

“My Heart is Still in Bandages . . . ”

BY LEAH CURTIN

In late 1995, a partnership between the Franciscan Health Partnership and hospitals in Biograd and Zadar, Croatia, was established. One of the partners' main objectives was to establish services to help the hundreds of Zadar citizens who suffered from post-traumatic stress disorder (PTSD) as a result of the recent war (see “Understanding Post-traumatic Stress Disorder in the NIS and CEE,” page 24). My experiences in Croatia—and for a short while, in Bosnia—were quite different from those of the other AIHA Zadar/Franciscan partners, for I was there to write a book, to listen to people—especially to children—to learn about their experiences, and then to tell their stories. The book was the brainchild of Sister Joanne Schuster, SFP, who envisioned it both as a way to tell about children's experiences of the war and, through its sales, as a way to benefit them long after the partnership was officially over.

Through Sister Schuster's kind efforts, I met Patricija Padelin, child psychologist at the hospital in Zadar, who helped me navigate the terrain of these children's experiences as they shared their stories with me.

When Priya Chandra, an AIHA in-country pro-

gram coordinator learned of the project, she flew to Zadar to meet me and to see how she could help. Priya put me in contact with the wonderful people of Suncöret, a Croatian refugee organization headquartered in Zagreb; they, in turn, arranged for me to visit a refugee camp and talk to people from throughout former Yugoslavia. Thus, the stories told in the book that resulted from my visits, *Sunflowers in the Sand* (Madison Books, New York, 2000), come from children who lived throughout Croatia and Bosnia.

By listening to the children, looking at their drawings, and discussing art therapy with Patricija Padelin, I began to understand the place of art in the telling of stories and the healing of hearts. Very early on, I began collecting the children's art, some of which is reproduced in the book. I learned far more than anyone would ever want to know about children of war, and in some small part, I lived their experiences as they relived them in the telling.

The people from NGOs like UNICEF will share the statistics with you; all I can share are the stories, which I made no attempt to authenticate, analyze, or rationalize. Nor did I, or could I, treat the children's physical or psychological traumas. The children did not even ask questions of me: I was the one doing the learning, and well they knew it. “War . . . is to be so afraid that you cannot sleep, even when there are no bombs,” 13-year-old Darija instructed. “It is to see everything, *everything*, destroyed. I cannot speak of those

who are dead,” she said very solemnly, “my heart is still in bandages.”

Indeed, I did not meet a child—wounded or not, psychologically scarred or not—who had not lost someone significant: mother, father, sister, brother, aunt, cousin, teacher, or friend. Some had lost far more. There was Hrvorje who, at age six, is blind in one eye and suffers cataracts in the other, and whose head is flat and soft on the side where physicians had to remove a piece of his skull. The grenade that killed Hrvorje's grandmother almost

killed him. His older brother found him, and somehow his mother got him to a hospital in time to save his life. Then there's Amira, whose home was hit by bombs or mortar, who still dreams of body parts floating in wine, and misses her cat and her mama; perhaps even in that order. Ana lived through the massacre at Skabrnje, and depicts herself as a skeleton propped against a wall dripping with blood (see Fig. 1). And little Mario, who was born after the war, but suffers from it nonetheless. His father has PTSD and yells so much that when Mario draws a picture of his family, his father is always drawn without a mouth.

The war keeps on killing. Just last August, Patricija Padelin sent me some more pictures—happy ones drawn by the children of Skabrnje after their village was rebuilt and they were home once again (see Fig. 2). Then the war struck yet another time: Although the men of the village worked very hard to clear their



Leah Curtin

Photo courtesy of Leah Curtin.



Figure 1. Ana depicts herself as a skeleton propped against a wall dripping with blood.



Figure 2. One of the happy images drawn by a child after returning home.

fields of all the land mines, three children found one—they are all dead.

So many children were affected—Ante and Luka; Doris, Ivo, and Eduard; Sara, Lucija, Karlo, Davor, and Emil; Matija and

Ines; Dragi and Frane. And their memories are still alive, and so are most of them. It is important to remember that most of them are still alive. And while they have not forgotten the terrors of war, life goes

on. If the little damaged ones are treated skillfully and nurtured, if the air can be cleansed of adult hates and prejudices, there is hope for the future. When the war was going on, all the children wanted, longed for, was it to be over. Now that it is over, the children yearn for normalcy. And if there is one thing they know for sure, it is that peace is necessary for normalcy.

Postscript: As of September 2000, the Franciscan Sisters of the Poor Foundation has raised \$30,000 for the children of Croatia from sales of Sunflowers in the Sand.

Leah Curtin, RN, ScD(h), FAAN, is the editor and publisher of "Curtin Calls," an interactive Internet publication/forum that addresses issues in nursing. If you would like to purchase the book, please send a check for US\$30.00 made out to the Croatian Children's Fund and send it to Croatian Children's Fund, Franciscan Sisters of the Poor Foundation Inc., 708 Third Avenue, Suite 200, New York, New York 10017.

Working With the Mentally III:

A Psychologist's Perspective

In September, Zoya Shabarova spoke with Irina Tikholaz, a psychologist at the Ukrainian Psycho-Diagnostic Center in Kiev and a member of AIHA's Mental Health Task Force. Irina is a graduate of the Taras Shevchenko State University in Kiev, where she received a degree in psychology. She has been working in the mental healthcare system for almost 20 years.

Shabarova: Can you please tell me what it is like to work in the field of mental health in Ukraine.

Tikholaz: Working in the field of mental health in Ukraine, I believe, is essentially

no different from this type of work in any other country. First of all, it is work with mental patients, and mental illness has no nationality. If I speak about what it is like in Ukraine . . . well, in my country it may take a greater effort and commitment to the job because the number of mental patients—due to many economic reasons—is high. Thus, one psychiatrist has to monitor around 30 patients. Consequently, the workload is heavy, and to be able to really help patients in a timely manner, one often has to sacrifice one's free time and personal interests. In addition, since patients receive poor social protection, psychologists need to have not only a sound professional background, but also a great capacity for understanding. I think this is the main difference.

Shabarova: What do you feel is the most

rewarding aspect of your work?

Tikholaz: That is probably when my patients, after their frustration has abated, come to thank me for helping them. I am glad when I can do something to improve a patient's condition in the hospital. While psychiatrists are loaded down with work, a psychologist can give patients more time than these doctors, and psychotherapeutic communication with the psychologist alleviates the pain of staying in the hospital. You know, apart from drug therapy the patient needs a great deal of warmth and understanding.

Shabarova: What do you feel when you are unable to help a patient? What are the greatest challenges and obstacles you face as a mental health clinician?

Tikholaz: When I am unable to help a patient I feel bitterness and despair, the more

AIHA Voices



Photo: Kathryn Ulan.

Irina Tikholaz

so because a patient often cannot help him or herself either. As for the greatest obstacles, if we forget about treatment conditions in hospitals, it is a patient's unwillingness to be treated, to interact with a clinician, that can be the greatest obstacle to their treatment. A patient

is often a captive of his or her disease; he or she will sometimes slam the door and leave, and you cannot make him or her return because psychotherapy is a personal choice.

Shabarova: What techniques have you found to be most effective in the treatment of your patients?

Tikholaz: Because I work mainly with patients who have psychotic disorders, the most effective technique for me is rational therapy. This means I try to help the patient adapt to his or her condition. I help him or her become aware of the disease and the need for treatment and medical aid.

Shabarova: In a perfect world, what changes would you like to see in the mental healthcare system in Ukraine?

Tikholaz: First of all, I wish that psychiatry would become more human and the patient's fate would not be dependent on the kindness, virtues, and moral qualities of the specific doctor, nurse, or clinician dealing with the patient. I would also like to see all professionals working in the mental healthcare system—even if they do not feel attachment to their patients—to respect their patients and to see in their dreadful disease a suffering human being.

Zoya Shabarova, a psychologist by training, is former regional director of AIHA's West NIS office and a consultant living in The Netherlands.