in Irpin





Bringing CMBM's Comprehensive Population-wide Trauma Healing Approach to Ukraine: Our First Training

Opening Meditation

AT THE CMBM TRAINING (JULY 12-20, 2023) IN TERNOPIL

Some of the 138 physicians, psychotherapists, educators, and leaders of women's groups who participated in The Center for Mind-Body Medicine's 9-day intensive trauma healing training in Ternopil (July 2023). Every one of these women and men, who are deeply committed to helping others, have been traumatized by the atrocities perpetrated against family members, friends, patients, and students, as well as by what they, themselves, have suffered.





Everyone in Ukraine, including all of the participants in our training has been traumatized.

With Stepan, whose son, a 29-year-old physician, was killed in Donbas in 2014 by a Russian sniper, while he, in a white coat, was trying to save the life of a wounded colleague. Stepan is the leader of a support group of 300 families who have lost warriors, and those who care for them.





Everyone has been
traumatized.

This is Liubov. She works in a shelter in Lviv for women (many of whom have been brutalized) and children who've been displaced from their homes in combat zones in the East. Her husband is fighting on the front lines.

Everyone has been traumatized.

Katerina is a recently graduated physician who is providing psychological care for warriors with severe psychological disorders. A native of Bucha, she survived with her mother in the cramped basement of her home, which was directly hit by a Russian artillery shell.

After the Russian troops left Bucha, Katerina buried the bodies of the dead, including young children whom she identified as tortured and raped.





Small Groups and Mutual Help

Small groups for teaching and learning self-care skills and intimate sharing of experience are the heart of the CMBM training.

Here, in the very first of 8 small group sessions, my group members are mobilizing their imaginations to create drawings that will help them envision a path through and beyond trauma: “Yourself,” “Yourself with your biggest problem,” and “Yourself with your problem solved.”



Post-Traumatic Growth

By the end of the training, often after tears as well as revelations, there is a sense of great burdens having being lifted, and of new and hopeful possibilities.

Each group came to the front of the auditorium to celebrate themselves and our CMBM faculty member. Here is the group led by CMBM faculty Afrim Blyta, MD (in glasses), a neuropsychiatrist from Kosovo who worked with us during and after the 1998-1999 war in Kosovo. Afrim “had to come to Ukraine.” Stepan is to his left.





Trauma Healing and Post Traumatic Growth Are Possible for All of Us

“

You can hold yourself back from the sufferings of the world, that is something you are free to do and it accords with your nature, but perhaps this very holding back is the one suffering you could avoid.

-Franz Kafka

The Center for Mind-Body Medicine is likely the world's largest, most effective evidence-based program for healing population wide psychological stress and trauma.

Founded in 1991 by James S. Gordon, MD, Clinical Professor of Psychiatry and Family Medicine at Georgetown Medical School and Chairman of the White House Commission on Complementary and Alternative Medicine Policy under Presidents Clinton and G.W. Bush.

Our Mission: To make self-awareness, self-care, and group support central to all health care, to the training of all health professionals, and the education of our children. To create a healing community and a community of healers. To set the standard for healing population-wide psychological trauma.



www.cmbm.org

Our Global Reach

7,500

health professionals, educators, and community leaders trained in CMBM's pioneering models of mind-body medicine (self-care, self-awareness, group support).

150

international faculty

Programs for healing population wide trauma & stress in:

- Kosovo
- Israel
- Gaza
- Haiti
- Ukraine
- Jordan with Syrian refugees
- Southern Louisiana after Hurricane Katrina
- South Dakota on the Pine Ridge Indian Reservation
- Houston after Hurricane Harvey
- With 1.6M US Veterans in VISN-8 & in 30 other military bases and VA facilities
- Indiana, with the Eskenazi Health System and the city of Indianapolis
- In Sonoma and Shasta County after wildfires
- In Broward County, Florida after the shootings at Marjory Stoneman Douglas High School
- In Puerto Rico following Hurricane Maria
- With opioid addiction in Allegany County, Maryland
- In Las Vegas, Nevada after the 2017 mass shooting
- In Uvalde, Texas after the 2022 mass shooting
- Programs in development: South Sudan, The Democratic Republic of Congo, Central Asian Republics, and Maui



An Invitation

- All of you can use the techniques you have learned today- soft-belly breathing and shaking and dancing- and the other tools of self-care that we teach, and all those you have learned and practiced on your own, to address your own ongoing stress and trauma.
- You can share what you are learning with others- friends, family and colleagues- and deepen your healing experience and create abiding support.
- This is your school. Coming to understand and help yourself and sharing with others is what makes it possible for you to successfully use this approach in your practice.
- You'll be able share what you've learned with your patients and clients and integrate this trauma healing resilience building approach into all the work you already do.
- You can bring this approach out of your clinic and consulting room and share it with organizations in your community.
- This is what is happening in Ukraine in the midst of great tragedy and ongoing threat. It can happen here and now where all of us live and practice.



Thursday 11:00am – 12:00pm

**Bringing Nationwide Trauma Healing to
Ukraine: Lessons for Integrative
Practitioners in the U.S.**

Please scan this QR code on you mobile
or tablet device to access the session feedback survey



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