Caring and Treating Post – Traumatic Stress Disorder in Bosnia and Herzegovina

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"There is no such thing as 'getting used to combat.'...Each moment of combat imposes a strain so great that men will break down in direct relation to the intensity and duration of their exposure. Thus psychiatric casualties are as inevitable as gunshot and shrapnel wounds in warfare" ¹

¹ Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 25

Abstract

Posttraumatic Stress Disorder is a major issue whenever there is a war or natural disaster. From 1992 through 1995, Bosnia and Herzegovina was subject to one of the most destructive wars of the 20th century. The groups in Bosnia and Herzegovina that are working with posttraumatic stress disorder are investigated to see if they are truly helping people with posttraumatic stress disorder. This paper explores the ways in which posttraumatic stress disorder has affected individuals and the societies of Bosnia and Herzegovina as well as the organizations attempting to help people dealing with posttraumatic stress disorder.

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LIST OF ABBREVIATIONS

PTSD – Posttraumatic Stress Disorder

BiH – Bosnia and Herzegovina

SIT – School for International Training

UN – United Nations

NGO - Nongovernmental Organization

IO – International Organization

APA – American Psychiatric Association

WHO – World Health Organization

CMHC – Community Mental Health Center

ICRC – International Committee of the Red Cross

MCC - Mennonite Central Committee

Personal Preface:

Since choosing my topic and spending a month researching it, I have regularly questioned my deep interest in studying Posttraumatic Stress Disorder (hereinafter PTSD). While I first decided upon PTSD because I was interested in writing about something which had not been extensively explored by others on the SIT Program, I admit I am currently questioning why I did not find an easier topic. Now I realize that there are other reasons behind my project choice of examining PTSD.

The obvious reason behind my interest lies in my college studies to this point. Much of my college career has been spent investigating marginalized groups and how to lessen the marginalization or stigma that they encounter everyday. By exploring PTSD I hope to see whether or not people in Bosnia and Herzegovina (hereinafter BiH) with PTSD face marginalization. I approached this project with the assumption that people with PTSD are frequently marginalized, due to my understanding of the experiences of people, especially combat veterans, in the United States with PTSD. Veterans in the US often have to deal with PTSD and are frequently marginalized. It is obvious that veterans in United States with PTSD from the Vietnam War and the Gulf War have been marginalized. Currently Iraqi veterans are facing the same sort of problems. I hope that be writing this I will not only expand the knowledge about PTSD in BiH but also increase understanding about PTSD and marginalization in general.

The less obvious reason for my choice of studying PTSD lies in my personal history. Throughout my life I have had close friends whose families were affected by PTSD. While I was in junior high my own family learned what it is like to live with someone who is suffering from PTSD. By no means am I implying that my family and friends completely understood or understand PTSD. Most of my observations have led me to believe that even people suffering from PTSD do not always understand it. Nor is my experience the focal

point of this project. However, the experience or understanding of PTSD that I had stemmed from observing my friends and family. Before this project, I had never bothered to learn about the clinical side of PTSD. Though I did not recognize it until the middle of this project, studying PTSD is partly so important to me because I seek to understand my family and friends better, to know and understand what they have gone through in their struggles with PTSD. I have definitely become more sensitive to what people with PTSD go through on a daily basis and hopefully this has made me more understanding. While I have many reasons for exploring PTSD in BiH, I hope this paper will in some small way help to shed light on how PTSD has been handled in BiH

I chose to do my research in BiH because I wanted to look at both the health care system and NGOs. It was important to me that NGOs be a part of my project because they had a great impact on the region. I was not sure originally where in BiH I would be based for my project however as soon as I entered Sarajevo I knew that I would be doing my research here. When I decided to come abroad I wanted to be a minority and, while speaking a different language had made me a minority in Croatia, being a non-Muslim in Sarajevo would make me even more of a minority. I was intrigued by the diversity of the city and loved that I could wander around seeing people in traditional Muslim dress as well as mini-skirts and t-shirts. I also found listening to the call for prayer that happens five times a day beautiful and soothing. Doing research in a place where the majority of the people were Muslim even if they were not practicing Muslim really allowed me to experience a great deal. I do not think that I would have had such a rewarding experience if I had stayed in a safe area where I knew the people, the language, and the religion. Allowing myself to be in a place where the culture is so different than my own and the main religion is not Christian really gave me a new perspective on life.

Methodology:

The methodology used in this study was not any from any single source. There were certain academic and ethical guidelines that were followed due to the way in which I approached this topic as well as the time frame that I had to complete the project. The information that I obtained was from a variety of sources. I spent a great deal of time doing background research in the area of PTSD, some of this research was done by local authors but the majority of my background information came from authors in the United States and Western Europe. After I had a better understanding of PTSD in the clinical sense, I began looking at studies of PTSD in BiH specifically. More of the research about BiH was from local authors but there was still a great deal by international authors.

The interviews that I conducted were all done in person. All of the interviews but two were conducted in BiH. Of the interviews that were not conducted in BiH, two were conducted in Zagreb, Croatia and one in Novi Sad, Serbia. The interviews that were conducted outside BiH were used mainly for background into PTSD in the region and how PTSD affects its' sufferers.

While I had hoped to interview more people who were affected by PTSD personally, due to the time frame and ethical concerns this was not a possibility. It was important for me to discuss the ethical concerns of interviewing PTSD sufferers which included: the ability to keep their interviews anonymous, not wanting to further traumatize people, and being able to find a safe space where they could discuss their PTSD (this is discussed further in limitations section).

Limitations of the Study:

This study had several limitations which must be understood before the main research is discussed. It is important that these limitations be kept in mind while reading this research. I entered this project with assumptions as does any researcher. I have spent a great deal of time researching marginalized groups and I have found that people with PTSD are generally marginalized. While I worked to try and ask my interviewees whether or not people with PTSD were truly marginalized in BiH, this was not my main research question so I did not spend a lot of time researching it. However I believe that my opinion of PTSD sufferers as marginalized, or having a stigma attached, definitely made this research biased. I had not planned to focus my research on the marginalization that people face with PTSD. However once I realized the prevalence of marginalization and was able to talk to people about it, I knew it had to be discussed.

PTSD is very challenging to study for many reasons. I am not a psychology student or a psychologist and I had very little background in PTSD before starting this project. While I wanted to interview many people who had experience with PTSD including PTSD sufferers, I also had to balance my wants with what was best for my interviewees. Since I did not want to further traumatize anyone, I had to make sure that the people I talked to who suffer from PTSD had already publicly stated that they had PTSD. Also in my questions, I did not ask anything directly relating to the traumatic experience that led to the development of PTSD. While some people who I spoke with were willing to speak about their experiences, it was not something that was directly asked of them. Also many people were worried that they would have to use their full names and that anyone who read this paper would know who they are. After I explained to people that they could remain anonymous, I was given more positive responses.

Another issue that I had in studying PTSD was trying to find people who were willing to talk about their experiences with PTSD. It is difficult to find people who have already discussed their PTSD with someone and are willing to discuss it openly with a stranger. Even for someone discussing their PTSD with a therapist, it often takes a long time to build up enough trust to do so. Even though I was avoiding the most problematic questions, I was still in the outsider position and trust was an issue.

It was also sometimes difficult to find a safe place where people would be willing to talk to me freely. While many of the interviews that I conducted were in offices, I met some people in coffee shops and that was sometimes problematic. I frequently felt that it would have been easier to conduct interviews if I had a place where I was able to meet with people which was more private. In most of the interviews that I had people were completely open and blunt however there were a few times that I felt people were holding back.

I also faced the problem of a lack of background in PTSD within Sarajevo and BiH. While many studies have been done on the refugee populations from Bosnia and their experiences with PTSD, there have been a much smaller number done with people still living in Bosnia. Much of my information came from essays within one book. As I continued in my research I found research about PTSD within BiH, however much of this research focused on women and children with less information about men and veterans.

In starting this project I planned to focus solely on nongovernmental organizations and not the government run mental health services. However I had a very difficult time finding organizations that would talk with me about their work. At first I found this very strange because organizations I have dealt with in the past have always been willing to talk to me in order to get their name and work out to the public. Once I considered the number of people who have probably contacted different organizations asking to speak with them for a research project, I realized that the organizations might just be tired of dealing with researchers who

never give anything back to them. On top of which they are all working extremely hard!

While I found the lack of people willing to talk to me extremely frustrating at times and it did limit my research, it also led me in a new direction which I am very happy with.

The limitation that I had not expected was the lack of organizations working with PTSD at this point. I had realized that many organizations left after the war was over but I guess I did not realize the extent to which this would affect my project. Organizations have moved on to different topics now that the war is over. While many organizations work with trauma victims, torture victims, and domestic violence victims, their main focus is not PTSD. Many of the organizations that I contacted no longer worked on PTSD as much as they had in the past. Finding out that PTSD was no longer as much of a priority as it might have been in the past within organizations was very disappointing because it is such an important topic. However finding that the government mental health care system is still trying to work with PTSD did allow me a vantage point that I had not expected.

Introduction:

Background to the History of PTSD:

"In 1980, [...] post-traumatic stress disorder was first included in the diagnostic manual, the American Psychiatric Association." Though PTSD has only been identified by the American Psychiatric Association and other psychiatric organizations in the last twenty years, it has had different names throughout the years. The father of psychiatry, Sigmund Freud, actually investigated in women what was then called "hysteria" which is very similar to PTSD. His findings in "The Aetiology of Hysteria [...] made a dramatic claim: 'I therefore put forward the theses that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood, but which can be reproduced through the work of psycho-analysis in spite of the intervening decades." While Freud's claim that hysteria in women was due to child abuse attained notoriety at the time, they were quickly disputed and ignored by others and by Freud. Because so many women suffered from hysteria, it was impossible to believe that, "'perverted acts against children' were endemic, not only among the proletariat of Paris, where he had first studied hysteria, but also among the respectable bourgeois families of Vienna, where he had established his practice. This idea was simply unacceptable. It was beyond credibility.⁴ After this people largely ignored the area of hysteria.

The next time that people really began thinking and talking about the issue of hysteria followed the start of World War I.

"Under conditions of unremitting exposure to the horrors of trench warfare, men began to break down in shocking numbers. Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their comrades without any hope of reprieve, many soldiers began to act like hysterical women. [...] The number of psychiatric casualties was so great that hospitals had to be hastily requisitioned to house them. According to one estimate, mental breakdowns

⁴ IBID. 15

² Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 33

³ IBID. 13

represented 40 percent of British battle causalities. Military authorities attempted to suppress reports of psychiatric casualties because of their demoralizing effect on the public.

Initially, the symptoms of mental breakdown were attributed to a physical cause [...] attributed their symptoms to the concussive effects of exploding shells and called the resulting nervous disorder "shell shock." The name stuck, even though it soon became clear that the syndrome could be found in soldiers who had not been exposed to any physical trauma. Gradually military psychiatrists were forced to acknowledge that the symptoms of shell shock were due to psychological trauma. The emotional stress of prolonged exposure to violent death was sufficient to produce a neurotic syndrome resembling hysteria in men."⁵

Men had always been considered stronger than women and the fact that these men were now experiencing the hysteria that had only been thought to happen in women made these men appear weaker than others. "In the view of traditionalists, a normal soldier should glory in war and betray no sign of emotion. Certainly he should not succumb to terror. The soldier who developed a traumatic neurosis was considered at best a constitutionally inferior human being, at worst a malingerer and a coward.

Medical writers of the period described these patients as 'moral invalids.'" Due to the number of men suffering from "traumatic neurosis" or "shell – shock" governments and psychiatry had to respond and work to get these men back into fighting form. There was no real thought about what kind of medical treatment men in this condition might need after the war. The only reason that they were helped was because they were soldiers and they were needed back on the battlefield. At the end of World War I, these men were still considered heroes, even those who had been weak enough to succumb to fear. However "... a few years after the end of the war, medical interest in the subject of psychological trauma faded once again. Though numerous men with long-lasting psychiatric disabilities crowded the back

⁵Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 20

⁶ IBID. 21

⁷ IBID. 20

wards of veteran's hospitals, their presence had become an embarrassment to civilian societies eager to forget."8

After World War I, psychological trauma was avoided until the next World War made these issues important again. "In the hopes of finding a rapid, efficacious treatment, military psychiatrists tried to remove the stigma from the stress reactions of combat. It was recognized for the first time that any man could break down under fire and that psychiatric casualties could be predicted in direct proportion to the severity of combat exposure." While it was recognized that any man could break down, not just weak men, the psychiatrists discovered that the research from the First World War was still the best way to prevent psychiatric breakdown.

"They discovered once again [...] the power of emotional attachments among fighting men. [... psychiatrists] argued that the strongest protection against overwhelming terror was the degree of relatedness between the soldier, his immediate fighting unit, and their leader [...] the situation of constant danger led soldiers to develop extreme emotional dependency upon their peer group and leaders. They observed that the strongest protection against psychological breakdown was the morale and leadership of the small fighting unit."10

Even with these small fighting units men continued to break down. The solution was to provide them with psychiatric treatment quickly and get them back to their peers in the small fighting units. "The new rapid treatment for psychiatric casualties was considered highly successful at the time [WWII]. According to one report, 80 percent of the American fighting men who succumbed to acute stress in the Second World War were returned to some kind of duty, usually within a week. Thirty percent were returned to combat units." However the interest in men with psychological issues was not important once they were able to go back to combat. "Little attention was paid to the fate of these men once they returned to active duty,

⁸ IBID 23

⁹Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 24

¹⁰ IBID. 25

¹¹ IBID. 26

let alone after they returned home from the war. As long as they could function on a minimal level, they were thought to have recovered."¹²

Even though most men were returned to combat and were not given any follow up treatment, psychiatrists did realize that the traumas that they had lived through would never leave them. "The effect of combat, [...] 'is not like the writing on a slate that can be erased, leaving the slate as it was before. Combat leaves a lasting impression on men's minds, changing them as radically as any crucial experience through which they live." After World War II, just as after World War I, veterans were left to deal with their memories with little help from the government or psychiatrists. Veterans of the Korean War also suffered from PTSD, and then it was largely ignored again until the Vietnam War.

The Vietnam War changed the way that many people looked at war. The U.S. government was criticized for its actions, veterans came home not as heroes but as criminals and some veterans also became anti-war activists. Vietnam also changed the way that combat trauma was looked at and, finally, the official name of post-traumatic stress disorder was given to the traumatic memories and stress of combat.

"The moral legitimacy of the antiwar movement and the national experience of defeat in a discredited war had made it possible to recognize psychological trauma as a lasting and inevitable legacy of war. In 1980, for first time the characteristic syndrome of psychological trauma became a "real" diagnosis. In that year the American Psychiatric Association included in its official manual of mental disorders a new category, called "post-traumatic stress disorder."

In all the previous wars, combat veterans had come home and been largely ignored by both government and civilians because that was a way to forget about the wars. But the veterans from Vietnam would not be ignored and would not be quiet. Veterans from this war also had a much more difficult time than past generations who returned from war. This is not because

¹²Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 26

¹³ IBID. 26

¹⁴ IBID. 27

these men experienced worse trauma than men in the First or Second World War but because the political climate was so different that Vietnam veterans felt stigmatized and not accepted by the civilian society.

PTSD has had many names over the last century and has at times been forgotten. Now because of the formal recognition of PTSD it cannot be so easily forgotten or dismissed. Though the history above is not a complete history, it gives an overview of how PTSD came to formal recognition. Today, "[PTSD] is a condition that appears to be increasing in its prevalence and is, according to Bleich et al, the most prevalent disorder in war veterans seeking psychiatric treatment."

History of PTSD in the Former Yugoslavia and Bosnia and Herzegovina

PTSD is a diagnosis that has a history of only occuring in relation to wars even though it can be caused by rape, sexual abuse, death of a loved one, and other traumatic events. In the Former Yugoslavia in the 1990's, war was happening throughout the country. The war caused many different problems, one of which was an upsurge in PTSD in both veterans and civilians. "Everyone in Bosnia-Herzegovina has experienced a plethora of traumatic events; no one has been left untouched by war." Though almost everyone in BiH experienced a traumatic event they did not all develop PTSD. Unfortunately for those who did develop PTSD, it was not initially something psychiatrists in the region were familiar. "During the war, it was really different because [...] professionals did not have sufficient knowledge about post traumatic stress at the beginning but later on we were provided [...] education." As PTSD became more prevalent throughout the Former Yugoslavia, the healthcare systems and NGO's started to provide more help for both veterans and civilians. For the first time in history, the United Nations (hereinafter UN) declared a state of emergency around the mental

¹⁵ Musruck, Dass and Alan Pringle. "The Use of Scripted Exposure and EMDR in Treatment of PTSD in a Korean War Veteran" Mental Health Nursing 23 (4) p4-9. July, 2003.

¹⁶ Nelson, Briana S. "Trauma and Reconciliation in Bosnia and Herzegovina – Observations, Experiences and Recommendations from a Marriage and Family Therapist." <u>The Plucked Buds.</u> 386.

¹⁷ Karadole, Vesna. Psychologist. 3/2/3007. Private Practice

health problems in the region.¹⁸ "Professionals in the region often say that before the war they had never heard of [...] 'PTSD' and they never dreamed that one day they would [...] accumulate considerable experience in it."¹⁹

In BiH, between 1992 and 1995, the worst fighting of the entire war took place. Cities all over BiH were divided among Serbs, Bosniaks (Muslim Bosnians), and Croats. While some cities were divided, others were taken over by one group and the others were ethnically cleansed either by expelling the minority groups or by killing them. The city of Sarajevo was under siege for almost four years. Some people left Sarajevo, sometimes leaving family behind, and many were killed there. Many places in BiH were subject to constant fighting. Others were constantly subjected to gunfire or shelling. All these conditions made the occurrence of PTSD rise.

PTSD in Soldiers in BiH

As history has shown, the most obvious group in which PTSD may occur is in combat veterans. During the war in BiH, "thousands of Bosnian men of so-called military age (from 16 to 60 years) were conscripted. Those who survived returned with serious physical and even more profound psychological injuries." Men who served in the military tended to have a higher occurrence of PTSD due to the fact that they not only witnessed violent death or murder but they often killed people. "The violation of human connection, and consequently the risk of a post-traumatic disorder, is highest of all when the survivor has been not merely a passive witness but also an active participant in violent death or atrocity. The trauma of combat exposure takes on added force when violent death can no longer be rationalized in

¹⁸ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

¹⁹ Duraković – Belko, Elvira. "Will traumatic Stress reactions continue to be an issue in the Future?" <u>Sarajevo 2000: the psychosocial consequences of war.</u> Presentations from a Symposium, held at the Faculty of Philosophy in Sarajevo, July 7 and 8, 2000. Pages 17 – 18. 17.

²⁰ Carballo, Manuel and Arif Smajkic. "Bosnia and Herzegovina." World Health p6-7 N/D '95 Page 1

terms of some higher value or meaning."²¹ As the years have passed many veterans have started to have symptoms of PTSD, in addition to suffering maiming or physical injury and/or suffering the loss of family members. While it is not clear if veterans in BiH question the war or defend their part in it, it is obvious that many are suffering from PTSD due to their service to their country.

PTSD in Civilians in BiH

Civilians suffered a great deal during the war in BiH due to the fact that, "civilians were targets of attacking forces." In addition to the fighting surrounding them and living with the constant threat of death, many civilians were forcibly removed from their homes, were unable to find food or water or had to walk through the front lines to get it, and/or lost family members. Women and children were frequently alone without the men in their families who were either fighting or trying to avoid fighting. Others left the country while their husbands/fathers/boyfriends stayed to take care of businesses and homes or to fight. Under these conditions many families were split up and never able to find each other again. The number of missing people in BiH is still huge. "In Bosnia and Herzegovina there are around 40,000 children without one and around 1500 children without both parents." Children who lost one or both parents are more likely to have PTSD than those whose families are still intact. The loss of a parent(s) is only one traumatic experience that children faced in the war in BiH. Other experiences included forcible expulsion from homes, death of a family member or close friend, and four years living within a war zone.

²¹ Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 54

²² Arnautović, Ramo. "The War and Children of Bosnia and Herzegovina." <u>The Plucked Buds.</u> P 374 – 384. 375.

Divjak, Jovan. "The Role of Children and Youth in the Process of Reconciliation and Establishment of Stability and Lasting Peace." <u>The Plucked Buds</u>. 620

²⁴ Zvizdić, Sibela and Willi Butollo. "The Significance of Social Support in Post-Traumatic Adjustment of Adolescents who Lost their Fathers. <u>The Plucked Buds.</u> 541

Another issue during the war for women and children was sexual violence. "Sexual violence became closely associated with 'ethnic cleansing' [... and] sexual abuse became a major health problem and a cause of severe post-traumatic stress."²⁵ Just as it had taken a great deal of work for PTSD to be recognized in combat veterans, women's rights groups had to show that PTSD occurred due to rape and sexual violence. "Only after 1980, when the efforts of combat veterans had legitimated the concept of post-traumatic stress disorder, did it become clear that the psychological syndrome seen in survivors of rape, domestic battery and incest was essentially the same as the syndrome seen in survivors of war."²⁶ During the war in BiH, sexual violence was used to wipe out other ethnic groups, "as an expression of ethnic aggression" as well as "a means of inciting departure [from home or city]" and to torture both women and men.²⁷ During the war in BiH between 1992 and 1995, concentration camps were also set up and women and children in the camps had to endure torture and rape there. In concentration camps "[...] organized rape of children as young as 10 and even younger" occurred. 28 Due to the amount of violence that some women and young girls endured, it is not uncommon for them to have PTSD, although, as previously noted, not every person who endured sexual violence will develop PTSD.

²⁵ Carballo Manuel and Arif Smajkic. "Bosnia and Herzegovina." World Health p 6-7 N/D '95. Page 2

²⁶ Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 32

²⁷ Carballo Manuel and Arif Smajkic. "Bosnia and Herzegovina." World Health p 6-7 N/D '95. Page 2

²⁸ Arnautović, Ramo. "The War and Children of Bosnia and Herzegovina." <u>The Plucked Buds.</u> P 374 – 384. 375.

Common Symptoms of PTSD (See Appendix 2 & 3)

PTSD is a difficult disorder to have for many reasons. As with any disorder each person will develop symptoms differently. "Reactions of individuals to stressful situations greatly depend on their inherited traits, acquired experiences, from earlier life, cultural heritage, personal ambitions and values, social support, outside help, etc." However, "the many symptoms of post –traumatic stress disorder fall into three main categories. These are called "hyperarousal," "intrusion," and "constriction." Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender." Hyperarousal is usually the first symptom or group of symptoms to present in a personal with PTSD. When suffering from hyperarousal, "the traumatized person startles easily, reacts irritably to small provocations, and sleeps poorly." This state of hyperarousal is continuous for the person as if they were still in the dangerous situation of the trauma. Intrusion is "where the sufferer experiences a flashback or recollection that is so strong that they may think they are suffering the trauma again." The flashback can come during the waking hours or sleeping hours due to the mind fixating on the trauma. Due to intrusion people with PTSD,

"cannot resume the normal course of their lives, for the trauma repeatedly interrupts. It is as if time stops at the moment of trauma. The traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and as traumatic nightmares during sleep. Small seemingly insignificant reminders can also evoke these memories, which often return with all the vividness and emotional force of the original event. Thus, even normally safe environments may come to feel dangerous, for the survivor can never be assured that she will not encounter some reminder of the trauma." 33

Hasković, Mujo. "Stress as a Consequence of Forcible Expulsion and Psychological Problems during Schooling of Children in the Republic of Slovenia in 94/95." The Plucked Buds. Pgs 514 – 518. page 514
 Herman, Judith. Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror. BasicBooks. New York, NY, 1997: 35
 IBID. 35

³² Lloyd, Johanna and Miriam Shipard. "The Impact of War on the Health of Young People." Sydney University. http://alex.edfac.usyd.edu.au/Methods/TESOL/studwork/bosnia/bosnia.htm. May 2, 2007.

³³ Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 37

Another aspect of intrusion that frequently occurs is a recreation of the trauma itself. Children who have been traumatized tend to recreate the trauma frequently in their play in a way trying to take back the power they lost in the traumatic moment. However, "Adults as well as children often feel impelled to re-create the moment of terror, either in literal or in disguised form. Sometimes people reenact the traumatic moment with a fantasy of changing the outcome of the dangerous encounter. In their attempts to undo the traumatic moment, survivors may even put themselves at risk of further harm." Though people are sometimes consciously recreating their trauma, it is part of the intrusion symptoms because frequently they cannot stop themselves from recreating the trauma whether consciously or unconsciously.

The last in this group of symptoms is constriction which is sometimes called avoidance. These symptoms tends to affect the way that the person relates to others. The person narrows their life to avoid any reminder of the trauma. "The constrictive symptoms of the traumatic neurosis apply not only to thought, memory, and states of consciousness but also to the entire field of purposeful action and initiative." During constriction the sufferer may feel like they are unable to understand anyone or even themselves. The "sufferer avoids close personal ties or is unable to feel emotions. They may seem bored, cold or preoccupied. Lack of affection means family members may feel rebuffed."

Other symptoms that fit within the three main symptom groups include, "anxiousness, fear, panic, sadness, depression, [...] hostility, hatred and anger." While some of the reactions to trauma differ due to the type of trauma suffered the "majority of authors cite a high incidence of chronic anxious, depressive and somatic symptoms in persons exposed to

Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u>
 BasicBooks. New York, NY, 1997: 39
 IBID 46

³⁶ Lloyd, Johanna and Miriam Shipard. "The Impact of War on the Health of Young People." Sydney University. http://alex.edfac.usyd.edu.au/Methods/TESOL/studwork/bosnia/bosnia.htm. May 2, 2007.

³⁷ Hasković, Mujo. "Stress as a Consequence of Forcible Expulsion and Psychological Problems during Schooling of Children in the Republic of Slovenia in 94/95." <u>The Plucked Buds.</u> Pgs 514 – 518. 516.

many stresses created as a consequence of war, forcible expulsion, fighting, imprisonment, abuse, death threats [...]"³⁸

In Bosnia it is most likely that people will have some symptoms of PTSD due to the amount of fighting and trauma they experienced over a prolonged period. "In terms of variables linked to pathology, the most important predictor of PTSD [...] was *witnessing atrocity*. This is clearly a very strong factor in mediating in the development of psychiatric disorder or adjustment difficulties." Frequently people with PTSD experience survivors' guilt wondering why they were saved while others were not (See Appendix 3). While there are no actual numbers as to how many people in Bosnia have PTSD or the symptoms they experience, it is likely that many people do experience some sort of survivors' guilt.

³⁸Hasković, Mujo. "Stress as a Consequence of Forcible Expulsion and Psychological Problems during Schooling of Children in the Republic of Slovenia in 94/95." <u>The Plucked Buds.</u> Pgs 514 – 518. 514 ³⁹Bell, Pam, Lilijana Oruć, and Kevin Spratt. "The effects of war trauma in Bosnian female civilians: a study description." <u>Sarajevo 2000: the psychosocial consequences of war.</u> Editors: Steve Powell and Elvira Durakovic-Belko. Pages 36 – 41. 39.

Treatment Methods for PTSD

There are many different theories about the best way to treat PTSD. This is partially due to the fact that the there is a debate about whether PTSD should be classified as an anxiety disorder or as a dissociative disorder. The other reason that there are so many different treatment methods is that every person is different as is their trauma and their reaction to trauma. Because post-traumatic symptoms are so persistent and so wide-ranging, they may be mistaken for enduring characteriscs of the victim's personality. Even when looking at a group of people that were all exposed to one traumatic event, such as being in a concentration camp, each person has a different view of that event.

While there are different methods of treatment, the main methods of therapy include art, group, and personal psychological therapy and medical methods of treatment for example, anti-depressants, which are all accepted by the medical community throughout the world.

The first method which most people tend to know about is psychological therapy. This therapy can be private, one on one, therapy or it can take place in a group setting. One on one therapy is used a great deal in the United States and is very helpful for people who have suffered certain trauma, such as childhood trauma that has led to PTSD. However group therapy can be very helpful for people who suffered traumas that were similar to one another, such as groups for war veterans and rape victims. Although these people did not suffer the same trauma, it sometimes helps to hear people who survived similar trauma. Some of the first war veterans who publicly organized group therapy were Vietnam Veterans. "[...] veterans organized what they called 'rap groups.' In these intimate meetings of their peers, Vietnam veterans retold and relived the traumatic experiences of war. They invited sympathetic psychiatrists to offer them professional assistance. [...] the men sought help

⁴⁰ Brett, Elizabeth A. "The Classification of Posttraumatic Stress Disorder" <u>Traumatic Stress: The effects overwhelming experience on Mind, Body, and Society.</u> Editors: Bessel A. van der Kolk, Alexander C. McFarlane, and Lars Weisaeth. The Guilford Press. New York, NY. 1996

⁴¹ Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 49

outside of a traditional psychiatric setting [because] 'A lot of them were 'hurting,' as they put it. But they didn't want to go to the Veterans' Administration for help....They needed something that would take place on their own turf, where they were in charge [...] The purpose of the rap groups was twofold: to give solace to individual veterans who had suffered psychological trauma, and to raise awareness about the effects of war."⁴²

Women also have used groups that are similar to 'rap groups' and group therapy to deal with the issues that they face. Frequently this approach is used for rape victims because it allows them to discuss the trauma in a safe space with confidentiality and without judgment. Confidentiality and nonjudgmental interactions are the cornerstones of therapy and help people to feel safe in the environment when discussing such personal traumas. It is important that, "The treatment involves reestablishing a sense of safety and control in the sufferer's life. Being able to talk about it and getting help with feelings of guilt, self-blame and rage about the trauma is usually very effective in helping people put the event behind them."

Group therapy can be very effective. However if the group is disturbed by a particular member, it can severely harm the effectiveness. For that reason most group therapy has a psychiatrist or psychologist present at all times however some groups start by being, "firstly led by a practioner, psychologist, and after that they [...] just build a capacity for themselves to go on without any work of practioner, psychologist." While group therapy can be very useful for people, it is sometimes less effective depending on where in the process of recovery a person is. It is not always helpful for a person to go into group therapy without some private therapy first and, sometimes in the middle of group therapy, it is helpful to have some individual therapy as well.

⁴² Herman, Judith. <u>Trauma and Recovery: The Aftermath of Violence – from domestic abuse to political terror.</u> BasicBooks. New York, NY, 1997: 27

⁴³Lloyd, Johanna and Miriam Shipard. "The Impact of War on the Health of Young People." Sydney University. http://alex.edfac.usyd.edu.au/Methods/TESOL/studwork/bosnia/bosnia.htm. May 2, 2007. ⁴⁴ Popov, Boris. Personal Interview. Psychologist. Center for Trauma in Novi Sad, 3/7/07.

While group therapy does work well for some people/groups, it is usually not the only method used. When children are traumatized they frequently are unable to express their feelings with words. Some children only show the signs of their trauma in physical symptoms because there "is usually no other way for children to express their inner tension and disturbed balance of organisms, but through physical symptoms." ⁴⁵ Children frequently need help dealing with their trauma in a way that they can relate to and sometimes trauma in children starts before the children can even verbalize what is happening. Due to this, art therapy is used as, "[...] a means of communication and treatment of disturbed psychological state in children and sometimes adults. Artistic expression by children within safe therapeutic and educational environments allows children to most efficiently express their emotion[s] provoked by trauma, to work on these feelings and find lost hope. ⁴⁶ Art therapy can also be beneficial to adults but is mostly used in dealing with children.

The last kind of treatment method which is frequently used in addition to psychological therapy is biological therapy or medication. It is very common for psychiatrists to prescribe different anti-depressants to help their patients to get through difficult times.

Other times a patient might not be on anti-depressants but will have sleeping pills and anti-anxiety medication. Biological therapy is used with great frequency throughout the world. While it can be helpful to control the symptoms that patients are having, it should be used with other therapy methods as well.

There are many different types of therapy methods that can be used to help PTSD patients. There should not be any limit on the type or length of therapy because everyone responds differently to every therapy. Though only a few have mentioned, they are some of

 ⁴⁵ Karačić, Sanela and Arijana Osmanović. "Traumatic War Experiences – Behavioural Disorders and Psychosomatic Reactions of Younger Adolescents." <u>The Plucked Buds.</u> Pages 528 – 534. Page 528
 ⁴⁶ Anderson, Suzan M, Ismet Suljević, Ismana Surković. "The Role of ArtReach foundation in Psychosocial rehabilitation of children affected by War Stress in Bosnia and Herzegovina." <u>The Plucked Buds.</u> p 616 – 618. p 616.

the most well known and most frequently used methods today. All these methods are or have been used in BiH.

Approaching Posttraumatic Stress Disorder in BiH Today

During the 1992 – 1995 war in BiH and for a several years after the number of organizations working with people suffering from PTSD was fairly large number including....list of a few. Today, however, the number of organizations dealing with PTSD has dropped a great deal due to the time that has passed since the war, the loss of funding for work in BiH, and the difficulties faced in treating PTSD. Currently there are still three types of groups that work with people suffering from PTSD, government run mental health services, NGOs, and sometimes coffee pot readers or Para-professionals.⁴⁷ Each of these three has both advantages and disadvantages for sufferers of PTSD in BiH.

1.1 The Stigma of PTSD

The diagnosis of PTSD often carries a stigma. A diagnosis of PTSD, especially in men, has often been viewed as something that only weaker men succumb to. In BiH as in much of the former Yugoslavia having PTSD, or any mental health problem, is still considered a weakness. While men and women suffer from PTSD due to the trauma that they endured during the war, it is thought of as weakness and is not something that should be discussed. PTSD is not a weakness or something that can be avoided. However, due to the low incidence of PTSD before the war and lack of education, now, it is still thought of that way. Even people who suffer from PTSD now consider themselves weaker than other people.⁴⁸

Men in BiH tend to want to be seen and to see themselves as strong and do not tend to talk about their emotions. The fact that some of these men now have to have help dealing

⁴⁷ Z.Z., Personal Interview. ICRC, 4/25/2007. ICRC Offices.

⁴⁸ Anonymous Interview, 3/27/2007

with their emotions is difficult for many of them to face. Even though women are not thought of as being as strong as men, it is not really acceptable for them to have PTSD or need help with their emotions either. However, it is more acceptable for women to need help with their emotions than for men. Rather than going to a psychologist/psychiatrist, which gives people the "mark of being crazy" in this society, people would rather suffer in silence or only deal with symptoms through medication.

This stigma is very problematic because it leads to the marginalization of people who do seek help as well as those who do not. It is also problematic because the more people are stigmatized and marginalized while suffering from PTSD symptoms, the more likely it is that they will pass problems on to their family. Research is beginning on transgenerational transference of PTSD. The other problem that stigmatization can lead to is dependency on alcohol and drugs, both prescription medication and hard drugs. In Sarajevo 3000 users of hard drugs were registered by doctors and police in recent years. ⁴⁹ Dependence on drugs and alcohol is used as a way to control the symptoms of PTSD and which leads to further problems in families and society.

2.1 Government Run Mental Health Services

2a) How Mental Health Care Services are run

The former Yugoslavia had a mental health care system that worked well for many years. However, due to the break up of Yugoslavia, BiH had to remodel the mental health care system to deal only with the problems in BiH. This remodeling involved many different things and was conducted during the war as well as after the war. The mental health care system before the war was based largely on asylum type institutions and some smaller

⁴⁹ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

psychiatric wards. 50 The healthcare system in BiH before the war was strengthened by the, "large number of qualified staff and generously resourced social welfare services. In 1991, there were 237 psychiatrists (like in some other European countries, psychiatrists are also neurologists), 56 residents in psychiatry, 100 senior nurses, 896 other nurses, and 36 nurseaids in psychiatry."⁵¹ During the war many of the people working in the mental health system left the country to work in other places. Another problem during the war in BiH was the number of mental health institutions that were closed or bombed. Due to the fighting, bombing, and loss of staff psychiatric patients suffered a great deal. "The quality of mental health care deteriorated [...] as a result of destruction of large institutions, a decrease in the number of qualified mental health professionals, and widespread damage to social networks, families and other support systems."52 In fact it is important to realize that,

"Psychiatric patients were killed on a scale that had been unheard of in Europe since the murder programmes in national-socialist Germany. Chronic psychiatric patients, some of whom had spent more than 20 years in psychiatric institutions, were released and found themselves wandering on their own between the lines of fire. Also, there were events of organized mass executions of psychiatric patients that are now being revealed through the identification of bodies found in the mass graves."53

While mental health services were being reformed during the war, the patients that could/should have been helped by the reforms were being killed. During the war and the reform period, it was decided that instead of rebuilding the old institutions, the country would take a new approach to mental health care services.

"The aim of the reform was to shift services from hospitals to the community – that is, as close as possible to the places where people live – and to deliver mental health promotion, prevention, treatment, and

⁵¹ Kučukalić A, Kulenović-Džubur A, Cerić I, Jacobsson L, Mehmedbašić-Bravo A., Priebe S. "Mental Health Services in Bosnia-Herzegovina: A Successful Reform."

⁵³ Kučukalić A, Kulenović-Džubur A, Cerić I, Jacobsson L, Mehmedbašić-Bravo A., Priebe S. "Mental Health Services in Bosnia-Herzegovina: A Successful Reform."

⁵⁰ Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org

⁵² Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org

rehabilitation for patients with severe mental illnesses. This approach was very different from the previous model, which had focused exclusively on medical treatment of the affected individuals."⁵⁴

At the center of the new mental health system are, "community mental health centers, which are multidisciplinary and closely linked to primary care – for example, primary care physicians are often involved and no special referral is needed between primary care and the community mental health centers." There were supposed to be thirty-five centers all over the country that would run on an open door policy so that anyone is welcome at any time. However, of those thirty-five centers not all are open due to lack of funding. ⁵⁶

"They provide various interventions, ranging from individual treatment (psychotherapy, counseling), group work (in more than 80% of CMHCs), crisis intervention, outreach service (in 50% of CMHCs), occupational and work therapy, activities for mental health promotion and prevention, and a SOS phone line, to working with families and day services for patients with long-term illnesses." ⁵⁷

While community mental health centers (hereinafter CMHC) are open to anyone, there is also the ability to go to the hospital for psychiatric care and psychiatric wards. Whether treatment is in a mental health center or in a hospital setting, the approach to psychiatry is still very medicialized. Psychiatry is approached as a medical problem that should be cured and the facilities reflect the attitude of medicalization.⁵⁸

⁵⁴Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org

⁵⁵ Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org

⁵⁶ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

⁵⁷ Kučukalić A , Kulenović-Džubur A, Cerić I, Jacobsson L, Mehmedbašić-Bravo A., Priebe S. "Mental Health Services in Bosnia-Herzegovina: A Successful Reform."

⁵⁸ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

Both during the war and after it the main group treated by the mental health system was veterans. Now however the mental health system is recognizing the need to also help civilian victims as they were also exposed to a great deal of traumatic stress.⁵⁹

2b) Problems in Mental Health Services

As with health care anywhere there are both benefits and problems to the mental health care services in BiH. While the problems seem to outweigh the benefits it is important to note that the reform in BiH is seen as very successful. However there are still three areas that need major improvement: lack of professionals, lack of funding, and lack of education.

Professionals

Professionals in the field of mental health have had a difficult time in BiH. While psychiatry is mostly accepted within society it is not something that is really seen as normal. In BiH, psychiatrists work both in the field of psychiatry and neurology. There are also a number of psychologists. The war caused many professionals in health care to seek refuge in other countries and this contributed to the lack of professionals in the mental health care system as well as decline in the level of care. It is also important to realize that there were not any therapy training programs in BiH until 2006 so anyone who wanted to become a psychologist or psychiatrist had to leave the country to go to school. Perhaps now that there are training programs in BiH it will be easier for people to become psychologists and psychiatrists and there will no longer be a lack of professionals.

Funding

Funding is always hard to come by in a country that does not have much money to spare but mental health does not seem to be a priority even though most people have been traumatized by the war in some way. BiH in general is not a wealthy country and the mental health field is not yet fully accepted. The CMHCs are supposed to, "offer special services for

⁹ IBID.

⁶⁰ Randy, Personal Interview. Mennonite Central Committee. 4/23/2007. Mennonite Central Committee Office.

patients with PTSD, with health professionals trained through the Harvard trauma program" however it is unclear whether or not these are actually running due to the fact that there is so little funding. 61 It is unclear whether or not these centers are actually running due to the fact that there is so little funding.⁶²

Funding is also important because the less funding there is the less work can actually be done for people with mental health problems. In the area of PTSD, education is important however without funding it is not possible.

Education

⁶⁴ IBID

In the area of PTSD there are many specific problems that the mental health field has not yet addressed. First, there is no national action plan to deal with PTSD which is needed in order to combat the stigma and to allow people to realize that having PTSD does not mean you are crazy or weak.⁶³ The stigma of PTSD is great due to the lack of education and people not understanding what PTSD is. According to one of my interviewees, another problem is the fact that Republic of Srpska does not even recognize that PTSD exists which means people there are not allowed to have PTSD.⁶⁴ It is unclear whether this is a fair statement due to the fact that I did not conduct any interviews in the Republic of Srpska. This would be interesting to investigate because the lack of government recognition would not only make it impossible for people to get treatment PTSD but also further marginalize people suffering from these mental problems. Without education people will continue to stigmatize PTSD and ignore the symptoms which will lead to people dealing with chronic unattended PTSD not being able to understand why they have these problems. Due to the fact that many people

⁶¹ Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org

⁶² Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org

⁶³ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

with PTSD might have trouble holding a job or dealing with family problems, many may not be able to live full lives without help. It is very likely that there are a high percentage of unattended cases of PTSD due to the fact that there is a stigma and in order to combat this society must understand that having PTSD does not mean that they are crazy or weak.⁶⁵ The issue of lack of research in the area of PTSD also effects education. There is no valid data on the efficacy of therapy with PTSD patients in BiH. 66 This is important because many people do not want to have to spend months or years in therapy without knowing that it will help them in some way. It is a great deal easier to take some medication because that has been proven to help a problem however sitting in a room with a stranger talking about your problems might not help. If there was more data based on the psycho-therapy and group therapy that is used in BiH which proved that it really did help PTSD, perhaps more people would be willing to try therapy. However currently the only data on the effectiveness of therapy in controlling PTSD symptoms is based in other countries, which does not show people in BiH that it would be helpful for them. As every country has its own culture, so does BiH and that means that people need to be shown that people in BiH have been helped by doctors working in BiH. Without this kind of research, it will be difficult to ever get people to work with therapists.

2c) Benefits in Mental Health Services

It is obvious that the reforms of the mental health system since the war still need more work. There are a few benefits that need to be understood and recognized. First, all veterans injured during the war whether physically or psychologically are allowed to get benefits based on the severity of their illness. Services as well as medicine for veterans who are disabled are free and it is possible for a veteran to claim disability due to a psychological problem.⁶⁷

⁶⁵ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

⁶⁶ IBID.

⁶⁷ IBID.

While it is wonderful that these services are free, it does give a perspective on part of the reason for lack of funding.

Another benefit of the mental health system is the open door policy. Anyone can walk into a CMHC and be given help without the need for a referral.⁶⁸ People suffering from PTSD often have difficulty dealing with the simplest of daily tasks, let alone dealing with medical bureaucracy so being able to walk in and just talk to someone is probably very helpful. Also the fact that people do not have to go to a main city or travel long distances to get help makes accessing care easier and makes it less likely that people will know they are seeking help, therefore hopefully lessening their fears about seeking help. The CMHCs are also supposed to work on education and helping the community understand mental health issues and PTSD. Though they may not currently have the funding to do this, it is an important role and the government should continue to work on funding this.

3.1 Non-Governmental Organizations and International Organizations

Due to The lack of funding for mental health and PTSD within the mental health services run by the state, it obvious why so many NGOs are still working within the realm of mental health. However, while the government mental health system has spent a great deal of time focused on veterans, NGOs and IOs tend to spend more time focusing on women and children or civilian casualties. At the beginning of the war, IOs and NGOs came to BiH and introduced mental health initiatives that were community based and were run parallel to state owned and authorized services. These organizations were very important during the war in helping displaced persons, refugees, and people who were experiencing trauma. However these organizations brought in their own perception of what was going on in the region,

 ⁶⁸ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007.
 University Medical Center.
 ⁶⁹ IBID

trauma, and PTSD.⁷⁰ These organizations were very important and seem to have had a great deal of impact on the way in which the government chose to reform mental health services.

3a) The NGO Approach to PTSD

Many NGOs that work with mental health approach it through education, mutual help groups and community. Just as the government mental health services emphasis education so do NGOs. However NGOs tend to work more with the community because that is the only way they are able to continue their work whereas government run services will always be open. Different organizations focus on different target groups and approaches however all the groups seem to be very focused on both the community based approach and education.

Almost all NGOs worked to show that they provided the best help for mental health issues.

As the NGO DUGA (Rainbow) says, "DUGA strives to fulfill the most needed mental health care services." Other organizations such as ICRC work with families of the missing and dealing with the mental health as well as social problems that face those people.

This psychosocial approach has had a great impact on BiH. However while organizations are continuously trying to support the community and families, it is not obvious that their goals are actually being meet. Many organizations have to give yearly statements so that they can continue to get funding

3b) Advantages and Disadvatanges to NGOs and IOs

The advantages and disadvantages of NGOs and IOs that work with PTSD and mental health services are significant. It is important to see that these organizations work hard to try and help PTSD sufferers though they do not always succeed.

NGOs and IOs are very important resources because they tend to have more funding than government mental health services in BiH. The funding of these organizations is usually

⁷⁰ Z.Z., Personal Interview. ICRC, 4/25/2007. ICRC Office.

^{71 &}quot;Bosnia-Herzegovina: The Experience of DUGA Association."

at least partially from abroad.⁷² While funding is good no matter where it is coming from, funding for BiH and the former Yugoslavia is more difficult to come by now than it was during the war. Due to this many NGOs and IOs that had dealt with and would still be dealing with PTSD and mental health have had to leave BiH and go to areas where they could get funding. NGOs that are based locally and tend to get funding from both abroad and local sources are much more useful to people in BiH. This is because they are less likely to move elsewhere. While some international organizations, such as ICRC, continue to have offices in BiH and employ local personal they are the exception rather than the norm.

Some of my interviewees said that NGOs are the best resource for PTSD sufferers because they work with the person and their community to try and help the problem because mental health problems do not affect only one area of a person's life. While it is true that psychological problems affect all aspects of a person's life, many NGOs only have a few people who are trained psychiatrists/psychologists. While most organizations strive to provide several different therapy methods this is difficult with the limited number of staff. This is one reason that many organizations not only work to provide therapy but also educate families, teachers, and society in general. By improving the level of knowledge about PTSD and mental health issues, people will be more likely to seek out therapy not only in NGOs and IOs but also in the state run mental health services.

One of the most important reasons that NGOs and IOs are still working within the area of PTSD and mental health is because the state run mental health services alone would not be enough. This is not to say that the state run mental health services are not trying or that they are completely useless however it is important to be conscious of the fact that if NGOs and IOs were not working in the field of mental health the state run services would be totally

⁷² Z.Z., Personal Interview. IRCR, 4/25/2007. IRCR Office

⁷³ Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

inadequate. There are so many people who need or will in the future need psychiatric help that it is important to have NGOs and IOs to help the government mental health services in the management of psychiatric care.

4.1 The Use of "Para-Professionals"

Para-Professionals decribes anyone who works within the area of mental health but is not actually trained as a psychologist or psychiatrist. This description includes people who work within the health care system, NGOs not specifically working with PTSD, educators, religious leaders, and from time to time friends and family. None of these people are officially trained as psychiatrists or psychologists but frequently there jobs require them to listen to people with PTSD and help them through hard times. It is important to recognize the amount of people who turn to these para-professionals because it is more culturally acceptable and less stigmatizing.⁷⁴

There are obvious problems with people turning to para-professionals for help with PTSD and mental health. The obvious problem is that these people have very little, if any formal training in how to deal with people suffering from PTSD. This lack of training can cause para-professionals to stigmatize or traumatize PTSD sufferers further. Therefore it is very important that para-professionals seek help with they are unsure of what to do and advice people to turn to mental health services run by either the government or NGOs.

Currently many NGOs are working on educating para-professionals such as teachers and religious leaders to help them understand and identify the signs of PTSD. 75 This is a very useful tool because these para-professionals are than able to help more people by referring them to different mental health services. In Sarajevo, the Mennonite Central Committee is setting up a Center for Trauma where they plan to give this kind of training to people in helping professions (i.e. teachers and clergy). ⁷⁶ Currently, ICRC in Sarajevo is working on a manual for these para-professionals to help them understand the issues that families of the

 ⁷⁴ Z.Z., Personal Interview. IRCR, 4/25/2007. IRCR Office
 ⁷⁵ Randy, Personal Interview. Mennonite Central Committee. 4/23/2007. Mennonite Central Committee Office. ⁷⁶ Randy, Personal Interview. Mennonite Central Committee. 4/23/2007. Mennonite Central Committee Office.

missing face today in the mental health field.⁷⁷ These are just two examples of the work that NGOs are doing to help para-professionals and society in dealing with mental health issues. It is important that the government mental health services also recognize the importance of para-professionals and work to support education as well.

Education of para-professionals is paramount to the success of mental health services in BiH. In order for society to begin accepting that PTSD is a real diagnosis as well as accepting mental health services in general these para-professionals must accept them. If that does not happen then it will be difficult for PTSD and mental health services to ever lose the stigma that they currently hold.

 $^{^{77}}$ Z.Z. Personal Interview. ICRC, 4/25/2007. ICRC Office.

5.1 The Importance of All Groups Working Together

The importance of providing mental health services to the people in BiH is a goal that the government mental health services, NGOs/IOs, and most para-professionals agree on. Government mental health services and NGOs/IOs have frequently set a goal of working together to achieve better education on PTSD and mental health care. The CMHC run by the government are intended to collaborate, "with other mental health services, such as psychiatric wards and other governmental and nongovernmental organizations [...]" however this. "still needs to be developed." While the government mental health care has not yet really developed its intergovernmental communications or its communications with NGOs, it is a priority which is important. It appears, however, that it would be easier to establish intergovernmental communication rather than governmental and NGO communication. NGOs also make it a goal to establish communication with the governmental mental health care system in BiH. However many NGOs go beyond just communicating with the government. The organization DUGA (Rainbow) states, "Establishing and maintaining links with institutions and partners able to contribute to the support of the target population [as well as] establishing partnerships with local and international agencies involved with the target Population[...]" in their list of objectives. ⁷⁹ Currently though many NGOs aspire to work with the government mental health system, it appears as though the only groups that they are really working together with are other NGOs and IOs.

This communication is the key to PTSD and mental health care losing the stigma it currently has in BiH. By communicating and working together, the amount of money going into education of the public and health care workers about PTSD will increase and allow more people to be educated. The other important part of this communication is that by working

⁷⁸ Kucukalic, Abdulah, Alma Dzubur-Kulenovic, Ismet Ceric, Lars Jacobsson, Alma Bravo-Mehmedbasic, and Stefan Priebe. "Regional Collaboration in Reconstruction of Mental Health Services in Bosnia and Herzegovina." Psychiatric Services. November 2005, Vol. 56, No. 11. http://ps.psychiatryonline.org "Bosnia-Herzegovina: The Experience of DUGA Association."

together, all organizations can refer people to the other organizations if they are unable to help. It would also help because currently there are more NGOs/IOs that work with women and children suffering from PTSD, such as Medica and DUGA, while there are fewer organizations that work with men and veterans. In contrast government run mental health system has focused more on veterans and men than on women and children. By working together, government run mental health services and NGOs/IOs could work to make sure that men, women, children and veterans are all being helped by all organizations. It would also be possible that these organizations could give each other tips on the methods they found most useful in the area of education, therapy, etc.

If the communication between organizations does not improve between the government, NGOs/IOs, and para-professionals, the situation in BiH will be all the more difficult. Without communication and knowledge about what other groups are working on, there will be a great deal of overlap. There is already a great deal of overlap in the education provided about PTSD and spotting the symptoms of PTSD between different NGOs as well as between NGOs and the government.

Conclusions

The handling of PTSD in BiH is complicated and currently it is not plausible for on one group to deal with it. However there are several issues that need to be addressed in order for the number of PTSD sufferers to be reduced and there are several different ways that these issues can be addressed. While the way in which PTSD is being dealt with currently is not as good as it can or hopefully will be. It is interesting to note that government run mental health services in BiH are currently being seen as very successful. "Since the reforms in B&H are widely regarded as successful, they have been taken as the model for an even more ambitious project to improve mental health care throughout South-Eastern Europe (SEE)." Though the reforms that have been put in place and the work that is currently being done in the mental health sector is considered successful in much of the published research, the information that I gathered from people and observations do not support this completely. While it was obvious that the government mental health system has made great strides in reform especially during the war, there is still a great deal that needs to be done.

First of all the government must start putting more funding in the mental health care system. I interviewed several people who worked at the University mental health center and they all complained that funding was a problem. At the children's mental health clinic, the psychologists told me that they had to provide their own paper and toys to work with the children. Our interview took place in the break room of the children's mental health clinic which had been completely furnished with coffee tables, couches, curtains, refrigerator, etc by the employees because there had been no money or furniture provided by the government. The psychologist that I interviewed had to use her own computer while at work and people

⁸⁰ Kučukalić A, Kulenović-Džubur A, Cerić I, Jacobsson L, Mehmedbašić-Bravo A., Priebe S. "Mental Health Services in Bosnia-Herzegovina: A Successful Reform."

⁸¹Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

who could not afford their own computers had to use paper. ⁸² It is important that mental health professionals do not have to spend their own money providing supplies because that makes it less likely that people will choose to work for the government mental health services and people who do work for them will have a difficult time dealing with the amount of money they have to spend. While my interviewees gave me a picture of the amount of funding that they were lacking, this is definitely not the entire picture. However it is important to realize that mental health services continue to be under funded both in the government sector which is why NGOs are focusing so much energy on them.

Education is the key to improving mental health services as well as making them accepted by people throughout the country. Many people do not accept the need for mental health services which is why funding is so hard to come by and education is so important. Almost every article that has been published and every interviewee stressed the importance of education in dealing with the problems of PTSD. However while the importance of education is always talked about, there is no official plan by the government or other organizations as to the best way to educate people on PTSD. It is important that all organizations dealing with mental health services begin to work together to educate people on PTSD. Without working together on education there will be a great deal of overlap in the work that is being done in the field and people will get bored by the information.

Though some organizations are working hard to educate people on the importance of mental health services others are no longer focusing so much on PTSD and mental health services. The fact that so many organizations are backing away from their work with PTSD and PTSD sufferers makes it even harder for those people who need help to find it. The reasons that NGOs are moving away from the area of PTSD is because there are so many other problems within BiH today such as lack of employment, family problems and people

⁸² Pasalic, Alma. Psychologist at Department for Psychiatry of University Medical Center. 4/24/2007. University Medical Center.

who are still missing from the war. While some organizations still work with the area of PTSD it is no longer the main focus. It is not necessary that PTSD be every organizations main focus but it is important that each organization have knowledge about the problem and work with other to improve the situation in BiH. If NGOs continue to move away from the area of PTSD and mental health in general the need for government run mental health services to pick up the slack and deal with a much larger number of PTSD patients will be great. The number of people that actually have PTSD in BiH will probably never be known for sure. There are so many people who have not and will not be diagnosed as having PTSD even if they do. Due to the amount of people that will continue to suffer from PTSD in the future, the mental health services in BiH must continue to improve. While NGOs and IOs should continue to provide services for people with PTSD and mental health issues, they should work with the government to improve its mental health services.

Personal Reflections

Throughout this project or journey, I have had a great deal to think about in the realm of PTSD. As I had never really studied PTSD before or mental health care a lot of research was important. I expected a lot to come from my research and to grow from my journey. When I first started this project and arrived in BiH I did not expect to have any problem with my research. Though I realized that PTSD was a tough subject to approach because people would not necessarily want to discuss it, I had not really expected organizations not to want to talk to me either. I spent a great deal of my time trying to get people and organizations to speak with me and I was not always successful however when I was successful my interviews were some of the most rewarding and interesting part of my research. I wish that more people had been willing to talk with me about their work but I understand the reasons that they were reluctant.

One of the most difficult issues that I have had to face in my research is whether to trust the research that has been done or to trust the people that I interviews. My ability to be objective was challenged in my interviews and observations. There was so much information that was written down and when I read it seemed like the mental health care system and NGOs working with mental health services were doing a great job. But when I went in a talked with my interviewees they all talked about how much help the mental health system that the government provides needs. The women in the hospital told me all about the furniture they had to provide for themselves as well as supplies for their actual therapy. Watching these women talk about how much the mental health care system needed was really eye opening for me and I found myself asking two questions as I walked out of the interviews: 1. Do I trust my observations and the people that I have talked to or do I trust the writing that I have been reading? 2. How do I balance the knowledge I have that because I cannot say for certain that either is the wrong way of looking at the mental health services? I

have tried very hard to balance the information that I wrote so that it shows both the good and the bad of how the mental health system and PTSD are being dealt with. This was probably the most difficult part of the paper for me because the information I had was so contradictory and it was not just that people who were local were giving one side and internationals were giving the other. Though I will say that many of the writers that were hailing the mental health system in BiH were working with international people, colleges, or publishing there working in international journals.

The most amazing part of this research for me was the responses that I would get when I told locals in Sarajevo what I was writing about. The responses ranged from a stare to "why are you doing that" to "wow that's a really tough subject here." Sometimes I felt as though I should stop telling people what I was researching because it was so touchy and people frequently shut down after I told them what I was doing. However all the responses that I received were helpful in understanding the work that I was doing and the problems that were faced in society when PTSD was brought up. While it seems as though a great deal of people have spent time research PTSD in BiH, it was obvious to me that they had not discussed it with the locals. Society's understanding of PTSD is just as important as what the researchers think and what the government says. While I believe that some organizations are working hard to try to understand the societal views of PTSD and to change them, it is important that we as researchers realize that society is not being fully included in research of PTSD and it needs to be in order to change anything.

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Appendix 1 Map of Bosnia and Herzegovina



Appendix 2

309.80 Posttraumatic Stress Disorder

Diagnostic Features

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized of agitated behavior) (Criterion A2). The characteristic symptoms resulting from the exposure to the extreme trauma include persistent reexperiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D). The full symptom picture must be present for more than 1 month (Criterion E), and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion F).

Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robber, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness. For children, sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury. Witnessed events include, but are not limited to, observing the serious injury or

unnatural death of another person due to violent assault, accident, war, or disaster or unexpectedly witnessing a dead body or body parts. Events experienced by others that are learned about include, but are not limited to, violent personal assault, serious accident, or serious injury experienced by a family member or a close friend; or learning that one's child has a life-threatening disease. The disorder may be especially severe or long lasting when the stressor is of human design (e.g., torture, rape). The likelihood of developing this disorder may increase as the intensity of and physical proximity to the stressor increase.

The traumatic event can be reexperienced in various ways. Commonly the person has recurrent and intrusive recollections of the event (Criterion B1) or recurrent distressing dreams during which the event can be replayed or otherwise represented (Criterion B2). In rare instances, the person experiences dissociative states that last from a few seconds to several hours, or even days, during which components of the event are relived and the person behaves as though experiencing the event at that moment (Criterion B3). These episodes, often referred to as "flashbacks," are typically brief but can be associated with prolonged distress and heightened arousal. Intense psychological distress (Criterion B4) or physiological reactivity (Criterion B5) often occurs when the person is exposed to triggering events that resemble of symbolize an aspect of the traumatic event (e.g., anniversaries of the traumatic event; cold, snowy weather or uniformed guards for survivors of death camps in cold climates; hot, humid weather for combat veterans of the South Pacific; entering any elevator for a woman who was raped in an elevator).

Stimuli associated with the trauma are persistently avoided. The person commonly makes deliberate efforts to avoid thoughts, feelings, or conversations about the traumatic event (Criterion C1) and to avoid activities, situations, or people who arouse recollections of it (Criterion C2). This avoidance of reminders may include amnesia for an important aspect of the traumatic event (Criterion C3). Diminished responsiveness to the external world, referred

to as "psychic numbing" or "emotional anesthesia," usually begins soon after the traumatic event. the individual may complain of having markedly diminished interest or participation in previously enjoyed activities (Criterion C4), of feeling detached or estranged from other people (Criterion C5), or of having markedly reduced ability to feel emotions (especially those associated with intimacy, tenderness, and sexuality) (Criterion C6). The individual may have a sense of foreshortened future (e.g., not expecting to have a career, marriage, children, or a normal life span) (Criterion C7).

The individual has persistent symptoms of anxiety or increased arousal that were not present before the trauma. These symptoms may include difficulty falling or staying asleep that may be due to recurrent nightmares during which the traumatic event is relived (Criterion D1), hypervigilance (Criterion D4), and exaggerated startle response (Criterion D5). Some individuals report irritability or outburst of anger (Criterion D2) or difficulty concentrating or completing tasks (Criterion D3).

Source: American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000."

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Appendix 3

The symptoms of PTSD include:

- sleep problems including nightmares and waking early
- flashbacks and replays which you are unable to switch off
- impaired memory, forgetfulness, inability to recall names, facts and dates that are well known to you
- impaired concentration
- impaired learning ability (eg through poor memory and inability to concentrate)
- hypervigilance (feels like but is *not* paranoia)
- exaggerated startle response
- irritability, sudden intense anger, occasional violent outbursts
- panic attacks
- hypersensitivity, whereby every remark is perceived as critical
- obsessiveness the experience takes over your life, you can't get it out of your mind
- joint and muscle pains which have no obvious cause
- feelings of nervousness, anxiety
- reactive depression (not endogenous depression)
- excessive levels of shame, embarrassment
- survivor guilt for having survived when others perished or for not having done more to help or save others
- a feeling of having been given a second chance at life
- undue fear
- low self-esteem and shattered self-confidence
- emotional numbness, anhedonia (inability to feel love or joy)
- feelings of detachment
- avoidance of anything that reminds you of the experience
- physical and mental paralysis at any reminder of the experience

Source: Kinchin, David. Post Traumatic Stress Disorder: The invisible injury, 2005 edition. http://www.successunlimited.co.uk/books/ptsympt.htm. April 28, 2007.