

HEALING THE WOUNDS OF WAR: GAZA DIARY

James S. Gordon, MD

James S. Gordon, MD, is founder and director of The Center for Mind-Body Medicine, Washington, DC. (*Altern Ther Health Med.* 2006;12(1):18-21.)

Editor's note: The following is Part 1 of a diary Dr Gordon kept while visiting Gaza in July 2005 with the Healing the Wounds of War (HWW) program of The Center for Mind-Body Medicine. He was there as a member of a team of 8 healthcare professionals and 2 staff members whose mission is to help local mental health professionals, teachers, and community leaders deal with the psychological trauma that war brings—and to teach them to integrate this approach into their work with the entire population. Part 2 of the Gaza Diary will appear in the March/April 2006 issue of ATHM.

Going into Palestinian Gaza at the Erez Crossing at the north end of the Gaza Strip, we enter an open-air prison. Israeli Defense Force (IDF) soldiers guard Erez. Some are kind, interested in, and supportive of our efforts to help Palestinians and Israelis deal with the emotional suffering that war brings. Some are curt and incurious. A few seem hostile: “Why go there, to be with *them*?” All are achingly young. They pore over our identification papers and passes, check names off against lists, rummage through our suitcases. We move ahead. Metal doors click and clang. Comments from loudspeakers punctuate our passage through a 200-yard-long metal shed, and surveillance cameras record it.

We're ready for the training. Mahmoud, our Palestinian coordinator, and Margaret and Dan, our US program managers, have booked and prepared the hotel, The Commodore—an impressive name—in Gaza City. We have 90 participants for the training, interpreters, and a local film crew. The Arabic translations of our material are ready and, according to Mahmoud, accurate.

Mahmoud has carefully chosen leaders in health and mental health from all the major and some small organizations—the Palestinian Ministries of Health, Social Welfare and Education; the Gaza Community Mental Health Programme; the United Nations agencies; the universities; the Red Crescent; and grassroots, non-governmental organizations. Our job, as in Bosnia, Macedonia, Kosovo and, most recently, Israel, is to help the leaders in health and mental health deal with the psychological trauma that the conflict and its destruction have brought to them—and to teach them to integrate our approach into their work with the entire population.

Eventually, we hope to replicate our Kosovo model in both Israel and Gaza. In fact, it was reports about that model that prompted both Israelis and Palestinians to first contact us.

We've trained 900 doctors, nurses, psychologists, and teachers in Kosovo. The 200 professionals who work in Kosovo's 7 Community Mental Health Centers have learned and are using our model of psychological self-expression and self-care; mind-body medicine (eg, meditation, guided imagery, biofeedback, yoga); and small-group support. Our work is easily available to traumatized kids and families, widows, ex-prisoners, and ex-soldiers. We have a highly skilled local faculty—leading psychiatrists and psychologists—who are offering ongoing training and support. We're publishing research on the efficacy of our work with high school students with posttraumatic stress disorder (PTSD): 88% of the kids—many of whom had lost parents as well as homes to war—had PTSD at the beginning of our 6 week program, and only 38% have it afterwards. They're functioning far better, are less anxious and sleep better at night, and are reintegrating into their rebuilding society. They're no longer disabled by emotional pain, waiting for revenge.

We've worked in Kosovo for 7 years. We've already completed the first phase of our training in Israel. Gaza is our new horizon—inviting, ominous.

Six of our group leaders are from the United States—doctors, psychologists, and social workers. Zana and Afrim are psychiatrists from Kosovo. Afrim has chaired the Department of Psychiatry and Neurology there and worked with me for 6 years. Zana, now a US citizen, is a child psychiatrist who works at New York Presbyterian Hospital. We are all eager, a little uneasy as we cross the border. The motionless lines of Palestinians waiting to re-enter Gaza remind Afrim of himself and other Kosovar refugees fleeing the Serbian invasion, waiting at the border to Macedonia.

It's never easy to go into Gaza. This time it feels urgent. The Israelis' disengagement from their settlements there is a month away. I want us to be in—and out—before that storm comes, and with it the possibility of disruptions and delays. When trouble comes, Erez closes, and all plans—ours and those of our Palestinian colleagues—can crumble.

GETTING USED TO GAZA

Our first 2 days in Gaza are for orientation. “I'd like our group to meet some families,” I had told Mahmoud, “and see the refugee camps,” where Palestinians have lived since 1948, when they were expelled from their villages in what is now Israel.

The next morning we drive down Gaza's Mediterranean coast. It's Friday, the day of prayer, and the markets and mosques are crowded. The beaches, which could—and should—be as beautiful as the Israeli ones a few miles north, are shabby, rubble-strewn, sad. The trip, with stops for trucks and donkey carts, is just 45 minutes. The Gaza Strip, where 1.3 million people (or 1.5 million, depending on who's telling it) are jammed together, is only 25 miles from the Erez Crossing to Rafah, which borders Egypt on the south.

In Rafah, in sight of Israeli settlements and gun towers—"don't point your cameras toward them," we are told—we look at dozens of broken buildings. "They were too close to the border" or were the actual or potential sites of the Qassam rockets that fell on Israeli settlements. A young Palestinian social worker leads us among several acres of stones, fragments of picture frames, children's shoes. "Welcome," he says with a small, sad smile, gesturing to a square of rubble indistinguishable from its neighbors, "to my home."

We turn north again toward Khan Younis—the largest city in Gaza after Gaza City—and make our way to the home of Ahmed. From Khan Younis, I can see Neve Dekalim, one of the Israeli settlements that will soon be evacuated. I've spent time there in schoolhouses with Jewish kids who were alternately cavalier about and terrified of the Qassams. There are neat, 3-bedroom, red-roofed houses there, with ample kitchens, patios, and well-tended green yards. Soon the houses and the pleasant well-appointed stores and the community centers and schools will be evacuated and demolished by the Israeli army.

Around me in Khan Younis, the buildings are packed together, blocks of them separated by alleys hardly wider than my shoulders. Three years ago, when I was here working with children wounded in an Israeli incursion, there was gunfire—and killing—in the street outside the hospital.

When I was last here, Ahmed, a skilled electrician, could still cross at Erez to work in Israel. He lived comfortably then with his wife and 6 children. When the border was closed, he lost his job and his income. Not long afterwards, his house became collateral damage in an Israeli demolition whose purpose he has never fathomed. The family had to move to a small, geographically undesirable apartment not far from where Palestinians fired those badly aimed Qassam shells at the children I met in Neve Dekalim. Israeli artillery and armored vehicles regularly retaliated. Some months later, on the way back from a nearby mosque where his family had taken refuge from an Israeli attack, Ahmed was shot in the leg by an Israeli sniper.

Ahmed is sitting against the wall of his home, the purple end of his amputated leg angling toward us. This story, which he tells us in bursts punctuated first by grimaces and then tears, is a microcosm of the tragedies that the intifada and Israeli reprisals have brought.

Ahmed's subsequent medical history is complex and desperate—many surgeries and infections, an amputation below and then above the knee. Ahmed felt the Israeli surgeons were skilled but callous; the Palestinian ones, well meaning but bum-

bling. Poorly fitting prosthetics provoked more infections and more procedures.

Ahmed begins to cry and then apologizes for the tears, and for living, dependent, in his brothers' home. His children—they are around us now, sweet, slightly bewildered—were once very good students. Now, he says, they are having bad dreams at night and difficulty in school by day. Several of us are crying, too.

THE PROGRAM BEGINS

The next morning, our training program begins. The Commodore Hotel is on the Mediterranean, in an area that has been largely sheltered from conflict by the presence of United Nations and other aid workers, the odd political visitor, and journalists. Palestinians don't launch rockets from here, and it's been 2 years since the Israelis aimed shells into this area.

There are 90 participants (two thirds of them men), a dozen interpreters, and 10 members of our team in The Commodore's ballroom. Sixty more professionals had formally applied to come, and hundreds more have said they want us to train them.

The ones we've selected are generally quite skilled in medicine and conventional psychology, and, as I've learned on previous visits, are overwhelmed by the breadth and depth of the suffering around them. They want and need help. The techniques we use—meditation and drawings, the written exercises, guided imagery, biofeedback, and movement—are unfamiliar to them. But the idea of self-care and a new and more effective model of working with groups of people traumatized by war is very appealing. What we've done in Kosovo is impressive. And the published research, which we've shared with them, is the clincher.

Still, there is wariness as well as interest as they greet one another and fill out our research forms and drink coffee. Who are these Americans? What are they doing in this place that the world largely avoids? Are these techniques "appropriate" to our culture (meaning, are they compatible with both religious practice and social norms)? Can we learn them? Can we use them here?

There will be, I explain when we begin, several hours of lectures each day, and 1 or 2 small groups daily. They'll be led by our faculty members, each of whom then stands and introduces him- or herself. Participants will have an opportunity to learn and practice the techniques and then share their experiences with one another. The training is an integrated whole—all the groups are required, as are the lectures. Confidentiality is expected: what's said in the group stays in the group. People should come on time and turn off their cell phones (some laughter here—the cell phone, bringing warnings of danger or news of destruction or just plain news, is almost grafted on to our colleagues here, as in Israel).

The groups, I explain, are meditative. We breathe deeply, relax, and become aware of our own thoughts and feelings as others speak. We listen to their experience and notice our responses. We don't analyze or interpret each other's words, images, drawings, experiences. We let each person discover his or her own meaning. We will, I continue, teach and use a variety of forms of meditation to help create this relaxed moment-to-moment awareness.

I begin with a simple deep-breathing exercise, “Soft Belly.” “Breathe deeply,” I say, “in through your nose and out through your mouth, and relax your belly as you do so. Soft Belly—and the relaxation it brings—balances your response to danger, your fight-or-flight response, which is, in all likelihood, as ongoing and ever-present in you as the conflict between the Israelis and the Palestinians.” They nod. “The fight-or-flight response,” I say, “is created by the sympathetic nervous system—the stimulating half of the body’s autonomic nervous system. In fight or flight, the blood pressure goes up, heart and respiratory rates increase, and muscles tense in preparation for combat or for escape; the pupils of the eyes dilate, and the hands and feet become cold.”

“Slow, deep breathing,” I continue, “by contrast, invokes the parasympathetic, or relaxing, part of the autonomic nervous system. Soft Belly is a relaxation technique. It is also technically a concentrative meditation, focusing the mind on the sounds ‘soft’ and ‘belly’ and on the breath. It is also a kind of guided imagery—imagining the belly soft and relaxed. Each day, and each small group, begins and ends with Soft Belly.”

FIRST SMALL GROUP—INTRODUCTION AND DRAWINGS

The participants are divided into 8 small groups. My group has 9 men, 2 women, and my translator, Susan. She is blessedly good at her job, fast, and, it seems, accurate (I conclude this because few corrections come from the group members who do speak English), subtle, and unobtrusive. She’s a schoolteacher now, out of love for the kids in Gaza, and because of the desperate situation in which they find themselves. Previously, while living in Egypt—away from her home, like so many Palestinians—she translated for Yasser Arafat and Hosni Mubarak. The other 2 women, Nadia and Khadija, are psychologists and wear *hijabs*, or headscarves. In this first group they sit together and speak rather softly. (In the interest of confidentiality, I’ve changed most names, though not Susan’s, and altered their professions.) The 9 men, ranging in age from early 30s to late 60s, raise and lower their voices in questions and responses, mini-lectures, asides, and many jokes.

We selected all 90 participants because they are leaders in healthcare and mental healthcare. The ones in my small group are—partly by design, and partly by accident—leaders among leaders, many with dozens or hundreds of employees under their supervision: the head of one of the largest primary care organizations in Gaza; psychologists who run departments at universities and hospitals; a surgeon who is a community leader; a promising young psychiatrist.

We go around the circle, and everyone introduces themselves and—at my urging—explains why they are there. Reasons include to learn new approaches to deal with the overwhelming trauma that kids in their communities experience; to develop new curricula for graduate students; to deal with the staff burnout that threatens all their programs; because they are curious and have heard good things from Mahmoud and have looked at our website.

Hassan, who is, perhaps, the most senior member of our group, says he is there “to observe,” to decide whether our

approach can be useful and whether his hundreds of employees should be trained to use our model. He doubts, however, whether the small groups will work as they do elsewhere, whether anyone will talk about feelings—“it’s not done in public”—and especially whether the women will speak frankly in front of men.

“Observation,” I tell him, “is fine, but you cannot learn unless you participate. It’s not like learning gallbladder surgery—you can only do one of these on yourself, and only if you’re very good, very brave, and very lucky, so you have to learn on others. This work of self-awareness and self-care you have to learn by practicing on yourself—practicing the techniques here in the group, and at home, in the weeks and months ahead.” Hassan chuckles, but is not, I think, convinced.

The structure of the group and the order in which we present material are similar to what we have done in Bosnia, Macedonia, Kosovo, and Israel; our trainings in the United States; our groups for patients with chronic illness in Washington; and groups, those we’ve trained lead more medical students and residents at Georgetown, Duke, Michigan, and a dozen other medical schools.

We begin with 3 drawings—“Yourself,” “Yourself with Your Biggest Problem,” and “Yourself with Your Problem Solved.” Everyone bends earnestly over their papers. The men sneak elaborate glances at each other’s creations and laugh. Afterward, I remind everyone that we are not to analyze or interpret each other’s drawings but to sit quietly as each person shares what he has drawn, to become aware of what it evokes in us.

Ali, a surgeon, dark, humorous, quick-moving, and athletic, begins. In his first drawing, he is standing alone and looks confused. In the second, we see his 4 children with an Israeli soldier pointing his gun at them. “Personally,” he says, “I can protect myself, but my children are in danger. I live near an Israeli settlement, and every day when I leave the house, I worry that something will happen to my children before I come home. Two years ago, my house was bombed.” In the final picture, the one with the “problem solved,” he is playing with his children. The occupation is over, the Israeli soldiers have gone home—“I’m thankful to God,” he concludes.

Ali’s drawings are resonant. Several others hold up their own pictures of endangered children—they assure me they didn’t have to copy from each other. “This is our biggest concern,” Mahmoud says. “Everyone worries about their children”—not only on the rare occasions when they may be allowed to leave Gaza, but—“every morning when we leave for the hospital or clinic.”

They share memories of bombs shaking their homes, of children bleeding in hospital emergency rooms, of homes vacated on Israeli orders and destroyed. “Two years ago,” Ali recalls, as if unexpectedly remembering the source of his anguish, “I came home at night, and there were 5 dead children, cousins of mine, who had stepped on mines. We collected parts of their bodies from 300 meters away. The children went to school, and that evening, they came back to their family in pieces.”

The faculty members and Mahmoud, Dan, and Margaret meet together at the end of each day in “supervision group.” We check in too, talk about our experiences in the lectures and the

small groups. Tonight we're discussing the unfamiliarity of working with translators, the raw power of the drawings, and the general good-humored anarchy of the groups. "Like herding cats," the phrase Kelsey, a social worker from DC, uses, seems an appropriate description.

DAY 2—FIGHT OR FLIGHT

This day—and all others—begins at 6:30 AM with yoga taught by John, a family physician from Kentucky. The practice is unfamiliar to all of our participants, but warmly welcomed—"we forget about our bodies," Ali later reports. Thirty-five people come. "The most enthusiastic group I've ever seen," John pronounces at breakfast.

In the large group, I talk about the science underlying our approach—the physiology of the fight-or-flight response and stress responses, the ways in which chronic stress can raise blood pressure, heart rate, and muscle tension and lead to anxiety and depression. "The techniques we teach," I continue, "can balance the fight-or-flight and stress responses; enhance the production of hormones like serotonin that improve mood; and decrease the cortisol, that may, when chronically elevated, contribute to depression, anxiety, heart disease, and immune-system depletion.

"There's a constant dialogue going on," I say, "among the brain and the autonomic nervous system, which produces the fight-or-flight response, and the endocrine and immune systems. We can enter this dialogue and alter the quality and nature of the conversation—transform agitation into calm, improve endocrine and immune functioning—through the techniques we use: the Soft Belly exercise, guided imagery, self-expression in words and drawings, movement, and yoga."

Later that morning, in the small group, I discover that several people have already been sharing what they've learned in the training with family members and friends. Ibrahim, a middle-aged psychiatrist who works in an emergency room, taught the Soft Belly technique to a suicidal man during a midnight shift. A physician found himself slowing and deepening his breath during a family crisis.

We share the remaining pictures. There are more endangered children in the "Biggest Problem" drawings. There are also bold lines dividing some of the papers. Some are red, some black. They divide the person doing the drawing from the outside world, from family members who are dispersed in other countries and unable to travel, from villages destroyed by the Israelis in 1948, from homes bombed out during the last 4 years of the intifada. "The wall is inside us, also," notes Ismail, a reflective and influential psychologist. "It's a wall of fear and of suspicion, a wall against the anger that cannot be expressed, the sadness and the fear that may disturb our family, the wall that stops us from even hoping for a safe, secure future."

Salim, a family physician in charge of a large department, points to his drawing. The figure representing him is large and awkward and looks bewildered. Around him, there are dozens of small, anonymous stick figures. "All these little figures are refugees. They have so many problems—material, emotional, spiritual. I

cannot give more than I am, and I feel so helpless."

Nadia draws a mountain with a figure inside: "Before the intifada, we used to have a good economic situation. During the intifada, my husband has been in jail and then unemployed. And now, I'm carrying the financial burden myself—the money is too little. I'm inside a mountain, I'm atop a volcano that's about to erupt."

Toward the end of the group, Hassan shares his drawing: "Here I am, with a rope tight around my neck. I cannot move. I can hardly look left or right without being strangled, overwhelmed."

That afternoon Jerrol, a nurse on our faculty, gives a lecture on guided imagery, the use of mental images to affect physiological functioning. It can be used, she explains, to prepare for painful medical procedures, to enhance physiological functioning—for example, the immune response—and to explore and find answers to personal concerns.

In the small group, we do Soft Belly first, to relax, and then I guide the group members to a place that they imagine is "comfortable," perhaps even "safe." "Look around," I say. "Where are you? What are you wearing? What do you see and feel?" Once they're there, I suggest that a guide will appear—a wise old man or woman, somebody they know or a figure from scripture or folklore. This being, this guide, is a symbol of their intuition, of their unconscious knowing. He or she or it will help to guide them when they feel confused. They need to introduce themselves, exchange names, and then, if they like, ask a question.

The group members, to my pleasure and their great satisfaction, all find places where they are comfortable. For a few moments, they are far from the fear that fills their days—in back yards, on the beach, in homes long ago occupied by Israelis and now, in their imagination, returned. Guides appear as well. Many see their own fathers, and a few, their small children. The guides surprise them with home truths that draw on the love they've shared and also on what they're already learning in this training. "Share feelings," some are told. "Pray." "Appreciate the sun during the day, and the moon at night." "The sun and moon, they care for us," explains Ali, "like a woman does for her children."

The group ends quietly. "Hold hands if you are comfortable," I say. And they do, men hold hands with men. The 2 women whose heads are covered hold hands with one another and come close but don't touch the men, as their religion doesn't permit it; Susan is between the women and me. We stand quietly, breathing together.

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All who work in the CMBM's *HWW* program have completed the *Mind-Body Medicine Professional Training program*. The first phase of this program will be held in Berkeley, Calif, January 29-February 4, 2006. For more information, visit the CMBM's website at www.cmbm.org, or call Jo Cooper, 202-966-7338 x 216.

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DAY 3—EXPRESSIVE MEDITATION

Today's lecture is on emotions. "The problem," I say, "is not a particular emotion, but becoming stuck in it. The emotions are always, naturally, changing, and if allowed to come and go, will give way one to the other; anger expressed will dispel and clear the way for joy."

I teach an expressive meditation. I explain, "These kinds of active meditations—fast deep breathing, dancing, shaking—are the oldest kinds of meditation, the ones used by the witch doctors and shamans whose heirs we modern healers are. In this one, we'll shake first—shaking up our fixed thoughts and the emotions, the feelings that keep us stuck in the patterns that we call depression, anxiety, and chronic illness. After we shake, we'll let our bodies move to music, each in our own unique way."

There are a few skeptical glances and some kidding around, but everybody laughs with me when I demonstrate the proper bent-kneed shaking stance, eyes closed so as not to be preoccupied with others' performance or the possibility that they may be judging one's own. Men will shake and dance at their desks and in the aisles and up front, near me. Women will go behind a large wooden screen at the back of the room, where there's privacy and ample space.

Mahmoud had assured us that the piece of music we'd chosen, Jimmy Cliff's reggae song, *You Can Get It If You Really Want It*, would work. Sometimes, strict Muslim people are concerned about moving to music with words, but Mahmoud thought—

after talking with a few of his colleagues—that the upbeat words of encouragement could be helpful.

"This is not about doing a particular dance," I say. "Let yourself be moved, let your body, loosened up by the shaking, move whatever way it wants. Each of you is unique, each dance will be your own. Keep your eyes closed. It's only for you."

I had done this shaking and dancing a thousand times before, at hospital lectures and in medical school classes, in tents in refugee camps in Macedonia, with United Nations soldiers and Israeli psychologists, in freezing schoolrooms in Kosovo. It is indeed strange to most people, and silly seeming, and there is always some hesitation, but after a while, almost everybody seems to enjoy it—Orthodox Jews separated by gender, religious Muslim women in the United States who are content to dance by themselves. Still, here in Gaza, where there is so much public pressure for religious orthodoxy, I feel a little uneasy, wondering what the response will be.

The shaking goes very well indeed. Not everyone keeps their eyes closed. A few young psychologists—men—are shuffling around, pointing at each other and laughing, but even they are shaking.

Then the music starts.

Some of the men are swaying gently, others stomping and jumping. Through the slots in the screen I see the women in their scarves and long skirts relaxing to the music. Everything seems fine. I'm enjoying it myself.

Suddenly, my large-group translator—a graduate student at the university—is saying something, loudly, urgently. I do not understand, but I know I haven't spoken. I feel the strident imperative of absolutism in his tone of voice and his words, feel the shadow of constraint pass over our training.

"What's he saying, Mahmoud?"

He says: "It's not appropriate for our culture."

I ask Mahmoud to tell people to keep dancing, and they do, and to take over for the translator. After another minute or so, the sound system crashes and we have to stop dancing.

Everyone sits down, and, as I usually do, I ask about the experience.

"It was very relaxing, and I much enjoyed it," begins one psychologist, "both the shaking and the dancing. I feel younger, easier."

"The shaking is something new," another says, "and something old too, very much like our Sufi tradition. The shaking was

good, and the dancing was good too.”

“The translator’s behavior was unacceptable,” begins an older physician, and a dozen hands shoot up.

A woman starts: “It’s like you’re offering us a great banquet with many different dishes, many different possibilities—it’s up to us whether we’ll have every dish or simply select from among them.” Many people nod and add postscripts.

“I feel pain and regret,” an older man, a physician, begins, “but in these difficult conditions, many unacceptable things happen.”

“If it’s an insult for you ten percent,” another adds, “it’s a hundred percent for us. He acts like he’s the guardian for us.”

“I do not have problems with the translator’s opinions,” I say, “but with his expressing them in the middle of an exercise when he is supposed to be translating. We welcome all points of view.”

“And,” I continue, “it is up to us to learn from you as well, and to see if we can create dishes that are most appropriate to your palate. Did any of you have trouble with the exercise?”

“The shaking is fine,” one man says, “and the moving, but the drums were disturbing.”

“Do others share this feeling?” I ask.

Another young man and an older one with a long white beard nod.

“Would you be willing to bring us some music that is more appropriate?”

They nod again.

In the small group, there is more discussion. Referring to the translator, Hassan explains, “This is a generation that has lived under the occupation—they’ve been taught only one way. They’ve never had a chance to be in the wider world. The children,” he adds, “are used by the political parties in the intifada. Now they think they’re generals; they’re violent in the schools. We can’t control them.”

I remember some of the Palestinian children I’ve met on previous visits—fresh-faced, school-uniformed teenage boys in Khan Younis who feel “that the best way to serve our people is to become a martyr;” a 7-year-old girl who confided to her uncle that she wants “a gun machine” for her next birthday. And then the “other side” comes to mind as well—Israeli teenagers who are sure they will never have to leave their Gaza settlements, others elsewhere in Israel who are blithe about Palestinian deaths. I remember the words of one leading Israeli psychologist describing a recent survey that showed the level of violence to be as high in Israeli schools as anywhere in the world.

At supervision that evening, I learn that the other translators and a number of participants feel that though my translator was “wrong,” he deserves another chance—it would be “disloyal not to support him,” we are told—and that he should be invited back. We decide to do it.

INTERLUDE—EVENINGS WITH FADEL’S FAMILY

On two of our evenings, we visit with Fadel’s family in Gaza City. Fadel is the head of the psychology department at Al-Aqsa University and of a non-governmental organization that works with those traumatized by violence—of Israelis on Palestinians,

Palestinians on one another, and victims of spousal and child abuse as well as the conflict with the Israelis. He greets us wearing a white jalabiya, a traditional dress-like gown. Underneath it, he moves with the ease and solidity of a soccer halfback. He radiates the kindness of the elected team captain.

Fadel introduces us to the head of the family, “the Mokhtar,” a dignified, relaxed 60-year-old tan-faced man in an immaculate, white burnoose. The Mokhtar’s face could be Greek, southern Italian or, indeed, Jewish. He’s surrounded by several other older men in burnooses—“counselors.” They mediate family disputes, find jobs for young people, and direct the families’ many activities. The Mokhtar’s “big family,” as it turns out, is actually a tribe of some ten thousand people.

We all shake hands with each of them. They sit in a row of plastic chairs in a large, stone-floored room. Our team sits across from them in our own row of plastic chairs. They ask us questions about our work and tell us a little about themselves. They’re interested in understanding American foreign policy, and, even more, in encouraging us to bring our experience of Gaza—of the people—back to America. “The US is the world’s only superpower,” the Mokhtar says. “All we ask is for the US to be fair and just to the Palestinian people.”

Behind the Mokhtar is a very large—6 by 12 feet or so—photocopy of what appears to be an elegant French garden. When I comment on it, Fadel tells me that green is the color of healing, and, according to Quran, “of the clothes we will wear in paradise.” He came to love the Quran during his 18 months in an Israeli prison. “It was the only book I read,” he adds. Someone asks why he was in prison. He smiles. “There were no charges,” he says, “no trial, no convictions.”

Evening comes, and we walk in the neighborhood. There’s a shed with a couple of cows, some chickens, and goats. The marks of Israeli tanks and shells are everywhere. In the midst of the rubble of an empty lot, tomato plants are growing. “The Israelis destroyed the house, and we’re not allowed to rebuild,” Fadel explains. Just a week ago, the Mokhtar’s wife was hospitalized after a stray shell penetrated deep into the plexus of nerves at the base of her spine. A little girl, 7 or 8 years old, comes by. When asked to, she removes a glass eye, and shows us the empty, white socket. “A sniper’s bullet,” says Fadel. Even Afrim, who lived through much of the war in Kosovo, is surprised by the “scale of destruction.”

The evening meals—served on the cool rooftops of their houses—are wonderful. Small plates of mezzes—hors d’oeuvres of eggplant and hummus, kibbeh, falafel, cucumbers, tomatoes and soft, still warm, baked bread, then meat—chicken, lamb, beef—grilled on skewers, delivered by the cook, Fadel’s laughing, large-armed cousin. Looking out, we see the jumbled lights of Gaza City and Israel to the north and the darkness of the Mediterranean.

We are all touched by the generosity, the openness of Fadel and his family. Bob, a social worker who has worked with US cops and firefighters and with us in Kosovo, is overwhelmed by their “incredible capacity to take us in.” On the way home, Amy, who runs our Center’s group program in the United States,

speaks for all of us: "Right now, there is nowhere else on earth I would want to be."

DAY 4—BRINGING UP MORE FEELINGS

This morning, I discuss the central role of breathing in mind-body approaches, as well as in spiritual practice, not only in Hinduism and Buddhism, but in the monotheistic religions, including Islam. Then the topic is physical exercise and its capacity to raise neurotransmitters like serotonin and norepinephrine, at which antidepressants are directed, and to lower the high levels of cortisol and blood sugar that may be indicative of high stress.

We do another, active, two-stage meditation. This one requires very fast, deep breathing—in and out through the nose—"chaotic breathing"—arms pumping up and down like a bellows to increase the lung capacity. It is followed, once again, by movement. The men spread out up front and the women move behind the screen. There's an air of anticipation and a bit of apprehension.

I've found this exercise, which I learned 30 years ago, particularly powerful for those whose bodies have been frozen in depressed immobility by terrible trauma—rape, physical injury, the sight of family members' murders—whose emotions are suppressed and clogged. It helps them to feel and express what they've kept down, facilitates sharing from the heart later in the small group. It's also, of course, unfamiliar and rather strange.

The music for the first part begins, and soon everyone—participants and faculty and staff members—is pumping his or her arms earnestly and breathing deeply. I urge them on—"faster and deeper, faster and deeper"—and most respond. I feel all our urgency to bring feelings to the surface, to push beyond those walls we have all put up in ourselves. After 6 or 8 minutes, I shout: "Stop!"

This time we've selected traditional Arabic music without words for the second part of the exercise, the free movement. Everyone moves now, swaying, dancing. There's a big, sweet smile on the white-bearded man's face.

After we sit down, Ismail says, "It reminds me of Zikhr," a traditional Muslim form of moving meditation. "It brings, after the breathing, a feeling of great joy that I have forgotten." Fadel nods. He says how good it was for him, how for the first time in years the knots in his shoulders are loosening. "I'll do this with the children and the women who have suffered violence," Khadiya says. "They'll enjoy it."

In the small groups, we hear how our colleagues are bringing our approach and our techniques into their evenings at home. Nadia assures me that all of them, especially the women (she emphasizes this) are interested in these techniques. They've been showing their husbands and children the yoga postures they learned, the Soft-Belly breathing, and the biodots that we've given them that change color with the warmth that comes with relaxation into tension-cold hands. "I watered my trees in a meditative way, breathing deeply," Ali says, "and I feel like I've done something important."

We do a written technique, "Dialogue with a Symptom," that resembles an exercise from Gestalt Therapy and psychodrama. You imagine your symptom or problem or issue sitting opposite you in a chair, and you talk to it. The dialogue goes back and forth swiftly, without conscious thought or censorship.

"Not a monologue?" Hassan asks with the smile I've come to welcome.

"Do it and you'll see," I say. "And do it as fast as you can so the words are coming from the unconscious, not the conscious, mind."

Little by little, almost inevitably, almost always—in a Georgetown classroom, a cancer retreat, or a refugee camp—the personified problem or issue begins to inform the person who is suffering from it. "My chest is telling me I must breathe more deeply," says Ibrahim, reading from what he has written. "Relax more fully, your heart as well your mind."

"Take deep breaths," Ali reads. "Relax. Stop smoking. Go to sleep early. Understand yourself. Realize who you are. Identify your feelings. Read the Quran to find the forgiveness that will heal your rage."

Bob and John discuss "genograms" in the afternoon lecture. These are maps of four generations of family history. Men are represented on the page by squares; women, by circles; horizontal lines connect spouses and siblings; vertical lines link one generation to the next. Genograms are often used in medicine or social work to trace particular illnesses (diabetes, depression, heart disease) in a family or—in psychology—to point out patterns of dysfunction (sisters in three successive generations quarreling).

We use genograms to explore these issues and many others as well. They are pictures of where we have come from and who we are, and also of the world we live in: the enduring strengths in the family as well as its weaknesses and vulnerabilities; the people each of us looks to, in fact or in our imagination, for guidance when we're most desperate; the human examples that offer us inspiration and lend us courage; the larger concerns—cultural and historical—that impinge on generation after generation. All may be found in the genograms.

The approach here, as in everything we do, is meditative. As each person shows his or her genogram and tells its story, the other group members sit quietly, observing the patterns, absorbing the information, but also noting what comes up for them, the similar patterns in their lives, how the speaker's understandings may illuminate their own blind spots.

Listening, becoming aware, they may discover—and then draw—new lines of connection on which they can rely in their own genogram—someone long ago who made a difference (perhaps a teacher, a religious leader, or a family member), whose importance will gain him a place on the genogram's page.

Ibrahim begins. Four generations of family are crammed together on his page. "If I brought my family to the hotel," he jokes, "we'd occupy the entire place." Both his mother's and his father's parents were expelled from their villages in 1948. Returning home to find food, his mother's parents were blown up by land mines. Their children buried them and moved on.

"Every time we'd talk about '48, my mother would say, 'I

was orphaned for all my life,” he explains, pointing at the circle that represents her and at the two lines of “close connection” that link them. The memory of her loss and the manner of her parents’ death, shadowed her behavior toward her own children. “She clung to us—if we were an hour late coming home, she’d gather the other women and come to look for us. Her fear was always there, and it was worse during times of struggle, ’66 and ’67, and when a cousin she grew up with was killed by the Israeli soldiers in ’71, and when a young nephew was killed in ’87.” Ibrahim sits back. “I’ve been almost killed five times, twice at a crossing point at Khan Younis. Once a man behind me was shot.”

For a rare moment, our group is quiet. “What’s coming up in you?” I ask. They speak in turn of relatives dying young, often at Israeli hands, of growing up with parents who cried every day with “loss and humiliation,” of a father carrying a dying grandfather from their village in 1948.

And then, unexpectedly, they begin to wonder why the Israelis behave as they do, to speculate about their psychology. They cite the work of the philosopher and sociologist Theodor Adorno and wonder if indeed the Israelis are “identifying with the oppressors.” “Maybe,” says Ibrahim, “but explanation is no excuse.” Still, he and they assure me it’s not individual Jews whom they hate. They speak of Israeli colleagues who, before the intifada visited their homes, of dear Jewish friends with whom they are still in weekly contact, and of their hope for coming together as mental health professionals—perhaps in our program. “We share the same trauma,” Ismail concludes, with sadness and hope, “the same land, so many of the same problems.”

DAY 5—THE TRANSLATOR RETURNS; THE EFFECTS OF TRAUMA

This morning—the next to last day of the training—the young translator is in the front of the room beside me. “I want to welcome back our translator,” I say. “He understands that we appreciate all opinions—that I want to hear and understand his, but that as a translator he must be faithful to what I say.” He smiles and nods his head here, and we shake hands.

We begin by discussing the effects of prolonged psychological trauma on our physiology and anatomy: persistent high levels of cortisol, altered brain functioning, cells in the hippocampus (a part of the brain which is connected to both emotions and memory) destroyed. And we conclude with speculating about the possibility of reversing these disintegrating and destructive changes by the techniques we teach, and the way we use them. Emotional pain that’s been denied can be expressed, shared, can even dissipate. Terrifying images of death and destruction can be attenuated slowly by meditation and guided imagery. Using meditation and movement together, promoting awareness as well as expression, linking intellectual understanding to emotional experience, working in the safety of the small group: All this promotes the reintegration of functions that have been disrupted; growth and change become possible.

Although the topic is complex, the translator and I work together smoothly.

At lunch many people come up to me with big grins. “Bringing the translator back shows” one says, “that Americans can be different from what we thought, can understand our point of view, and treat us with respect,”

“One fundamentalism,” adds another, “doesn’t have to provoke another. You truly believe in a ‘civil society.’” Many just say “thank you.”

Today the small group is more reflective, more about the group members’ own shortcomings and confusion than the wrongs done to them. They are also, as always when the training is coming to a close, looking for ways that the experience will inform their future work.

The comments range from the tragicomic—“When Palestinians shoot at Israelis, we never hit anyone, but when we shoot at each other, there are many killed and injured”—to the practical—“There are people working in mental health who are unqualified and unsupervised, and there’s not cooperation among physicians, psychologists, social workers, nurses, teachers. We need to come together now—maybe with your help—to work together, to construct an organization of all mental health professionals.”

“We need a new leadership,” Ali explains. “Conspiracy and doubt forged the character of the old leaders. We need a shift, a shift within us as well as in the Israelis. We, as people concerned with mental health, need to diagnose what’s wrong with us, and to find solutions. Not just to talk—there’s too much emotional diarrhea among us Palestinians; everybody talks. We have to, at this new stage of the Israeli pullout, prevent our society from dividing because of self-interest.”

That afternoon we do an exercise of “mindful eating”—slowly examining, feeling, smelling a single grape, then putting it in the mouth, feeling the texture with the tongue and palate, then biting into the grape, chewing slowly, slowly, savoring the many tastes. This exercise is designed to show how awareness—the meditative mind—can be brought into any, and every, activity.

The awareness of the present moment, of eating, seems to nourish hopes for the future. “I normally eat so quickly,” a young psychologist says. “Tasting the grape, I realized I sometimes eat a kilo of them. I feel remorse for eating so quickly.”

They are also allowing themselves to feel what they’ve put behind those dark lines of separation, the walls they drew in the first session. “Sometimes,” Ismail says, “I debrief fifty people who have witnessed killings. This is the first time I’ve allowed myself to cry.” The women are speaking, too, to the surprise of the men, quite clearly, without embarrassment, and in full sight and hearing of all of us. “I’m always anxious when I leave the house because my husband often mistreats my children,” Nadia confides. “He was in an Israeli prison for three years and since then he has no job.” “The secret behind this week of experience,” Ismail concludes, “is the simplicity of the techniques, the ease of sharing in the group. We can teach all people to apply them, so they will be even more important after the pullout.”

THE PARTY

Tonight is party night. We gave one extra ticket to each par-

ticipant, but there are more guests than we have anticipated, well over 2 hundred of us in all. Women have brought their husbands and men, their wives. Hassan shows up with two handsome sons, and Ismail brings a friend in a wheelchair who was crippled in an Israeli incursion.

There are two kinds of fish, lots of food, no alcohol, but cigarettes of many kinds. The men are courtly, bringing plates piled with food to their wives. Mahmoud has invited musicians who play traditional stringed instruments, flutes, and drums. Everyone talks at once.

As the evening goes on and the desserts are served, several young psychologists begin a traditional line dance, the Debka. One confides to me that these guys, who hardly knew each other before the training, had practiced together during their free afternoons. The music picks up and they move faster, with greater energy. Laughing, sweating, they pull me and Afrim, Bob, and Dan out on the floor. They have their arms around us and each other, moving smartly, synchronized. We stumble along.

The dancing goes faster and faster. There are two lines, now three; now we're all in a circle. Men move in the center, free-styling, individually and in pairs. Ali takes my hand and we whirl, kicking our legs as high and far as we can. Soon, the women from our staff and the few without headscarves are invited to join.

LAST DAY

The next morning begins with the final small group. "The Debka," Nadia begins, her voice strong, clear, hopeful, "is a 'mind-body activity.' It will be a new way to do something in schools, for children."

"It was so good to bring my wife to meet you, to meet all of you," says Ali, "so good for all of us to come together. We look down at other people, fear new ideas, regard the Israelis with contempt—this kind of judgment doesn't help. Whoever is humble before God, the Quran says, God will raise him. It's time for us to learn humility."

"I believe even more now in the possibility of different ideas helping us," adds Ismail. "I do need to deepen my knowledge of other traditions. We need to shift from fighting Israelis to dealing with our own issues, from judgment of the mind to the truth of the heart; from separation to unity."

Today we do another set of drawings: "Where are you now?" "Where would you like to be?" "How will you get there?" I ask Hassan to show his drawings. On the first day, he reminds us, a noose was pulled tight around his neck. The head above it was large, the body below small and stiff. Today, the figure representing him wears a patchwork of lively colored clothes. Its arms and legs are in motion, and there is *no head*. We all laugh.

We go around the room, check in one last time. "I'll never forget you. You've changed my way of seeing—you'll always be with me," says Ismail.

"Perhaps you won't believe it," says Ali, "but I've never danced before, not even at my wedding. This is the first time I danced."

"What you've done for the first time," says Ibrahim, "was to give me a little peace and the experience that I and the situation,

the struggle between Palestinians and Israelis, can change."

"It is like a new page is there for everything that we do," says Nadia.

Hassan smiles and thanks me, and there are tears in my eyes.

At our final supervision meeting, we make a plan for the near future. Mahmoud says that virtually everyone who has come wants to continue to learn from us and to attend the advanced training. We agree that Mahmoud will select leaders—Ali, Ibrahim, Ismail, Fadel, and others from different regions of Gaza. These leaders will hold groups every 4 weeks. The other participants will come and practice what they've learned, to share what they're feeling and doing at home, with themselves and with their families, and with the children and adults they work with in the hospitals and schools. They'll learn from one another, support each other, and prepare for our return in December. Then, in the advanced training, we'll teach them to lead the same kind of groups in which they've been participating.

POSTSCRIPT, IN ISRAEL

In Jerusalem, 2 days later, we meet with the Israelis who have already participated in our training. This is a time to catch up and share what we've all been doing. We talk about our plans to train Israeli leaders in December, about our desire to choose a faculty from among them and to work with them to train hundreds more leaders in health and mental health to ensure that our approach is available to all who need it and want it.

We plan to focus on the settlers who will have left Gaza and been scattered across the country, on the soldiers and police who will remove them, and on training more and more of the school psychologists and counselors who are working with the children, the next generation.

The week we just spent in Gaza is very much on the minds of our Israeli colleagues. "How was it?" they ask, eager for news of this Palestinian land that is so close and yet so remote. They listen with undisguised wonder to our stories about the training—"Oh, they did the shaking and dancing and the Soft Belly and the genograms"—and the rich and complex humanity of their Palestinian colleagues, recognizing, acknowledging—some, it seems, for the first time—the similarity of the issues that Israelis and Palestinians are facing. And then there is a chorus of questions with a single melody: "When will we work together?"

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