

Psychosocial support in the shadow of war

Nancy Cohn and Jack Piachaud

Medical Action for Global Security (MEDACT) is an organisation whose members are mostly from the health professions and are committed to nuclear disarmament, prevention of organised conflict, third world development and enhancing the prospects of a safer and healthier world.

In 1994, UNICEF UK approached the psychosocial group of MEDACT, which was working on refugee issues, to see if they would offer assistance to the UNICEF psychosocial programmes for war-traumatised children in the former Yugoslavia.

The group, numbering about 15 from a variety of disciplines, held a series of meetings to discuss this possibility, to educate itself and to develop a model of practice. It was felt that by using a cautious, reflective approach, support could be offered by means of short visits on an ongoing basis to various UNICEF projects in the former Yugoslavia.

A contract was established whereby UNICEF met the local costs and MEDACT met travel costs through fundraising. Four programmes of visits were established, this paper describes two.

Work in Serbia – Networking with professionals

Two members of the group, a counsellor and a psychiatrist (J. P.) went to Serbia in November 1994. The war in Bosnia was stuck in a despairing phase and sanctions had caused a collapse of the Serbian economy. There were nearly half a million refugees in Serbia, over 20 000 were in collective camps, a third were children.

We were introduced to the senior staff running four UNICEF projects and to the staff working in the projects; teachers, pedagogues, psychologists and doctors. These projects addressed self-esteem in preschool children, the recognition and treatment of symptomatic children in schools, support to a collective camp of 200 unaccompanied children, and a training programme on psychological trauma for paediatric primary health teams.

The first three visits involved meeting these people and discussing how their projects were

going, taking over books and articles that would be helpful, and making some contacts with other professionals in the UK on their behalf.

There were many accounts of personal tragedy. These were revealed formally during a group meeting or informally over a break. People seemed keen to talk and relieved that some outsiders were interested in their stories and in their difficulties. Feelings of uncertainty and impotence were powerful, which reflected the nature of war. Our sense was of fragmentation of the system and of individuals feeling isolated.

On the third visit we proposed holding two workshops to bring together the staff working in the projects so they could reflect on the experiences of the last few years and to consider ways forward in their work. This proposal was accepted by UNICEF and a programme of group activities was devised jointly with the project leaders.

On the fourth visit we facilitated two workshops for project staff and the key professionals running the projects. The programme combined activities of group coherence and sharing at an emotional and experiential level with cognitive reflection and problem-solving. Each workshop was spread over three days with two nights together, this was short but gave some feeling of relaxation and distance, promoting group cohesion and reflection. As with most of our work we felt our role to be catalytic rather than directive. *Being* there seemed the most important act, the presence of two outsiders generated for our colleagues an activity of their making which would not otherwise have taken place.

Our focus now, through discussion with our colleagues, is to consider models which explain the conflict and may help people leave past experiences behind.

Work in Montenegro – Supporting a children's hospital

Two child psychotherapists (one being N. C.) were assigned to the Children in Need Project in Igalo, Montenegro. This children's hospital had

been seeing children from all parts of the former Yugoslavia, as well as other European countries. It specialised in treating children with chronic conditions. With the onset of war the hospital was left with a fully staffed unit and they decided to offer a service to children traumatised by the war. At first they treated children by concentrating on their physical injuries but soon realised the need to address the psychological trauma.

Our role was to offer both professional and personal support to the hospital staff. We visited for a week, every four months over a two-year period. It has been important to be flexible, responding to whatever and whomever we have found at each visit. Initially, we spent time with all the staff groups: nurses, doctors, physiotherapists, cleaners, activity leaders, psychologists, kitchen staff and maintenance staff. All were involved with the children in their own way and most welcomed the chance to talk about their feelings and concerns.

It seemed important that there were two of us, and some advantage to our being a male and female pair. We were related to differently and were able to make use of this. The staff we were working with appeared to see us as a unified pair, which we felt allowed them to use us, and at times reject us, knowing we could manage on our own. Obviously, it was important that we could support each other.

They were a remarkably warm caring group of people, giving what they could to the children in their care. At the same time, they were also affected by the war and trying to cope with their own families' survival. They had many foreign visitors over the war years and our impression is that at times these visits added to their burdens rather than relieved them.

We offered ourselves and we were used in various types of interventions, some working better than others. We were probably most helpful when we were able to give them the space (by being there to listen) to talk about their feelings about the war as it affected themselves, and their concerns about the children they were treating.

After two years and seven visits this work has now come to an end and although finishing was difficult, we were pleased to have the opportunity to plan our ending and leave as things began to feel more hopeful.

Comment

The evaluation of such a project is not easy. Our belief and the views of the people with whom we made contact is that the work was helpful. One motive for writing this is to encourage others to think along similar lines. The world is beset by tragedies, many of man's making and we are sure that many people are touched by these. One question is how to respond without disrupting the routines of life at home.

Occasional visits carried out over time can bring crucial support to those living and working in the shadow of war and can be accepted even within a busy National Health Service. Colleagues have been interested and supportive of our work.

The work in the former Yugoslavia has affected our work here. At times we have found ourselves rather unsympathetic to some of our clients, thinking that they should realise how little they really have to worry about. Fortunately, such feelings do not last in that unhelpful form.

The work helped us to keep our own organisational and resource frustrations in perspective leading to calmer responses. It has increased our confidence in working with trauma and in complex situations. For one of us (N. C.) the service as a whole is now more involved with trauma work, extending links to a regional plastic surgery and burns unit.

The war in the Balkans may have finished but the task of social reconstruction is now underway. With the intense pressure of the war removed there is no sense of victory, only that of a meaningless waste. During the next few years the creative and constructive elements will need all the support they can get. Such scenarios are repeated many times around the world.

Acknowledgement

This work relies on the support of the MEDACT Psychosocial Group, on UNICEF and the many courageous people we have met who have continued humanely under such difficult circumstances.

Nancy Cohn, *Psychotherapist*, and *Jack Piachaud, *Consultant Psychiatrist*, MEDACT, 601 Holloway Road, London N19 4DJ

*Correspondence