CHAPTER 20

REDUCING TRAUMA DURING ETHNO-POLITICAL CONFLICT: A PERSONAL ACCOUNT OF PSYCHO-SOCIAL WORK UNDER WAR CONDITIONS IN BOSNIA

Inger Agger[1]

INTRODUCTION

When I told a colleague with whom I had worked in Sarajevo that I was going to write a chapter on trauma reduction in Bosnia, he said that if I only had one chapter, I should just cite Bosnian poems. Otherwise, how would I be able to convey the pain and the beauty of people who before the war were living together, one might even say as a married couple, but were now separated and divided by fear and mistrust, while still longing for each other. The bitter betrayals of the war left the marriage scattered; we were many from the outside, from the "international community" who tried to help the partners get back together and rescue the marriage. The question was, how-

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ever, whether that was also the wish of the partners themselves at that time.

I will follow the advice of my colleague and quote the final lines of the poem, "Burning Skyscraper," written during the war by a Bosnian poet (Alikadic, 1995):

After the fire, there is no illusion

scene of fire, ash,

emptiness is starting.

If I am a poet after all this evil

my poetry is a cry.

After the war, there is no illusion, there is an emptiness, as the poet expressed it. During the war, the main task was to help the population survive—attempt to reduce trauma—and psychosocial assistance had the form of crisis therapy. After the war, the slow process of healing the trauma following evil perpetrated by neighbor against neighbor, brother against brother, must start from ashes: a painful process of healing the psychological and social trauma caused by ethno-political warfare where the fighting crossed ethnic identity lines.

However, it is necessary to grasp the specific dynamics of ethno-political trauma in order to understand how new cycles of violence can be interrupted. In Bosnia it was evident that trauma from the Second World War played an important role in the psychological reactions seen fifty years later. At that time, not much attention was given to trauma reduction, to transforming the violent narrative constructions from the war into reconciliatory narratives when the post-war socialist society was built. On the contrary, certain narratives were suppressed (those telling about the atrocities committed by Tito's side) while others were turned into heroic stories (those telling

about the atrocities committed by the fascist side). Naturally, the suppression of "wrong" narratives did not make them disappear from people's memories, nor did this suppression heal the wounds, which became open and sore again fifty years later.

In the following, I will first try to convey the core of this trauma by relating some case stories illustrating how people in Bosnia felt the impact of ethno-political warfare on their lives. I will end this first part by summarizing the insights I developed into ethno-political trauma during my four years of work in the region. In the last part of the chapter, I will focus on some of the methods that were developed to reduce trauma during the war and in its immediate aftermath.

THE TRAUMA OF ETHNO-POLITICAL CONFLICT

Just after the war ended, I met with a Bosnian woman in one of the major towns of Bosnia. She worked in an international humanitarian aid project helping refugees return to their homes. She was a psychologist, and she was in a so-called "mixed marriage," that is, she and her husband belonged to different ethnic groups. Together with their son they had fled to the town where we met a year after the war started. I asked her if she wanted to return now to their hometown. "No," she said, "I am glad I left that town, I never want to return to that place." "But why," I asked, "what happened to you there?"

> In our hometown both my husband and I belonged to minority groups, but we had
> never thought about that before the war. We had many friends in the town, good
> jobs, and a nice apartment. When the war started, our friends suddenly stopped
> calling us. When we called them, they made excuses for not being able to see us:
> We are sorry, we are so busy, they said. We had many problems just getting the

food most necessary for survival, and none of our former friends helped us. Well, there was actually *one* family that helped us, and I will never forget that, but that was the only example. When my father became ill, they would not send an ambulance from the hospital; it doesn't matter, we were told, he is just a (and then they mentioned the ethnic group to which my father belonged).

"During a certain period, I had to stand at the market and sell our things to buy food for us. I will never forget the humiliation of that. After a while, the situation became unbearable; we felt that we did not have any future in that town, so we exchanged apartments with a minority family from this city and that has worked OK. Now we are in a place where my husband belongs to the majority group, we both have jobs, and our son is well. We have not told him that his mother belongs to a minority group.

Now, after the war has ended, our friends from the hometown have begun calling us and sending us letters. How are you, they ask, but I don't trust them anymore. *They have shown me their real faces*. If I ever visit my hometown again, I am going to tell them, but I don't think they will understand; they will have lots of excuses. I will never forget all the pain we went through. I never thought that I would have the strength to live through all that happened to us in this war, but I did have the strength. That was something I discovered from this tragedy.

This woman had not lost any of her close family members during the war, or been in a prison camp; she had not had the type of traumatic experiences associated with the war in Bosnia. But her story is typical of the post-war situation in a traumatized society, so vividly illustrated by her

statements about former neighbors and friends: "They have shown me their real faces." This sense of betrayal and mistrust pervades the environment wherever one goes; "betrayal" is at the core of the trauma.

Shortly after I met this woman, I was actually scheduled to visit her hometown and give a lecture on the "testimony method" (Agger, 1994; Agger & Jensen, 1996)[2] to a group of psychologists, psychiatrists, and social workers who were participating in a training program on post-traumatic therapy. I talked about the importance of not using testimonies to increase tensions among ethnic groups, and I said: "Now at a time when Bosnia has been in a process of peace for more than a year, the main issues are related to confidence-building, dialogue, and reconciliation among the three ethnic groups who fought each other." I could hardly finish the sentence because of the uproar which started among the participants. The trigger words were: "the three ethnic groups who fought each other." They shouted angrily at me, and I felt the impact of their aggression as a wave coming towards me to silence me.

According to their model of the world, there were not three ethnic groups who had fought each other. There was an aggressor and a victim, and the aggressor was evil while the victim was good. How could the international community expect the victim to reconcile with the perpetrator? Such efforts showed a contempt for the victim and the suffering. And so it went for a while. There were 35 people in the room, and maybe ten of them spoke angrily; the others were silent

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[2] The Testimony Method was developed by Chilean psychologists during the dictatorship. Originally, the testimony was meant to document human rights violations, but while working with this, psychologists discovered the therapeutic value of giving testimony. Actually, the testimony method is a unique method which combines both private and political realms, documentation and catharsis, legal and psycho-therapeutic objectives. In Denmark, we have further developed the method for psycho-social work with refugees.

and looked uncomfortable.

After the lecture (which I was finally allowed to continue), I had a long talk with my interpreter. She was a journalist from that town, and she told me that she was a child of a mixed marriage and had herself been in a mixed marriage which was destroyed by the war. She had in her writings tried to change the black-and-white image which was so dominant among the leading class in the town, but now she had stopped trying to change anything. She just wanted to live quietly with her mother. The response I had gotten, she told me, was typical of people with positions in the system. To get such positions it was usually necessary to be on good terms with the ruling ethnonationalistic party whose power was based on the vote of "their own" ethnic group. Those in power needed the enemy images of the other ethnic groups to boost support for their party. Ordinary people, she said, were much more tolerant and wanted to greet their old neighbors again. They actually longed for them, but many were also afraid. Jobs were scarce, and no one wanted to risk their jobs by having views that differed from that of the ruling nationalist party, so they preferred to be silent. At the end of our talk she talked about "forgiveness." That is the key word, she said. "That is something all religions emphasize, the Orthodox, the Catholic, and the Muslim, along with acknowledging one's own evil side, acknowledging that the victim can also become the aggressor."

From the story about the woman who fled the indirect repression she experienced in her town, we know those who perceived themselves as victims in that town were also seen as aggressors by others. In the journalist's model of the world, there was no black-and-white split, no narcissistic regression as a defense against the threat, but she was sad and felt hopeless about the prospects for peaceful reintegration of the divided ethnic groups. She was a child of a mixed

marriage and had herself been in a mixed marriage. This is significant and can contribute to the explanation of her more tolerant and mature viewpoint.

To understand the social and psychological factors behind "ethnic cleansing"[3] and persecution of mixed marriages, one must examine the concept of ethnicity in more detail. Usually, ethnicity denotes a certain cultural, social, and psychological identity, something which is fluid and dynamic. So it was in Bosnia before the war. However, if one wants to find an important cultural indicator of ethnicity in the Balkan context, one must look at religion: Serbs are Orthodox, Croats are Catholic, and Bosnians are Muslim.[4] The confusing factor is that many people were not religious at the start of the war. During the war there was a new religious surge which was associated with post-Communist politics, but probably also with a need for spiritual help and protection in an insecure wartime and post-war situation.

In the new "ethnic nationalism" which tried to equate ethnicity with nationality, we find a very static concept of ethnicity. This type of nationalism claims "that an individual's deepest attachments are inherited, not chosen" (Ignatieff, 1993, p. 4), and it "legitimizes an appeal to blood

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[3] The term "ethnic cleansing" was coined during the recent war in Bosnia and denotes the direct or indirect expulsion by one ethnic group of other ethnic groups from a certain territory. While the term is new, the act of ethnic cleansing is not a novel strategy. It has been applied in many previous conflicts around the world.

[4] In the countries which are now Bosnia (Bosnia-Herzegovina), Croatia, and Yugoslavia (Serbia-Montenegro), and which before the war were part of the Federal Republic of Yugoslavia, the main ethnic groups are the Croats, the Serbs, and the Muslims. Although these three ethnic groups lived among each other and intermarried in all three countries, there were a majority of Croats in Croatia, and of Serbs in Yugoslavia. In Bosnia-Herzegovina, there was a real mixture of all three ethnicities: Bosnian Croats, Bosnian Serbs, and Bosnian Muslims. However, while the Bosnian Croats and Bosnian Serbs had a "motherland" in Croatia and Yugoslavia, the Muslims primarily lived in Bosnia, which thereby became their only motherland. Ethnic cleansing in Bosnia became especially vicious because of its multi-ethnic composition.

loyalty and…blood sacrifice" (p. 6). In the political and economic crisis which developed with the breakup of Yugoslavia as a nation-state, "people wanted to know who to trust, and who to call their own. Ethnic nationalism provided an answer that was intuitively obvious: only trust your own blood" (p. 6). Nationalism is the most basic form of belonging; "there is no other form of belonging— to your family, work or friends—which is secure" (p. 6) if you do not have the protection of your own ethnic group.

The loss of trust in a safe and predictable world engendered by betrayal by one's previously friendly neighbors is one important traumatic experience. However, the feeling of having been betrayed by one's own family is yet another, and much deeper, trauma experienced by many people in mixed marriages. A number of children from mixed marriages "felt that some of their family members were dangerous and threatening. Unfortunately, they had to take sides. Even when parents stayed together, there were always relatives fighting on different sides" (Ispanovic-Radojkovic et al., 1993, p. 63).

According to a census taken in 1981, 16 percent of all children in Bosnia were from mixed marriages (Oeberg, 1996). Some sources say that 40 percent of marriages in Sarajevo were mixed before the war (Petrovic, 1996). If we take the former Yugoslavia as a whole, 12 percent of all marriages were mixed according to censuses taken from 1962 to 1982 (Botev & Wagner, 1993). Mixed marriages represent the most radical negation of the ideology of ethnic purity and ethnic cleansing. Therefore, such marriages are of course dangerous and in danger in a nationalistic environment. The present statistics of mixed marriages are not known, but probably a large percentage of the 800,000 people who fled to Western Europe, the United States, and other countries during the war were of mixed ethnic origin or living in mixed marriages.

Almost one-third of the population fled from Bosnia during the war, and a similar amount became displaced within Bosnia. This means that 60 percent of the population had to leave their homes after the war broke out (Media Plan, 1996), and more than half of the population lost their homes. Trauma in Bosnia is about these types of events: the loss of home, the loss of trust, all the injuries which must be healed. Therefore, the return of the refugees and the displaced to their homes, which is a significant part of the Peace Agreement signed in Dayton in November 1995, is of great importance to the peace process and for the society to heal.

However, only a small percentage of the refugees and displaced have actually returned to their homes—far less than expected—and almost all of those who have returned have gone back to an area where their ethnic group is in the majority. Most local authorities simply do not want minority people to return, but many people told me that they were sick and tired of the official separatist propaganda beamed daily by the state-controlled media. They said that they actually missed the times when one's ethnicity did not matter.

In fact, people on all sides in Bosnia despised the entire concept of ethnic purity. But even after the war, powers were trying to prevent the return process—ethnonationalist politicians and their followers profited economically from upholding the ideology of ethnicity, ethnic cleansing, and purity. With a few exceptions, such as mixed communities in Sarajevo and Tuzla, there have been numerous, well-documented instances of overt discrimination or violence; incidents commonly cited include forced evictions from homes, beatings, and arbitrary arrests and detention.

The war meant loss of home to more than half of the population, but it also meant loss of life to many. Although it is very difficult to obtain reliable statistics about the loss of life during a war, according to a research institute in Sarajevo, 6 percent of the population are estimated to

have been killed, or to be missing (Media Plan, 1996). This of course affects a large number of family members. The relatives of the almost 20,000 missing (mostly men) are mostly women and children (wives, mothers, sons, and daughters) and are a vast mental health challenge in themselves. In post-war Bosnia we see many experiences among these relatives similar to what we saw in the families of the missing in Latin America. This is a situation of impossible choices. As long as it has not been proven that the missing person is actually dead, the family cannot go through a mourning process, say good-bye to the person and move on in their lives. If, on the other hand, the family members make the decision themselves that the disappeared is dead, this can, psychologically speaking, feel as if they are "killing the person." Latin American therapists have worked extensively with this problem and developed special therapeutic approaches to it (Agger & Jensen, 1996).

In an investigation made at the end of the war (Agger & Mimica, 1996), 2,500 women who were receiving assistance in psycho-social programs funded by the European Union reported the following distribution of traumatic experiences: 80 percent had had life-endangering experiences; 75 percent had lost their home and property; 60 percent had suffered hunger and thirst; 50 percent had felt betrayed by their neighbors; 30 percent had been physically ill; 25 percent had suffered torture or extremely bad treatment; 20 percent had felt betrayed by family and friends; 10 percent had suffered severe physical harm or injury; and 3 percent had been raped. From these answers we concluded that the most frequent traumatic experiences were those related to ethnic cleansing: the life-threatening expulsion from and loss of home; the flight which included periods of hunger and thirst; and the betrayal by neighbors who often actively helped with the expulsion. Of these experiences, the betrayal is often mentioned by the women as the most damaging

experience. This "Judas motif" (Schwartz, 1996) is pervasive and fundamental for understanding the hatred and the trauma following ethnic cleansing in this war. However, to these stories of betrayal should be added the traumatic residues of the Second World War in which "the theme of betrayal runs like a bitter stream" (Schwartz, 1996, p. 24).

From the Second World War there was a "powerful reservoir of traumatic memory" (Denich, 1994, p. 367) of the atrocities committed, which also at that time were fueled by ethnic ideology. After the war, when Tito became President it was forbidden to speak publicly about the atrocities—especially those committed by the partisans that had been led by Tito. When the present war started in 1991, it was as if these memories that had been preserved in the icebox of history (Parin, 1994) became defrosted, and began emanating the taste and smell of all the pain, sorrow, guilt, shame, and anger that had been conserved so well by a policy of taboo and repression during the previous fifty years. After war broke out, these feelings could be exploited by nationalist propaganda and become a vehicle for ethnic cleansing.

The women also reported that they felt lonely, frightened, sad, bitter, lost, and restless. Many reported suicidal thoughts. Maybe their state could best be described as one of "demoralization" characterized by helplessness (no one will help me) and hopelessness (no one can help me), accompanied by anxiety, depression, and feelings of isolation. Because an important feature of this emotional state was the belief that "no one can or will help me," it often required a major effort by psycho-social assistance programs to motivate women to even enter the program.

The arrival of many international teams of experts on Post Traumatic Stress Disorder

(PTSD),[5] led to posting the symptoms of PTSD on blackboards all over Bosnia. Although many national mental health professionals tired of learning about these symptoms, some national high-ranking doctors were very happy about the PTSD diagnosis: Now there was a medical diagnosis for the misery.

This was not always the feeling of the survivors. Although PTSD is regarded as a normal reaction to an abnormal event, it is a diagnosis, and it may well be felt stigmatizing by the survivors. As I heard some Bosnian refugees express it: "First we lose our home, then we have to live as refugees in a camp, and now they say that we are crazy." Essentially they were saying: "Don't also deprive us of our sanity." As Chilean colleagues have expressed it: Giving medical diagnoses to victims of state terrorism can be viewed as "blaming of the victim" (Agger & Jensen, 1996). The Bosnians were not ill, they were suffering from the war.

There was no doubt about the "traumatizing"[6] effects of the war. It was traumatizing to not only the ordinary people, but also the mental health professionals trying to help them, including the international humanitarian aid workers living in the war zone, often under dangerous and exhausting circumstances (Smith et al., 1996). However, it is my impression that the loss of trust brought about by betrayal was the most serious and most difficult trauma to integrate in a post-

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[5] Post Traumatic Stress Disorder (PTSD) was included as a category of the mental disorders in 1980 in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) of the American Psychiatric Association. The condition that PTSD defines was previously known as traumatic neurosis, shell shock, combat fatigue, K-Z syndromes, or other names (Wilson & Raphael, 1993).

[6] Trauma means "wound," and the war was certainly wounding the heart and soul of the people who experienced it. I am using "trauma" and "traumatization" in this sense. That does not imply that I regard the whole population as mentally ill. Rather, it would be abnormal *not* to react to the sick context of ethno-political warfare. I do not think that the symptoms of PTSD can adequately describe the wound, although some people, of course, did experience PTSD symptoms.

war peacebuilding context. The external consequences of the betrayal—the life-threatening ethnic cleansing, loss of family members, loss of home and property, and loss of job—were all serious factors which added bitterness, hate, and hopelessness to the loss of trust in humankind.

METHODS FOR REDUCING THE TRAUMA

Both national and international mental health professionals were feeling overwhelmed and helpless as the war developed and the refugee crisis intensified. How should one approach trauma and healing in this new war context? In what ways were the trauma similar and different from what we already knew, and what were the best ways to help the traumatized people? As a therapist from one Bosnian women's center told me: "We had no knowledge of trauma and how to deal with it. Often, we ourselves did not know how we should cope with our own traumatic experiences, or how we should protect ourselves internally against the terrible stories we heard every day. In retrospect, we often ask ourselves where we got the strength and the courage to do this work, but we were needed, and we could not and would not sit around doing nothing surrounded by this madness. Who was going to help these women, if we did not do it?"

Knowledge about trauma was definitely needed, but the war necessitated other types of interventions than are usual under peaceful North American or Western European circumstances. The Bosnian mental health professionals had to find their own way, the way most appropriate to the Bosnian culture and to the specific conditions of war and ethnic cleansing. Many psychosocial programs were started to help the traumatized, and various approaches were tried.

There was a constant discussion as to what was the right type of psycho-social assistance for the war-traumatized. Many psychologists and psychiatrists argued that the correct type of assis-

tance was psychotherapy. However, the thousands of traumatized people made this option unrealistic. The multitude of nongovernmental psychosocial programs being developed in the region worked mainly with other types of interventions: self-help groups, occupational activities, counseling, and basic social support such as the establishment of day care and kindergartens to help depressed mothers who were not able to take care of their children.

The discussions about the right type of interventions could be illustrated in the "problem of the wool" which was debated heatedly in the beginning of the war among staff members in the various psycho-social programs. Most of the programs were targeting women (the men were at the frontline), and it was a problem to motivate many of the rural women to participate in the psycho-social programs. There was then, as now, a general attitude of shame connected to consulting psychologists and psychiatrists, which is associated with being crazy. As a result, many programs began contacting women by inviting them to participate in knitting groups where coffee was served—a traditional form of self-healing practiced by Bosnian women.

The coffee ritual is an important feature of Bosnian culture. For centuries, during coffee drinking and knitting traditional Bosnian socks, trauma stories have been told, listened to, and acknowledged by a group of female friends and family. Most psycho-social programs soon learned to copy this procedure. As most of the women were refugees without means, the program had to supply them with wool and knitting needles. Some staff members felt that this was tantamount to buying their clients off. Traditionally, patients pay therapists for help, not the other way around. "The problem of the wool" was gradually solved as staff of psycho-social programs accepted that distribution of wool was not hindering their therapeutic efforts, but was, instead, a practical way of establishing trust and group feeling and of providing useful activities for those

women who did not want or need more intensive types of interventions.

Many of the war survivors who sought help in psycho-social assistance programs wanted contact, help, and comfort. Some also came to receive material support, to have something to do, or to avoid thinking of the war. Occupational activities or receiving material aid could provide an acceptable excuse for entering a psycho-social program, and the need and motivation for psychological help would develop gradually as a trusting relationship was built between the survivor and the staff. Trust, which is always an issue in psychotherapy, had a special significance in the Bosnian war context where feelings of betrayal were so pervasive. Providing material aid and occupational activities were important elements in creating a trusting environment. Ultimately, with the exception of only the most hard-line psychoanalytically oriented staff members, it was generally accepted that a psycho-social program also offered material assistance.

PSYCHO-SOCIAL ASSISTANCE UNDER WAR CONDITIONS

So, what was healing under war conditions? Eventually, it was recognized that little healing could happen during the war. The best one could hope for was survival or prevention of a deterioration of the survivors' psychological and social status. We arrived at the following definition of psycho-social emergency assistance: *the aim of psycho-social emergency assistance under war conditions is to promote mental health and human rights by strategies that support the already existing protective social and psychological factors and diminish the stressor factors at different levels of intervention* (Agger, Vuk, & Mimica, 1995).

The concept "levels of intervention" proved to be useful in the debate about "right" or "wrong" types of practice. It was not a question of right or wrong but rather an acknowledgment

of the level at which one should or could intervene. The best psychotherapeutic intervention would be to stop the war, but that was not in our power. We could only try to intervene on various levels of psycho-social interventions. The different levels of interventions were defined as follows: (1) *political, economic, and physical survival* interventions, which were at the baseline; (2) *community development* interventions, such as the establishment of an orphanage for homeless or unaccompanied children; (3) *task-oriented* interventions, such as organizing knitting groups, language courses, or other types of occupational or educational activities; (4) *psychologically oriented* group interventions, such as organizing women's self-help groups; (5) *counseling* interventions, such as providing individual or group consultation with a social worker around present problems and dilemmas; (6) *intensive psychotherapy* interventions, such as providing individual or group therapy by psychologists and psychiatrists in which deeper emotional problems were addressed.

The use of this model facilitated the understanding of what was actually being done in a certain program, as well as the choice of new methods. With this model it was possible to conceptualize interventions, to evaluate the target group and the resources, and to implement the methods most appropriate in the given context.

It was an important aspect of this model that no type of intervention *per se* was better than any other. Many therapists, of course, tended to think that intensive psychotherapy interventions were "better" than psychologically oriented group interventions. But in psycho-social projects under war conditions, whether it was counseling, group therapy, provision of social services, or community work, we were entering new territory. Mostly, mental health staff had to rely on themselves as the best tool available with whatever amount of maturity or strength they pos-

sessed. The only other guidelines they had for choosing which actions to take derived from their theory about the world, which enabled them to understand the daily problems they were facing.

PSYCHO-SOCIAL ASSISTANCE UNDER POST-WAR CONDITIONS

When the peace agreement was signed in Dayton, the conditions for psycho-social work changed radically. While the focus during the war was on survival by supporting the already existing protective factors and diminishing the stressor factors as much as possible, the focus in the post-war period had to shift toward peacebuilding and healing. A definition of the aim of psycho-social assistance under post-war conditions could be formulated in the following way: *The aim of psycho-social assistance under post-war conditions is to promote mental health and human rights by therapeutic strategies that promote dialogue, confidence-building, and reconciliation, and diminish ethnic tensions at different levels of intervention.*

Under post-war conditions, mental health and human rights can be promoted by these new therapeutic strategies at a number of levels: 1) *community-oriented interventions,* such as organizing meetings for ethnically mixed groups discussing neutral topics of mutual interest; 2) *task-oriented interventions,* such as organizing education in human rights; 3) *psychologically-oriented group interventions,* such as creating self-help groups for family members of the missing; 4) *counseling interventions,* such as providing individual or group consultation around present dilemmas concerning the return process; 5) *intensive psychotherapy interventions,* such as providing individual or group therapy in which deeper emotional problems are addressed such as the mourning of loss, and the process of forgiveness.

The war survivors were suffering from war-related human rights violations. In this perspec-

tive, I built on my experiences from field work in Chile. Although the Chilean context is quite different from the Balkans—in Chile during the dictatorship they were fighting a mostly socio-political struggle, while in the Balkans they were mainly fighting an ethno-political war—there were also a number of similarities: to *divide,* to *victimize,* to *destroy,* and to *silence* the voices of opposition were fundamental strategies of state terrorism in Latin America as well as of ethnic cleansing in the Balkans.

Ethnic cleansing brought about identity conflicts in individuals of mixed-ethnic origin and division in mixed families, communities, and the whole country. It victimized individuals, families, and communities of the "wrong" ethnicity. It destroyed individuals, families, and communities by killing them or expelling them to a life as refugees. And it persecuted voices of opposition.

Within this overall perspective I also saw the development of healing and peacebuilding strategies. On the psycho-social levels of intervention, the main focus of strategies should relate to counteracting the destructive processes of war and ethnic cleansing. Healing processes should, therefore, aim at *unifying* the divided, *empowering* the victimized, *rebuilding* social networks, and *denouncing* human rights violations. The political point of departure would be a critical stance towards the ideology of ethnic cleansing, regardless of who practices it.

In the immediate post-war period, this was not an easy task. Even after one year of peace, people were not ready to enter into any positive dialogue with their former foes. They needed more time. They needed to mourn their losses. During the second year, one could liken the situation to a divorce: It seemed as if the separated marital partners were beginning to be ready to start a dialogue, but they were still cautious and defensive. They could talk about neutral sub-

jects, but it was still too dangerous to get close to the traumatic areas, such as the feelings of betrayal.

A Bosnian therapist told me about a group therapy she had led with refugee women. One woman began an angry monologue about how bad the other ethnic group was, how bad she and her family had been treated, and how much she hated this ethnic group. During several sessions the woman had the need to express these aggressive feelings and receive sympathy from the group. Gradually, the therapist was able to direct the woman in another direction. Maybe the neighbor who had advised her to leave her home had actually tried to protect her and her family against a worse fate. At last the woman was able to see that some people from the other ethnic group had actually tried to help her. The black-and-white split was overcome, the ethnic stereotypes were left, and the woman was in the more mature position of sadness over the losses everyone had suffered—on all sides of the conflict.

It is important in the post-war healing process also to find examples of good and positive deeds. There is a tendency to focus on war crimes, on all the injustices. Naturally, these acts should not be forgotten, but an effort should also be made to remember the positive events that happened during the war. In the first case story about the woman in a mixed marriage who had to flee her hometown, there was actually one family from the majority group who had helped her. To follow the divorce metaphor, the good parts about the "spouse" must also be integrated before the marital partners can be reconciled.

But we cannot demand "forgiveness" of separated partners who are not yet ready for it. Before that stage, the partners probably need to recover their feelings of security in the community at large, to recover their life-project, and to recover their trust in a safe world. This will be of

tremendous importance for peace in the twenty-first century, which could otherwise be threatened by new violent cycles of conflict instigated by those who seek revenge. Thus, building peace includes a psychological and social process of reconciliation within individuals and families, as well as between individuals, families, and groups. However, social and economic development is also needed in order to reduce exploitation and repression—the basis on which ethnonationalist leaders can recruit the discontented for their dubious cause.