The American Journal of Family Therapy

Post-War Trauma and Reconciliation in Bosnia-Herzegovina: Observations, Experiences, and Implications for Marriage and Family Therapy

Briana S. Nelson
Kansas State University,

To cite this Article Nelson, Briana S.(2003) 'Post-War Trauma and Reconciliation in Bosnia-Herzegovina: Observations, Experiences, and Implications for Marriage and Family Therapy', The American Journal of Family Therapy, 31: 4, 305 — 316

To link to this Article: DOI: 10.1080/01926180390201990
URL: http://dx.doi.org/10.1080/01926180390201990

PLEASE SCROLL DOWN FOR ARTICLE
Post-War Trauma and Reconciliation in Bosnia-Herzegovina: Observations, Experiences, and Implications for Marriage and Family Therapy

BRIANA S. NELSON
Kansas State University

The 1992–1995 war in Bosnia-Herzegovina caused much devastation in that region of the world. This article describes the themes and issues that emerged from information gained from interviews with Bosnian professionals through a project entitled “Trauma and Reconciliation in Bosnia-Herzegovina,” funded by the National Research Council. The current issues facing Bosnia include complex trauma-related and post-war issues, lack of coordination in professional services, limited outcome research and program evaluation, and the need for services for children and families. Recommendations and implications for marriage and family therapy are included.

“Dayton was better than war but far from a just peace.”
Former Bosnian President Alija Izetbegovic, on the day he resigned from Bosnia’s joint presidency (10-14-00).

War has been identified as an “extreme traumatic stressor” (American Psychiatric Association [APA], 1994, p. 424) that may produce long-term consequences in the survivors. These consequences include intrapersonal effects on the individual (e.g., post-traumatic stress disorder) and interpersonal effects between the trauma survivors and others with whom they interact.
When mass communities experience the atrocities of war, as was the case in the former Yugoslavia region of Bosnia-Herzegovina between 1992–1995, the impact of war becomes multiplied and complex, extending beyond the individual trauma survivor. Everyone in Bosnia-Herzegovina has experienced a plethora of traumatic events; no one has been left untouched by war.

PROJECT DESCRIPTION

The 1992–1995 war in the former Yugoslavia produced devastation and destruction in the now independent countries of that region. In September 2000, the author traveled to one of these countries, Bosnia-Herzegovina, as a member of a National Research Council (NRC) Young Investigators Program. The NRC, which is part of the National Academy of Sciences in Washington, DC, provided grant funding for a two-week, multidisciplinary program, “Trauma and Reconciliation in Bosnia-Herzegovina.” This project included eight researchers and professionals from throughout the United States in the fields of medicine, psychiatry, psychology, political science, occupational therapy, and marriage and family therapy. In addition, the team included four professionals from Bosnia, who specialized in the areas of medicine, social work, and psychology. The purpose of the NRC program was to promote professional development for American experts in the early stages of their careers and to provide participants with an opportunity to advance their professional research interests while gaining unique cross-cultural experience. As a marriage and family therapist, this was a unique opportunity that allowed the author to gain an international perspective on the consequences of trauma, particularly post-war experiences in a community that is trying to rebuild from the devastation that began almost a decade ago.

During the course of the program, the team of U.S. and Bosnian scholars met with a variety of professionals around the country of Bosnia-Herzegovina. In all, approximately 19 meetings were held with professionals from various organizations, including hospitals, mental health centers, local and international nongovernment organizations (NGOs), religious organizations, women’s organizations, schools and children’s homes, and others. These meetings provided information from the perspectives of local professionals on post-war reconstruction in Bosnia. The primary issues and themes identified in these meetings are described next.

FOCUS ON THE PAST: TRAUMATIC EVENTS OF WAR

“Bosnia is a post-traumatic society.”
Statement from a psychiatrist during the Psychiatric Clinic, KCU Sarajevo meeting
Although recovery and reconstruction efforts are prevalent today in Bosnia, the fact that all Bosnians have directly experienced severe and traumatizing events remains a central part of the Bosnian culture. Representatives from several organizations described the events of war as a primary component of their current work. For example, the secretary of the War Crimes Commission in Bosnia described the data on war crimes that have been collected since 1992. He reported that the Commission has collected information on over 31,000 names of war criminals, 220,000 names of victims of war crimes, 75,000 names of people who were killed or are missing from the war, 45,000 names of people who were imprisoned during the war, 329 mass graves, over 800 villages were totally eradicated, and over 20,000 women who were raped as an act of war (M. Tokaca, personal communication, September 20, 2000). Another organization, the Association of Citizens “Mothers of Srebrenica and Zepa Enclaves,” described their mission of searching for the persons missing as a result of the fall of Srebrenica on July 11, 1995. The women of this organization described the horrors they witnessed when soldiers took over 10,000 people from that region of Bosnia, people who were their husbands, sons, children, grandchildren, neighbors, and friends. There is no information or “truth” about what happened to the people who are missing from this region. Bringing truth to the people of Srebrenica and justice to those who are responsible for their disappearance is of primary importance to the survivors of this war.

The issues of finding truth and justice for the atrocities committed during the war were issues described by many groups. The reality of the war was clear, as many professionals shared the memories of their own personal experiences during the war. As with most survivors of trauma, the horrors of the war are etched in the minds of all Bosnians. It was evident that although most people in Bosnia are trying to rebuild their lives in the present state of peace, the past remains a very distinct part of their current lives.

“Stress, crisis, and psychological trauma are the three elements of life for all Bosnians.”

Statement from a mental health professional during the Center for Mental Health Meeting in Travnik, BiH

Since the Dayton Peace agreement in October 1995, the people of Bosnia have focused on recovering from the war and reconstructing their lives. It has not been an easy road, as noted earlier, as many professionals describe the complexities of life in Bosnia and the severe problems faced more than five years after the war. Although the rate of post-traumatic stress disorder (PTSD; APA, 1994) among the population of Bosnia is estimated at 25–40% (Institute for Public Health of Bosnia and Herzegovina, 2000), it is unclear, based on evidence from our meetings and the information provided by Bosnian professionals, whether the current rate of PTSD in Bosnia is actually that extensive. Research has suggested that the rate of PTSD ranged from 18–
38% during or immediately after the war (De Zan, Anic, & Klain, 1992; Mollica et al., 1999; Thulesius & Hakansson, 1999) to as high as 94% in children during the war (Goldstein, Wampler, & Wise, 1997). Most of the research was conducted with refugee samples and may not generalize to non-refugee populations or be accurate indicators of current PTSD prevalence rates in Bosnia, which currently are not available in the literature.

POST-WAR ISSUES: MULTIFACETED AND COMPLEX SOCIOLOGICAL PROBLEMS

Goldson (1996) described the direct effects (permanent injuries, death, structural damage) and indirect effects (malnutrition, infectious diseases) of war. Although the direct effects of the war in Bosnia remain a visible reminder of the past, the indirect, or secondary, effects appear to be most prevalent currently. Mollica (2000) stated that “although only a small percentage of survivors of mass violence suffer serious mental illness requiring acute psychiatric care, the vast majority experience low-grade but long-lasting mental health problems” (p. 57), including demoralization, lack of trust, and physical and mental exhaustion. Although less severe, these issues represent chronic stressors that reduce the quality of life for survivors of war, and these problems remain central components of life in Bosnia.

Trauma-related symptoms were described as more “complex” now than during or immediately after the war. In Bosnia, the long-term effects of trauma appeared to be less related to psychiatric disorders, although certainly there are individuals in Bosnia who continue to suffer from PTSD and other mental health problems. The prevalence rates of PTSD, depressive disorders, anxiety disorders, and other forms of mental illness in Bosnian populations have not been extensively researched and current data is absent from the literature. However, several problems are faced by a majority of individuals and families in Bosnia; thus, they reflect broader sociological or community issues. These issues have been described as more “complex” or secondary psychosocial problems related to post-war trauma and reconstruction, including poverty, elevated unemployment rates, lack of housing, family disruption, domestic violence, child abuse, substance abuse, and other quality of life issues, similar to what Mollica (2000) described. One professional described the post-traumatic stress issues as being “different from other wars... you can’t compare Bosnia to other wars.”

Adequately addressing the needs of the Bosnian people appeared to be the primary focus of many domestic and international organizations in Bosnia. Although many direct services were provided to families, some organizations were less focused on the psychological needs of individuals and families and identified the need to assist people with basic physical needs as a primary priority. For example, helping a family access food or housing may
be a main priority, rather than focusing on mental health problems. Some organizations provided a variety of services to help communities reintegrate by promoting cooperation between small networks of community members. It is estimated that over 1,568,000 people are displaced persons or refugees in Bosnia, which represents almost one-third of the population (Institute for Public Health of Bosnia and Herzegovina, 2000). Many Bosnian people remain displaced from their homes and unable to return at present because their previous communities are not safe. Thus, communities are faced with trying to obtain basic needs like food and shelter, while more complex, psychosocial issues remain unresolved.

The current reform occurring in the Bosnian health care sector also directly impacts services being provided by mental health organizations. Bosnia is experiencing a transition from the psychiatric treatment of mental disorders to the utilization of community-based mental health approaches to treat the effects of war. Current training models reflect a more bio-psychosocial, multidisciplinary approach to mental health, as opposed to the medical model that was predominant in psychiatric treatment. What is missing from the services currently being provided are programs that target family-based problems, like domestic violence, child abuse, and family disruption. Family therapy is not recognized as a modality of treatment in Bosnia; however, the need for family therapy and family-based services is evident by the severe family problems in Bosnia. Implications for family-based interventions will be described later.

**FOCUS ON THE FUTURE: SUSTAINABLE UNCERTAINTY**

“Bosnia is sick, but it is not incurable. Bosnia is sick, but it is not dead.”
Statement from a mental health professional during the Center for Mental Health Meeting in Travnik, BiH

The future of Bosnia and its people remains uncertain. Without a stable governmental and economic infrastructure, the eventual withdrawal of support from the international community will create a crisis for Bosnia. Government, health care, and economic reform are occurring in the current reconstruction of Bosnia, but the achievement of long-term sustainability is unclear. Many of the current reconstruction efforts are being conducted by organizations with no coordination or cooperation between them, which at times creates a situation of “chaotic reconstruction.” Without definitive strategies for sustainability, the future of Bosnia is unclear. Continued assistance from the international community remains uncertain. Many of the current employment opportunities in Bosnia are being provided by financial support from international NGOs. This dependence on international support
leaves many wondering whether they will be employed in the future, knowing that the current economic status in Bosnia will take time to stabilize and probably will not occur before the exodus of many NGOs. Not only will the loss of international support be detrimental to professionals, but it also will be problematic for Bosnian communities that depend on the many services provided by NGOs. Even with this uncertainty, many organizations plan to expand their current programs in the future. It is important for programs to be evaluated to determine the efficacy of services to individuals, families, and communities in order to justify their continuation.

**RECOMMENDATIONS**

Many of the programs and services provided by the organizations in Bosnia were described as successful, but specific areas for change are needed in the current structure of programs being provided by domestic and international assistance organizations in Bosnia. Conclusions and recommendations are described next.

**A Different Type of Trauma**

Although the author expected that post-traumatic stress disorder would remain the primary problem among the people of Bosnia, there were no direct data to support this conclusion. According to many professionals, they are seeing a “different type of trauma now” in their professional work than the psychological problems of post-traumatic stress and related disorders. Although all or most Bosnians have experienced traumatic events from the war, the current problems appeared to be secondary, psychosocial effects of the war, including unemployment, poverty, family violence, family disruption, and related issues. Thus, the first recommendation is for professionals to continue empirical research that determines the current needs of the people of Bosnia, as well as the prevalence of PTSD and other mental disorders. It is important for professionals from Bosnia and the international community to conduct ongoing research to determine the current rate of PTSD experienced by Bosnians, as well as related disorders, in order to advocate continued treatment and services. In addition, evidence-based clinical research on effective treatments needs to be conducted. The complex social factors that plague this post-war country must be addressed in order to determine the most effective strategies for reducing the long-term consequences of war.

**Professional Issues and Services**

A second recommendation relates to professional issues and services being provided in Bosnia. Representatives from several organizations described
problems related to a lack of resources to provide adequate services to consumers. There also appeared to be a lack of connection and coordination between service providers, especially international and domestic NGOs. Problems related to repetitious services being provided by different organizations, competition between organizations for available resources, lack of professional training, and minimal communication between NGOs were identified by many professionals. The reality is that many of the NGOs currently in Bosnia are or will be leaving in the near future, particularly as other countries (e.g., Iraq) require international aid. However, the need for continued services and international aid remains in Bosnia. The question is “Which organizations and programs should stay?” To reduce the overlap of services being provided and increase efficiency, a second recommendation is for an evaluation of the effectiveness of current programs to be conducted. Both formal and informal evaluations, including information from professionals and community members, would provide a basis to begin coordinating the services being provided and to identify services that address current needs of communities and families.

Limited Outcome Research and Program Evaluation

Related to the issue of professional services, it is necessary to evaluate the effectiveness of the current services, but relatively few programs appeared to be conducting any formal research or evaluations of the services they provide. Although the importance of program evaluation was acknowledged, there are multiple barriers to implementing such research. These barriers primarily relate to limited resources, including lack of financial resources, personnel, adequate training, and time to support establishing and sustaining ongoing research projects. Another obstacle is that the number of people for whom services are provided is too extensive to consider instituting any additional program obligations. As one professional stated, “There is no time for research because there are too many people to serve.” In response to a question about outcome evaluation, one professional indicated that the “only outcome is the number of people treated.” Thus, the need for quality research and evaluation of programs within Bosnia was evident; however, obtaining and maintaining adequate resources (or the ability to effectively apply current resources to research programs) remain barriers to successful service provision in Bosnia.

Limited Services for Children and Families

Many professionals described the ongoing problems and needs of the Bosnian people; however, most issues were related to more complex psychosocial problems, particularly issues of family separation and loss, changes in the structure of Bosnian families, and changes in the role and function of family members. Many of the problems seen in children, including learning prob-
lems, general fear and anxiety, behavioral regression, poor concentration, hyperactivity, lack of social skills, speech disorders, nightmares, chronic anger, and destructive behavior, may be related to family separation, loss, and changes within the family structure. Although some children may experience family disruption because of a missing parent or parents, what seemed to be a more predominant problem was what is termed “children without parental care.” This situation could include children who have lost both parents but seems most related to children whose parents are unable to provide parental care. These parents may be unable to provide adequate care for their children due to physical disability, psychological impairment, separation or loss of the other parent (primarily fathers), lack of social support, or other factors. Thus, family disruption and loss seem to be underlying dimensions of many post-war problems experienced by the people of Bosnia.

Although several organizations identified problems related to child and family issues, there is limited family-based training or services being provided. As mentioned previously, issues of family violence, single-parent families, and family disruption and loss are described as critical, chronic problems experienced by the people of Bosnia, yet family-based training and interventions are almost nonexistent. This was a surprising conclusion that was predominant in many of the meetings with Bosnian professionals. The disruption and destruction of the war has not only demolished the social structure of Bosnia, it has seriously disrupted the structure and function of Bosnian families. Because of the plethora of family problems facing Bosnia, integrating family-focused education, interventions, and treatments into the already existing mental health services is necessary, particularly to address the systemic consequences of the war.

**IMPLICATIONS FOR MARRIAGE AND FAMILY THERAPY**

As in most societies, the family is of primary importance in the Bosnian culture. The role of the family in a traumatized society can be both a sanctuary of safety and protection for its members and an area of pain and destruction that parallels the horrors of the larger society that are projected onto the family system. Formal outcome evaluations of programs would provide evidence of what needs warrant further support from international organizations and would give local organizations that are providing necessary services evidence to support sustaining their programs. These services must directly impact the current needs of families and communities and should include psychosocial, community-based interventions. The health and mental health care reform occurring in Bosnia could provide the opportunity for marriage and family therapists [MFTs] to become involved in the provision of services to individuals, families, and communities. Although psychiatric services need to continue, ad-
dressing the needs of the majority of Bosnian citizens who are not in need of intense psychiatric care is important. Interventions that include psychoeducational approaches, parent education and training, family support and therapy, vocational training, and other areas are important to integrate into the services being provided in Bosnia.

Marriage and family therapists can be instrumental in providing knowledge and information from a family systems perspective for professionals in Bosnia and other post-war countries. Although MFT is a mental health discipline that is utilized in many different countries, it differs from other mental health or counseling professions in that MFT focuses on understanding family patterns and interactions between members. This theoretical approach is referred to as “family systems theory” (Whitchurch & Constantine, 1993). In general, MFTs conduct psychotherapy with individuals, couples, families, and groups; however, the primary focus remains on the entire family or interpersonal system, rather than just one person. Thus, a family therapist would most often work with all family members rather than just an individual child in a situation that involved child behavior problems. In addition, because family therapists work from a systemic perspective, focused on understanding and intervening within large groups of people, the utility of using this type of expertise within other types of systems (e.g., communities, substitute families, organizations) is applicable beyond the more traditional family system.

In a situation that involves trauma-related problems, particularly because post-war problems affect the entire family and the broader community, the utility of family therapy as a treatment modality is warranted. MFTs can provide interventions that both support and promote change within the family system, in order to develop a structure that fosters the needs of all family members. Specific interventions should involve processing grief and loss issues, establishing new hierarchy and structure within the remaining members, providing psychoeducation for post-traumatic stress and other disorders, and establishing appropriate boundaries, roles, and rules that fit the current family situation. However, other assistance that focuses on the basic needs of individuals and families (e.g., finding shelter, securing employment) may have to occur before therapeutic progress can begin. Many families face the daily stress of not having basic resources to live. Although individually oriented treatments may be necessary to address trauma-based psychopathology (e.g., severe PTSD), providing family interventions that address the issues related to basic needs and family disruption are necessary to reinforce the role of the family within the Bosnian culture.

MFTs can develop opportunities in a number of settings. In home mental health programs, mobile treatment units, community health centers, and mental health services provided through local and international NGOs all represent possible organizations with which MFTs can become involved in...
the post-war services being provided in Bosnia. Educating administrators and staff of mental health and other organizations is necessary for family therapy and related family-based services to be initiated in Bosnia. MFTs must take an active role in identifying and promoting the benefits of family-focused interventions to address the current issues faced by Bosnian families.

Although the need for family therapy and family therapy training in Bosnia has been described, several barriers must be addressed. These potential obstacles include the following: a) limited or no resources to support training, additional staff members, or additional programs; b) a mental health treatment culture that has been dominated by psychiatric treatment; c) feelings of abandonment among professionals who have observed international support come and go in Bosnia; and d) cultural and language differences between professionals and clients. Each of these barriers limit the potential benefits that family therapy can provide. MFTs must recognize and address these barriers to effectively introduce family systems-based interventions in Bosnia.

It is important for MFTs to understand and be aware of post-traumatic stress and related disorders that result from war. Understanding and effectively treating the post-war impact and disruption on the family are critical. Many professionals report little to no training specifically in family therapy theory and interventions. However, before engaging in international work in post-war countries, MFTs must have adequate training and experience in the area of traumatic stress to avoid doing additional harm to the people they are trying to help. Also, it may be most beneficial for MFTs to provide education and training on MFT theories and interventions to Bosnian mental health professionals (e.g., psychologists, psychopedagogues, social workers), rather than compelling professionals to embrace an MFT paradigm. It is imperative that professionals enter the field with openness to learning from others, rather than an insistence on proving the effectiveness of a clinical approach or specific area of expertise.

Finally, clinical work with traumatized populations may occur closer to home, as with September 11 and the subsequent threats of terrorism. MFTs can provide a valuable clinical resource for the family systems of the victims of September 11 and related events. MFTs also must be aware of the post-war impact on refugees from Bosnia and other countries who have relocated to countries throughout the world and who may present for therapy services. It is necessary for therapists to understand current presenting problems in context. Knowledge of Balkan history and cultural traditions will assist clinicians to effectively address post-war issues with which many survivors may present, particularly if those issues are not directly or initially disclosed by survivors.
CONCLUSION

The observations and experiences from a multidisciplinary program, “Trauma and Reconciliation in Bosnia-Herzegovina,” were described in the current article. The issues and themes identified were based on interviews with health, mental health, and other professionals in Bosnia. The current problems facing the Bosnian people include complex trauma-related and post-war issues, problems with providing professional services, limited outcome research and program evaluation, and insufficient services for children and families.

It is impossible to read the testimonies of survivors or to hear the pain in the accounts of people’s war experiences and not wonder what the future holds for Bosnia. If history predicts the future, war may again come to Bosnia. Reconstruction and reconciliation must be the focus in order to cope with the long-term consequences of war. But having observed what can happen when trauma is not addressed, it is impossible not to wonder what will result from the attempts of Bosnians to cope with the trauma of the war by remaining silent about their traumas. It is uncertain what the long-term consequences for the people of Bosnia will be.

Many people will never understand what it is like to experience the terrors the Bosnian people have experienced. But professionals can provide support and respect to the people of Bosnia by developing personal and professional relationships and disseminating the truth and information to the world. MFTs can provide a unique perspective to the current post-war issues facing Bosnia. Strengthening families and rebuilding damaged relationships is critical for healing to occur. For that is where reconstruction and reconciliation begins—rebuilding one relationship at a time.

REFERENCES
