

# PAINTING A FENCE WITH HOPE

*Dr. James Gordon explores how mind-body medicine can both alleviate and prevent the physical and emotional distress caused by past traumas*

BY JAMES S. GORDON



With the “man of sorrow” in Bosnia, 1999



Israeli and Palestinian clinicians at a training at Ben Gurion University, 2012.



With CMBM Gaza program director Jamil Abdel Atti and youth group, Gaza City, 2010. (Photos courtesy James S. Gordon)

I started The Center for Mind-Body Medicine (CMBM) in 1991 like Tom Sawyer painting Aunt Polly’s fence: with a clear mission, no money and capable friends.

“Medicine has to change,” I told the assembled group of doctors, nurses, therapists, lawyers, business people and — perhaps significantly — one professional gambler. “If we are ever going to be healthy, to prevent and treat the chronic, stress-related conditions that afflict Americans, we have to teach people how to better understand and help themselves, to give them the support they need, to create healing communities and we have to begin with ourselves.”

We studied the science that shows the inextricability of mind and body and the way stress affects every aspect of our physical and mental functioning. We practiced techniques to help us relax our bodies and quiet our minds — meditation, yoga and biofeedback. We learned to use guided mental imagery, drawings and movement to address physical, emotional, mental and spiritual problems. We filled thick notebooks with our shared discoveries, created a curriculum of “mind-body medicine” and incorporated as a nonprofit.

People with cancer, HIV and heart disease who came to the “Mind-Body Skills Groups” were helped with lowering their levels of stress, pain and blood pressure, sleeping better and improving their immune functioning. Troubled inner-city kids overcame their self-consciousness, shook the angry tension out of their bodies and danced. In groups I began at Georgetown, anxious medical students found they could study better, became more optimistic about their future as physicians and even felt greater compassion for one another.

From the beginning, a non-sectarian faith and hope energized and guided our work; faith that people of all ages and with every kind of condition could learn to help themselves; hope that one success would lead to another.

Soon psychologist and social worker Mary Lee Esty and I were teaching others to integrate these approaches into their lives and work. Our first training program was for Washington area professionals and 30 people came. Now 250 clinicians, educators and others attend our annual national training, many from medical schools and major hospitals, but also from small towns and rural areas. They come

to recover the spirit that had brought them into the healing professions as well as to make self-care a major part of their clinical practice.

We have now trained 5,000 professionals and community leaders, and our faculty has grown to 130. We have been working with whole populations in some of the most troubled parts of our planet.

In 1998, when the fighting began in Kosovo, family physician Susan Lord and I went there. It seemed important to practice preventive medicine and teach health and sanity-saving self-care skills to women, children and the elderly who had just been bombed and burned out of their homes. During the NATO bombing of Kosovo, funding from Washington donors, including local businessman Don deLaski, made it possible for a team to work with some of the hundreds of thousands of Kosovar refugees who had fled to Macedonia. We trained doctors and did workshops in the sprawling Stankovic camp.

One damp day, while U.S. bombers roared overhead and U.N. trucks groaned through the camp, I led a workshop for 200, outlining the basic biology of the fight or flight and stress

responses and describing how past trauma deforms present life, continually agitating our nervous system long after the threat is over. My instructions for slow, deep, soft-belly breathing — the meditative antidote to the fight or flight response — floated over the heads of the people sitting under the U.N. tent which sheltered us, out into the field where more refugees were sitting. After the breathing, a number of people raised their hands and said they felt calmer, quieter and at ease for the first time in months. Several reported that they felt safe, as if the war was really behind them.

Far away, a man raised his hand. “Doctor,” he said, “thank you so much for coming to help us. Three months ago, I saw 21 members of our family massacred by Serbian paramilitaries. I cannot get the picture out of my mind. It is always there when I’m awake, the children falling and bleeding, my wife trying to cover the bodies, and it is there in my dreams. What can I do?”

My own mind stopped. My beating heart seemed to overwhelm my voice. Finally, I told him that I was so sad and moved by what he told me. “I do not know what I can do to help,” I said, “but I do hope that you will stay here in this workshop.”

“Thank you doctor,” he said and sat.

I spoke, haltingly at first, my mind filled with the man’s unimaginable sorrow. I explained that trauma can freeze us, shut us down physically and emotionally, as well as thrust us into fight or flight.

After a while, I got everyone to stand up. I put on fast, driving music, and showed them how to unfreeze, to shake the tension from their bodies. Then I encouraged them to dance to Jimmy Cliff’s reggae anthem “The Harder They Come.” There was a rare and wonderful sound — laughter.

As the crowd dispersed, I saw the “man of sorrow.” He told my interpreter he wanted to take a picture with me. We sat together, a small smile turning up one side of his face. I couldn’t help but ask him why he wanted the photo.


“For a few moments during the dancing, those terrible images and thoughts were gone. It is the first time in three months. It gives me hope that I can live again,” he told me.

I do not know what happened to the man of sorrow. I have, as we say in medicine, no

follow-up. I have thought about him often in the years since, as we have worked in other places where tragedy has struck. And often, in these new places, where we’ve taught local clinicians, teachers and other leaders to use these self-care techniques, I have had follow-ups that confirm the power of our work.

The Zaka, the long-bearded, ultra-orthodox Jews who pick up Israelis’ body parts after violent deaths, tell me that soft-belly breathing quiets their mind and quiells their nausea. In Gaza, our Palestinian team has worked more than eight years with 130,000 traumatized children and adults. During this summer’s war, they have provided stress-management and resiliency-building workshops for 30,000 who fled to U.N. shelters. In Haiti, years after the earthquake, orphaned children who still live in Father Freddie’s tent camp use the fast, deep breathing he’s taught them to banish the

remembered terrors that prevent their sleep. In our mind-body groups, U.S. veterans returning from Iraq and Afghanistan have moved beyond the rage and fear that has been hobbling their lives and spoiling their relationships. Published research is repeatedly demonstrating the effectiveness of our work — decreasing post-traumatic stress disorder (PTSD) by 80 percent in 10 weeks.

Our joy in helping people to help themselves grows ever greater. I’ve come to believe, as we teach thousands to help millions, that hope can be contagious. 

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## THREE SELF-CARE TECHNIQUES TO EASE STRESS THAT CAN BE PRACTICED AT HOME.

### SOFT-BELLY BREATHING

This is an easy to learn, fundamental way to quiet the fight or flight response and decrease stress. Sit comfortably with your feet on the floor and eyes closed. Breathe deeply in through your nose and out through your mouth with your belly soft and relaxed. As you breathe in, you say to yourself “soft,” and as you breath out, “belly.” If thoughts come, let them come and let them go. Gently bring your mind back to “soft belly.”

Begin by doing this for about five minutes two or three times a day and extend the time as you like. Little by little, it will be easier for you to experience the relaxed moment-to-moment awareness that this “concentrative” meditation brings.

### SHAKING AND DANCING

This one has three stages and is done standing up. Place your feet shoulder-width apart, with your knees bent and, your eyes closed (unless you have a problem with balance). Let the shaking move up from your feet, through your knees and hips, into your chest, shoulders and head so that after a while your whole body is shaking. After five minutes, stop, and while still standing, relax. Become aware of your breathing and your body. After two minutes, begin letting your body move again to music that inspires and energizes you.

The shaking releases physical tension that accompanies mental stress. The quiet interlude gives you a period of mindfulness. The third stage of movement allows the body to express itself in whatever way it needs.

It’s best to create a play list of hard-driving rhythmic music for the first part, a couple of minutes of silence for the second, and music with or without words that inspires or energizes you for the third.

### USING DRAWINGS TO MOBILIZE THE IMAGINATION

We do drawings at the beginning and toward the end of CMBM trainings and groups. There are three drawings in the first set.

You need three blank pieces of paper and crayons or magic markers.

On the first piece of paper draw yourself; on the second draw yourself with your biggest problem; and on the third draw yourself with your problem solved.

Drawings help to bypass the conscious censorship that may inhibit speech. They take us back to the playfulness and unfiltered imagination of childhood. The first drawing gets things going. The second allows us to identify a problem that is significant to us right now. The third drawing evokes a solution that may have eluded efforts at logical problem solving.

All these and other mind-body techniques are described in detail in “Unstuck: Your Guide to the Seven-Stage Journey Out of Depression.”