

# CSPC 3

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***"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 Community Stress Prevention Centre in Kiryat Shmona, 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 the former Yugoslavia. 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 conflicts there 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.

**Editorial Introduction**

World-wide tension and wars in places such as Rwanda, Angola, Afghanistan and the Balkans are 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 Yaakov, 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 journal 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 traumatising 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 its toll. Hearing about the disaster is 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 3**

Prof. Mooli Lahad, Educational Psychologist, Director of the CSPC, Chair of Dramatherapy, Tel-Hai Academic College and Alan Cohen, Psychologist, CSPC Research Coordinator, EMDR facilitator, start this volume with an account of the first 18 years of the development of the Community Stress Prevention Centre. In the first chapter they review some of the stress prevention models described in previous volumes and introduce newer models currently in practice. Particular attention is given to the new emerging role of EBO - the Emergency Behaviour Officer, a role which hopefully will have much greater importance in institutions and organisations world-wide.

The authors wish to thank Dr. Jack Richman, Dr. Lawrence Rosenfeld, and Joanne Caye from Chapel Hill, North Carolina, for their help with the chapter and cooperation on joint projects. Special thanks go to Dr. Lenore Behar of the North Carolina Israel Partnership in furthering these efforts.

The second chapter, by the same authors, focuses on the adaptations of the widely practised model of CISD, Critical Incident Stress Debriefing according to

the special needs of incidents in Israel and the accumulated experience of the CSPC.

The authors, Alan Cohen and Prof. Lahad continue in chapter 3 by highlighting a particularly important and powerful method of intervention in posttraumatic incidents, much used in the CSPC, EMDR, Eye Movement Desensitisation and Reprocessing, illustrated by a fascinating case reported by Alan Cohen.

The following five chapters describe the projects carried out in the children's village 'Igaló', in part based on the experience gained by participants in the Helping the Helpers training seminars conducted by Carmel Centre and CSPC.

In chapter 4 Dr. Nila Kapor-Stanulovic, Professor of Psychology, Novi Sad University, Serbia, Yugoslavia and Chief Psychologist for UNICEF in Belgrade, examines psychological rehabilitation of children in the Children in Need Project.

In chapter 5 Marija Zotovic, of the Department of Psychology, Faculty of Philosophy, Novi Sad University, looks into the success of bibliotherapy techniques in helping traumatised children.

In chapter 6 Psychologist Gera Ibolya, from Novi Sad University, investigates the healing power of verbal and non-verbal expression of trauma through play.

In chapter 7 Psychologist, Darka Minic looks at how to make contact with children through their stories

Vesna Petrovic, Assistant Professor, of Psychology University of Novi Sad, evaluates an intervention programme implemented in Serbian schools in chapter 8.

In chapter 9, Andja Backovic, Psychologist, adviser to the Montenegrin Medical Institute on research programmes, develops creative methods of communication and examines the application of the psychosocial support models from the Helping the Helpers (HTH) workshops with children in Montenegro.

In chapter 10 Ljiljana Krkeljic, Specialist in Clinical Psychology together with Psychologist, Nevenka Pavlicic, study stress and trauma work with school children in Montenegro. They analyse 'six piece story making' by using the BASIC Ph approach for the assessment of stress coping mechanisms.

In the final chapter, Dr. Ofra Ayalon, senior psycho-traumatologist, Nord International Trauma Consultancy, Israel, reflects on peace and reconciliation, using psychosocial tools to bring about change in society. She applies these methods to the work we have done in all countries of FY.

Ofra Ayalon Ph. D., Mooli Lahad Ph. D., Alan Cohen M.Sc.

## 18 YEARS OF COMMUNITY STRESS PREVENTION

Mooli Lahad\* & Alan Cohen\*

During the 1970s the north of Israel was under continuous threat of rocket shelling. These rockets, nicknamed “Katyushas,” were fired sporadically from South Lebanon. By the late 1970s and early 1980s, virtually no week went by without an attack, day or night. The town of Kiryat Shmona, a large target situated only 4 km. from the border, was hit most of the time. Usually, structures and properties were destroyed; occasionally there were injuries and fatalities. For example, in 1974 terrorists attacked Kiryat Shmona killing 18 and injuring 16 children and adults. Perhaps the most significant damage was psychosocial.

Over the past 20 years, Kiryat Shmona’s population has fluctuated between 16,000 and 20,000, although some 250,000 people lived there at one time or another: massive turnover is one of the psychosocial outcomes of the tense situation. Today, people in this area still live with a general threat of shelling; shelling occasionally occurs and without advance warning. Over the years, adults and children have learned to identify precursors of the hazard.

In 1979, when the project leading to the establishment of the Community Stress Prevention Centre began, fewer than 10 articles and no books had been written about how civilians cope with critical incidents, such as ongoing shelling, and the most effective coping strategies. The only guidebook available was a collection of activities called *Rescue* (Ayalon, 1976).

### **The First Project: The Model for Working in Schools**

Based on the experiences of Caplan (1975) and Klingman and Ayalon (1977), the first stress prevention and intervention project developed by the Community Stress Prevention Centre was initiated in schools in Kiryat Shmona. An immediate problem was getting principals and teachers to address the subject of crisis intervention and stress prevention in their classes. Superstitious and rational thinkers alike were wary of broaching the subject. Time and further shelling, however, convinced the first principal that the staff and students needed a psychoeducational program to help them deal with the situation. To a large extent, the steps planned in 1979 constitute the basis of the current model used by the Community Stress Prevention Centre for developing preventive and intervention projects.

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\* Community Stress Prevention Centre, Tel Hai College, Israel

After convincing principals of the program's value, the next step was to form a team to control the project and to deal with the school's emergencies (even though schools had gone through 10 years of shelling without such provisions). The principal, vice principal, a senior head of a department, school nurse, counsellor, psychologist, special education teacher, and the teacher responsible for safety and security comprised this team. They worked on developing and testing the school's response readiness to emergencies and participated in developing the psychoeducational program.

A second team was formed with volunteer teachers who agreed to learn a variety of methods and techniques for developing a student-centred program. The primary focus of the program was on how to talk and work through feelings accompanying life on the border and in the shadow of threat. This group met for ten sessions and the result of their work was a program for pupils eventually called "No One Is Alone."

The next step was for a pair of teachers, or a teacher and the school counsellor, to pilot the new program. Organised in small groups with a rotating chairperson, students were given various tasks, such as developing their own shelter first-aid box (with games and pencil and paper activities), and designing a system to report if someone is missing so that a squad of adults could be sent to search for the child. Teachers, trained to serve as facilitators, guided and supported the student groups' self-energised process.

The initial project was evaluated by Lahad and Abraham (1983), who reported a reduction in students' anti-social behaviour, screaming, and physical symptoms; and an increase in their cooperative behaviour, such as mutual support. In addition, the groups had a high degree of openness: the children willingly shared personal thoughts and feelings about what was happening in their part of Israel. Although the level of situational anxiety was higher for students in the experimental program than for those in a control group, students in the program also showed an increase in their effective use of coping skills. These outcomes have been corroborated for recent No One Is Alone programs (Shacham, 1996).

### **BASIC Ph: An Integrative Model of Coping and Resiliency**

Children and adults in northern Israel cope effectively with the constant threat to their lives, property, and daily routine. For example, a survey of referrals to the local mental health clinic and school psychology services in Kiryat Shmona showed that they were at the same rate as referrals in the centre of Israel (Lahad, 1981) between 5 and 10 percent. If such a small percentage of the population manifests acute stress reactions following an incident, what helps the rest of the population continue their lives productively?

Responses to two questions "What helps you to continue living in this situation?" and "What do you do in order to continue?" provide the simple answer: people often are stronger than expected, and momentary disability does not predict pathology; most peoples' responses are simply normal reactions to abnormal situations. Today, using a resiliency framework, the idea that children

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and adults exposed to critical incidents can successfully survive is a common one, but in the late 1970s this concept was rather new.

Like many other researchers in the field of resiliency, Lahad focused on how people survive and what they do to cope. Based on observations and interviews with hundreds of adults (parents, teachers and community workers) and students (children and adolescents) living under constant and prolonged threat in Israel and elsewhere Lahad (1997; Lahad & Cohen, 1997) developed a multi-modal model to explain mental resilience in stressful situations. The model, BASIC Ph, relates to six major characteristics or dimensions that Lahad (1997) argues are at the core of an individual's coping style: *Beliefs and values* (when a person copes by making reference to self-reliance and her or his clear values, views, and beliefs), *Affect and emotion* (when a person copes by expressing affect of all types), *Social* (when a person copes by seeking support in friendships, social settings, and organisations), *Imagination* (when a person copes by using his or her imagination, such as creating imaginary playmates or situations), *Cognition and thought* (when a person copes by acting according to his or her knowledge, thoughts, and common sense), and *Physiology and activities* (when a person copes by engaging in physical activity, including eating, dancing, and traveling). Each individual has her or his primary combination of coping activities and resources, a style that reflects a blending of all six dimensions (e.g., a person whose primary coping style is SI social and imagination might seek social support from imaginary figures, such as Superman). Although each person can potentially use any of the strategies, each has a preferred mode of coping developed and refined since childhood.

The BASIC Ph model has been used in response to a variety of incidents. For example, Lahad and his colleagues worked with psychosocial teams in Tel Aviv during the Gulf War, during various military operations in the north of Israel, and during the "Intifada" on the West Bank and Gaza Strip; also, they worked with communities and psychosocial services during suicide bomb attacks in 1996 and 1997.

Although planned and controlled studies of crisis interventions are scarce, children's coping styles were studied during two different incidents. The first incident involved the evacuation of children from Kiryat Shmona during Operation Accountability in 1993; the second involved junior high school students in Afula exposed to a suicide car bombing. The bomb exploded at the gates of their school killing three girls and four adults and injuring eight classmates. Results confirmed the structure of the BASIC Ph model and its usefulness in working with children both for helping them use their natural coping styles and for enhancing and expanding their coping mechanisms to reduce tension and prevent post-traumatic stress reactions.

### **The Community Stress Prevention Centre**

The Community Stress Prevention Centre, established in 1981 in northern Israel following a wave of attacks on border settlements, serves the population of Israel's northern border towns, villages, and kibbutzim, Jews and non-Jews, in times of crisis and insecurity. The centre aims to prepare the civilian population

for coping with crisis and disaster; to train local authorities how to cope with critical situations and handle them effectively before, during, and after they occur; and to train professionals in emergency intervention techniques. The Community Stress Prevention Centre has a psychosocial team to help communities, families, and individuals during crises. Using the integrative BASIC Ph model, it develops models and programs for enhancing resiliency.

The opening of the Community Stress Prevention Centre expanded the focus of preparing for and responding to crises from the education system and the family to the community at large. A community-oriented perspective is important because disasters affect more people than those typically thought of as victims. Disasters affects all those within three “circles of vulnerability,” which considers geographical proximity (how close one is physically to the incident), social proximity (how close one is socially to the victims), and psychological proximity (how close one feels psychologically to the victim or the incident). The closer someone is geographically, socially, and/or psychologically, the more likely he or she is to be adversely affected by the event. Every critical incident is akin to a stone cast into a pool of water, the ripples spreading through the pool to its edges. Similarly, the effects of an incident are felt throughout an entire community.

### **The Community Model**

The Community Stress Prevention Centre model provides psychosocial support through an interdisciplinary team. Recognising that no single service can provide all the help needed in the wake of a critical incident, all psychosocial, educational, community, and medical services must function under one coordinating committee. This committee is headed by the director of social services, who also serves as a consultant to the crisis management team about the major psychosocial aspects of the incident.

During an emergency, psychosocial teams are dispatched to affected areas to perform the following duties:

- (a) assess the situation and provide immediate support to the affected population, such as food, shelter, and medical and psychological support;
- (b) open information and relief centres as needed;
- (c) take charge of evacuation centres and provide both formal and informal education to the evacuees; and
- (d) have representatives in hospitals to help when patients or relatives need assistance (e.g., securing lodging, finding other relatives, or obtaining emergency funding). Psychosocial teams also take charge of locating and providing help and support to people with special needs.

Perhaps the most difficult tasks are handled by the response team that provides help and support at the site of the disaster and in the mortuary. Response team members social workers, psychologists and nurses escort relatives throughout the terrible process of identifying the deceased, and follow up later during the mourning period, visiting at home and ensuring continuity of help from other local services.

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To ensure an efficient response to a disaster, small groups of professionals receive special training, such as, hospital social workers who have to work with the families of the injured and deceased, personnel who deal with the process of identifying bodies, integrated teams that work for the mortuary, and psychosocial notification teams which inform families that their loved ones are dead.

Training local authorities does not end with building the integrated coordinating team; it also is essential to define the roles of all the various people involved in responding to the disaster such as the mayor and heads of departments and numerous disaster services. Following the basic training, the different groups receive guidance as they write their contingency plans and standard operating procedures. Once an integrated coordinating team is formed, then roles are defined, a contingency plan and operating procedures are written, and a simulation exercise is conducted. Results of the simulation are used to refine training programs and make amendments to the standard operating procedures.

Along with training local authorities, there is a need to train integrated intervention teams. Several reasons exist for this:

- 1) Most psychosocial professionals are not trained to work in the immediate aftermath and chaos following a disaster their training is usually along the lines of psychopathology and psychotherapy that stress insight, transference, and psychodynamic approaches, which are difficult to utilise in a crisis situation.
- 2) In their daily work, the different psychosocial services do not necessarily maintain close contact with each other, do not have the same principles, and do not share the same models and theories. Moreover, overt competition and a presumed hierarchy among services may interfere with crisis management.
- 3) Crisis intervention methods are active, directive, and specific “active intervention,” “triage,” “the needs of the group versus those of the individual,” and “normal people suffering from abnormal situations” are ideas that, on the whole, are alien to many health and social work professionals.
- 4) Leaving the boundaries of the clinic and reaching out into the “battlefield” can be new and scary.

Therefore, Community Stress Prevention Centre personnel train professionals in methods of crisis intervention, teach mental first-aid techniques, and show how to use non-pathological terminology and the language of BASIC Ph to understand how individuals and families perceive the world and their situation. Techniques taught include *pacing and leading*, *bridging continuities*, *information formulation*, *critical incident stress debriefing*, *identifying leadership in a crowd*, and *communicating with traumatised people*. Additionally, information is presented on family crisis intervention and grief reactions.

Outcomes of training include the following:

- 1) A common language is developed for the integrated team.

- 2) Members of the team learn about each other and familiarise themselves with each other's strengths and weaknesses, which enables them to support one another during crises.
- 3) Cooperation develops between and among different services both in their daily work and in maintaining contact for the benefit of their clients.
- 4) Waiting lists and treatment time shorten as services adapt and adopt short-term crisis intervention methods in their daily work, and use a multi-disciplinary approach.

#### **The Emergency Behaviour Officer**

Decision makers, whether mayors, chiefs of police or fire brigades, army officers, or ministers, typically lack training in understanding the needs of the public when responding to a disaster. In some cases, because of training as military or police officers, they confuse the public with the "enemy." For example, the public may be viewed as helpless, resulting in a decision not to inform citizens about what is happening for fear they will panic. Or, the public may be viewed as unimportant, and thus public reactions are not considered as a factor in decision making. In one particular example, food and mattresses were distributed to the population of a northern town who had spent a week in air raid shelters. The distribution was made without suitable notification and without considering the stress and distress of the inhabitants. Contrary to the authorities' expectations, nearly all the food and mattresses were taken by those near the distribution point (at one end of a street), leaving those further away (at the other end of the street) with little food and no mattresses. Not only did the authorities fail to convey the message to those further away that someone cared about them, they caused tension between those who received food and mattresses and those who did not.

A second instance occurred when authorities decided not to warn the public of the possibility of heavy rains that might cause flooding. They thought of the panic that might ensue following such an announcement, as well as public embarrassment if the prediction should prove incorrect. The result was flooded homes, people in search of help in the dark, loss of property, feelings of abandonment, and local authority services having to operate under extremely unfavourable conditions.

Examples such as these made clear the need for an expert in the behavioural sciences to act as a consultant to decision makers an Emergency Behaviour Officer. During 1985-1986, the Community Stress Prevention Centre trained the first group of professionals in skills necessary to understand the human aspects of critical incidents and the many factors influencing the public's reaction. The training included presentation of a central behavioural picture, how to predict developments from the point of view of human reactions, how to offer suggestions and recommendations for alternative courses of action, how to use the BASIC Ph model as a paradigm both for understanding how a community copes and as the basis for communicating with decision makers and the public, and how to use the media as a source of support (Lahad, Cohen, & Peled, 1995).

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*The Media and the Emergency Behaviour Officer.* In recent years, particularly after the Gulf War (Solomon, 1995) and the Dizengoff bus explosion, there has been growing criticism of the media for exposing disasters in a brutal way. The national and international media have adopted what may be called "The CNN Standard": immediate, unedited on-site broadcasting, presenting the news of a disaster without buffering or fully considering the impact of the broadcast on viewers. While people in large countries find it difficult enough to cope with such pictures, in smaller countries there is an added sense of vulnerability: "It could be me, there. I know the place, and the people. I am a potential target, and a near miss survivor."

Working with national and international television stations is very complicated, especially when the goals are to affect how they present a disaster and to get them to serve as a positive force in responding to a disaster. However, along with national and international television stations there are local radio and cable television stations that focus on local news and issues, and that are more sensitive and attentive to the needs of the local population. Given their investment in the community, these stations tend to restrict what they broadcast. Importantly, these stations can respond to local needs in times of emergency by providing specific information, answering questions from the public, interviewing local people and authority figures, serving as a focal point for information, increasing morale, and offering reassurance. However, local stations also are influenced by the model of the national and international stations, and they may act according to similar norms and procedures. (In the past, dismembered bodies were shown live on local television and horrific pictures were broadcast unedited.)

To help local media present news in a way that facilitates responding to a disaster, the Emergency Behaviour Officer advises on wording and programming, helps presenters prepare their performance, and assists on-air personnel in circumstances when terrible news is first disclosed (Lahad, 1996). The main functions of the consultant to a local television or radio station are to train personnel to: (a) use different ways of broadcasting during the different phases of a disaster (e.g., live interviews, information slides, pre-prepared films, programs, activities, and quizzes); (b) build programs for different target audiences (e.g., children, adolescents, adults, immigrants) according to the time of day; (c) use the open studio as a source of reassurance, morale, and information; (d) monitor verbal and nonverbal communications and their influence on viewers; (e) focus on directions and information, rather than giving interpretations and commentary; and (f) balance the harsh news with an understanding of viewers' ability to cope. Also, the consultant provides staff members with information on public reactions to stressful events, how victims and their relatives are likely to think and feel after a disaster, and how people with different developmental needs and ages comprehend messages. The Emergency Behaviour Officer, as a consultant and advisor, does not have any control or powers of censorship.

Over the past 5 years the Community Stress Prevention Centre has studied the use of local stations in helping the local population cope with critical

incidents. The main finding is that when properly prepared, and when the staff accept the norms of *community* television, the impact on the local audience is significant: local people feel updated, cared for, and that their needs are being met. The issues surrounding how the media report a disaster need further investigation and development, especially when dealing with national and international media.

### **Helping the Helpers**

Helpers are not invulnerable. Evidence indicates that they are affected by their close work with disaster victims and their relatives, and that they are prone to “compassion fatigue” (Figley, 1995). This may be a more common problem in Israel than elsewhere because, in many cases, helpers themselves are in the “near miss” category when incidents occur. Even when helpers are not in the vicinity of the incident, because Israel is a small country, helpers are likely to know some of the victims directly or indirectly through relatives, colleagues, or acquaintances. When incidents happen in very famous and central places the familiarity of the place makes the tragedy extremely vivid to many people.

Psychosocial work and rescue operations go on simultaneously; however, because psychosocial workers are not trained to work in the vicinity of disasters while rescue operations are in progress, the Community Stress Prevention Centre developed a set of procedures and activities to use before, during, and after a disaster to support the helpers. Advising local authorities and heads of psychosocial teams to take protective measures for their staff enables them to maintain long-term services to the public and preserves the mental well-being of their employees. A major part of the procedures is Critical Incident Stress Debriefing (Mitchell, 1983), adapted to Israeli conditions (Lahad & Cohen, 1997), together with specific training on how to work in a disaster situation (e.g., methods for organising shifts, and ways of getting into and out of a scene). At the same time, activities to promote creativity and relaxation are combined, and group support and team building are enhanced. Today, Community Stress Prevention Centre methods of helping the helpers are used by the Israeli Police Force, hospital personnel, local authority psychosocial and crisis intervention teams, and the Israeli Home Front.

An unique opportunity to expand on the procedures and activities designed to help the helpers was afforded the Community Stress Prevention Centre in 1993 when UNICEF asked the centre to plan and conduct a course for professionals from the countries of former Yugoslavia (Ayalon & Lahad, 1996; Gal, Ayalon, & Lahad, 1995; Gal & Lahad, 1996). All of the professionals themselves were distressed, fatigued, and heavily traumatised. All had been subjected to the war atrocities, the loss of friends and family members, and the destruction of homes and work places but nonetheless still were trying to work with and for the population of all these countries, particularly the children.

The course, using the BASIC Ph as a central model for coping and regaining resiliency, included art and bibliotherapy, puppet therapy, drama therapy, and music therapy to elicit a variety of expressions of the trauma. Cognitive aspects of coping, problem solving, conflict resolution, and planning also were part of

the project, along with social support, sociodrama, group debriefing, and physical activities. Values clarification was introduced as a way to regain inner conviction and meaning. Course participants learned many ways to cope and to continue their journey from hurt to healing.

Two weeks of intensive workshops were held twice, the first for Croatians and Bosnians and the second for Serbs, Montenegrans and Macedonians, followed by continuous workshops in their own countries (Lahad, 1994; Shacham & Niv, 1994) and a joint workshop for all former Yugoslavia countries in 1995 (Ayalon & Lahad, 1996). One of the workshop outcomes was the development of local projects for children, families, and schools (Ayalon, Lahad, & Cohen, 1998). Many of the projects use BASIC Ph as either their model for planning and/or as their tool for assessing and developing coping skills.

### **Conclusions**

The major lesson learned by Community Stress Prevention Centre personnel after two decades of work with individuals, groups, and communities is that with help, communities can develop resiliency and the ability to cope with terrible events and their long-term effects. The Community Stress Prevention Centre model stresses the need to identify, activate, and work toward integration of all the forces in society to enable the process of coping to reverberate in all the circles of vulnerability. Combined efforts of local authorities, community services, community workers, volunteers, education systems, and the family are part of a long process, but one with quite promising results.

## **CRITICAL INCIDENT STRESS DEBRIEFING, THE ISRAELI EXPERIENCE**

Mooli Lahad\* & Alan Cohen\*

Critical Incident Stress Debriefing, (CISD) (Mitchell, 1983a) represents a structured posttrauma group intervention explicitly designed for the mitigation of posttraumatic stress. Although initially developed for use with emergency service personnel, its applications have proliferated (Mitchell 1986; Curtis, 1995; Talbot, 1990; Spitzer, 1993). The primary goals of CISD are to mitigate potentially pathogenic arousal and to assist the individual in re-establishing psychological and physiological homeostasis as rapidly as possible. CISD also serves as an effective screening or follow-up mechanism for the early identification of individuals who may require more intense or focused mental health intervention after a traumatic critical incident. The formal CISD process consists of seven stages or phases; introduction phase, fact phase, thought phase, reaction phase, symptom phase, teaching phase and re-entry phase (Mitchell 1983b). The particular circumstances of critical incidents in Israel has led to the adaptation of the original model. These changes are very relevant to the Israeli experience and we will discuss them together with the alterations we have made to meet the needs of different groups. The current article is a summary of our accumulated field experience which we hope to analyse further in the future. We feel that our current, reported changes are relevant for almost all CISD sessions and could be beneficial to some degree in existing CISD formats.

During the last 10 years, and more intensively following the 1996 bus explosions in Jerusalem and Tel Aviv, we have been administering CISD quite extensively with victims as well as helpers. The National Insurance Institute (NII) plays a major part in Israel in organising help for the victims of terror and through the NII the CSPC has worked with the victims of the explosions in the Dizengoff Shopping Mall in Tel Aviv, and the Ben Yehuda Pedestrian Precinct in Jerusalem and with the psychosocial teams (first aid, fire brigade social workers) who dealt with the suicide bombings in Machane Yehuda Market in Jerusalem and the Apropos Cafe in Tel Aviv (all during 1996-7).

Following the assassination of the late Prime Minister Yitschak Rabin in 1995, the CSPC team used CISD with many groups, especially within the education system, as the intensity of the event sent waves of shock throughout Israeli society and beyond. Furthermore, CISD was used by the team within the

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\* Community Stress Prevention Centre, Tel Hai College, Israel

village Shear Yeshuv, where two army helicopters crashed, killing 73 soldiers outright. Generally speaking, the feedback that was received from both the practitioners and the participants indicate positive outcomes in the expected direction mentioned by Mitchell (1983a). However, we have adjusted our CISD protocol to local needs and have added items that are mentioned in Mitchell and Everly (1993;1996) as well as our own amendments or additions to meet our clients needs. We believe that these changes have made the CISD more influential. Those amendments which we will discuss in this article are now part of the Israeli protocol of CISD administration and are described below:

### **Participants**

The original CISD procedure insisted that people who were not present at the event should not take part in the session. While accepting this principle, we found that for some people (especially in the case of disaster striking a group of strangers) it is very hard to be by themselves. For that reason we allow victims to bring with them one person who they feel is most needed next to them. The accompanying person does not take part in the CISD. He/she sits behind the victim, listens and supports, but does not participate. The group's confidentiality contract must include that person. We found that the participation of this auxiliary person enables the following advantages:

1. There is someone in the victim's immediate life (family) that knows first hand what s/he has been through.
2. The auxiliary can become a source of support from a non-judgmental point of view.
3. Through listening to the "re-entry" phase and to the possible developments, the auxiliary becomes aware of possible developments and then can "normalise" the symptoms or serve as a reminder to the victim what was said in the group.
4. The auxiliary can also serve as a monitor with regard to deterioration in the victim's condition and can refer him/her to further support or therapy.

### **The Structure**

We have found that the structure of session in phases (the seven stages outlined by Mitchell (1983b) and rounds (letting each person talk in turn) may be problematic, with some groups, especially teenagers, finding it difficult to wait their turn to talk. In order to minimise this tension, we ask in each phase (after explaining once more the topic of that round) if anyone would particularly like to begin. This way, the order of speaking changes from round to round. Thus participants are given some sense of control and a feeling of partnership with the facilitator. If however, no-one volunteers to start, the original structure of set order can be used.

**Combined Phases**

We have found that in the case of children and adolescents in particular, it is difficult for them to differentiate between feelings and thoughts, or feelings and symptoms. For them the standard CISD process is too long. That is why we generally tend to combine the thoughts and feelings phase when we feel that the group's level of concentration or fatigue calls for a shortening of the process.

**CISD with Children**

Our experience showed that the CISD is applicable to children as young as 6-7 years of age. However, as mentioned above, the procedure should be shortened; their level of comprehension of terms like "symptoms" and their difficulty in identifying feelings and sensations should be taken into consideration (O'Hara, 1994). In order to facilitate CISD with very young children we use puppets to interview them. The child chooses his/her own puppet to represent them and sometimes the puppets can be used to tell an imaginary story, connected in some subtle way to reality. With the above mentioned reservations the regular CISD phases are followed.

**When to do Debriefing**

Mitchell (1983a) recommended the operation of the PIE principle (Proximity, Immediacy, Expectations), in other words, in the early stages following the incident. Again, we agree with this, if we are talking about the helpers. However, when applying CISD to victims, we fully support Mitchell's (1983a) recommendation that we wait 24-48 hours before the meeting. We found that when victims are still bewildered or in shock, they benefit less from immediate, on-the-spot CISD. When it was administered 24-48 hours later, the CISD had a much greater impact.

**Number of Sessions**

We highly agree with Mitchell's (1983a) and Everly and Mitchell's (1997) suggestion that more than one CISD meeting is necessary due to the fact that it was problematic to leave troublesome issues without relating to them further. Our experience with both helpers and victims is that a second meeting with the same structure, some 2-3 weeks later, is highly recommended and useful. We have used it both with the bus bombing survivors and with the psychosocial team that helped them. The psychosocial team reported that only in the second debriefing session could they really get in touch with most of their experience and process it more fully. The results showed that many issues, memories, thoughts and symptoms that were not mentioned and processed previously tend to arise and it is reported that a second meeting is very helpful to the victims. This meeting is not compulsory and anyone of the former participants can return and also people who were not present at the first meeting can attend. The second meeting is an excellent means of detecting persistent or deteriorating symptoms on the one hand, and as a source of support for the participant to note positive changes that have occurred, on the other.

**The Message**

Taking into account the state of mind of the victims (and the helpers) and their openness to suggestions, messages and support from the outside world, we have realised that repeating the story traumatic incident in its various stages over and over again, with its morbid, horrific and devastating details, one might enter a semi-hypnotic state and conclude that what he has been through, was indeed a disaster, a catastrophe and things are only going to get worse. The original CISD devotes only one part of the procedure, the teaching phase, to checking what has actually helped. We have found that in order to counter somewhat the accumulation of the disastrous message, this should be a distinct phase concentrating on coping. In this case, we follow Mitchell and Everly's (1996) emphasis on the teaching phase and extend it. We encourage every member to think of anything that they did that helped, even slightly. Using our integrative model of coping, BASIC Ph, (Lahad & Cohen 1997) we then summarise all the six different coping channels available to us when mitigating a critical incident, thus giving reinforcement to existing positive behaviour and offering new options to the participants.

Only then, do we move on to phase 6, the teaching phase. Similar to phase one, the self-introduction, which relates how the person was connected to the event, we try very hard to make sure everyone says at least something, even if it is only a statement such as, "I keep on moving quickly all the time" and then we rephrase this as, "You still need physical activity and that's how you cope". In BASIC Ph terms, this is "Ph".

**Facilitation Training**

The literature is full of criticism regarding the level of the facilitators and the amount of time allocated to their training. We are of the opinion (having trained hundreds of professionals and para-professionals in CISD) that despite the fact that CISD is easy to understand and administer, it needs a distinct training period.

Our experience is that it entails 1.5 - 2 hours of explanation of the rationale and a further 2 hours of experiencing simulated CISD, then 3 further hours of guided facilitation, supervised by the trainers, including feedback from the group and the trainers.

It is beneficial to work with video tapes of CISD taken from real situations. We also found it important before the simulation session to check whether any of the participants have recently undergone bereavement or any other personal crisis (Hodgkinson & Stewart, 1991). If this is the case, we advise them not to take part in the training until they have discussed this privately with the trainer.

**Conclusions**

Following all the above mentioned amendments and adjustments, we are now extremely satisfied with both the procedure and the results. We recommend that a research of these alterations be conducted in order to assess their full impact.

## EMDR IN HOSPITAL INTERVENTION

Alan Cohen\* & Mooli Lahad\*

### Introduction

The therapeutic effectiveness of EMDR has been well documented since 1989 (Shapiro, 1989, Lahad & Cohen, 1993,) but the technique is far from reaching its optimal utilisation in the clinical and psychological world. I wish to present a case in which the improvement on the part of the patient was rapid, possibly even astounding to those who are unfamiliar with EMDR. The implications of this treatment for me, however, were much further reaching. Many of the points outlined in theoretical training sessions were brought home most strongly and many more priceless pieces of advice for people who wish to be of assistance to someone who has been involved in a traumatic incident were made so clearly apparent.

One of the major achievements of EMDR is that it allows the patient to make his own connections regarding events in his life. These intervention sessions allowed me to experience this at first hand and realise the importance of many simple rules when in contact with the trauma victim. I will not repeat the description of the EMDR procedure, it can be found best described in Shapiro's (1995) definitive Eye Movement Desensitisation and Reprocessing, I will simply reiterate one of the major points that I stress to people beginning a session. I explain that sometimes, traumatic memories are, as it were, locked in a particular place in the brain and make no connections with other parts of the brain, be they feelings, information or pictures. Indeed, irrational thoughts and feelings can often coexist quite happily with hard facts to the contrary. The process that we are about to embark upon will allow the growth of new pathways and enable some kind of information filing process to take place, such that the irrational thoughts and feelings will be integrated into a much larger system - the patient's brain. Whatever else happens depends entirely upon the individual. Having given the patient a brief explanation, we started the process.

### The Case

Mike's (a pseudonym) story is an epic in itself worthy of a main feature in the "Readers Digest". I spent over an hour listening to a painstaking reconstruction of the events, which I will briefly relate. I was greeted by a well-built man lying in his hospital bed with clear evidence of serious operations on both legs. A strong handshake belied the complex feelings behind the gesture. Mike informed me that he was well ready for psychological help as it was over

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\* Community Stress Prevention Centre, Tel Hai College, Israel

five weeks since his accident. In one of his opening statements he described himself as a “broken vessel”.

Mike, 46 year old kibbutznik, married with three children had just finished a long and tiring term of office in a responsible job. At last free of these responsibilities, he decided to indulge himself in a short trip to a wild area of his kibbutz, in order to take a young raven from its nest for his son. These, he told me, can be trained to talk very easily. He had previously observed a nest high up in a eucalyptus tree in a particularly inaccessible area, some 60 yards from the nearest pathway, across brambles and thickets.

Clambering up the tree, at a height of about 12 metres he was level with the nest when he caught sight of a viper in an “S” position ready to bite. Of this he had no doubt. The next thing he knew was that he was in the brambles in a ditch at the foot of the tree, with searing pains in both legs. With calm and cool precision he remembered his army training and checked the rest of his body for breaks and bleeding. His arms, face and back were seemingly intact. Mike made splints for his legs from surrounding twigs. He quickly came to the decision that if he were to stay where he was, no-one would ever find him and he would certainly die. The time was 14:07, the path was some 60 yards away across rough brambles and thickets, he decided that he must be found before nightfall, about five hours later, if he were to survive. Thus began a gruelling and bitterly painful crawl towards the path using arms and teeth to pull himself inch by inch. About two hours later, almost at the path, he fell on his back into a shallow ditch, maybe only two feet deep, but he was completely covered by brambles. No amount of effort could free him. He prayed, made vows, shouted, cursed and finally gave up and decided to wait in the hope someone would come near. Mike floated in and out of consciousness, constantly aware of the searing pain and a strong but impossible urge to urinate.

One of his cries for help reminded him of the biblical story of Joshua who commanded the sun to stand still in Givon so that he could complete his mission. Mike’s prayers, however, went unanswered and the sun continued to move. At about 18:00 Mike gave up all hope of being found. At night he knew he would die. Pictures of his funeral procession passed before his eyes. He found a pencil and scribbled a note to his family on a scrap of paper, “I did not commit suicide, I fell”. With seeping strength he waited for the end. As it was getting dark he heard voices approaching. Now, his own voice failed him. They saw his moped and started their search in earnest. Mike managed to put a piece of cloth on a twig and raise it above the brambles. His brother caught sight of it and was with him in an instant.

It was obvious that the three people with him could not even begin to move him so help was quickly sought. The kibbutz doctor was soon on the scene and he received all the details from Mike who had regained some use of his voice. Mike pleaded for painkillers but the doctor told him that he needed every piece of information in order to help him. It took another hour to get 10 strong people to extricate Mike painfully from the ditch and on to a stretcher. The journey to the first aid station was in excruciating agony. The x-rays and continuation of the journey to the local hospital were similarly painful. He was operated upon for several hours that night.

The telling of the story was accompanied by much sobbing, at times it was very difficult for him to continue. Mike explained that he was subject to constant swings in mood, crying at many thoughts or even at the sight of his son when he came to visit. The best advice people could give him was “be a man”, or “pull yourself together”. In a moment of particular anguish, he cried out “I don’t want to keep on living like this”. This was taken to be a death wish and Mike was placed on anti-depressant drugs by the psychiatrist. Mike expressed a great fear of the outside world, even to the extent that he could not stand to have the bars on the side of his bed lowered. Each physiotherapy session was a major struggle. He could not stand physical contact of any sort, even though it was only his legs now that were giving him pain.

This was the starting point for the intervention.. We started the actual procedure by establishing a “safe place” somewhere where he could retreat to in his mind to find comfort, if need be for future use. I asked him which particular thought or memory he would like to start off with and Mike suggested that he would like to deal with the fear of the outside world.

### **The Funeral**

Then, when I requested that he take a picture which summarises this fear, he immediately started to recount the sequence of his own funeral procession. Whilst making him do the Eye Movements (EM), he described in great detail, and through heavy sobs, the funeral, who was there, how it proceeded. (Mike had been responsible for burials on the kibbutz for many years). At a certain point, Mike stopped and said “It finishes here”. “Carry on, I said” motioning him to continue EM. He carried on and the end of the next series he said, “That’s odd, in my thoughts, I always get to a particular point and return to the beginning. They don’t actually bury me”. “Where are you?” I ask, starting another series of EM. “I’m at the side watching”. Then a smile appears on his face - “How did I get there? It’s not my funeral”. Then in a cheerful tone he asks “Why isn’t my son crying? Up to this moment it has bothered me terribly that he didn’t cry at my funeral, now it’s merely a curiosity”. I told him that he should think about it later, but suggested that sometimes, people’s emotions are so high that they cannot even cry. This sequence started out at a level of 10/10 subjective units of discomfort, (SUDs). Ten minutes later, we were at 1.

### **Sun at Kibbutz, Stand Still.**

The next scene was a return to the ditch where he lay, at first awaiting rescue, and then expecting death. Mike starts the description, very quickly assuming a more childish tone of voice and soon the tears are flowing. He tells me after each series of EM, how he reached the ditch after an excruciating inch by inch crawl and then struggled to get out. He relived the vows, curses, shouts and in particular, the prayers (Mike even sang for me a choral rendition of “From the depths I called unto thee my Lord” that he sang in the ditch). At the end of the part (followed by more EM) where he retold how he prayed for the sun to stand in its tracks, and how he felt deserted by God when this did not happen I asked him, “Did God answer your prayers?” “Then or now”, he asked? “Think about it”, I said and began another series of EM. The smile returned immediately after

the EM and he said (once again, in a changed tone), “Then, I thought not, but now, definitely, yes”.

From a starting SUDs of 9, we were down to 0 - the return to the original picture caused him no discomfort.

### **I Can't Stand it when Someone Touches Me**

Now, over five weeks after the accident, Mike was still extremely sensitive about being touched. He admitted that even the strong handshake he gave me when we met caused him discomfort. He had good reason to keep people away from his legs, they were still extremely sensitive, but it bothered him that any other form of physical contact caused him anxiety. Admittedly, things were not as bad as they were, but it was still disturbing. (5 on the SUDs scale.) The presenting picture accompanying the unpleasant sensation of being touched was the rescue stage, the extrication from the ditch. Once again, with EM we went through that part of the incident. He recounted, in between EM series, how painful this stage was, and how ever well-intentioned people were, they hurt him a lot. “They didn't understand that even the sheets have weight”. Every time someone just picked up the sheet to look, it caused intense agony. Every bump in the way was anticipated by shouts and groans, the ride to the hospital after the initial treatment at the first aid station was no better. His wife sat next to him in the ambulance caressing him. Even this caused agony, but he could not tell her this, she only wanted to comfort him. I reinforced how important it was that he continue to guard his legs, but notice how the pain in the rest of his body had stopped. The connection that Mike made between not being able to tell his loved one how much it hurt then, and how he did not like to be touched now seemed to bring relief. Indeed, on return to the original picture, there was now no discomfort. To check this out, I firmly shook his hand - Mike reported no unpleasant sensation this time!

Two and a quarter hours after our initial meeting, I drew the session to a close. I reminded Mike about his safe place, somewhere to go when he felt distressed and at his request made another appointment for two days later.

### **Meeting Number Two**

We began with an update on the changes that had taken place over the last two days. Friends had reported that he sounded different, more cheerful on the telephone. Visitors said he looked different, “a special kind of light in his eyes”. Mike himself said that he felt “Terribly well”. He had stopped being afraid of the outside world, he had cooperated with the physiotherapist when it was time for his treatment, previously he had resisted. Note that we had not worked explicitly on this scenario of the fear of the outside. Mike had been able to have an injection “without hysterics”, and possibly, most notably, there had been a sharp reduction in the number of times that he had burst into tears. He was able to look at his son without crying (and wondering why the son did not cry at his funeral).

Mike remembered that a religious friend had recently come to visit him and had tried to talk to him about the “Hidden ways of the Lord” but his comments had not “gone along the right channels”. I repeat this comment verbatim because

I see the importance of “the right channels”, and even more so, the importance of having the patient himself forge and navigate these channels.

### **Mike Sees himself Lying in a Ditch**

The first issue we dealt with in the second session was a picture which had been appearing over the past few days and causing great discomfort (7 on the SUDs scale). Mike could see himself (the whole picture was a shade of blue) lying on his back in the ditch, a metre from the path and covered by brambles. The physical sensation accompanying the picture was one of nausea, loss of appetite and uneasiness. The negative statement accompanying the picture was, “I don’t have the strength to save myself”. Mike once more slipped easily into the childish tone of voice and heavy sobs. Once into the EM Mike connected the picture with the “encouragement” he was receiving from friends and family in the more difficult stages; namely, “Be a man”, “Pull yourself together”. Mike understood the implications behind this advice, - you are not a man, you are not coping. Then followed a change to an assertive tone and a smile, “Well done Mike for getting that far, look what you accomplished!” He then went on to say that that attitude, of always looking at his shortcomings instead of his successes had often been typical of him. If two hundred kibbutz members were in favour of his proposal and six were against, it would be the six that worried him, not the two hundred that gave him encouragement. Then came a positive decision to see the optimistic side of the situation - “I saved my life and acted with courage”. Interestingly enough Mike made another connection. He remembered lying in the ditch cursing his “fat body” unable to pull himself an inch further. This, he surmised was why during the first few days when he was able to eat in hospital, he still ate sparingly and why the thought of lying in the ditch affected his stomach.

For the purposes of the work, it really does not matter if these connections are true, what is important, is the fact that they are generated by the patient and he sees them as meaningful.

### **The Fear of Anything out of the Ordinary**

Mike then carried on to the next thing that was disturbing him, the fear that any time there was a slight change in his temperature or blood pressure, something terrible was wrong. There was no associated picture, just a physical sensation of tension all over his body. The negative thought accompanying the situation was, “There is an infection, it will hurt”, his positive cognition was, “This is just the body’s way of looking after itself”. Another very strong association was the word, “Pus”, the discomfort felt was extreme. I simply requested that he prepare a television screening with fuzzy reception awaiting a picture, and concentrate on the word and the physical sensation. One set of EM and the tears flowed quickly and heavily. Between sobs, he said that there was a picture now. Nevertheless, I asked Mike to observe the picture and continue to do the EM. Once the sobbing had subsided and Mike was composed once more, I asked him to tell me what he had experienced.

The picture was one of intense humiliation. Soon after the operations on his legs Mike started physiotherapy. After two days Mike complained of pains in his

knee. He was told the staff that they would go. The pains worsened. The staff then told him he was “Just looking for attention”. With relatives and friends around him day and night, nothing could be further from the truth and more hurtful. They did not believe him and furthermore, he was told to learn to suffer and be a man - blow after blow! After four days of pain, in the early hours of the morning the wound on his knee burst and out poured half a litre of pus. Then the staff reluctantly acknowledged that his complaints were legitimate. But, apologies did not help at this stage. Continuing the EM, Mike came to the conclusion that people probably meant well, but had no idea what to do. Once reconciled with this thought, the memory of the pain had gone down to 0.5, the memory of the humiliation was still quite painful (4), but he felt he could deal with it. We reinforced the fact that he was in no way to blame for this episode. At this point the time had run out for this session. Mike assured me that he used his “safe place” whenever he felt the need and he would look out for other situations and thoughts which caused him sudden and sharp changes in mood. Mike also made a point that he would ask the psychiatrist to take him off the anti-depressant medication prescribed.

### **The Third Meeting**

I was greeted at the start of the third meeting by a smiling Mike reporting that there was further significant improvement. Very interestingly, he noted that he had started to notice colours, how green the trees were, and smells, that previously he had paid no attention to. In general conversation Mike remarked that he was still concerned every time he went outside in a wheelchair in case someone should get too close to his legs. This appeared to me to be a rational enough worry, even if this was taken to an extreme extent (such as insisting that double doors be open whenever possible). Mike told me that he occasionally woke up after a nightmare, but he did not recall the dream and he had little trouble in falling asleep again. The frightening day-dreams had disappeared altogether and he was no longer afraid of taking a nap during the daytime.

### **Fear of the Fear**

In reply to my question, “What still disturbs you?” he said, “Once I was afraid of night time, I needed a light next to me all the time and if I woke up, people told me it was nearly morning, regardless of the actual time. Now what bothers me is the memory of that fear. Nights themselves do not bother me”. I requested that he concentrate on that thought and started EM. Tears began to flow. Two strong physical sensations were identified, nausea and tension all over his body. The picture which quickly became clearer was one of awakening after an operation with a total sense of disorientation and amnesia, not remembering who or where he was. This disorientation was to follow on future nights. Sometimes he was treated in full seriousness by a friend slowly and patiently answering all of Mike’s questions, other times someone else would try and make light of the situation and chuckle. Now Mike understood that this had offended him deeply, even though he could see now that they meant no harm.

He also noted that too much information was also deleterious (interestingly replicating Janis’ 1967 findings regarding the optimum amount of information

hospitalised people should have). This series of EM brought relief to Mike's physical sensations regarding the memory. Mike then proceeded to tell me about his new daily timetable which he had drawn up at his own initiative. People had tried before to organise him, but nothing came of it until he decided that it was time for a timetable. Now the days had structure and Mike felt that he could tolerate the hospital for as long as was necessary to recover. Previously, he counted the minutes and every unexpected change was viewed as a serious setback. On that positive note, the third session came to a close.

### **Concluding Remarks**

I view the procedure over these three meetings as one which enables the patient to make connections and put some order into the traumatic experiences. I must emphasise the instructions at the EMDR seminar, "if things start to move, get out of the way, but be there to guide the movement in the right direction". This seems to be what happened. Traumatic memories were put in a larger context and conclusions were drawn. What is important here is not whether these conclusions are valid or universally true, they just need to fit for the patient.

The conclusions for the orthodox medical establishment are quite pointed. Appropriate and timely use of this method could save great suffering, could speed up many therapeutic procedures (physiotherapy, occupational therapy etc.) and save money in the prescription of costly psychiatric drugs. The real mission ahead is to bring these findings to the health system and increase medical awareness of the method and its uses. Furthermore, I would like to stress the importance of having all hospital staff aware of their own individual role in the psychological rehabilitation of their patients.

EMDR was used in these circumstances as an intervention tool, rather than constituting long-term therapy. If longer-term aspects were to be considered, such as the reintegration of the patient into his family and coming to terms with (hopefully temporary) disabilities, a slightly different therapeutic approach would have to be taken.

Conclusions for friends and family of the patient are equally far-reaching. What one should and should not say to the patient is vital in all stages of trauma and recovery. Even talking the "same language" as the patient is very important if connection is to be made and full psychological recuperation is to be brought about.

## **PSYCHOSOCIAL REHABILITATION OF CHILDREN FROM WAR-TORN AREAS OF BOSNIA**

Nila Kapor-Stanulovic\*

### **“Children in Need Project” General Framework**

The project “Children in need” was launched in 1993 at the Children’s Department of the Igalo Rehabilitation Institute, Yugoslavia, with the financial help of the Norwegian Red Cross. Over 2,500 children have benefited from this project so far. The main idea for starting this project was to offer medical treatment and physical rehabilitation to the children who had been injured or became severely sick during the war in Bosnia-Herzegovina. As all the children suffered from psychological effects of being exposed to war events, UNICEF helped to initiate specifically designed program for psychosocial rehabilitation that became an integral part of the project Children in Need. The programme for psychosocial rehabilitation has become a unique set of interventions tailored to suit the specific features of the project, its patients and its staff and consisted of group and individual treatments .

After having been identified by regional teams in Bosnia Herzegovina to be eligible for a treatment in Igalo Rehabilitation Centre in Montenegro, Yugoslavia, each child and his family receive a thorough briefing about the prospective treatment. This procedure of anticipatory guidance for the forthcoming potentially stressful experience has proven to be very beneficial. It speeds up the adaptation process that takes place after the arrival of the groups, as well as in diminishes the problems of adaptation. Children arrive in Igalo in groups, each shift lasts four weeks. The number of children in each shift ranges between 80-100 children, In each shift 20-30 children who are very young or severely handicapped are accompanied by an adult, most often their mother.

The programme of physical rehabilitation is adjusted to each child physical needs and problems. The programme for psychosocial rehabilitation consists of group and individual treatment session. All children nine years and older receive eight group therapy sessions (standardised according to content and sequence). The content of the sessions is based to a large degree on the use of the metaphor and bibliotherapy as conceptualised by the Israeli psychologists (UKJAID, JDC , UNICEF, 1994). Group sessions are conducted by trained psychologists.

Following is a brief outline of the group sessions content and aims:

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\* Professor of Psychology, Novi Sad Univ. Serbia, Yugoslavia, Chief Psychologist UNICEF Belgrade

**Group session no. 1: Introduction**

Aims:

- Introductions by the participants and the group leader;
- Integration of the group; getting to know each other.
- Getting to know group work rules;

**Group session no.2: Dealing with separation**

Aims:

- Articulating feelings and problems in relation to separation.
- Getting feedback from the group on “shared fate”.
- Hearing and learning coping strategies from each other

**Group session no.3: Debriefing**

Aims:

- Expressing and sharing personal traumatic experiences with the group.

**Group session no. 4: Finding sense in chaos**

Aims:

- Searching for sense in experiences of chaos and confusion
- Learning to structure chaos
- Structuring the unknown

**Group session no. 5: Loss and bereavement**

Aims:

- Helping in overcoming present or impending loss and bereavement
- Better understanding of coping with death

**Group session no. 6. Vocabulary of feelings**

Aims :

- Helping to articulate feelings for those who are highly traumatised and have problems in expressing feelings directly

**Group session no. 7: The story about light**

Aims:

- Overcoming despair and depression
- Establishing inner locus of control
- Recognising one’s own strength & coping strategies

**Group session no. 8: Endings**

Aims

- Help in separation from this phase in life and preparation for the next
- Establishing time boundaries

Children younger than 9 (5-9 years of age) are divided in two subgroups and have similar group sessions as the older children, but the content and style of group work is adjusted to their age, cognitive and emotional capabilities. There

was much more emphasis on teaching the young children to differentiate among the various emotions, and training in verbalisation and ventilation of emotions. The children who show a more severe degree of traumatisation receive, in addition to the group session work, individual psychological treatment, mostly by method of posttrauma intervention (Pynoos, Spencer, 1986). Parents who accompany their severely handicapped children or children below the age of three are provided with group support sessions once a week, the aim of which is to mobilise their personal strength to help their own children better.

As there was a shortage of trained psychologists throughout the whole duration of the project, and the ratio of child to adult professional was very unfavourable, a decision was made to include the activity leaders into the programme of psychosocial rehabilitation. They had to be offered extra training and continuous supervision. Reliance on non-professionals in provision of psychological support has been questioned on many occasions. However, in times of massive disturbances, such as war and environmental disasters, when the number of people in need of support exceeds by far the number of available professionals who might provide help, this dilemma is easily resolved. It has already been proven that crisis intervention and psychological first aid interventions do not require high levels of professional competence. Given appropriate training, adequate monitoring and supervision, and coupled with high enthusiasm and empathy, para-professionals are capable of providing highly valuable assistance to the people in crisis (Pynoos, Nader, 1998; Kapor-Stanulovic, 1994).

What emerged from all the activities that have been described so far is a programme for psychosocial rehabilitation that provides a fully comprehensive and holistic rehabilitation to war traumatised children. Every attempt to evaluate the effects of psychosocial interventions is bound with many difficulties. This project is one of very few such attempts. The evaluation of the Children in Need project was performed at the end of 1996, using the battery of instruments for the assessment of psychological state of the children and comparing pre- and post- intervention measurement results. It revealed that the project has been highly effective in diminishing adverse consequences of traumatic experiences in children treated. (Kapor-Stanulovic, 1996).

## THEIR POINT OF VIEW

Marija Zotovic\*

During their four-week stay in the “Igalo” Institute children took part in eight group sessions. The author of this text was able to attend these group sessions as leader or co-leader during several stays at the Institute. Within this kind of work with children, naturally, the question arises how they experienced each session: which they preferred most, which least and why, and what they feel they gained from the psycho-social programme. In the following pages we attempt to answer these questions.

The data used here was gained over a period of six months in 1997 (March to August), but the author experienced that there are no important differences from the previous years of work. Children between nine and 18 years were questioned.

The children’s evaluation of the sessions was acquired by a simple method: At the end of their one-month stay in the “Igalo” Institute they were asked to write down on a piece of paper which session they preferred most and which least. The questioning was anonymous. At the end of the questioning it was counted how many times a session was named most preferred and how many times least. Concerning the question what the children think they gained from the workshops, an analysis of the children’s answers was carried out.

### **The Most Preferred Group Session**

Almost half of the children questioned agreed in the rating of the session they preferred most. This was the session “Soul Bird”. In this session a metaphor is used. The group-leader tells the children the story about a bird named “Soul Bird” which lives in each of us. It consists of drawers in which different feelings are hidden. After that the children are given pieces of paper on which the “Soul Bird” is drawn. They are then told to add their own drawers, i.e. their own feelings into the drawing. After this they talk about what they drew.

The goal of this session is to help them recognise different feelings; connect emotional experience with verbal expression (widening their vocabulary) and by that enrich the emotional sphere of the personality (by connecting it with the cognition).

All children, independent of their age, listened to this story with great interest. For many it seemed like a fascinating idea that inside themselves there

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\* Department of Psychology Faculty of Philosophy, University of Novi Sad, Serbia

## THEIR POINT OF VIEW

was this precious “Soul Bird”, full of feelings, a bird reacting to everything that happens to them.

As interesting as it is by itself, the “Soul Bird” serves as a stimulus for talking about their emotional experiences. This way that part of their vocabulary can be enriched. In this session the children learn new words with which their feelings can be expressed or already existing words are explained and enriched by new meanings. This way the words, or rather meanings, are linked to concrete experience and become an instrument for description of and, to certain extent, for control over children’s emotional life.

Working with feelings through the tale of the “Soul Bird” offers another interesting aspect. It includes the idea that emotions are the subjective relation of an individual person toward reality, i.e. that emotions are not included in an event, but that they are connected to the event through the person experiencing it. This means that a person can react to an event with different emotions depending on how he perceives the given event and which of its aspects he takes into account. Further, emotional reactions provoke diverse possible behaviours that are also not included in events in an objective reality, but dependent on psychological processes, of which emotions are an important part.

Except for the above listed there is one more potential advantage for the children, who attended the session described here. This is the insight that their emotional experience is in some aspects very similar to the experience of other children whereas in other aspects it may be idiosyncratic.

The session named “most preferred session” by a somewhat smaller number of children is the session “The Tale of the Light”.

This Tale is a story about hope. It can serve for a diagnostic and for a therapeutic purpose. As a diagnostic method it can help in uncovering the children with feelings of helplessness and lacking trust in the future. It can also offer data on their locus control and on their ability of facing and handling stress and some other variables. As a therapeutic method it can help the children take over control over events and try finding an answer to the problems they are facing, by using a metaphor.

The story is about a forest (a world) in which the animals lived in complete darkness. They knew about the existence of light, longed for it, but did not know how and where to find it. One day, after long discussions among the animals a small animal got up and said: “I will go and find this light”. The children are now given the assignment to write their own ending to the story and share it with the group. In their stories they are supposed to answer the following questions: which is the animal, how old is it, why does it go search for the light, does it go alone or with anybody else, does it find obstacles on its way, how does it overcome this/these obstacle(s), what is the end of the story (does it find the light, is it an inner or outer light, does it share the light with the other animals or does it keep it for itself), whom would the child tell this story.

Jelena is a 17 year old girl from Bosnia-Herzegovina: Her mother died giving birth, so that she lived with her grandparents and her father. In the war she first

lost her father and soon after that her grandfather. Jelena stayed at the “Igalo” Institute in the program “Children in Need” in August 1997.

This is how Jelena finished the “Tale of the Light”, the story about hope:

“It (the animal) was a tiny turtle. All the other animals only laughed at its offer in disdain and shook their heads. “But I know where the light is”, the turtle answered with a thin but decisive voice. ‘How do you think you can find the light if other animals which are by far bigger, more courageous and faster than you did not succeed and returned exhausted and at the end of their strength?’ asked the mighty bear. ‘No, let it explain itself, it might really know where the light is!’ pleaded the rabbit. The other animals agreed to this even though they secretly negated and resisted the thought that the turtle may know where the light is. ‘It was in the time when our ancestors colonised the world. At the beginning all was a gigantic chaos and darkness. In that darkness the animals learned to make their living, and they also learned to live together, helping one another in tackling the problems and the evil they were confronted with. Out of this general striving for harmony and consent started giving birth to sounds, first quiet, then louder and louder until it reached the complete forest. One day, while all were trying to find out what this mysterious sound, that touched their hearts, was, a shadow showed up, all shining, frightening and gigantic in the power it carries inside and with which it raises the souls. The shadow said: “What you see, hear and feel is the light of your souls, and it will burn as long as you want it to, but take care the way to it is long and difficult and you will not reach it with force, courage or will. It must find its way to you. And so”, ended the turtle, “I know how to find it. I am indeed old and slow and it will take me some time to get there, but keep in mind what the shadow said.” After that, time went by, the trees put on their new dresses, but the turtle had not got back yet. The other animals had already lost their patience and thought the turtle had deceived them. But at that time the turtle had actually already begun its journey which led over the paths of its self. It was not alone, the others, too, were with it. Not consciously but subconsciously they opened the door to their souls in which the light had been deeply hidden, only waiting for the moment to flood them.

The first obstacle was their meanness and their unwillingness to help one another. Through its own example the turtle slowly found the keys to their lights. The way it went was long and exhausting, but it did not give up. It responded to all mockeries and offences with words that found the way to the hearts of the others. And slowly, very slowly, the other animals, touched by its behaviour, stopped offending the turtle and so it won its first battle. The next obstacle was the biggest and heaviest, rooting deep in the cells of their selves, fed by their animosity. But also this battle, much more difficult than the first one, went to the turtle after an exhausting and long journey, taking years and leading through heights and depths. For it thought them to respect one another while loving and respecting themselves, to understand the meaning of their existence, to keep away all evil from the community, which had darkened their sights for such a long time. This way, the turtle found the key to the light, which was the symbol of the good, through its sacrifices, efforts and, most important, the innocence of its soul.”

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The children very eagerly pick up the idea of finishing the “Tale of the Light”, think about hope and verbalise their thoughts and feelings. Once written, their words get a new dimension and meaning. Later on, they can be called into the children’s memories, evoking the magical experience of searching for a light in the darkness and serving as a spring of hope in overcoming obstacles that life carries in itself.

One child, who stayed at the “Igalo” Institute in the program “Children in Need” in August 1997 and went through set of eight group sessions, wrote in his judgement:

“I preferred the session “Tale of the Light” most, because it showed that someone small can reach a big goal; and we were able to day-dream a lot.”

The next group session that had somewhat smaller number of children’s nominations as the most preferred was the session “The Oak and the Leaf”.

The theme of this session is loss, anticipation of and confrontation with loss as one of the unavoidable events in the life of each human being.

The group leader tells the children a story about an oak on the branches of which there are only two more leaves left. The leaves feel their end coming soon. The children are told to write a letter, as one of the leaves would write it, to the tree trunk and to the other leaf, and after that to write an ending to the story.

The fact that the children listed this session as one of their favourites was a little surprising, considering the unpleasant emotions it can evoke. On the other hand this session uses a metaphor (one more in the set). Especially in this session, the use of a metaphor opens the possibility of letting the children go just as far as they wish to in working through their experiences and talking about different subjects. This may be the explanation for the high number of children who judged this session most preferred even though the themes this session is concerning can be very painful.

What these three most preferred sessions have in common is the use of bibliotherapy, i.e. literary texts and literary means of expression are used as easing and supporting factors in different ways of coping with stress. The judgement of the children show that bibliotherapy, especially working with metaphors, is near to and pleasant for the children. This fact may be important for everyone who works in the field of mental health developing programs for the improvement of psychological well-being of children (with any kinds of problems or with no problems at all).

The other five sessions (Introduction with a Form and a Colour, the Secure and the Insecure Place, Psychological Debriefing, Sense in the Senseless, Parting with Nice Messages) were named “session preferred most” very seldom.

### **The Least Preferred Group Session**

The session named “least preferred group session” most often was the session in which traumatic experiences are worked on. This session is based on the use of psychological debriefing as it is used in structured class-work in schools after sudden deaths or other traumatic events concerning a large number

of the students (Dyregrov, 1993, Dyregrov, 1994.). The modifications from the principles of such a type of intervention lie in the fact that it is held some time after a traumatic experience (several months to several years). Even though in some cases a very long period of time passed, a great number of the children never talked to anybody about how the traumatic event had happened and the feelings it had evoked. This is why it was decided to include the psychological debriefing in the psycho-social program. This decision has proved itself right because encouraging results could be found among a majority of the children, even in cases in which two years had passed since the traumatic event (Petrovic, 1996).

The main goal of this session is the prevention or reduction of undesirable psychological consequences of the traumatic event(s). This is reached by exhibiting the traumatic experience in front of others, on a cognitive and emotional level, with a cathartic effect (Mitchell, 1983). When a child talks about what happened to him, openly painful memories are worked on psychologically and fear, anxiety and pain are reduced. Aside from this, talking about painful themes in the group helps the child in not feeling alone in his pain. On the contrary, he can feel he is sharing his pain with the other children, especially children who also have similar experience.

The plan for this session includes the following elements in its structure: introduction; talking about the event itself, sensory impressions, thoughts, reactions; normalisation; ending. In the introduction the children are explained the goal and contents of this session and some of the most important rules of psychological debriefing. In the talk about the event itself, substantial information about the traumatic event is sought and the way the child found out about the event. In the next phases the children talk about different sensory impressions in all details, about the first thoughts they had, their first reactions to the event. In younger groups drawings or other means of expression are sometimes used in this phase. The children get encouragement to share their experiences. In the phase of normalisation similarities in the thoughts and reactions of the children are underlined and the fact is revealed that those are normal reactions after traumatic experience. In the ending phase everything that happened in the session is summarised.

The reasons why children would judge this session negatively are understandable: although it has been showed that healing effects do exist, the calling to mind of traumatic events the children experienced during the war is a very unpleasant job.

The session "Secure and Insecure Place" also had a very high number of negative votes. The main method used in this session is the method of guided fantasy. The children are given instructions to think of a place they feel safe at and to "stay" there some time. Then they are told to think of a place where they feel very insecure. This is followed by drawings of both places and talking about the drawings at a group level. The children are also asked to, in their imagination, find a path, some form of passing over from the insecure to the safe place. Then they are invited to remember this path and use it in moments when they feel insecure, so as to evoke a feeling of safety (or at least the memories of

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it). The goal of this session is to stimulate the imagination as one of the strategies of coping with stress.

The children did not like this session for the same reasons as in the session “Psychological Debriefing”. “Staying” at the insecure place awakens many unpleasant memories and feelings in them. Often children said that they only disliked having to think about the insecure place and not the whole session.

The next session named by the children upon the question “Which session did you like least?” was the session “Sense in the Senseless”.

The goal of this session is to pass on the message, again by using a metaphor, that meanings can be segregated from chaos, that some sense can be founding the senseless.

The children are invited to scabble something on a piece of paper with closed eyes (or open, but not looking at the paper) just being led by the hand. Right-handers were told to use their left hand and visa versa. After that the children are told to find one or more pictures in their drawings. The children then make up a story about the picture which, together with the feelings awakened by it, they share with the group.

One of the possible explanations for the negative judgement of this session is the anxiety which the instruction (of lowering their control and the encounter with the unknown) can evoke within the children. Aside from that the children listed that it was often difficult for them to find a figure in their drawing and to experience it to that extent that they were able to make up a story. (Maybe it is not possible to find sense in every chaos?!)

The other five sessions (Introduction with a Form and a Colour, Soul Bird, Tale of the Light, Oak and the Leaf, Parting with Nice Messages) were named very seldom upon the question “Which session did you prefer least?”

### **Children’s Judgement of the Acquired Benefits through the Group Sessions**

The analysis of the answers to the question what the children think they gained from these sessions generated some useful and interesting information. The children’s answers can be subsumed under several categories which appear with different frequencies.

- 1) The most frequent answers are those which can be subsumed under the category “benefits on a social and interpersonal level”. In this category there are three main types of answers. The first type of answers can be found among smaller children and paraphrased as follows: “I met new friends because of the group sessions”. The second type of answers concerns not only the meeting of friends but also the fact that these friendships are very specific because the children have found out about the deepest and most hidden feelings and secrets of their new friends. This type of answers appears with older children. In the third type of answers the children stated that working in the group sessions they gained new and

## COMMUNITY STRESS PREVENTION 3

- improved existing skills which are necessary in the communication with close and less close persons.
- 2) The next category, very close to the first one concerning its frequency, is made up of answers in which the children felt they gained a better knowledge of themselves. This category, too, can be divided into several subcategories. The first contains answers which can be described as better general knowledge of themselves (uncovering of new personality traits, ways of behaving, value etc.) while the second type of answers concerns an enrichment of emotional spheres of the personality through an enrichment and widening of the vocabulary of emotions, with simultaneous changes on the level of experiencing and behaviour. One of the most important changes which has showed itself especially in some of the answers was the gaining of freedom and openness in showing emotions.
  - 3) The next category includes all answers which simply emphasise that the group sessions were fun for the children, that the sessions were a chance for them to relax and have a nice time.
  - 4) The following category contains unclear answers of which one typical example would be: "Through the group sessions I learned many interesting things". This means that new knowledge was gained in the sessions, however it does not become clear what this knowledge is about.
  - 5) The next frequent category of answers can be found among the older children, whom the group sessions encouraged to think about the meaning of life, about the nature of human beings, interpersonal relations and themselves in such a context.
  - 6) And finally, the last category with enough answers to be listed here is the category of answers which demonstrate a cathartic effect of the work in the group sessions. A typical answer of this category is the following: "During the sessions I had many ugly memories and bad feelings. After that I felt more peaceful and easier." Such answers make clear that these group sessions lead to a reduction of tension which were evoked by memories and feelings linked to the experienced stressful events.

One child who stayed at the "Igaló" Institute in the Project "Children in Need" in July 1997 wrote the following in his judgement about the group sessions:

"Through the work in our group I found out that a person must be open, that he should not keep all that is hard for him inside, that it is easier when he shares with others exactly that ugly secret that he would like to forget for all times."

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A different child from the August group wrote the following:

“I enjoyed the group sessions a lot. When I came here I was ready for the mental institution, but now I am all right. I got to know many new friends and some of them became my best friends.”

From this type of answer it can be seen that, even if the group session in which traumatic experiences are worked on and painful memories are evoked are very painful, children feel a good effect after this kind of psychological intervention.

In the following part of the text, some children’s answers will be spoken about which were not frequent but which can be interesting in trying to look at this psycho-social program from the children’s point of view.

Some answers underline the meaning of the support the children got from a psychologist in the group sessions. One child wrote that he especially liked that “....everything I do is right”.

To some of the children, the workshops showed a “different way of looking at the world”, which was often brighter and more optimistic than what they were used to. Some children gained new, self-respect and belief in themselves as an important agent on which many happenings in reality depended (internal locus of control). There were also children for whom the evoking of pleasant memories, which had almost been erased under the impression of the experienced awful events, was most important.

At the end it should be mentioned that among all questioned children who took part in the project over those six months, only one child wrote that he did not like the group sessions at all and that he did not gain anything from them.

**Instead of a Conclusion**

The data brought in this chapter can be the supplement to an evaluation of the psycho-social support program for children with psychological measurement scales and standard psychometric instruments. It is interesting to see what stands behind the registered statistic differences between the first and the second rating of psychological functioning. Behind the acquired numbers CHILDREN are hidden, with their thoughts, feelings, desires, hopes, in other words, THEIR POINT OF VIEW.

For experts from the mental health care field, who work on creating and employing psycho-social support programs for children, a child’s “Thank you” maybe can be more rewarding than all the other results of the evaluation.

## THE HEALING TIME OF PLAY

Gera Ibolya \*

Children who participated in the project “Children in Need” came to the Igalo Institute in large groups of 80-110 each. Every child, having lived in war torn areas of Bosnia, displayed signs of traumatising and needed professional help. A shortage of psychologists caused considerable problems for the implementation of psychological rehabilitation program. To overcome this, we included a team of “activity leaders” as psychological support for the children. The team of activity leaders, already on the staff of the Institute, were willing, enthusiastic, and in fact in need of more knowledge and skills to deal with traumatised children, but needed a thorough training. They received training for the implementation of a package of eight group sessions for the children in the “Children in Need” project.

That package was created according to two different resources. The first was the Help for Helpers seminar in Israel, including the literature that was suggested during that course (Ayalon, 1992; Lahad.& Ayalon,. eds. 1994; Lahad. & Cohen, eds. 1993). The second resource was a set of written material about enhancement of self-concept. Furthermore we relied heavily on our pre-war professional experience.

Activity leaders in Igalo Institute achieved knowledge about basic principles of structured group work, group dynamics and principles of group leadership, especially with the children through experiential training. That means that the trainees experienced the process, and at the same time as professionals analysed and evaluated it. These two levels of functioning provided the best possible results in the training process.

Guidelines for group sessions consisted of stressing the importance of “play” and its positive influence on mental health and psychosocial recovery, creating the right atmosphere, participation and the priority of the process over the product. All the group sessions consisted of three parts: warm-up activities, core activities and closing activities in this order.

The objectives of the group session included getting acquainted, adjusting to changes, sharing family experiences in the group, giving support and empathy to help children to cope with their separation fears caused by isolation from their home and family, enhancing children’s coping with stress by expressing verbally and non-verbally feelings of sorrow and joy. Further sessions dealt with

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\* Psychologist Children in Need” project, Igalo

cognitive modes of coping such as problem solving. The use of bibliotherapy was introduced to prepare children for separation from the group and for returning to their homes.

Expectedly, there were also difficulties in involving children in group sessions. Those are the children who are extremely ill (or disabled, cerebral palsy, etc.) and traumatised by witnessing wounding and death of their relatives. They needed individual post trauma treatment and rarely talked about their traumatic experiences in groups.

The package of eight group sessions has been applied to ten groups of children, who took part in the Children in Need project. The trained activity leaders regularly monitored the sessions. In the evaluation it was found that "story telling" and "drawing a family portrait" were the most popular activities among the children.

The session aimed at preparing the children for separation from the group, was cited by the participants as the most valuable one. The activity leaders' skills for dealing with a child in distress improved greatly. They began to show more empathy and more tolerance in their relationships with the children. Some activity leaders had difficulty in adapting group session activities to children younger than eight and older than twelve years old; some still lacked confidence in dealing with expressions of such emotions as sorrow and fear; others had difficulties in switching from the authoritarian role they used to enjoy before the training to the role of group facilitator.

In summary, our experience of introducing para-professionals<sup>1</sup> to war-traumatised children has proved to be appropriate and very useful both for the children and for the activity leaders themselves. They found more meaning in their everyday duties. Their professional satisfaction improved greatly and their competence and effectiveness in helping the children in distress increased.

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<sup>1</sup> The trainers of this applied methodology were Vesna Petrovic, Veronika Ispanovic-Radojkovic, Boris Wolf and Slobodan Stanojlovic

## CHILDREN IN NEED

Darka Minic\*

In order to illustrate the presentation of Project “Children in Need” from the children’s point of view, I will present to the reader stories of seven children. Each of them participated in a group (not the same one), but sometimes the child was not present at all the workshops. I wish to present stories of children of different ages (7-15), in order to demonstrate their reactions to the material offered in the workshops. I found these children’s stories and the individual contact with them most interesting. I also present their reactions to some of the other activities carried out with them such as designing their own personal badge, Safe and Unsafe places and “The Scribble”.

**Milana**, Ten years old, lives with her mother and younger sister. Her father was killed in the war in 1992. After his death they were allocated an apartment. Until then they had lived with the father’s parents. The mother has been to the hospital many times, to look for him among the bodies that used to arrive from the front line. Nobody told Milana or her sister that their father was dead. Milana understood what happened when she saw the mother dressed in black. That day Milana and her sister were taken to the neighbour’s place, where they stayed for approximately ten days. They were not present at the funeral. Mother didn’t visit them during their stay at the neighbour’s.

The greatest problem, defined by Milana was, that she felt worse and worse in relation to her father’s death. It is very sad for her to see that other children have a father. She remembers her father very well. He used to play with her and her sister, and bought them many things. She feels the saddest before falling asleep, in the dark. Then she often cries. In these situations her mother comes to console her, telling her that she can’t change anything by crying. Communications related to the father’s death are very poor; they do not talk to each other about the father, the way he died, or the funeral. Milana thinks that her sister feels much better than her, because she is one year younger. Milana was very cheerful and co-operative in the workshops. The badge that she made consists of her name and nickname, written in different colours. In the debriefing she told the group that her father was killed and started to cry. Right after the debriefing, we had an individual session. Completing the story about the “search for light” she chose a hedgehog as the main figure. Other animals were wondering how such a small animal could go to look for the light, they gave him

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\* Psychologist Children in Need” project, Igalo

## CHILDREN IN NEED

food, and he found the light without obstacles. Her main message of this story is that one should listen to the young, because they can be cleverer than the old. During the group and individual work with Milana I had the feeling that she was ready to share her sadness and fears, but that important people in her life (mother and sister) were not ready to accept it. I was the first one who asked her about her feelings and thoughts, and also, allowed her to express them by drawing, talking, and crying. It was very important for her to be told that crying is OK. She visited me several times, both when we had an appointment, and on her own initiative - "just to talk", as she used to say. I understood it as "listen to me". And I listened.

**Lana** - nine years old, Milana's sister. She was very closed, silent in the workshops, talked only when asked and gave short answers. In each situation she was smiling. I never saw her laughing or crying. She had no friends, except for her sister. She accepted my invitation for an individual session, but didn't come. Later she told me she had forgotten. Her badge consists of her name and family name, framed by different colours. She couldn't remember any *safe or unsafe place* for her, and was not even able to imagine the safe place for herself. In debriefing she didn't want to talk at all. The Scribble - she couldn't close her eyes. She couldn't find any shape in her drawing and did not have any associations related to the drawing. Up until the end of her stay in Igalo, I did not succeed in reaching Lana's thoughts and feelings. I can only suppose that she was frightened by the intensity of her feelings. The girl had adapted to the mother's message: crying does not help. Also, she did not find a person or a surrounding secure enough to talk about herself.

**Ian** - a ten years old boy. He lived with his mother and his eighteen year-old brother. Before the war he lived in Sarajevo with his parents and brother. With his mother and brother Ian came to his grandparent's place in Belgrade in 1992, so he was not exposed to the war. The father remained in Sarajevo to look after the apartment. In 1992, a few months after their departure, the father disappeared. Ian noticed that he did not call anymore, but believed that the father was alive. Nobody told him that anything was wrong. His mother talked about the father to the grandparents, but not to Ian. His uncle (father's brother) discovered the father's grave in 1995 and they moved the body to Belgrade, burying him there. Ian attended the funeral with his mother and grandparents. He did not cry, but was trying to "calm dawn". (In each situation that was highly emotionally tense, Ian mentions that he tried to "calm down"). The mother was crying and that was the only time he saw her cry. He cries when he stays alone, but still tries to calm dawn. There is an obvious lack of communication and sharing of emotions between the mother and Ian. She tries to provide him with a lot of things such as painting, school and vacations, but she does not provide support for his feelings.

Ian was very co-operative in the workshops. His safe place is his school. He likes going to the school, has lot of friends there, and finds it amusing. The unsafe place does not exist. In the debriefing, Ian spoke about his father's death, trying not to cry. In the scribble - the shape that Ian found in his drawing was a poisonous snake, ready to attack because it was hungry. Later, Ian changed both

the drawing and the story; he added eyes and a mouth to the snake, and found a large circle around it. It was an egg from which the snake hatched. So, it is a baby snake, and Ian gives up the story about the snake attacking. In the projective writing following the metaphoric story on “The Oak And The Leaf”, Ian wrote a letter from the “falling leaf” to the “oak”:

*“My dear oak,*

*I send this letter to you because I will fall down soon and I want to say good-bye to you. All leaves except me and another one have already fallen down, so we know that soon we are going to fall away. I just want to let you know that soon you will be without your leaves”. The end: Suddenly, a strong wind started to blow and in one second, blew the leaves away. That was the end of their friendship.*

Ian is a very clever boy, and with a little help - very introspective. Obviously, great fear of being overwhelmed by his feelings exists, and that is why he constantly tries to calm down. It seems to me that this boy is in great need of support from his family, first of all, from his mother, who has a problem in managing her own feelings, which is not helping her to help her son.

**Mia** - thirteen years old, a refugee from Sarajevo since 1992. She lives with her grandmother and her sister in the Serbian Republic. Her father works in an orphanage in Montenegro. As it is near Igalo, Mia spends most of her time with her father. The mother died in 1994 after a heart attack. Another traumatic event occurred in 1995, when the grandmother was wounded. Mia is a very cheerful, communicative, talkative girl, well adapted and accepted in the group. Sometimes she is very active in drawing attention to herself; she tends to build positive and warm relationships with the leader of the group. Mia has lot of friends and is very interested in contact with boys. Her badge consists of many things, mainly in black - a sun, a church, hearts, her name, “I love you”, a monkey’s head, and a cross. She explains these are things she loves and believes in. She is in love, but with whom is a secret. Mia’s safe place is her apartment in Sarajevo, where she had not been for five years. Mia told the group the facts about the mother’s death. She did not want to talk any more, and showed no deeper emotional reactions. In the Scribble Mia recognises are a flower, a heart, a drop, and a half-moon. There is no connection among them, everything is dispersed. The name of the drawing is “Love Labyrinth”. She does not to talk about it any more.

Her letter to the oak reads:

*Dear little oak,*

*I have decided to write you a letter because I know my end is near. I know the wind will blow me away, and we will never see each other again. I do not know when it will be, but I feel it will be very soon. That is why I want you to read this letter, and to know that I will try to get in touch with you as soon as I will can, wherever I will be.*

*Regards, your dear little leaf.*

In the story about searching for the light - her chosen animal was a little mouse. Other animals were astonished by his courage and tried to make him change his mind. He met many obstacles, bushes and thorns, but he continued to

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resist the pressure. He was pricked all over, so he stopped to rest, sitting on a big stone. He ate, rested a bit, and then continued. After a long way, he saw something shining. Scared, he hid behind a big rock. After some time, the mouse came out and observed the surroundings. Looking at the light, he went back to call the others. The animals in the woods lost hope that they would see him again, because he spent much more time searching for the light than the others did. Still, he came and told everyone he had found the light.

Although she is cheerful and talkative, Mia's defence regarding her sadness is very strong and rigid. Workshops which deal with metaphor are more suitable for her.

**Vuk** - fifteen year old boy, lives in Banja Luka with his mother and older sister. The father died from a heart attack when Vuk was nine. Before the war they lived in Travnik (Bosnia).

In 1991 the mother, sister and Vuk went to Belgium, where they lived for ten months. Vuk liked the life in Belgium, he had many friends and felt accepted. In 1992 his grandfather (mother's father) invited them to come to Banja Luka (Serbian Republic) because he thought the war was over. The mother did not like living in Belgium so she decided to move to Banja Luka. Vuk did not agree, but thought it would be better than in Travnik, because Banja Luka was a Serbian town and nobody would criticise him on a national basis. Anyway, he did not adapt in Banja Luka, did not make friends. He had constant conflicts in the school with teachers and peers. In the group work Vuk was very active, sincere, introspective. He likes his name because it is unusual and people remember it. In Igalo children call him "doctor" because he attends medical school.

The safe place - What makes Vuk feel safe is being with his mother and sister, no matter where. The unsafe place is the school. He has difficulties in adapting to a new environment and feels unaccepted by his peers. He experienced much humiliation and provocation ("coward, why didn't you fight for your home"). Especially unpleasant was the order of the teacher to cut his hair. It generated strong conflict with the teacher. Having his mother's support was very important for him. In the debriefing Vuk spoke about traumatic losses of his father and the grandmother, feeling guilty regarding these events, and the doubt that he could help. The father died of a heart attack in 1990 after coming back from a vacation. Vuk was present; first he heard the father's hard breathing, then suffocating. The father died on the way to the hospital. In 1994 the grandmother died, also from a heart attack. That very day Vuk learned in school about first aid to cardiology patients. The grand- mother and Vuk were alone at home. He was in another room, but heard her hard breathing. When he entered the room, she was suffocating. Vuk was paralysed, but managed to call the ambulance. She died before the ambulance reached the house. Vuk blamed himself (and still does). Later he realised that he could not do anything, he was only young. The debriefing helped him to realise the borders of his responsibilities.

In the metaphoric story about the Oak and the Leaf, he wrote:

*Dear oak,*

*I, the leaf, one of million of your leaves, want to thank you for all the kindness you have given to me and other generations of leaves. It was so beautiful to be young, fluttering on the spring wind, listening to the birds singing. It was nice to relax and say good-bye to the friends, absorb the last sunshine in the summer. Also, it was beautiful in the autumn, waiting for the strong wind that will blow you away, somewhere where you will wait for your ending. Asking you to help me means trying to change the nature, which is impossible. That is why I ask you to make other generations of leaves happy. I ask them to appreciate the life, which is so short and beautiful. Also, I want them to know that they will help by their death.*

*The end: They were waiting silently. The wind was becoming stronger and stronger, so strong that the oak woke up. Opening his eyes, he saw two leaves slowly falling down in the night. They were afraid, but without a reason. Early in the morning, when the wind stopped blowing and the sun rose, a little bird came, took the leaves, and put them in its nest. So they avoided the cold ending they were waiting for.*

Vuk is a mature boy, unusual for his peer group. His psychological strength lies in his family's support, yet he has problems in adapting to his peers. He does not like rigid rules or judgements. He has the best contacts with adults who do not make any kind of pressure on him. It seems that he needs more psychological work in dealing with his responsibilities regarding the dramatic and very similar deaths in his family.

**David** - a seven-year-old boy, lives with his grandmother in Banja Luka (Serbian Republic). His parents have lived in Belgrade since January, 1997. The mother delivered his baby sister there. In the note of social worker from Banja Luka, there is information that the parents abandoned the child. David says that the grandmother moved to Macedonia after he went to Igalo. His aunt will wait for him in Banja Luka. Returning from Igalo, he will go to the hospital again, for an operation. David glorifies his parents, especially his father. He fantasises that his bus will pass through Belgrade on the way back to Banja Luka, and his mother will wait for him at the bus station and take him home. The boy looks like he is uncared for. He forms close attachments, especially to the leader of the group. He is very active in the group work, draws carefully, but does not talk much about his drawings, does not respond to the questions related to them. David's safe place is imaginary. It is the ship, which takes the passengers towards the exit from the Gulf (of Boka, where Igalo is placed). David experienced travelling by ship before, and enjoyed it. He likes the sea, fish, and the sun. The unsafe place for David is his own house in Banja Luka, where he lives with his grandmother. He does not like it because it is cold inside, so the grandmother takes him to the park to play with other children. In the debriefing David told of feeling bad when he was sick; he had some "little animals" in his stomach and was throwing up for few days. The cousin took David to the hospital and then he felt better. He was scared, but the grandmother was with him. The parents have just moved to Belgrade. The lady from the hospital helped him by giving him medicine, and the grandmother helped by taking care for him. After 4-5 days he recovered completely. David was laughing during scribbling. In the beginning he could not close his eyes, but he eventually did. The shape he

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found was a basketball, a present from his father. David liked it; he likes to play basketball with his friends.

In the story about the Light - his chosen animal that was the first one to look for the light was a lion. The lion found the light beside an old tree, took it and brought it home. All the animals were very happy. At first he did not succeed because he did not know where to look for it. This time he had experience, so he succeeded.

David seeks contact with any person who is kind to him. What he needs the most is his parents' love and care. Besides not having caring parents, he has no permanent person who takes care of him. He is too young to verbalise in detail his feelings, so his reactions to the separation from his parents seems to be mainly physical. His main defences seem to be denial and idealising, understandable, considering his age.

**Boian** – A thirteen year old boy, living with his mother and younger brother in Banja Luka. The father was killed in 1993. He was a pilot and his helicopter was hit. They were waiting for him to come to dinner, but he did not come. In the morning the father's friends came and told them what had happened. Later, they heard rumours that some Serbian soldier fired the missile which hit his father's helicopter by mistake. For Boian it was even harder to accept, and the knowledge that his father would be alive if the soldier had not made a mistake, often bothers him. When he heard that his father was killed, Boian could not cry at first, because he could not believe it was true. The mother and the brother were crying, but he was frozen. He was worried about his grandmother and how she would accept the news. She was shocked, but Boian thinks she accepted it well. The whole family was present at the funeral; there were many of the father's friends. Boian thinks that their presence at the funeral helped him to say good-bye to his father. Visiting the grave also helps him. One year after the father's death, the grandfather (the father's father), who took over the father's role, died - Boian thinks, because of sadness. The rest of the family has had to adapt to new life circumstances. The grandmother lives with them now and Boian likes that. She tells him some stories about the father from the time when he was a child, which is very interesting both for Boian and for his brother. They often talk about the father. Boian likes to talk about him when he is sad. Talking and learning more about him from the mother and the grandmother helps Boian in his sadness.

Boian was very interested in workshops, active and co-operative, and insisted on meeting more often, just to talk. His "safe place" is some kind of barrack on the ocean coast, with a palm tree near by. It looks like an ideal place. The unsafe place is the plane dropping a bomb, like in Slovenia, where he lived until 1991. His place was not in danger, but they were all scared by the whole situation. Boian was fully involved in the debriefing, telling his story and participating, as well as in supporting others. He described how his father was killed, how hard it was for him to accept it and get used to the fact that his father would never come back home. There are some bad feelings related to the circumstances in which the father was killed - whether it was an enemy's shell, or a Serbian soldier's

mistake. In his scribble he found the shapes of Miso, a tie, and a map of hidden treasure. Miso is his brother's nickname. Boian misses his brother very much.

Boian is a mature boy, introspective, and aware of his feelings. The family restructured very well, giving all possible support to Boian and his brother. Boian feels it; this is obvious from his drawings and stories.

We have had an opportunity to meet very creative stories and very introspective children, as well as short, poor stories and children who were not ready to make contact or share with others their experiences and inside world. With time and patience we hope that the non-threatening and thought-stimulating world of stories will help us contact them all.

## MAKING BRIDGES FOR PEACE OF THE SOUL

Vesna Petrovic \*

### **Introduction**

In this chapter we shall present an Israeli application of “Helping the Helpers - Expanding Circles”, a seminar which started in Israel and continued in Bosnia and in Serbia. We offered a package of group sessions, which originated primarily from the experience of Israeli authors. We adapted and supplemented these methods for application in the school setting (Republic of Serbs - Bosnia) and in the health services (Serbia), with the aim of helping the children and the helpers cope with stress and trauma.

### **Applications In Education**

This UNICEF-supported project in Republic of Serbs started in January 1996 after the war period in Bosnia. This immediate post-war period was a particularly hard time in Republic of Serbs, because many families and individuals had experienced the hardest of losses - death of parents and children and other close persons, invalidity, forced separations and loss of belongings. Nearly half of the population was displaced with no security in the foreseeable future. Sadness, anxiety, worry, discourage, distrust, hostility, low self esteem, hopelessness, feelings of having no perspective were all present. The mental health of the population was in serious jeopardy.

Under these circumstances it was clear that especially children and adolescents needed help to overcome the tragic consequences of stress and war traumas. It was the case in Republic of Serbs that schools, especially elementary schools were trying to work even in severe war conditions. In this immediate post-war period it was the easiest and quickest way to reach as many children as possible, professionals and indirectly parents. We shall present the project applied to the whole educational system in the Republic of Serbs.

Project title: Psychosocial help in schools

Institution coordinating the project: Institute for Education, Banja Luka - Project coordinator: Slobodan Stanojlovic

Date and duration: January 1996- July 1997.

### **Objectives:**

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\* Department of Psychology, University of Novi Sad, Serbia

- A. To screen for traumatised children and ascertain the degree of their traumatisation.
- B. To reduce psychological reactions caused by stressful and traumatic events.
- C. To increase children's ability to cope with past, present and future stressful and traumatic events.
- D. To support professional competence of school psychologists, pedagogues and teachers in screening and helping traumatised children.

**Subjects:**

Direct beneficiaries were primary school children in Republic of Serbs, aged 12 to 15 years. The number of children who participated in the project was about 600. Indirect beneficiaries were 25 pedagogues/ psychologists and about 100 teachers.

**Intervention Programme**

Initially, twenty five pedagogues/psychologists received a five-day training seminar, learning to screen for PTSD reactions in children and implement an intervention programme, based on the Israeli model (training seminar "Helping the Helpers", November, 1994). Bibliotherapy, metaphor, projective techniques and drawings were used in helping children to cope with stress and trauma. The interventions consisted of eight weekly group sessions with children in the class, each lasting ninety minutes. The trainers produced a book titled "Psychosocial Support in School", for classroom group work in school. The theoretical part dealt with the school as a provider of psychosocial support to pupils, traumatic children's reactions to war trauma and loss, and focused on principles of debriefing, intervention and therapeutic communication. The practical part provided a detailed description for implementing group techniques such as: drawing the most frightening and unpleasant event, to help the integration of traumatic experience in normal life and to identify children who need individual treatment for experienced trauma, glossary of feelings, to help children who experienced abuse to express feelings, help in overcoming recent loss and cope death. A metaphorical story about Light was used to help to children who lost hope to overcome despair and depression, and rituals of ending were used to establish a boundary in time which represents a new, good beginning. The techniques presented in the group sessions have both preventive and therapeutic quality. They can be applied by psychologists, pedagogues and teachers with appropriate training. The group sessions were designed with the aim of expressing stressful or traumatic inner content and verbalising it, working through and relating, i.e. to work through interactively in the small group first, and then in the whole class. The methodology of evaluating the changes consists of a battery for assessing the degree of pre- and post traumatisation. Instruments used were:

1. UP-2, (Wolf, 1994), a short open questionnaire for establishing basic data about the traumatic event.
2. TRAN, (Wolf, 1994), a test for assessing the psychological consequences of experienced trauma on the child's personality.

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3. IES, (Horowitz, 1979) Impact of Event Scale, for assessing degree of traumatisation.

### **Results**

The effectiveness of the method used in project was evaluated on a sample of 424 children. We used the chi-squared test for testing the differences of children's results before and after applying the intervention programme.

We obtained highly significant statistical results in each category of the degree of traumatisation before and after the intervention programme.

Value of the Chi-squared was 103.35,  $df = 3$  and  $p = 0.000$ .

### **Conclusion**

Resulting from our experience with this programme, we can strongly recommend the use of this methodology in elementary schools, especially in situations where social structures and systems have been destroyed, such as a post-war period. In cases of a high number of traumatised children, this programme can be used both as a preventive and a therapeutic tool.

### **Applications in the Health System**

Helpers are known to suffer from Secondary Traumatic Stress Disorder (STSD) following the care of traumatised survivors of medical emergencies, disasters, the Holocaust of World War II, torture, political repression, rape, incest, physical violence and war. To prevent STSD it is very important that trauma-helpers be informed about issues and consequences of primary and secondary traumatisation, transference and countertransference and burnout syndrome. Part of one of the UNICEF supported projects entitled "Helping the Helpers" working with traumatised children and their families" was devoted to education about and prevention of STSD, using the techniques that we learned from the Israeli authors (Ofra Ayalon and Mooli Lahad).

Institution: Institute for Mental Health, Belgrade

Seminar coordinators: Zorka Lopicic-Perisic and Vesna Petrovic

Date and duration: October 1996- January 1997, two days (or eight hours) monthly.

Subjects: Twenty child's mental health professionals - psychiatrists, psychologists, social workers, paediatricians, from ten localities in Serbia, working with traumatised children, adolescents and their families.

### **Objectives:**

- 1) Education in STSD and related issues.
- 2) Prevention of STSD in helpers working with traumatised population.
- 3) Developing plans in self-prevention strategies and coping of stress.
- 4) Developing a model which will be applied in everyday work with team members.

**An Education and Prevention Programme**

This programme contained theory, strategy and evaluation. It presented concepts of primary and secondary traumatisation, burnout syndrome and strategies for coping of stress and self-protection as well as peer supervision in personal and group sessions. “Traumatic Countertransference” and “Coffee Shop” were techniques aimed at confrontation and negotiation between the three roles: client, therapist and supervisor role. In planning lasting and constant self-protection we introduced the theory of the BASIC Ph multi-modal approach (Lahad, 1993), that suggests a combination of six dimensions that underlie the coping style of the person. We also offered the bibliotherapy projective technique Six Piece Storymaking (6 PSM) as assessment tool, in order to assist the helpers to reach self-awareness and improve their personal coping style. Based on it, the helpers were encouraged to plan and design their personal future self-protection. At the end participants evaluated the seminar and suggested improvements.

**Results**

We analysed the most prevalent coping styles, as found in the 6 PSM. In the group of twenty helpers the most frequently used coping modes was Belief, Social and Affect came second, the third was Cognition, the fourth - Physical and the last was the Imagination coping mode. The group suggested that humour; creativity and play need to be encouraged, together with physical recreation, exercises and relaxation. Planning future self-protection, each participant chose particular personal strategies in accordance with suggested options. The participants also evaluated the seminar very highly. Numerically, the group evaluation was  $M=9.75$  out of 10. Their suggestion was that the Seminar needed to be continued for at least another four meetings.

**Conclusion**

In planning many of the projects dedicated to traumatised children less attention was paid to helping the helpers. That was the case also in Serbia and Montenegro, when the war in ex-Yugoslavia started. Through the years (1992-1997) of helping traumatised children and their families, experience taught us how important it is to provide help for the helpers. The major lesson learned is that only parallel help to the direct victims of war and disasters and to the indirect victims or helpers can maintain the sustainability of project activities and their incorporation in the community system. The Israeli models of stress prevention and intervention, especially the BASIC Ph model have been proven as very useful methods of reaching these goals.

## A MODEL FOR PSYCHOSOCIAL SUPPORT FOR SCHOOL CHILDREN IN MONTENEGRO

Andja Bakovic \*

### Introduction

Changes of social and political system, war, isolation from the international community, impoverished population (along with a minority who got rich) and the distortion of values systems - are crucial events that have struck people inhabiting the area of former Yugoslavia and jeopardised their competency in all aspects of living. It was a matter of course to expect that the protective membrane, which adults interpose between children and their outer environment, would get considerably weaker and completely lose its function, exposing children to stressful and traumatic life events, characterised by intensity, long duration, unpredictability and uncontrollability.

Montenegro's population <sup>1</sup>, both adults and children were not spared the several long years of tension of varying intensity and chronic stress. Institutions and organisations demonstrated similar "symptoms", particularly those, which were traditionally centralised and controlled by the state: the school system and health services. Regarding the school system, a huge gap in relation to real life changes caused human and other resources to drain off. The disturbed values and identity diffusion of our whole society made school a lone reserve, devoid of real life content. However, such schools provided a natural environment for all children, by doing its best to maintain its ordinary function and organisation and guard the system from further destructive changes.

### Towards Structuring

The "Helping The Helpers" (HTH) seminar attempted to perceive the current psychological state of the system, to identify some crisis cores and propose possibilities for improved of the system and its actors. The scope of psychosocial support has been expanding from the beginning of our crisis. Projects that have already been implemented reflected a wide range of diverse interventions, strategies and levels. Their aspired goal was almost the same: to preserve and

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\* B.A. psychologist, adviser to the Montenegrin Medical Institute on research programmes.

<sup>1</sup> Montenegro (13812 km<sup>2</sup>) - population 615.035. Children age 7-15 account for 14% of the population. The Programme involved survey of 22 elementary schools and 6902 pupils from grades IV-VIII. For the purpose of the programme 23 school psychologists and pedagogues were educated and they further trained 224 teachers.

improve population's mental health and provide priority help to those that were the most vulnerable. On an operative level, psychosocial support focuses on enrichment and strengthening existing protective factors of individuals within the social environment, reducing the influence of psychosocial stressors and enhancing more favourable modes of coping and control in their own life.

The Israeli programme, Helping the Helper (HTH), which started in 1994, offered us an abundance of techniques for prevention and alleviation of stressful effects on children, along with strengthening their coping mechanisms. The multi-modal approach (BASIC Ph) of coping with stress fit quite well into the psychosocial support concept, while its language provided many bridges for an individual to confront the world.

### **Joining - From the Circle of Worry towards the Circle of Control**

The school is, by definition, a highly organised system and, in regular conditions, this is one of its inner strengths. However, in a changing reality, when the locus of control was somewhere outside the system, relentless repetition of established models, persistence in maintaining the hierarchy and reinforced rigidity of its borders and roles contributed to its dysfunctional operations. Schools' dysfunction was also generated from the ambivalence of traditional, cultural, social systems and from issues like: To whom does the school belong? What are its functions? What is its essence and value? Under such circumstances, the proposed "changes" were regarded as a threat to this frozen balance. This was the starting point for our intervention programme, directed at two major bodies: the school managers and the professional school psychologists and pedagogues.

We started with a one-day seminar for school managers, where we engaged in a 'therapeutic' dialogue with them monitored their reactions, problems, and conflicts as well as their expectations about introducing our programme into schools. Our team had the following objectives:

- Keep communications on a level understandable to all participants in the seminar.
- Overcome the perception of intervention programme as "yet another additional burden" for school.
- Dispel doubts in our competence for working in a school.
- Diminish strong denial like "We don't have any problems"
- Interpret ambivalence expressed in regarding psychologists and pedagogues in schools as "Jacks of all trades", namely, people in charge of everything that others are not able or do not want to solve.
- Attempt to shake off the stereotype of school regarded as an area that has to be spared the mental-hygiene work and spared the stigma of "psychological treatment".

Our team reframed these worries as signs of "normalisation", offering the sharing of school-family-society responsibilities between zones, and dealing with professional burn-out. Structuring and sharing concrete tasks helped us reduce the "circle of worries" which had made people become passive and

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disguise problems (the power of worry) and at the same time increased the “circle of influence” in organisational and co-ordinating roles.

### **Learning and Sharing**

School psychologists and pedagogues represented the second circle of professionals, to whom we introduced our programme. They played the role of initial core for training and enlarging the network of helpers in schools, but also a very important role as internal change agents. Our school system, which still takes a traditional stand in relation both to cognitive and emotional needs of children, maintained ambivalent relations with these professionals. Crisis in school has only intensified pressure on them, turning them into intervention corps for “unbearable” children or increasing their engagement in organisational activities. Educational possibilities for dealing with the growing problems in the school as a whole were rare and modest.

During the two three-day-courses (semester I and II) and through theory and structured group activities, we tackled identification of problems in school, stressful and traumatic reactions, modes of coping, communications with a child, and group leadership. That the intervention programme met their professional and personal expectations became obvious from their feedback:

- Professional: “practical applicability”, “more successful solving of everyday problems”, “better understanding of psychosocial development of children” “assistance in teacher training”, “teachers’ better motivation for co-operation”, “work with families”...
- Personal: “professional affirmation”, “personal manual”, “psychological ventilation”, “something interesting and amusing”, “professional comeback” ...

Resistance on the part of school professionals, both educators and teachers, focused both on “school centred” methods, such as bibliotherapy, drawing, free writing, and on “untraditional methods”, such as relaxation, energy control, guided fantasy, non-verbal communications. The basic strategy in diminishing such resistance was peer-supervision and sharing of feelings and experience in a support group.

Changes within the system, stimulated by the intervention, contributed to the improvement of personal and professional experience and competence. They have also opened new ways of communication. The programme created a bridge for communications in various professional relationships within school, with other schools and with professionals in the network that had begun to exist in the community. New knowledge, sharing skills and experience, supervision, new language and new expressive modes of coping were, in essence, interventions both on an organisational and a personal level. They strengthened the self-image of these professionals and stimulated development of new coping mechanisms in this part of the system.

### **Toward Expanding Circles**

The “Cascade model” of expanding psychosocial support focused on teachers as “key persons”, and included others, who due to their position, reputation and importance in the system may become “relays of mental health”. In order to support and strengthen their role in the programme, it was necessary to sensitise them to the developmental and situational crisis of children by introducing new concepts of crisis and trauma and also for conducting structured group activities - workshops.

During the training courses in school, teachers had an opportunity to evoke, express mutually share and elaborate in the group their experiences in stressful situations. It initiated dialogue, improved their control of their own emotional contents, empathy and particularly influenced the quality of social interactions. The channel of their communication with psychologists and pedagogues enlarged. In spite of initial resistance, the trained teachers were recognised in school as new quality and change agents.

What was work with children like? What were teachers’ reactions like? Their teachers’ reports helped to plan appropriate cognitive and behavioural group activities.

- Unawareness of children’s emotional expressions: “I am surprised with how some children feel ready to face their feelings and share them with others”, or “Children use inappropriate shapes and colours to express their positive feelings”, “Many children also drew a drawer for placing hatred in it”.
- Limited perception of the children only according to their school performance: “Unbelievable, even bad pupils recognised the character!” or “This pupil achieved tremendous success...” “Even some of the worst pupils told interesting stories”...
- Some group leaders’ resisted the “less school-centred” parts of programme (non-verbal communication, relaxation, and guided fantasy. These were perceived as a threat to stereotype role of authority: “ it is impossible to control them”, “they are hyperactive and frivolous”.
- The impression of reduced competence in structuring and monitoring unpredictable group dynamics (both in work with children and with parents). The atmosphere in the group “being changeable from the beginning to the end” was regarded as a less successful.
- Regardless of the motivation level, teachers recoiled from “interventions” or any stronger personal engagement with children with traumatic experiences, fearing that they are not sufficiently educated and skilled for such contact.

Past experience in implementing the intervention programme, according to its participants, contributed to opening some new perspectives and enlarging the scope of activity. These workshops provided a way of professional training, since they were methodologically new, applicable to school syllabuses (language, literature, arts, physical education) and presented an inspiring way to promote psychosocial abilities in teachers.

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### **“Feeling” Vocabulary**

Since our basic objective was to reach children, structured group activities were most appropriate. The workshop as a method fulfilled several important conditions for development of coping: activity, communication and support towards those relieving stressful and traumatic experiences. Personal experiences were articulated and expressed by symbolic medium, then shared and communicated with other children in the group and, finally worked through to become an integrated life experience. Such a process can be an inexhaustible source of coping for future stressful situations and also a learning and experiential model for further developments.

Experiences, dynamics of relations within and outside the group are illustrated through spontaneous accounts by children in the workshops:

- The group activity as an open emotional, creative, social and recreational space: “I take a rest and relax after school”. “I can tell all and everything and nobody gets angry”. “We know each other better”, “I did not know how strong I am”...
- Opening new channels for communication and expression of experiences: “Don’t the hands have a tongue?”. “My hands are my tool to express feelings from my soul”. “When I do not speak I feel like a baby”.
- Understanding and sharing feelings: “When I am in class I feel like I’m on the tempest waves”. “My happiness is yellow and hers is red”. “It is easier for me to know that you too are afraid”...
- Coping ways “I am always saved by others”. “I knew I had to beat the waves”. “I was swimming on the dolphin’s back”. “I was desperate but then I saw the boat”, “Doesn’t somebody have to be saved?”

Some of fundamental changes, which started in school in the process of intervention programme were: increased sensitivity to children’s needs, more careful observation and understanding, accepting and tolerating differences, narrowing the distance between adult and child in school and reinforcing group cohesion. Naturally, this programme alone is insufficient to “respond” to structural crisis in this complex human system but offers one way towards gradual and functional rehabilitation of the system.

### **New Communications**

Work with parents was a source of permanent anxiety and often of frustration for both psychologists and pedagogues. The reasons of long-term crisis in school-family relations are complex: differences in perceptions of the situation and the school’s role, different systems of values, weakened parental competence. Routine contacts were mostly about school success and discipline. A large portion of the resistance to the introduction of changes to these relations is linked with fear of losing one’s position.

The programme offered some ways to reinforce positive contacts, by meetings and exchange of views on developmental psychology, developmental

crises, behaviour disturbances, interpersonal conflicts resolution, norms and values, addiction diseases. During such meetings numerous mutual worries and expectations were identified and new ways to alleviating them were opened. Psychologists and pedagogues were recognised in a new way as professionals, to whom one can go for help, support and advice.

### **Conclusion**

The school wants help and needs changes to cope effectively with stressful, social events. However, “separation” from an old, familiar, although non-functional pattern is a painful developmental process that provokes a very strong defensive position and severe resistance. Intervention programmes, obviously, can not provide a complete answer to the problems, which emerge from such a complex human system in times of crisis. However, our HTH programme achieved its intended goals and gave an appropriate response to (at least some of) the needs of school as a system and its human manpower. With slight modification and improvement, the programme can be a useful tool for filling the gaps between school, family and community and for bridging many distinct islands where anxiety, uncertainty and helplessness live. By creating nuclei of educated and trained professionals for implementing programmes in the community, a very new area of helping people in need takes root in Montenegro - field psychology.

**SCHOOL PROJECT IN MONTENEGRO**

Ljiljana Krkeljic\*, Nevenka Pavlicic \*

**Stress and Trauma among Schoolchildren - A Model of Preventive Psychological Work in Accordance with the BASIC-Ph Approach****Introduction**

In the period when normal development takes them away from under the wing of family protection and when adolescent goes through the normal developmental personality crises, children in our environment are facing serious and swift changes in their life. These changes can bring insecurity and uncertainty, and a vague if not conflicting system of values. This can result in the presence of aggressive forms of behaviour and in hindering important needs in life. The changes in value systems have caused a considerable increase in tolerance towards forms of behaviour which until recently were considered unacceptable and blameworthy.

Such forms of behaviour are now accepted as inevitable and necessary for survival. This can lead to unwanted forms of "adjustment".

Our experience with children and adolescents shows that this five-year crisis has been undermining the known patterns of both individual and group functioning. It is important to point out that its continuation makes one aware of the depth of the crisis and impedes the possibilities of good assessment and control. We noticed a rise in disordered behaviour and in destructive forms of behaviour such as an increase in all forms of addiction.

For the purposes of control and prevention of these forms of behaviour, it is obviously not sufficient to carry out only measures of psychological prevention though this is one of the important preventive activities. Control and prevention should involve psychological work with a view of supporting and strengthening the child's inner resources. Thus, children would avoid the feeling of failure or wrong judgement in their search for stronger support and predictable situations, and, in the longer run, it would lead to victims developing the ability to identify complex life circumstances.

It is for these reasons that we were motivated to take part in the programme; in order to gain an insight into children's coping resources for facing reality, and to prevent future traumatic experiences. The first part of our research refers to 1995/96 school year

**Sample**

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\* Clinical psychology, Montenegro

For this research, we decided to have a random sample of four classes in the 8<sup>th</sup> grade of elementary school (fourteen-year old schoolchildren) from two primary schools in Podgorica. In each school, there was a class belonging to the control group and a class belonging to the experimental group.

We did our best to make these two groups (the control and experimental ones) equal according to the number of pupils and sex structure.

The experimental group and the control group contained 57 (48.7%) and 60 (51.3%) pupils respectively. According to sex structure, we had a group of 65 (55.5%) girls and 52 (44.4%) boys.

All the children grew up in Podgorica. 109 (93%) came from complete families - 6 children (5%) have only one parent-mother and 2 children (2%) have their father as the only parent. All the children in the sample, apart from 6 of them (5%), have 1-4 brothers or sisters.

The only available indicator of how they functioned previously are their results at school at the end of the last few school years.

Most of the pupils (34.2%) had results described as good; the number of pupils qualified as "very good" was somewhat smaller, (31.6), excellent - 29.0%, sufficient - 4.3% and insufficient - 1.7%.

**Note:** The initial number of pupils in the whole sample was 129 in all four classes. In the end (due to epidemic diseases among the children), the number of pupils who went through the complete methodological procedure in the sample was reduced to 117.

## **Research Methodology**

### *Instrument*

For the assessment of stress coping mechanisms, we used the six- piece story (Lahad, 1997). This assessment tool is based on the use of "bibliotherapy"- a technique which uses the story and story telling order to assist the individual to research self awareness and improve internal and external communication.

The assumption is that the projected story would show the way the self projects itself in organised reality in order to meet the world.

The task of the pupils was to draw or write a story, in any way they wish, following some instructions (to choose a hero, to assign him with a task which he has to fulfil, to say who or what can help the main character, then who or what obstacle stands in the way of his carrying out his task, to describe how the hero will cope with his obstacle, then what happens and whether the story ends or continues. The six- piece story was used twice: first before the application of the intervention programme (in the experimental group) and at the same time in the control group. The second time took place after completion of intervention programme in the experimental group and then in the control group within the same period of time.

The first use of the story was carried out individually, while the second one was done in a group setting. It was due to the shortage of time the school was facing because of the forthcoming holidays and the end of the first term. This technique was used and the data processed by two psychologists. The children were very interested in this type of work.

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### **Intervention programme**

The intervention programme consisted of eight workshops. Introductory and warm-up activities took the form of a shape, colour and nick-name, the vocabulary of emotions, the soul-bird, the story of light, scribbling and a story, a story about when they were most successful and a letter for the future.

Part of the programme included the work with parents and teachers. Two or three separate sessions were held with parents and teachers in order to instruct them how to understand trauma with children and to gain vital knowledge.

The intervention programme was carried out by school pedagogists (the psychologists educated for this work at the meeting held at Cetinje in April, 1995). Their work was supervised by two psychologists who had been made familiar with the programme at the seminar "Helping the Helpers II".

### **Questionnaire on Basic Data**

This is a short questionnaire which supplied data on age, results at school, family background and the place of residence, for the purpose of research only.

#### *Time-range of research*

The first uses of the six - piece story took place with the experimental groups in the elementary schools "Sutjeska" and "Oktoih" on 1<sup>st</sup> November, 1995 and 3<sup>rd</sup> November, 1995 respectively.

The story was first given to the control groups in the schools "Sutjeska" and "Oktoih" on 6<sup>th</sup> November, 1995 and 7<sup>th</sup> November, 1995 respectively. This schedule of story giving depended on availability of classes in the schools.

The intervention programme with the experimental group was applied once a week and lasted for 90 minutes each time. Within the same period of time separate sessions with parents and teachers were held.

The six-piece story was given for the second time to the experimental and control groups in the schools "Sutjeska" and "Oktoih" on 9<sup>th</sup> January, 1996 and 10<sup>th</sup> January, 1996 respectively.

### **Research Goals**

In the course of this research, our goals were as follows:

To study coping mechanisms of children living under conditions of long-lasting crisis.

To evaluate of the effects of psychological work with children (intervention programme) on possible changes in their coping styles.

To investigate differences in coping style of the sexes in order to recommend work principles on the basis of findings.

### **Analysis Of Findings**

*Examination of coping mechanisms of children living under conditions of long-lasting crisis.*

Below are the major configurations of BASIC-Ph modes and their interpretations.

According to our findings, Ph is a dominant mode; in fact, it was found as dominant with 83 (70%) pupils. Then follow "S" and "C" modes, while "A", "I" and "B" showed rather low frequency.

We also calculated the statistical significance of difference in dominant modes frequencies and the calculations showed that the differences are statistically important (80.9, significant to a level of .01).

In order to demonstrate more clearly the examined copying style on a group level, we decided to present a survey of "contents" of dominant modes. What does Ph mean for this group of pupils? What actions or physical expressions were usually found?

Ph - type people are those who mainly react and cope by using physical expressions together with body movement.

S - social way of coping is based on seeking support, taking a role, belonging to a group.

C -cognitive strategy includes gathering information, problem solving, self-navigation, internal conversation or lists of activities or preferences.

A - affective mode of coping, use of expression of emotions, crying, laughter or talking with someone about their experiences or through non-verbal methods such as drawing, reading or writing.

I - use of imagination to "run away" from brutal reality; pleasant thoughts, guided imagery, improvisation.

B - type will rely on belief and values to guide him through times of stress and crisis (religious, political beliefs, the need for self-fulfilment and strong "self" expressions).

The most frequently mentioned Ph mode was: seeking, hiding, arresting, shooting, killing, catching, fighting. It was easy to conclude that this Ph dimension was abundant with behaviours suggesting non-functional behaviour, i.e. it was abundant with aggression. We got this impression not only on the basis of isolated elements, but also after analysis of story themes which will be discussed later in this work. According to it, the S- mode reflects relationships that are in most cases conflicts.

*Effects of psychological work with children (intervention programme) on possible changes in their coping modes*

For the purpose of following up the problem, i.e. the effects of the intervention programme on possible changes in coping modes of children involved in the programme, we shall present the findings first on the level of the experimental group and then on the control group level.

The first use of the six - piece story

In this use of the six- piece story in the experimental group, we found out that Ph mode was dominant, with 42 pupils (74%) of the group. Then followed S, C, A, I and B modes.

Calculation of statistical significance of difference in frequencies in this case also showed that the difference is statistically significant ( $\chi^2 = 35,55$ , significant to a level of .05).

Second use of the six - piece story

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In the experimental group S mode appeared to be dominant, as it proved to be dominant with 57 pupils (56%); then followed S, Ph, A and B.

Calculation of statistical differences of these frequencies showed that they are significant ( $\chi^2=39.49$ , significant to .01 level).

In the control group, the dominant mode was not changed. Ph appeared as dominant with 30 pupils (50%), then followed C, S, A, I and B. It was the number of the pupils with Ph mode as dominant that was changed, i.e. reduced.

### **Differences in Coping Styles Regarding Sex**

The first use of the six-piece story

#### *Experimental group*

Following up the boys from this group, we found that Ph mode was dominant with 20 pupils (95%), then followed S, C, A, B, and I.

The differences in frequencies are significant ( $\chi^2=17.164$ , significant to .01 level).

#### *Control group*

The boys from this group appeared to have Ph as dominant mode in 87% cases (27 pupils), followed with girls (14 girls or 48%) like with boys; the most next frequent modes were S and C, while A, I and B were present in a lesser degree. The differences in frequencies are significant ( $\chi^2=8.99$ , significant to .05 level).

Second use of the six-piece story

In this use of the story, C mode was the most frequent in the group of boys (14 boys or 66%). Ph mode, that used to be dominant, now came as third, then followed I, A and B. The differences among these frequencies are also significant ( $\chi^2=8.166$ , significant to .01 level).

The change of the most frequent mode took place in the group of girls (with 18 of them, that is 50%). C mode now appeared to be the dominant one; then followed Ph, S, A, I and B.

The differences in their frequencies are statistically significant ( $\chi^2=6.37$  significant to .01 level).

#### *Control group*

In the group of boys, no change in the rank of the leading modes was recorded. Like in the first use, the major mode was Ph mode found with 18 boys (61%), but its percentage of frequency was lower than in the first use of the six-piece. Regarding the frequency, C mode was the second being followed by S, A, I and B.

The differences between these frequencies are statistically significant ( $\chi^2=32.40$ , significant to .01 level).

This group recorded the biggest changes during this examination.

The gained findings can be summarised as followed:

- with a view of studying coping mechanisms with children living under conditions of a long-lasting crisis, we found that a dominant mode was Ph; then followed S and C modes, while I, A and B showed very low frequency,

- the data showed that the intervention programme is very likely to have caused changes in coping mode configuration,
- first use, experimental group : Ph,S,C,A and B,
- second use, experimental group : C,S,Ph,A and B,
- first use, control group : Ph,S,C,A,I and B,
- second use, control group : Ph,C,S,A,I and B.

On studying differences in coping styles regarding sex, we gained the following results: in the first use of the six-piece story there were almost no differences in BASIC-Ph configuration, i.e. in coping styles regarding sex shown in the course of the work programme, followed the already described trend of the intervention programme effects on children.

### **Analysis of Stories**

What have we learned from the stories, the images of children's experience and comprehension of the world, their environment and their own place in the reality they live in?

Through story telling, children were allowed to express their world of imagination, to research it, and explore one of the chances of becoming mature. Through story telling children are enabled to express their feelings and thoughts which helps them to gain a clearer insight in a stressful event, and possibly establish a more realistic perspective.

Our intervention was to learn what is going on in the dynamic interaction between the story and its author and what the story may have initiated . Projective contents of the stories enabled us to gain an insight into what identifications were initiated, what themes, emotional reactions, conflicts and solutions can be found in children's stories which complement the picture of children's experiences.

If we want to describe a typical story of these children, we can say that it is concise, simplified, usually with clearly distinguished main characters, moral or existential problems. The characters seem to represent projections of polarisation, so that they are either good or bad, powerful or weak, criminals or protectors, friends or enemies, good-looking or ugly, etc.

Analysing the characters after the first use of the six-piece story in the whole sample, we realised that these stories are dominated by heroes ready to fight: they are skilled in handling weapons, they know martial arts, they are physically strong and enduring, invincible, aggressive, no matter whether they are real persons, historical personalities or movie heroes. They appear with equal frequency with girls and boys, so that it can be concluded that there are no major differences regarding sex or already described identification models.

There was also no difference whether they belonged either to control or experimental groups. A significant finding is that two thirds of the girls chose male heroes as the heroes of their stories.

Most of the themes present descriptions of endangering situations, struggles against crime, war topics, revenge, killing, arresting, destruction. Another group of dominant themes, smaller in number, deals with helping people in need,

## MONTENEGRO SCHOOL PROJECT

protection from enemies, achievement of constructive goals in life. As far as these two comparative groups (experimental and control) are concerned, it is obvious that they are following the general trend. The same is true for the groups of boys and girls.

As it has been expected, the most prominent conflicts can be found in the sphere of social relationships. All the children, including the children from sub-samples see the social environment as non-stimulating, endangering and aggressive. The heroes of children's stories are after solutions of conflicts through physical activities which, in most cases, contain elements of aggressive behaviour (use of weapons, fights, martial arts), and they present the role of aggression more clearly in the dynamics of creation of these stories. In the same sense we can interpret the way in which the children chose to end their stories: for example, the death of the hero (who dies either as a victim or tyrant), which is somewhat more frequent in the experimental group. The differences regarding sex are insignificant.

In the second use of the six-piece story, the previous character of an aggressive hero makes way for a different hero who provides himself with a safe place in the world, using his own abilities, skills and positive aspirations. Being self-confident, he is pursuing his own way in life. The previous characters still appear frequently, but they do not dominate children's choices. In a way, they lost their original aggressive touch. Their descriptions now reflect an integrative process with other such children as themselves, apart from previous features of their characters, they have added them new ones, such as: readiness to cooperate, affection and care for parents, willingness to provide protection and support, to make compromises.

The changes have been noticed in the group of girls in whose stories male identification models have appeared in one third of the stories, mainly in the experimental group, though such changes have also been registered in the control group.

The changes in dominant characters have resulted in different themes, aiming at positive social roles (successful sports career, business career), prospects in life and clear decisions making in life. Unlike the first use of six-piece story, the second use has produced themes, though in a small number, that deal with clearer adolescent subjects (to be a leader among peers, heterosexual relationships, dating, opposing their parents demands, power play with the environment). This has been registered in the experimental group.

In the experimental group, dominant themes deal with protective roles and achievement of clear goals, i.e. successful social roles in general, while the control group offered uniform themes, focused on practical positive goals, as well as a great number of themes containing aggressive elements.

The themes did not show any significant differences regarding sex. Considering the changes in themes it has been noticed that conflicts are still placed in the social environment, they are not so hard as the previous ones, but reflect a relationship with more constructive social choices (various connected social bans, pressures, and drawbacks).

In the experimental group, conflicts are based on hindering the hero and on his efforts to fulfil his mainly altruistic needs.

We have drawn the conclusion that the experimental group and the group of girls have shown clearer conflicts regarding adolescent topics.

The second use of the six-piece story showed that heroes in a conflict situation rely much more on their own resources (persistence, creativity, alternatives). This model is much more common in the group of girls and in the experimental group. The above mentioned aggressive patterns in overcoming conflicts are still present, but the quality and intensity of the aggressiveness have been changed (it is less intensive now), both in the control and experimental groups, especially in the latter one.

### **Conclusion of theme analysis**

By telling stories about heroes, the children passed through a catharsis experience, which gave them a chance to face difficulties and dangers, to pass through endangering situations, aggressiveness and the experience of successful heroes, who managed to bring them closer to a more realistic perspective.

Characters and situations can partly be understood as symbols of the circumstances that keep affecting the psychological life of children, indicating the real problems that they have to solve on the way to emotional development and maturity in general. The immediate circumstances that differ for the two groups involved in the research (experimental and control) were psychological work with children, i.e. the conducted intervention programme. There is no doubt that some differences in the results gained from control and experimental groups are due to effects of this work with children.

However, some results or changes registered both in control and experimental groups can be understood as their reaction to changes on the external, global level. The first application of the six-piece story took place at the beginning of November, 1995.

That period was preceded by tumultuous times and hardships (a big wave of refugees, war events, expectancy of a peace agreement), all of which resulted in an increase of tension. The second application of the six-piece story was conducted when the prospects of future were more certain and clear (January, 1996).

The amount of aggressiveness in the stories deserves special attention. It could be understood as a phenomenon belonging to adolescence when control of aggressiveness is one of the important developmental requirements. However, this age group usually requires different treatment of aggressiveness from the one offered in children's stories (where it was expressed in a destructive way and ranges from their hero to the environment and vice versa). Having in mind that it is partly due to our cultural heritage (history of wars), we want to distinguish as a primary reason the effects of a long-lasting, chronicled crisis, which seems to have a great influence on shaping children's development. Further summarising of some of the important findings of the research has given rise to such new issues as:

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- ♦quality of object relationships of the children involved in the research, whose polarisation is, in our opinion, serves the function of defence.
- ♦adolescent themes in the stories are not as frequent as was to be expected from this age group.
- ♦it is inevitable to get an impression that male / female roles are confused, i.e. that male models dominate as identification models. This brings us to another question why it is desirable or good to accept a male model for both the sexes.
- ♦heterosexual interests occur in a few places.
- ♦it seems that active mode of functioning, as the mode of using positive feelings in difficult situations has not been registered.

We have listed a few observations which are, in our opinion, indicators of some developmental slowing down.

### **Evaluation of Work Principles that could be Recommended on the Basis of the Findings**

Taking into consideration the findings gained in this research, we could recommend two basic directions in further work with children:

*Stimulating positive tendencies within used modes, such as:*

- ♦Within Ph mode, we can stimulate more efficient behaviour and activities.
- ♦Within S mode, the intervention programme should be directed to developing social support, co-operation, creation of clear roles.

*Stimulating use of undeveloped resources*

- ♦A - work on children's feelings, "ventilation" of feelings, stimulation of their expressing, treatment of aggressiveness in the function of "ego".
- ♦I - stimulation of creativity.
- ♦B - stimulation of the system of value.

### **Second Part**

In the second part of this work we present a short account of the results of our research gained during 1996/1997 school year and the first term respectively. We emphasise that the goals, methodology of the research, intervention programme, and time-range of the research are exactly the same as in the previous school year.

It is important to point out that the School Project in the Republic of Montenegro has been resumed in order to help the children to get used to the new life and circumstances.

They are in a way different from previous times, the current situation is very complicated regarding life in the community, school is of extreme importance for them.

The earlier experience indicates that the children show great interest in this type of work as well as the others involved in the programme in the range of their school activities: psychologists, school pedagogues and teachers.

\* The second part of our research refers to 1996/97 school year

**The Summary of the Results Obtained:**

The research has been carried out on the following sample: 14 boys and 15 girls in the experimental group, (55%), 13 boys and 11 girls in the control group (45%). Thus, in all 27 boys and 26 girls were tested.

In the course of the first goal relating to the examination (observation) of coping mechanisms, it is found out that the following modes are dominant with the children of the whole sample (experimental and control group): Ph, S, C, I, A and B. When we calculated statistical significance among modes frequencies we found out that  $\chi^2 = 21.42$ , significant to a level of .01.

The second part relates to the influence of psychological work i.e. to the effects of the intervention programme on the eventual changes in the coping style:

- The first screening experimental group: Ph, C, S, I, A and B.
- The first screening control group: Ph, S, C, A, B and I.
- The second screening experimental group :Ph, C, I, A, S and B.
- The second screening control group: Ph, C, S, A, I and B.

Differences in coping style regarding sex :

GIRLS : The first use of story: C, Ph, S, A, I and B.

The second use of story: Ph, C, S, A, B and I.

BOYS : The first use of story: Ph, C, I, S, A and B.

The second use of story: Ph and C, S, A, I and B.

Some observations of quantitative analysis:

- ◆In relation to the first research we have a similar BASIC-Ph configuration, the dominant modes still are Ph, S and C.
- ◆We have noted more frequent use of some modes like I and A in comparison with the first research.
- ◆Ph and S modes are less contaminated by the aggressive content.
- ◆B mode is a bit more frequent than earlier.

In the experimental group some changes in BASIC Ph configuration came out under the influence of intervention programme, although these changes are not so obvious as in the previous examination. At the same time the fact that we had significantly smaller sample should not be neglected.

According to sex we have noted the similar trend of changes.

In relation to the type of hero who was dominant in the previous year (we have already described him), for the choices in this sample it could be said that they are so different, therefore they could be hardly put under some general, common categories, except for the fact that the tendency to make a choice on the basis of closeness (friend, parent) is observed now. We also noticed a considerable increase in frequency of imaginary heroes, especially with the boys. Analysing the stories' contents, we noted that there were two basic tendencies: the socially aggressive contents and the contents that expressed an aspiration to self-actualisation.

The aggressiveness in the contents of the stories is remarkably more benign. As we said before, a relationship to the hero appeared, providing a stable and

good object. The adolescent topics in the stories are more frequent in the whole sample.

We have drawn a conclusion that the BASIC Ph configuration in all children is sensitive both to the changes in environmental effects and to those in the intervention programme.

## RECONCILIATION - CHANGING THE FACE OF THE ENEMY

Ofra Ayalon\*

Conciliation - the art of making peace, is normally practised between enemies. When a society moves toward political changes related to peace, there is a need for adjusting the attitudes of the warring groups toward one another. Those formerly declared as 'enemies' will be transformed into 'neighbours', and hostility will be replaced by discourse. Ghandi's slogan: "There is no way to peace - peace is the way", has so far been an unsatisfactory guideline to peace educators seeking efficient methods to establish reconciliation (Keldorff, 1986). Studies on dissolution of prejudice (Lumsden & Wolfe, 1996) suggest that the process of changing attitudes toward the 'other' should start prior to the actual encounter between former adversaries.

The work reported here conveys the development of programmes for enhancing coping and conciliation resources in times of adversity. It stems from over three decades of personal involvement in issues of war and peace in Israeli society as well as in other beleaguered countries around the world. The paper introduces the concept and the practice of a reconciliation training workshop for psychologists who deal with the ravages of war. Before a curriculum for reconciliation can be launched, we have to confront two disturbing questions:

- a. What are the psychological and sociological functions of 'having an enemy'?
- b. What are the psycho-dynamic processes and the educational practices which underlie the 'creating of an enemy'?

If we can decipher these universal queries, we will be better equipped to propose a psycho-social alternative to enmity, namely - reconciliation.

### **Socio-political obstacles for reconciliation**

"Can we live without an enemy?" (Rowe, 1985)

Dorothy Rowe, in her book "Living with the Bomb" (1985), argues that we create our world out of mental constructs and perceive our personal and social identity in terms of contrasts. Thus we can only define ourselves (me) via the definition of 'the other' (not-me). The need for 'the other', 'the stranger', the

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\* Nord International Trauma Consultancy, Tivon, Israel

## RECONCILIATION - CHANGING THE FACE OF THE ENEMY

'alien' as a means of defining the identity of any group and the individuals within it seems to be universal. Conceiving the 'stranger' as a threat helps to bind the group together and contributes to its cohesiveness. By defining the 'enemy' we delineate the boundaries of our group and enhance our sense of belonging, security and self-esteem in contrast to the perceived inferiority of the 'other'. This process, which is apparently as old as civilisation, is repeatedly reinforced in families, schools, communities, football teams, ethnic and religious groups, political parties, and, above all - in nations.

The hopes for changing these long-lasting alienating processes, scant as they may seem, lie within the above mentioned constructivist theory. Namely, the mind that had created them can, with appropriate prompting, *recreate a pro-social conception, by which the 'other' will be seen as a resource rather than as a threat*. Under certain conditions, curiosity and courage can replace suspicion. The same curiosity that drives us to enrich our lives and the courage to change with changing circumstances are essential for our survival.

### Psychological and educational obstacles for reconciliation

*"In the beginning we create the enemy. Before the weapon comes the image."* (Keen, 1986)

Depth psychology has presented us with insight and evidence, that show how the 'enemy' image is constructed from denied aspects of the self. By means of the central defence mechanism of 'projection' a process of inner splitting takes place in the individual or in the group: the 'good' splits from the 'bad'. Rejected elements' such as meanness, jealousy, greed, hatred, etc., are denied as parts of the self and ascribed to the 'other', be it a person, a group of people, or a whole nation (Volkan, 1990).

Jung (1980) coined the concept of the 'shadow' as a powerful metaphor of the 'dark side' of the personality, that contains those undesirable qualities and attributes we refuse to admit as are own. By denying them we allow them to control us. As it seems unlikely that we would acknowledge the internal split between good and evil parts of the self, "we are driven to fabricate an enemy as a scapegoat to bear the burden of our denied enmity" (Keen, 1986). This split is responsible for creating 'enemy masks' in our imagination and sticking them onto the faces of those whom we define as the 'others', without differentiation. These masks convey the archetypes of the 'Shadow' and 'Evil'. The enemy is described as inhuman and inferior, containing a host of negative attributes such as ugly, dirty, greedy, dishonest, criminal, barbarian, satanic. Clad by images like these, the 'other' becomes a ready target for persecution and destruction. These perceptions are often reinforced by education from early childhood and by political brainwashing later on in life. This combination is very effective. It enables us to attribute certain hateful and threatening qualities to a group of people whom we perceive as alien or different. Situations of political rivalry and war create a vicious circle, which feeds these stereotypes and is fed by them.

The interface between external hostile encounters such as in war-induced violence, and projections of inner rejected parts, generates a persistent psycho-social fear/hate combination very resistant to change. When we look at the roots

of war from a Jungian perspective, we might gain psychological tools for reversing the odds. (Abrams & Zwieg, 1991). This perspective can teach us how we may reclaim the shadow we have projected onto the enemy. By gaining awareness of the duality of 'good' and 'evil' within the human psyche, we must experience and understand our tendency to project the internal 'evil' unto others. By re-owning these rejected parts of ourselves we take the first step toward accepting the 'other'. In his powerful essay on "Faces of the Enemy" Keen (1986), inspired by Jungian 'shadow' theory, raises a series of questions: "How do we struggle against paranoia, illusion, self-indulgence, infantile guilt and shame, sloth, cruelty, hostility, fear, blame, meaninglessness? The creative answer to this struggle against the 'demonic temptations of the self' leads to a search for new ways to fight the distorted, perverse, injurious within the 'self'. The goal of meeting and accepting our 'shadow' is to stop the dangerous splitting and projections. It demands a growing ability to contain the tension of the opposites to contain both good and evil, right and wrong, and integrate them in our personality".

When the time for change arrives, as, for example, following political negotiations with former enemies, there also arises an opportunity to change and adjust the inner processes of projection of the 'evil', of scapegoating and of vengeance (Schmookler, 1988).

### **The wounds of trauma**

*"If you could lick my heart, it would poison you" (a Holocaust survivor)*

Not all is projection. We have ample evidence that personal traumatic experiences may, in some cases, induce bigotry, xenophobia and violence, as mechanisms to ward off the horrible fears and memories of the trauma and vent massive grief and anger. Post traumatic aggression, along with other PTSD symptoms of suffering, needs post traumatic therapy before it can be channelled into more constructive modes of operation (Ayalon, 1998a). Loss and grief take their toll. Unattended grief, so frequent in times of war and mass destruction, may fester for years and erupt in dangerous anti-social behaviours. The range of strategies for coping with massive traumatisation varies tremendously. Some survivors adopt military strategies, some end up depressed and sick, while others (the majority, according to Herman, 1992) adopt a heroic and/or humanitarian strategy.

### **An interactive encounter between representatives of adversarial groups**

The following are vignettes from the reconciliation training process, as well as descriptions of specific techniques used to enhance the goals of post-war interventions.

It is difficult enough to conduct encounters between antagonistic groups in the aftermath of hostilities, but it is usually deemed impossible to do it **during** active hostile acts of war. Just as the prospects for cease-fire were looming over war ridden FY (as a result of diplomatic negotiations in 1995) - we dared to try the impossible. We brought together a group of psycho-social caregivers from Bosnia, Serbia, Croatia, Macedonia and Montenegro. These colleagues,

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dedicated to repair the ravages of the war in their communities, had trained with us over the previous years in separate seminars both in Israel and in their respective countries. Now they convened together on neutral ground to negotiate the psychological prerequisites for reconciliation.

The core issue of this volatile encounter was TRUST. Could the participants trust each other? Could they trust us, the trainers?

We, the three Israeli trainers, have gained the cooperation of the participants during our previous seminars. We drew our professional expertise from living and working in trauma relief services in a country with a long history of war traumatisation, (Ayalon, 1983; 1992; 1993a;b;c; Lahad 1997. Gal, 1996) The fact that the trainers live and work under similar circumstances as the participants enhanced our credibility as having a personal and professional 'shared fate' experience with them. The participants were already familiar with our salutogenic (health oriented) approach for enhancing the coping resources of individuals and groups under stress. They accepted the fact that helpers, as part of their beleaguered societies, were scarred by the same war whose scars they have been trying to heal. Their need for personal healing was acknowledged. Great emphasis was put on empowering the participants while introducing new skills for working with trauma recovery, bereavement, violence, refugees, repatriation and reconciliation. The traditional concept of 'super-vision' was replaced by 'equa-vision' (Capewell, 1995), to express the mutual, active and independent learning process, in which the trainers offer themselves not as leaders but as resources for continued learning. All these elements were considered the building blocks of trust.

### **Obstacles, risks and challenges**

This encounter had brought together people *separated* by the atrocities of war. The war eroded and destroyed the potential for communication and collaboration. It was obvious that the wounds of war were still raw, reflecting the shattered sense of self and shattered sense of community. The meeting was a challenge fraught with anxiety, hate, suspicion, pain and anger, tinged with fragile hope and commiseration.

The challenge was to help the participants go through a process of psychological conversion, to help them relinquish entrenched attitudes and claims for victimhood. As one of the participants said on the first day: "I cannot accept that the other side's children are as vulnerable as ours and have suffered as much". Although they all shared an implicit agreement not to open up the 'Pandora's box' of political polemics for the sake of the pursuit of recovery and reconciliation, the clashes between seeming perpetrators and obvious victims was irresistible to many of the participants. At that stage some of them perceived the acknowledgement of all having a 'shared fate' as an assault on their sense of justice! In the first phases of the training workshop the unspoken tensions mounted to an alarming degree, although they were muted by professional self-discipline, they were nevertheless visible in body language, averted gazes, or a random tear. The encounter began with animosity, suspicion, blame and guilt

between the different adversarial sub-groups, and it gradually evolved into an interactive and subsequently mutually supported professional network.

In addition to these obstacles they all shared a perturbing sense of uncertainty, which loomed like a cloud over this ambiguous encounter, concerning the results of the political negotiations in Dayton, Ohio. Failure of these negotiations threatened to annihilate any prospect for implementing the emerging reconciliation projects so carefully developed in the workshop.

### **A safe place**

For a long time social psychology has harboured the notion that bringing together representatives of rival factions and hosting them in a benign atmosphere helps relinquish animosity. In most cases subsequent research proved the mere encounter as ineffective, unless the two opponent groups unite through a 'super-ordinate' purpose that pulls them together (Lewin, 1948). Subsequently we have also come to realise that resistance to changing attitudes toward an opponent is rooted in "psychological need, such as identity, security, recognition, participation, dignity, justice, and pervasive fears" (Kelman, 1991). Realising the failure of most social/rational conflict resolution training to produce a viable and transferable change (Lumsden & Wolfe, 1996), we sought out a new approach, one that would cater to emotional needs as well as to the need for cognitive re-evaluation and pro-social activities.

The rebuilding of a society that can heal from war and develop means for existence in peace needs the reconstruction of the damaged 'social zone'. Obviously this task was beyond the scope of the workshop. On the other hand, methods for healing the traumatised 'individual inner zone' were well within participants' scope, as mental health workers. But at the start it was almost impossible to share these therapeutic concerns in such a mixed group. Therefore it became vital to create a third zone - that will provide a 'transitional space' (Winnicott, 1971; Lumsden, 1995), in which individual healing and societal reconciliation could take place. As creative play in the life of children is absolutely necessary for their moving between the inner conflictual world and outward reality, so was the *creative-metaphoric engagement* vital for the adults participants, because it afforded them *a safe space in which to experiment with change, healing and growth and attempts to create order out of chaos*.

What follows are a few examples of the creative techniques and strategies we used in operating in the third 'transitional' zone.

#### **1. Meeting your inner demons**

Modes: Imagination, Affect and Cognition.

Methods: inner-dialogue, painting, role-play, music, dance, cognitive reconstruction.

We entered the 'third zone' of creative expression by presenting an array of small objects and picture cards, to choose from them 'love' and 'hate' objects. Participants could project onto them the inner split between 'me' - the positive self-image, and the 'not-me' - the evil, demonised enemy. They carried imaginary dialogues between these personified images, than they identified and role-played their chosen 'monster', used an imaginary camera to enlarge those

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demonic images and then shrink them to minuscule stature, using N.L.P. techniques (Bandler, 1985). These activities helped participants expand their self awareness and finally accept the 'demons' as their own inner projections. As political scientists like Sandole & Merwe (1993) suggest, "if we desire peace, each of us must begin de-mythologising the enemy, re-own our shadow, study the endless ways in which we deny and project our selfishness, cruelty, greed and so on onto others".

This process created the *bridge between inner splits and inter-personal conflicts*. It lay the grounds for later discussions of methods for bridging polarised ethnic and political groups.

### 2. Foe or Friend: Changing attitudes toward the enemy

(Modes: Affect and Belief systems. Methods: storytelling, writing and re-narration)

Hot issues of national loyalty vs. humanitarian values were approached indirectly through a metaphoric story in the method of bibliotherapy. The story placed the conflict between national loyalties and humanistic commitments in a remote time and place (Buck, 1950) It tells about a Japanese doctor during WW2 who is confronted by a moral dilemma, whether to *cure or kill* a wounded American-enemy soldier who escaped from prison. When faced with the unavoidable conflict, the 'hero' of the story has to make a choice between these two sets of values.

The therapeutic benefit of a well chosen story lies in the fact that it conveys taboo subjects, pain or fear in the disguise of a metaphor, allowing the audience to find in it some solutions that seem tailored for them and their unique internal struggles. This applies to the explicit content as well as to the implied messages. Therapeutic use of stories involve specific tasks, to fill in the gaps in the story with the listener's own images, projections and experience. The tasks are designed to facilitate personal expression, and trigger memories, knowledge, wishes, and expectations (Ayalon, 1993d; 1996).

In the "Enemy" story, participants were asked to play the role of a 'metaphorical advisor' and re-write the story-line. Each participant's story subtly reflected moral concerns and conflicts regarding the issue of communicating with 'enemies'. The new narratives were then shared and discussed in the group, within the safe space of the metaphor, as a prelude to dealing with real life situations. Examining value-laden dilemmas from the safe distance of the metaphor enabled participants to gain more flexibility and tolerance than might have otherwise been possible. The transitional space of 'as if' reality enabled them to leave entrenched images of the enemy and negotiate new alternatives. The structure and process of metaphoric story-making (Gersie, 1997) in dealing with unresolved issues, provided the participants with a potent tool for future endeavours in reconciliation work within their communities.

### 3. Body memory and healing

(Mode: physical. Method: relaxation, body-games, physical interaction. The importance of the physical component in conflict, trauma and recovery cannot be

over-emphasised. In traumatic experience the sensory-motor system is highly aroused and the body remembers the traumatic shock long after cognitive reframing has transformed past events into distant memories or even abandoned the memories altogether (Herman, 1992). The need to heal the body-image has been incorporated into therapy by special methods which centre on awareness of body-responses, personal space, and boundaries (Rothschild, 1993). The body operates in a personal space, the same space that is invaded by the stranger, the rapist, the gunman. With this in mind, we integrated into our workshop the following activities, to enhance the physical coping resources. We introduced a physical-metaphorical game activity that emphasised the body's vulnerability while teaching how to protect its boundaries without reverting to retaliatory violence. Each participant held one end of a short rope, that was tied on the loose end to all other ropes, thus representing bondage and limited personal freedom. At the suggestion of the trainer, the ropes that had previously constricted freedom of movement were transformed into protective devices, to delineate boundaries, to support and to bond. The 'game' continued until everyone was exhausted and the duality of the physical sensation has sunk in. Other non-verbal bodily explorations were experimented with between individuals from rivaling factions, for each of them to find the kind of touch that was supportive and non-threatening and to begin building trust beyond what words could achieve.

The direct physical experience came as a surprise to the trainees. According to their own statements, they had seldom considered including body-experience in their therapeutic work as desirable or even legitimate. Eventually a consensus was reached, stating that the body/self image needed confirmation in the process of building personal and inter-group trust. In the new language of psychopolitical conflict resolution, 'confirmation' came to imply acceptance of the other person's most fundamental values and self-worth (Montville, 1993).

### **Reflections: the wounded healer as the agent of peace**

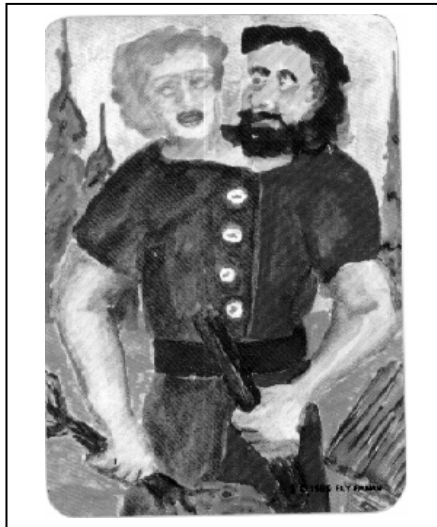
Therapists exposed to traumatic material often testify that they run the risk of becoming traumatised themselves. Work with trauma victims can be particularly challenging for the therapists, who might even take over the pain and the hurt of their clients, without always being aware of the emotional contagion. This pending risk has received different names, such as "vicarious traumatisation" (Lansen, 1993), "secondary traumatic stress disorder" (APA), "burnout" (Pines, 1993) and more recently "compassion fatigue" (Figley, 1996). Figley calls it "the stress of caring too much", but it can also be the stress of being a 'near miss', as a member of the community under fire (Ayalon, 1992). Trauma therapists in former-Yugoslavia and in Israel, who are exposed to both primary and secondary traumatisation at the same time, are well familiar with this risk. The creative interactions in this workshop, aimed at protecting helpers against compassion fatigue, comprised a major support in the participants' new role as peace educators and conciliators.

**Conclusion**

A holistic, multi-channelled programme of conflict resolution and reconciliation was shared by an Israeli training team and a group of caregivers from former-Yugoslavia. The concept of 'transitional space' provided a safe container for wrestling with seemingly intractable issues.

It would be presumptuous to assume that a one-time intervention, however effective and moving, will have a lasting impact on attitude-change. We are committed to searching for new methods and to opening up more than one communication channel to reinforce change.

The issue of reconciliation has not been exhausted, but Pandora's box has been opened, and at the very bottom we may find HOPE.



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