

## **Healing the Wounds of War: Israel Update**

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The email arrived almost four years ago. “We’re highly skilled mental health professionals,” it began, “and experienced at working with individuals who have been psychologically traumatized. And” it added, emphasizing the words, “we are overwhelmed by the current situation,” particularly by the numbers of children traumatized by terror bombings. We’ve read about your model and the work you’ve done in Kosovo. We believe it may offer a way for us to reach far larger numbers of people more effectively. Would you consider coming here to train us?” The email was from Naomi Baum, a psychologist at the Israel Center for Psychotrauma in Jerusalem.

When we met, a month or so later, Naomi and her colleagues demonstrated the truth in the text. Naomi is highly energetic and intelligent, optimistic and tough minded, generous. Her colleagues were also stunningly smart, as fluent in English as Naomi, who’d grown up Orthodox in the U.S before she and her family came to Israel many years ago.

They described the work they’d been doing with psychodynamic and cognitive psychotherapy, the network that linked trauma professionals from Israel’s leading mental health organizations, the research they’d done and, most of all, the gaps in services for kids and their families, the needs of professionals for training and for support in dealing with their own, as well as their patients’, often debilitating stress.

The evidence accumulating in Israel underlined Naomi’s concerns. One study showed that half the Israeli population had experienced or witnessed a terrorist attack or had close friends or family who had. Two-thirds of all Israelis felt their lives were in danger, and more than two-thirds feared for their family’s lives. In another study, of communities where Palestinian attacks had occurred, twenty-three percent of the population had symptoms of post traumatic stress disorder—high levels of anxiety and irritability, nightmares and flashbacks of traumatic events, withdrawal from daily activities and personal contacts that reminded them of previous trauma. Since the beginning of the second Intifada in 2000, violence in Israeli schools had shot out of control—it was now as high as anywhere in the world. It was easy to see why Naomi and her colleagues, and the school psychologists and counselors with whom they consulted, were overwhelmed.

Our model, which combines self expression (through words, drawings and movement) mind-body approaches (guided imagery, meditation, biofeedback, yoga etc.) and meditative, respectful group support, made sense to them. So, too, did the research literature demonstrating the effectiveness of these techniques and my explanation of how this approach directly addressed PTSD symptoms—breathing and movement bringing relaxation where there’d been agitation; meditation helping people afflicted by nightmares and flashbacks to gain perspective on the disturbance their experiences caused; a warm, safe, non-judgmental, non clinical group model which made it possible for withdrawn people to reconnect with and trust others. Most therapy focuses on

weakness and disability. Our approach emphasizes strengths and possibility. It maximizes each person's capacity for self-care and encourages mutual support.

It seemed to Naomi and her colleagues that our approach would appeal to tough, self-reliant Israelis who resisted seeing doctors and therapists, and didn't believe, no matter how much they suffered, that they were sick or damaged. And by training large numbers of professionals to use our group model, we could go a long way to meeting the Israeli population's pressing needs.

The work we'd done in Kosovo was the clincher. I shared with them a pilot study in which teachers we trained were able to reduce the level of post traumatic stress disorder in 139 high school kids' from 88% to 38% in only 6 weeks. And our Kosovo experience showed that we could make a difference on a large scale. We had already trained 900 health and mental health professionals and educators. Our Kosovo teaching faculty included the country's leading psychiatrists and psychologists. Our work was now the center of the entire region's community mental health system and was taught to, and well received by, Kosovo's medical students and graduate students in psychology.

At the end of the meeting Naomi gave me the names of colleagues at Hadassah Hospital, Haifa University and the Israeli Ministry of Education who, she felt, would also be interested. "Shalom, Goodbye" she said, and then, "When does the training start?"

## Getting Started

It took almost two years to raise the money to bring our faculty to Israel and to provide room and board for Israelis coming from across the country.

We found our Israeli team leaders much faster. Within minutes of meeting them, on my second visit, Margaret Gavian, our project manager, and I, knew it would be Rhonda and Yossi.

Rhonda Adessky, is a clinical psychologist at Hadassah Hospital. She is Canadian by birth, in her late 30's, tall and attractive, thoughtful and courageous. She treats and studies survivors of terrorist attacks and other trauma. She made *Aliyah*—a return to Israel—several years before we met her, after teaching at Yale Medical School. Rhonda listens and responds to us—and everyone she meets—with the welcoming, compassionate attention of the born clinician.

Yossi Israeli is an administrator who works with Rhonda at Hadassah. Already in our first conversation, he is thinking many months and many steps ahead: Who shall we contact and how? Where will the training best be held? Most importantly, he wants to make sure that the training is universally available: No conflicts with the religious holidays of Israel's ultra-Orthodox community or its already marginalized Arab clinicians. And, of course, he and Rhonda both remind us that the seven days of our training will have to be compressed to six, so that *Shabbat*, the Sabbath, can be observed.

Just before we leave Israel, Margaret and I visit Yochi Simon-Tov, the head of emergency psychological services at Israel's Ministry of Education and Naomi Baum's friend and colleague. We tell her about the program. "How many school psychologists and counselors would you like to send?" we ask. She pauses for a moment, arches an

eyebrow, “5,000” she says and then smiles at our shock. “We all need your work, for ourselves as well as the children.”

A year and a half after that first meeting with Rhonda and Yossi, in July 2004, Margaret and I are back with our team: There are five of our U.S. faculty—physicians and mental health professionals—as well as Dan, a very bright, highly organized administrator, whom we borrowed from the National Mass Fatalities Institute.

Israel is a small country. Between them, Rhonda, Yossi, and Naomi have contacted leaders in every major organization working with psychological trauma. What they shared about our training obviously struck a responsive chord. With very little urging and no publicity, 120 professionals applied: Psychiatrists who head up hospitals, psychologists who lead community clinics, faculty from university departments, some of the country’s most-gifted clinicians and researchers, and 12 school psychologists and counselors, whom Yochi thought would best be able to bring our program into the system. We accepted 66. If we’d had the funding for it, we would’ve taken all 120.

Rhonda and Yossi are thrilled by the quality of the people who are coming, and their potential for making our model widely available to the Israeli population, but they’re also palpably worried. On the night before the training, as if confiding a great secret, they caution us: “We Israelis are the rudest people on the planet. We love to argue about anything, and we’re almost always certain that we’re right. We’re welded to our cell phones. We come late and leave early and make noise all the time. “OK.

## The Training Begins

The training is at Shoresh, a former *kibbutz*, now a hotel and retreat center, in the hills just outside Jerusalem. From the porches in the tiny cabins in which we sleep, we can see, across a tiled valley, the distant hillside. There are clumps of red tiled Jewish houses separated by rocks and ridges from flat topped Arab communities. Just down the hill is Abu Ghosh, an Arab town with a restaurant widely known to, and frequented by, both Jews and Muslims.

On the first morning, our attendees bustle outside the lecture hall, taking in the late June sun, filling out our questionnaires, greeting people they haven’t seen for months or years, drinking coffee, claspng cell phones to ears. The Orthodox women are in long skirts, long sleeved shirts and tiny round hats. Secular women are cool and casual in jeans and T-shirts. Some of the men wear *kippahs*, knitted skull caps. Two are dressed in the black suits and broad-brimmed black hats of the ultra-Orthodox. Most are hatless. A few are long-haired, bearded, and full of the anarchic energy that I remember from America in the sixties.

We introduce ourselves and I begin by talking about the new model of medicine and of mental health that we’re all creating together, in which self-care is central to the therapeutic process and to prevention. This approach makes use of self expression and mind-body therapies. It emphasizes each person’s unique individuality and the complex interplay of physical, emotional, mental, social and spiritual factors in health and illness; the role of respectful collaboration between doctors and therapists and patients and clients, rather than doctor ordered compliance. This model relies on the techniques that we will be teaching, including meditation, guided imagery, yoga, and biofeedback, which

any and all of us can learn and use. It is a medicine which asks all people to become actively engaged in their own care, to help themselves.

A few people do, in fact, arrive late, and a few more rush out, hands cupped over cell phones: "We have to be prepared for anything at any moment," one explains at a break. There are, as Rhonda predicted, some contentious questions about research studies I cite and the details of methodology.

I teach them *Soft Belly*, a simple deep breathing exercise. "Sit comfortably," I say. "Breathe in through your nose and out through your mouth. Let your eyes close. Allow your belly to be soft," I go on. "If the belly is soft, that means you're breathing into the bottom of the lungs. The exchange of oxygen is better and the body relaxes more easily. If the muscles in your belly are soft, all the other muscles begin to relax. To encourage this process," I continue, "you can say to yourself '*Soft*' as you breathe in and '*Belly*' as you breathe out. If thoughts come, let them come, let them go. Gently bring your mind back to *Soft Belly*." We continue for perhaps ten minutes. The room grows still. I watch bellies rise and fall and see the tension leave shoulders and arms.

*Soft Belly* is, I explain, a microcosm of the mind-body approach. Breathing, which is inseparable from life, is also, if used consciously, central to relaxation. The kind of deep relaxed breathing we're doing is an antidote to the "fight or flight" response that comes with stress and that is, in situations like Israel's, endemic in the population. Fight or flight raises our heart rate and blood pressure and tenses our muscles. *Soft Belly* lowers heart rate and blood pressure, relaxes muscles. *Soft Belly* is, I explain, a kind of "concentrative meditation." We're focusing on the breath and on the words, "*Soft*" and "*Belly*." It's also, I add, a guided imagery. We're using the image of *Soft Belly* to create a physiological response and a psychological change.

"We live in a world that is seriously deficient in relaxation," I go on, "And the deficit is even greater here. Give yourself a chance during these six days to let go... to learn, to relax, to take the time for yourself, to be with yourself. The messages from the cell phones will always be there, the work that you have to do, the crisis of your patients and your country, won't go away. This is your time. We're here to help you find the place of quiet and wisdom and peace within and then to help each of you take it out, into your family, your work, your world."

By the end of the morning, bodies that were poised to leave the room have relaxed into their seats. The questions are no longer academic. They seem essential, heartfelt. The cell phones are silenced.

## **The Small Group**

The heart of our training, here in Israel, as well as with health professionals and medical students in the United States, with people with chronic and life threatening illness, and with traumatized populations in Kosovo, Bosnia and Palestinian Gaza, is our work with small groups. There will be eight, two-hour groups, this week, with ten or eleven participants and one faculty member in each. We'll teach and learn techniques of self expression and self care, and share our experiences. These groups sustain participants as they learn to understand and take better care of themselves and, over time, as they begin to include our work in their own.

There are twelve people in my small group: two psychiatrists, a family physician, a movement therapist, several psychologists and social workers, and a Rabbi who runs a large program for the ultra-Orthodox in Jerusalem. Eleven are Jewish, one is Arab and a Muslim.

We do drawings in the first group—of “Yourself,” “Your Biggest Problem,” and “The Solution to Your Problem.” There’s the usual initial self-consciousness—: “I can’t draw.” “Nothing comes to me.” “This is for kids.”—before everyone settles down to the task, earnestly bending over their pieces of paper, crayons in hand. Some sit on the floor.

I ask each group member, in turn, to show her drawing, to tell what she sees and feels and thinks as she looks at it and shows it to us.

As we move around the circle, similar images and common themes appear. “The Biggest Problems” are always revealing. One is a picture of a tree overburdened with ripe fruit. “Too many to pick, too many people to help,” observes Rachel (except for those whose full names I’ve used, I’ve changed names and altered identities to preserve confidentiality) a psychologist who is one of Israel’s leaders in trauma care. Moshe one of the country’s most gifted clinicians, has drawn “a fire burning wildly out of control—talk about emotions run wild.” Devorah, who teaches psychology at one of the country’s major hospitals, points to “a huge sack of responsibilities” on the shoulders of an ordinary sized woman.

These physicians, psychologists and social workers tell us how much they want to give, how much they do give, how burdened they are by the never ending need—and about their guilt and shame of not doing more. They all feel as overwhelmed as Rachel’s tree, unable to meet needs that are as out of control as Moshe’s fire. Ahmed, the Arab psychologist, laughs at his picture. “I’m just like my Jewish colleagues,” he says pointing at a tiny figure pulling a huge wagon.

There are also several pictures of endangered children. There are young ones, pictured traveling on buses or sitting in malls that may be attacked. “How do you protect yourselves?” Leah, a psychotherapist, asks, pointing to the children she’s put in the far corner of a walled yard. “One of my patients lost his wife and three children. Sixty-five percent of the bombings have been in Jerusalem, where I live.” A psychiatrist and a psychologist have both drawn pictures of children wearing the uniform of the Israeli Defense Force. The figures are at IDF check points, where they have to stop and search Palestinians.

“This is why the cell phones,” Moshe explains. “They’re for emergencies at work, of course, but it’s worry too. We never know what might happen to our children. That’s what makes it so hard, even for a moment, to turn the phones off.”

## **The Training Continues**

Lectures in the large group prepare the way for the exercises we teach in the small groups. Discussion of the physiology of the fight or flight and stress responses, lays the basis for understanding how biofeedback—the feedback of information about our biological state to our senses—works.

In the small group we use temperature biofeedback. Thermistors attached to our index fingers provide digital readouts of skin temperature and far less expensive “Biodots” affixed to our hands, change color with temperature. When we are in fight or flight mode, the blood rushes toward the large muscles of our bodies—the ones that are designed to help us to run, or stay and fight—and away from our digestive system and our skin. We lose our appetite and our hands grow cold. As we relax (using soft belly, and repeating “autogenic”—self generated phrases—that suggest that our hands and legs are warm and our heart rate is regular), the temperature in our skin rises, the reading on the thermistor goes up, and the Biodot changes from brown or yellow to green, blue and purple, the warmer colors. “It’s a wonderful game,” Avi a psychiatrist who heads a childrens’ hospital says with a broad grin, as he asks for more Biodots for his children.

The “Wise Guide” imagery that we introduce in the third group, is, for many of our Israeli colleagues, profoundly affecting. We use words and music to take them on an imaginary eyes-closed journey to a safe place of their own creation. Then we ask them to allow a guide to appear to them. It may be a wise old man or woman, an animal, a creature out of mythology. The guide is an emblem of their intuition and their unconscious wisdom, someone or something who can help them answer the questions that baffle them, deal with the situations that overwhelm them.

Biblical figures and animals appear to several of my group members. Most of the guides are family members, some living, some dead. “I saw my grandfather,” Avi begins. “He died many years ago but he was a very good and gentle man. He tells me I can’t relieve all the suffering around me, that I have to stop thinking I have the answers. ‘Admit you don’t know,’ he says. ‘Your patients come to you, not because they see the diplomas on your wall, but because they see your heart.’” To his surprise, David, a family physician, finds that his chronically ill four year old daughter is his Wise Guide. “She tells me that she’s come into my life to teach me compassion and selfless giving. ‘Learn,’” the daughter advises him, and he smiles as he tells it to us “not only to be compassionate to me, but to my mother, your wife.”

Toward the end of the week, after we have told one another about our drawings and images, and many other experiences as well, we construct genograms, four generational family trees, and share them. Almost every genogram in my group is marked by violent death—in this generation, the one before and the ones before that. What a contrast with the U.S. How similar to Bosnia and Kosovo, and Gaza, too.

There are stories of great-grandparents and grandparents, killed in pogroms in Russia, missing in the Holocaust in Europe. More recently there are family members who have lost lives and years in prisons in Lebanon and Cyprus. “Generations of trauma” observes Moshe, whose grandparents died in Auschwitz.

Some see for the first time the connection between their families’ history of pain and the work they have embraced. Moshe points to the circle representing his mother. She had never talked to him about her parents and siblings who had died in the camps. It had seemed “a huge hole” in his own history. Now he’s helping Israeli children to share their feelings about parents who died in recent suicide bombings. Avi, whose family history disappeared in the fires of the crematorium, is working with family members of bus bombing victims as they reclaim the remains of those they’d lost. He smiles with recognition at the symmetry between his patients’ healing and his own.

The last two groups are a time for summing up, saying goodbye and thinking about next steps, personal and professional. “Sorrow and longing and so many people to care for and no time for ourselves,” says Rachel. “And now, at the end of this training, for the first time,” she adds, “as I look at myself in the mirror, I say to myself, ‘I need to take care of myself. I need to be here.’ Ten days ago I would have said, ‘yeah sure’, now I say ‘yes, I need to.’ If I don’t take care of this lady in the mirror, how can I help anyone else?”

“It was clear even before I came,” Sharon, a psychoanalytically trained psychologist, says “that the tools we’ve been using are not very efficient for this situation. Therapy is fine for one or two children in the school, but when one kid’s brother has been killed in a terrorist attack and half the class is getting in fights and wetting their beds at night, there is no way that individual therapy can meet the need. I think this may be an answer.”

“The biggest problem,” Devorah announces, “that we have is not with the Palestinians but with each other.”

“Between left and right?” I ask.

“Well, that too, but even more between Orthodox and secular. And, you know,” she adds, “this is the very first time, even though I work with them every day, that I’ve had an intimate conversation with religious people, that I’ve really come to know them. And, of course, she says looking at, nodding to, Ahmed, that goes double with Israeli Arabs.”

“We are, Ahmed says, with wonder that he is only now discovering something that perhaps should have been obvious, “very much alike: the burdens we carry of others’ needs and our guilt and worry for our kids; our crazy history and our crazy parents; our sense that we can never do or be enough; our fear that things will never change. All are very similar.” As he finishes, we’re all nodding.

“We are told,” Rhonda concludes “that Shabbat is the day of the week to fix the world ‘*Tikkun Olem*,’ we say. This week with you is like that. It’s been a time to help us heal ourselves, to prepare us to truly heal others. “

## **The Advanced Training**

Three quarters of the participants in the Initial training come back 6 months later, in January 2005, for the Advanced Training. Our research shows that following the Initial training, our Israeli colleagues felt “less stressed,” “more energized,” “less aggressive,” and that they worked more confidently and efficiently with Israel’s traumatized population. They’ve also felt more hope for their own, and their country’s, future.

In the Advanced training we’ll teach them to lead—in pairs—the same kinds of groups they previously participated in. Our faculty has different groups of participants this time and a different role. We’re not there to lead—that’s the participants’ job—but to give guidance as they teach and lead, and give feedback at the end of each session.

At check-in in my first group, I discover that although my colleagues feel better, the situation around them has only gotten worse. Two of the ten in my group report losses in terrorist attacks of people close to them. One’s daughter’s best friend was killed by a rocket in the town of Sederot, near Gaza. Another’s close friend died in a bus bombing

not far from Tel Aviv. Worry about children has only increased, among Jews and Israeli Arabs as well. “My children ride the same buses,” Machmoud, an Israeli Arab new to my group, observes.

Almost everyone has been using our approach—with themselves, their families and, in many cases, in their work as well. Leah, a young psychiatrist who lives in a West Bank settlement which has suffered terrible losses, has found some peace by meditating before each session with a bereaved family member. “The first training,” she says, “was like a little oasis in time. It’s helped me to make progress in finding myself and being with myself and helping others in my community. I’m thirsty again. I’m so glad to be back.” David, many of whose patients have suffered losses—loves the active meditation—shaking and then dancing—we taught him. He does it daily. “I let go of the stress of my day each evening before I come home.”

We spend the better part of the first day coaching our group members, helping them deal with the performance anxiety that is all but universal among these skilled but perfectionistic professionals. We go over the science and teach them to teach it to their colleagues in ways that will also work with less educated patients and students. Their job is to create a safe place in which others can discover who they are. “Less is more,” we say. “Keep it simple. This is not an academic exercise, but a time to share something important, something that’s made a difference to you.”

We emphasize the importance of them “staying in the present,” observing their own feelings and thoughts as they sit with the group members, recognizing that they themselves are the instrument through which healing will come. “If you’re anxious,” we tell them, “notice that. And breathe deeply and relax. If someone asks a question and you don’t know the answer, it’s OK to say you don’t know. If someone cries, let them cry. If they laugh, that’s beautiful too. If you become restless while a group member is going on at great length, pay attention. Ask yourself—your own inner guide—what’s happening. Perhaps the subject he’s talking about makes you anxious. Perhaps he’s simply repeating himself and it’s time to ask him to come to a close.” Laughter here. “Remind him that there are others who want to share.”

“This is not like group therapy, where you interpret his behavior or ask others how they feel about it. Your job is to be present, moment to moment, with each person and all your group members, to listen, to be aware of what they are feeling. Everyone in the group is everyone else’s teacher, always. And those who present the greatest difficulties, the ones that question all the time, or give speeches instead of just speaking,”—here everyone laughs, recognizing what amounts to Israeli national characteristics—“or those who refuse to feel what they are feeling, are, often enough, your greatest teachers.”

Some of the participants, like David, are skillful leaders. They project quiet confidence, make the scientific material intelligible and interesting, give full and respectful attention to each group member, and pay attention to the requirements of the group as a whole. Many create experiences that are original and touching. One pair of leaders takes us outside to meditate under the trees—to appreciate, they tell us, “the connection with nature” which is so much a part of the experience of being an Israeli. These leaders make all of us feel safe, keep things moving.

Other leaders have more trouble. It's hard to drop habits of intrusive analysis or academic discourse, to use our scripts creatively or create their own, to stay present to all the feelings in the group, to work collaboratively with a colleague with a vastly different style and background. They learn. Feedback is lively and everyone is remarkably open to it.

In the last session, we do drawings again. These are a little different from the ones we did at the beginning of the training—"Draw yourself now." "Draw how you'd like to be." "Draw how you are going to get from where you are now to where you want to be." This exercise is designed to call on the intuition that they've been developing in the training to help them to take the next steps, outside of the group, into their own world. If they trust in their own unconscious wisdom, their intuitive knowing, the drawings help show them how to get where they want to go.

"Here's what I want to be," Naomi says, pointing at her second drawing, "integrating my spiritual and my professional life, being part of this circle of people," she gestures to the paper and those of us in the room, "who share my vision. I'm surrounded by light—that's my goal. And here's how I'm going to do it. It's amazingly clear. I'm going to go with you, on this journey—I've got a suitcase—that you're bringing to us. Here on my suitcase is the motto you taught us: 'Less is more'. All I need to do is let go of unnecessary thoughts and worries and all the guilt that is keeping me from being who I am."

"Here's how I'm going to do what I want," says Machmoud, "This is a picture of me and my colleagues, Jews as well as Arabs. I can't do it by myself. My power, my intelligence is not enough." Rebecca, an Orthodox woman, who is one of Israel's leading school psychologists, points to her third drawing. It's a large tree with smaller ones surrounding it. "Shoresh, means roots," she says. "Here I am in this place sinking down my roots. And here, these little trees, are all the rest of you, and your roots are coming toward mine, underneath the earth, just as we are coming close to each other above it."

## **Our Work Spreads in Israel**

It's almost a year between the Advanced Training and the Leadership Training. During this time, our trainees are bringing what they've learned into their own work as well as into their lives. When we're in Israel, on our way to lead a training in Gaza, we take some time to visit with them. Sharon's adolescents, who had scoffed at psychotherapy, are enjoying our groups: the practicality of biofeedback and the playfulness of imagery, shaking and dancing, the simple, unforced, unanalyzed sharing. Avi is using our work in groups for psychotic children in hospitals. Our approach is now being offered and taught in graduate courses in the universities, and in schools—to teachers and kids—by Naomi and Rebecca and others. Moshe and several others are using our techniques with emergency workers in the aftermath of terrorist bombings, and with bereaved family members and the injured to whom they tend.

Our graduates agree that the work we've taught them is ever more necessary. The level of fear and uncertainty, and of conflict among Israelis, is, if anything, higher. Though it has decreased the number of terrorist attacks, the protective wall the Israeli government is constructing is wildly contentious. Uncertainty about the direction the country is taking and the polarization of left and right, secular and religious, has increased. The contradictions between the democratic ideals to which the people adhere and the security state they've created are increasingly painful.

Parents we meet feel caught between pride in and gratitude for their army's power and fear for their children who serve in it. They worry about their kids' lives but also are disturbed by the "coarsening"—the word is increasingly commonly used—that seems to come with their time in uniform. Many young men and women, particularly those who police the occupied territories, come to see Palestinians not only as potentially dangerous but as subhuman. They sometimes fire at and beat the innocent as well as enemies.

These are people caught between their own fear and anger and the compassion to which their upbringing and their better natures urge them. "The hardest things for me," one young paratrooper, the son of one of our participants tells me over dinner, "are the disrespect I sometimes show and the shoving and hitting of the Palestinians who are my parents' age."

## **The Settlers, Before and After**

The disengagement from the settlements in Gaza—from Gush Katif—is now a flash point for all of Israel. It's also becoming a proving ground for our work.

At the time of the Advanced Training, in February 2005, the disengagement looms distantly on the horizon. It is anticipated with some eagerness by the majority of Israelis who hope it will contribute to the peace process. The settlers dismiss it as impossible. "This disengagement is a nightmare that cannot happen," says a mother of five. "The tribe of Judah lives here. David came here. We came here to live the Bible and to inhabit the land." "We believe absolutely in denial," a Gush Katif psychologist tells me, confirming what I am hearing.

Our meetings in Gush Katif are mostly with those who care about and for children—a significant number of people, since families of six or seven kids are not uncommon—and with the children themselves. Noga Cohen, three of whose daughters have been maimed (two lost one leg, a third both legs) is undeterred by the destruction visited on her family in Gush Katif, and unmoved by the government's threats to remove the settlers. "This is our home," she tells us while the Qassam rockets—often launched but seldom accurate—are still falling. "Why should we leave?" The principal of Neot Katif, the regional elementary school (five hundred and fifty kids, grades 1-8), holds up an unexploded rocket "The daily miracle" he proclaims. He and many of the children can tell exactly how many and which kinds of shells have fallen.

If the rockets have killed few people, they have nevertheless taken a fierce psychological, as well as a physical, toll. Guidance counselors and teachers tell us that few students can concentrate. They fight on the slightest provocation. Many wet their beds. Some are afraid to go to school or to the community center next door and some are afraid to go home. Once home, many insist on sleeping with their parents. "Some are post-trauma," the principal sums up, "some are pre-trauma. Nobody is untouched. One child saw a sister killed, another a brother wounded." On the one hand, they are afraid in the current situation. On the other, they can, like the adults, hardly imagine being removed from it, from their houses, their community.

Neither can their teachers and their guidance counselors. Still, if departure is unimaginable, staying has become a nightmare as well. "There are 3 of us counselors

for 500 kids,” one of them tells us, “most Israelis are afraid to come to help us. What can we do for the children?” she asks, turning her palms up and opening her arms. “What can we do to help ourselves?” Naomi, and several other school psychologists we’re training, are using our approach, doing their best to help.

The principal takes me to a classroom of nine and ten year olds. One boy with a star shaped scar on his cheek—a memento of a missile that did explode—speaks earnestly of his fear and anger. “I’m especially afraid every day on my way to school and when I go home and when I go to bed at night.”

“How many of you are scared?” I ask.

Almost all of the kids, perhaps emboldened by the injured boy, or not yet old enough to dissemble, raise their hands.

“How many are angry?” Just about as many.

I begin by teaching the kids the slow deep, soft belly breathing that Naomi has already introduced to the guidance counselors and teachers. It brings smiles to many faces. A few are restless. “OK,” I say. “Let’s get up. I’m going to ask you to shake your body. Do you know how to do that?”

A few look at me suspiciously, as if I’m trying to trap them into some forbidden activity. Others nod eagerly. “Come on,” I say. “You know how to shake.” A couple kids begin to demonstrate it. “That’s right. Let me make sure all of you know how.” And so, at sixty years and six feet tall, I demonstrate. Naomi and Dan join in. There is much merriment. “Were all going to shake our bodies to get out the anger and fear, and then we’ll dance.”

We put fast music on the boom box that we brought and we begin. Bodies bob up and down—kids, teachers, guidance counselors, Naomi, Dan, the principal, me. Pretty soon, noises are coming, shouts and shrieks and laughter and more laughter.

“Now comes the dancing!” The music changes and the kids start moving. We all finish grinning.

“Is this a little crazy, doctor?” One bright boy asks.

“Yes, you need to get crazy when you are so angry, so afraid.” The kids laugh again.

Five months later, only weeks before disengagement is scheduled to begin—the mood is angrier, the wall of denial higher. “God will keep his compact with the Jewish people.” we are told again and again. “Jews cannot remove Jews from the land of Israel.” “How will we stay?” one guidance counselor asks rhetorically. “Perhaps there will be a natural disaster, an earthquake for example, that will throw off the timetable.”

Six months afterwards, the school is gone, destroyed. The teachers, the kids and their families have scattered.

Naomi, Dan, and I visit Yad Binyamin where 130 of the kids are living and going to school. Their circumstances are much diminished. In Gush Katif, at Neot Katif, the principal’s office was grand large windows, a fine broad desk, a lovely, long wooden table, around which we drank coffee. Now it’s cramped and the table is small and

Formica. The school day is shorter. Extracurricular activities have been cut, as have the number of teachers. Ephraim Tashnady, the principal, welcomes us with an apologetic shrug. “There is no coffee.”

Everyone in the school tries to find or resurrect reminders of happier days in Gush Katif. There are drawings on the walls of the community center—“the most wonderful place in the world” the kids say; of the palm trees that gave Neve Dekalim, their Gush Katif community, its name; and of the homes in which, in better times, they lived.

Ephraim takes us to visit the warehouse—which he declares to be the “best and the worst place,”—where relics of the former school are stored. Hundreds of desks, chairs and cupboards, many cracked and splintered, are piled on top of one another. Carloads of old and new books, pencils and crayons, lie in jumbled heaps. There are hundreds, maybe thousands, of boxes out of which spill the “personal files” of twenty-five years of children.

Before the disengagement, the Gush Katif settlers were in desperate, highly organized, angry denial. Now they seemed bewildered, in shock. They’ve lost their community, their neighbors, and in many cases, their extended family. Before, they lived in lovely cottages with well tended lawns. Now the lucky ones are in row upon row of barely adequate, small and ugly modular housing. The less fortunate are crowded into hotels never meant for long term housing.

Most of the former settlers are out of work—some estimates range toward 70%. Many feel incapable of doing or accomplishing much beyond the basics of survival. The adults, once strong and independent, seem distracted, confused, depressed. All resent living on handouts from a government they hate for betraying them. The faith of many settlers in a God who, they believed, had sanctioned and blessed their existence, is shaken.

The effect of all this on the kids is profound. The fear and uncertainty that Palestinian bombs and guns produced has been replaced by a pervasive sense of dislocation. The kids have, if anything, more trouble concentrating. They are angrier and bed wetting persists. There is also—and this is new—massive disrespect for authority. What, after all, did adults who promised stability deliver?

Naomi and her team are working hard with the school counselors and the kids, helping them deal with their anger and sadness and their pervasive sense of uncertainty. Many like the Biodots. They breathe deeply and repeat the “autogenic”—self-hypnotic—phrases that quiet their fight or flight response—“my arms are warm and heavy. I am at peace”. As their hands warm with relaxation, the color of the dots changes from brown and yellow to green, blue and purple. The dots give them, in a situation where they can do precious little to affect the circumstances of their lives, some sense of control over their own bodies and their feelings. They call them “fun dots” and “happy dots”. The boys still remember, with fondness, the time we shook and danced together.

## **With the Army**

In the weeks before disengagement, Rhonda and Dorit Gross, an educational psychologist we’re training, were invited to do a pilot program for the Israeli Defense Force (IDF). It was only two days, but the perspectives and the practices they brought to

several hundred officers, soldiers and police who would soon be removing the settlers, seemed to be particularly helpful.

Rhonda and Dorit taught the troops—as we had taught them—about the “freeze” response, the physical and emotional shut down that may happen when you’re completely overwhelmed, as well as fight-or-flight. They explained that these were normal physiological responses. Instead of reacting, Rhonda explained, the soldiers could “be present. We taught them,” Rhonda said, “to pay attention to the messages their bodies were giving them—the tightness in their stomach, the tension in their legs. We did soft belly several times. Then we taught them to use their imagination—just as we did in our training—to create a safe place within themselves.” This was designed to help them take distance from and gain perspective on the angry words—and the objects—the settlers would inevitably direct toward them. “We also taught them to use the image of a glass shield to protect them from the settlers’ insults.” Other imagery, and role playing, helped the soldiers to realize that they were far more like the settlers than different from them.

A few weeks after they’d more or less peacefully removed the settlers, some of the soldiers told Rhonda and Dorit that their workshop was particularly helpful. “This was the most practical advice we received,” one young officer said. “It’s fine,” another added, “to hear about ‘democracy’ and the ‘need to enforce the law’ and even ‘refrain from violence,’ but it’s much more powerful to really have the experience of imagining the situation and learning to relax in it.”

Instead of standing over the settlers when they were trying to persuade them to leave, they sat down with them “on the same level”. Instead of reacting with violence they were able to breathe deeply, watch their own fight or flight response and respond with as much care and kindness as they could muster.

## **The Leadership Training**

The first day of the December 2005 Leadership Training—for Israelis who will work intensively with us on an ongoing basis, is like a homecoming. Hugs, all around—even from some of the orthodox women who had always before, refrained from touching men. “It’s OK,” they say. “It’s like you’re family.”

During check-in we hear stories of births and deaths in their families, as well as about their work and their daily lives. “My husband and I are getting along,” says a psychologist whose stormy relationship is well known in the group. “I’ve had a bad back,” says Leah who was long ago injured, “and I’m almost always in pain. When I return here in this group,” she says at, “it’s as if half the pain is already taken away.” “Being here,” Yael, a nurse says, “reminds me of the story”—Israelis are always telling stories—“about the difference between Hell and Paradise. In both places food is served in huge pots and everyone gets a meter-long fork. The difference is, in Hell, everyone is trying to feed themselves and the fork is too long, and they’re starving. In Paradise, just like here, they feed each other.”

We have some new faculty this time, Jusuf and Afrim, neuron-psychiatrists from Kosovo. Afrim’s the former Chair of the Department of Psychiatry at the University Hospital in Pristina and the present chair of Neurology. Jusuf succeeded him as Chair of Psychiatry.

We've worked together since 1999 when they came as refugees to the first training we did in Macedonia. The Israelis are polite to these guys, but a few are clearly wary. Of course, we're vouching for them, but they don't know them, and besides, they're Muslims.

All that changes very soon. The room is exquisitely quiet as Afrim and Jusuf share experiences of living for ten years as despised Albanians in Serb dominated Kosovo; as they tell of their own fear for their children, and of hiding in basements during 40 days of bombing. They talk about how they use our work in Kosovo's community mental health system and in the hospitals, about the amazing gift that our groups have been to them and to war traumatized kids.

Open hearted, honest, modest, smart and self-critical, Afrim and Jusuf are the living proof of our program. They are making our work—this work of self-awareness and self-care, compassion and caring—central to their own lives and to psychiatry in their country. At every meal Afrim and Jusuf's table is crowded with questions, new friends.

Between the Advanced Training and the Leadership Training our Israeli colleagues have done—at our urging—some serious preparation. They've taken what we taught them, studied it, and used it in their own lives and in their work. They've also been preparing—like the good students they are—for the presentations we're requiring them to give.

Most of them do lovely work, drawing on their own tradition, as well as the Asian and American ones we've brought to them, making our work their own. The lecture and the group on "Breathing and Movement" are examples. "Our tradition," begins Muriel, a psychologist and university lecturer, "says that God brings man out from the ground, the material world. God breathes into his nostrils and man becomes a living soul. You have to know," she goes on "that in Hebrew it's almost the same word, for breath *Neshima* and for soul, *Neshama*."

"I've figured it out," David observes with sweet reassuring perspective. "We take about five million breaths a year. If we could do each one a little bit more slowly, with a little bit more care and awareness, a little bit more sense of the sacredness of the breath, that we'd feel much better." A pause, "Maybe we'd even live in a better world."

Ruth, a nurse who's leading the group with David, gives us concrete examples of the way she and her co-workers have been using breathing exercises. "My colleague put her hands on the belly of a patient with grave physical injuries—wounded in a terror attack—who was sustained by a ventilator. She taught him soft belly breathing. His body, which was straining so desperately, relaxed. A few minutes later, she sat with his distraught family and taught them this same technique. "Breathe In," she said '*Neshima*'. Breathe out '*Neshama*.'"

On the last day, we reflect on what we've learned.

"Each person," Avi says, "brought their own essence to the essence of the topic."

"My voice," observes Rachel, "is so much softer. I feel at peace with myself and so much closer to people here." "I find," says Mordecai, a psychologist who was skeptical at our

initial training, “that I trust myself and my colleagues and all of you so much more than I ever expected to.” Then he starts to warm up. “This work is scientific. It’s therapeutic. It’s so obvious, so right and so natural!”

I’ve created this work, and have done and taught it for twenty years, but I find that these students of ours are teaching me new ways to approach, present and use the material. Almost every lecture is personal, interesting and fun. Though they’re not yet seasoned as group leaders, they all do a fine caring job, and learn from our feedback with an eagerness and humility that delights and touches our faculty. The change from our first meeting is extraordinary. “You cannot do this work,” Amy, our clinical supervisor says, “and look at the world the same way.”

On the last night, before we eat dinner and dance, we honor Danny Grossman. Danny is a retired Israel fighter pilot and a war hero. He led the 1981 mission that destroyed the Iraqi nuclear reactor. Danny has been enormously helpful to our program. He’s introduced us to key people in Israel, and, in spite of his “very mixed feelings,” has made it possible for us to freely enter and leave locked down Gaza.

I speak of our gratitude to Danny, repeat one of his jokes and give him a plaque. Danny, predictably, tells the joke better and then says how much he respects our work, how important it is that we do it with both Israelis and Palestinians.

Avi is standing near us, weeping. Afterwards, I go over to him. “It’s so beautiful,” he says “a man of war helping us bring peace. As Danny was speaking, I kept looking at Afrim and Jusuf, my Muslim brothers.”

## **Next Steps**

During the Leadership Training, we sign papers which incorporate the Center for Mind-Body Medicine as an Israeli “*Amuta*,” a non-profit organization. Rhonda and Yossi will head up the program. Naomi and Naftali Halberstadt, a psychologist who works with the American Jewish Joint Distribution Committee, will also work on developing and supervising programs. All 35 of the Leadership Training participants, and a number of others who couldn’t make it, have committed their time and talents to our work.

Already, only a month after the training, many are beginning groups—in hospitals, clinics, private practices, and universities. Naftali has been able to find a small grant from “the Joint” (as his organization is universally called) to help us begin groups for the displaced settlers—and the teachers and psychologists who work with them. Rhonda, Dorit and Micki Pollack, a former high ranking army physician we’re training, are talking with the IDF about developing a large scale program to teach self-awareness and self-care as a preventive strategy—for decreasing soldiers’ stress and improving their handling of confrontations.

We’re hoping to enlarge our work with the Ministry of Education (I can’t forget the 5,000 school psychologists and counselors that Yochi told us about, who are dealing every day with those distracted, angry kids and their parents). We’re talking with medical schools and universities about training their faculty so they, in turn, can teach students. And were discussing developing joint programs for Israelis and Palestinians. We’ve hired another

Israeli staff member. Soon we'll be selecting an Israeli faculty and working with them to offer a full scale training to 120 more of their colleagues.

Three years after that first email from Naomi Baum, we were starting to give our work legs—to make it sustainable everywhere in Israel.

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