Snaga Žene: a model for healing trauma beyond psychological treatment

Branka Antić-Štauber

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.

Keywords: Bosnia and Herzegovina, reconciliation, trauma and recovery, women’s groups

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 (Izzić & 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 contributes 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 Zene 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
we noticed that trauma is closely related to the frequency of somatic diseases, such as increased blood pressure, diabetes, thyroid gland diseases, gastrointestinal diseases, including gastric and liver diseases, as well as various carcinomas.

Although we offered a variety of interventions, we were not satisfied with achieved results. Improvement was significant, but not so strong that we could speak of recovery. We tested all beneficiaries who participated, or joined our group in 2002, by population adjusted Harvard Trauma Questionnaire (HTQ) for depression, anxiety and PTSD and retested every six months until 2007.

### Figure 1: Outcome of psychological tests.

<table>
<thead>
<tr>
<th>Posttraumatic stress disorder (PTSD)</th>
<th>Retest:</th>
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<tbody>
<tr>
<td>Initial test:</td>
<td>Re:</td>
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<tr>
<td>83% - High symptoms of PTSD</td>
<td>58% - High symptoms of PTSD</td>
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<tr>
<td>17% - Moderate symptoms of PTSD</td>
<td>42% - Moderate symptoms of PTSD</td>
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<tr>
<th>Depression</th>
<th>Retest:</th>
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<tr>
<td>Initial test:</td>
<td>Re:</td>
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<tr>
<td>83% - High symptoms</td>
<td>58% - High symptoms</td>
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<tr>
<td>17% - Moderate symptoms</td>
<td>33.3% - Moderate symptoms</td>
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<tr>
<td>0% - Low symptoms</td>
<td>8.7% - Low symptoms</td>
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<table>
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<tr>
<th>Anxiety</th>
<th>Retest:</th>
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<td>Initial test:</td>
<td>Re:</td>
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(Initial test – 2002, retest 2007)

The economic element

In 2007, we introduced Snaga Žene’s own ecological model of therapy, which follows activities directed towards rehabilitation and recovery. There is a multidisciplinary team which implements processes of rehabilitation and recovery, and consists of: psychologists, social workers, doctors, lawyers and economists. This model includes five elements of rehabilitation, which are in symbiosis and are simple and recognisable to beneficiaries and therapists, as well as to the wider community.

Our model implies taking care of: 1) psychological health of victims/survivors recovery and creating resilience to the trauma they experienced; 2) social aspects and the position of victims/survivors within the wider social community, socialisation and acceptance of trauma within a social environment, as well as strengthening social networks and relationships, both inside one ethnic group, as well as between two ethnic groups; 3) health of people – which implies the relationship between psychological status with somatic health and also includes public institutions in health care and health monitoring; 4) legal rights of victims/survivors as an inseparable part of justice and fairness, with respect to human rights related to transitional justice and trials for perpetrators; and 5) economic wellbeing as an important part of rehabilitation, as well as employment and income.

Work activities had an occupational character/treatment/effect and stimulated motivation and involvement. We first involved
With the aim to increase their health and capacities for recovery. Work activities supported rehabilitation processes and strengthen the whole community that has experienced violence conflict. The proposed model fits fully with the principles of transitional justice and follows elements necessary for recovery of individuals, victims and survivors, as well as the society devastated by violent conflict.

We brought the women back to their natural work environment; agriculture. This was close to their interests, knowledge and skills, because most women were involved in agriculture before the war. The first plant we thought that would stimulate their interest and desire for work, and which would also be our ‘assistant’ in our work, was the rose, a traditional flower, very common in most yards. Actually, every woman already had a rose in her yard, so it did not require investment. The roses had been neglected and covered with grass and weeds, all but invisible. A donor became interested and provided us with seedlings of roses and tulip bulbs, which enabled us to go further with the programme. We expanded the types of flowers, added greenhouse vegetables and medicinal herbs. Two years after implementing this programme we had achieved significant therapeutic results. We noticed that group members had changed, and the psychosocial sessions developed a different dimension. Women were talking about their needs and mood, about trauma and past, their capacities and strengths, their knowledge and skills about living alone, as most of them had lost their husbands, sons, brothers and other male family members they used to rely on in the past. They have shown exceptional courage and in the face of everything that happened, they found the strength to rebuild their destroyed material environment. By doing this they have rebuilt their inner strength, changed their thinking and adjusted their emotions to a new, current situation. Work engagement has opened new emotional channels, and engagement of body and soul created possibilities for changes on emotional and cognitive levels.

After evaluating results of previously conducted testing based on HTQ, which showed slightly improved scores, we discussed these findings in a group with clients and they made us realise that their actual needs and problems led to bad and slow recovery. It was perfectly clear that in the evaluation, attention should be paid to the five elements of the ecological model. Therefore, we used Beck’s scale for psychological status (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), an inventory for measuring depression (Archives of General Psychiatry, 4, 561–571), which includes the elements of HTQ and anxiety and depression, but pays also attention to a more specific war trauma, and trauma related to exile and stress related disorders.

The latest retest on the Beck scale of symptoms was performed in July 2017 and based on a sample of 50 members. The retest showed a reduction in symptoms of depression by 24.82% and anxiety by 32.24%, which suggests that our ecological, psychosocial model of rehabilitation of women returnees in Srebrenica region supports the decrease of symptoms of PTSD, depression and anxiety, through activities implemented within occupational therapy. This approach not only positively affected their psychophysical functioning, but also their economic status, the dynamics within families, and provided daily activities for the women involved.

Reconnection and reconciliation

It was also necessary to work on renewal of social connections, first in their national group (Bosniaks) and then with their neighbours of the other national group (Serbs). Social connections had been broken during the war. Many of the returnees had not met each other for a long period of time during their exile (10–13 years), so the Bosniak
women did not meet their Serb neighbours.
At the same time, large number of Serb families in Srebrenica, who were displaced from other parts of BiH, also have their traumatic war stories. This environment was a challenge, and moving forward and improving mental health, was not easy to accomplish. We continuously faced new problems and triggers, such as funerals, political changes, instability and inaccessible justice constantly fed the feelings of injustice and anger of all. An important goal set out in our vision was to increase the level of resilience and coping with our beneficiaries own trauma, as well as increase the level of happiness (if we can talk about happiness after catastrophic events) that could ultimately lead to increased potential of positive emotions which, subsequently, can lead to forgiveness and reconciliation.

Snaga Žene started its work in Srebrenica with the Bosniak female returnees. However, over time, we also included Serb women. Many of the Serb women also experienced various types of war violence by the other two national groups in BiH (Bosniaks and Croats) and, therefore, lacked trust and were fearful. The number of Serb women who participate in the groups is not large due to the ongoing political turmoil surrounding the truth of the events of 11 July 1995; when more than 8000 Muslim Bosniaks, mainly men and boys, were killed in the Srebrenica. Also contributing is the territorial and political affiliation of Srebrenica to Republika Srpska, but there is very constructive dialogue between the women of both national groups in their meetings. The women are open to narrate and listen to life stories of each other, although there were misunderstandings and conflicts. Snaga Žene approached their trauma with empathy and respect, trust and acceptance of the truth from both national groups and focussed on the fact that they all are women, housewives, mothers and civilians who did not have any influence on the start, the progress, or the end of the war. This led to a shared recognition of their processes of recovery and reconciliation. The mixed group in Srebrenica has shown a good understanding of problems and assistance needed for both national groups. The women have shown remarkable human potential, they want peace with their neighbours. They have a good understanding of stories of both sides and don’t want anyone’s children to be affected, nor the second or third generation. For genuine reconciliation and understanding, one must first heal his/her ‘soul’, that is, it is necessary to alleviate the consequences of his/her trauma to hear, understand, forgive, to be heard and to try to heal bloody wounds that destroyed every part of human reason, love and the will to live. This historical concept, truth telling, fact finding, bottom-up approach has led to the respect of women from both groups, and this can serve as a good example of reconciliation and restoration of trust for other post conflict societies in the world. This was also confirmed by the results of evaluation questionnaires for assessing attitudes related to the reconciliation process. The results showed that 40% of the 50 surveyed members have more readiness to listen and appreciate different opinions and beliefs without condemnation and prejudice. According to the same results, 80% of the members are trying to understand how others feel and how they see things, and 48% better understand people of other nationalities and religions who have gone through a different experience.

Dealing with challenges
There were many challenges, to mention them all would require a separate paper, but I will mention a few. In a number of situations, there was a disagreement among women from the same national group, as well as negative dialogue between the different groups. We managed to overcome these disagreements with good mediation and with support of the women in the group. We noticed that if the majority of women understood the whole story, that their
empathy and tolerance affected the other members, even those who did not hold the same opinion. They understood the emotions of others and expressed human understanding for the suffering experienced by the other group. This tolerance and good human relations positively influenced the promotion of peace and nonviolence in their environment. After the meetings, women exchanged products and helped each other in their work on the land, regardless of national group. They advise each other and exchange good experiences in agricultural production. In both national groups, the women want to survive and to cope with living in the region, even with a grave history of war events. There were also common gatherings for religious holidays and traditions. The challenges are also on the level of the politics in BiH society, which is not capable of recognising and supporting victims, especially civilians from both sides. We believe that the transitional justice process is essential and necessary for recovery. We need justice for all, we need the truth for all, we need forgiveness, peace, improvement of quality of life, we need ‘peace in our soul’, as our women say, and a certain level of happiness, even after all the loss. One should try and live in that ‘skin’ and feel the depth of the pain, sorrow and disappointment caused by war. This also requires support on a political level.

The ‘Srebrenica phenomenon’

The process of reconciliation in the region of Srebrenica has been slow and difficult on all levels. Building and reconstruction in the region has been implemented by various governmental organisations and NGOs that have built houses, other buildings and infrastructure facilities in the process of return. Yet the questions remain: how much did people rebuild relationships and how much are they willing to overcome barriers and obstacles which divided the society in conflict? I believe that it is a great challenge to work on reconstruction, recovery and healing of the ‘soul’, as 20 years after the war many facilities have been reconstructed, but interpersonal relationships and relationships between groups, as well as renewal of social communities is a very difficult and long-term process. In terms of Srebrenica, it is very hard to talk about great progress, considering traumatic memory and the fact that primary victims are still alive and were witnesses to what has happened. They still carry wounds that can start bleeding at any time.

Unfortunately, very little has been done to implement any real transitional justice process in BiH. None of the key pillars, as set out in the definition of transitional justice, such as truth, justice and reparations have been fully recognised nor implemented in the rehabilitation processes for individuals and society in BiH. There are random, mostly NGO led, efforts to assist in certain areas, but these efforts have been insufficient, not well coordinated and have not reached all victims. It represents a minimum effort to influence real recovery and rehabilitation. Given the scale of the conflict in BiH, and the impact it has had on individuals and society, not implementing any genuine and nationwide transitional justice mechanisms is very problematic.

Since I have been with the women of Srebrenica, and with all other victims on all sides, for 21 years, I can say that the Srebrenica women represent a certain phenomenon called the ‘Srebrenica phenomenon’, because despite all these problems, challenges and difficulties, these women are a testament to returning to life, to reconciliation and to the desire for a shared life in peace. They are a testament to work and togetherness in work arrangements that helps them to improve their economic situation, but above all, they want the truth about everything, they want to hear other people’s truth and their truth to be heard. They are ready to seek justice for all victims and punishment for all perpetrators. It is a difficult road, but necessary and important for future
generations who should learn from those who experienced violence and war that there is a way to create peace and love, goodwill, understanding and togetherness.

The women in Srebrenica returned alone, without male family members, and took the role of the ‘head of the household’. They organised repairing their houses, cleaning rusty fields, buying, planning, working to repair everything. Snaga Žene has helped in this process. First, with psychosocial support to strengthen the inner capacities of these women, the positive emotions that helped them to persist against permanent triggers (such as burials and government policies), the preservation of their health, the realisation of rights and, finally, economic recovery and strengthening.

A unique, context oriented, holistic approach to the trauma and healing of women in Srebrenica has enabled them to approach their own trauma, to understand their personal problems, as well as to understand and show empathy for other victims and survivors, no matter to which ethnic, national or religious group they belong.

Reconciliation beyond the groups
Because of their ability to cope with trauma, they have found peace, freedom, courage and love for every human being and they can, in turn, spread peace to members of their family, neighbours, the wider community and, I firmly believe, to the entire world. The reconciliation process and work with human souls, trauma and relationships is a time-consuming and complex process. Considering all these aspects, the process of socialisation and peace building, as well as the rapprochement of members from different ethnic groups, is long-term and ongoing. For this reason, workshops for improvement of inter-group and inter-ethnic relations were realised with members of both groups. These workshops were a place and opportunity to hear different opinions and thoughts on how to overcome the conflict, how to bring the communities closer and how to finally understand the context of the problems of people from different national and religious communities.

Groups formed in Potocari and Srebrenica were professionally guided by professional staff, i.e. psychologists, social workers, doctors, lawyer and economists. The stream of dialogue led by the group was channelled and occasionally informal, but the goal always remained to share information that could be used in assessing the situation and taking a stand related to the past, present and future. This resulted in the women gaining enough confidence that, on their own initiative, they spoke about issues related to their war experiences and suffering, both Bosniak and Serb.

The attempt was to induce members to consider what they can do together to improve the quality of their lives and ensure a better future for their families, as well as local communities and society as a whole. Members were also encouraged to mark religious holidays together. This created a positive atmosphere to speak about common and religious holidays and share information about customs and practices of other religions, which were well accepted.

The initial dissatisfaction with the presence of the Serbs in Potocari was overcome by openly discussing the problems that both groups had during the war, various pre-war and war experiences were shared and a certain level of understanding was reached about the problems experienced by all people during the war, regardless of their ethnic or religious affiliation.

Lessons learned
We recommend our ecological model of rehabilitation to other post conflict communities and we certainly support and suggest that these communities assess capacities and resources, but also their population and cultural possibilities. The model is
applicable to all parties in the conflict and is also proposed for perpetrators because it brings benefits to each person. It has a global impact on several issues, such as individual functioning, community and social awareness, health and mental wellbeing promotion, equality, justice and equity, and economic strengthening, all of which are directly related to the freedom and courage that offers dignity and a desire for good social relations.

We believe that multidimensional and multidisciplinary approaches to traumatised people, victims and survivors encourages engagement in finding and strengthening resources. Snaga Žene approaches persons, communities and problems from a variety of angles and tries to provide psychological, social, legal, medical and economic assistance. Victims have inestimable human resources, but they are hidden and repressed by trauma and an extremely difficult situation. Sometimes, it is necessary to explore completely new, unrecognised possibilities, to strengthen the victims and to offer new options that can change thoughts, knowledge, emotions, attention, strengths and skills.

Our ecological model that implies five important segments in the lives of everyone: care of psychosocial functioning, care for psychosomatic and physical health, realisation of the right to equality and human rights, as well as the care for economic wellbeing and reduction of poverty, turned out to be a very good and remarkable model that we would recommend to every post conflict society.

References


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