

*Personal reflection*

# Snaga Žene: a model for healing trauma beyond psychological treatment

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*The nongovernmental organisation Snaga Žene, which means ‘the power of woman’, provides psychological, social, medical, educational and legal assistance to refugee women who have returned to Srebrenica after the massacre in 2002, which claimed the lives of their husbands, sons and/or brothers. Snaga Žene has developed a multidimensional, ecological model that includes five important aspects in the lives of every person: 1) psychological health; 2) social aspect and position within the wider social community; 3) health and health care; 4) legal rights; and 5) economic wellbeing, as well as employment and income. Women’s groups support their participants in establishing psychological balance, strengthening family ties and ties within the society, improving their economic situation and their efforts to better fit into daily social events. This historical concept, truth telling, fact finding, bottom-up approach has led to the respect of women from both national groups. Therefore, this can serve as a good example for reconciliation and restoration of trust for other post conflict societies. The women have created strong bonds, often through great mutual losses, mutual experience of trauma, mutual regional belonging and shared traditional values.*

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## **Introduction: background**

In the spring of 1992, the war in the former Yugoslavia began, resulting in more than half of the population (2.2 million people) leaving their homes in Bosnia and Herzegovina (BiH). More than one million people left the country and sought refugee status

abroad, while the rest remained displaced within the country. By the end of 1995, there were 68,349 internally displaced persons (IDPs) accommodated in Tuzla, BiH (4ozić & Suljić, 2008). These IDPs had made significant and difficult life decisions that were vital at that moment in their lives, but may have also dramatically influenced their future.

Being in exile has similarities to all other catastrophic events for an individual, family or community and creates a range of psychological problems. They were all exposed to multiple, intensive traumatic experiences, such as war related losses of loved ones, war injuries, fear and uncertainty, and difficult psychological processes concerning making important decisions in an extremely uncertain period. Although the security, as IDPs, increased and the severity of a psychological stress reduced, it did not stop. Negative stress continued, mainly because family members were separated, while new stresses were added, such as adaptation difficulties, stigma, the presence of trauma, hopelessness, fear, depression, etc. After the war, and after years spent in exile and struggling with social, economic and health issues, a large number of IDPs chose to return to their homes and rebuild their lives. This process of returning was also a big psychological challenge and a stressful event no matter how eager people were and how well it has been planned. When the situation in Srebrenica was stable enough for people to return, the nongovernmental organisation (NGO) Snaga Žene started its work there.

## **Snaga Žene**

Snaga Žene, meaning 'the power of woman', was founded in 1999 on the initiative of a group of women in the area around Tuzla. Snaga Žene provides psychological, social, medical, educational and legal assistance to women, adolescents and children (refugees, displaced persons, returnees and domicile persons), regardless of their ethnic, religious, political or racial origin, who have suffered traumatic experiences during the war and post war developments in BiH. The NGO supports its clients in establishing psychological balance, strengthen family ties, and their efforts to increase participation in daily social events. Snaga Žene also raises public awareness and advocacy at the local and cantonal level for better social, educational, law enforcement, judicial and medical services.

Following the first returnees to Srebrenica and Potocari, where some of the worst atrocities had been committed, two doctors of Snaga Žene visited the first tent settlement of returnees. In addition to experienced trauma and the retraumatisation during their return, the female returnees faced a variety of new problems and crises. The most dramatic and common causes of various psychological problems included ongoing searching for missing sons, husbands and/or brothers who did not return after the fall of Srebrenica, and the dramatic (worsened) economic and social situation. Most women suffer from anxiety and depression disorders, distinct neurotic disorders, psychosomatic difficulties, low threshold of tolerance, conflict tendencies, or they were lethargic and unable to organise their lives. In addition, they suffered from unemployment, poverty and existential problems.

One specific experience motivated Snaga Žene to support these women to cope with the problems associated with their haunted souls, their health and their human rights. In November 2001, we visited six women who had returned to Srebrenica, Potocari to be exact. They were sitting in a devastated

house around a little black metal plate stove, trying to warm their hands. The conversation went smoothly and spontaneously and their decision was very clear: 'we are looking for our children, that's why we came here'. Given that they were alone, without a house, electricity, water or food, it was logical for us to ask them if they were afraid. They answered without thinking, that there was nothing to be afraid of: 'we have been dead for a long time, there is only our body... our soul is dead and no one can kill us'. Snaga Žene then decided to support these women.

## **Women's groups**

We had to act immediately. Women were returning to smouldering rubble and devastated homes, without any order, uncontrolled, based on their own decisions. They returned to a variety of villages, alone and separated from each other. They were occupied with cleaning their houses and their land and did not have time for meetings, or visits. Sometimes, 10 days would pass without meeting or speaking to anyone. They were working alone in silence, thinking and remembering, expecting and crying, hoping and grieving.

The first meetings of the women's groups were in Srebrenica, and when a larger number of women returned to Potocari, a second group was started there in the house of one group member. At first, only 15–30 women participated in each town. They were very traumatised with symptoms of fresh retraumatisation. One woman told us that, for them, the greatest happiness is on the Saturdays when Snaga Žene comes. It was important that they were together, able to talk about their pain, emotions, losses and hopes. They were grateful that we gathered them together and that we showed an interest in them by asking about their emotions and showing empathy for what had happened to them. That they were not left behind and forgotten was vital. We agreed that we would meet every other week. We started

with six women. Today there are 180 women in Potocari and 70 women in Srebrenica that meet every other week, including both Serbs and Bosniaks.

### **Important elements of group sessions**

A group session consists of psychosocial therapy with an emphasis on empowering women and strengthening their psychological resources (personal identity, family identity, personal strengths and individual values).

The women are divided into two groups; the Potocari group has 180 registered beneficiaries, but with most commonly participation of 100–120 women per session. There are 80 registered women in our Srebrenica group, with usually there are 40–60 women in the group session. Groups are of an open character and attendance is voluntary, based on needs and wishes. There are way too many women in both groups and, therefore, they do not fall under the standards and rules on the number of clients included in psychotherapeutic sessions. All our suggestions and proposals to break down the groups into smaller groups were rejected by the women, therefore, despite the rules, our groups have remained large in number. So, as a result, we decided to increase the number of therapists (psychotherapists, social workers trained in group psychotherapy and physiotherapists providing body treatment) who facilitate the groups. It is very hard to lead such large groups and to channel them therapeutically, but by combining professionalism with intuitive abilities, emotions and empathy, they manage.

There is one overall feature to these groups, their cohesion and equality, which the women insisted was the case. Strong bonds have been created through sharing huge mutual losses, mutual experience of trauma, as well as mutual regional belonging and shared traditional values. It is also possible that common fears related to exile contribute to their togetherness, as well as the

uncertainty and insecurity that they were expecting awaited them on their return.

Another important element is building trust into encouragement to share personal emotions, reflections, frustrations and interpersonal conflicts. We used various models of psychological therapy; gestalt therapy, psychodrama, reality therapy and elements of psychoanalysis. During group sessions, we educate our members on how to cope with stress, to recover from trauma and to take interest in normal life situations.

Our work was focused on three segments of changes in their lives, i.e. three different phases (described below), which forced the women to make drastic decisions. The first part is the period before leaving home and being forced to leave their homeland. The second part is the period of exile. The third part covers the process of return and rebuilding their life. All three phases are important and significant, and reflect the process of work on trauma and rehabilitation of victims and survivors from Srebrenica and for making decisions for their future lives.

Next to the psychosocial therapy meetings, we also organise workshops on various topics, such as tolerance, conflict resolution, posttraumatic stress disorder (PTSD), how to start your own business and topics related to agronomy, flowers, vegetable production in greenhouses, production of medicinal herbs, etc. In addition, Snaga Žene provides legal assistance. These activities have significantly improved the psychosocial situation, but the recovery process of these chronically traumatised women is a long-term process. In the period since 2002 until now, meetings have been held without interruption. During group meetings, women mostly provided verbal support to each other.

Along with psychosocial support in groups, individual sessions and social counselling, we continuously provided medical assistance. In cooperation with the health centre in Srebrenica, we organised regular medical examinations for all who needed it, regardless of their nationality or religion, because











