

Hurting and Healing in Gaza

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In Gaza this last week, The Center for Mind-Body Medicine (CMBM)'s Palestinian trainees followed the fire fights—the “clashes” they all called them—as routinely as Americans attend to changes in weather or traffic patterns, but with a grim, sober sense of urgency. Knowing which faction was shooting at, and killing, whom, and where, was critical to their survival, as they traveled back and forth to our leadership training in Gaza City's Commodore Hotel.

I first went to Gaza, which its inhabitants describe as “the world's largest open-air prison,” five years ago. I wanted to see if the CMBM approach, which we have successfully used for fifteen years in the U.S.—with people with chronic illness, medical students and New York City firefighters post-9/11—and with population-wide psychological trauma in Kosovo, could be helpful there as well.

In July 2005, after three years of meetings and workshops, visits to homes and hospitals, and a careful selection process, we began to train ninety of Gaza's most committed health and mental health professionals. We taught them the science which underlies our approach, which includes psychological self care and self expression (through words, drawings, and movement), mind-body medicine (guided imagery, meditation, biofeedback, yoga), and small group support. We helped them to experience how this approach and these techniques could make a difference in their own lives as they dealt with the inevitable, psychological trauma and ongoing stress of living in Gaza: “We do not have posttraumatic stress disorder (PTSD)” more than one of our Palestinian colleagues informed me with smiles. “We have ongoing and continuous traumatic stress disorder.” Then we trained them to use our approach, in small groups, as well as individually and in classrooms, with a population that is exhausted from war and poverty, and psychologically as well as physically devastated.

Though we've traveled regularly to Israel where we have a similar program, it had been eighteen months since we'd been in Gaza. Our Palestinian coordinator, Khalid (I'm changing the names of all participants because our training is confidential and because becoming too visible is, in Gaza, potentially dangerous) and his colleagues hesitated each time we hoped to come. “Not now,” they said. “It's too dangerous.” Early this spring, however, after the formation of the Palestinian Coalition Government and with only minor conflict with Israelis, Khalid said he felt “secure” about us coming back. “This time is the safest we have seen.” It turned out, much to his distress, that he was wrong about the safety. But it was absolutely the right time.

For the first time in my five years of visiting Gaza, we had to have “protection.” Twenty-five heavily armed men from several of the government security forces and the police—in front, behind, and beside us in Jeeps—accompanied us from the Erez crossing to the hotel, and lined the road at popular, perhaps dangerous, crossroads. Half a dozen stood guard day and night during our training.

Each day, our five CMBM international faculty—Amy Shinal and Bob Buckley, social workers who supervise CMBM's clinical program and Afrim Blyta and Jusuf Ulaj, Kosovo

psychiatrists who have worked with us for eight years, and I—worked intensively with our “leadership team,” the thirty-seven clinicians who are the most active of our ninety original participants. Over the last eighteen months, they had collectively led more than 150 eight to ten week long small groups (50 are currently meeting weekly) and had taught our approach to thousands more traumatized children and adults, in hospitals, clinics, and homes, in classrooms for kids and university students. Some of our trainees did our work as part of jobs for which they’ve been—since the international sanctions—only sporadically paid. Others who are unemployed have worked on their own time, as volunteers in local clinics and community organizations.

All 37 of these trainees participated over the last eighteen months in weekly supervision groups, with a dozen of our most experienced and gifted Palestinian participants. And all the supervisors met every two weeks with Khalid. We have created, as one psychologist put it, “a network of expert practice and loving care.” Indeed, studies we did six months after we began our training showed continuing decreases in our trainees’ stress and anger, improvements in their mood, greater professional satisfaction and more optimism about the future. “You have brought us hope,” they told us.

On the first day of this training, after hugs and kisses on both cheeks and a brief opening meditation, we began our small groups, as we always do, with a “Check-in.” “What’s been going on with you?” we ask our participants, and “How are you doing right now?” The exercise promotes reflection and moment to moment awareness and enhances communication and connection among participants. Their responses revealed a delicate balance between enthusiasm for our training and the work they’d been doing and the increasing grimness of the situation. “I’m relieved to be here,” says Iman, a psychologist from Rafah in Gaza’s far south. “I’ve been using this approach with battered women and abused children—there are so many more of them these last months during the conflict among ourselves—and they like it so much. I’m also looking forward to leading the group today”—this advanced leadership training is designed to give participants supervised practice in teaching mind-body skills and managing group process—“but I had trouble preparing last night. The gunfire and the RPGs (rocket-propelled grenades), kept my children up and very disturbed.”

Nadja, a social worker, “covered” with a head scarf as are all our female trainees—and, now, ninety-five percent of women in Gaza—is next. She says a few words about her work—wonderful, sensitive, playful groups with orphaned children that I have witnessed—but she is “disturbed” about something “that happened just last night,” as battles erupted unpredictably in Gaza’s streets and alleys. “My friend’s son, whom I have known since he was born, was a security guard and was just killed.” “On the way here,” adds Hamid, a man of bear-like solidity who works with abused and delinquent boys, “I saw the body of an old man who was murdered and another, all bloody, was being loaded into an ambulance.”

As the days go on, our Palestinian colleagues tell us about tragic times when they’ve invoked our work. After his brother was killed in a clash with Israel, Iman’s husband was “desperate” and wanted himself to become a “martyr”—a suicide bomber. “I sat for hours with him”—she told us, “and taught him ‘soft belly breathing’ so he could relax. We did some drawings to look at other possibilities than dying, to think about a future.” When 17 civilians died in the shelling of the Beit Hanoun refugee camp, our trainees were there that day, assembling

groups of family members, friends and neighbors, providing opportunities to talk, teaching techniques for relaxation, offering ongoing human connection to survivors.

Each day, we learn more about what our trainees have done and are doing under the most difficult of circumstances. We're touched and inspired—amazed, too—by the intelligence and inventiveness that they've brought to what we've taught them, their courageous and selfless commitment to their community, the magnitude of the suffering with which they must deal; and, even in the midst of increasing chaos, the careful attention most of them pay to documenting the effects of their work.

Noor, who is a nurse, tells us about a group she has formed of eight women, whose nursing infants are not gaining weight. At first, she says, the faces of the mothers and their babies were pinched and pallid. She taught them how to “breathe deeply into their soft bellies, as you taught us,” invited them to share their present hardships, and their fears for their own and their children's futures. They drew, as we had taught Noor, pictures of their problems and, against initial incredulity, of solutions to them. “You can see the smiles grow with each week. The mothers relax and so do the babies,” Noor tells us. “They take to the breast and feed during the session and afterwards at home. I weighed them before we began and after each meeting and they're all gaining weight again. And I used the Johns Hopkins scale to measure the mothers' decreased anxiety and better mood.”

Issa, a family physician, leads a group of women: half have lost husbands and the other half have lost sons in the conflict with Israel and in the near civil war of the last year. Ahmed, a psychiatrist, has led eight, ten-week long groups over the last eighteen months—for patients and physicians in the psychiatric hospital where he works and older men with diabetes and hypertension in the neighborhood in which he lives. Now he has a new group—for children and parents whose epilepsy-like seizures are caused not by abnormal brain activity but by sudden, traumatic loss and ongoing stress. “We shake and dance,” he says, “just as we did in our training, to begin each group. And they do it at home every morning to release tension and every time they feel like they might have a seizure. They are not all well, but they are all much better.”

In the breaks between our sessions, the security guards line up in the lobby, sidearms at their waists, AK-47s over their shoulders, for impromptu individual consultations. Most are in their early twenties and live at home. They have physical and emotional wounds, from firefights or prison time, that won't heal, limps, chronic headaches, GI problems, painfully clenched jaws. Few sleep well. The older ones focus on their children's angry and erratic behavior and the illnesses that now so often overtake them. Many of the men have obvious tremors. “Every one of us,” an officer tells me, “is like this.”

The fracture lines from this pressure are everywhere visible and palpable, in the daily life and the reports of our trainees. In the weeks before we arrived, children had trouble concentrating in school. This week, because of this new fighting, they are unable to attend school at all. They wake at night, screaming at the sounds of gunfire and the muted thunder of the RPGs, peeing in their beds. They cling to parents who, they know all too well, can no longer protect them or provide a predictable future.

Men who are without jobs—some estimates of unemployment and significant underemployment range as high as seventy to eighty percent—feel demoralized, humiliated and useless. They take out their frustrations on wives and children in increasing numbers and are quick to take up arms against one another—in factional fighting or revivals of long dormant family feuds. Some who have spent significant time in Israel’s prisons are particularly despairing, especially enraged.

Sometimes, especially recently, everyone feels overcome. “We’ve learned from you,” says Nadja, smiling a little sadly, “that exercise improves mood and decreases stress, but now we are afraid even to walk outside.” Lack of facilities, education, decent food, and even the remote possibility of future jobs, overwhelms Hamid’s determined good work with troubled and abused children. Ahmed, the psychiatrist, oscillates between grief for the enormity of the tragedy he sees each day—“I’ve treated four fathers who have killed their children”—rage at the indifference of the international community, and the “blindness” of Palestinian leaders, and apocalyptic fantasy: “perhaps a flood will come to wipe out all the old ugliness as in the time of the prophet Noah.”

On the last day of our workshops, with attacks on anyone in uniform and the death toll mounting, the streets are empty. As checkpoints manned by masked men proliferate and the fighting intensifies. At morning check-in, half a dozen trainees report bullets and explosions coming perilously close during the night before and on their way to the training. Blood covers sidewalks.

We are told not to leave the hotel, even for a nearby meeting we had planned with U.N. officials. Our guards are visibly anxious and we feel it too, reminding ourselves now to do the soft belly breathing we have taught the Palestinians.

And still there is humor and surprising hope. Kadija recalls the night before’s conversation with her “very dominating” husband. “I told him,” she says, to laughter and cheers from our entire group, “he better get used to my independence” and her active, time-consuming commitment to her community. “I said, ‘I will not only complete my master’s degree, but also my Ph.D.’” There is a mock academic discussion, as funny as it is grim, about how to discriminate between actual clashes between opposing factions and guns fired “just to say we’re here.” And there is shared laughter about frustrations with beleaguered spouses and the complexity for men of dealing with one, let alone, as some Palestinians have, two or three wives.

On the last day, Iman begins by “thanking the CMBM for not forgetting.” She has created a ceremony with which we will close our small group work. She tells us to put our hands on our shoulders and raise them, imagining we are lifting our burdens off us. Next, she shows us how to extend our arms upwards “to thank God for the life we have.” Then, she has us wave our hands over our heads, bringing them slowly down, rippling our fingers, to signify “rain washing away our pain and tears.” And indeed there are tears in many of our eyes. Finally, as Iman leads, we dance to Arabic music, in a circle of celebration, of our selves and our work, of bright, hopeful life in these dark times.

When we internationals leave Gaza, we do so without guards. Once protectors, they have now become targets. We wind our way, wide of checkpoints, in two inconspicuous cabs back to the Erez Crossing.

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