

# Health Insights Today

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## Unstuck: Holistic Approaches for Depression Interview with James S. Gordon, MD

By Daniel Redwood, DC

James S. Gordon, MD, is the founder and director of The Center for Mind-Body Medicine and is also one of the founders of contemporary holistic medicine. A practitioner, researcher and educator, he pioneered integrative medical education at the Georgetown University School of Medicine in Washington, DC, where he is Clinical Professor in the Departments of Psychiatry and Family Medicine. Gordon was named by President Clinton to chair the White House Commission on Complementary and Alternative Medicine after earlier serving as the first Program Chair for the National Institutes of Health Office of Alternative Medicine (now the National Center for Complementary and Alternative Medicine).

In addition to his new book, *Unstuck: Your Guide to the Seven Stage Journey Out of Depression* (Penguin, 2008), Dr. Gordon is the author of *Comprehensive Cancer Care* and *Manifesto for a New Medicine*, and has also written or edited nine other books, including the award-winning *Health for the Whole Person*, and more than 120 articles in professional journals and general magazines and newspapers, among them the *American Journal of Psychiatry*, *Psychiatry*, *American Family Physician*, *Atlantic Monthly*, *The Washington Post*, and *The New York Times*. His work has been featured on *Good Morning America*, *The Today Show*, *CNN*, *CBS Sunday Morning*, *Fox News* and *National Public Radio*, as well as in *The Washington Post*, *USA Today*, *Newsweek*, *People*, *Town and Country*, *Hippocrates*, *Psychology Today*, *Vegetarian Times*, *Natural Health*, *Health and Prevention*.

A graduate of Harvard University and Harvard Medical School, he was for ten years a research psychiatrist at the National Institute of Mental Health. There he developed the first national program for runaway and homeless youth, edited the first comprehensive studies of alternative and holistic medicine, directed the Special Study on Alternative Services for President Carter's Commission on Mental Health, and created a nationwide preceptorship program for medical students. Through the Center for Mind-Body Medicine, Dr. Gordon has created ground-breaking programs of comprehensive mind-body healing for physicians, medical students and other health professionals; for people with cancer, depression and other chronic illnesses; and for traumatized children and families, and those who serve them, in Bosnia, Kosovo, Israel, Gaza, post-9/11 New York City, and post-Katrina southern Louisiana.

*Unstuck*, Dr. Gordon's newest book, focuses on his holistic, non-drug based model for helping people with depression, who Gordon believes have been ill-served by conventional medicine. He is critical of the tendency of many doctors to quickly prescribe antidepressant medications while devoting little or no time to exploring the life events that led to the depression. He feels strongly that doctors need to engender hope and empowerment in patients to help them to move through and out of depression. He offers *Unstuck* as a manual for implementing these goals.

In this interview with Dr. Daniel Redwood, Dr. Gordon explains the limitations of viewing depression as a disease, describes the various aspects of his program, tells the story of a patient's dramatic positive response, explains the importance of physical exercise for depressed people, and discusses a variety of circumstances in which he has applied his methods, including his work in Kosovo during and after the 1999 war there.

The current conventional medical model asserts that depression is a disease that can be treated effectively with medications. A central theme in your book is that depression is not a disease but a call to change something in one's life. Please begin at the beginning and explain how you reached this opinion.

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The beginning for me was when I was in medical school. I was working on a psychiatric ward and it just hit me that the folks on the psychiatric ward didn't look much like the folks on the medical ward or the surgical ward. They didn't look sick, just more or less like me and the other people who worked on the ward. And yet they were being put in pajamas (which is what they used to do in psychiatric wards). I thought to myself, this is very strange.

The question came to me: in what way do these people have a disease? Certainly not in the way that someone going to the hospital in a diabetic coma has a disease, or someone who has cancer or who has had a heart attack. It's just not the same kind of experience. So I began to question how this was a disease and the answers I got were not terribly satisfactory. Also, as I read about it, I didn't see that there was any evidence of anatomical lesions. I had worked in pathology, I had done autopsies, and I knew that there were anatomical lesions for disease states. But there weren't any for depression. I also discovered that people could move through it. They were depressed for a period of time and then they stopped being depressed, sometimes without any particular kind of treatment. And I wondered, what kind of disease exactly is that? There's no pathogen that's been discovered, there's no anatomical lesion, there's no fixed biochemical abnormality, there's no particular downhill course for this condition. What makes it a disease?

I wanted to understand the experience of people who were diagnosed as being depressed so I began to talk with them and to hear their experiences. Some of these people had what we then called "endogenous" depressions, which at the time were considered distinct from the "reactive" depressions when you became depressed, had all the signs and symptoms, the weight loss or weight gain, lack of pleasure in life, a sense of hopelessness, fear about the future, discouragement and sometimes suicidal feelings. There were some people who experienced these things clearly as a reaction to events in their lives, but there were other people for whom these signs and symptoms just appeared, who were said to have an endogenous depression.

But when I talked with those people at length, I found that in their lives, too, things had gone on that made them significantly more depressed now than they were six weeks or six months before. And I began to read the psychological literature, Freud and Abraham, and to think about some of the theories about depression. *And it just didn't seem to be a disease.* When I found myself depressed, at times it felt overwhelming in the way an illness did, but there was no illness. I realized these were ways I was looking at the world, things I was feeling. Primarily a sense of loss and a sense of confusion after losing a relationship.

*In Unstuck, you quote Freud as writing that replacing neurosis with ordinary unhappiness is a worthy goal. You also point out that many psychopharmacologists praise the restoration of the "pre-morbid personality." I was struck by how low the bar can be set. How realistic is it to set it higher?*

If you think about those phrases, they're pretty discouraging. [Laughter]. The bar is set *extremely low*. My own experience is that depression is the *beginning*. They're talking about a state or a terrible condition. Their model is that it's sort of like an infection, where you may have pneumonia now, and we'll give you antibiotics for it, and your lungs will come back to what they were before. That's the "restoring the pre-morbid personality."

But depression is part of life. It's not a particular disease state and there are lessons that it is bringing to us. If we can learn those lessons, then we can move ahead with our lives in ways that may be very different from the way we've lived before. For me, it's entirely reasonable to set the bar far higher, to see that this is a wake-up call. Depression was a wake-up call for me and it is for the patients and people I see. If you view it as a disease state, then you'll be perfectly happy to restore the pre-morbid personality. If you view it as a sign that something needs to change, then what you're going to want to do is work for that change. To ask what needs to change, and what can I do as a person who is depressed. Or what can I do as a clinician to help promote that change.

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*In your book, you tell the stories of patients you've seen who worked their way through depression, some of them slowly and others surprisingly quickly. The story that moved me most was that of a man you called Milton, who came to you after two years of suffering through the breakup of his marriage and the fact that his wife moved with his son to California, 3000 miles from Washington, DC, where he lived. Please tell us that story.*

Milton was an amazing story. With all the people I write about, I disguise them enough so that no one is likely to recognize them, except perhaps they will recognize themselves. Milton came into my office and he was depressed, he was angry and he was very strong. He had been a sergeant in the Air Force, kind of a ramrod straight guy. He was an airplane mechanic and one of the people whose planes he was servicing, a neurosurgeon, had seen how upset he was and had referred him to me. He was angry at his ex-wife, he was angry at his kid, he was angry at the doctors who had prescribed antidepressants, he was angry at himself, he was angry at his boss, he was angry at everybody. And he wasn't sure what he was doing there [in a psychiatrist's office] but nothing else had worked for him.

I took a history and found out what had happened. He and his wife had had a very nasty breakup and she moved to California. He got more and more upset about his son being so far away from him. And he found himself getting more and more angry *at his son*, and I think that's really what brought him to see me ultimately, because that was so distressing to him, that this anger and this sense of hurt was so uncontrolled. Meanwhile, all of his life had lost its savor for him; there was nothing he really enjoyed any more. He was still perfectly good at his job but it didn't give him any real pleasure.

After we talked for some time, I taught him the very simple relaxation technique that I teach in the beginning of the book, which I teach many of my patients and also in our training programs at The Center for Mind-Body Medicine. It's called Soft Belly. And what I said to him was to just sit in your chair and let your breathing deepen. Breathe in through your nose and out through your mouth (which is a particularly relaxing way to breathe) and allow your belly to be soft. If you breathe this way the breath tends to go deeper into the lungs, there's better exchange of oxygen. The vagus nerve will start working to produce relaxation to balance out the tension, the fight-or-flight response that Milton was in. I told him that if you relax your belly, all the other muscles of your body will begin to relax.

*And you did this along with him. You were a participant, a partner, as well as an observer.*

Yes. We did this together for some minutes. When he opened his eyes, I could see that there was some relaxation in his muscles. He felt a little bit better, a little calmer. I felt a connection with him. I always give people things that they can do for themselves—this is so crucial to working with people who are depressed, or with anybody. Because part of being depressed is not only that you feel hopeless, but you feel helpless. So if you give people techniques and approaches and ways of looking at things that are practical strategies that they can use to help themselves, you're beginning to overcome that sense of helplessness. And if you have an experience, like Milton did, of relaxing, then you start having a little hope that things can be different. So that was a very good experience for him. And I told him I wanted him to do this Soft Belly deep breathing several times a day, for several minutes at a time. I thought it would help to relax him so that he would feel better and wouldn't be quite so angry or quite so tense in the muscles in his jaw and his shoulders.

Then, as he was getting ready to leave, I asked him to read the *Tao Te Ching* [a short Taoist text, written by Lao Tzu in China in the 6<sup>th</sup> century B.C., that has achieved great popularity in the West].

*You said in Unstuck that this idea just came to you, that you had never recommended that book to anyone before.*

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It's the first time I ever recommended it to anyone. I'd read it myself and it's really wonderful. Lao Tzu is telling you in these verses so many different ways that you can let go of what you've been holding onto and move into the flow of life. To stop trying to control things that you can't control. You know, to let go of all those places that you're holding onto so hard. I thought this was true of Milton, that he was holding onto everything. You could see it in his body, in the way his mind was working, in his relationships. He was just so angry, so stuck in these resentful patterns. So I said to him, "Why don't you go and get Lao Tzu." I recommended a translation by Stephen Mitchell and said I'd see him again in a week. I said, "Read it, and as you're reading it, do the breathing. And do the breathing when you're not reading it, as well."

He looked at me like, "What is this guy talking about?" But he was a polite man, and he figured I'd spent maybe an hour and a half with him and I'd really listened to him. As he told me later, he thought, "You're an intelligent man and maybe you know what you're talking about." He figured he didn't have much to lose. So he bought his copy of Lao Tzu and I saw him about a week later.

*You wrote that when he walked in that day, he seemed an altogether different person.*

Yes, he was a totally different man. The way he walked, he was walking with a kind of easy glide. He was a black man, and to me he had seemed like the archetypal, ultra-disciplined master sergeant. And now he's this relaxed, easy-moving guy. And I said, "What's going on?" He said, basically, "I went home, I had some time off, and I started reading this book that you assigned me. And it seemed pretty strange to me, with those poems about conquering by submitting and gaining by letting go." He said, "All those contradictions seemed pretty strange to me. But I figured I had nothing else to do, with a long three-day weekend off, so I just started reading. Then I read it again and I started to get interested in all these contradictions. And the more I read it, the more I was reminded of what it says in the New Testament, particularly the Sermon on the Mount, where Jesus talks about the lilies of the field. About how they don't toil and they don't sow, yet they're more beautiful than Solomon in all his glory. And where he talks about the meek inheriting the earth." Milton said that these contradictions in the *Tao Te Ching* were very much like the contradictions that he had read in the Bible.

He got really interested, and he began to breathe with these verses. He said it was like "the verses were coming into my body, like some wonderful food or some precious aroma, and I could feel myself changing, I could feel myself relaxing with it. So it wasn't like I could understand them consciously, but I could feel them working on me." He continued, saying that, "Then I went for a long walk, and these verses kept going through my mind and I began to see some of the foolishness of my trying to make things happen that couldn't happen, the old grudges. Whether it's grudges against my boss, or against my wife. And I just got so angry and then I started to cry. This was on Saturday night, the second day. Because I saw how futile it was to try to change things that couldn't be changed and how much harm I was doing by the way I was talking to my son. The way I was making fun of him and resentful of him. I was so rigid and so mean to him. I started to cry, and then after I cried I found myself laughing at myself because I just saw how ridiculous it was, what I was doing."

*It sounds like you picked the right book for him to read.*

He kept reading, two or three more translations. He could feel the change working in him. And that Sunday night, he told me, he called his ex-wife's house in California, and said, "How're you doing?" And his wife, who was shocked at his change in tone, said, "What have you been smoking?" And Milton said, "I haven't been smoking anything, I've just been reading a book and breathing and going for walks." And she couldn't believe it, because he had been so mean to her. He was being like a normal person again. And then he talked to his son, and said that for the first time in a couple of years, "it wasn't as though I said anything different, it's just the way I was talking and the way I was

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listening to him. I was really hearing what he had to say, and I was interested in what he was doing in school and watching on TV, and his baseball and other sports.”

He said he got off the phone, moved to tears. We were coming to the end of our session, and he said, “Doc, thank you very much. Between you and me and Lao Tzu, I think I’m just about cured. I don’t feel depressed, I don’t feel angry, I just feel good. And if I ever need you, I’ll be in touch again.” I said, “Great! Thank you.”

*It’s as though he wasn’t able to solve the contradictions at his previous level of awareness, and this experience of reading the Tao Te Ching forced him to either shut down entirely or else reach to a higher level. It’s like that old saying I’ve heard attributed to Albert Einstein, that you can’t solve a problem on the level at which it was created.*

I think that’s probably what happened. I think another way to look at it is that it just broke him open, that he just “got it.” It’s like they cut through this rigid, stuck structure of behavior and movement, feeling and thought, and he just opened up.

*It’s far more common in our society for doctors to take the antidepressant medication approach. You wrote that in one study it took an average of only three minutes for primary care physicians to prescribe antidepressants if they suspected that a patient was depressed. What’s wrong with this picture, from your point of view?*

What *isn’t* wrong with this picture? First of all, how do we make a decision like that in three minutes? Hippocrates said, “First, do no harm.” So you don’t want to use drugs that have very real side effects *for the majority of people who take them*. That’s been documented over and over again.

*What kinds of side effects?*

GI [gastrointestinal] symptoms, upset stomach. Agitation. Many people who take these drugs feel agitated. At least 10, 15, 20 percent and maybe more. Sexual side effects are very prominent, with 60 to 70 percent experiencing these in most of the studies. They lose their libido and the orgasms they have are not very satisfying. There’s a lot of weight gain. The percentage varies widely, but it’s a common side effect of antidepressants.

*I’ve had patients who experienced major weight gain on antidepressants and had great difficulty losing it.*

That’s been my experience, too. And while it’s not talked about so much in the medical literature, patients will say, “I just didn’t care as much.” On antidepressants, the lows may not be so low, but there aren’t too many highs, either.

*It’s like the old Eagles song, Desperado, about “losing all your highs and lows, ain’t it funny how the feeling goes away.”*

You have all these physical side effects, which are distressing in themselves, and then you have a kind of psychological or emotional numbing, which is not exactly what I would call a wonderful result. First, I don’t think any drug should be prescribed without a very careful assessment of what the benefits and hazards are. Second, in the studies on antidepressants that have been done, when you look at all the studies, including the unpublished ones (presumably not published because the drug companies don’t want to publish those that are unfavorable) as well as the published ones, the advantages of antidepressant drugs over placebo (that is, an inert pill given to people) are *very, very small*.

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So whatever benefit there is, is very small, and the side effects are generally quite significant. I mean, there are some people that benefit but it's not a very significant number according to the published studies. Beyond that, the other thing is that when people are depressed, they want to talk. So if somebody is writing a prescription right away, they may be trying their best to be helpful but they're not responding to the deep need that the confused, troubled, depressed person has, to share what's going on with them. That's primarily what they want from their physicians. And they're not getting it. They're getting a message that says, "No, we're not going to talk about this. I'm going to give you a pill."

*What have you found to be the value of exercise for depressed people? What kinds do you recommend?*

There are perhaps three crucial aspects of working with depressed people. One is being there for them, listening, being present with them. Second is giving them hope that depression is the beginning of a process of change which is, in essence, what the whole of *Unstuck* is about. And the third, I would say, that should be part of every depressed person's therapy, is exercise. The evidence for its importance in treating depression is very significant. In many of the studies, it is at least as good as antidepressants and perhaps better.

*Without the side effects.*

Without the side effects and with many *positive* effects because it's good for your general health and it makes you feel better about your body. Instead of the body being just a source of pain or discomfort, it becomes a source of pleasure and satisfaction. And because exercise also very clearly says to people who are depressed that there's something you can do. Get up and go for a walk or a run or a swim and this will make a difference to you. There are plenty of scientific papers but you don't have to look at the scientific papers. Those may help encourage you, but the evidence is right there in the way you feel after you exercise and the way you feel after days and weeks of exercising regularly.

Many of the exercise studies have been done on jogging but that doesn't mean you have to jog. There are so many different forms of exercise. The crucial thing is to pick one that suits you. If you hate jogging, it's not likely to improve your mood. And incidentally, I think that one of the reasons that the studies don't show even better results is because they're asking everybody to do the same kind of exercise. If you enjoy doing yoga, or you enjoy swimming, or going for a walk, or doing martial arts or tai chi, why not do those?

*You're a strong advocate of meditation and in your books you describe both expressive and quiet methods. Most people think of meditation as sitting still with eyes closed. Could you explain what other methods you encourage people to pursue?*

It's understandable that people see quiet meditation as meditation, because that's mostly what we have learned in the West and most of what's available to people. There are basically three kinds of meditation. One is concentrative meditation, focusing on a sound or image or prayer or pretty much anything else on which you can focus. Mantra meditation is focusing on a sound. You could be focusing on a candle. Or if you say "Hail Mary" or "Sh'ma Yisroel" or "La Illaha Ilallah." Those are all technically concentrative meditations. The second type is awareness meditation, becoming aware of thoughts, feelings, and sensations as they arise. This can be called Mindfulness. Vipassana is the name of the South Asian form of meditation which we call Mindfulness. The third kind is expressive meditation, which is the oldest meditation on the planet. It's the one that the shamans have used for tens of thousands of years. It could be chanting, dancing, shaking, whirling or jumping up and down on one foot. These are very powerful techniques for bringing us to the same state of relaxed, moment-to-moment awareness that concentrative and awareness meditations can also bring us to.

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I think the great advantage of expressive meditations is that they raise the energy of those of us who have low energy when we're feeling depressed or discouraged. They also burn off some of that agitation and anxiety, rumination and troubled mind that afflicts us when we're anxious or depressed or confused. So they have a very direct effect and for many people they are more appropriate.

If you're really depressed, sometimes quiet meditation can be helpful at relaxing you, but you also need something to energize you when you're depleted. And these active meditations—which could be just putting on fast music and dancing to it, or shaking your body first for five or ten minutes, and then allowing the body to dance—this puts energy into this depleted organism and helps break up the fixed patterns, the 'stuckness' that characterizes depression." And by working on the body, breaking up some of the fixed patterns of the body, it also turns out they break up some of the fixed mental patterns. As you're shaking and dancing, some of the rumination—that solid clot of rumination that's there in our heads—begins to break up. People feel a little freer. So I love to use these techniques. I think they're really important for people who are depressed or anxious or just people who are kind of uptight. You can do these with others who are also doing them or by putting on some music when you're alone at home, whatever's most comfortable for you.

*You've taught for many years at the Georgetown University School of Medicine. As part of your work there you founded the first medical school program in complementary and integrative medicine, including education in meditation, exercise, and whole foods nutrition. To what extent has this approach spread further through the medical profession in recent years?*

That's a great question. At The Center for Mind-Body Medicine, we trained about 20 Georgetown faculty in our integrative approach, which includes the techniques that I describe in *Unstuck*. Quiet meditation, shaking and dancing, guided imagery to understand yourself, biofeedback, written exercises to explore your unconscious wisdom, drawings. All of these approaches we taught to 20 Georgetown faculty, and now these full-time faculty at Georgetown are leading groups each year for medical students and also for other faculty and for the staff, the people who work at the medical center.

This model of mind-body medicine that we developed at The Center for Mind-Body Medicine is now being used in at least a dozen, maybe 15 or more, medical schools in the United States. We've trained faculty at different schools—a dozen or so at the University of Michigan, and the University of Washington in Seattle and others at various schools around the country. The people we've trained are using the same model that I teach in *Unstuck* at their institutions, and they're starting to publish research on the effectiveness of this model in reducing stress, improving mood, and enhancing students' hopefulness about becoming a doctor. One of the effects that I really love is that these groups enhance the compassion of medical students for each other.

I was a co-author on one paper about our work at Georgetown and there's another from the University of Washington that's come out. I keep hearing interest in this approach from other medical schools and other institutions that want to bring this work in. The interest is there, especially among the students. Every year anywhere from 50 to 70 Georgetown students take this as an elective, two hours a week for 11 weeks. They're not required to have an elective; they do it on their own time, because they want to do it. We're finding the same thing at other medical schools.

In North America, at this point 1500 or 1600 people have at least come through the first phase of our professional training program in mind-body medicine. Many, many of them are using this approach in hospitals, clinics and private practices. They're using it as part of their teaching at universities and graduate schools. So I see it happening, and there's still a challenge, too, because I think one of the major shifts that has to happen in medicine is a more even

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balance between treatment and teaching, between what we as professionals do to or for our patients, and what we can help our patients to do for themselves. And so my work—whether in writing a guide about how to move through the journey out of depression, or in my work in training health professionals—is ultimately to put the tools of self-awareness and self-care in the hands of all those people who want to use them. That's the shift that has to happen in medicine.

And though this change is coming in various places—through the work that I'm doing and that people like Jon Kabat-Zinn [at the University of Massachusetts] and Herbert Benson [at Harvard] and others are doing—it still has a ways to go before it's regarded as a kind of an equal partner in the health care that all of us need.

*At the time of the Kosovo war in the 1990s, you went there to help. Did you go on your own or with institutional backing? And what did you find there and do there?*

My colleague Susan Lord and I went on our own. We went to Kosovo because we had started working in Bosnia after the war. We saw that people were certainly interested in mind-body medicine, and in this kind of group model that we were developing. This was about 1996-97. But then, in 1998, we saw the war starting in Kosovo, where the Serbian army, police and paramilitaries were fighting against the Albanian rebels. The Albanians made up 90 to 95 percent of the population and they were under the thumb of the Serbian government. They wanted freedom. They didn't want to be treated as second-class citizens. So we saw the war starting up and we wanted to be there because we wanted to do whatever we could, first of all, to be on the side of peaceful reconciliation in which the Albanians had their own territory. But secondly, we wanted to be there at the beginning to help people who were being traumatized by the war and to help train the local health, mental health and educational professionals who were working with them.

What we had seen in Bosnia is that if you wait until after the war is over, patterns of dysfunction become fixed in peoples' bodies and minds. Their blood pressure goes up, pain syndromes are profound, large numbers of people become depressed, there is a lot of abuse of alcohol and a lot of abuse of women and children. We felt that if we could begin to help people in Kosovo deal with this stress now, during the war, rather than waiting until after the war, maybe we could make a long-term difference in the health of this population.

So we went and we spent time up in the hills with families that had been burned out or bombed out of their homes by the Serbian army and we began to teach them some of these techniques. We taught our approach to members of the Mother Theresa Society who were providing the primary health care in the countryside and we also taught them to the peacekeepers who were there from the Organization for Security and Cooperation in Europe. What we saw is that these techniques worked in these situations. People welcomed them. They might have seemed strange—nobody there in Kosovo had ever heard of Soft Belly or guided imagery or meditation, and not too many in the military had heard about these techniques either. But all of these people were willing to do the little experiments with us for a few minutes—do the Soft Belly or do some drawings, and see what came out, see how their thoughts and feelings and their problems came out on the page. And then do another drawing to see how they might find a solution to these problems that had seemed so difficult.

What happened ultimately, and it's a longish story, is that when the NATO bombing started in 1999, we began to work in the refugee camps in Macedonia where the Kosovars had fled from the war. We began training significant numbers of health professionals. We then came back into Kosovo as soon as the NATO troops entered Kosovo in 1999 and ultimately we trained 600 people in Kosovo and developed a local faculty which continues even now to provide ongoing consultation and supervision. Our model, the same model that I use in *Unstuck*, is now available throughout the community mental health system in Kosovo. It's available to two million people, and we have research on the effectiveness of our model in working with children with post-traumatic stress disorder.

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*Is there anything further you'd like to tell our readers?*

One thing I want to add about all the techniques we use, about everything I teach in *Unstuck*, is that *anybody can do them*. This is the most important thing. Whether it's drawings to get people in touch with what's happening with them and to engage their capacity to use their imagination to solve the problems that they have; the expressive meditations, the quiet meditations; the written exercises that we use to help people develop their unconscious wisdom and their deep knowing about what to do about what's most troubling to them; or the guided imagery that we use to help people get in touch with their inner knowing, their intuition. Anyone can learn and use them.

I have worked with depressed people from the age of six or seven on up to their 80s, with every conceivable kind of educational level, every kind of background and race. Everyone who is interested can use these techniques and use them in a way that they very quickly discover is helpful to them. This is important—you don't have to have any particular background or experience to help yourself with the *Unstuck* approach. I've worked with meditation with six and seven year old kids, and gotten them to do the drawings and use guided imagery to access their inner guide—maybe a big animal that they bring with them into the situations that are most upsetting and most depressing to them—being alone or scared of challenges at school.

*And this is not just for people who are depressed. These are methods that anyone can use to add fullness to their lives.*

I'm glad you said that, because the book's subtitle is "Your Guide to the Seven Stage Journey Out of Depression." But the book is written for everyone who is troubled or confused or just going through a difficult time. And the same principles and the same techniques can apply and can be used by any of us at any point in our lives. I wrote it with a focus on people who are depressed, because I have been so troubled over the years by the way that they are treated, by the chronicity of so many people's depression, by the easy recourse to medication, by the sense of hopelessness and helplessness so many people feel. So I wanted to say to people who are depressed that there is a way. It requires some effort and some commitment, but it's interesting and it's sometimes fun. And it can change your life. I wanted to say this to that group of people, whom I've been working with for 40 years now and who I feel such a commitment to. But I also wanted to make sure that everyone has access to this information and this perspective, because all of our lives are journeys. All of us will go through challenges. And the same principles apply and everyone can use the same practices.

*What projects are you working on now?*

We have two major new projects. One is working in New Orleans. We have a group of 80 people that we've been training and working with, mainly health and mental health professionals. We're helping them to use this *Unstuck* approach with a population that's been traumatized by Hurricane Katrina and helping them to develop a supportive network for themselves as they take this work out into their hospitals and clinics and practices.

The other project—this one is at an earlier stage but I hope it will be very significant—is working with professionals (and perhaps eventually peer counselors) who are working with members of the military coming back from Iraq and Afghanistan. We have a small number of people who've come through our training who are doing this work at a few military hospitals and VAs [Veterans Administration facilities]. We're hoping to significantly enlarge that. Our next training in mind-body medicine will be October 25-30, 2008 in Minneapolis. We're hoping to have 50 to 70 military physicians, psychologists, social workers and nurses or other professionals who are working with returning vets in the VA system and community clinics. And this is just the beginning. And of course, as always, we welcome other professionals and educators to the training.

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What the military is finding out, what they're admitting in their own studies, is that they really don't have good answers to the traumatic stress that the vets are bringing back from Iraq and Afghanistan. I think that we have an answer that will not only be useful and successful, but *acceptable* to the military. Because, just as in *Unstuck*, it's saying to people, "You can do it." Military people are very much can-do people. They like practical solutions and we have them. And we have a kind of small group support that people who have been in the military, or firefighters or police, appreciate because this is the way they work. And this group support is also, I believe, so important to all of us as we learn to help and heal ourselves.

**Daniel Redwood, DC, the interviewer, is Editor-in-Chief of *Health Insights Today*.**