

## A Fighting Chance



Among the NOLA vets who bonded deeply during their small-group therapy sessions are (from left) Roynell Williams, Joseph Dean, “Kevin Jones,” Wayne Bergeron, and Lionel Parker.

***Among the harshest realities of war is the struggle endured by soldiers after they’ve returned home safely. But pioneering work by a passionate M.D. is helping some of our most beleaguered vets literally shake their blues away.***

**By Hannah Wallace**

**Photography by Chris Crisman**

I’m standing in a dimly lit hotel conference room packed with 200 strangers as the German electronic music is cued up. “Start shaking,” a reassuringly calm voice intones. “Don’t open your eyes. Let everything go.” I wriggle my arms and move my shoulders up and down in a shrugging motion. At the same time, I’m bouncing in place and jiggling my butt. Forcing myself to keep from laughing aloud, I think, *How ridiculous we must look!*

But I keep at it, and as I do, something interesting happens. All the tension from that morning’s drive through beastly San Francisco traffic begins to slough off like snow from a rooftop. My neck and back feel looser, almost as if I’d had a massage. My self-consciousness fades, and I start to enjoy the sensation of shaking. A minute or so in, I crack open an eyelid and see that everyone—including our instructor—is bopping wildly.

“Three minutes left!” the voice says. There are a few loud whoops from around the room.

A few minutes later—though it feels like an eternity—the percussive, electronic sounds stop abruptly, and we are told to breathe deeply for 60 seconds before launching into a freestyle dance. “Let the music move you!” says the voice. As Bob Marley wails “every little thing is gonna be all right,” the mood in the room shifts to that of a beachside

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nightclub. We've opened our eyes by now, and people are really boogying—gyrating their hips, raising their arms in the air. It's exhilarating. By the end of the song, I feel bound to these strangers by a shared joy in movement.

The soothing voice is that of James S. Gordon, founder and director of The Center for Mind-Body Medicine in Washington, D.C. And this is not some strange New Age aerobics class but the beginning of the CMBM's intensive, five-day training of an assortment of health professionals in the science of mind-body medicine—a range of techniques that facilitates the brain's ability to affect bodily functions and symptoms. Dr. Gordon, a Harvard-educated psychiatrist and professor at the Georgetown University School of Medicine, is constantly crisscrossing the globe to lead trainings like this one at the Sofitel in Redwood City.

A charismatic presence with a grandfatherly demeanor, Gordon starts each session with the “shaking” meditation—a jubilant, freeing exercise that helps people break up fixed mental and biological patterns. Gordon's book *Unstuck: Your Guide to the Seven-Stage Journey Out of Depression* describes this and other mind-body therapies in detail. “Expressive” meditations like shaking are not new. They have been used in many cultures and include the whirling of Sufi dervishes, Native American chanting and dancing, and the spontaneous movement that is part of the Indonesian spiritual exercise called the *latihan*.

As eccentric as the therapy seems at first glance—even to those who embrace other, more conventional mind-body disciplines like yoga and meditation—it has a powerful effect. Gordon has used “shaking and dancing” with torture victims, HIV patients, and drug addicts. He and his staff teach it to veterans from the wars in Iraq and Afghanistan who are suffering from anxiety, depression, and post-traumatic stress disorder (PTSD). Earlier, Gordon introduced the exercise by saying, “This is good for every human. There are no contraindications.”

I've come here to experience Gordon's unique combination of mind-body therapies first-hand. Using a dozen or so techniques—meditation, deep-breathing, biofeedback, guided imagery, self-expression through drawings, and even mindful eating and nutrition—Gordon and his staff have, for 15 years, been working with traumatized populations in war-torn regions like Bosnia, Kosovo, Gaza, and Israel. But I'm here to learn more about why VA hospitals and military bases across the U.S. have begun adopting them for ailing soldiers. *How do no-nonsense combat veterans react to shaking and dancing?* I wonder to myself. Gordon seems to read my mind. “There are always people who walk out of the room,” he says to the gathering of clinicians, social workers, and healers of all stripes. “The way to learn it is to do it again and again.”



Wayne Bergeron, who served in Vietnam as a U.S. Navy SEAL, plays with his 8-year-old granddaughter Turner under a sprawling live oak near his home in Mandeville, Louisiana. “Twice a week, I pick her up after

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cheerleading practice, and we go get ice cream,” Bergeron says. His favorite part of the small groups was sharing experiences with other veterans and learning how to meditate.

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**Gordon, who is** in his early 70s but seems a decade younger, has, with his team, taught a running total of 5,000 health professionals and educators in the Center’s small-group approach. These healers—the brilliance of the model is that they can be doctors, chaplains, anyone with an interest in helping others—in turn, lead intimate mind-body groups for trauma survivors in their own communities. Gordon and his staff have also used this training model to work with victims of natural disaster—in post-Katrina New Orleans and post-earthquake Haiti. In 2007, struck by the epidemic of PTSD in the military, Gordon launched “Healing Our Troops” and began training U.S. military health care providers in the same non-drug techniques.

PTSD is an anxiety disorder brought on by memories of an extremely stressful event, such as a car accident, sexual abuse, or war. The number of soldiers returning from Afghanistan and Iraq with PTSD is distressingly high; the Veterans Health Administration estimates that up to 20 percent will suffer PTSD symptoms, including emotional withdrawal, nightmares, flashbacks, insomnia, and panic attacks. David Finkel, Pulitzer Prize-winning journalist and author of the book *Thank You for Your Service*, estimates that, together, both wars have created half a million “mentally wounded” American veterans. And the reality is likely much higher. Within the stoic culture of the military, where the unspoken mantra is “what doesn’t kill you makes you stronger,” mental illness is still seen by many as a sign of weakness. As a result, many veterans never seek treatment and so are never diagnosed. And then there is the staggeringly high number of veteran suicides. According to the Department of Veterans Affairs, every day an estimated 22 veterans take their own lives. In other words, Gordon and his staff have their work cut out for them.

On the second day of the CMBM training, I meet Gordon for breakfast. Though packed with research on the biological underpinnings of mind-body medicine, his animated lectures are flecked with funny anecdotes that spark laughter. He’s serious about his work—healing trauma survivors is clearly his calling—yet Gordon is unafraid to show his goofy side. He does the shaking, and the flapping of his arms like a chicken for the “chaotic breathing” exercise, right along with us.

Over eggs and coffee, he tells me about the time, 15 years ago, when he returned from Kosovo, where he’d been working with war-traumatized children and adults. On the plane, he sat next to a young American soldier who served as an intelligence officer in Afghanistan. “He told me what he had gone through in the war, what it was like,” remembers Gordon, who says the two of them formed a deep connection during the flight. Every week for a year after their chance encounter, Gordon and the man spoke by phone. These conversations helped motivate the doctor to turn his attention to working with American trauma victims—specifically veterans of the conflicts in Iraq and Afghanistan. “I thought to myself, *The troops who are coming back from these wars are just as traumatized as the people we’re working with overseas. So let’s see what we can do.*”

A lot, as it happens. Since founding Healing Our Troops in 2007, Gordon and his staff have trained 350-plus military health professionals in the Center’s mind-body techniques. Roughly 15 VA hospitals and 15 military installations offer a version of the CMBM’s 10-week program. Beret Skroch, a psychologist and program manager at the Minneapolis VA Health Care System, has been using the Center’s model for 6 years. “People who go through it report improved mood, a better sense of control, decreased depression, and increased serenity,” she says. Joseph Graca, a clinical psychologist who has run mind-body skills groups at the VA in St. Cloud, Minnesota, says teaching veterans mindfulness has a profound effect on their receptivity to other treatments. “When a vet is in his body for the first time, stuff comes up. It’s like when you’re frostbit. You don’t feel anything, but when you start coming out of it, it’s painful,”

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says Graca. “They’ll talk about how much it hurts. It’s scary. But stay with it, and what you start noticing is the veterans get back their fuel for life.”

In 2008, the Department of Defense, intrigued by the anecdotal success of the CMBM’s program, funded a randomized controlled trial on the CMBM therapies for vets with PTSD. (The gold standard of medical research, a randomized controlled trial assigns subjects at random to either a control group or an “experimental” group.) The study, which began in 2011 and compared mind-body therapies to treatment as usual (typically cognitive behavioral therapy or medication—or a combination of both), was conducted at the Southeast Louisiana Veterans Health Care System in New Orleans. Veterans in the mind-body skills groups were permitted to remain on any medications they were taking for sleep, depression, or anxiety, but study leaders kept track of all changes they and their doctors made in dosages throughout the 10 weeks. Though the final trial was concluded in September, its administrators can’t predict when results will be published. “[But] what we’ve seen so far is that they look very positive,” says Gordon, whose hope is that the data will convince the U.S. military and the VA system to make the CMBM’s model available to all veterans and active-duty soldiers—as well as to their families.

Gordon has seen dramatic positive effects during his nearly two decades of teaching mind-body skills. In Gaza, women who’ve participated in the groups are standing up to their abusive husbands, and children who’ve learned “soft-belly” breathing (a deep breathing meditation that quiets mental and physical agitation) say they no longer have nightmares. During the ethnic conflict in Kosovo, Gordon led a group of teen girls in the mind-body therapies. The first time they did shaking and dancing, half of them began weeping. “Everything had been so held in,” Gordon remembers. The second time they did it, their joy was more evident. “A few girls came up to me and asked, ‘Do you know Michael Jackson?’” In other words, they became girls again.

Research validates Gordon’s clinical observations. A randomized controlled trial that he conducted on 82 Kosovar teens found that after just 12 weeks, mind-body therapies reduced PTSD symptoms by about 80 percent.

Mind-body techniques are practical, and this appeals to results-oriented veterans, Gordon tells me. “You can see the results pretty quickly because you’re doing something. You’re not just talking.” Learning skills like meditation and biofeedback also give veterans a sense of control because they are actively participating in their own treatment.

These techniques are taught in groups of 10 or fewer veterans—and the importance of this small-group model cannot be overstated. At each session, participants do a brief soft-belly meditation and then go around the circle and “check in,” each sharing how he or she feels emotionally, physically, and spiritually at that moment. The ground rules are clear: You can’t interrupt while someone else is talking, and when it’s your turn you can’t give others advice—though you can say how their responses affected you. Also, you’re not forced to talk; if you don’t feel like sharing, you can pass.

With cognitive behavioral therapy, a veteran usually talks to a therapist one-on-one, and the patient’s problems are the focus of their sessions. In Gordon’s skills groups, the facilitator, who introduces the concept of mind-body medicine and teaches the techniques, is an equal participant. This is a crucial difference from other VA support groups, says psychologist Michelle Hamilton, a co-investigator of the New Orleans study. Hamilton thinks her participation allowed the veterans to go deeper faster. “For veterans with PTSD—who tend to be emotionally numb—going deep within themselves isn’t something they’re used to doing,” she says. “They felt safe in the group.”

Over the years that she’s led mind-body skills groups at the Minneapolis VA, Beret Skroch has seen veterans react powerfully to many of the techniques, especially the drawings and guided imagery. In the drawing exercise, you sketch yourself three times: in the present; with your biggest problem; and, finally, with a solution. You do this three

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times—once at the beginning of the 10 weeks and twice at the end. Veterans are often astonished by what their drawings reveal. Others respond well to the use of “wise guide” imagery, where you tap into your unconscious by closing your eyes and summoning a mentor—an older relative, a figure from Greek mythology, or even an animal—whom you then consult for advice. Many veterans have epiphanies while mapping out their “genogram,” a family tree that makes visible family patterns and strengths.

After the genogram exercise, Madeleine Uddo, co-investigator of the New Orleans study, saw vets make tangible changes in their lives. “One decided to go and reconnect with a child he hadn’t seen in many, many years. Another reached out to a brother he hadn’t seen in 20 years, and they developed this amazing relationship afterwards.”

The strength of the CMBM’s model, Skroch says, is that it offers a smorgasbord of techniques that veterans can choose from—and the safety of the small group. “The most powerful mind-body therapy is not any one technique, it’s the container of the group. It’s being in a safe space, where you’re able to share without a concern that anyone will shut you down or offer advice,” she says.



When Lionel Parker was asked to envision a safe place, he’d imagine himself sitting on a seawall, staring out at Lake Pontchartrain. “My way of calming down is I take a fishing pole and sit by the water,” says the Vietnam vet. For years, he’s suffered with PTSD, and the mind-body group offered him a place where he could talk freely about his wartime experiences. “Now I don’t feel like I’m on an island by myself.”

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**Kevin Jones, a handsome** African-American man with closely cropped hair, strides into the Modern Hotel in New Orleans and shakes my hand. Despite being tall and portly, Jones (whose name I’ve changed at his request) is more composed than imposing. And that’s surprising given how much trauma the Iraq War veteran has experienced. As a sergeant first class in Operation Iraqi Freedom, he witnessed fellow soldiers killed and maimed by IEDs, and discovered the mutilated bodies of civilian contractors with whom he worked every day. He returned from his second deployment in Iraq just in time to evacuate his family to Texas before Hurricane Katrina hit. Returning to New Orleans from a temporary home in Dallas three weeks later, Jones and his wife found their house in ruins. It wasn’t until after his final deployment—to Haiti in 2010, where he helped with post-earthquake disaster relief—that Jones was diagnosed with PTSD.

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Despite all of this, Jones has a wicked sense of humor and a smile that lights up his broad face. A week earlier on the phone, he'd warned me that he's a private person who rarely feels comfortable talking about his emotions. Nonetheless, he settles into a chair and starts to recount his 17-year career in the military. He speaks in a considered way, as if he's thought through what he wants to say before he utters it. It's hard for me to imagine this soft-spoken man—who longs to teach his young daughters how to make pizza, if only the family had a bigger kitchen—engaging in angry conflicts with his wife, as has happened since his return to civilian life.

Jones' father was a Navy man, and the family moved around a lot—from Texas to Oklahoma to California. Throughout high school, Jones was in Junior ROTC. It was a foregone conclusion that he'd sign up to serve his country. When the time came, he chose the Army. Because his aptitude test scores were so high, Jones was given his pick of military jobs. He opted to learn about power generation and electrical repair.

But if he had any illusions about what he'd be doing in the Army, basic training set him straight. "The whole idea of basic training is really messed up," he says with a stammer that, for the first time, hints at the fierce emotion beneath his composure. "They try and break you down in order to build you up the way they want you. So don't think you're going to go out there with extension cords. You're going to go out there with guns."

Jones was deployed to Kuwait in 2001, where thousands of troops were assembling at Camp Doha prior to the U.S. invasion of Iraq. Even though there was no fighting in Kuwait, he endured something that haunts him to this day. His military job was to help set up distribution boxes and communications networks. On January 21, 2003, two colleagues—civilian contractors from a software development firm in San Diego—were ambushed at a stoplight in what officials called a random terrorist act. Jones, who was in a vehicle more than a mile behind them, didn't witness the attack, but he and his fellow soldiers found the contractors' bodies riddled with gunshot wounds. One was dead. "These were guys we were working with, and they shot 'em up," Jones says, shaking his head. The convoy was less than 3 miles from the safety of the base, and "we didn't get a chance to help."

Jones survived such trauma by shutting off his emotions. "You're like, 'OK, I'm here for war. I need to be single-minded,'" he recalls telling himself on the way to Iraq. But he never got used to the nightly sirens and ground strikes. "When they were bombing us, you never knew where it was going to land. You hear it, and you're like, 'Is it close? Is it going to hit us?'" Once the sirens sounded, he and his bunkermates would don full chemical gear because "you don't know what they're shooting."

In Haiti, Jones was injured while carrying a 55-foot medi-tent on an airfield. In excruciating pain, he was told by his case manager that he needn't go to the hospital—an ibuprofen would do. "That's the way they treated us out there in the field," Jones says. Later, when he went through post-deployment in New Orleans, Jones was diagnosed with PTSD. His symptoms—anxiety, nightmares, hyper-vigilance, outbursts, and depression—had been present for years, but he says he wasn't screened for the disorder until he returned from Haiti. He was immediately given meds for anxiety and depression. It was another soldier who urged him to seek psychological help at NOLA's VA hospital. "I was under the impression that this is just what soldiers go through," Jones says.

He started meeting once a week with a psychologist for cognitive behavioral therapy. The same psychologist told him about the mind-body study, which he participated in for 10 weeks in the summer of 2013. Being in a small group—where he listened to other NOLA-based veterans articulate their struggles—helped Jones open up about experiences he wasn't comfortable sharing with anyone, including his wife. "Logically, you know that you're not the only one who has gone through war," he says. "But it's one thing to know it and another when you actually hear other people speak of their experiences. Regardless of what war they may have been in, you're dealing with the same issues."

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Jones was the youngest member of his group, and the only one from the latest Iraq War. Two group members served in the first Iraq War (aka Operation Desert Storm), and the rest were veterans of Vietnam. Michelle Hamilton, the staff psychologist who led Jones' group, says she's always surprised by the affection that develops between 60-year-old group members and younger guys like Jones. "Sometimes the Vietnam vets feel like father figures to them," she says. The men in Jones' group (see sidebar photographs) forged such a strong bond that by the final session they didn't want to part. Today, they regularly keep tabs on one another. "We say, 'Are you doin' something to relax, or are you just getting more pissed off?'" Jones says, chuckling.

That Hamilton fully participated in the exercise made Jones feel even more at ease. "When we were opening up, it wasn't just us. We learned about her, too," he says. "It's not like we were just putting our information out there to be judged."

Jones learned skills that serve him well in his civilian life—like coping with everyday traffic jams. "After being in convoys where you see someone ahead of you get blown up by an IED, or you see somebody get ambushed and there's nothing you can do about it ..." his voice trails off. As a result, he says, "I'm always on the defensive when it comes to driving."

Understandably, this troubled his wife, who worried they'd get into an accident. But after mastering soft-belly breathing—a meditation done with the eyes closed—Jones now regularly employs it while he's driving, breathing in through his nose and out through his mouth the way Hamilton taught him. "When I'm driving, soft-belly calms me down a *lot*," he says. "I just don't close my eyes!"

The soft-belly meditation also helps Jones rein in his anger. "I don't like to argue, but at times I can be so on edge that it doesn't make a difference what you say," he notes of his habit of losing his temper with family or friends. "I'm snapping at what you say, or who you are—I'm snapping at *you*."

"That really got to me," he says, looking away as he speaks. "But the meditation helps me control some of those outbursts. It gives me a whole lot more control."



"When I first came home from Vietnam, I was nervous and shaking, and I couldn't stay in one place too long," says Joseph Dean. But he always felt calm here, at the Greater St. John Missionary Baptist Church in New Orleans, where he was baptized in 1958. In the mind-body group, he would recall it during the guided imagery exercise. Today, Dean is the president of the church's board of trustees and sings in the men's choir.

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**Jones still struggles** with his PTSD symptoms. He doesn't like sudden noises, so he spends every Fourth of July holed up in his house, with loud music playing to drown out the noise of fireworks. "Unfortunately, as a result, my daughters really don't enjoy the Fourth," he says. When going out to a restaurant with his wife, he has to make sure his back is against a wall.

No matter how powerful the mind-body techniques are, they won't erase the wounds of war. Like other vets who've seen combat, Jones may always have nightmares, episodes of depression, and anger issues. But these therapies have helped him gain control of his life. Though he remains on four medications, he credits the mind-body therapies with keeping him from having to add yet another. As Gordon said in the session I attended, there are no contraindications to these non-drug therapies—they are good for every human being.

Surprisingly, considering the macho culture of the military, the VA already endorses some mind-body therapies as treatments for PTSD—namely yoga, meditation, acupuncture, and biofeedback. Meditation is particularly popular, with more than 80 percent of VA health care facilities offering some form of it. Gordon, who chaired the White House Commission on Complementary and Alternative Medicine Policy during both the Clinton and Bush II administrations, says the federal agencies that took his ideas most to heart were the DOD and the VA. "They developed task forces to address our recommendations," he says. But Gordon also knows that both are large and complicated bureaucracies resistant to change.

And yet, if the results of Gordon's trials are as conclusive as he believes, what would the military lose by embracing these therapies for every soldier returning from combat? That's Gordon's dream—that these mind-body skills would be compulsory; that imparting them would be as routine as measuring a soldier's blood pressure or checking his or her eyesight. "They're taught how to clean and disassemble a weapon," he says. "But what about the *human* side? This is about giving our soldiers the skills to help themselves."

*Hannah Wallace writes about food politics, farming, integrative medicine, and travel.*