

## Trauma, the Body and 2021 by On Being

What follows is the syndicated transcript of an OnBeing interview between Krista Tippett and Bessel van der Kolk. You can listen to the full interview [here](#).

Krista Tippett: When I interviewed the psychiatrist Bessel van der Kolk for the first time, his book *The Body Keeps the Score* was about to be published. And I described him as “an innovator in treating the effects of overwhelming experiences on people and society” — what we call trauma, when we encounter it in life and in the news. So I have needed to catch up with him in a time unlike any other in my life, in which we are living through one vast, overwhelming experience after the other, and *The Body Keeps the Score* has become one of the most widely read books in the pandemic world. His knowledge is so very practically helpful — a distinctively illuminating perspective towards meeting what is happening in our world and inside each of us.

I’m Krista Tippett, and this is On Being.

[music: “Seven League Boots” by Zoë Keating]

Bessel van der Kolk has been a leading researcher of traumatic stress since it first became a diagnosis. That was in the wake of the Vietnam War, and from there, it was identified and studied in other parts of the population. We take off, this hour, from some of my original conversation with him, laying out intricacies of his insights into the human brain and body and strategies for transmuting trauma that logic and language cannot reach. In the second half, I pick up with Bessel van der Kolk to mine that wisdom for 2021. He was born in the Netherlands. His own father spent time as a religious prisoner in a German concentration camp during World War II.

I always start my conversations with this question, whoever I’m speaking with. I’m just wondering, was there a religious or spiritual background to your childhood?

van der Kolk: Yeah, a multiplicity: my parents were fundamentalist Christians, in some good and some not-so-good ways, and as an adolescent, I spent a fair amount of time in a monastery in France called Taizé.

Tippett: Oh, you did? Oh, interesting. So you went to Taizé just ...

van der Kolk: Because I loved the music.

Tippett: This field you’re in, of trauma, traumatic stress, nowadays this language is everywhere, right? This language of trauma and traumatic stress has made its way into culture, movie, TV scripts, the news, public policy discussions. I’ve read a few different accounts of how you stumbled into this field. How do you trace the beginnings of your

research into traumatic stress?

van der Kolk:Well, it starts in a very pedestrian way, I mean, coming from a generation that it was generally recommended that people have their own heads examined, which I think is sort of a good idea if you try to help other people. So psychoanalysis was the way to do that, back then, and the only program that paid for that was the VA. So I went to work for the VA for the same reason that soldiers go to the VA, namely, to get their benefits package.

Tippett:And this was in the 1970s, is that right?

van der Kolk:It was in the 1970s, yeah. And like many of my colleagues, I was just there to — as a step in my career. And then the very first person I saw was a Vietnam veteran who had terrible nightmares. I happened to have studied nightmares up to that point, and I'd done some sleep studies on that, and I knew a little bit how to treat it, so I gave him some medicines to make the nightmares go away. And two weeks later, he came back, and I said, "So how did the medicines work?" And he said, "I did not take your medicines, because I realized I need to have my nightmares because I need to be a living memorial to my friends who died in Vietnam."

And that statement was the opening of my fascination about how people become living testimonials for things that no longer exist, but they need to hold it in their hearts and minds and bodies and brains. And the loyalty to the dead, the loyalty to what was, just blew me away.

And the veterans really touched me very deeply, both for what they had done, how ashamed they were about what they had done, how they went in idealistically, how they came back broken, how they relied on their comrades, and they reminded me, I think, of the uncles and my father, who I grew up with in the Netherlands after the Second World War. So it resonated with me.

Tippett:And at that time, I believe there was no formal connection made between military service and problems after discharge, right? This diagnosis hadn't happened?

van der Kolk:Well, it comes and goes, you know? I became quite interested in the history of how Western culture has looked at trauma. And people were very aware of it in the 1880s and after the Civil War, and during the First World War and during the Second World War. And then, in between, it gets forgotten. And so the way — the time that I got into the field happened to be a time of ignorance again. These things come and go.

Tippett:After the Vietnam War. And my understanding from your writing is that this diagnosis of PTSD, the term we use now, came about because of post-Vietnam War advocacy.

van der Kolk:Yeah, absolutely. And so later on I became aware of all sorts of colleagues who had been working with abused kids and rape victims, and they had been trying to get a diagnosis in. And that group was too small to have any political clout. And it's really the Vietnam veterans that brought this in, and the power of the large numbers of psychiatrists and patients at the VA. That was strong enough to make it an issue and a diagnosis.

Tippett:So I think that language you used a moment ago, about that first veteran you spoke with, that he was a living testimonial to his memories and to something that had happened, which no longer was happening but utterly defined him, is a good way in to

how you define trauma. And so I'd like to spend a moment on that. I mean, start with me. How do you describe what this is — trauma — as you deal with it, as you study it, as you treat it?

van der Kolk: Well, what I think happens is that people have terrible experiences. And we all do. And we are a very resilient species. So if we are around people who love us, trust us, take care of us, nurture us when we are down, most people do pretty well with even very horrendous events. But particularly traumas that occur at the hands of people who are supposed to take care of you, if you're not allowed to feel what you feel, know what you know, your mind cannot integrate what goes on, and you can get stuck on the situation. So the social context in which it occurs is fantastically important.

Tippett: Something that's very interesting to me in how you talk about trauma, the experience of trauma, what it is, is how the nature of memory is distorted; that memories are never precise recollections, but that in general, as we move through the world, memories become integrated and transformed into stories that help us make sense, but that in the case of traumatic memories, they're not integrated. And they're not even really remembered, as much as they're relived.

van der Kolk: That's correct. That's actually a very old observation; you know, it was made extensively in the 1890s already, by various people, including Freud, and that's really what you see when you see traumatized people. Now, these days, now that trauma is a popular subject, people say, "Tell me about your trauma." But the nature of our trauma is that you actually have no recollection for it as a story, in a way. Many victims, over time, get to tell a story to explain why they are so messed up, but the nature of a traumatic experience is that the brain doesn't allow a story to be created. And here, you have an interesting paradox — that it's normal to distort your memories. Like, I'm one out of five kids. When we have a family reunion, we all tell stories about our own childhood. And everybody always listens to everybody else's stories; says, "Did you grow up in the same family as I did?"

Tippett: [laughs] Right, there are five versions of every story.

van der Kolk: Right, right, there's all these very, very different versions, and they barely ever overlap. So people create their own realities, in a way. What is so extraordinary about trauma is that these images or sounds or physical sensations don't change over time. So people who have been molested as kids continue to see the wallpaper of the room in which they were molested. Or when they examine all these priest-abuse victims, they keep seeing the silhouette of the priest standing in the door of the bathroom and stuff like that. And so it's these images, these sounds that don't get changed.

So it's normal to change. My old teacher, George Vaillant, did a study that you may have heard about. It's called the Grant Study. And from 1939 to 1942, they followed the classes at Harvard, every five years [Editor's note: The study followed participants from the Harvard classes of 1939-1944], and it's going on to this day. Most of them went off to war in 1942, and almost all of them came back in 1945, and they were interviewed. And then they have interviews in 1989, 1990, 1991. [Editor's note: Questionnaires were administered every two years, and interviews were conducted every five years. Learn more about the methodology here.] And it turns out that the people who did not develop PTSD, which is the vast majority, tell very different stories, let's say, in 1990 than back in 1945, and so it now is a glorious experience, and it was a growth experience, and how cool it was, how close they were to people, and how patriotic they felt. And it's all sort of cleaned up.

Tippett:Right. But it's become a coherent narrative.

van der Kolk:But it's very coherent, and it's a nice story, and it's good to listen to it, and the relatives have all heard it a million times, because we make happy stories in our mind.

People who got traumatized continue to have the same story in 1990 as they told back in 1945. And so they cannot transform it. So if you treat people, when we treat people, you see the narrative change, and people start introducing new elements. I compare it very much to what happens when people dream. Maybe dreaming is very central here, actually, in that the natural way in which we deal with difficult stuff is we go to sleep and we dream, and next day we feel better. It's very striking, how we get upset and say, "I'm going to move to Florida, bummer day in Boston in the winter." And the next morning, you wake up, and you shovel out your car, and everything's fine. And so sleep is a very important way in which we restore ourselves, and that process of that restoration that occurs during REM sleep, dream sleep, is probably an important factor in why traumatic memories do not get integrated.

Tippett:And also, that gets at the fact that it's not just cognitive, right? It's not just a story that you could tell — I mean, it may eventually become a story, but that it's body memory. Or it's a neural net of memory. It's not just about words that you can formulate.

van der Kolk:Yeah. It's amazing to me what a hard time many people I know have with that, that this is not about something you think or something you figure out. This is about your body, your organism having been reset to interpret the world as a terrifying place, and yourself as being unsafe. And it has nothing to do with cognition, with — you can say to people, You shouldn't feel that way, or, You're not a bad person, or, It wasn't your fault. And people say, I know that, but I feel that it is.

It was very striking, in our yoga study — because we see yoga as one important thing that helps people who've been traumatized, because they get back into their bodies — how hard it was for people to, even during the most blissful part of the yoga practice, called Shavasana, what a hard time traumatized people had at that moment, to just feel relaxed and safe and feel totally enveloped with goodness. The sense of goodness and safety disappears out of your body, basically.

Tippett:I want to talk about yoga in a minute. That's really — and I mean, as you said, people were talking about this in the late 19th century. Freud talked about it, and I guess his phrase was "hysteria." But something that you seemed to have noticed early on is that traditional therapy was ignoring this sensate dimension of these experiences and trying to reduce it to talk therapy, which absolutely didn't fit with the experience.

van der Kolk:Right. There's a few people here and there in the last 150 years who do it, people noticed the somatic dimension of it, but by and large, I think psychology training really breeds attention to the body out of people — even medical training. It's amazing. Psychiatrists just don't pay much attention to sensate experience at all. Antonio Damasio, in his books, *The Feeling of What Happens* and books like that, really talks about our core experience of ourselves is a somatic experience and that the function of the brain is to take care of the body. But it's a minority voice. It's a small voice.

Tippett:But it seems to me that what we're learning from brain imaging is bearing out these kinds of observations. I mean, what are we learning? Is any of this surprising to you?

van der Kolk:What we see is that the parts of the brain that help people to think clearly and to observe things clearly really get interfered with by trauma and that the imprint of trauma is in areas of the brain that really have no access to cognition. So it's in an area called the periaqueductal gray, which has something to do with the sort of total safety of the body. The amygdala, of course, which is the smoke detector, alarm bell system of the brain, that's where the trauma lands, and trauma makes that part of the brain hypersensitive or renders it totally insensitive.

Tippett:And the Broca's area?

van der Kolk:Well, in our study and some others, I mean, for me, that was really the great finding early on, is that when people are into their trauma, Broca's area shuts down. And that is something that almost everybody has experienced. When you get really upset with your partner or your kid, suddenly you take leave of your senses, and you say horrible things to that person, and afterwards, you say, "Oh, I didn't mean to say that." Well, the reason why you said it is because Broca's area, which is sort of the part of your brain that helps you to say reasonable things and to understand things and articulate them, shuts down. So when people really become very upset, that whole capacity to put things into words in an articulate way disappears.

And for me, that is a very important finding, because it helped me to realize that if people need to overcome the trauma, we need to also find methods that bypass what they call the tyranny of language.

Tippett:Right — don't ask to be verbal; to verbalize it.

van der Kolk:Or to be reasonable. [laughs]

Tippett:Right. [laughs]

van der Kolk:I think trauma is not about being reasonable or to be verbal or to be articulate.

[music: "Third" by Hiatus]

Tippett:I'm Krista Tippett, and this is On Being, today with psychiatrist Bessel van der Kolk, on trauma, the body, and 2021.

[music: "Third" by Hiatus]

So it seems like there are all these impulses that we have that we're working with all the time that get so out of whack, with trauma. So I've understood that it's not just that we have memories and that we process them in different ways, but also, that we are constantly rationalizing, that we have this impulse to rationalize. But then, when people are traumatized, they are actually — they also have this impulse to rationalize, and then become unable to grasp the irrelevance of that memory and that feeling to the present moment.

van der Kolk:So we have these two different parts of our brain, and they're really quite separate. So we have our animal brain that makes you go to sleep and makes us hungry and makes us turned on to other human beings in a sexual way, stuff like that. And then we have our rational brain that makes you get along with other people in a civilized way.

These two are not all that connected to each other. And so, the more upset you are, you shut down your rational part of your brain.

When you look at the political discourse, everybody can rationalize what they believe in and talk endlessly about why what they believe is the right thing to do, while your emotional responses are totally at variance with seemingly rational behaviors. We can talk till we're blue in the face, but if our primitive part of our brain perceives something in a particular way, it's almost impossible to talk ourselves out of it, which, of course, makes verbal psychotherapy also extremely difficult, because that part of the brain is so very hard to access.

Tippett: We're pretty fascinating creatures, aren't we? [laughs]

van der Kolk: Fascinating, disturbing, glorious, all those things. [laughs]

Tippett: All those things, all at once. So I do want to talk about yoga now, which is something very important to me, as well. It's something I've discovered in the last five or six years. And how did you get interested? How did you discover yoga and then make that part of this kind of work?

van der Kolk: We actually got into yoga in a very strange way. We learned that there is a way of measuring the integrity of your reptilian brain, i.e., how the very most primitive part of your brain deals with arousal. And you can measure that with something called heart rate variability, and that tells you something about how your breath and your heart are in sync with each other.

And it turns out that the calmer people are and the more mindful people are, the higher their heart rate variability is.

And then we were doing that on some traumatized people, and we noticed that they had lousy heart rate variability. And then I thought, so how can we change peoples' heart rate variability?

Tippett: And is this something you'd naturally be aware of, or not? You wouldn't know if it was in sync or out of sync?

van der Kolk: No, but you can measure it, and it's fairly easy to measure it; like there are apps for your iPhone on which you can measure them. But of course, we do it in a more sophisticated way. And so we found this very abnormal heart rate variability in traumatized people. And then we heard that there were 17,000 yoga sites that claimed that yoga changed heart rate variability. And a few days later, some yoga teachers walked by our clinic and said, "Hey, do you think you can use us for some project?" And I said, "We sure can. We'd love to see if yoga changes heart rate variability." And this whole yoga thing also fit very well with the increasing recognition that traumatized people cut off their relationship to their bodies.

And I have to give a little bit of background here. Way back, already, in 1872, Charles Darwin wrote a book about emotions in which he talks about how emotions are expressed in things like heartbreak and gut-wrenching experience. So you feel things in your body. And then it became obvious that if people are in a constant state of heartbreak and gut-wrench, they do everything to shut down those feelings in their body. One way of doing it is taking drugs and alcohol, and the other thing is that you can just shut down your emotional awareness of your body. And so a very large number of traumatized

people who we see — I'd say the majority of the people we treat at the trauma center and in my practice — have very cut off relationships to their bodies. They may not feel what's happening in their bodies. They may not register what goes on with them. And so what became very clear is that we needed to help people, for them to feel safe feeling the sensations in their bodies, to start having a relationship with the life of their organism, as I like to call it.

And so a combination of events really led us into exploring yoga for that. And yoga turned out to be a very wonderful method for traumatized people to activate exactly the areas of consciousness, areas of the brain, the areas of your mind that you need in order to regain ownership over yourself. I don't think that yoga would be the only way to do it or think, if you only do yoga, that you can totally take care of it, but yoga, to my mind, is an important component of an overall healing program. And again, not only yoga; you could do maybe martial arts or qigong — but something that engages your body in a very mindful and purposeful way, with a lot of attention to breathing, in particular, resets some critical brain areas that get very disturbed by trauma.

Tippett:Do you also have a yoga practice?

van der Kolk:I also have a yoga practice. I do. Not enough, of course. None of us ever does enough, but I try to start every day with a yoga practice.

Tippett:Now, did I read somewhere that you also found that your heart rate variability was not in sync and was not robust enough?

van der Kolk:[laughs] I like to keep quiet about it. That's true, that's true.

Tippett:[laughs] And do you know if yoga has helped your ...

van der Kolk:Yeah, I have a nice, even heart rate variability now.

Tippett:I wonder if you have ever heard of somebody named Matthew Sanford, who I've had on my program. He's actually —

van der Kolk:No.

Tippett:He's a very renowned yoga teacher. He's been paraplegic since he was 13. And he had no memory of the accident in which he was disabled, and his body remembered it. He talks about body memory. It's the same thing you say, this imprint that trauma has, not just on your mind. And the other thing that he's doing recently is actually working with veterans, and also working with young women suffering from anorexia, and understanding, also, that although that seems to be so much an obsession with the body, they are really in a traumatic relationship with their own bodies.

van der Kolk:Absolutely.

Tippett:And some of the things he's doing, which he actually did for me — I did a class with him — like just putting these very comforting weights on certain muscles, and so you feel sunk into your body, in a way. And I don't know, I just was thinking — I've been thinking about this as I've been reading about your research.

van der Kolk:Huh. It sounds very sympathetic and very right. And the sense of the experiences, of feeling weight and feeling your substance ...

Tippett:Yes, feeling your substance, which is bigger than just feeling a weight on your muscles, isn't it? I mean, it's ...

van der Kolk:Yeah. Really feeling your body move, and the life inside of yourself, is critical. And personally, for example, when people ask me, So, what sort of treatments have you explored? — I always explore every treatment that I explore for other people — what's been most helpful for me has been rolfing.

Tippett:Has been what?

van der Kolk:Rolfing. Rolfing is called after Ida Rolf. It's very deep tissue work where people sort of tear your muscles from your fascia, with the idea that, at a certain moment, your body comes to be contracted in a way that you habitually hold yourself. So your body sort of takes on a certain posture. And the idea of rolfing is that you really open up all these connections and make the body flexible again in a very deep way.

I had asthma as a kid. I was very sickly as a kid, because I was part of the group in the Netherlands — I mean, in the final year of the war in the Netherlands, during which I was born, about 100,000 kids died from starvation, and I was a very sickly kid. And I think I carried it in my body for a long time. And rolfing helped me to overcome that, actually. So I now, my body became flexible and multipotential again.

And for my patients, I always recommend that they see somebody who helps them to really feel their body, experience their body, open up to their bodies. And I refer people always, to craniosacral work or Feldenkrais. And I think those are all very important components about becoming a healthy person.

Tippett:But they're not that easy to find. They're still kind of around the edges, Feldenkrais and craniosacral.

van der Kolk:Yep, they are.

Tippett:Isn't it strange how, in Western culture, in a field like psychotherapy — or even, I see this a lot in religion, in Western culture, we turn these things into these chin-up experiences. We separated ourselves. We divided ourselves. I see this — I mean, yoga is everywhere now, right? And people are discovering all kinds of ways, as you say; there are all kinds of other ways to reunite ourselves. But ...

van der Kolk:But it's true. Western culture is astoundingly disembodied, and uniquely so. The way I like to say is that we basically come from a post-alcoholic culture. If you feel bad, just take a swig or take a pill. And the notion that you can do things to change the harmony inside of yourself is just not something that we teach in schools and in our culture, in our churches, in our religious practices. And of course, if you look at religions around the world, they always start with dancing, moving, singing ...

Tippett:Movement, yeah, crying, laughing.

van der Kolk:... physical experiences. And then, the more respectable people become, the more stiff they become, somehow.

[music: "Scene of the Sunrise" by Miaou]

Tippett:After a short break, I catch up with Bessel van der Kolk in November 2021.

[music: "Scene of the Sunrise" by Miaou]

I'm Krista Tippett, and this is On Being. The psychiatrist Bessel van der Kolk's work on the brain, the body, and the human reaction to overwhelming experience that we call trauma has met its moment. We've been hearing foundational insights from my first interview with him, when his now-famous book, *The Body Keeps the Score*, was just about to be published. For this second half, I caught up with him again to look at this moment through the unique lens of his training and perspective.

So it's wonderful to be able to have a new conversation with you now, in a world that has changed so radically from what, you know, if anyone had tried to describe this to us when we spoke years ago, that this is what 2021 would hold —

van der Kolk:Yeah, we're still sort of flabbergasted by these recent developments, and the world is a completely different place now and no longer a place that is trustworthy, in a way. The world is much more unsafe and unclear, and we don't know who's on our side, who's not on our side, who's telling the truth, who's not telling the truth — it's a very radical disintegration of something.

Tippett:Well, so some of the things that you notice through your work with trauma or — you know, the animal brain and the rational brain — you know, what you said to me those years ago is, the more upset you are, you shut down your rational part of your brain.

van der Kolk:That's right.

Tippett:And we've pretty much, to a person, been really upset now for a long time, right? [laughs] I mean, some of us, some of us have had firmer, steadier ground beneath our feet, but, you know, I've thought about this protracted uncertainty, which our bodies do not do well with. And our animal brains do not — it wreaks havoc with our animal brains, right? I've almost felt like that is, again, maybe perhaps not trauma, but traumatizing. I don't know.

van der Kolk:It is something. I'm not ready to put it in the category of trauma, which is a radical transformation.

It's interesting — since I wrote my book and since I talked to you, I'm much more in touch, although we touched on it last time we talked, also, about the power of feeling taken care of and feeling believed, and that it's possible to survive just about anything, as long as you have — the people who are important to you are on your side. People believe you, and people are there for you, and if things get too much, people say, "I'll cook tonight. I'll take care of you."

And that synchronicity between us and other people is much at the core of resistance through trauma, and makes us very vulnerable to become much more overwhelmed by all kind of stuff. It's very much — I put it more in my notion about attachments and our monkey nature, which is that we are meant to live in troops and fleece each other and run from branch to branch and just do stuff together. And it's also essential primate nature of us that's getting assaulted right now.

And that's different from trauma. It's another dimension. They have to do with each other, but it's not so specific. You know, the nice thing about trauma, if there's such a thing as a

nice thing about trauma, is that you can process the memory and leave it behind. If a particular thing happens, you can help the mind and the brain to say, Yes, it happened, but it happened a long time ago.

And right now we are living in a world that nothing belongs to the past. And it sort of keeps coming up and keeps coming up. And our political situation is just terrifying. People cannot get it together to say, let's take care of ourselves.

Tippett:I was thinking about this notion of memory and what you know through trauma, and how — the primacy of that. I remember you tell this story, you described a veteran as a “living testimonial to his memories” — to something that had happened, which was no longer happening but utterly defined him, as kind of a visual definition of trauma, but then also how what you also know is that what happens when health comes, or restoration, is that memories become integrated and transformed into stories that help us make sense.

But I wonder, is it possible to help tend and steward the formation of those memories that will help make sense? Are there techniques for that that we could be turning to now, communally and individually?

van der Kolk:The way that people overcome events of the past is to be still enough and have an alternative experience, so they can say, Oh, right; now I feel different, and that's different from when I saw my best friends getting killed or whatever — that you viscerally know the difference; say, That is a terrible moment in my life, when I was 18 years old or four years old, whatever.

But it's only if you have an experience of being different, of, I am safe now; my body feels relaxed now. And I think this ongoing, low-level threat that we all live right now —

Tippett:Yeah, we're not getting there. We're not getting there.

van der Kolk:No, so I think that people with prior history of trauma have a much harder time right now. There's a tremendous increase in domestic violence and in child abuse, of people not feeling safe with each other anymore and not being able to do the sort of things that makes your body feel safe, like going to the movies, [laughs] — very simple stuff, you know, standing on line to get an ice cream — just that sort of — how we move rhythmically, with other people.

Tippett:That creaturely experience that you're describing.

van der Kolk:And most people choose to live in the context of other people. Very few people move to shacks and turn out to be all by themselves. That's not our natural state.

Tippett:I think something you just said about — oh gosh, my pandemic brain just clicked in. [laughs] OK, what did you — you said — oh yeah. You just mentioned the people who have prior trauma. When an experience like this comes along, those things surface again, right? So then you have these multiple layers. I just feel like that is important for people to know.

van der Kolk:Yeah, and these things — it's not the memories, it's the reactions, the embodied trauma that you still live in your body. You're more likely to get triggered into being really angry or being upset or shutting down. I think any relationship that actually survives right now, with the pandemic — of having nobody else to talk to and being in the same place all the time, putting up with your own fragility, idiosyncrasies — takes an

enormous amount of psychological power, actually, to maintain peace and thoughtfulness when you're just locked up with somebody.

Tippett:I think it is fascinating that, for you, the trauma discussion, or the insights of this for our time, have as much to do with the political, social, kind of civic container that we're in as with the virus, the illness, the death, the ecological rupture, the racial rupture. But for you, it's — somehow, what's driving all of that to a deeper level of what you might call trauma, for certain people and for us communally, is, are the structures of our life together.

van der Kolk:Right, and that very resonates with my clinical work. The vast majority of people who I see, and I've seen over the years, are traumatized within their own social context, by people who were supposed to love them and look after them. And the great hurt, actually, is not the event itself, but the fact that nobody is standing up for you, and nobody comes to your help, and nobody says, "That's just terrible," and nobody gives you justice. The issue of people needing to know that justice will be done or fairness will be happening is terribly important for all of us, to survive in the networks that we live in. And if you can't trust the network around you anymore, it gets to be very bad.

Tippett:That's so —

van der Kolk:And of course, the upside of this whole thing is also that, under extreme conditions, people start feeling very close together. And so part of what I've seen, also in medical settings, again, is that people who have worked together to take care of COVID patients are very tight with each other and very supportive of each other. Of course, that's always part of what happens, that the network closes in around you to make you all survive.

And I think many of us have also experienced that in our personal friendship network, where somehow I feel more warmth towards my friends than I was aware of before. I'm more happy, when I see a familiar face of people I've spent time with, than I've ever appreciated before.

Tippett:Yeah, I've had that experience, too, and of some friendships just radically deepened, and not necessarily the ones I would've expected to be radically deepened.

van der Kolk:Right. We all say negative things about Zooming and stuff, but you know, my family was very deeply affected by the pandemic in 1918, 1919. It was devastating. And I think about them all the time. They didn't have Zooms. They didn't have telephones. They couldn't stay in touch with people. And I think about how much worse it must have been for people back there — and I know, because my parents were very, very hurt people, as a consequence — and how great it is that I speak to my friends in Australia once a week, and I speak to my friends in San Francisco every other week. And there's still that capacity to see each other's faces and to still have your heart open to people around you. So let's not say all negative things about Zoom, because it has made a tremendous difference for the better, also.

[music: "Frontiers" by Floratone]

Tippett:I'm Krista Tippett, and this is On Being, today with psychiatrist Bessel van der Kolk, on trauma, the body, and 2021.

[music: "Frontiers" by Floratone]

You know, one thing I said in the script for the show we did before is, I — this was at the top of the show. I said, “A conversation with this psychiatrist is a surprisingly joyful thing,” [laughs] because I feel like you always have held that, that when you are speaking of trauma, you’re also investigating resilience, right? You’re investigating what can be redemptive, and the complexity of memory and our need for others, and how our brains take care of our bodies. I wonder, are there nuances of things you already knew about human beings and our bodies and our minds that, both being a — [laughs] an involuntary participant in this pandemic world, but also observing it as you have, in working with patients, are there ways in which your understanding of things and the work you do has been nuanced and illuminated by this experience?

van der Kolk:Yeah, you know, a very big part of my endeavors over the past few years has been in psychedelic therapy. So that’s sort of gone together with the whole pandemic. And those experiences have been in person, particularly after people have been vaccinated and they’re very careful with each other. And it brought home in such a profound way that it’s not in our cognition; that we need to — we’re able to go very deep inside of ourselves, if we feel safe with the people around us.

Let me tell you about an experience I had recently. As part of my psychedelic world, I have to take psychedelics, myself, and it’s legal, actually, for me to do so. And ...

Tippett:Because you’re working therapeutically, with the ...

van der Kolk:Yeah, and because I have a license, actually, to do research. In my last podcast with you, I mentioned how I was this very sickly child — actually, I just listened to it again — and how I had no memory of the imprint of that. In my last experience, actually, I experienced in a very deep way what that little boy went through, who was starving and his mom was not there for him. And I had a tremendous sense of compassion for, oh my God, what that little boy went through. And the people around me were also extremely attuned. And it sort of took care of something so subliminal inside of myself that I think it’s produced quite a significant transformation inside myself, in terms of that I don’t feel deprived. I don’t feel that there’s a deficit anymore.

So as all this is going on, I’m also part of the world that’s exploring very deep phenomena, human phenomena, that really, we have an enormous amount of presence. And you know, you always ask about spirituality. Now, if anything gets you in touch with the cosmic dimensions of ourselves, then it is these medications, these drugs that really do open ourselves to the mystery of the universe, and we end up feeling at once utterly insignificant and utterly precious at the same time.

So it’s very curious, in the middle of all this, this really tough world that we live in, we’re also discovering some new avenues that are like, wow, this has enormous potential to make a difference. I’m also very worried that it will be misused and, at the end, do harm again for people. But the potential certainly is there.

Tippett:I’m worried — I mean, I’m worried that it will not, it will only, that it will be more of an elite thing, you know. I’m worried that we have certain kinds of drugs that are ruining lives and killing people, and then these drugs. But I agree with you, also, that — and I think I was going to point at what you just pointed at — that it’s a dramatic, it’s just a dramatic, kind of, it’s almost like, psychedelically dramatic age to be in, on every front. And there are so many things happening like this. There are these breakthroughs of us understanding how we can be more conscious, how we can be human in a way that is not

on display, globally, politically or societally. And yet we are making these breakthroughs at the very same time, and that's the time we inhabit, too.

van der Kolk: Yeah, and, you know, people ask me, what do you think will happen? It's like, you know, after the First World War and the first pandemic, the world went crazy and we had flappers and drinking and bars and it just became this super frivolous world. After the Second World War, the world completely changed and started social democracies and social security and medical care for everybody. And so different disasters give very different, have different long-term outcomes, and we see all these things right now happening, of amazing breakthroughs. Like a friend of mine has survived lung cancer now for eight years, because of immunotherapy. That's completely untreatable, a few years ago. And stuff like that keeps happening. At the same time, our mother planet is dying, and we're killing it. And it's just, we know so much, and we are so stupid at the same time.

Tippett: Right. [laughs] Yeah. I mean, I do feel that — when you and I first began speaking, you said you haven't really understood why everybody's reading your book or what effect it's having. I do think that there's a power to unleash compassion that maybe — you know, compassion doesn't yell, and it doesn't make headlines, and it's not screaming on social media. But I think when you help people understand what's happening inside their bodies and how wild that is, right — [laughs]

van der Kolk: Yeah, but that's, again, the world they live in. I see people do amazing things all the time, you know?

Tippett: Right. And I think if they, if you start to understand what's going on inside you, and you realize that's going on inside other people ...

van der Kolk: That's right.

Tippett: ... that there's something in that that has a restorative force.

van der Kolk: Yeah. I think you touch on a very important thing that actually came out of our MDMA study. You know, it's a great thing about doing research. Things pop up, sometimes, that you didn't expect. And the big thing that came up was self-compassion. And the thing about being hurt is that when you feel hurt, you always hate yourself for getting hurt: I wasn't strong enough. I didn't resist enough. I didn't fight back. I didn't whatever. There's this deep sense of hating yourself for allowing whatever bad happened to you.

And we see that dissolve, in our current study. And once you don't hate yourself anymore, you don't project it onto other people any longer. And so projection is always a big issue. You know, we see it in politics all the time. The part of me that's unacceptable, I put on you.

What I am fascinated by is the question you ask, is — all this good and evil goes together. It's terribly important, and we know, I know people who do hula dancing in maximum security prisons. I know people who do vipassana meditation. I know people who do Shakespeare theater in prison systems and other systems. And there is so much creativity that's happening, actually. But it doesn't make the headlines. And so it's a very good question, is how do we highlight the many amazing things that are happening? And I keep being impressed how our culture, this strange American culture, still is a feeding ground for very creative ideas that keep coming up. And ...

Tippett:Yeah. Well, you're doing your part in that, and I'm —

van der Kolk:And you sure are, too. [laughs]

Tippett:[laughs] Well, thank you. It means a lot from you. And yeah, I appreciate you out there, and I'm really glad to have a chance to touch base again.

van der Kolk:Well, I hope that a year from now we actually have a better sense of putting all these weird pieces together, because it's — we all are living a very confusing world right now, something that we have never faced before in living memory. And whew, I hope we'll be clearer, a year from now.

Tippett:OK, well, let's hold on to that hope and make a plan to speak when we can talk about all the resilience and restoration that we've been doing.

van der Kolk:OK.

[music: "Enjoy the Calm" by Drew Barefoot]

Tippett:Bessel van der Kolk is the founder and medical director of the Trauma Research Foundation, in Brookline, Massachusetts. He's also a professor of psychiatry at Boston University Medical School. His books include Traumatic Stress: The Effects of Overwhelming Experience on the Mind, Body, and Society and The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.

[music: "Trifle (Consoles Because a Trifle Troubles)" by Infradig]

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The On Being Project is located on Dakota land. Our lovely theme music is provided and composed by Zoë Keating. And the last voice that you hear, singing at the end of our show, is Cameron Kinghorn.

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