CSPC 4

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PREFACE

"It is not for you alone to finish the task, but you are not free to desist from it." (Ethics of the Fathers 2:21)

The outbreak of the Kosovo crisis in March, 1999 highlighted the need for English material to be made available to professionals and para-professionals working with the refugees, and especially with the children, in the camps set up over the Kosovo border, as well as in the countries that had taken them in. The horrendous plight of these innocent victims confronted us on our television screens day after day.

In the Psychological and Counselling Service of the Israeli Ministry of Education we sought to assist in the relief efforts, and the publication of this collection of articles is a modest contribution in this direction. Our main hope at this time is that all the refugees will be able to return to their homes in Kosovo. It is then that the real work of psychological rehabilitation will begin, and we hope that this book may be of use to those working with the children and their families and teachers.

The Community Stress Prevention Centre in Kiryat Shmonah, a small town on the Israeli border with Lebanon, has long been dealing with community crisis situations resulting from armed conflict. The lessons of its experience have already been applied in other parts of the world, notably in Bosnia. This collection of articles summarises the work of those who worked with war victims after undergoing training with the Community Stress Prevention team. Most of the articles were written by professionals working in areas from the former Yugoslavia, and have been translated into English so as to reach a wider readership.

The human tragedy unfolding so appallingly as a result of the conflict in Kosovo raises many painful questions. Some of the worst pictures are those of the children and the aged, bewildered and helpless, utterly dependent on others for survival, brutally evicted from their normal lives and thrown into chaos and abject misery.

It is true that the basic needs of these refugees – food, adequate shelter, medical care – are a first priority, but psychological needs also have to be attended to. For the children in particular, so brutally uprooted and losing the protection of their parents, on whom they depend and whom they trust for basic security, this is a traumatic event of the gravest proportions. They are going to be desperately in need of psychological help, and the sooner they receive it the better. Once the refugees are settled in relatively more stable conditions, the most important intervention might be to train local professionals to help children deal with the aftermath of trauma.

Psychologists and other members of the helping professions are committed to children's rights and to the application of their professional and personal skills to making the world a better place for growing children. Mental health professionals must look beyond the confines of their usual schedules and offer their skills to people in faraway places, where desperately needed help is simply unavailable, empowering themselves as a profession. Awareness of their limitations need not result in helplessness and impotence. Indeed, darkness is always there somewhere, and it is ultimate hubris to think that evil is ever defeated. Each celebration carries a shadow portending evil, as each sunrise carries the realisation of coming night. There is no light without darkness, no good without evil; we know one by the other.

"Love and truth are met together;

righteousness and peace have kissed each other.

Truth will spring out of the earth;

And righteousness will look down from heaven."

(Psalms, 85, 11-12)

Dr. Bernie Stein, Chief Psychologist, Ministry of Education, Israel. June, 1999.

Editorial Introduction

Background

The current conflagration in the Balkans is still causing traumatisation amongst the civilian population and children in particular. There is a serious need to disseminate the knowledge, experience and tools acquired over the years of the Helping the Helper (HtH) project between the years 1993 – 1997.

In 1993 the Israeli Community Stress Prevention team, in collaboration with Dr. Reuven Gal of the Carmel Centre in Zichron Ya'akov, started working with expanding circles of mental health providers from war afflicted former-Yugoslavia. (FY) Seminars and workshops were held in Israel and in Croatia, Bosnia-Herzegovina, Serbia, Macedonia and Montenegro, and also in Hungary, with a joint group from all these countries.

Our intensive involvement in trauma recovery training was sponsored by UKJAID and the UNICEF office in FY.

The overall aim of the long series of interventions in FY was to train our colleagues to address the war wounds and prepare mental health workers for post-war work toward coexistence in peacetime. We addressed our training towards the needs of the professional caregivers, trying to provide a wide knowledge base and specific trauma related skills, for dealing with children and families affected directly and indirectly by the war.

The first two training seminars in Israel were conducted in the heat of war in the Balkans. They were geared to 'helping the helpers', who were caught in the devastation of war and were traumatised either directly as near miss, or indirectly through exposure to the suffering of their clients and their communities. These encounters were followed by a series of field visits to various parts of FY, some of which were still under fire. Community stress Prevention team members visited border communities, displaced people centres, refugee camps, hospitals for war casualties and schools, offering hands-on assistance to a great number of teachers, librarians, nurses, doctors, psychologists, social workers and para-professionals, all of them involved in rehabilitation of the local populations. These activities, called the 'expanding circles', were intended to assess their needs and train and teach them how to deal with continuing trauma. In 1995, just before the Dayton peace agreement, we managed to conduct a joint meeting of caregivers from all five warring countries, held on neutral ground in Hungary. This meeting was considered the peak of our project, in which we hoped to help develop attitudes and strategies towards reconciliation. During 1996-1997 more field visits took place. They were used for follow-up and reinforcement of our colleagues in the implementation of our methods in their local communities, and adjusting the work to the changing needs. This round of training culminated in two parallel meetings in Zagreb and in Novisad in 1997, dedicated to the participants' own contributions, which make up the larger part of the two issues of our journals, Community Stress Prevention 3 & 4.

Reciprocity - shared fate

Mental health providers in Israeli society, as well as and in FY, share the experience of living under the same traumatising circumstances of the general population. These two are Western societies with a priority investment in child welfare and a fair amount of 'peacetime' psychological knowledge. In both societies, no one is ever prepared for the worst - a devastating war which involves civilians in traumatic experiences, sweeping non-combatant population and their caregivers into the same cauldron of risks, loss and suffering.

Fifty years of "Life on the Edge" in Israel have taught us a few lessons (Ayalon. & Lahad; 1990) which we were ready to share with our colleagues. We were also aware of fears, suspicion and possible resentment, stemming from a claim to the uniqueness of one's own pain: "nobody knows the trouble I've seen, nobody knows my sorrow". To this we could respond from our own intimate encounter with pain. The patterns that connected us laid down the basis for mutual **trust and safety**. These lent validity and credibility to our intervention process.

Caregivers at risk - Compassion fatigue

It is only recently that compassion fatigue has been recognised as a major risk for helpers. Most of the scientific effort is invested in the plight of the directly traumatised population in the wake of natural or man-made disasters. Our Israeli experience has alerted us to the contagious traumatisation of the over-involved caregivers, who are vicariously traumatised both by direct and indirect exposure; the direct exposure of living in a traumatised community, exposed to the imprint of the morbid experience: the sights, the sounds, the smells of the disaster, the dead and injured, the ruins. It triggers an acute worry for the safety of neighbours, friends and especially family. Each helper feels torn between the worry for children in the community and one's own children. Exposed caregivers are prone to PTSD, though often reluctant to identify and admit it. Indirect exposure also takes it toll. Hearing about the disaster is a followed by shock, confusion and anxiety. It forces itself upon the helper's cognition and shakes the protective beliefs that: "It won't happen to me".

From Helplessness to Empowerment

As we identified the lurking risks for the caregivers, we put the first priority in helping the helpers towards **empowerment**. Symbolically and practically we changed the traditional concept of "super-vision" to a more appropriate one, which we called "equa-vision". It expressed the mutual, active and independent learning process, in which we as trainers offered ourselves not as "leaders" but as a resource for support and further learning. Training was based on the salutogenic approach, geared to enhance and develop coping skills. This approach does not dwell on diagnosis of pathology but on identifying existing coping skills and on developing those skills that are lacking - to secure better coping with stress & trauma in the individual, in the family & in the community.

The next step was to create a “safe place” for our treating-training activities. We used creative means to establish a “transitional space” not damaged by social and personal traumatisation.

To address ‘secondary traumatisation’ and enhance the helpers’ resilience and coping skills we presented them with the same working format, which was developed for direct work with traumatised populations, known as BASIC Ph

(Lahad, 1997; Ayalon & Lahad 1990, Lahad & Cohen, 1997). This multi-dimensional model combines six channels of data processing and interaction between the individual and the world. We have found this multi-modal approach most effective in helping people cope with trauma and negotiate toward resolution of conflicts in situations of violent armed conflicts (Ayalon & Lahad, 1990), suicide prevention (Ayalon & Lahad, 1992), death and loss (Lahad & Ayalon, 1994), domestic violence and school violence (Ayalon, 1998). All six modalities merge into one fabric in our reconciliation training programme.

The workshops emphasised the following issues: Children and trauma, death and bereavement, violence and non-violence, family dynamics under stress, refugee dislocation and relocation, school systems in disaster, critical incidence management, stress debriefing, conflict resolution, peace education and more.

The training methods involved active participation of the individuals and the groups, engaging them all in a variety of creative work, using the arts, movement, relaxation, as well as building a body of cognitive scientific knowledge in the areas of coping with trauma. A large emphasis was placed on developing special necessary skills such as crisis management, bereavement counselling and teachers’ librarian’s training in trauma work.

The papers in CSPC 3 & 4 reflect the vast experience, knowledge and dedication of the practitioners in their field work under extreme conditions and the integration of newly acquired psycho-social tools together with their own professional skills into innovative projects.

The Content of CSP 4

Creativity is one of the main, underlying themes of this volume. By this we mean both the creativity of the supervisors in maintaining their own work ability under ongoing stress and that of their teams in adapting theoretical teaching to actual circumstances.

In the first chapter Prof. Mooli Lahad, Director of the CSPC, Chair of Dramatherapy, Tel-Hai Academic College examines the role of the supervisor working with a team following a disaster. He offers innovative ways to avoid the pitfalls of workers’ burn-out in emergencies and disasters. The practical application of the material given over at the Helping the Helpers (HTH) seminars is recorded by the Croatian and Bosnian authors of the articles in this volume.

In chapter 2, Jasenka Pregrad, Society for Psychosocial Assistance, gestalt

therapist, school psychologist & UNICEF coordinator, looks at the role of the helper and shares with us some of the dilemmas facing psychologists in wartime.
Chapter 3 is a joint work of Developmental Psychologist Branka Starc, UNICEF early childhood project supervisor, and Antonija Zizak, Social Pedagogy Professor of Defectolgoy at Zagreb University Croatia. Both authors describe the implementation of their Israeli training course with pre-school teachers. They tell how they developed a multi-faceted outreach programme for helping war-traumatised pre-school children.
Chapter 4, by Lidija Vujicic, Educational Pedagogist, Ministry of Education and Sport and project supervisor for UNICEF, looks at the support given to grieving children in kindergartens and suggest how to prepare the educators to help the bereaved children.
A further dimension is added in chapter 5 by Ljiljana Sabljak, Programme Supervisor for bibliotherapy in the library project in Croatia. She presents the story of how Croatian librarians became helpers in their "Step by Step to Recovery" project, into which they integrated the methods learned in HTH training seminar in Israel.
In chapter 6, Anita Vulic Prtoric, psychologist, focuses on group-work with teachers. This group looked at issues of stress in teachers' work, and the escalation of stress in teaching during war time. She presents case studies of children as individuals and groups helped by tools acquired in the course of the HTH workshops.
Chapter 7 by Dr. Zdenka Pajic-Jelic, paediatrician, Dr. Jossip Benevic Hospital in Slavonic Brod, brings research findings on children suffering from war traumatisation.
In chapter 8 Gina Lugovic of the Centre for Psychosocial help in the district of Sibenik and Knin, takes the reader right into the school where children are grieving and studies their concept of 'death', their coping and trust relationships.
In chapter 9, school psychologist Hrvoje Vidakovic tells about his new therapeutic tool-box which had to be adjusted to help traumatised children in SOS children's village in Croatia. He touches briefly on the combination between debriefing and EMDR.
The next three chapters are contributions by Bosnian psychosocial workers. In chapter 10 Prof. Renko Djapich of the Psychology department at Sarajevo University, examines the meaning of psychosocial intervention in Sarajevo and proposes a psychological support programme for pupils.
Chapter 11 is the joint work of Aleksandra Fabrio, pedagogue, head of primary health care and pre-school programmes In Sarajevo and psychologist Mirjana Mavrak, UNICEF project coordinator and University Psychology lecturer. Both authors combine their personal experiences and the work they did with hospitalised children. They tell the inner stories of caregivers who confronted enormous stress in besieged Sarajevo while still going on offering their help to those who needed them.
In chapter 12 social worker Nadja Dzabic, explains how the new knowledge and methods acquired in Israel helped her on her return to the ruined city of Mostar.

The final chapter, by CSPC team members, Educational Psychologists Dr.Yehuda Shacham (Deputy Director of CSPC), Dr. Shulamit Niv and Prof. Mooli Lahad return the setting to Israel. They discuss the implementation of the models discussed throughout the book, with children evacuated from home following a terrorist bombing of their town.

We have tried to keep the focus on the practical aspects of stress prevention; what helped and where we need to go from here. Hopefully the next stage will concentrate on how to live in peace.

1

DARKNESS OVER THE ABYSS:

Supervising crisis intervention teams following disaster.

Mooli Lahad*

The term "compassion fatigue" was suggested by Figley (1995) as an alternative to the earlier concept of secondary traumatic stress disorder (McCann 1990). Both terms describe the influence on mental health professionals of the therapeutic encounter or intervention with victims of disaster suffering PTSD.

Here, I will attempt to document observations from my experience in crisis intervention and in supervision of professional helpers[1] who are involved in intervention immediately after and following a disaster with victims of emotional trauma. The purpose of the article is to offer new understanding to the phenomena looking at it from dramatherapeutic perspective, that is the lack of differentiation rituals protection and initiation ceremonies and metaphoric myths. I shall also use psychosocial and anthropological explanations to aid the understanding of these phenomena. These reflections are based on my observations as a supervisor of professional helpers soon after their contact with victims and survivors of disaster and their family members, as well as my personal involvement in such incidents. Let us first look into the term compassion fatigue and what it entails.

In compassion fatigue, symptoms resembling the physiological, emotional, and cognitive symptoms of victims appear among those who administer help to them. In 3% to 7% of cases, these may be so severe that the professional helpers themselves develop PTSD, with all its long-term implications (Hodgkinson & Stewart 1991).

The subject of emotional burnout among mental health professionals has been widely researched (Freudenbeyer 1974; Maslach 1982; Maslach & Jackson 1981; Pines 1993). This literature describes a continuous process of burnout, composed of three principal components: emotional, physiological, and mental (Pines & Aronson 1988). However, while burnout develops gradually, there are advance warnings, and it is expressed in emotional fatigue, irritability, difficulty in concentrating, and other physiological and mental phenomena, compassion fatigue may appear suddenly, with no previous signs (Figley 1995). In addition, Figley (1995) notes that, unlike mental burnout, here there is a strong sense of helplessness, confusion, a feeling of being cut off from support, and psycho-

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[1] Helpers in this article refers to psychosocial team members intervening in crisis/disasters.

somatic symptoms similar to those of survivors or victims. However, recovery is also usually very speedy.

The term ‘compassion fatigue’ was first coined by Joinson (1992) and later adopted by Figley. Webster’s New Collegiate Dictionary (1989) defines ‘compassion’ as ‘sympathetic consciousness of others’ distress together with a desire to alleviate it’.

Who are Likely Victims of Compassion Fatigue?

Figley (1995) indicates two major components that lead to compassion fatigue: empathy and exposure. Without both empathy and exposure, there is a low probability of developing compassion fatigue. In principle, according to Figley and other researchers, work with trauma victims (survivors, family relations, and the injured) subjects helpers and those engaged in intervention to extremely forceful exposure to trauma-inducing factors. This vulnerability is attributed to several causes:

1. Empathy is a central instrument in helping and assessing injury and planning the intervention program. Harris (1995) claims that empathy is the key factor in the ‘penetration’ of a traumatic event among crisis counsellors.
2. Most of those involved in intervention have experienced traumatic events in their lives. Because those who administer help after trauma cope with a variety of events, at some time they inevitably encounter some that are similar to the trauma in their lives.
3. The helpers may have unresolved traumas of their own.
4. The encounter with children in trauma has a particularly strong effect on the helpers (Beaton & Murphy 1995).

Understanding the vulnerability of disaster helpers

The following discussion is based on my own observations as supervisor and interventionist and discussions held with professional helpers, who offer psychosocial intervention in Israel (Tel Aviv, Jerusalem, Kiryat Shmona), and the former Yugoslavian states and Northern Ireland.

Inability to prepare or to set the stage

Disasters usually take place without prior warning. They can happen at any moment, anywhere, and to anyone. Massive, intense penetration of the event into our lives (including direct television broadcasts from the disaster site, voices and primary witnesses) immediately exposes helpers to the disasters that they are meant to go to. Their daily ability to control the setting and the staging is shattered as they are been called to act without appropriate “warm up”.

Telecommunications and the Role of Mental Health Professionals - an anthropological approach to the myths about calamities.

Until the Gulf War in 1991, civilian mental health professionals did not have much direct and immediate exposure to real-time disaster situations. First of all, the approach was that psychosocial helpers met the victims at emergency relief

centres**,** or in the clinic or in rare situations they were asked to help families at the cemetery or in their homes. In other words, there was a physical distance from the site of the disaster. Second, as telecommunications technology required a studio, it took time to broadcast a disaster, not to mention print a paper, and thus helpers were spared some of the most upsetting immediate sights. Ethical limitations adopted by the journalists associations, as well as almost absolute government control over electronic media, also prevented some of the pictures from being broadcast. Thus professional helpers working with trauma victims were exposed at a distance of both time and place, limited almost exclusively to descriptions of the horrors by the victims with whom they worked or to written reports and photographs in newspapers or on television.

After the Gulf War, it was decided in Israel that civilian mental health professions (social workers and psychologists) would also come to the scenes of disaster and work according to Salmon's (1919) Proximity, Immediacy, and Expectancy (PIE) model, which had been adopted many years earlier by the Israel's defense forces mental health units (Solomon, 1993). The idea was that immediate intervention, close to the site of the event, including conveyance of expectations for recovery, would reduce the incidence of posttraumatic stress disorder (PTSD) among victims, survivors, witnesses, and family relatives. The psychosocial team was also expected to support the rescue workers, whom research indicates as prone to develop PTSD (Hodgkinson & Stewart 1991).

This intervention, which was meant to take place alongside or at the end of the rescue operation, exposes psychosocial helpers to the horrific sights of a disaster on a much greater scale. Furthermore, the CNN model of electronic media, of reaching the site of the event, quickly setting up equipment, and broadcasting live without editing (made possible by modern technology) also became prevalent.

Thus, a situation in which the caregiver who comes into contact with victims in both physical and temporal proximity to the disaster is exposed even before reaching the area to the sights and sounds of the horror. He or she has often 'seen' and 'knows' more than the victims themselves. This almost 'real' exposure of the helpers prior to even being on site, makes even minimal distancing difficult and leads to an immediate identification with the survivors' descriptions not as a listener but as an equal and sometimes more informed partner, with pictures of the event bringing arousal of strong emotions. This increases the degree of empathy, identification, and assimilation of the event by the helper. The fact that these scenes are being broadcast over and over again are often described by helpers as having a semi-hypnotic effect on them drawing them to look at it over and over again. Much like a nightmare the pictures keep coming at them and make them feel as if "they were actors /participants and sometimes 'invisible' survivors of the same incident".

Lack of admission rituals as boundary - defence factors of compassion fatigue

In the daily routine of a mental health professional, there are several rituals that enable differentiation and protection against the penetration of loaded or morbid information into his or her life. These rituals are very helpful in the

process of “getting into role”. An important ritual is the ‘intake’, the first stage of contact with the client. In this ritual, the caregiver informs the client that he or she will do the interviewing, in order to collect data that will help them and the client to understand his or her own situation / condition. The therapist records; the client answers. Thus a boundary is drawn between the two. The ritual of acquaintance may or may not be limited in time; they may spread over one or more intake meetings. However, even if there is only one such meeting, the helper’s study of the material (after the client has gone home) helps him or her conceptualise the client’s problems and thus differentiates between the helper and the client.

No less important is the ritual of setting of the time – an element that is usually in the sole control of the helper even if the needs of the client are taken into account when determining the time. In this ritual, the helper controls a central component, namely, the length and time of the meeting. A related ritual is that of ‘50 sacred minutes’.

Of similar importance is the ritual of the place. This is totally in the control of the helper. It is usually his office and this territory was designed or at least partially decorated by him thus making it to his or her territory. There are also other rituals such as greeting and saying good-bye.

Immediate intervention in a disaster precludes the use of these rituals. There is no time for an in-depth anamnesis; on the contrary, the professional literature indicates that historic connection with the immediate distress (acute stress reaction, ASR) and posttraumatic (PTSD) situations are counterindications of recovery (Witstom 1989). Thus a central mechanism of the differentiation process is eliminated.

Neither does the helper decide where the intervention will take place. Today secondary interventions may begin near the incident site, at the mortuary as happened in Israel since 1995 and lately in Northern Ireland in the Omagh massacre, August 1998. It may include visits to grieving families in their home, neighbourhood, or in the victims’ school.

Even the length of the “performance” that is a crucial aspect of every play is undefined. The work shift can be 18 and more hours. Sometimes the intervention takes days with meetings every day or even several times during the day and the work is always very intensive.

Kfir (1990) suggests in the time close to the event, daily encounter with the victim/s, sometimes for several hours. Thus availability of helpers and intensity of contact without the appropriate rituals exposes them more forcefully to the intensity of the disaster.

Geographic proximity and psychological proximity (The lack of distancing)

Psychosocial crisis helpers are often called upon to provide intervention at locations that are geographically close to their place of work or residence. This proximity creates immediate identification and a sense of being a ‘near miss’, – they could have been the victims, yet they are called to help. This makes it very difficult for the helpers to maintain distance from the event and its immediate threatening significance to themselves and the wellbeing of their dear ones. Because the site is the helper’s natural setting, going home may expose the

helper time and again (that is even when the event ended) to the scene and experience. It thus may weaken the defence mechanism by continuously reminding him that 'this could have happened to me'. This is called geographic proximity.

Similarity between the victims or their relatives to the helper's life and sometime to his or her peer group or family is called psychosocial proximity and this can also create great difficulty. For instance, the disaster at Dizengoff Shopping Centre, (Tel Aviv, Israel, April 1996) and the disaster at Apropos cafe (Tel Aviv, Israel, March 1997) occurred in areas that were familiar to most of the helpers. The victims were similar in age and socio-economic status to those who came to help them (in the Dizengoff Shopping centre disaster the aspect of injury and death of children, increased vulnerability and in the Apropos cafe the victims were three social workers – friends of the helpers).

Thus the possible similarity between the helper and the victim, considering the random and chance occurrence of the disasters and the geographic proximity noted above, reduces the important aspect of distance and creates greater chance of identification with the victims, and absorption of their story as "part of me".

The penetration of the victim's story, identification and countertransference

Identification and countertransference are well-known aspects of the therapeutic process, which have been discussed widely, both in training and supervision of therapists in general and crisis interventions as well. However, as explained here, when in contact with disaster victims these two phenomena raise particular intensity and take a heavy toll on those providing intervention.

In their work routine, mental health professionals make a point of coping directly with transference either by direct confrontation with the client or through other ways of processing it. However, when helpers meet with a survivor (or family members) who say 'you remind me so much of my son', or 'you are like a relative to me', it is difficult for them to deal with it or work through it as transference. In fact, it is typically reported that this is like 'a blow at the soft spot of my stomach; it makes me feel significant to them, on the one hand, and places a tremendous emotional burden on me, on the other'. The helper goes along with it trying to fulfil a fantastic (countertransferential) role of family member or friend. The emotional burden of identifying with the victim is often expressed in the development of intense, deep relations with the survivors, victims, and their families. It is expressed in frequent home visits and telephone calls beyond the scope of the intervention or therapy; the helpers explain that 'it is so important to them; they need me so much'.

This phenomenon is related to a concept, which I call 'the imprint of death' of the disaster. The survivor, victim, or family member becomes very attached, like an imprint, to the image of the first 'lifesaver' they happen to meet. The helper goes through a similar process of clinging to the victim. It is often expressed in undertaking tasks that he or she does not usually do for clients, such as spending irregular work hours with the victim or deviating from work definition such as calling all sorts of agencies on behalf of the client. Also there

can be great difficulty parting from the victims, family members, and survivors and they may do all sorts of 'little services' for them.

Other expressions of the identification process are the development of physical symptoms similar to those suffered by the victims, such as physical pain or intense anger toward institutions, organisations, and service providers with whom these professionals usually cooperate. Some helpers report dreams about the event or about the victims and their families, as well as difficulty in concentrating and apathy toward daily life (phenomena similar to grieving and mild depression).

How soon does compassion fatigue develop?

I have seen it developing within hours. Helpers are exhausted yet refuse to go home saying or at least thinking, "I can't leave these people now I am so significant to them. They will not be able too make contact with someone else." Alternatively, helpers will find themselves calling the families on the phone to see how they are despite the fact that they have just seen them for a few hours and the regular worker has already taken over the case.

On other occasions helpers disclose to me that they became so attached to the family there wasn't a single day without them visiting the family "just passing by to say hello".

In one incident the helper, a very experienced social worker learned at the mortuary that the family had just moved house and as it happened did not have any furniture in their living room. When she discovered it was close to her son's flat she took the furniture from there and brought it to the family "just for the seven days of mourning".

However, the most common symptoms are those of physical aches, pains and changes in appetite, sleep disturbances, moods, loss of interest in daily activities and most of all, the routine workload of the office.

These symptoms resemble very much the phenomena of 'combat fatigue'. That is, it develops quickly and the physical and emotional symptoms generally pass after three to four days, although full return to routine often takes longer.

Humpty Dumpty, the savior myth or understanding the compelling urges to put all the pieces together again.

Humpty Dumpty sat on a wall
Humpty Dumpty had a great fall
All the King's horses and all the king's men
Couldn't put Humpty together again.

The wish to put Humpty together again is a great example of the hero or saviour's urge to help but not just intervene but to reassemble the pieces and put them exactly as they were, anew.

This phenomenon definitely plays a major role in the compassion fatigue but what is the 'interplay' between Humpty and the king's men-the helpers?

Disaster creates a sudden break in our continuities (Omer & Inbar 1991; Winnicott 1971). These continuities are the bridges that we build for ourselves in order to ensure that yesterday will predict tomorrow, that we are stable, that life

is logical, that the world is a decent, logic, safe place, and that people who are good have good things happen to them.

Disaster breaks our faith in a good world and confronts us suddenly with chaos. Typical reactions are: 'I don't understand what is happening' (cognitive continuity); 'I don't know myself' (historical continuity); 'I don't know what to do, how to act here, what it is to be a bereaved person/an injured and wounded person' (role continuity); 'Where is everyone, I am so alone, where are my loved ones?' (Social continuity).

In my experience, I have found that two contradicting thoughts run through the minds of victims:

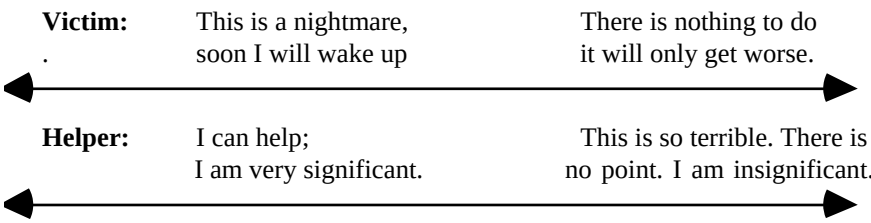
(1) 'This is a nightmare – any minute now I'll wake up and see that everything is as it was'; and

(2) 'This will only get worse; this is the end, it is horrible, it is a disaster, it hurts more than any pain.'

Because the disaster is real and actually occurred, the first thought fades quite quickly and the victim often enters catastrophic thinking that everything will become worse.

The tremendous need for someone from outside to organise the person, to anchor him or her in reality, to take him or her somewhere safe, often leads some victims to cling on to the caregivers with very strong emotional and physical force (the death imprint), and like Humpty to project the verbal and non-verbal existential message "help me, tell me it is not true, put things together again".

In parallel, the helper has a similar experience. On the one hand, there is tremendous commitment, with a sense of mission and a desire to help, based on the belief in his or her ability and power 'to put things together again - to stitch it up' (omnipotence); on the other hand there is a feeling of worthlessness. This can be graphically represented as follows:



The victim projects expectations of omnipotence on the helper, who is a sort of parent figure, and this meets the helper's fantasy of being an omnipotent parent. Valent (1995) uses the term 'attachment', I call it the parent's 'magic touch', comparing the contact with survivors to a parent's calming of a small child who has been hurt. An 'adaptive attachment', crying and a call for help, lead to calming down the need for help by satisfying needs (hugging, kissing, physical contact). The unification with the attachment figure creates a sense of

security, satisfaction, and relief. Rutter (1991) claims that ethological theory correctly predicts that stress should enhance attachment behaviour.

According to Valent, attachment can also be directed to a father or any member of a group, and it operates among adults who too feel their vulnerability. It is the universal experience of the parental 'magic touch', the pain relieving kiss and hug of a small child, that in my eyes trigger the helpers' fantasy of omnipotence. Devora Omer, an author of Hebrew children's books, describes this phenomenon in a poetic way. She called her story, "The Kiss that Got Lost", telling about the phenomena that once the mother's kiss was found it made magic on the crying child and pacified him. This experience is closely connected to attachment and in my mind is at the basis of many a helper's fantasy of the ability to bring things back to where they were. Unfortunately this phenomenon disappears when the magic of childhood ends and even then, when facing trauma or disaster it often does not work.

The victim who projects such great helplessness, pain, and suffering 'looks' to us as helpless as a small child. The fierce desire to protect activates the fantasy of omnipotence related to the experience of the parent's 'magic touch' and makes the helper feel omnipotent. However, the failure of the 'magic' in the encounter with the disaster victim is liable to make the helper feel helpless, empty, and self-doubting. In the literature, this experience is referred to as impotence versus omnipotence. For years I have been involved in emergency intervention and this term always seemed inadequate to me until one day I realised why.

Darkness over the Abyss - a metaphoric understanding of the helper- victim interplay.

In his recent book on traumatic stress, van der Kolk (1996) includes a chapter on the 'black hole of trauma', in which he presents the description of the experience of exposure to traumatic incident as being pulled into a black hole. In my encounters and observations of disaster victims and their family members. I have also often heard metaphoric descriptions, such as 'I am falling into a black hole', 'I feel as though I am diving into a black abyss', 'I am surrounded by black', or 'it is like an endless hole'.

Several years ago, when reading the Book of Genesis I had a very profound experience and suddenly had an insight as to what is this darkness over the abyss.

The darkness that so many victims of traumatic incidents experience describes their plea for a glimpse of light, hope and recovery. If we look for a minute at the description of the experience of the encounter with "chaos" as described in Genesis 1:2:

"And the earth was without form, and void; and the darkness was upon the face of the deep…"

The continuation in verse 3, "And God said, 'Let there be light'".

The experience of chaos described by so many victims is well depicted by the encounter with abyss and darkness. The sudden break in the continuities that the disaster victim experiences increases the feeling of destruction of the order

called chaos in Genesis. This is the experience of the victim, the survivor, and family members described earlier. The helpers are not at that distance as they are 'stand at the edge of abyss, peeking into the eyes of darkness'.

Peeking into the darkness at the abyss involves not only a sense of impotence. I believe that it is also an existential confrontation with immortality, fear of death and injury, and concern for one's loved ones, values and beliefs.

Further study of Genesis tells us about the establishment of order and the elimination of chaos, lending further insights into the dynamics between the helper and the victim. According to Genesis 1:3, in the confrontation of the darkness and the abyss, there is a need for an omnipotent entity to bring the light. In other words, it is the encounter of the victim with chaos that triggers his/her plea for the omnipotent and to beg for light and in my view, visa versa. The helplessness and chaos nurture the omnipotent urge of the helper. There is a fascinating dynamic of the 'omnipotence' of the helper, which grows stronger through the needs of the victim, a dynamic that makes the helper want to bring light, however weak and dim it might be. Because the task of creating light is a task for the Almighty, the Omnipotent (and therefore not possible for a helper), the question arises what then, is the role of intervention?

Study of the process of the biblical creation of order led me to the realisation that since the creation of light is beyond our power, perhaps to 'restore order' by starting from the end, in other words to be 'human' first. It seems to me that this maybe is a clue to the help that we can give the victim, namely: in the beginning (of the encounter with the victim) first and foremost you need to be a compassionate person, not all-powerful.

It is interesting that when the term PTSD was first introduced in DSM 3 (1980), the authors used the concepts of disorder, which is parallel to the Latin term chaos. Therefore, perhaps inadvertently, they coined a concept that describes the chaos that arises as a result of the encounter with a traumatic event. Sometimes it remains with the victim, his/her family or survivors forever. So, I believe that we are talking not only about impotence but maybe on a much broader experience, our human vulnerability.

Supervising the "king's men" or, How can helpers be helped?

Literature from throughout the world (Harris 1995; McCammon 1995; Pearlman 1995; Mitchell 1985; Dunning 1988; Dyregrov & Mitchell 1992; & Shepherd 1994) and from Israel (Shacham 1997; Lahad & Ayalon 1997; Klingman 1991) describes a number of approaches to helping helpers in order to protect themselves. Most of these mean either structured procedures like the CISD (Mitchell, 1985), supervision or spontaneous recovery. These approaches can be classified according to the multidimensional BASIC Ph Model (Lahad 1993):

- **B** Belief – belief system, hope, self-esteem, locus of control
- **A** Affect – direct or indirect emotional expression
- **S** Social – friends, role, family
- **I** Imagination, creativity

C Cognition, logic, realism and cognitive techniques
Ph Physical – physical activity, relaxation and activity

Of course, some of the recommendations relate to more than one category. The beliefs and value system is related to giving the event a new meaning, cultivating the belief system that has been injured, finding meaning in suffering (Ayalon & Lahad 1990; Frankel 1970; Lahad & Ayalon 1994; Perlman & Saakvinte 1995 ; White 1990).

Affect refers here to encouraging speaking, ventilation, and legitimisation of direct and indirect emotional expression after the event (Dyregrov & Mitchell 1993), Lahad & Ayalon 1994.)

The social aspect includes social support, taking a role, belonging to the organisation (Ayalon & Lahad 1990, Mitchell 1993, Elraz & Ozami 1994). Hodgkinson & Stewart (1991) emphasise one particular role and that is the role of the team leader as manager of the event, the one responsible for emotional health and physical needs of the team.

The person responsible for work schedules referrals for rest, the organisation of talks, provision of official recognition of the effort and helping create distance.

Imagination refers to the use of creativity, acting, guided imagery, relief, and distraction (Lahad & Ayalon 1990; Breznitz 1983, Shacham & Ayalon 1997 Moran & Collers 1995).

The cognitive aspect refers to preparation of the staff in advance for what may happen, updating them in the course of the process, guidance and problem solving, use of prepared programs and the CISD (Mitchell & Bary 1990; Lahad & Ayalon 1994; Binyamini 1984; Cherney 1995).

In the physical aspect, the focus is on physical activity as a stress reliever, resting, sleeping, and using relaxation and proper diet (Kfir 1990; Figley 1995).

Multidimensional supervision in vivo - Accepting the fact that the pieces can not be put together again

I met these nine helpers a few days after they had been involved in a disaster. This was their third incident in the past five months. All of them had been through CISD sessions, but the group showed signs of fatalism, tiredness and apathy. Some were in constant contact with individual and families of previous disasters despite the fact that it was not their official role. Some were manifesting anger and discomfort, but all were very dedicated to their role as helpers and continued to report at any incident.

The atmosphere at the start of our meeting was a combination of "He (me, the supervisor) will solve all our problems" and "What can really be done – it is a hopeless case". I immediately registered in my head the parallel processes between them and their clients moving on the continuity between despair and omnipotence. I decided to start with movement (they have talked enough) putting on the different sides of the room the words: Hope, Despair, Fear, and Courage. The instructions were to move around the room and whenever they

neared the signs either to stop or reflect to write or draw anything, or make a movement or a sound.

Then I asked each of them to choose one of the corners and meet the other members that chose the same place. (If anyone found it difficult to choose a place s/he was encouraged to find a position between the two signs depicting the feeling at that moment). Everyone found a corner except for one person who positioned himself between courage and despair.

The next step was to communicate for about five minutes without words (signs, sounds, and movements) the feelings, thoughts, sensations that this corner brings up. Then they were to share two to four sentences each, making a joint lyric or prose and stage it as a choir. They had to decide on the rhythm tempo or use a known melody. This took about half an hour.

Then they were asked to perform the outcome and whilst watching and listening to write down anything that came to mind or any image or sentence they liked from that performance.

The mood in the group shifted to the Ph, S and I; that is active social and imaginative, but still many tears were shed, even at that stage.

When they were asked to share what happened, some said that the poems and moreover the melody or rhythm put them in touch with their impotence. Dark, darkness and dark colours were very apparent in the images and words. A few members were in tears talking about the permission to grieve. They said that the poems and moreover, the time they were by themselves but still with others gave them for the first time permission to express sorrow and grief publicly. The helper who was in between the signs talked about impotence and inability to choose; he cried and laughed at the same time and when asked to share that, he said: “crying is about my own loses in life, laughing is the relief to be able to share that without fear”.

The next session was opened by reading the poem from *Alice in Wonderland*. They all knew Humpty Dumpty but did not connect it to their experience. The purpose of bringing the poem was to look into their need to put all the pieces together, how frustrating and impossible task it is, and all their anger toward the ‘king’ who in their mind expect them to put Humpty together again.

They were encouraged to take different roles and experiment with different inner and outer dialogues. For most of them it was the first time they realised the impossible role they were putting themselves in, the need to fix things for others, their fantasy of replacing the irreplaceable and the enormous pressure it put on them. The ‘king’ was demystified and there followed great attacks and expressions of anger and frustration were directed at the ‘king’ who expected so much of them. The last part of the session was a guided imagery leading to a meeting with Humpty Dumpty and sharing with him what I can and can’t do for him”. Sharing these thoughts in the form of a letter was the end of the session.

The third session was dedicated to re-entry, to sharing skills or activities useful in order to reduce symptoms, feelings or other bothering issues.

We put a huge basket in the middle of the room and asked each one to write on a separate piece of paper one thing that still bothers them. Each one could put as many papers as s/he wants.

Then we asked them to take a paper from the basket randomly and react to it, passing it to the next person to add ideas. If anyone took out his/her own paper they could either respond to it or put it straight back. However when the paper finally came back to them, they were to keep it.

This was a very busy session, but at the end many of the 'problems' received some ideas and answers, some in the form of cognitive advice, others with practical ideas yet some 'just' with words of comfort and support.

Then the participants were encouraged to either keep the 'answer' or 'throw it away, get rid of it by symbolically throwing it to the garbage or destroying it and saying goodbye to it. Only three out of nine participants opted for the second option. We concluded the session by talking about 'compassion fatigue' and how to prevent it. Training the participants in self–relaxation, ended this last session.

Summary

I have tried here to characterise what happens to helpers who are involved in intervention at times of disaster. These thoughts are based upon my personal experience, observations, and discussions with professionals whom I supervise and guide. I have pointed to components related to the absence of professional defence rituals, the event's penetration into consciousness through media exposure, geographic and psychological similarity between those performing intervention and their clients. I have also noted the phenomenon of the death imprint and its influence on the helper.

By studying chapter 1 of the Book of Genesis, and consideration of the concept of chaos, I suggested another way of understanding the experience of the victim and the helper and the fantasy of omnipotence related to the 'magic touch' of parenting evoked by the interrelationship of helper - parent; victim - child. Understanding the experience of the encounter with the 'darkness in the face of abyss' may help to explain the powerful psychological effect on the helper, once they get in contact with the abyss and the dark. This in turn may be a partial explanation of compassion fatigue.

Finally, I have used the multidimensional BASIC Ph model to classify the methods that have been found effective in helping care givers to reduce compassion fatigue and demonstrated it with an example of group supervision. Naturally, these are only initial suggestions, and as far as I know, the first attempt to use creative methods in supervising crisis intervention teams and to use a dramatherapy approach in this context. These ideas need to be followed up and further researched. However they do provide insights that I believe give us a direction for understanding and coping with the incidence of compassion fatigue.

2

HOW TO TURN LEARNING INTO HEALING

Jasenka Pregrad, *

What does it mean to live in war? I have been trying to find out the answer for myself and for many foreign friends throughout six years since the war started. To many of us it still looks like a dream, like a separate experience, like a part of some other life which we mistakenly happened to enter for a while. These words may be testimony of what is called in psychology of trauma "denial" or "loss of Weltanschauung", "loss of meaning of life" or "breaking of value systems". If so, it is only proof that professional helpers were traumatised as well. In that case the question is, how can traumatised helpers help traumatised people? We as helpers, know that the best coping mechanisms are active ones. From the very beginning of the war we were active, trying to offer all our personal and professional resources to help displaced and wounded people. In my opinion, it was not only an act of altruism and professionalism. Coping with the war, resisting intruders, preserving belief systems and finding meaning for life, all enabled us to lessen the deadening feeling of helplessness and thus defend ourselves by helping others to do the same, and pass an active coping paradigm on to others.

As a professional community we knew scientific and applied psychology, psychotherapy, social welfare for socially disadvantaged groups, stress theory and practice. We lacked knowledge of crisis intervention, and trauma and its treatment, especially in general disasters when a whole society is shaken and suffers loss. Prior to the war we psychologists were a small, professional community, trying to get professional recognition in society, to make differentiation between our profession and other bordering professions (special educators, social workers, psychiatrists, educationalists) and in doing so we had very high standards of knowledge and practice.

From the beginning of the war we were working in teams more than we usually did. It gave us a feeling of forming a psychological front-line as well as an opportunity to discuss and share ideas, thus lowering our feeling of professional insecurity and incompetence. We had many dilemmas. At the time the war started I was head of the Division of School Psychology of the Croatian Psychological Association. A group of school psychologists gathered to find out best ways to meet needs of so many displaced and traumatised school children and their teachers. We were developing instructions on how to organise school work in war circumstances (riots, cancellation of in-school teaching for some

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periods, reception of displaced and refugees, radio network schools and special programs for children).

Some of the questions we were facing at that time were:

- How to reach so many schools and so many teachers, children and parents (only few tiny regions of the country were not under riots and black outs and they received most of the displaced people)?
- How to make programmes differentiated enough to meet specific needs and difficulties of displaced people, or those living in front-line regions, or for those in occasional danger, or in peaceful areas but at the same time receiving many displaced people?
- What consequences of traumatic experiences are going to show up in lives of children in the future - are we capable of preventing mass PTSD in such a vulnerable population and if not, in what kind of world are we going to live in. Should we use teachers and other paraprofessionals to help children, is it ethical to teach them support and treatment skills, what if they start to misuse these skills either because they like to "play" psychologists or because they don't understand properly techniques?
- Do we make less harmful mistakes if we risk teachers' mistakes or if we do not teach them helping strategies at all?
- What should we teach them and what shouldn't we - where is the border between professional and paraprofessional help and support to the traumatised?
- How could severely traumatised teachers and psychologists help children to work through trauma and loss when they themselves have not yet acknowledged and worked through their own?
- What are both the themes and techniques that are appropriate for work in classroom and what should be left for individual work?
- Does awareness and work on psychological suffering lower resilience (heroes do not cry?)
- How to educate parents to understand and support their children when they are fighting against an enemy (could they be helpers and worriers at the same time)?

We found many answers from the international professional community either by through books and articles related to stress, trauma and loss or from international experts in the field who came to share their knowledge and experience. Through research papers, books, programmes and seminars we learned to understand better and in more depth the nature of trauma and loss. We were enriched by new ideas on how to work with wounded persons. Most of the sources dealt with single cases of traumatisation or loss, some were explained very fine and elaborate techniques and procedures of treatment that could not be

passed to paraprofessionals, or called for more individual time than we had at our disposal due to the circumstances of the war. We were quite reassured that the helping strategies that we had developed were appropriate. However, what we had to do was to develop strategies and programmes that could be used nationwide, that would be applicable to a wounded society (not only a person, family, or school). In our need for professional support, there was still something missing.

War is against life. It kills, destroys proof that we once lived on this Earth and during our lives, had left some trace of our existence (architecture, books, recipes, fairy tales, spirit). War not only takes life, it takes the existence of a whole society. In order to survive, we had to develop an attitude that war was also a way of life. We needed a philosophy of living with stress, trauma, loss, and a strategy that called for much more creativity and adaptation skills than dealing with the abnormal situations that arise in normal circumstances of living.

I believe this is why Israeli experiences and approaches to societal stress, trauma and loss were so helpful and supportive for all of us representing professional psychosocial support community.

Early on, we had met some Israeli research on retraumatisation, the likeliness of development of PTSD, the influence of traumatisation on second generation survivors, some work programmes with traumatised populations, specially children in schools and kindergartens using creative and expressive techniques. They seemed to fit well into our questions and dilemmas and we used them in our early programs, still not quite understanding the basic difference between their approach and the approach most of the rest of the Western Hemisphere.

More than two thousand years of displacement, oppression, the experience of holocaust, humiliation, and then over 30 years of life in war asks for a philosophy of living in war to be developed in order to survive. Croatian history does not lack wars. But the last one, World War II, was far enough away to fade away the attitude of living in war, the attitude of being survivor. We all took peace for granted, as a normal state of being.

The story, Mooli Lahad told us in Beth Daniel, Paradise as we saw it in spring of 1993 from our “in the middle of war life” point of view, was more than making us understand the basic underlying concept of the BASIC Ph model of coping with stress. It pointed out clearly that trauma (even though it hurts) does not necessarily produce psychopathology. It focused on the discussion of normal and abnormal reactions, it clarified that in the realm of trauma (like in stress) the most important thing is an active coping strategy, of persons perceiving themselves as survivors instead of as victims. If so, a person can use the richness of his experience to gain more strength, to become more resilient, to use his creative resources to assimilate traumatic experiences and to adapt.

At that time we were shocked by the fact that people in Israel had been living in war for dozens of years. Not worshipping, fighting, rebelling, but simply living as normally as possible. We were fearful it could happen to us as well (implicitly still believing that the war is some kind of mistake in our lives, not accepting it as a fact). Then, after coming home we little by little accepted

the fact that we WERE living in war and afterwards could adapt to it. It meant to act using basically two strategies, one, by taking our misfortune and turning it into advantage (Americans would say challenge) and the other, by acting through different society institutions in order to reach as much of the population as possible. The urge to act, to be efficient as a response to war aggression was already recognised among us, members of the local professional community. The physiological arousal response to war was ready to be turned into a creative power of doing new things which were more appropriate for the time being. As my Gestalt psychotherapy teacher would paraphrase Shakespeare "To be is to do". So, we gathered new knowledge about topics we needed and we introduced new work formats (starting outreach programmes, working in teams). We were reassured that the most effective training mode was the experiential workshop format, so we used it deliberately. We (at the Society for Psychological Assistance - SPA) formed a Crises Intervention Team which not only did several interventions (school shelling, school suicide, homicide) but also started building a crisis intervention national network in collaboration with the Ministry of Social welfare and UNICEF by organising regional training. We disseminated knowledge by training and giving experiences about psychosocial support to teachers, social workers, medical staff, NGO paraprofessionals. We wrote manuals and books and made many shows and presentations in the media (national TV and radio network as well as local radio stations and newspapers). In doing so, we collaborated with the two Ministries (of Education and Social Welfare) and the Governmental Office for displaced and refugees, and with many international and local humanitarian organisations. As usually happens while introducing new topics, work formats and action paths, we had to face and work with much resistance on a general level of the whole society and its institutions, as well as from among some of our colleagues, on individual and cultural levels. We had to charm journalists in order to persuade them that it was important to talk not only about stress coping mechanisms, but also about lost ones and grieving. We had to use all sorts of arguments in order to convince responsible ones that it is much better to work preventively on traumatic incidences rather than wait incident to happen, and that preventive work does not make us more, but rather less vulnerable. We had to fight to influence commonly-held public opinions such as "the best way to go about trauma is to forget it as soon as possible". This meant that one should stop talking about it, or that "the best way to support a traumatised person is to tell him that he shouldn't feel sad and helpless because his children are needing him, besides, the same thing happened to so many people who despite that are carrying on their lives". While doing so we were ameliorating institutional and personal relationships in the long term, transcending the initial objectives of our activities.

In this context healing through learning proved to be an appropriate and effective paradigm. It is based on humanistic philosophy which considers experience as the basis of learning and personal growing process and on the strategy of survival - be operative with what you have. To adapt to living-in-war circumstances calls for creative use of traumatic experiences or creating advantage out of hurt. So, the question is, could we use the personal, hurting life

lessons given by war as a medium for learning how to become better helpers, and through the learning process heal ourselves? The “Helping the Helpers” seminar in Zichron Ya’akov proved it could be done and reassured us that we had to continue training wounded professionals and paraprofessionals, not only because of the shortage of non-traumatised professionals but because their traumatic experience was a potential source of richness in understanding and supporting the recovery of traumatised populations.

As an illustration let me quote one of our colleagues and trainers at SPA: “We often asked ourselves how much traumatised people, because of their own traumas, can use what they learned in their work? We think that the answer is: a great deal, because they saw themselves that some helping methods and techniques ‘work’. We believe that this recognition makes people more comfortable in using new skills in their work.” (L. Arambasic: Basic Training - Complex Skills, in D. Ajdukovic, ed.: Trauma Recovery Training - Lessons Learned, Society for Psychological Assistance, Zagreb, 1997). The training Arambasic is referring to was a four times per week training named Basic Trauma Recovery Training, for inexperienced professionals and paraprofessionals with helping experience. It was thoroughly evaluated. The evaluation proved that they gained new knowledge, raised perceived professional competence, introduced many changes in their practice and experienced many personal changes. In an essay written at the end of the course they unanimously stressed personal gains relating them to changes in their practice. In the Evaluation Report of the programme it was said: “The programme had important impact on the personal problems, traumas and losses of participants (“I became aware of my inner self, things which I was denying and suppressing, things which I had difficulties facing”).

Finally, it seems that one of the programme’s important effects was understanding the importance of work on personal difficulties, development and growth. “Expressive techniques and the personal grief process improved my relationship with parents and others”. “I am facing my loss and grief differently, it made me more sensitive to the problems of others”. Assessment of the general impact of the programme on personal life of participants, obtained six months after programme completion (on a scale from 1 - not at all to 5 - very much) was 4.14 for the first group of 35 participants and 4.36 for the second of 33 participants. These very high ratings of the programme’s impact on personal level six months after its completion speak in favour of long-term changes. It is supported by findings that participants introduced a great number of novelties into their professional work (as many as 90% of the participants), increased their participation in supervision (from 30% to 65%) and reported changes in personal life after the program (90%). (The Evaluation Report is an integral part of the final report of the Posttrauma Recovery Training Project (1997) realised jointly by Society for Psychological Assistance and Catholic Relief Services, and with funding from USAID.) These evaluation data justify the idea that training wounded helpers carries in itself the richness of learning and healing processes which, when combined, turn out to be beneficial for the wounded community.

Training wounded helpers according to our experience (of being trainees in Israel and domestic trainers) should always include both training and psychological treatment components. If the psychological treatment component is missing, new knowledge and skills cannot be assimilated properly due to defence mechanisms which protect helpers from their own trauma. If the training component is omitted, then a chance to use one's own experience and knowledge as helpers is missed. Of course it means that training wounded helpers is a complex and demanding task, but it is definitely worth the effort.

Light was thrown upon another important ethical, strategic and treatment issue and we started getting answers after our stay in Israel. This was the question of the balance between help and empowerment. We were told that the seminar was organised in Israel because we were so exhausted and tired, and that getting out of the country could support our recovery. The organisers were very considerate and caring. They chose the right place very peaceful, green and flourishing. The food was abundant and juicy. All our wishes were taken care of. I was often said later on that nobody ever cared for me paying so much importance to way I feel and to my needs as our host Reuven Gal, those days. It gave us a feeling of respect and value. At the same time we had training from 9 a.m. till 11 p.m. (of course with breaks during the day and over the weekend). By doing so, they implicitly sent us a message that despite our war experiences and exhaustion we were powerful and potent, and were expected to do meaningful and important tasks. This in itself was support and help for wounded people in coping with their destiny. It consisted of a perfect balance of messages of support and belief that we were doing well and that we can make it by ourselves. It meant regaining an inner feeling of freedom, self-esteem, self-respect and control over our own lives. It was healing in itself because it directly addressed the psychological consequences of trauma. (In each handbook of the psychology of trauma it is written that main trauma symptoms are helplessness, loss of control, low self-respect, loss of meaning of life.) The thoughtful and warm balance of care and learning continued after our Israeli seminar. We kept in contact with our teachers, exchanged questions, ideas, experiences, they came several times in follow-up and supervision visits, each of us received a timely birthday card from Zichron Ya'akov. Even this very book is proof that the intervention that started as "Helping the Helpers" did not stop after the helpers were helped, but through its learning component and continuing follow-up of helpers it has multiplied the initial healing potential. So, the healing power of learning reached many more people than those sitting around the fireplace in Beth Daniel discussing, role-playing, crying and singing together. And, even though the way we, as wounded helpers were treated in Israel and later on, looks so normal and understandable it is in our collective experience, a rather rare case.

During the war there were examples proving that not all trainers and helpers were aware of the fact that there is such a tiny line between help and empowerment, which could make the difference between humiliation and recovery. I was once invited to a meeting where the psychotherapists of Europe were aiming to conceive a strategy and specific activities in order to alleviate the

refugee crises that spread over Europe. They were talking about psychotherapy of refugees (some felt offended because refugees were not coming to psychotherapy they offered them in official institutions). I tried to explain that refugees (at least most of them) do not need psychotherapy but psychosocial support because they are normal people in trouble and that an invitation to psychotherapy could be humiliating for them and could implicitly send the message that they are not really seen and understood. The psychotherapists felt almost offended, so I gave up with my explanations, but later on while driving home I realised that I was feeling offended. Many international humanitarian organisations were sending help during the war - material, financial, psychosocial. Without that help it would be much more awful, more people would die, people would suffer more. Without that help we psychosocial helpers would not have got the opportunity to learn, to develop programmes, to train and support so many other helpers and traumatised people. We were aware of that during the war and ever since have been thankful. We were often asked to illustrate our regular programme and evaluation reports with a few stories that would be persuasive and motivate donors, the more horrible and bloody the story, the better. We often had a feeling that it was not enough that we were wounded, but that we had to take our clothes of and stand naked in order to prove that we deserved help. In our local helpers' circles we sometimes joked that we were psychological prostitutes. It was, of course, an overstatement, but it gives a glance into our inner feelings, that we were selling our misfortune for material, financial and intellectual help. We had good justification for doing so, thinking of so many distressed people (but all prostitutes have this, don't they!).

It is true that it takes one to be in trouble to afford the opportunity to another to help. If someone is to be good, helpful and altruistic, another has to be imperilled and in need. It seems that there needs to be a weak, helpless and poor one for a mighty, helpful and proud one to exist (because he helps). But if we, by helping weak ones, succeed, they would no longer be weak and this will take away our possibility of being mighty. We will no longer feel good, potent, and mighty. Strong organisations do not like that feeling. We witnessed that many times during the war in relationships on all levels - between organisations, professionals, psychosocial support programmes and in individual treatments. There were examples reviling this paradoxical tie between weak and potent, helpless and helpful. As soon as we stopped being first picture on the world news, international humanitarian help stopped, and we psychologists know that only when killing stops traumas and losses can be really worked through, reconstruction of life's meaning could be made and grieving process could start. But there are no more pictures of wounds and blood as a token for help. Some of our refugee communities situated in hotels had been taken care of by the government for six years. They were given meals, pocket money, activities for children and by the time they had adapted to their helplessness and loss of decision making (even about what to eat) and control in life. Now when facing resettlement they showed great difficulties. While training and supervising a great number of helpers we recognised many cases of slow or stopped recovery because clients and helpers had developed dependent relationships.

There is really a thin border between help and humiliation. During the war we called the job we were doing by different names - intervention, treatment, therapy, care providing, helping. By the time expression “psychosocial support” was mostly accepted. I believe it was not only the question of finding *terminus technicus*, it was a semantic issue. It was the question of what we were really doing, what was its purpose, its aim. I discussed that question in the article Types of Recovery Treatment (Pregrad, 1996). Let me paraphrase that point of view offered to local care-providers. What do we do in crisis situations - psychosocial help or support? Both, but it would be good if it were more social help at the beginning and psychological support later on. Following Maslow’s model of motivation development it is obvious that it does not do much good if we work on respect, acceptance and belonging, self-esteem and self-actualisation if basic biological and existential needs and needs for predictability and security are not met. Therefore it is necessary to comfort people materially and, to some extent, socially first, in order to offer them psychological support. And when we reach psychological support level, do we help or support?

Let us ask ourselves for a moment what motivated us to become helpers. What drove us into that role? If we skip general answers such as “because I am humanist”, “because I love people” and go to more personal ones (“because I am hurt by human suffering and helplessness”, “because I can’t sit sill and watch what is going on around me”), than we will find among many of our motives a need to feel potent, to control the situation (as reaction to helplessness), a need to gain new personal meaning in the midst of meaningless killing and destruction, to be effective, useful and human despite the awfulness of war. By helping others we satisfy our own needs for security, predictability, control, feeling effective and useful, respect and self-respect, meaning and preservation of our own value system. If these are legitimate human needs, and they definitely are, how do we help our beneficiaries to satisfy them? Taking the helpers’ role, we constructively and happily combined our needs with the needs of wounded ones to be helped. But how are they going to satisfy these same needs? Would they more easily fulfil them if we help them in doing certain things instead of letting them do it themselves, or by supporting them in finding enough of energy, strength, self-reliance to cope with life by themselves? Of course, psychosocial help and support includes both, but it is extremely important in our practice to develop the feeling for that delicate difference and to pay attention to it while working.

The entire humanistic school from Maslow to Rogers and Frankl points out the importance of natural human ability to adapt to new situations and not only to cope with it but to change, develop and grow from it. According to this school the job of helpers is not to cure or “correct” a client, but to offer support to come into contact with himself, with own feelings, thoughts and capabilities, and, by practising them actively, find new, and for each individual, most appropriate ways of facing the world. In situations when entire population and the system is shaken and under destruction it is more appropriate to rely on theories of personality development which focus on natural developmental resources, stressing human ability to adapt, rather than go after (momentary) proofs of

pathological functioning. Because, as it was said many times, these are normal reactions to abnormal situations and they could be replaced by more adaptive and creative ones. Therefore in critical incidences and soon after, it is important to provide material, social and psychological help and to accept people the way they are at the moment, giving them the possibility for regression and taking from them a part of their responsibility. But, gradually, it is important to empower personal strength and their ability to cope with the situation, because, only by doing so we will support them to feel as valuable members of the society. This is exactly how we felt in Beth Daniel - as valuable persons and as valuable members of the professional community.

3

HELPING THEM GROW

Branka Starc[*], Antonija Zizak[**]

Introduction

Children are the most vulnerable part of the population in any war. A happy and healthy family life in their native environment - in a social and cultural context is being denied to them. Everyday activities focused on satisfying existential and psychosocial needs are highly jeopardised.

This universal knowledge that we used only to read about, had suddenly become the truth of our everyday life. New life conditions during the war generated new population categories. The extremely vulnerable groups of refugee pre-school children were displaced together with their parents and their pre-school teachers.

Our experience in helping children in peaceful times made us aware of specific psychosocial needs of this vulnerable group. The major questions that arose were:

- How to meet these yet unknown needs?
- How to identify, recognise, assess and satisfy the needs?
- Who can carry out this demanding task?
- Are the professional helpers competent enough for this very new field of psychosocial work?

A group of professionals asking themselves these same questions, gathered under the auspices of the Department of Education (Ministry of Culture and Education) and the Department of Social Pedagogy (Faculty of Defectology). In 1993 they started a project with financial help from UNICEF- Zagreb Office. Project “Psychosocial Help To Displaced and Refugee Children, Their Parents and Pre-school Teachers”.

How We Began

We began with enthusiasm to help, with “old” knowledge and “new” questions. We were the national team of ten professionals (psychologists, pedagogists, social pedagogists) who had the task of putting in life this project. We defined

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our main goal as: *helping war-traumatised pre-school children, their parents and pre-school teachers in kindergartens and play groups in refugee camps in the Republic of Croatia*. Our specific goals were:

- to decrease / alleviate / prevent the influence of traumatic experiences on the children's development;
- to educate pre-school teachers and other professionals in methods and techniques which will help in coping with stress and trauma.
- to help pre-school children's helpers in preventing secondary traumatisation;
- to extend the programme to all kindergartens in war areas;
- to expand the helping network;
- to promote effective communication with parents and establish ways of counselling parents in a kindergarten setting.

We recognised natural helpers (parents and teachers) as the most important people who could help their children. Therefore, they were the ones we had to educate, empower and prepare to implement these goals in direct contact with children. In kindergartens, other professionals (psychologists, pedagogists, nurses, special education teachers) were also helping children, parents and teachers in respective ways. All of these professionals were natural helpers on the first level in their local communities.

We saw ourselves as their educators and as professional helpers on the second level. Bearing that in mind, the main strategies were chosen: **education, evaluation, supervision**. For the sake of effective programme implementation the territory of Croatia was divided into four action fields: Slavonia, Dalmatia, Istria and Central Croatia.

Education was organised as a series of seminars and workshops. We followed the principles of experiential learning, helping trainees to expand their professional knowledge and skills, helping to integrate new skills with old ones, and find their own professional helping styles. Seminars were accompanied with a handbook (1994), workshops with handouts.

The first assessment of the educational needs of the natural helpers showed the necessity of giving them general knowledge on topics such as communications, psychosocial and developmental needs, partnership with parents and mental health of helpers. At the very beginning we conveyed some specific knowledge and skills related to identifying traumatic experiences in pre-school children, methods and techniques for helping children cope with stress and ways of educating and working with parents.

Evaluation was planned as an ongoing process beginning with teacher and parent assessment of the symptoms in the child's behaviour, assessment of the parent's specific needs and assessment of the teacher's personal and professional specific needs.

In a sample of 1,874 displaced and refugee pre-school children many symptoms of stress and traumatic experiences were found. For example, a significant percentage of children (20-35%) showed separation fears, continuous attention seeking, irritability, mood changes, crying, withdrawal, aggressiveness and sleeping disorders. The first survey showed that all these symptoms were consequences of dramatically changed life circumstances such as direct exposure to war atrocities, death of a close person, a close person having been captured as a prisoner of war, a close person having been wounded and other traumatic experiences. Mothers of these children suffered from sadness, grief, anxiety, insecurity, helplessness, rage, anger and hatred.

Many teachers who worked with children in this programme were displaced persons themselves (13%), and had similar symptoms to parents of the children. Regarding their work, teachers stressed as their major problems: impoverishment, organisational difficulties including too many children in groups, lack of educational resources and poor communication with other services and institutions.

The first seminar for pre-school teachers gave us an opportunity to assess their further educational needs. We found that the most important and interesting topics for them were:

- communication skills,
- conflict resolution techniques,
- positive self-concept,
- psychosocial needs,
- discipline,
- symptoms of traumatic experience,
- expressive techniques for children (drawing, puppets, music, clay
- self-help strategies,
- work with parents,
- planning activities for children with specific needs.

Supervision was carried out on two levels. On the first level teachers were supervised by local supervisors - professionals available in local communities. On the second level, teachers formed groups on a regional level and were supervised by regional supervisors - members of a national team. This supervision on the second level was organised for four regions. Thus we had four sub-teams. Members of national sub-teams were also available to the teachers if needed.

Supervision was planned as a three-dimensional process: educational, supportive and instructional. This was a good way to meet the constant and different educational needs of various groups of teachers, and provide them with knowledge needed (workshops, videocassettes, handouts, literature).

The supportive dimension was implanted mostly in an educational framework, in creating an atmosphere of supervision groups in which professional and personal experiences could be shared, especially difficulties of helplessness, fear, anxiety and dilemma. At a very early stage of the programme

implementation, this supportive dimension was recognised by the members of the national team who strongly supported each other at our professional meetings, and thus spontaneously created a peer supervision group. This composed the third level of supervision which had not been planned at the beginning. This was one of the lessons we had learned and later used in a fruitful way.

The instructional dimension of supervision was present almost daily as a way of communication (personal contacts, letters, phone calls, fax) and direct help on all levels among supervisors and supervisees. The most frequent situations in which instruction occurred were in analysis of specific cases and situations, implementing knowledge into specific life situations, planning intervention, structuring time and activities for children, working with parents and referring to other institutions.

Educational strategies used in the project were a continuation of earlier pre-school teacher education programmes for improving professional competence. A year after the project's implementation we faced three major problems. The first was the lack of professionals who were competent on issues like: child development, communications and teaching skills. This deficiency was obvious in certain regions of Croatia, especially in Slavonia where the needs were enormous. The second problem was insufficient knowledge regarding specific sensitive issues connected to war: aggressiveness of pre-school children, missing fathers and depressive mothers, healing techniques for traumatised children and adults, helping helpers strategies. Last but not the least was our difficulty of feeling insecure with what we had been doing. Was there a coherent theoretical and practical approach that we did not know about?

We searched for knowledge. Some world-renowned experts were available at those times in Croatia (R.S. Pynoos, M. Raundalen, O. Muller). Their lectures, workshops, books and handouts were precious for us and we transplanted their knowledge to our situation and tried to use it in meaningful ways.

The Zichron Ya'akov Experience

The search for knowledge brought us to Zichron Ya'akov, Israel. Two weeks of experiential learning gave us some direct answers, opened some new questions, and above all it confirmed our humanistic approach combined with our professional experience and intuition born in the uncertainty of war. We, the helpers gained genuine support in every sense of the word.

Integrating New Knowledge and Skills

New enthusiasm resulting from the Zichron Ya'akov experience made us look upon old goals in a new way: priorities changed, educational content changed and educational strategies were enriched. Evaluation turned to more qualitative methods and supervision focused more on a supportive dimension.

The first step in integrating new knowledge and skills was our re-experiencing it through a new role of the teacher teaching others what we had been taught. This happened in a secure and supportive setting with ten members

of our national team. Thus, the core of the national team was enhanced and more ready to resolve the problem of the lack of competent professionals.

Seminars for two target groups were organised. One was for pre-school psychologists (40 in number) who were mostly concentrated in Zagreb, as the only group of professionals we could count on. This was in a way a replicate of the Zichron Ya'akov seminar. Some of the participants immediately became new and active members of the national team. The second seminar was held for the pre-school teachers from still ongoing war zones.

The Israeli seminar gave us some direct answers to previously mentioned educational needs of pre-school teachers. We started a new series of workshops covering specific topics such as: The BASIC Ph model, understanding traumatic experience of pre-school children, expressive and relaxation techniques, crises intervention - (debriefing, professional stress) and preventing burnout. These issues were a good basis for integrating old knowledge about stress and trauma, and for better understanding of sensitive issues such as: loss and grieving in children, behavioural symptoms of loss and trauma, living in uncertainty and believing in the future.

Our strategies of educational work did not change much, but were enriched, including the use of even more experiential learning regarding almost all topics. Being empowered and more secure we created more easily a series of new workshops. One of the important strategies for reaching out to larger number of teachers and other professionals was writing on these topics. It was to be simple, short, supportive, narrative with examples, full of optimism. Such professional papers were not easy to write, so we accepted a challenge of learning a new lesson and a new handbook was written in 1995.

The necessity of helping parents became more obvious and we finally felt competent enough to face this issue. After having experience in dealing with parents' problems and counselling them we decided to distribute a large number of leaflets and posters throughout Croatia on the topics that we were most concerned about. We wrote and produced a set of 13 leaflets and posters on child development, on communications and on stress and trauma (1996). These were distributed to places where they could be in easy reach of pre-school children's parents, (kindergartens, refugee camps, libraries, waiting rooms of medical institutions, schools etc.).

During and after the war, pre-school teachers found it very difficult to cooperate with parents of kindergarten children because in many cases all of them (parents, children and teachers) were in stress or traumatised. In most cases counselling or handing a leaflet to the parent was not enough. Teachers needed help. Again, a series of workshops for pre-school teachers was planned and carried out. New ways of creating a supportive partnership between teachers and parents was the main issue that was explored during these workshops. Many meaningful ways to use the parents leaflets were found by teachers themselves (lectures by experts, parent meetings, workshops, small group discussions, presentation through media, parents to parents) as alternatives to standard one way communication from teachers to parents. The third handbook (1997) was a logical result of the previous works. The handbook for partnership of teachers

and parents incorporated our integrated old and new professional knowledge, examples of new modes of partnership and acquired style of writing professional papers in a popular way. In that manner we created important parts (leaflets, posters, a handbook) of the UNICEF helping kit distributed to helpers throughout Croatia.

Quantitative methods of evaluation done in 1995 showed a significant reduction in most symptoms assessed in children in 1993 (emotional, psychosomatic, cognitive and social), except for aggressiveness. Nevertheless, considering that we are talking about pre-school children and that the disturbances were upsetting, we still regard the existing number of symptoms as high (13-22%). At this point regarding evaluation of results we had stopped "counting" children and their symptoms and focused on evaluation of work with individual children, their parents and the quality of the kindergarten context. This turn in our focus had been already seen in the second handbook (1995), where we published several examples of case studies and introspective reports of displaced pre-school teachers.

Pre-school teachers found that analysis of their difficult individual cases was both supervision and evaluation at the same time. These two project elements became an ongoing process focusing on a case incorporating all three dimensions (education, support, instruction). Teachers appreciated supervisory meetings very much because they could confirm their competence and get support.

"The Slavonian Group"

Most of the problems the project encountered were highly recognised in Slavonia region. The gap between tremendous needs and poor resources was huge, the biggest in Croatia. For that reason we, the regional supervisors (two of us being participants of the Israel seminar), who did a lot of the field work and knew the Slavonian situation best, decided to develop a more independent regional network of competent teachers and other professionals who could expand knowledge further. It was important to teach them:

- how to recognise specific educational needs of local teachers and parents,
- how to create and carry out successful workshops,
- how to recognise the necessity of referring to regional supervisors or other experts,
- how to establish and carry on peer supervision,
- how to deal with professional stress and burnout.

Twenty pre-school teachers and other professionals from Slavonia were selected and gathered for a three-day seminar (1995). That is how we started Slavonian Group, the core of new expanding circles of knowledge and support. They needed us for acquiring new knowledge and skills and for supervising the more difficult cases, otherwise they could manage project goals by themselves well. This Group guarantees that the project will now proceed on the local level.

What Helped Us Grow

With this article we wished to present how the "Helping the Helpers" seminar actually redirected and opened new dimensions of our Project. It gave us new and precious understanding of children in stress and trauma, it gave us theoretical and practical orientation to healthy modes of coping with stress, trauma and uncertainty, as well as creative and useful techniques for supporting and healing children and adults. We came to Israel with a question: *"Is there a coherent theoretical and practical approach to war-related stress and trauma?"* We received more than a simple answer to this question. Any approach is good, as long as it is believed in and practised well. We learned to believe in our professional intuition, knowledge and experience that we already had, and to rely on healthy resources for coping with difficulties as well as on specific cultural values. It all together gave us new confidence and strength to proceed with our project, generate new energy and creativity for our sakes and for the sake of those whom we had to help grow.

4

KINDERGARTEN SUPPORT IN CHILDREN'S GRIEVING

Lidija Vujicic *

Introduction

The child's primary environment during the pre-school period is the family and kindergarten. The key figures controlling and creating the child's environment are parents and educators. The environment strongly influences the way a child confronts and reflects psychological problems. For example, if there is no suitable model of grieving in the child's family or the adults' behaviour is such that it prevents the child from expressing its emotions, this will have a great impact on the child's recovery. Environmental factors play an important role in the development and duration of the child's psychological problems, hence the importance of environment, in our case, the kindergarten - the institutional context.

Compared with parents, educators are less traumatised and strained, so they can be more sensitive, they can observe directly both the child's and social functioning. Collaboration with educators regarding traumatised children involves permanent education and sensitivity for children's traumatic experiences and reactions.

Educating Educators

It seems appropriate to explain children's traumatic reactions first through the example of adults, how adults react to traumas, then to compare the differences of adults' and children's reaction to traumas. It is also important to explain how to recognise a child with post-traumatic difficulties, as well as why and how they should be discussed.

While grieving, the child's reintegration may be a critical step in the process of recovery (Pynoos, Nader, 1990). Therefore the educator must know about the need to talk with children who have lost a parent, about their grief concerning this loss. They must listen to the child when he has a need to talk about his father, and show particular attention when commemorating the anniversary of his death and other special occasions. The child must be permitted to be sad. The educator must explain to him that his feelings of sorrow have resulted from the tragic experience and that as time goes by he will feel better. She should help him express what he feels and thinks, ask the child what he wants. listen attentively, or better still, listen actively and observe the child since this is an important way of learning how to react to the child's needs adequately.

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The following important step helps the educator communicate with the parent of the child that has experienced this loss. It is important to explain to the parent what normal grieving means for children, what are the direct and common reactions of children regarding this loss and what this involves.

Talking about death and about grief must not be a prohibited theme. Death is a part of life. Grief is an integral part of life and should be accepted as such. Talking about death, for children does not mean sharing depression and fear. On the contrary, ignoring and prohibiting it is terrifying. Encountering death may hurt an unprepared child far more than a prepared one. It is important to realise that understanding death depends on the child's age and abilities, but also the cultural features surrounding him. It is useful to know about the levels in development regarding comprehension of death, but each child is an individual with his own experiences. Some children may ask questions about death even before the age of three. Some experience the death of their grandfather or grandmother, some the death of their pets. Others will never even mention death, but through their games will show situations of funerals or express the feelings through the loss of their toy or pet.

We cannot change individuality but we can make it more flexible. "Never return to the same river twice. One time the water is different, another time you are different" (Heraclitus)

There are various ways of losing a father

1. Abnormal process of losing parents - sudden death,
2. When the child is not sure whether his parent is dead (s/he is absent) but knows that he is dead,
3. When the father is in another family.

Group Cohesion in Working with Grief

The main idea that the educator follows is: How to help the child, and how to include the group in this assistance? Firstly, communication with the child should be established (talk, drawing, supporting the child through a glance, touch, short conversation). Encourage the child to verbalise his anxiety.

The educator creates a supportive atmosphere that makes the children feel that they are not alone and that others care about them. Recent research (Raundalen, 1994) clearly shows that the roots of pro-social positive behaviour are based on the child's capacity to empathise with others who are present in early childhood. More precisely, there is no significant difference behaviour a five-year-old and three-year-old i.e., the majority have completely developed the ability of identifying with others and most are capable of expressing caring behaviour. With pre-school children, learning pro-social behaviour is defined as:

-helping others
-altruism (generosity, sharing)
-empathy: differentiating and noticing emotions of others, identifying with others, sharing emotional reactions of others.

The Loss of the Father of a Four-Year-Old Boy

His father had been killed in the war. The boy was not told immediately of what had happened. The educator knew, but respecting the mother's wish she did not tell the boy. 'That day, during art activity a drawing with a lot of black colour predominated. On the big piece of paper he drew a train and then coloured everything in black. His work was finished only when even the smallest area on the paper was covered with black. The child knew nothing of the tragedy but had a presentiment. He learned about his father's death from the children in his neighbourhood, after which his mother explained that his father is now with God. In his kindergarten he told the educator that his father is dead, then went on: "When someone is old then he dies. Yet my father is not old?!"

Respecting the mother's wish, the child was not present at the funeral. He approached the educator more often and asked for her attention. Emotional isolation was felt. He no longer retold things that happened at home, nor did he mention his father. He expressed grief and sorrow through his drawings. The child's inner-life remained, but his outer one had disappeared. He did not want to mention his father because he did not want any connections with the outer world, they were torn, he did not want to talk about losing his father.

Instead of forgetting his father, there was a need to help the child remember and enter his inner memories, through art activities such as colouring blue, a colour associated with the sea, summer and swimming. For the first time he talked to me about his father, he talked about going to the seaside together, how he taught him to swim. He continued to draw in black and says that his father died and fell asleep. When asked where he is sleeping now he mentions the cemetery. We learned that the mother accepted our suggestion and took the boy to see his father's grave. Since the child did not see his father, it is important for him to know where he is. An important detail from the cemetery is a picture of the tombstone "I have his picture and love looking at it". We suggested that if he wants, he can bring it to kindergarten.

Two months later, while waiting for lunch, when another boy commented that he was "starving to death", the first boy mentioned that his father is also dead. The educator offered a possibility 'Do you want to tell us about your father? For the first time in front of other children, he started to talk about his father, and the children listened to him with empathy.

Three months after his father's death the boy said, "My father is dead. He isn't here any more. I have only a picture of him. How will my mother and I live alone when he won't come anymore? The educator offered a future, "You will eat a lot and grow big so you can help your mother".

Seven months later, on All Souls' Day in agreement with the other parents of the five-year-olds, the educator and kindergarten class visited the father's grave. They went to the cemetery after breakfast - to the "town of silence and the dead". They bought chrysanthemums and a candle as a sign of remembrance of the departed. He told the educator that he wanted to say something to his father. She told the children to be very quiet so he can tell his father what he wants "This is where my father is, this is his grave. You mustn't step on the soil. I can't see him, he's deep, deep down in the-ground. Daddy, I have new sneakers and a

car, but you've probably already seen this. Bye daddy, I'll come again". "On the way back, he asked the educator to walk with him hand in hand.

Discussion :

From this abridged case presentation (the complete case is presented in the Manual II. PPSPP) we follow the direct reactions to the child's grieving:

1. Shock, stiffness, the mechanism of confronting and preventing anything from reaching into the child. This in fact is a filter.
2. Protest - "he doesn't believe "
3. Emotional numbness
4. Continuation of everyday activities.

Among the common reactions, the following were observed: anxiety as the main feeling, disturbed sleep, fear of darkness; physical reactions - stomach-ache, strong memories, sorrow, desire, bedwetting and regression.

Our second case speaks of the importance of bringing awareness to the inevitability of death, and making it a legitimate subject matter of discussion and treating grief as an integral part of life.

In the same age group in which the educator herself educated, and became sensitive to the process of grieving, another five-year old boy lost his father in a work accident. The educator informed the children of what had happened to his father and stressed the need for empathy, support and their attention, which they readily accepted and treated him as requested.

Together with identifying the process of the child's grieving, a significant fact was that he learned about the details from his mother. "Daddy had died. It happened at work". 'The boy asked: "When will daddy be back?" His mother explained that his father is dead and is up in the sky. The child had not asked about his father since then. He took care of his father's slippers. Respecting the mother's wishes, he wasn't present at the funeral. After seven days he came back to his kindergarten, very proud, with his father's keys around his belt. "I inherited these from my father". It was a connection with his father.

Conclusion

The child is an integral part of the family, environment and culture that surrounds him, he enters the kindergarten with specific abilities, potential and experiences and the educator should respect and react to them. In all contemporary conceptions it is clearly stressed, "Each child is a unique person with an individual pattern and course of growing up, with his/her personality, manner of learning and family origin". Consequently, each child observes the world in his/her own way, manner, pace of development and studying, and as in our case, grieving attitudes towards the loss of their dearest persons.

The role of adults in the kindergarten is extremely complex. It involves collaboration, support, reflection, instruction, modelling, directing and building knowledge. The educational group, with its cohesion and feeling of co-operation

and collaboration, has an impact on each child and the entire group. A significant point of such work is caring for each child, satisfying his/her basic needs and developing a relationship of collaboration both between the child and educator and amongst the children.

Finally, I shall end with an example from the kindergarten after encountering and experiencing the story “Soul Bird” (for approaching the child’s inner feelings and situation within the family). The father was shouting at the older brother and the younger one reacted this: “Daddy don’t shout at Ivan, his “soul-bird” will be sad”. After asking what he meant, the boy told his father, “It’s a tiny bird in our soul that can’t be seen but is there, inside us, and when someone shouts at us it’s sad yet when we are happy, it is happy too”.

5

HOW LIBRARIANS HELP CHILDREN OVERCOME THE CONSEQENCES OF THE WAR IN CROATIA

Ljiljana Sabljak [*]

I would like to present the story of how Croatian librarians became helpers and helped children to cope with the consequences of war in Croatia. They provided a special psychosocial project called "The Library Project - widely known as "Step by Step to Recovery". A screening of war-related distresses and psychosocial disorders among school age children in Croatia done in 1992 indicated that an unexpectedly high population rate suffered from post-traumatic symptoms.

According to the official data from 1992, there were 496.000 children in Croatia, the majority of whom had to leave their homes. Thousands of children lived as refugees out of Croatia, while 63.000 school children from Bosnia & Herzegovina were registered as refugees with temporary stay in Croatia. Many of the children were directly exposed to traumatic experiences during the war. First clinical findings of deep psychological consequences in children were reported by Vidovic and her fellow experts in 1992. Out of 163 children who arrived in Zagreb, 58% showed fear, 43% regressive dependence on their parents, 28% general tension and distress, and 22% regressive crying. Only 18% of all the children did not show any deeper disturbances. Similar data were obtained in other towns, too. Research done by Stuvland and Kuterovac in 1992 concerning children refugees in Zagreb showed that 92% of the children had personally been exposed to armed conflicts, 42% witnessed wounding of a person, while 28% saw somebody being killed. In another research the same authors found that out of 264 school children living in Karlovac 97% had been exposed to shooting, 58% were so close to war actions that they thought they would get killed, 97% experienced shelling, and 41% were at home when their houses were being attacked. Both papers showed a very high rate of stress reactions (PTSD).

Realisation that traumatic experiences are qualitatively different from stress, and that they result in permanent biological changes, is as old as contemporary psychiatry. In any case, the kinds of stress in children and adolescents appearing during the war and in the period after it, are of a different nature, usually long-

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lasting, and as its final consequence have cumulative effect on the development of body, emotions, intellect and general moral growth of children. As for the losses and sufferings of children and adolescents all over Croatia, we have detailed (survey) data obtained from the representative samples of elementary school children from all parts of Croatia (N=5,825). The war in these parts has given rise to five important stress experiences in the everyday life of children and adolescents, namely:

- Exposure to war operations and staying in shelters
- Worrying about other members of the family
- Loss of home and separation from parents
- Witnessing wounding and killings
- Direct violence, including bodily abuse

This phenomenon has reached epidemic proportions so that one individual clinic's approach is no longer adequate or sufficient. Consequently we have been faced with an urge to mobilise all the expert and creative capacities of our society in order to establish mechanisms of help and self-help that will give the society the possibility to cope with these problems on four basic levels: physical, psychical, psychosocial and ethical.

You may be wondering why such a project should be applied in public libraries? Public libraries in Croatia, especially in big towns are organised in a network of libraries, like networks of primary schools. Public libraries have become a natural place for bibliotherapy and other expressive technique applications because of their basic purpose, equipment and professional staff. During the war in Croatia from 1991 to 1994, public libraries were permanently open to users. They had a 100% increase in the number of their users, which turned out to be a real readers boom. Librarians faced many users who turned towards the book as a kind of self-help therapy, especially for some groups exposed to traumas such as children, elderly people, refugees, displaced persons, soldiers returning from the front-line and war convalescents. We soon came to the conclusion that most of them had been traumatised, but that they were not clinically ill. On the other hand, we could see that all children, no matter whether they come from the front-line or elsewhere, had been war-traumatised. In order to offer them the most efficient help, the City Library of Zagreb, with its funds and experts, has dedicated its capacities to all these categories free of charge. It was also necessary to prepare specially adapted programmes for them, in particular guided reading - bibliotherapy. Since 16% to 20% of the members were refugee children, we felt a need for a specific way of working with them. At the beginning the work was spontaneous, but a more systematic method was obviously necessary, and the programme was started thanks to Dr. Arpad Barath, who instructed us.

Since the City Library of Zagreb is a non-profit institution, the project had to be supported and co-financed. It has been supported by the Ministry of Culture of the Republic of Croatia, local government of the City of Zagreb, and it has been co-financed by the UNICEF office for Croatia. Owing to this support, the City Library of Zagreb has already organised five educational seminars with

workshops for 170 participants librarians from children's departments in public libraries all over Croatia. Now 22 libraries are applying this programme.

The starting point of this whole project was our moral responsibility to provide the traumatised children with the surroundings which will protect them, and at the same time lead them to cognitive, emotional and moral recovery and creative development. The basic aim of this project is to offer the helpers of traumatised children to transform children's traumatic experiences into creative power and prospects of healthy growth and development.

The programme offers and seeks creative usage of various expressive techniques as therapeutic means. The programme is supposed to enable children (as well as teachers) to accept their painful experiences as a part of their self, to realise that they are not the only ones with such experiences, and therefore to express creatively those deep insights (endocepts) and convey them to other people through a certain system, such as art, literature, music or non-verbal movement. Such meetings with children could take place anywhere, but the programme is basically aimed at the wide range of educators and cultural activists who meet the children outside school programmes. Similar programmes are being carried out in educational institutions, but with many more problems, since schools are limited by the number of lessons and their curricula. That is why this programme has fortunately found its place in libraries, which school children visit in their spare time.

The Structure Of The Programme

Under the symbolic title "Step by Step to Recovery", we offer a multi-media project of creative activities with children and adolescent victims of war to teams of local school and cultural activists. The programme is built around twelve central themes, "steps", of which every one represents one stage in the prevention of consequences of the war traumas which could effect the complete psycho-social development of children and young people. The programme is based on the popular concept of contemporary self-help practice in spiritual and moral recovery from traumatic events and their effects. The idea for this programme appeared after the application of an art-therapy programme for the prevention of long-term effects of the war traumas in children and adolescents, called: "Pictures of My Childhood from Croatia..."(Barath et al. 1992/93). It was offered to Croatian school authorities, and was one of the UNICEF's psycho-social programmes in this country and some other areas on the level of school-education intervention (see Barath - Stuvland, 1992).

The new programme "Step by Step to Recovery" concentrated not so much on the acute (primary) effects, but on the chronic (cumulative) effects of the war traumas on the complete psycho-social and ethical development of children and adolescents. The goals of the programme were to introduce and to put into action three basic innovations:

1. To develop specific methods and procedures of creative contacts with children and adolescents, for which there is no interest and no financial means in the government educational institutions.

2. To explore and suggest the newest possible combinations of methods and procedures of the art-therapy work with children and adolescent victims of war and post-war in this area.

3. To organise, train and supervise teams of teachers and artists from public libraries in ten “crisis cities” in different parts of Croatia, for the creative meetings and work with children with special psycho-social needs. The title and the succession of the “Twelve Steps” has been known in works on contemporary psychology focused and recovery from personal trauma. The pattern of contemporary self-help groups that act on the basis of the twelve steps (see Barath 1992, Katz 1994, Zink 1991) represents twelve existential problems and challenges during growth and development, which are equally important on a personal, family and ethical level.

Our “twelve steps” have to be carried out in continuity:

Theme 1: Sensing Power vs. Helplessness
Aim: Strengthening self-confidence and self-control
Theme 2: Seeking Meaning vs. Finding Chaos
Aim: Help and support in coping with cognitive defects
Theme 3: Seeking Trust vs. Finding Shame and Doubt
Aim: Strengthening mutual confidence and support
Theme 4: Self-esteem vs. Self-destruction
Aim: Strengthening self-criticism and consideration
Theme 5: Assertiveness vs. Anger
Aim: Socialising angry and furious reactions
Theme 6: Sensing Safety vs. Fear
Aim: Developing skills of constructive coping with anxiety
Theme 7: Feeling Innocence vs. Guilt
Aim: Advancing moral reasoning about social justice/injustice
Theme 8: Seeking Pleasure vs. Finding Grief and Pain
Aim: Strengthening readiness for constructive acceptance of permanent losses in life
Theme 9: Poetry of Life vs. Death
Aim: Strengthening constructive approaches to life and weakening the fear of death
Theme 10: Justice vs. Injustice & Revenge
Aim: Improving consideration and ability to solve problems peacefully
Theme 11: Finding Purpose & Future
Aim: Building optimism and hope
Theme 12: Finding Love & Friendship
Aim: Improving complete emotional well-being and ability to receive and give love.

Each of these central themes represents an open-ended framework for teaching and learning different expressive (creative) art activities in combination with specific skills for small group work and problem focusing, screening and counselling.

This programme is national and open-ended. The creative work with children and adolescents, as well as the techniques that are used in this programme in different combinations are painting, bibliotherapy, music therapy, video-therapy, movement therapy (non-verbal), and selected computer games. This projects promotes a non-directive (spontaneous) approach to game as therapeutic media simply because it has been for non-professionals. There are six basic goals of these projects:

1. To diminish the level and the strength of non-effective defence mechanisms developed in traumatic experiences and their effects (for example the suppression, long-term avoiding, anti-social behaviour etc.).
2. To diminish the level of generalised psycho-physical anxiety in children and adolescents.
3. To offer opportunities for learning and insight in some of the existential problems of life and survival that children and adolescents are faced with through drama. These are archetypal themes of human existence such as “life vs. death”, “violence vs. charity” etc.
4. To secure for the traumatised children and adolescents a safe place for their self-expression and sharing of common destinies.
5. To point out the perspectives for a common future.
6. To protect and develop prospective creative potentials of the local communities for the multi-expressional work with traumatised children and adults.

The central elements of the presented project model are endocepts (see Arieti 1976, Barath 1983). In the theory of art and creative development they present a sequence of archetypal theories of sense and common and personal existence in a given environment, that needs to be discovered, defined (symbolised), conveyed and to be shared with others as a genuine personal experience. Thus, the model could be accepted and built into the dynamics and the plans of personal growth and development as a universal, general human experience and as an aesthetic expression that connects the person with the destinies of many of others in the same or similar situations and tragedies.

Forming Groups (Programme Users)

The usual programme users are school children with evident emotional and other psycho-social disorders developed during the war or the period after it. Their disorders are not necessarily connected with a particular traumatic experience. The programme can be equally useful for those whose family or school environment is obviously doing permanent damage. The group should not have more than 15-20 members. The children we were working with were selected in cooperation with school and the school psychologist. Shortly after we formed a control group at the same school, it turned out that some of the children from the control group also needed professional help, which confirms the advantages of this programme.

The group usually meets for two hours once a week. All the twelve steps must be covered, which means that the whole cycle lasts twelve weeks. Every meeting is one step, every step has its aim, and the basic aim is to stir certain emotions through games of controlled visualisation, literary text, music or movement. The provoked emotions are then expressed and ventilated, either through words, chosen art techniques or role-play. The usual creative technique we use is, of course, bibliotherapy which includes the following processes:

a) IDENTIFICATION - the most important, because without it none of the following processes can be evoked. That is why the choice of text or literary work is extremely important.
b) PROJECTION - the reader projects himself and his feelings onto the character he identifies with, and through this character's eyes examines his own views and other people's reactions. It is a reliable way of examining one's own and other people's behaviour, as well as of trying out ways of solving certain problems.
c) CATHARSIS - by sharing emotions with the character with whom the reader identifies himself, he can achieve emotional exoneration.
d) INTROSPECTION - through the conflicts in the text, the reader can recognise his own problems, which could be the key to their solution.

In total over 3.500 children have participated in the programme up to the present. The programme was carried out for the first time under the supervision over the period from 17th December 1994 to 23rd April 1995, and its applicability, usefulness and creativity has been confirmed.

The group of participants was not always the same, since there is no obligation or pressure to attend. Only one quarter of the initial number of members went through the whole programme, while the others took part only from time to time. However, that constant group and their statements as well as the tests, present the basis on which are formed the empirical/statistical indicators of the programme's efficiency.

In order to carry out a scientific evaluation of the programme's efficiency, a special psychological test - called TEST PTSD-12 (Barath, 1995) was designed and applied. The questionnaire consists of 24 questions (2x12), which help the subject decide upon the range and psychological intensity of occurring psychological and psychosomatic symptoms on a (Likert-type) psychometric scale.

The psychometric reliability of the PTSD-12 test has been defined inside the acceptable statistical standards. Besides the PTSD-12 questionnaire which is answered by the participant before starting the programme and after its completion, the programme includes a few more empirical indicators for follow up and evaluating, which is a scientific prerequisite:

- A scale for parent (about the behaviour of the child inside the family).
- A questionnaire for examinees (records completed steps and activities).
- A questionnaire for supervisors (comments & evaluation).
- A final evaluation of the extent and quality of the programme.

Educational Seminars

The programme was first presented in seminars and later spread to all Croatian communities including the fourteen crisis regions, where a greater number of refugees from Bosnia and Herzegovina and displaced persons from Croatia were located. Every region was supplied with a set of materials for group work, which consisted of four audiocassettes of selected segments from literature for the library-therapy, a handbook offering basic theoretical knowledge of multi-media, materials, and computer games.

Seminar participants were obliged to apply and develop the programme in their own environment. There is a sequence to this programme, called “A Way to Future”, and “Step by Step to Children’s Rights” currently being carried out. The new programme consists of eight steps, i.e. eight multi-media thematic workshops, where through games and free artistic expression, children discover, create and share their insights and values of themselves and the surrounding world. These workshops do not put emphasis on emotions as much as on cognitive education.

Afterword - The Israeli Experience

During my educational stay at the Helping the Helpers Seminar at Carmel Institute, Zichron Ya’akov Israel on March 1994, I had the opportunity to get acquainted with the experience of a country which has long been in a situation of neither peace nor war. Its experts have worked out a series of effective techniques of help and self-help based on BASIC Ph model, which can easily be applied and adapted to the programmes already used in Zagreb. What I saw was extremely useful. Some of these techniques, such as the bibliotherapy workshop, have been applied with equal success both in Israel and in Croatia. On my return to Croatia some Israeli techniques, for example the games of imagining (guided fantasy), were incorporated into the structure of or workshops. Bibliotherapy workshops have thus been improved by applying Dr. Ofra Ayalon’s methods.

TEACHERS WANT TO BE PUPILS AGAIN

Anita Vulic Prtoric *

Introduction

This paper grew up over the past seven years through the work of Croatian psychologists, both individually and collaboratively, in settings ranging from school shelters in war zones to new schools in the liberated areas. We were motivated by our own feelings of frustration and ineffectiveness that we experienced as we tried to provide help to children and teachers in schools during the war in Croatia.

Most of us, psychologists, found out that it was difficult to serve in the way we used to - "identifying and classifying" but we did not know how to build and define new roles in these new, abnormal settings. As Abraham (1980) said regarding teachers, the same applied to us, too: "In contrast to men and soldiers, these women are not prepared or trained in advance, whereas men have well defined roles and are well trained for it". So we all had to learn how to receive support without feeling humiliated or stigmatised and then learn how to give our knowledge and support without becoming overprotective and too "psychological".

Some important parts of this work were developed with the knowledge and experiences we have acquired (and shared with our colleges) in the "Helping the Helpers" seminar in Zichron Ya'akov in Israel, 1994. and also with the support and suggestions of many teachers and experts who had the courage to come to Croatia to help us from Israel, USA, Norway, United Kingdom, etc.

This paper presents some of the difficulties and benefits of the psychological approach in the school settings during the war, which maybe can lead to a more productive and satisfying design in training for teachers.

The results of the questionnaire administered to the sample of 27 leaders of small groups of teachers (Vulic-Prtoric, 1995b) as well as assessments in the Evaluation questionnaires and teachers statements and opinions about workshops (Vulic-Prtoric, 1995a), are also presented in this paper.

Teachers Under Stress and Models of Helping

Numerous studies about the stresses of the teacher's job over the last twenty years tried to answer some of the question why is the teacher's job is so stressful and how we can help teachers to cope with it? The following facts emerged: two-thirds of the teachers perceive stress at work at least 50 percent of the time, and report burnout and stress related health problems. Fifty percent of the teachers say that if they had to do it over again they would not select teaching as

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a career choice, and more than 79% of the teachers perceive the job of teaching as a major source of stress, as opposed to 38% of other professionals, (see Blix et al. 1994; Boyle et al., 1995; Byrne, 1994; Carlson and Thompson, 1995; Cockburn, 1996; Lahad, 1997). Schools are looking for different ways to resolve this problem, such as introducing psycho-eduaction training in small groups as an alternative approach to counselling in schools (Singer, Whiton and Fried, 1970). Teachers have to get opportunities to air and work through these opinions, feelings and beliefs. Multari (1975) suggested a 12 week program of lectures in child psychology and mental hygiene applied to the school, combined with group psychotherapy techniques focusing on the psychological difficulties experienced by the and serving as ***"third person psychotherapy.*** Abraham (1980, in Lahad, 1997) proposes the use of the ***"self learning group***" as an effective way of helping teachers to become more productive through the opportunity to explore the pressures, stereotypes as well as strengthen themselves and their ability to cope with their daily stressors. Dunham (1981, in Lahad, 1997) finds out that the ***"group discussion at the end of the work"*** is one of the most recommended ways to support teachers and to serve as the best interpersonal resource in stress reduction.

Psychological Workshops for Teachers during the War in Croatia

Psychological workshops for teachers were developed in Croatia especially during the recent war, aiming to educate and train teachers for work with children after the war by relaying information from the domain of traumatic psychology. This was to be achieved by giving support to the teachers and prompting the development of empathy, tolerance, coping with stress and similar capabilities. The teachers were taught on an experiential and cognitive level, under certain conditions.

1. New insights into the psychology of children and school psychology. *"After few weeks I noticed that it was very hard for them to concentrate on the lessons. Some of my pupils were staring at me but hearing nothing, some were looking through the window... I did not know what to do. Should I ask them for more attention? Should I make my lessons shorter? Is it OK to do that? I have heard that these problems with concentration are normal reactions in children during war, but I did not know what to do with it. I was so insecure."* said a teacher of the 5th grade in the workshop "How to teach in spite of everything?

2. Teachers felt professional insecurity in confronting the effects of war amongst children. *"I did not know how to ask a refugee pupil in my classroom what happened with his family, and I knew that I should ask"* said teacher of the 3rd grade in the workshop "Expressive techniques as the way to communicate with children differently".

3. The supportive matrix (family, peer, and colleagues) which is a best buffer in times of stress, was broken and teachers felt personal insecurity and burden of their own traumas. *"I was a refugee myself and each time the new refugee pupil came to my classroom I felt like going to the bathroom and crying, and asking myself when it is going to stop?"* said teacher of the first grade in workshop about fears.

4. Existing methods (i.e. lectures) for achieving these goals proved insufficient and boring, and teachers felt reduced to the position of the passive recipients. One teacher described it*: "It become so hard for me to concentrate when somebody is lecturing for one hour, no matter what the theme is. I would rather share my experiences and problems in the group of my colleges and see some practical demonstrations."*

These were some of the reasons and specific situation demands that provoked the developing of small groups of teachers in Croatia. Experiences from other countries were very helpful in that period.

Teachers as Group Members

Members of the groups (approximately 10 to 15 teachers) were usually teachers who came from different schools and parts of Croatia. We found it particularly important for the teachers who worked for a long period in the war zones - they were in great need to move away just for a short time. One teacher, at the end of the first day's workshop said: *"I did not know how exhausted I was till I came to the seminar. I catch myself sleeping without hearing any sounds of shooting and I said to myself - Maria, the noise that you hear every night and day in your town is not normal. How could you live with it? Am I crazy or am I a hero? Others from the group told me I am hero. I needed to hear it so badly. Nobody in my school ever told me something like that. When I come back I will tell them they are heroes, too."*

In very few cases, our groups consisted of teachers from the same school. Although Lahad (1997) found that teachers sometimes resented the idea that anyone from outside the immediate area could help them, we have found that the leaders' experience of working in schools was more important than living in same area.

Sometimes, in the groups of teachers from the same school, it was so hard for participants to leave their well-established roles from school, although where teachers were under enormous stress and in very great need to ventilate, it was not a problem. For example one teacher said: *"It was a great and pleasant discovery for me to see that my colleague with whom 1 have drunk coffee every day in the school room for the last ten years, has the same fears and problems that I have. I never perceived her like that. What a waste of time, we could have shared it a long time ago and helped each other."* Or *"I like this workshop. It helps me see us all from a different point of view. We look much more human now"*.

The Aims Of The Group Work

We assumed that teachers who enrich their knowledge with new experiences in communication and learning in small group would be motivated to try the same in their classrooms.

The aims set by the leaders were as follows:

1. Education about psychological consequences of war trauma and loss, refugee traumas, through themes like "Symptoms of

stress in children", "Children's reactions to war traumas", "How to recognise a child with the PTSD", "Problems of refugee children", "Loss and bereavement".

2. Developing of interpersonal communication and interaction, assertiveness, tolerance, empathy, through themes like "Active listening", "Aggressive child in the classroom".
3. Developing new ways of adaptive behaviour in new situations, coping skills and self-control, through themes like "How can I cope with my fear? "How can I deal with my anger?" "Relaxation in my classroom".
4. How to recognise and resolve the real causes of the problems, how to be creative in this process, through themes like "Creative techniques and emotional expression", "Non-violent ways of resolving conflicts".
5. Developing new and more positive self-image and self-confidence, through themes like "Self-help techniques", "Stress management.

Workshops that focused on the teacher as a person, which triggered intensive emotions and reactions were smaller, including 8 to 10 members. It seemed preferable to organise these workshops outside the work-place, and give them a chance to be together and communicate during the rest time. Leaders tried to set the aims at the beginning of the group work, but at times it was hard to follow those intentions. The process of setting goals appears to have been a difficult activity in itself. It happened that the aims were changed in the very beginning of the work. If there were teachers in the war zones and we had three hours of workshop, our aim was not to start opening personal traumas and experiences, but more to lecture and discuss about, for example pupils' behaviour problems. However, the teachers were so burnt-out and they desperately wanted to talk about themselves. One teacher said, *"Yes, I noticed such behaviour in my classroom, but before that I want to tell you what happened with me last week…"*

Since it revolved around their personal traumas and tragedies, the theme of the entire workshop started to grow into something else. It was a great challenge for every leader, because you never knew what to expect. Each group that came from a different place had different needs and different experiences.

About the Leaders of the Groups

Among the leaders of the psycho-educational groups twenty-three were psychologists, one psychiatrist, one special educator, one pedagogue and one social worker. Twenty-two of them started leading small groups of teachers during the war (last 2 or 5 years). They usually worked alone, but they preferred working with a co-leader especially when working in the war areas. Besides educational techniques, the leaders used therapeutic techniques (bibliotherapy, free writing, relaxation training, expressive drawings, etc.) and appropriate therapeutic processes such as insight, empathy, mirroring, modelling etc., for

personal problems, traumas and loss. When we started working with the teachers, our aim was to educate and train them to work with children under stress of war. But very soon it appeared impossible to accomplish those goals without supporting and helping the teachers to cope with their own stress reactions. Although we as the leaders were somehow confused and unprepared for that, we soon found that these therapeutic effects are facilitating the process of education. *"Now I understand that I did not want to see little Ivana's fear because it was so similar to the way I expressed my own fears. And I did not want to let my fear be seen. I keep it deep inside, push it all the time and get frightened even more. I was afraid that if I let it out I would be drowned. That is why I did not allow the child to show her fear. She made me so nervous. I wanted to drive her out of classroom,"* said a 3rd grade teacher in the workshop about children's fears.

The leaders were constantly aware that they were not dealing with therapeutic "cases for the therapy", but with the normal reactions to abnormal situations! It helped to overcome teacher resistance in the group process. It was important to realise that not all group work would be immediately helpful. Often these effects appear later on. Hall et al (1996) also found that there were no reported overall changes at the end of the counselling training. However, the reported changes were dramatic and significant one year after the end of the module. This indicates a strong "sleeper effect" in response to the training and the gains in terms of the application of the strategies were coming in well after the counselling training sessions had ended.

A Psychological Workshop on "Stress

We started the work with one of the games called "Present yourself in some unusual way". The aim of that game is to break the tension and resistance that is usual in the beginning of the work. It could be one of the following exercises:

- Say your name and adjective of positive meaning that starts with the same letter as your name and which describes you;
- All members stand in the circle and each member says his or her name and makes the movement that best describes how the feeling in this moment. All the members in the circle repeat that movement.
- Write down how you feel today and what you expect. Then share it with the person next to you and he will tell the group what you said.
- A short, theoretical lecture introducing stress-related concepts.

Stressors

Stressors appear in three main categories according to the reactions they provoke.

- Cataclysmic events (natural disasters, wars, accidents, all events that start unexpectedly, that are very severe, affect a huge number of people and are a strong threat for everyone exposed;
- Personal stressors: mental injuries, death of beloved ones, losing one's job, etc. These events could endanger a person as much as can cataclysmic events, and they take the same amount of adaptive efforts.
- Everyday stressors: events that happen every day at the workplace, in the family, in the neighbourhood, in the shopping place. These are chronic stressors of low intensity, which have a cumulative effect and can provoke stress reactions, or they can enable a person to cope successfully with further stressors.

Differences in perception

Reactions in stressful situations are mostly influenced by perceptions, and personal experiences about that event.

Stress symptoms

To *recognise* stress and *accept* its influence the main preconditions are to start coping and fending for ourselves, that means - to save our physical and psychological integrity.

The teachers answered the questionnaire about their reactions in stressful situations of stress". Teachers prefer self-assessment, according to the charted model and to discuss implications in small groups.

What can be done?

We cannot influence how we feel at that moment, but we can choose what to do afterwards. We can change our behaviour and way of thinking, however we can not directly control our feelings and body reactions. But if we change our behaviour we are going to feel differently.

For times when people feel thoughtful and serious choose games with physical movement and funny gestures such as: "Confusion" or "The wind is blowing", then discuss in the group how emotions change following behaviour. Also say how it is important to have a good balance of crying and laughter, sleep and exercise, rest and work, love and hate, etc.

Prevention - 10 points

Everybody likes recipes, things seem much easier when you have solutions in your pocket. Here is an example of list for preventing job burn-out, which could be shared with teachers as a model of making one of their own.

1. Admit to yourself that you are working too hard.
2. Establish the limits of your responsibility.
3. Fight for your rights.
4. Practice saying "no".
5. Do not expect or hope for gratitude.

6. Do not “saw the sawdust”.
7. Establish priorities in your life.
8. At least once a week find time to talk with someone you like.
9. Cherish your close friendships.
10. Save your sense of humour.

Closing up

We always finish the workshops with some positive conclusion in the form of a game, writing letters, giving positive feedback to the members of the groups, etc. For example, we gave the teachers drawings or asked them to draw their own coat of arms and write down in it some things about themselves of which they are very proud and share this with the group. Or, each member could write her name in the bottom of the paper and then send the paper around. Everyone writes one sentence about what they like about the owner of the paper. At the end, everybody gets a fan with very positive messages.

7

PSYCHO-SOCIAL CARE OF CHILDREN SUFFERING FROM WAR TRAUMA

Zdenka Pajic-Jelic *

Introduction

In traumatic situations such as war, many people need help. Besides providing them with what they need to live, they also need help to go on living. This help must be complete: physical, psychological and spiritual. The spiritual aspect comes from believing in Somebody or Something. The similarity between psychological and spiritual help lies in their common aim - to help people beyond providing food and shelter. Psychological help is based on the help of other people and self-help, while spiritual help offers trust in "God's hand" and brings New Hope. Psychological and spiritual help should be complementary, and together with the social aspect they should provide complete help and care for the war-suffering children. The suffering of children in the Slavonski Brod region during the war was quite extensive.

Table 1. ***Suffering of children in the Slavonski Brod region (Croatia)***

Wounded in the war activities 1991-1994	108
Number of juvenile patients treated	73 out of 108 (67.6%)
Handicapped children (20-100 % of disability)	25 out of 73 (34.2%)
Post-combat injuries due to military weapons, munitions	17 out of 73 (23.3%)
Handicapped children in this group	10 out of 17 (58.8%)
Killed in the war	36
Deaths from munitions	7 out of 36 (19.4%)
Suicide by firearms	3 (13, 15 and 16)

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Table 2. ***Current demographics of the Slavonski Brod region***

INHABITANTS	114,551
REFUGEES (from other parts of ex-Yugoslavia)	16,133
DISPLACED PERSONS (from other parts of Croatia)	585
ECONOMICALLY DISADVANTAGED	12,880
NUMBER OF ECONOMICALLY DIS-ADVANTAGED FAMILIES	4,738
SINGLE-PARENT CHILDREN	257 (0-7 years 90)
	(7-17 years 154)
	(17 plus 13)
CHILDREN LIVING WITH A DISABLED PARENT	800

Aim:

The aim of this programme was to organise psychosocial help as part of comprehensive care for the child victims of the war in all of Croatia.

Method*:*

A team consisting of a paediatrician, a psychologist, a nurse and a senior nurse carried out this programme of psychosocial help to children. They worked as counsellors, observed psychosomatic status of the wounded children and treated physical and mental disorders. Besides physical help these children received counselling and education. The child-care begins with prenatal care, both physical and psychological. Mothers, who are often burdened with war-disabled husbands, receive postnatal care, nutritional and psychological support for breast-feeding. The Centre for Children takes care of 26 handicapped children. The team performs home visits if necessary; reaching out for war victims, screening all children who lost a parent or were wounded in the war.

The team members lecture about health education in schools in two towns in this region, Slavonski Brod and Nova Gradika. They use the mass media to explain and ameliorate the problems "war related fears". The theme "Through Communication to Health" was well received among schoolchildren whose parents, war victims themselves, have less and less time and patience for normal and healthy communication with their children. Another theme "Sexuality in the World of Love" which was meant for 17 and 18-year-olds also has to include younger children, as the war situation brought about earlier exploration of sexuality. In this attempt to provide help, the clergy too has a role.

Counselling for children war-victims is open for everybody. Children are accompanied by a parent; usually the mother, while teenagers would come on their own. Individual work includes intake with a parent (usually the mother), in order to obtain general information about earlier traumas, reactions to the loss of a family member etc. Each child completes a survey on the stressful war

experiences and post-traumatic stress reactions, to check the child's mourning reactions and psychosomatic symptoms. Mothers have many questions. As the conversation goes on, barriers break and often they start crying. They express their fears as far as child-rearing is concerned. They talk about unusual behaviours they did not notice before in their children, and about trying to hide their own feelings in front of their children. In these conversations we try to instruct parents about normal reactions of children to trauma.

Some parents tend to underestimate the gravity of the child's problems while, on the other hand, others are overprotective. That is why we talk to the child after the parents. Children know best how they feel. Besides, children do not always talk to their parents about their problems in order not to upset them. We encourage children to express their feelings and memories, especially those related to traumatic experiences. We show children that we care for them, we encourage them to express their feelings verbally, to cry if they feel like it, because these are ways to release emotional tension. After triage, which included an interview and a survey, some children are referred to group therapy.

The reactions of children to the traumatic experiences differ according to age. Problems dominant in pre-school children worrying their parents most are: inclination to cry, over-dependence on the parent (mother), lack of openness, enuresis.

School children presenting problems are:

- fear of the overwhelming feelings which cannot be controlled,
- problems with schoolwork, inability to concentrate,
- psychosomatic problems (headaches, stomach-aches)
- social isolation.

Teenagers' symptoms are depression, irritability, avoidance of speaking with friends or parents. The most difficult and painful feeling was a loss of a father, but also close to it was separation from their family for a longer period of time. Eighty percent of elementary schoolchildren, mostly afflicted by psychosomatic problems, when asked about their feelings of mourning, said they could not control tears when they thought of their dead father. Almost 55% of the children expressed fear of dying, or fear of death of somebody they loved. The percentage grows smaller as age increases.

During counselling there were many very painful situations. Some such situations should be registered and remembered:

A 16-year-old girl started her story: "You know, everybody thinks that I have no problems, because I handled well my father's death, I never cry in front of others, I am always in a good mood, I never talk with anybody about my feelings." At that point she started to cry. "But when I am alone, it all comes to me. I was always rude to my Dad, furious at him for not spending more time with us. I never really showed him how much I loved him, and now it is too late." She was helpless, uncertain about her feelings, with a strong feeling of guilt. During the one and a half hour long interview (there were lots of tears), we tried to find answers to her questions. Over the next two meetings we tried to

help her find ways to communicate with others. In the end she held my hand and told me that she had been waiting to talk to somebody about all this for two years. I will remember the thankful look in her eyes forever.

After screening, children in need of a psychiatric treatment were dealt with on an individual base and in the workshop “Scream”. To organise a workshop and counselling games, in which child war victims could overcome difficult traumatic experiences, may seem rather simple. However, without a plan or established methods, in an area where nothing had been done for two years, it was not easy and it remains a struggle to show how much we really care for our troubled children.

We tried to organise the workshop and counselling as a part of psychological help, because experienced and professional help was needed. Co-operation of all counsellors made this help scientifically based. We worked with the children in playrooms, in small groups with the same counsellors throughout the treatment. We tried to make them act spontaneously, to improvise. We did not limit them by planning every activity, except for time to draw and time to play. Drawings were considered a way to reach the subconscious, a way to express conflicts, talk about them and solve them. They were meant to relax them, to ease their burdens, to reach the subconscious and to link the subconscious with the conscious. The games sometimes used dramatic expression. The aim was to establish self-respect, encourage it, break the emotional barriers, and help them develop emotionally.

The therapist had get into emotional touch with children and become a meaningful support to them. The therapist also had to fight against the child’s regressing into helplessness or to parents’ overprotection, and help them become more independent. Psychological trauma caused by war can provoke such stress in the young that it can turn into physical diseases with very serious clinical symptoms, as shown in the following case:

A., a fourteen-year-old child refugee from Bosnia, the 13th child in the family. His father died in the war and a brother was heavily wounded. The boy, quiet, calm, average performer at school, complained of heartache. His pains intensified. After one day of intense pain, considered to be psychologically caused, he suffered from tonic-clinical convulsions as a result of great loss of blood due to a perforated duodenum ulcer. After intensive care the child was sent home and referred to a psychologist for a further treatment.

Conclusion:

The tasks before us are big and responsible, to help present and future generations to live under normal conditions. We will try to do everything we can for these children (through the institutions dealing with children) to help them become a physically and emotionally healthy adults.

8

SKRADIN CHILDREN POSTTRAUMA STUDY

Gina Lugovic

The danger of lethal devices is ever present in post-war Croatia, especially in regions affected by more than four years of war. Both adults and children are exposed to destructive weapons. In the district of Sibenik, Dalmatia in Croatia during the war, 10 children were killed; 38 children wounded; 112 children with dead (soldier) parents; about 25 children who lived under the occupation in district Drnis; about 200 children with a parent as a (civil victim) of the war; about 1,000 children of Croatian war invalids; about 10,000 displaced children from Drnis and Knin; and about 10,000 refugee children.

Even the smallest explosion of a bullet, bomb, mine or grenade is followed by minor or major physical injuries, death and psychic trauma caused by the unpredictability and surprise of the incident. In Skradin, in March 1996, one ten year-old boy lost his life and two others of nine and ten years old were wounded as a result of an armour-piercing shell explosion. They did not know the weapon was loaded when they were playing in the backyard behind a school. The youngest boy stepped back behind some kind of machine, while the other two boys held the weapon and triggered it. One boy died on the way to the hospital, another lost an arm and an eye. Three months after the tragic accident, Gina Lugovic, at The Centre for Psychosocial Help of the District of Sibenik and Knin, with the coordinator for the young, Dr. Ljiljana Zivkovic intervened with the school children. The participants (pupils of the I, II, III and IV forms of the primary school in Skradin), were included in group treatment in the class, to help them express their reactions to stress. Teachers and pedagogues were present in the class too as observers. The pupils expressed their feelings according to the "Holistic coping resources model - BASIC Ph" (which we learned from the Israeli team). They met at three time periods: immediately after the tragic accident, three months later and then again eleven months after the accident. Even after eleven months, pupils were strongly affected by the trauma. Children showed a strong sense of fear, helplessness, horror, living through the accident again, avoidance, and anxiety.

On our second meeting after three months, the children were first asked to sketch 12 drawings (person, tree, family, etc.). Then we asked them about whom they could trust and talk to about the accident, and who will always help them. Then they were asked what they felt and thought right after the accident and at the present time. We used the model of the "Six-piece story" for drawing and personal storytelling. They also answered such questions as: "What is friendship? What is unknown? What is the end? What is death?" Children wrote a farewell letter to a friend who had died. Then they designed a poster as a

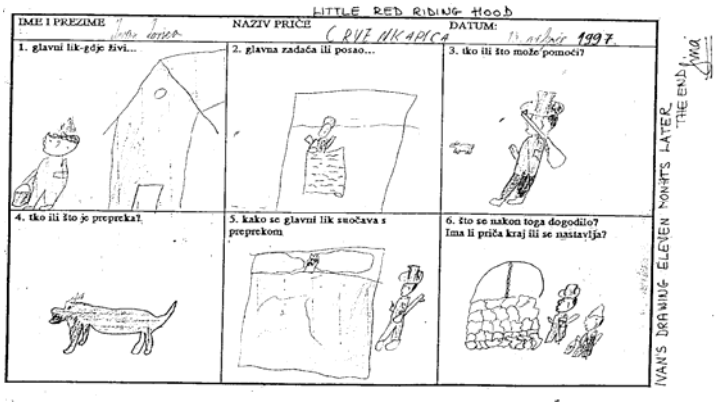
warning to other children who see a lethal weapon or other unknown things. Eleven months after the incident the same children were asked the same questions again.

A Flower on a Bench

When we stepped into "class two," there was a flower on one bench. After a while we recognised that this was a flower for the dead boy, and that was his bench. Pupils were very silent, and our conversation was conducted in whispered tones. Then we went to the next classroom, and there was another silent boy who did not ask anything. When, at the end of the lesson, we looked at his work, we found a letter to a lost friend: "My brother has died and I am very sad because of that accident." He was the dead boy's brother - Ivan. Ivan was very silent and serious. Some time after visiting school we went to his home. The mother said that her dead son was different from other children, and God wanted him by his side. The family had no running water or electricity. They had no light but the sun; yet he and his brother were excellent pupils, and their one year-old sister was as beautiful as a doll. We brought them some presents, clothes and dishes, and a bed, as their house was devastated in the war.

Ivan's response to the six-piece-story included drawings of a boy, a tree, his family (without the dead brother) and a bicycle. Ivan liked the colours red, white, blue, grey and green; he did not like black and pink. He drew a person in a dress with dots and a house. He drew himself happy playing football and himself sad crying in the rain. He drew a butterfly captured by the spider, and a hedgehog in a form of a ball, which become something firm and strong. He said he could talk with mother, can trust his brother, and the police will always help him. He was talking with mother and his brother about the accident and feeling bad when he heard "it" (the explosion). Now he felt good. "Dead" is when someone dies in an accident, and "dead" looks like something bad. Friendship is when children play, unknown is when we do not know someone, the end is when someone goes to the end of the world.

The BASIC Ph story three months after brother's death did not have many words. The only sentence that made sense was: "mother can help". The drawing was good for a boy in class II, but his "farewell letter" showed that he was deeply wounded, grieving and needed help. Eleven months after the accident his story had a beginning and end, and he responded with Ph-physical channel and S-social channel. Now Ivan can talk and he trusts his father and mother. "Friendship" is playing with friends, "unknown" is why three friends go and touch an armour- piercing shell. "The end" is that his brother who died is here no more; "death" is a bomb, a gun, an armour-piercing shell, a knife and ther military objects; and someone's (a stranger's) things. One can see that after some time, feelings became stronger, sadness is a way of thinking and living, and Ivan said, "Crying does not help." Can we help the boy for whom "crying does not help?"



Healing Trough Drawing

We started our study with 56 pupils, but some of them did not participate in each step, so the results were calculated for 39 pupils. In the beginning of our study three months after the accident, the stories children told were very short, had fewer words, the drawings without colour, their explanations were without reference to the recent situation. Eleven months later there were more words and explanations, stories were longer with more sense, drawings were colourful, answers were more correlated to the accident.

BASIC Ph (Lahad, 1996, 1997) shows differences in using coping channels of facing a stressful situation (Belief, Affect, Social support, Imagination, Cognition and Physics). We calculated the number of references a child made in his/her story to each of these channels, and this is what we got:

B	**A**	**S**	**I**	**C**	**Ph**	I	
--	--	6	35	7	12	4	3 months later
--	--	3	35	7	1	25	11 months later

Analysing the responses according to the BASIC Ph model, we could see that children's initial reactions were essentially through the physical (Ph) channel, and eleven months after the accident there were more imaginative responses. Belief was not expressed in this case, feelings were frozen; reality was closer in the post-trauma time than eleven months later, imagination appeared mostly the in second period and action was accompanied by social activity.

Whom do children trust?

The first preferences for people available to communicate with were "mother", " a friend", "father", and for trusting - "mother" and "father". To the question "Who will help you" the children thought that mother (33%), father (26%) and friends (17%) would help them; they have had discussion about the accident with mother (27%), father (18%), sister, friend and brother.

We could see here that mothers have a bigger role in the life of a child. Even in a war situation, which is more "a men's game", is it the mother who has to teach her sons how to grow up in a cruel world. I believe that this is a mistake: fathers too have to spend much more time with children and teach them things about war and "dangerous toys".

I feel better but ....

Seven year-old children of the primary school answered the questions three months after the accident: " I feel sad; I cried; I am sorry; I did not feel well". Eleven months later they answered with the same words: "sad, bad; unhappy; frightened; tense; unpleasant." Eleven months later children were still sad and concerned with their personal safe. "Death" became more concrete and near,

with a meaning of loss and knowledge of something which children do not usually want to know.

Meanings of words like “friendship, “unknown”, “the end” - changed, with children becoming more serious in understanding unpredictable life events. Those eight-year-old children, who lived in constant danger for their life throughout the entire period of war (seven years) answered the question: “How did you feel after the accident?” Three months after the accident they said: “Sad; terrible; bad; serious; cried bitterly. ***My brother lost his life and now I am sad because of that accident***.” Eleven months later, the answers were: “I feel well, but sad, I feel better because I understand that crying does not help, I do not shiver with fear; I feel sad, but less so now”. The responses to the word “unknown”**,** eleven months after, showed that the incident was still on their minds, “some people went there and touched the armour-piercing shell, lethal device or some unknown thing; something that you don’t know; mines; when you don’t know your friend; when you don’t know someone; unknown weapon; unknown people who can trick children”. “The end” triggered these responses eleven months after the traumatic incident: “my brother, who lost his life, is not here any more, the end of life, something for which nothing exists and feels as if he was gone.”

For the nine-year old, death is “the end of life; taking away of life; disgusting, ugly, nasty, terrible; a black hole; I am afraid of death”, and eleven months later: “a bad dream; a silent breeze; a blind alley; the end of life; you have only one life, not seven like in video games”. The word “unknown elicited this remark: “the unknown is why evil exists; you do not know and you cannot understand”.

Class IV pupils (ten year-olds) answered the questions how they felt after the accident, three months later: “sad; mournful; worried; helpless; I couldn’t believe it”. Eleven months later: “extremely sad; I was sorry, shaken; My mother couldn’t calm me down; Fear bothered me, I was confused”. “How do you feel now?” - three months after the accident: “I can remember my friends, I miss them,” and eleven months later: “still a certain sadness is aroused in me; almost a year went by but I still feel sad; I am sad in my soul for the friend who died; I feel well, but sadness and sorrow are in me when I remember that day; better than before; well, but when I think about it I usually start to cry; happy, sometimes I feel sad; even now when I see the wounded friend I remember that accident; now I sometimes feel a bit unhappy; I feel better, and I do not hurt**;** it could have been worse, but the good Lord helped us; I would go back to the past and wipe out that terrible accident; it shouldn’t have happened; wounded persons are better; it would be strange if something like that happened now; I think that it won’t happen again; I can’t remember a lot of things, it’s been a long time; they shouldn’t have touched that; it has all gone; I am happy I wasn’t there; a sad accident which will remain in our thoughts”. “Death” was defined three months after accident: “the worst thing, misfortune for the whole family; the most terrible incident; pain, when someone dies or loses his life -the god calls for him”. Eleven months later: “the end of the most wonderful life; I don’t know what death is; when someone dies, that is to say he’s gone; painful feeling, when

someone dies in the family or relatives; dying, the worst that can happen; when someone dies and the flame of life inside him goes out; when someone dies and his soul goes to heaven; something terrible that a man experiences". "Friendship" was seen three months after as " the most beautiful things in life; happiness; love", and eleven months later: " a friend in need helps you; when you are loved by a friend; someone trusting helps you and plays with you; doesn't betray you and respects you; keeping company of two or more persons; you give a friend an advice; the most beautiful gift that God created".

The "unknown" was described three months after: "we can see something, but we don't know what it is; a bomb; an unknown man or a place; when we don't know something", and eleven months later: "weapons; an unknown feeling inside of us; something that we have never seen; somewhere we have never been and where you have no relatives".

Conclusions

Children's expressions, more than any scientific analysis, show the need for help for anyone who was exposed to traumatic situations. The "time heals best" attitude is quite discriminating against children, because they have no right to compensation from society. The number of psychiatrists or psychologists working on the adults' PTSD problem is much larger than the number of experts working with children suffering from PTSD. The Skradin research results show how insufficient is the care paid to traumatised children. The consequences may be delinquency, drug abuse or non-adaptive behaviour. Since the trauma was experienced some time ago, it is unlikely that time will ease the stress without psychological intervention. The education of experts is necessary. Definition and application of adequate individual and collective techniques and methods of intervention will help the traumatised children face their traumatic event and help preserve their mental health.

9

THE "SOS" CHILDREN'S VILLAGE

Hrvoje Vidakovic*

"War in Croatia". Even today, six years after the war began, for myself and many people that I know, this statement seems unreal. We thought that we live in Europe where such things do not happen. Africa, yes, but Europe ?

Of course, we were unready, psychologists like anybody else. Most of the approximately 1,200 psychologists in Croatia did not even know that there was a whole branch in psychology dealing with research into stress, trauma and recovery. Wars were somewhere else.

Very quickly we were offered help from psychologists from all over the world. I was lucky, I learned from my Norwegian colleagues who are dealing with posttraumatic stress in a centre for crisis intervention in Bergen. I also participated as a member of a small group of Bosnian and Croatian helpers who were given a unique opportunity to take part in an intense course in Israeli colleagues. I will never forget these fourteen days in Israel because they contained enough work, learning and emotions for several months. What is the most important thing that I gained from my Israeli colleagues?

Our Israeli colleagues taught us that we should work on trauma, but not leave time to heal it all." Some of the children I work with have very bad memories and would not want to talk about them. However, most of them were grateful that they finally could talk to someone about their traumas. I heard from children many times: "Tell my Mom (Dad) to talk to me like you do!" This is the reason why my colleagues and I were "pro-active" in asking them to talk, and not waiting for the child to come to us by himself. I think that in this way we helped many children who otherwise would not have asked for help from experts, they just believed in "grandma's medicine" – everything will be healed by time, just do not keep on reminding yourself.

For last two years I have been working in the SOS-Children's Village. This is a growing village, and I had the opportunity to get to know every child as they arrive (to date we have 75 children). Since most of the children came from very poor social-economic conditions, and many of them were survivors of heavy traumatic experiences, I conducted a modified debriefing soon after arrival of each child.

In the following case three sisters with whom I went through the whole procedure, seemed to have said it all, however, I told their SOS-mother to listen and even to initiate such talks. Soon after our debriefing, the sisters started to talk about the various kinds of torture to which they had been exposed, first in

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their biological and later on in their foster families. By listening we showed them that nothing was so horrible that we (adults) could not hear, and let the sisters decide for themselves who would be the person that they could talk with in confidence.

In Croatia there are very few psychologists, and in addition to emergency work, I work diagnosing children with feeble abilities who came from other schools. There is much to do, and I generally cannot spare more than an hour to hour and a half for testing each child. On one occasion I met a ten year old boy, suspected to be mentally retarded. I started with the story of his life. He had difficulties in forming sentences, he was unclear about time sequence etc., but I saw that his experiences had been were very traumatic. *His worst memory was of one event when his father stabbed his mother with the knife in front of child’s eyes*. He had a clear picture of event, and the picture came back, very often. In Israel, we learned in detail one of the newest techniques which helped to reprocess or “erase” such pictures – Eye Movement Desensitisation. (developed in California in 1987 by Francine Shapiro). One of the guidelines was that that this technique would not generally work well with retarded people but, I decided to try nonetheless. I would possibly never see the child again, I thought, yet maybe I could help him “erase” the picture. I gave him twice detailed instructions, very carefully explaining what he had to do. He managed this at the beginning but had some difficulty to continue. After a third unsuccessful attempt, I realised that the recommendation not to do EMDR with retarded people was not without reason and I considered stopping. I told him to relax and that we would stop trying, but he kept staring without taking his eyes off of me. I repeated that our meeting was over and that he could leave, but he said: “*I do not see the picture any more.”* I thought that he did not understand what it was all about, but he explained that he could not see the picture any more. His face revealed that this was true.

I tried some kind of debriefing with every child in the SOS-Children’s Village. One very talkative eleven-year-old-girl told me that she watched her mother cutting her veins with broken bottle, laughing hysterically. She described an intrusive picture which was particularly disturbing, especially before she went to sleep, when she was calm and wanted to say her prayers. I suggested EMDR and she agreed. At the end she said that she did not see any picture at all. She came the next day with company. She said that intrusive memory had gone and she had told her friend who also had a similar picture. In this case EMDR was also successful. This took place three months ago and the pictures have not come back.

I had the opportunity to show psychologists in east Croatia (where I live) some of things I learned in Israel. Two hours is very little time, and I decided to talk about EMDR.

After I demonstrated technique with some of my colleagues, one claimed loudly that she did not believe in it, but wanted to experience it by herself. Her intrusive memory was connected to a drowning while she was a girl. In her picture she was under the water, trying to pull her self above, but failing. We practised EMDR and after two sequences we stopped. She said: “*Interesting. I*

am still in the water, but now I am above the water and I can not even dive in. It is very interesting. But I still do not believe you".

I will be forever grateful to my Israeli colleagues for great knowledge I benefited from them and their warmth and kindness. I think that I will never forget many dear people from Israel, and especially Shlomit and her "BUBOT" (dolls) and her concern for Croatia, Bosnia and her Israel – countries going through very important and painful times in their history.

10

EXPANDING THE CIRCLES OF PSYCHOLOGICAL HELP AND PREVENTION DURING THE WARFARE

Renko Djapich *

Introduction

What does it mean to act preventively in the area of psychological problems, at times when it seems like all human and social norms are being overturned, destroyed, and annihilated; when children and adults are directly exposed to incessantly life threatening, brutal violence and its aftermath which kills, mutilates, rapes, tortures and starves them; violence which is there to humiliate and dehumanise them, at all times out of their control? Prevention in relation to what and prevention from what?

The issue of the meaning of psychosocial intervention was continuously present, ever since the first steps were undertaken in creating psychological support to children of pre-school and school age and their families in besieged Sarajevo during the war in Bosnia and Herzegovina. A small group of people who initiated the project and developed it in co-operation with UNICEF, engaged in psychological prevention and intervention, under conditions when many deemed that only actions concerning protection from material, physical and medical dangers were essential for the survival of the population.

It was necessary to offer the helpers a lot of new information in the psychology of trauma. With UNICEF help, contact was established with trauma-psychologists from Israel. A training seminar in Israel in 1993 proved to be of key importance for our group. It enabled us to gain insight into preventive and therapeutic process and techniques, which were convincing, stimulating and efficient for our work at home. This chapter shows the ways in which our new insights from Israel reflected on one stage of expansion of psychological help in our community.

The Intervention Programmes

In September 1996 the Danish Refugees Committee (DRC) organised a seminar for all the elementary school teachers in Sarajevo, under the title "Education for Future, Peace and Co-operation". The participants were mainly the teachers who had been living and working in the besieged, incessantly shelled city throughout the war. Many of them had been working on the very

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front lines, and some of them arrived at the city after having previously passed through the difficult experience of POW and refugee camps. A significant number of these teachers were showing signs of increased fatigue, exhaustion and traumatic stress, yet they had steady enthusiasm and high dedication to their work as educators. Having acquired new experiences in wartime schools, they were now preparing to contribute to the creation of the foundations of the educational system in post-war circumstances - to educate children and adolescents for future co-operation and peace.

The main lecture themes were: “Education for Future”, “Peace and Co-operation”; “Role of Schools and Teachers in Overcoming Difficulties”; “Sadness in Children”; “Possibilities of Implementing Fine Arts Intervention Programme in Schools”. These workshops focused on indirect and direct effects of war plight on children and adults, adverse affects on the psychological, physical and social being and development of children after the cease-fire (Solomon, 1990). We wanted to offer teachers the possibility of learning and being trained in simple techniques for raising awareness, expression and control of the traumatic reactions, both in themselves and in others. They were looking for ways to cope with the increased demands of the war and post-war period upon teaching and the educational process. They were wondering whether they themselves were still “normal” and whether the psychologically traumatised teachers could be useful in educating people for future. It was important to offer them the tools to sharpen their awareness of traumatic reactions (on the emotional, cognitive, physical and behavioural levels). They would thus be able to perceive more clearly the relation of such “normal” phenomena with the “abnormal” circumstances.

We used short questionnaires: Impact of Events Scale (Horowitz & al., 1987), 16 emotions - analogous visual scales (Norris, 1971, cit. in: Cottraux et al. 1985), and the self-evaluative scale of depressive reactions (Birleson, 1981). These instruments, which are widely used in similar studies, enabled us to obtain certain data on the experience and reactions of the participants. The first analysis of the Impact of Events Scale indicated that almost 49% of the participants (out of 109) had a high total score, which, according to the Horowitz’s criteria, indicated high stress. Over 55% had highly expressed intrusive reactions (uncontrollable flashbacks of feelings, horrible dreams, scenes, thoughts and memories), while 48% of the participants manifested intensively the avoidance reactions (subconscious and/or voluntary attempts at not thinking, not feeling, not experiencing, not mentioning anything that could remind them of the terrible event). Such reactions of our teachers are understandable in view of the events which they marked as most terrifying during the war. Here are only a few typical examples:

- Witnessing the murder of a neighbour, without any possibility of helping him;
- Detainment in a camp, escaping and getting wounded;
- Being arrested and incarcerated, watching a brother being clubbed;
- Mother being killed; a husband and son being killed;
- Participation in battles for Mt. Level 805 and Mt. Golo Brdo (ferocious battles in the very vicinity of Sarajevo);

- Explosion of a shell in the middle of the flat and fire in the flat;
- Witnessing the massacre in the market-place (Markale);

These educators needed to develop a strategy, which would help them cope with the post traumatic interference. We found the knowledge and skills acquired from our Israeli colleagues invaluable for these purposes.

To collect information on the immediate emotional processes which were taking place "here and now", but without evoking past events, we used *16 emotions - analogous visual scales*. Three groups of emotional states are investigated: contentment vs. discontentment (connected with a depression factor), relaxation vs. tension (connected with anxiety factor) and vigilance, watchfulness vs. sluggishness, drowsiness (vigilance factor). We used this instrument at the beginning of the first day and at the very end of the second working day. We considered the data obtained by this instrument as a rough measure of the effects of the seminar upon the emotional state of the participants.

The preliminary analyses (Wilcoxon's test of matched pairs) showed, that there was a significant difference in favour of the second day, i.e. an increase in both the total score (significant at the level $p=0.02$) as well as on a raise in contentment ($p=0.027$) and relaxation ($p=0.01$). The highest positive changes were observed on the scales which measured the anxiety factor and the depression factor, while the least number of changes were those connected with the vigilance factor. In other words, towards the close of the seminar the participants felt more relaxed, more confident, more content, less confused, more energetic, while at the same time as vigilant, attentive, observant, friendly and communicative as they had been on the first day.

It seems that the seminar opened the possibility to some of the teachers to address their own war experiences and reactions, to work through them emotionally and cognitively and to master a sense of command over some disturbing experiences. The analysis of scales and questionnaires and the use of *psychological debriefing* (Dyregrov, 1989) helped the participants to acquaint them with skills of evaluation stress levels and planning group work with traumatised children. The workshops familiarised the participants with some basic breathing and relaxation techniques, warm-up exercises and guided fantasies, which could easily be applied in classrooms during stressful times. All these activities allowed participants to "feel the child within", and experience "on their own skin" every technique that they were about to apply. This way of work was a revelation for many teachers, who had been accustomed to quite a rigid and authoritative approach in their conventional school practice.

The attention also focused on the role of schools and teachers faced with the increased demands of the post-war period and on the prospect of applying the intervention programmes in the elementary school environment. The groups were engaged in planning practical proposal of support to pupils, to be implemented five days a week in classrooms. The warm-ups, relaxation and deep breathing exercises were to be performed daily. Basic skills of coping with stress and preventing it, e.g. problem solving, simulation games, six pieces story

making, group debates etc., which demanded more time, would be exercised once a week.

A Proposal for Weekly Psychological Support Activities for Pupils

Each day starts with five minutes of warm-up exercises; relaxation and breathing awareness training. Once a week a forty-minute civic education discussion in the classroom with the form teacher, will contain such activities as: drawing, a dictionary of feelings, simulation games and problem solving. Once a week, forty-minutes will be devoted to a fine-arts intervention programme.

Those readers familiar with the works of O. Ayalon (1992), M. Lahad (1993) and R. Gal, and their colleagues from the Community Stress Prevention Centre and Carmel Institute in Israel, will recognise the contribution of their models to the approach proposed and to the techniques used.

The Fine Arts Intervention Programme was represented in the second part of our training seminar.[1] The programme (cf. Djapich, Prica & al., 1994) was designed to be implemented in regular elementary school, as **preventive** (mental health care under stress), **educational** (stimulation and development of creativity) and **art-therapy interventions** (dealing with the consequences of traumatic experiences). These interventions dealt with the present, the past and the future in a child's life. Before proceeding to drawing or painting, the pupils experience "warm-up activities" to gain psychological and physical balance and elicit creativity. In the first stage (projective-expressive) children are encouraged to express emotions by free painting, without any technical and aesthetic instructions. In the second stage (cognitive- aesthetic) the same given themes serve as incentive for resolving a particular fine arts problem, by using specified means (pencil, black ink, water-colour, distemper, collage, etc.) and assigned elements of graphic or fine arts language (for example: solely by using lines, or light-dark contrasts, or contrasting colour, or certain dominant colours, etc.). In fact, by this "switching" and by being encouraged to adopt another point of view or another way of approaching the theme, children are induced to perceive their experience in a different light and to elaborate it cognitively.

The trainers of the workshops, who had a rich working experience in the techniques,[2] had participated in the UNICEF project from the very beginning, in seminars for psycho-pedagogues, fine arts teachers and pre-school educators held in August - September and December 1994 in Sarajevo and in January-February 1995 in other places of Bosnia and Herzegovina. Those seminars and workshops were the first successful attempts to set up and expand, through mediation of expert assistance, a network of institutionalised forms of psychological support to children traumatised by war adversities. However, those seminars were not intended for the teachers. Through this DRC seminar we tried to bridge this gap. The workshops trainers did not participate directly in the Israeli training programmes, but belonged to the "second wave of trainers",

[1] The leading trainer of these workshops was Zeljko Filipovich, painter with BA in Fine Arts, Professor at the School of Pedagogy in Sarajevo;

[2] The psychopedagogists were Mrs. Bajramovich I., Cherimagich Dj., Lomigora A. , & Luchich M.

under the influence of Israeli experiences. However, they applied these techniques with enthusiasm and then shared them creatively with other participants, at the same time bestowing on these some of their own delight and enchantment. By their spontaneity and simplicity of manner when communicating with the participants, and by their adroitness in using the intervention techniques, they succeeded in creating a suitable atmosphere and embodying some of the ideas, which the Sarajevan and the Israeli programme shared in common. They succeeded in enabling people who were working with children and families under stressful circumstances to master simple but efficient activities. These skills would help their clients to feel ready and able to consolidate their own power of resistance and to control some of the aspects of the menacing reality, which is otherwise normally out of their control. They provided support to the helpers, who are themselves faced with flooding emotions and unbearable experiences, and helped them create a network of helpers who would then subsequently be able to act within their own environment.

Conclusions

There were several reasons for highlighting this seminar and its workshops:

1. It was the first seminar during the war that was designed solely for the elementary school teachers, who are directly involved in the process of education with a large number of children.
2. Rooted in problems of the difficult present, it was thematically oriented toward future, the anguishes of which were already discernible.
3. Practical insights gained in the war were applied, and creatively linked into an organic whole with many techniques and skills adopted through the co-operation with the colleagues from Israel.
4. The trainers of the workshops were people from the “second wave” of instructors formed under the influence of Israeli experience.
5. Judging by some objective indicators, the experiences were successfully exchanged with two large groups of teachers, who represented the majority of the city of Sarajevo elementary schools.

It might be said that the seminar, being based upon a synthesis of various war experiences and multimodal models of coping with stress gleaned from the Israeli experts, fulfilled its tasks in the area of primary prevention and “helping helpers”. Through expanding knowledge and skills, along with its preventive and healing influence of expanding circles of enthusiasm and delight, the seminar, we hope, will contribute to building the education for future, peace and co-operation, in a community shaken by apocalyptic events.

11

PSYCHOSOCIAL WORK AND EDUCATION WITH CHILDREN IN HOSPITAL

The Sarajevo Experience

Aleksandra Fabrio[*], Mirjana Mavrak[**]

A TRIP TO THE UNKNOWN - Aleksandra Fabrio

Going back in time, trying to find the beginning of this unbelievable trip, I am once again faced with the feeling that it will be very hard for someone who was not there to imagine how it has been. It is hard for me to convince myself that it really happened: all the faces that come to my mind are real people, their destinies are not a product of someone's twisted mind and that the complexity of our everyday life was something "normal" that was there every second, every day for years. All this, after four years looks to me as a very bad wound that you want to forget but the scar is still there. It reminds you that it is not a part of a nightmare, but a part of your life that will stay there forever in the year of 1993, in the summer, the same time as now. It was July and I was slowly dying, not able to find reasons for going on with my life after the loss of three family members. My grandfather died old and disappointed, not being able to understand the reasons for this war, our first child died at birth and the most terrible was the sudden death of my mother aged sixty-one. A month later I received an offer to organise professional help for a group of pre-school children who were patients in the Children's Surgery in the hospital Kosevo in Sarajevo. Before the war I was working with mentally retarded children in a pre-school institution as a special educator, so I had some experience with children of this age. This offer seemed to me like something worth risking my life for, and in spite of my husband's very reasonable concern I started with the preparations for my first visit to the hospital. I found some of my old crayons and some of used white sheets of paper and went there for the first time. I had no idea what I was going to do, how many children were there and in what condition they would be. Luckily enough, I was living quite near the hospital so that the fear of walking unprotected on the street did not last for long, but it also was not something that could disappear at any time.

You can imagine that it was very hard to explain what I was going to do in the clinic to the doctors, nurses and the children, because I had really no idea. This kind of professional presence was unknown to the whole medical system. The idea of a psychologist coming every day to be with and work with children at a time of total catastrophe in people's lives and the medical system, sounded like a bad joke.

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Quitting was the easiest solution, but I was not ready to give up the last chance to give meaning to my existence in this town at this time. I invited all children in the ward to join me in the only available room at the clinic, used simultaneously as the TV room, visiting room, dining room and ironing room for the nurses. There we met for the first time sitting like fish in an aquarium with glass windows that protected us from outside world, with no sound isolation, witnessing at any time what was going on in the ward, hearing the screams of the new, mostly wounded patients. More than half the children were recovering after they had been wounded, some of the others went through routine operations, some had broken legs and arms, other were placed in the hospital for observation. The group was very large and varying in ages from two to fourteen years old.

I felt that it was important to give them a chance to write short reflections on themes like: *The war is... The peace is..., I would like my town to be..., My best friend..., I am..., When I grow up I will be..., My first day at school..., On the first day of peace I will..., Once I went for a trip to..., I am travelling to America, It happened one summer, I would like..., It was the day of my worst fear, My weekend, etc.* This was a chance to reflect on every day war experience, but often this was an opportunity to go back to the nice time in the past or make plans for the future. Often the children would prefer to draw the themes that came out of cartoons, nice landscapes, beautiful houses, colourful gardens, flowers and fruits, and very seldom someone has made a drawing of the war.

I remember a boy called Cat - because of his green eyes. He refused to make a drawing of this family. Other kids told me that his father and his sister were killed during an attack on the city. I went back to my own pain and asked him: if someone is no longer with us, does it mean that our love for him is gone too? No, he said. So we talked about the continuity of life in someone's mind and eye. I asked him to draw his family so that I could see how they looked when they were together. He immediately started to draw. After clearing out his confusion he started to talk about his escape from the attacked family house, the loss of his favourite dog and other war stories. We became really good friends.

So many dear faces surf together with Cat's, the ice cold faces and calm voices in which the children would describe the death of a close member of the family. At that time I was very confused and couldn't understand the lack of obvious pain, tears and suffering. At the same time my own pain and loss seemed to be diminishing, and the knowledge that the children were expecting me every day, and that my coming is the only "certain" thing in their lives, made me feel stronger and able to go on with my life that year.

I have a paper that was written by a girl in July 1993. She was very badly wounded, lost her leg and together with her neighbour, a boy of ten, was the first amputee that I saw on the ward. She wrote about the war:

"Oh, Bosnia, you were beautiful,
Now, you are beautiful too, but destroyed,
They want to kill you
But they will not succeed
Because Bosnia lives forever."

The same girl writes a month later:

"*I wish my town was full of flowers*
And successful living
And that the war that separates
Three brothers are gone
It would be nice for the war to stop
And for the people to reconcile
Then it would not exist, this war that dared
To bring apart three brothers
The streets to be full again
And not sad as today
I would like the war to calm down
And for the people to make peace."

Graho Samra ,Sarajevo,1993

I often ask myself how could I fight day by day with the lack of paper, crayons, space, understanding and support from the nurses and doctors, pressure from my pre-school institution that I should only work with small children, fear for my own life and for the lives of my loved ones. There were problems connected with multiple traumatisation, such as children who were wounded, hospitalised and operated, witnessing various medical treatments of other children, refugees who lost at least one family member and were in continuous danger of being killed in the hospital because of the attacks that were targeting hospital buildings. My regular training did not prepare me for these situations and the fact was that there was no one that I could ask what to do. We all were pioneers in this field, learning from our own experiences.

The invitation that I got to be a member of a group, to be trained in Israel, came really at the last moment. My strength was disappearing, I missed the knowledge and guidance and I was really exhausted. It is impossible to put into words how these days in Israel made a difference in my personal and professional life. I changed, gained confidence, found my real fields of expertise and made a lot of very close personal and professional friends, who play a very important role in my life. Every moment was important as a piece of a perfect whole. Not only me personally, but all the children, professionals and non-professionals with whom I was working later on, got a part of that training and that is something that not only I, but all my friends from Israel who were involved should be proud of.

When I came back to the reality of Sarajevo and the hospital, I had in mind the Hospital Project that we had designed in Israel. The first step I made was trying out relaxation techniques in impossible conditions, and it worked amazingly well. I used other creative coping techniques learned in Israel, such as working with puppets, the "feeling wheel" and "six-piece-story-telling". I started to build the network between the employees of the Children's Surgery and also at the Paediatric Clinic, including doctors, students, nurses, cleaning ladies and two ladies from the kitchen, the parents who accompanied their children in the hospital. In that way everyone was informed and involved and I started to feel better, thinking about future work that was more and more possible

It lasted several months, until I got another offer to work as an educator for several psychosocial programs in Sarajevo. I had no longer enough time for the work at the hospital, so I gave the torch to my colleagues Mirjana Mavrak, and Mirsada Biser, who started to use the knowledge that she acquired in Israel at the Children's Surgery.

With a smile on my face I can now go back to the last day of my work in the hospital. Doctors and directors of the clinics were noticing my presence, some of them asked questions about my work, seeking for professional advice. I felt real and accepted at last!

WHEN THE UNKNOWN BECOMES FAMILIAR - Mirjana Mavrak

"To be real and accepted" is an aim of every human being in the world, no matter in which circumstances or culture one lives. If one lives in war time, when life in general disappears in front of one's eyes day by day, if one is aware that one can be destroyed, one's motif to feel real and accepted is even stronger than ever before. Any "war helper" who deals with physically exhausted human beings overwhelmed by tragedy and soul-pain, is faced with the lack of understanding for his job and its necessity. In the middle of the besieged city of Sarajevo it was not difficult to feel lonely while fighting for an idea of psychosocial work with people who suffered from hunger, physical injures and constant life threat. Many people supported the idea of developing a psychosocial project in community, but when it came to the plan of action and long term objectives, most of them were faced by personal lack of energy or an especially difficult personal situation. Understanding the reasons for their reactions could help them to be more balanced and less ambitious in their work plans.

The training in Israel in 1994 for the group of psychosocial professionals from B&H and Croatia supplied participants with such understanding. That was an educational process full of interactions, where both teachers and students learned from each other in all directions: as educators, as helpers, as human beings. We learned lessons not only on individual or group treatment of individuals suffering from PTSD, but also on management and project development. The Sarajevo group went back home with quite structured idea for the hospital project, which would psychological help to hospitalised children, their parents and medical staff. Our devoted colleague Aleksandra Fabrio got a chance to be better supported by authorities at all levels.

The process of project making started thanks to the model "BASIC Ph", which was presented to us as a model of coping resources. We used the new knowledge on the different coping channels under stress to solve specific problems expressed by Aleksandra about her work in the hospital. We used the "six-piece-story" to ask ourselves questions such as: "Who is the main character in our hospital story, what is her aim, what is the obstacle in reaching the aim, who or what can help her to complete her mission" and "what can we expect to have at the end".

We drew our six-piece-story and since we had six members of Sarajevo group, each of us presented one of these "pieces" to other participants and trainers. In the beautiful atmosphere of Beit Daniel, surrounded by colleagues' support - everything

looked fine. But being aware that in a few days we were going to jump back into Sarajevo war reality, it was reasonable to feel a lot of anxiety. Building the network was the long term objective for us, and we could foresee the coming difficulties in the "regular" Sarajevo situation. We did not know how long the war would last - the longer it lasted, the worse our communication and achievements concerning planned activities would be.

Six months later Aleksandra left the hospital and I decided to continue her work there. Children's Surgery has already been "covered" by psychosocial activities organised by one of our Israeli group members, Mirsada Biser. The Paediatric ward was free for my engagement, and I started with volunteering in January 1995. A box of "therapeutic" material such as puppets, crayons, glue, paper, etc. which had been donated by UNICEF in 1994, was good enough for a new start - "new" just because there was a short break of psychosocial work during the last few months of 1994. Based on Aleksandra's experiences and the understanding I had gained in Israel, working with hospitalised children and finding the place for psychosocial activities was not too hard. We carried out the programme according to lessons learned in Israel and those learned during other useful training organised by our colleagues from Croatia. SPA's Advanced Training on Trauma and Recovery included also professionals from Bosnia. The contact which had been made in Israel helped us to become participants in this training as well. The programme consisted of the following topics: *self-esteem, group cohesion, family problems, feelings and conflicts.* In the following meeting with our Israeli trainers in Visegrad, Hungary in 1995, we learned more about conflict resolution. Consequently, our hospital case presentations to teachers from primary schools were a step forward in building the network in the community, increasing the awareness of mental health prevention. We realised that schools were the "natural" environment for the hospitalised children and could no longer ignore them. Financial support, which probably will soon become a reality, hopefully will provide new space for an idea of increasing number of psychosocial and educational staff in hospital.

Education is definitely the most important thing in our lives. Food will be eaten, clothes worn-out in time, but something we have learned stays with us always, tending to be shared with others as an information which could slowly make a difference in our personal and social lives. On top of this, the training in Israel brought us new contacts and new friendships. They stay with us in the worse moments of our lives, warming us up, giving us support when we need it, reminding us always that what we do has deep meaning.

12

BY HELPING OTHERS I HELPED MYSELF

Nadja Dzabic*

The war in Mostar ended just before I returned from Israel. I was glad to find my dear ones alive and the city itself more or less safe. At the same time, I knew that an enormous burden of responsibilities awaited me. These responsibilities were mostly self-imposed, stemming from guilt; I had left the city at its most difficult time and was not there to share the horrors with others. I decided to do my best to make amends, to justify my actions and decisions to myself. That's how I felt then, that's how I thought then, fresh from the seminar "Help for Helpers" in Israel.

Now, after thinking about the Nadja from that period of my life, it is clear to me that I was under extreme and terrific stress. This manifested itself through my hyperactivity: I must do everything, I can do anything, I must move, I must write, I must talk, nothing is too difficult. At the same time, I was refreshing my knowledge gained at the seminar, with regard to methods for working with people in trauma.

I am certain that this knowledge and these new methods, (which I implemented in my own work) helped me to recover relatively quickly from the repeated stressful situations in which I found myself upon my return from Israel. I returned from a Mediterranean world of beauty into the ghostly and ghastly world of my ruined, ravaged city.

In describing these working cases, I try to show how, by helping other people, I succeeded in organising my own thoughts, in facing my own situation and, most importantly, how I learned to live and cope with my own trauma.

SAMKA

"***I am Rebuilding my Shattered Home and Changing my World Image***"

Visiting a shelter still inhabited by war victims, after the war ended, I noticed that Samka, a mother of three children, was very depressed. She sat quietly, not facing the others. Her children, subdued, were seated in front of her. She was silent, sighing deeply from time to time. I was surprised; this used to be a talkative, active woman, taking care of her own children and always having at least a couple of other children from the shelter hanging at her skirts. I walked over to her "quarter" and caressed her daughters' gaunt, sad faces; Samka did not react, she did not move.

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"She's been like this for two days now," her neighbour from the opposite corner told me, not kindly. "She went to visit her house, across the bridge. Since she came back, she just sits there, silent. The children go alone to get food. Everything is in ruins and she wants to die because of her measly house...Oh, better leave her alone, she's so unreasonable, she doesn't care about anything but her house." The woman stopped talking; other women nodded, agreeing with her.

Samka did not move, remaining dumb and motionless. The children also sat motionless, looking at their mother, scared and worried.

I sat on the floor next to Samka. She was about 40, her thin face resembling that of a hungry bird, her hair almost totally white. I embraced her, feeling her protruding shoulder bones. She looked up at me, attempting a smile.

"Samka, tell me what happened. Can I help?" I asked.

She took my hand and whispered: "Everything is gone, ruined. Not a sprig of grass is left and these women, they are like angry wasps, attacking, reproachful. I can't stay here anymore - there is no life here, there is nothing here."

"Talk, Samka. Maybe I can help."

"Day in, day out, I sit in this corner with my children. Selmo, my husband, disappeared. I do not know what has become of him. I went to see our house, secretly hoping that it remained whole, thinking that I shall leave this hole and go to my "small paradise". Well, miracles do not happen - in fairy tales, maybe. My husband and I, we built that house with our own hands; our friends helped to put up the roof. And now, no more Selmo, no more house -- that's it, all gone."

"I can feel your pain, Samka. Thank you for telling me this. We shall talk more about your house."

I had to help this woman. She had been through the war with her three children, her husband was missing, her house was ruined, all of her property was gone. She herself was in a deep depression after seeing the ruins.

I visited them three more times.

On my next visit she told me about her house and about her life before the war. I gave the children small sketchpads and asked them to draw their house, their rooms, their things, clothes, toys, everything and anything they could remember. The children became livelier; the two daughters kept asking their mother questions about the things they wanted to draw. The woman spoke, telling her story, stopping only to quieten the children or answer their questions.

A few days later, I visited Samka and her children again. I urged them to talk and encouraged the children to draw their house again, only this time I asked them to make plans about rebuilding it - what it would look like, whether they would change anything in or around it, what would be the first thing that they would repair, etc. The other women were looking curiously at us, commenting quietly, but even they started to smile and make jokes.

At one time, Samka remarked: "I think that my social worker thinks that I am an architect -- she asks me where the bedroom is, where the bathroom is!"

"All right," I responded. "You're not an architect, but you are at least an experienced builder. You built that house together with your husband, with your own hands!"

We laughed at that and from that moment on, everything went a bit easier. She agreed to go to see the house one more time with the children in order to check if there was anything that could actually be done.

The next time I saw them, they were a changed family. They all tried to talk to me at once, telling me what they had done, what they had cleaned. They told me how they had started digging their vegetable garden and were planning to plant some potatoes that they had received from the municipality. Several foreign journalists had taken pictures of them working on their ruined house, promising to send them the pictures and newspaper clippings about them. They did not need me anymore.

While I was working on this case, my own house was in ruins, my city was in ruins. I was unhappy. Now that the war had stopped, now that I could relax my spasmodic consciousness, (I suppose that is the only way to describe this feeling, like when one instinctively pulls one's shoulders up in running away from danger,) I could finally face all of the horrors around me. Images of ruin and total poverty were ever-present, houses with no roofs, appearing beheaded, piles and piles of garbage and debris everywhere. Those pictures will forever be etched in my mind, reflecting this world's madness. Images of people, creeping up from the dark cellars into the daylight, like moles, uncertain, scared, asking if and where they could get food - all this was my world, my horrifying reality.

I wished it had only been a bad dream, but every new day brought a new collision, a new obstacle, a new horror with it. I began to feel empty, believing that I would never again see normal houses, pretty streets, or trees in bloom. I went through the motions. I worked, but it felt as if it were someone else, as if that someone was on a mission and this was all temporary so that it was not really important how that someone lived. This continued until I met Samka, Samka who was mourning for her house. Until then, it had not occurred to me to look at my own house, my own garden, because it felt as if I should go somewhere else after my mission was completed. Talking to Samka and her children made me think about my own rooms, my own friends, the many visitors I had.

I realised then that I could start to rebuild my own house. I decided to do what I had taught Samka's family to do. This decision, to start rebuilding my own house, helped me to perceive the world around me in a new, brighter light.

I knew I could not do everything at once. I couldn't rebuild the whole city, I couldn't "repair" the people in it. But I could and did encourage Samka to rebuild her "little paradise" and I could and did begin repairing my own house. As things progressed, the emptiness inside me did not feel so huge anymore. I was working on improving my home and, thereby, the world around me. I was fixing my small world, the house I lived in, its rooms, its windows...I was putting my house in order. I stopped thinking, " I will leave" and began to accept the thought, "Well, it will be possible to live here and it will be good. I spent most of my life here; my memories are here. I was here before the war, I was

here during the war, I am here now. I have friends, too... new friends to be sure, but the old ones will come back; now that the war is no more."

As I thought and planned where to get sand, bricks, and cement, my soul was simultaneously overflowing with memories; faces from the past were becoming alive again in my mind.

"I am alive, at this moment, now. I cannot lie to the people that I am helping. I am fixing my world; you Samka, are fixing yours."

I am still repairing the world inside of me, in my soul. You, Samka, are doing the same in your soul. You helped me, Samka, to stop being someone who listens, analyses, and implements the applicable techniques - only to run away from my own trauma. I share my feelings with you, my sister. Thank you for helping me. Together with you I am building and dreaming about a better world.

I Learned to Live with my Trauma

Children, sit in a circle, please, like we always do, relax; please, Zvrk, move that chair, like that, yes, OK, relax-- start breathing, slowly, in and out. Breathe in and out, slowly, ten times - in, out - close your eyes - breath deeply - yes, good - open your eyes now, shake your arms and legs a little. Good. Sit comfortably now, and please listen to this short story and then we are going to talk about it a little.

This is how I started that day with a group of twelve children, all of them orphans. This particular group consisted of ten boys between five and fifteen years of age and two girls, one eleven and the other fourteen. I used to do relaxation exercises with them, using drawing technique as a method for trauma treatment. But now, I decided to try so-called "bibliotherapy". My choice that day was a short excerpt from Milan Kundera' s novel "The Farewell Waltz" .

"Jacob turned and went back to the car, but stopped when he spotted a boy at a window of a nearby house. The boy, five years old at most, was watching through the windowpane at what was taking place by the pond. Maybe he was watching the geese, maybe he was watching the boy taking care of them holding a stick. The boy just stood there, watching, and Jacob could not stop watching him. What attracted Jacob so magnetically to that child's face were the spectacles. His head was tiny, his spectacles big. The boy wore them like a burden. He wore them like his destiny. He looked through those frames as if they were prison bars. Yes, he wore that huge frame like prison bars that he would carry with him his whole life. And Jacob watched the boy's eyes through those prison bars and suddenly felt the weight of grief."

I was trying to formulate my questions to the children as simply as possible:

Talk to me about the house that the boy lives in
How big is this house: is it a multi-story building or not?
How many windows are there?
Is there a yard?
Where is the front door?
How many rooms are there?
In which room is this boy?

Talk to me about this boy,
What is his hair like? What colour?
What is he wearing? What colours are his clothes?
Who else is in the house?
Why is he in the house?
How long has he been standing by the window and why?
Why does the man watching the boy feel grief?

I was not certain that the children would be stimulated to talk but I encouraged them with more questions and that worked. They started talking about, the house, describing a multitude of details. They were talking about their houses and were listening carefully to one another.

Their stories about the boy were extremely interesting:

"He had just woken up and was wearing his pyjamas with a torn sleeve...."

"He has his coat on and he's waiting for them to call him to go..."

"He is alone in the house with his older brother and he is terribly hungry..."

"They were calling him, but he hid from them; he didn't want to look at them..."

"He's waiting by the window all day, and they are not coming back..."

When I asked them why Jacob felt grief for the boy, we were all very excited, anticipating the answers: "I saw my father for the last time from the window when he left with his friends he waved at me, he smiled, but I know he didn't feel like smiling. He never came back."

"Mom and dad died before my eyes; mom went to see him leave and the grenade killed them. My sister was standing by the window and I was just going to the cellar. This huge piece of shrapnel flew over my head and hit the ceiling. I don't know how I stayed alive. It wasn't far from me, you know, by the garden gate..."

I listened to the two girls describing for the first time the death of their parents. "I have never talked about it, not since I've lost them, I just couldn't. Well, I don't know how I could have told you this just now....."

The children were telling their stories; they were mourning I see them clearly now, chairs being drawn closer, I see them reaching out to one another. I look at their dear, teary faces and I cry with them; I tell them: "Cry, my darlings, cry when you are sad, it is good to cry when you are sad, you'll feel better..."

It felt like all the sadness of the world was concentrated in me at that moment and it scared me: what have I done, what have I unleashed, what am I going to do now? And then something miraculous happened - the children spontaneously got up, embraced one another, embraced me and all started singing. I cannot remember the lyrics of the song, but I know that the melody was not sad. Those small faces were serious, but they were singing and embracing. I felt their youth, their strength. I experienced their pain with all my being. My pain was in there too, built of strong feelings, of fears, of losses. In that wondrous moment it was as if the pain took on a shape, it wasn't in us any more, but among us. We encircled it with our bodies, tearing it apart with our voices and it retreated, slowly backed away. I was deeply conscious of the importance of this moment

for the children and for myself. I received the message and processed it together with the children deep down inside. The embrace broke, and I felt cleansed: I knew I had experienced catharsis.

"Our pain, our grief, for our nearest and dearest is within us, we carry it inside, but we go on living... Living means being happy, learning, creating, planning, loving, giving and taking, losing and gaining, and much, much more... Life is full of challenges." This is not just a sentence, a remark, or a page torn from my textbooks that taught me how to help others with their pain and desperation. I feel, think and believe this.

From this moment on, everything somehow got easier. My work with them was no longer trying or draining, I was thinking positively. On the spur of the moment I decided to start choir practice with them. All the children took part, from five to fifteen year olds. The first choir in this ruined city. A schoolgirl, of about 17, our neighbour and friend became our choir master. The children sang religious songs, patriotic songs, their own songs. "Excellent, keep singing I told them. We asked for instruments: guitars, drums, accordions from all the representatives of the humanitarian organisations who visited our home. They were enthusiastic and helped. The Orphanage Orchestra was formed!

The atmosphere in the home was light. The neighbouring children started visiting "my" children. School children started popping in of their own accord. They played together in the home's yard. I was enjoying my work. Co-workers came and went. Our meetings became more constructive, there was a solution for almost everything. We were even planning a trip. I felt this positive energy all around me. This was not an orphanage any more this was a real house of children. And where there are children there is laughter and happiness, song and play. True, these children carry the grief for their dead parents, they always will, but these children are also walking towards the future. I am helping them and giving them a part of myself, but I am receiving more love and smiles than I could ever wish for. That is what makes working with children so wondrous.[·]

[·] I thank my daughter Zehra for expert help with the translation of this text

13

COPING AND COMMUNITY RESOURCES WITH CHILDREN FACING DISASTER

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This chapter looks at the implementation of the integrative model of coping, BASIC Ph in cases of individual and community stress. The first study focuses on children evacuated from their homes during a military operation and the second evaluates interventions in a school following two traumatic events, involving children and teachers alike. The central theme is that of resiliency and the use of community resources.

Study I: Children Coping with Temporary Evacuation

In the summer of 1993, Israel decided to mount a military response in the South of Lebanon. Over the period of a few days, large military forces were brought to the northern region and no room was left for doubt regarding the impending operation, its dimensions and its cost. As shelling of the Israeli side of the border commenced, civilian residents reacted in different ways. Some families had prepared themselves to eventual hostility before they began. Others chose to leave the place temporarily and yet other families evacuated their children to summer activities organised by the local authorities in boarding schools. Many families, however, remained in their homes throughout the entire operation. Following the operation's conclusion children were evaluated for stress responses and their use of coping resources.

An 80 item questionnaire asking about experiences during the military operation was administered at school, by homeroom teachers to 797 school children, aged 9-15. In accordance with our assumptions it was found that the intensity of mobilising coping resources was higher amongst children who stayed in close proximity to the border. Children evacuated to a summer camp showed higher mobilisation of resources than those who left with their families. Differences were noted in global coping measures as well as specific domains of affect, imagination and physical activation. No differences were found in social interaction, belief and cognition.

Expressions of anxiety, however, were higher in the group evacuated to the summer camp, compared with other children. When asked about the future, those evacuated to a summer camp said that they would prefer to stay with their families, even in a war zone. Levels of anxiety were higher in boys, both during

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evacuation and following the end of hostilities. However, the average rating, by girls, of their wish to leave the town in case of another incident was higher than that of boys. Younger children did not differ from adolescents in anxiety scores during the operation. Indeed, the average level of fear following the operation was higher amongst adolescents. Young children tended to mobilise more Affect, Imagination, and Cognition resources than the older adolescents. Contrasting with our expectations, subjects who, prior to the incident, received primary prevention (i.e., whose families made explicit preparations for the event) exhibited higher levels of anxiety during the operation and thereafter. Subjects who were more prepared prior to the operation mobilised more resources during and after the operation

Study II: Psycho-educational prevention in children exposed to recurrent trauma

In January of 1994, an eighth grade girl committed suicide by jumping from the fourth floor of a building next to her school. She was killed instantly. Students and the teachers were shocked: the dead girl was an ambitious, brilliant student, good-looking and very popular among her peers. Many of her fellow students felt guilty for not noticing her desperate state. Psychologists from the CSPC were asked to help. An intervention based on Lahad (1980, 1988), Ayalon (1977, 1978) and Klingman (1985, 1986, 199l) models of stress reduction and prevention was planned, with the following goals in mind.

- Help in normalising teachers' reactions, such that individual responses, no matter how strong, would be perceived as "normal reactions to an abnormal situation".
- Encouragement for teachers to initiate open discussions with their students.
- Help for students and teachers to develop ways to address difficulties related to the girl's death and encourage discussions of similar problems in the future.
- Identification of individuals who may be at risk, given how vulnerable some may become following such tragedy.

The intervention consisted of discussing the suicide with the staff, paying attention to prior signals and recommendations for class activities for the days following the suicide. We stressed the importance, for students, of attending school the day after the suicide. A few months later, in April of 1994, a tragedy struck again. A terrorist exploded himself in a car near a bus, by the same school's gate. Three girls (two from the 11th grade and one from 7th grade) and four adults (including two teachers) were killed. Eight students (seven of whom were 7th grade class) were injured, including two who were badly burned. Officials and psychologists from the area gathered together early the next day to discuss a plan to help the children of all ages. In one way or another, the disaster involved everyone in the town. Most children knew the dead or injured students and teachers.

Since we had previous experience with this school we were also assigned to help them this time. An element of research was included, in order to study the effect of the previous intervention. Another junior high school, in the same town provided a comparison group. The main dependent variable was the effect of the first intervention on current responses (prevention was not implemented in the other school) We expected that crisis intervention would also be helpful in reducing negative reactions in future incidents.

The current intervention consisted of debriefing sessions using the Mitchell (1995) model. The first stage involved reviewing the facts about the event. The second stage was to discuss the thoughts and decisions that students had made since the tragedy. The third stage required teachers to ask their students to recount their worst experiences they had during the tragic event. Finally, the fourth stage dealt with coping style and resources, following Lahad's (1992) integrative BASIC Ph model.

The research questionnaire was administered six weeks after the terrorist attack. It dealt with the traumatic reactions and coping strategies utilised following the first and second incidents. The independent variables were: proximity to the incident, sex, age and the amount of primary preventive activity the students had received. The dependent variables were: levels of anxiety, emotional reactions, near-miss feelings, and coping skills. We gave the same questionnaire to the 8th and 9th grade students one year later. We hypothesised that

(a) there would be differences between children of the two schools

(b) there would be a correlation between the previous intervention and the children's personal coping, such that children from School A would cope better than students from School B.

(c) We also hypothesised that the effectiveness of the previous intervention would be linked with children's preferred coping mode.

(d) Finally we expected to find that proximity to the site of the explosion would be linked with more distress six weeks later.

Six hundred and eighty four students took part in the study (293 boys and 391 girls), including 240 from School A (the one that was hit but received prior intervention) and 292 Students from School B. At six weeks we found a significant correlation between intervention received before and students' evaluation of their own coping with this disaster. As expected, students from School A which was hit harder, exhibited fewer posttraumatic reactions after the event. A significant correlation was also found between the effectiveness of the school activities following each of the traumatic events and the choice of coping resources. The more effective the activities were (according to the students' reports) the more resources were activated after the suicide and in part after the explosion, the three major ones being Affect, Social integration and Cognition. A year later, students at school A who received more prevention activities, reported more effective coping levels.

With regard to proximity to the site of the event, we found negative correlation between knowing the victims and ways of coping. The better the individuals knew those injured, the less well they coped with the disaster and the

less they thought that their life had returned to normal. No significant correlation was found between knowing the victims and the intensity of posttraumatic reactions after six weeks.

Boys reported better coping with the explosion with less posttraumatic reactions at six weeks. More of them reported that "life had returned to normal". Girls frequently used Affect, Social interaction and Activity as primary coping. One year later, boys still reported that they were coping significantly better with the memory of the explosion.

Discussion

In the first study we examined the effect of exposure to stressful events on emotions and mobilisation of coping resources in children who live under continuous threat. Exposure to traumatic events is seen in the literature as related to fear and anxiety in a dose-response manner (e.g., Vogel and Vernberg 1993; Pynoos, 1987. Pynoos (1993) and Klingman (1991) further found that personal acquaintance with traumatised children was even more decisive than the physical proximity to the site of the trauma. Our findings confirm the above. They are in contrast, however with previous findings in Israel, by Ziv, Kruglanski & Shulman (1974) who reported a protective effect of local patriotism amongst children in settlements under bombardment. This may be explained by the different historical context: The nineteen years that have passed between the two studies have seen Israeli society move from an uncompromising ethos of heroism and praise for staying put under attack, into legitimising evacuation of civilians in danger (Granot, 1994). Moreover, society may be more open to admit expressions of fear and anxiety, whilst the relation of affective expression to poorer coping has not been established. Indeed, expressiveness may strengthen coping and resistance to threat (Lahad, 1988).

The effect of age and gender on anxiety responses to adversity in children are controversial (Klingman et al 1993 and Levinson et al 1994). Gender differences in expressiveness, greater willingness to report symptoms or different social expectations may mediate the higher responses reported in girls (e.g., Vogel and Vernberg, 1993). This first study did not confirm the protective effect of preparation on levels of distress expressed during exposure (e.g., Ayalon, 1997; Lahad 1988). Quite the contrary, it was found that children in whose homes more prevention activities had taken place were more anxious than those living in homes where fewer such activities took place. Possibly, preparations could have been laden by parental anxious expectation, which may have been communicated to the children (Diamant 1994, Gal, Or and Tennenbaum, 1994). Another explanation may be derived from Janis' (1968, 1971) construct of mental inoculation, according to which levels of anxiety should be raised to an "optimal" level in order for learning to take place. Accordingly, the study's results may be read as part of the "work of worry" suggested by Janis (1971).

Social and behavioural consequences of relocation have been studied extensively (e.g. Ressler, 1992) and it is generally shown that "when evacuation is necessary parents tend to leave together with their children in a desperate attempt to protect them". Such a trend, which is clearly prevalent (e.g. Zelinsky

and Kisinski, 1991), is also considered to be appropriate for children's needs: "…if evacuation is deemed necessary that children be evacuated as part of family unit, being kept with their primary care givers" (Ressler, 1992). In line with the above, this study shows that separating children from their families heightens anxiety despite the reduction in exposure.

The second study found differences between genders similar to those found in the first. Girls used more Social interactions and Affect in coping with disasters. Younger children preferably used Belief, Social and Cognitive coping, yet older children expressed more fear. Younger children also evaluated the prevention to be significantly more effective. Being an acquaintance of the victims had a negative effect on coping. Geographical proximity on the other hand, did not seem to affect coping negatively. On the contrary, it probably made it possible for those exposed to openly receive help.

The two studies evaluated the integrative multi-modal model intervention and its long term preventive effect. They point out preferred modes of coping in children following extreme events and indicate that the active coping of families has major consequences on children. Last but not least, our observations support the long-standing knowledge that it is better to evacuate children with parents.

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