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NEWSLETTER

Treating War Trauma in Israel: Lessons for the United States

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We in the United States are already facing enormous human consequences from the war in Iraq, and preparing to deal with psychological issues of returning veterans. Israel is, unfortunately, a country that is expert at dealing with psychological trauma and we can learn from their experience. This paper will discuss the prevalence of combat stress in Israel and introduce treatment interventions that can be applied to psychological treatments in the United States.

Holistic Health and Group Dynamics at Lesley University

Coming initially to teach in Israel in 1986, I soon discovered that trauma in Israel is ubiquitous. Twenty-two years later, this past July 2008, I came to teach a course in Holistic Approach to Pain and Stress to students in a masters program at Lesley University. In the group process, we learn to use the support of the group to deal with any event that arises during the group. This morning was significant in the fact that the two soldiers were being returned in the prisoner exchange with Hezbollah. The students were unable to focus on much else, so we looked for ways to bring the moment into the group. Normal students, they were nevertheless showing signs of trauma from the accumulated effects of war.

I normally start sessions with a short meditation to help the students leave their everyday hectic worlds behind and make the transition into the group space. The meditation I use is mindfulness meditation, without content.

This morning, the group asked one of its members to lead the meditation. She was a strong woman from an Orthodox religious background. Two other religious women from the group joined her, and they brought in prayer music and readings. I had worked with Herb Benson and Joan Borysenko in Boston in the mid 1980s with dying people in nursing homes just as Benson's book on the *Faith Factor* came out, and had witnessed the difference in power between using abstract meditation and prayer from people's own traditions. As a Jew, I am very interested in learning about prayers of healing from my own tradition, and in fostering collaborations between religious and non-religious peoples in the Middle East. The grieving process brought all mothers together, religious and non-religious. Empowering group members to take leadership in the group and helping groups work with cultural diversity are also parts of the healing process, so I was glad to participate in the collaborative opening prayer/meditation. The religious woman leading this meditation noted: "Our group by that time had been studying together for a year in significant courses on dynamics, yet the topic of religious and secular persons never came up. It is fascinating to think that it was work on movement that broke the barrier and opened the door to this discourse" (Mor-Yosef, 2008).



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During the prayer/meditation, many people were crying. We then stood in a circle, swaying to the music, holding each other and crying. One member burst out with new news—two caskets were returned. Sobs broke out, especially among a few group members who were mothers of soldiers the same age as the ones being returned. Some group members expressed their feelings that the exchange was especially cruel since, although most people believed that the soldiers were dead, false hope was spread that they might still be alive.

Another group member had brought a reading about hope and the possibility of daring to hope for hope. We talked about the need for confrontation with death in an existential approach to group therapy. We had read Yalom's perspective on the importance of the confrontation with mortality, real and metaphorical, in order to take risks and live fully. Using the arts to develop a spontaneous ritual around death, we lit a candle, stood in a circle crying, sharing stories and memories.

After the break, the group theme turned to death and rebirth—of hope: How to find and celebrate hope. We chose music—one of religious women who had led had music that spoke of hope to her. It was high energy and had strong rhythms and was comfortingly familiar to the group and its cultural context. The group danced in a circle, beginning to laugh and play together. I supplied scarves (I come with props), and the group members played with the scarves—tying them together as jump ropes, expressing freedom, waving them, connecting in pairs and subgroups with the scarves. We ended with exhilaration and freedom.

In the processing after this experience, one of the mothers expressed a hope that there would be such a group for the mothers of soldiers. With encouragement from the group, she began to explore the possibility that this is the kind of group she wants to create in Israel, and that this might be her way to transform despair into hope.

Another student described the power of the multi-modal approach:

The product, the finished picture or the actual dance, were of no consequence. The journey that took me to a safe space where my nonverbal creativity was released, processed and healed was the ultimate product. The confidence that I gained to use my body, hands and imagery to express and communicate on a level that words could not explore brought about a state of peace and healing.

From the point of view of transference, the morning was powerful for me on many levels. On one level, it reminded me of my first experience coming back to Israel after a long absence from my own traditions, and how naive I had been to the reality of trauma in Israel. I returned to Israel in 1986 after a many year absence to teach, and was doing an expressive therapy group. One of the women ran out of the room crying, and the group told me who she was and why she reacted so strongly. Her name was Smadar Haran, and her husband and daughter had been killed by a

terrorist in front of her. She had put her hand over her other daughter's mouth so tightly to keep her from screaming that she inadvertently killed her own daughter. The terrorist who did this is Samir Kuntar, just the one who was that very day being released by Hezbollah, and most Israelis were terrified that he is loose again. Trauma recycles through time and generations, connecting all of us.

Also, during this trip, I revisited Kfar Hyarok, a small village where I lived during the summer when I was 14 years old. I came back a Zionist, dreaming of creating the perfect democracy in Israel. As I got older, my own growing realism and cynicism was mirrored by Israel's complex relationship to power, land, and corruption—no longer the ideal society. This trip for me was a return home, finding ways through my own cynicism and that of many of my Israeli friends, to some kind of possibility of hope or transformation. I believe that we cannot do this work without being very aware of our own countertransference responses, and can use these to work more authentically and empathetically.

Selah

Selah is housed in a delightful, renovated blue and white building in Neve Tzedek, one of the earliest old quarters of Tel Aviv. As Ruth Bar-On, the founder, greeted each volunteer and staff person with equal warmth, the feeling she conveyed was not of an institution, but of a family with a generous earth mother.

We began our meeting with staff and volunteer introductions. Since each person's contributions were connected to his or her own personal experience, his or her introduction also told us of the services offered at Selah. However, only about half the staff were present; many worked in the field providing emergency services, in Sderot and in the northern region. While other organizations provided trauma recovery services, Selah specialized in working with immigrants and underserved populations, including some visiting tourists and foreign workers; for example that day they helped a woman from Sri Lanka, alone in the country, who was in a bus explosion in Jerusalem at the beginning of July 2008, and had her toes amputated. All work is done with individuals, often in a most practical way; another example, an Ethiopian without medical insurance who lost an eye due to virus, was provided by Selah with an artificial eye. Selah believes that the first stage of trauma relief is to give both emotional and practical support and help individuals stand on their own feet. This process is followed by individual longer-term support where necessary. Specific populations, such as orphaned children, being raised by grandparents/older siblings/aunt and uncle, also join support groups. Selah also provides workshops for professionals on culture sensitive issues, orientation trips in the country for new immigrants, and healing retreats in natural settings.

Of the staff members and volunteers who came to the meeting, we met:

- Ruth Bar-On—Selah's founder and Director, was initially involved in the struggle to get Jews out of the Soviet Union as head of the Council of Soviet Jewry.
- Anna Krakovich— Selah volunteer, originally from the Ukraine. Anna was seriously wounded in a terror

attack in 1994, and was hospitalized for almost a year. She was helped by Selah during her hospital stay and her recuperation, and works with the Russian immigrants in disaster situations. She says: "part of healing is to help others." The message from Selah is: "Even if you are more dead than alive we need you" and the importance of the human connection.

- Lital Mauda—Volunteer for 9 years. In the past year she has worked primarily with two projects: (1) Elderly new immigrants from Russia, especially in Kiriyat Shmona, in a community outreach format. (2) Coordinator of a support group for Ethiopian orphans raised by older siblings. Lital gave an example of an eighteen year old girl who lost both her parents and has taken the responsibility for her five younger siblings, with almost no resources.

- Orian Halili— A recently arrived social worker with a specialty in criminology.

- Dana Missulawin—a lawyer who works with special projects.

- Micah Feldmann—a renowned expert on Ethiopian Jewry who now heads the Ethiopian Division of Selah. Approximately thirty percent of new utilizers of services at Selah are Ethiopian.

- Aliza Dorani— A social worker who is coordinator of referrals from trauma specialists. Aliza is also responsible for vital data of recipients and their needs.

Shanee Hosdorf—Young volunteer who is doing her national service at Selah. She works with 6 immigrant families, both from Ethiopian and the FSU.

- Leah Blustein—has been with Selah from the start. She contacts the families, identifies needs and directs the volunteers.

- Limor Regev—runs the support groups and healing retreats, for example: bereaved families, grandparents raising orphaned grandchildren, older brothers raising orphaned siblings and battered immigrant women who left shelters for the abused without any community support. There are monthly programs and 2–3-day retreats once or twice a year.

- Chana Shimon—an Ethiopian young woman from Sderot whose home was almost destroyed by Kassam rockets, she is now doing her national service at Selah helping bereaved Ethiopian families.

- Dr. Eleanor Pardess—A clinical psychologist, she has been a volunteer at Selah and works with the first aid emergency response teams on how to reach difficult populations who are isolated and cut off from support systems. She also works with an interdisciplinary team facilitating a long-term Multidimensional Support Program. As part of this comprehensive support program, nature-based workshops are held in the context of 2–3-day retreats. Eleanor has conceptualized the model of support program named M.O.V.I.N.G. ENCOUNTERS. This model which has been developed over the past 15 years, combines nature excursions, outdoor physical activities and exploration of metaphors from nature, such as survival in the desert, rooting and grounding or the regeneration of burnt trees, with a variety of expressive arts.

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The concept of M.O.V.I.N.G. ENCOUNTERS highlights the idea of re-establishing the flow of life and of creating the conditions that may facilitate moving in relationship to oneself, others, and the world. The choice of the term captures multiple meanings, including:

The actual physical movement which is an important part of the seminar program incorporating the nature excursions, stretching and breathing exercises as well as relaxation techniques and possibilities of dance therapy or martial art therapies.

The word “motion” is directly related to emotion (Stern, 1984), so movement creates space for shared e-motion.

The concept of moving is also relevant as a natural antidote to the post-traumatic experience of being immobilized, blocked, frozen and stuck in time

Moving along together includes moving backwards (remembering) and forward, thus bridging continuity between past, present and future.

As an acronym the term M.O.V.I.N.G. designates the following components, dimensions which are conditions facilitative of posttraumatic growth:

M – Meaning reconstruction; **O** – Opportunities for sharing;
V – Validating grief; **I** – Involvement in creative activity;
N – Nature immersion; **G** – Group experiences fostering a sense of belonging and connectedness.

Natal: Israel Trauma Center for Victims of Terror and War

The founder of Natal came highly recommended by Lesley University, who knew her as a graduate of their Master’s program in Arts and Expressive Therapies, and spoke of her in hushed terms.

Judith Yovel Recanati, founder and chairperson of Natal, met me in her office in a modern building in the heart of Tel Aviv on July 20. Natal began in 1998, an optimistic period for Israel in which residents thought a new era of peace was around the corner. Natal was the brainchild of Dr. Yossi Hadar who envisioned Natal as taking care of trauma from the previous wars and terrorism. At that time, most of the country was in denial about trauma; soldiers either felt shame or guilt about needing help or were not even aware that they suffered or why. Natal was opened in June of 1998, but Dr. Yossi Hadar was diagnosed and died dramatically 2 weeks later of leukemia. Judith Yovel Recanati and some of the clinical team believed that addressing the ongoing reality of trauma directly was so important that they decided to continue the center and re-opened it in November 1998. She believed that Israel was founded out of heroic desire to counteract the stereotype of “the Jew as weak,” so that admitting vulnerability or psychological injury has been taboo. Judith Yovel is dedicated to opening the subject of trauma from its current place of denial into a realistic assessment and provision of necessary treatment. She believes that everyone in Israel lives with underlying existential trauma and should have a supportive environment

to deal with this trauma.

Natal’s mission statement states that Natal was “founded out of a deep identification with the distress of those who were psychologically injured directly or indirectly in Israel’s wars, terror attacks and other traumatic events resulting from the Israeli-Arab conflict. Its worldview sees National Psychotrauma as part of the existential reality of Israeli society. All are susceptible to trauma.”

Natal is a:

- Multidisciplinary treatment center for victims of terror and war related trauma dedicated to improve their quality of life;
- Training center for professionals and at-risk populations in preventing and coping with trauma;
- Educational resource center to promote knowledge and awareness about terror and war-related trauma in Israeli society.

Since that time, Natal has become a major therapeutic body in Israel. Natal added a Community Outreach Team with 15 professionals under the leadership of Dr. Rony Berger providing art therapy, biofeedback, and groups in three languages. Natal has been working daily in Sderot for the past 7 years and has a mobile unit that visits people who are afraid to leave their homes. More than 1,200 patients have already been treated this way. Most of the community outreach team work is actually done outside the Natal building.

In 2006 Natal started a project for the released combat soldiers after the second Lebanon War who reported nightmares, difficulty concentrating, difficulty in relationships, and use of drugs and alcohol. Natal now reaches out to soldiers either indirectly (by creating special events at Universities and showing a film about the Lebanon War and having a discussion group or by bringing a lecturer to talk about his own experience) or else directly (having programs on TV and on the radio). Newsletter inserts reach almost every home in Israel, and programs are held four times a year, including Yom Kippur, Memorial Day, and the anniversary of the Second Lebanon War. After 10 years, Judith Yovel Recanati sees a change—more people are seeing the possibility of getting help, perhaps preventing chronic trauma. Natal is now affiliated with Tel Aviv University’s Medical School, and professionals from the whole country now get top quality studies, supervision, and a diploma at the end of the year. The curriculum includes other short specific courses, such as how to work on a Crisis Hotline.

On a tour, I met the following staff and saw:

- Saar Uziely—head of the clinical unit, a psychologist who told me that what distinguished Natal was a belief that neither one model of trauma recovery nor 1 hour a week of psychotherapy was enough: Trauma was “all over the place.” Natal’s approach used combined treatments such as psychology and social rehabilitation; for example, if a combat soldier was suffering from trauma, his wife was also in a support group. There was an in-house psychiatrist, as well as biofeedback, “safe touch therapy” and psychoeducation about PTSD to families. There is no time limit on the interventions (“short term doesn’t always work”). Some patients are in therapy up to 5 or more years, but the

Ministry of Defense or National Security pays for only part of the treatment.

Referrals come from the Hotline, and Dr. Uziely decides whether the callers need an intake before referring them to treatment. He screens for severe psychiatric or personality disorders, even though some disorders show up later during psychotherapy. Natal doesn't treat soldiers while they are in the army, only after they have completed their tours of duty. At the time of discharge, each soldier gets an orientation and brochure about Natal, and Dr. Uziely coordinates therapists.

The tour included the newly renovated beautiful building in the center of Tel-Aviv. Each floor had its own kitchen, promoting a home-like feeling among staff and participants. The building was designed to create a feeling of a safe space—to be a container. Groups that were in session at the time included: stained glass (objects made in the workshop are sold in benefits for Natal therapeutic-social club), painting, and photography. Other groups offered Feldenkrais, computer, and music. The Hotline was made up of only about 5% psychotherapists; most volunteers are specially trained older members of the community with life experience who make real relationships with the Hotline callers, are called by their first names, and follow up personally on phone calls. They go through a six-month training and get supervision in cohort groups. Callers use an 1-800 number that is free to them. About 15 psychologists staff Natal, but about 70 more work in locations around the country and in their own clinics.

I came away very impressed with:

- The fierce passion of its founding members and the breadth of their vision;
- The skillful early interventions, such as handing out brochures to all soldiers on their last day, to prevent trauma from hardening into a chronic state;
- The diversity of their models and a conviction that no “one size fits all.” The clinic had services for individuals, couples, groups and families, children and families of soldiers, crisis interventions and ongoing groups. Natal is committed to a holistic model—using verbal and nonverbal therapies—growing from a strong therapeutic relationship.

Casualty Division of the Israeli Defense Forces (IDF)

In 2006, I was teaching a course called “Group Process Through Expressive Therapies” for Lesley University in Netanya. Just before I came to Israel, the Second War in Lebanon (see *The Use of the Arts to work with Trauma in Israel*) started. Many members of the class were gripped by their own experiences of trauma as their sons and husbands were called to the front.

In that class was student Ayala Katz. Her first husband had been killed 16 years previously during an army service. The group gave her, and others, an opportunity to feel and express their emotions and was so helpful that we both shared a dream of being able to offer this help to the soldiers who were then serving. Since Ayala had a long-standing relationship with the Casualty Division of the IDF, this was a way to give back to the caregivers. Our dream came true 2

years later, exactly on the 2-year anniversary of that war.

Ayala arranged a meeting with Sharon Gal, the Training Coordinator of the Casualty Department, and we planned a 1-day trauma workshop held on July 21, 2008.

IDF Casualty Division

I was impressed by the depth of caring shown by the outreach services of the Casualty Division. The Casualty Division had been in touch with Ayala like with other bereaved families, mothers and fathers, siblings, widows, and orphans. They help when an orphan or a bereaved sibling joins the army. They create trips and vacations for the families and help whenever they can.

Whole-Person Approaches to Working With Trauma

We met close to Tel-Aviv in the small town of Giva'taim, in the House of the Fallen Soldiers, donated by the house manager in honor of this workshop. Every town has one of these houses, dedicated to ongoing events and memorials for the soldiers and families of that town. Ayala had grown up in this town, and her grandfather's sculpture graced one of the rooms, donated even before her husband was killed.

Participants

Twelve group participants ages 19 to 22 had responded to a note from Sharon Gal offering a free workshop to help cope with stress. Ironically, the date was the 2nd year anniversary of the Second Lebanon War. So six participants were obligated to attend memorials and the remaining six participants attended the workshop. These girls were officers who chose to serve in the Casualty Division and were on call 24/7. Already in the army, they went to officer training school, and in addition volunteered to work with the Casualty Division. They visited soldiers with medical and psychological wounds in hospitals, visited their families, and dealt with bereavement and memorials. Most in this group were getting near the end of their service, having been caregivers for 1.5 to 2 years. They traveled the breadth of Israel alone to represent the Army. They encountered not only intense fears and grief, but also anger felt by many families at the Army. Clearly, some were very exhausted.

Sharon, a marriage and family therapist as well as an Army officer, conducted the pre-service screening. She monitors the group participants during their service, and offers a 2-hour support group every 2 weeks. This support group is led by an outside professional, but is limited to verbal psychotherapy. The women are encouraged to talk about everything, including whether they would stay in the Army or the Casualty Department. At the end of their service they have exit interviews, although they are not followed to see the effects of their stresses on them after service is over.

All participants are assigned randomly to units; one group member had been assigned to the tanks, another with the machines, one with the navy, and one as a back-up support system for the others.

Their most common issue was described as being one of “boundaries”: being able to say “no.” Many were young

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and idealistic, and still wanted to “save the world”—“they want to be angels.” All are single and live with their families, who do not meet regularly with the Casualty Department Training Coordinator.

During the lunch break, I had the opportunity to talk informally with some of the group participants. Roni described herself as in a support or managerial role, helping others plan their trips, but therefore lacking some of their “tools” for direct trauma work. When I asked her what drew her to this work, she said it was “to help our soldiers”—the “thanks from them motivates me.” She wanted to share with me “stories that really touched my heart, like the officer who lost both her legs” from a parachute jump. When she brought the Chief of Staff to help the soldiers light Chanukkah candles, her satisfaction was “to see their smiles and joy.” She had been on this job for 1 to 1.5 years, and was beginning “to withdraw” and “get ready to leave.” My motivation is “love and concern for the soldiers.”

When I asked her if she felt fear, she said: “Not really—sometimes I don’t know how to react.” What was difficult? “We have some families who are angry at the Army and they don’t know who to blame.” Other times, she said, however the families are “so happy” you are there. “Sometimes” she said, “this soldier (a female parachuter who lost both legs) so inspires me that I had energies for the whole week.” She saw herself as creating a way of life for those who have been hurt, and could answer her own question when she sees the suffering around her: “What can I do about it?” Roni also acknowledged having a great deal of fun with the soldiers, and learning about herself in the process. She said she “suddenly appreciated what she had,” and had a better sense of perspective in life.

Group Process

The group started with a warm up that provided a structured beginning to ease the anxieties of young women who are used to a very hierarchical and disciplined approach to life. We began with exercises that were familiar to them, and neutral in emotional content. We passed the leadership around the circle several times; each time, the women got a little looser, a little more expressive. The movement at this point was used to create a circle, to bring everyone together, to support and energize them.

We then drew self-portraits. My suggestion was simply “Draw yourself.” Several of the women drew surprisingly colorful and innocent-looking young girls with blond hair and very long/curly eyelashes. At this point they shared thoughts and discovered that some of them created the drawing with mostly the color of their army beret (IDF soldiers have different color berets, according to their unit). That was a meaningful discovery for them, as it was revealing their association, or attachment, to the unit to which they were assigned. Drawings of “flow” and “flower” were present. As the group went on, they got progressively more playful, as though the opportunities to be giggling young women really were emerging. They seemed hungry for the chance to be youthful, carefree and play: Roni said

“this is a great way to deal with things we have to deal with every day.” She described her drawing as “free.” Even though she too was struggling with the issue of whether or not to continue with the army, she was also in touch with her “big dreams” and understood that she was free because “I decide.”

Shoshi’s first drawing had “heavy bricks” that reminded her that she “can’t be free,” but her in her second drawing “a lot of things went out.” It was a “pure feeling.”

One whose drawing was entitled “Flow” said: “My way to life is to being happy,” with “light” and “friendship.” One whose drawing was called “Flower” said: “my heart is a big flower.”

In Nurit’s drawing, a “moment of breath” was in the center circle, but “you can see the cell phones...we can’t really detach ourselves from the job.”

A young officer who left her parents behind when she came to Israel drew a picture of herself as a small girl in bed with a window showing the night sky above her. She said that sometimes she “feels like a little kid.” Sometimes she “feels like she wants to be back to kindergarten.” The light blue clouds in her drawing symbolized “the good things in life,” and dark blue the “difficult things in life.”

The short meditation brought up a great deal of sadness, together with feelings of love and togetherness. A few said to me, trying to explain: “We don’t even have 20 minutes to rest during a normal day at work.” One shared her guilt at sleeping through a crisis phone call one night. Another said that she might not want to continue volunteering: “It is too hard to live like this.” Cell phones were vibrating throughout the meditation time, more noticeable than during other parts of the day.

We then moved into a lighter, more energized mode with Caribbean dancing, use of scarves, and improvisation. While they still preferred a structured circle form, they also moved into dyads, lines, and other forms. They were happy and playful, and then we did drawing #2.

They said the group had given them a chance to feel their feelings, while overall strengthening, resting and refreshing themselves. It gave them a chance to play and live in their imaginations. They want to continue this kind of work. They also expressed their contentment from knowing each other better, and for the opportunity just to be with what they have and with whom they serve. Many said they realized during the workshop how their hobbies are important in their lives. They used to dance, draw, do sports and now they miss those hobbies, while their army duty takes almost every minute of their time.

Having Ayala co-lead the group with me added a valuable new dimension to the group. She made a bridge, letting the group know that she had her own experience with the Casualty Division and acting as an interpreter. She also brought her own experience of the army and Israeli society to the group, and added her reflections. She said:

One thing that comes back to me is the fact that they almost didn’t talk or expressed the difficulties of meeting wounded soldiers or bereaved families. They did talk about not having time for themselves, they did say that they are tired, they did talk about their personal future and whether to stay in the army or not (most of them has at least a year to

serve). Maybe this happened because we focused on them, told them that it is time that they can take for themselves or was it something else, like a need for more trust or security with us and among themselves. Or, it is maybe something with the current Israeli society, a more personal than collective culture.

The other thing was the closeness, the togetherness, that was built during the day, out of moving and sharing music together. For me it is a miracle every time I encounter this phenomenon.

With all the issues that were in this room, I felt like I was forgetting myself, but very connected to myself. I could feel the many people that come to this specific house every year in Memorial Day Eve to honor the fallen soldiers; that walk around to look at the names; that stands still with the whole country for 2 minutes when the sirens are on, in front of the house, where the Israeli flag is up on the flagpole (where the group took pictures at the end of the day). It was as if there was a huge backup to be there for these young officers. I wanted so much to empower them, to tell them how their job is so important to so many people, so helpful, so meaningful and significant. Maybe by helping to create this day for them I actually said it ...

Maybe the biggest thing for me was the realization that dreams come true, with hard work and a lot of patience, when it is the right time and place ... If we don't dream, things will not happen. For me it was an extraordinary event.

After sharing their drawings, and closed the workshop, the young women got back into their uniforms, getting ready to go back, some to work, and some back home. The group took photos together in their uniforms and expressed warmth and support to each other. It took them some time to leave the place, to say goodbye.

Conclusion

In the case of human suffering, we are all brothers and sisters. Soldiers and their families in Israel and in the United States can learn from each others' experiences. It is hoped that this report will be one step toward addressing these shared human traumas through collaboration.

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