

TREATING WAR TRAUMA IN CHILDREN AND YOUTH FROM THE FORMER YUGOSLAVIA

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1. Background

War in former Yugoslavia has forced some four million people into refuge and/or internal displacement from their homes. This number amounts to approximately one-fifth of the total population of former Yugoslavia, according to the last Federal Census (1991).¹ By 1993 Slovenia had received approximately 70,000 war refugees, half of whom were children under eighteen. Refugees first arrived from Croatia and later the vast majority was fleeing Bosnia and Herzegovina. From the beginning, the refugees in Slovenia were of mixed ethnic backgrounds, with Muslims counting for an overwhelming 80 percent.

As early as November 1992—under the joint initiative of the Slovenian Ministry of Health and Social Welfare, UNHCR, the International Red Cross/Red Crescent, governmental institutions and various organizations—a two-day seminar entitled “Slovenia and Refugees” was organized. Held in Bled, Slovenia, on November 4–6, this important seminar had several highlights.² First, Slovenia’s compliance with the 1951 Geneva Convention on the international protection of refugees was reconfirmed with an emphasis on the principle of nonexpulsion (Article 33).³ The second accomplishment was laying the groundwork for the organization and mobilization of several hundred rescue centers for refugees throughout Slovenia. The centers were established locally at community social services centers, schools, dormitories, health centers, hospitals, facilities of national and international humanitarian aid organizations (e.g., Red Cross and Caritas) and elsewhere.⁴ The third achievement of

¹ Another million refugees from Kosovo (Serbia proper) should be added to these estimates, as the result of warfare continuing after February 1999 in Kosovo and FRY.

² Vouk-Čeleznik, J. (ed.) (1993) *Begunci v Sloveniji: Zbornik razprav, Bled, 4–6. 11. 1992*, (Refugees in Slovenia: Proceedings) Ministarstvo za delo, družino in socialno varstvo Republike Slovenije, Ljubljana.

³ Voyer, M. (1993) “The International Legal Dimension of the Refugee Situation in Slovenia,” in Vouk-Čeleznik, J. (ed.) (1993) *Begunci v Sloveniji: Zbornik razprav, Bled, 4–6. 1992* (Refugees in Slovenia: Proceedings) Ministarstvo za delo, družino in socialno varstvo Republike Slovenije, Ljubljana. pp. 19–24.

⁴ As Jadranka Vouk-Čeleznik has estimated, on behalf of the Slovenian Ministry of Health and Social Welfare, out of 70,000 war refugees 14,000 were taken care of in centers known as *Zbirni centri za begunce*. The resources mobilized at the centers were impressive in quantity and quality: 86 percent of the centers offered day care and kindergarten facilities for children up to age seven. Over two-thirds (69 percent) of the centers offered full facilities for the establishment of the so-

the seminar was the general agreement that effective psychological and psychosocial help for refugees could not be provided exclusively within the isolating boundaries of rescue centers, as was the tendency in most host countries. Instead, the implementation of a wide range of public health services was needed because the “cases” for intervention were not individuals, families or isolated small groups, but entire local communities with mixed minority and majority populations.⁵ The decision to establish refugee health programs was the main activity behind Novo Mesto, one of the largest and best organized rescue centers in Slovenia during the warfare in Croatia and Bosnia and Herzegovina (1991–96).

2. Addressing the Problems

The problem of refugees and displaced persons from former Yugoslavia is as complex and specific as the history and ethnic relations of its constituent nations. The vast majority of the displaced will probably never return home, whatever “home” may happen to mean. They may be forced to reside for decades, or maybe even the rest of their lives, in foreign countries and alien cultures. One of the many reasons for this is that not only houses but entire settlements and regions were destroyed in the war with the survivors of certain ethnic backgrounds forced into exodus (e.g., Vukovar). Many refugees and displaced families may return to their original or rebuilt homes, but without basic means for a livelihood in circumstances where the economic infrastructure of an entire community has been destroyed and/or lands have been laid with mines (e.g., Bosnia and Herzegovina). The geodemographic and ethnic distribution of populations in the former Yugoslavia⁶ has dramatically changed since 1991, “thanks” to all sides’ politics of ethnic cleansing. Even refugees with the most resources to potentially return decline simply because they feel threatened by the atrocities committed by the newly emerged “ethnic majority” ruling the territory (e.g., Sarajevo, Banja Luka, Knin and many more).⁷

The social and ethnic composition of refugees from former Yugoslavia during the past eight years has been rather unique, loaded with its own unique set of problems.⁸ In

called “refugee schools” up to the eighth grade. A fifth (17 percent) of the centers offered “Youth Clubs” for refugee teenagers. Almost all rescue centers (90 percent) offered recreational facilities and professional resources for psychosocial help for individuals and groups. Virtually all rescue centers offered programs for cultural, educational and leisure activities, including Slovenian language courses, arts and crafts courses, sports activities, literary clubs and many others.

⁵ Mikuš-Kos, A. (1993) *Stiske otrok beguncev in možnosti psihosocialne pomoči* (The needs of refugee children and perspectives on their psychosocial help), in Vouk-Čeleznik, J. (ed.) (1993) *Begunci v Sloveniji: Zbornik razprav, Bled, 4–6. 1992* (Refugees in Slovenia: Proceedings) Ministrstvo za delo, družino in socialno varstvo Republike Slovenije, Ljubljana. pp. 111–124.

⁶ Sellier, A., Sellier, J. (1991) *Les peuples de Yougoslavie*, in *Atlas des peuples d'Europe Centrale, La Découverte*, Paris. pp.143–166.

⁷ Krizmanić, M. (ed.) (1995) *Povratak prognanika. Psihološka, socialna, zdravstvena i duhovna priprema*. (The return of refugees: Perspectives for psychological, social, health and spiritual help) Dobrotvorno udruženje “Dobrobit,” Zagreb.

⁸ See studies (a) Baráth, Á. (1999) *The Aftermath of War on the Health and Social Well-Being of the Families and Communities of the Hungarian Ethnic Minority in Croatia and Perspectives for their*

Slovenia, mental health workers had three main tasks. To start with, they had to overcome language barriers between the refugees and the domestic population, which was made more difficult by the manipulation of languages by the national leaderships of former Yugoslavia for war-making and steering interethnic atrocities throughout the modern Balkans.⁹ They also had to create a safe environment to accommodate the refugees' varying social and religious customs, social roles and traumatic war experiences that most Slovenians could not begin to comprehend. It was also necessary to enlist the help of the local voluntary sector, while selecting prospective volunteers' on the basis of personal, social, professional and material motives.

The case studies addressed a broad range of other problems that goes far beyond the specifics of Yugoslav refugee syndrome. In the refugee and resident populations of the region we addressed psychosocial and mental health issues in children and adolescents, whether war-related or resulting from other traumatic experiences.¹⁰ The program addressed a full range of multicultural, political and local governance issues, including education, career development and healthy lifestyles for adolescent refugees and young immigrants.¹¹ Also, the entire program was based on a paradigm of interpersonal social work, with an emphasis on promoting children's rights, social competence and moral sensibilities, in both the foreign and resident populations of the selected model community.¹²

The model form of the program addressed three specific problems:

1. Cultural and psychosocial adaptation to a foreign culture for refugees and immigrants from war-torn parts of former Yugoslavia, especially Bosnia and Herzegovina, with special emphasis on morally, spiritually and generally preparing children, adolescents and their parents and teachers for living and growing up in an open, multicultural society.

Recovery," 1998 Progress Report to the Ministry of Science and Technology of the Republic of Croatia, Zagreb. (b) Csiszár, R. (1997) *Életviszonyok és konfliktusforrások a nagyatádi átmeneti szálláson: OTDK dolgozat* (Living conditions and sources of conflicts at the refugee camp in Nagyatad: OTDK Student Project) Eger: XXIII OTDK, 1997. April 2–4. See also important journalistic reports, such as (i) *A menekülteket integrálni kellene* (The integration of refugees is needed) (1992) *Népszabadság*, Aug. (ii) *Pszichés ártalmak a hazai menekülttáborokban* (Psychological problems of refugees in Hungary) (1995) *Magyar Nemzet*, Mar 18. (iii) Nagy, B. (1993) *Menedékek és remények: Jönnek? Mennek? Maradnak?* (Rescue and hope: Coming? Going? Staying?), in MTA Politikai Tudományok Intézete Nemzetközi Migráció Kutatócsoport *Évkönyve 1993* (1994) Budapest.

⁹ Mikuš-Kos, A. (1997) "Mental Health Workers and Refugees," in Ch. Segula and S. Thakral (eds.) *They Talk, We Listen*. Center for Psychosocial Help to Refugees—Slovene Foundation, Ljubljana. pp. 9–26.

¹⁰ de Jong, J. (1998) *IPSER Program for the Identification, Management, and Prevention of Psychosocial and Mental Health Problems of Refugees and Victims of Organized Violence within Primary Care of Adults and Children*, The World Health Organization, IPSER-Amsterdam/Geneva (manuscript).

¹¹ Williams, C. and J. Westmeyer (eds.) (1986) *Refugees' Mental Health Issues in Resettlement Countries*, Hemisphere, New York.

¹² Garvin, C.D. and B.A. Seabury, (1996) *Interpersonal Social Work: Promoting Competence and Social Justice*, Allyn and Bacon, Boston.

2. Preparing local host communities for accepting and helping refugees and immigrants of a much different cultural and social background adapt, reconcile themselves to the difficult situation and preserve their personal identity and cultural identity as a minority group in the host country.
3. Cross-cultural communication between groups of local and transient residents in a given community (in our case, Novo Mesto and its surroundings) and the development of mutual appreciation and tolerance for ethnic and cultural differences.

3. Objectives and Strategies

The basic motivation for the model program stemmed from concern for the plight of refugees. Behind the concern was a rather long-standing cultural tradition of volunteerism and philanthropy in Slovenian society. The main participants in the initiation and realization of the project came together around a local NGO, the Association for the Development of Voluntary Work—Novo Mesto. This umbrella organization had already created a rather unique communication and lobbying network in the region and elsewhere, and was able to mobilize the cooperation of the Slovenian regional UNICEF office, Red Cross/Red Crescent, Slovenia Philanthropy, local governance and great numbers of local voluntary organizations.

The program targeted three main groups of beneficiaries. The primary beneficiaries were war refugees between seven and eighteen years of age from high-risk zones of Croatia and Bosnia and Herzegovina. The secondary beneficiaries were adults with whom the children had significant relationships in refugee camps. This group included their teachers, parents and other adults for whom psychosocial aid was needed both in private and professional life. The tertiary beneficiaries of the program were local residents who constituted peer groups that were equivalent to the refugee target groups, i.e., children, adolescents and teachers. Tertiary beneficiaries were also considered to be representatives of governmental and nongovernmental organizations and representatives of local minority groups (e.g., the Roma community).

Dr. Anica Mikus-Kos (Ljubljana), the current president of Slovenian Philanthropy, had a leading role in the model program's initiation and development, which were spearheaded by the Slovenian nonprofit voluntary sector. The local voluntary sector and local government also expressed a general willingness to offer the best of their economic, social and cultural resources to help the refugee cause. Additionally, there was the contribution of an international team of art therapists who, under the supervision of the author, invested their own time, energy and creativity into the realization of the program.¹³

There were five global objectives and several related strategies at the grass-roots level of the project. The objectives are listed below in order of importance:

¹³ Baráth, Á., D. Matul and L. Sabljak (1996) *Korak po korak do oporavka: Priručnik za kreativne susrete s djecom u ratnim i poslijeratnim vremenima. Drugo izdanje.* (Step by step to recovery: Handbook for creative encounters with children in war times and in their aftermath. 2nd edition) Tipex d.d., Zagreb.

1. Primary trauma intervention in treating war-related mental health disorders in children, their parents, teachers and other significant adults in their lives.
2. Primary prevention of mental health disorders resulting from extended confinement to refugee camps targeting the same groups listed above in the first objective.
3. The cultural adaptation of refugee and immigrant children in new countries. Adaptation includes language learning and basic skills for cross-cultural communication with peers.
4. The promotion of ethnic tolerance and cross-cultural communication between local resident social groups and refugee groups.
5. The promotion of cross-cultural communication via artistic media, including visual arts, music, drama and others.

4. Implementation and Development

The program's activities in Novo Mesto were underway by mid-December 1992 at a regional center in southeast Slovenia. The outreach of the program covered three counties: Doljenska County, where Novo Mesto was located, Bela Krajina County with a center in Crnomel and Posavje County with centers in Krsko and Sivnica. Over a six-year period, four modules were developed and implemented, each consisting of seven to twelve creativity workshops. In total, there were nearly 500 participants, including refugees, as well as local residents of differing ages, social status and ethnic backgrounds.

The series of tables listed below outlines the workshop programs and briefly describe their individual goals.¹⁴

Improve skills for personal decision-making and fair social negotiation.

Presented in Table 1, the first module, which focused on primary intervention, was originally approved and implemented in Croatia in autumn 1991 at the outbreak of war. It took the working title "Images of my childhood in Croatia since summer 1991."¹⁵ The module was later implemented in Bosnia and Herzegovina in 1993–94.¹⁶ There it achieved the statistically significant effect of decreasing PTSD scores in children by 38 percent.¹⁷

¹⁴ Baráth, Á. and B. Bukovec (1998) *Steps to Recovery: Art Therapy for Children and Communities in Special Need. Experience from Croatia and Slovenia since 1991–1992*, Pecs-Novo Mesto (working paper).

¹⁵ See (a) Baráth, Á. (1991) *Slike moga djetinjstva od ljeta 1991: Priručnik za nastavnike* (Images of my childhood since summer 1991) Medicinski fakultete—Katedra za zdravstvenu psihologiju. Zagreb. (b) Baráth, Á. V. Matulić, Č. Miharija and A. Leko (1993) *Projekt: Psihološko-pedagoška pomoć učenicima stradalim u ratu. Zbirka tekstova i radnih materijala, Tuheljske Toplice 3–5. ožujak, 1993* (Psychosocial help for school-age children affected by war: Project readings) Ministarstvo kulture i prosvjete—UNICEF Zagreb, Zagreb.

¹⁶ Djapić, R., M. Sultanović and S. Jahić (1994) *Psihosocijalna pomoć učenicima i roditeljima u ratu. Zbirka tekstova i radnih materijala za seminar. 1–3/94* (Psychosocial help for school-age children affected by war: Readings and seminar materials) Ministarstvo obrazovanja nauke kulture i sporta, Pedagoški zavod grada Sarajeva—UNICEF Sarajevo, Sarajevo.

¹⁷ Baráth, Á. (1998) "Steps to Recovery: Art Therapy and Self-Help for War-Traumatized Children. 1991–1995 Croatian Experience," *International Journal on Self-Help and Self-Care*, Vol. 1, No. 1. pp. 5–12.

Table 1. Thematic Sequence and Specific Goals of the First Art Therapy Module:
 “Images of My Childhood...”

Workshops	Titles, Lead-ins and Specific Goals
1	MEMORIES “The paths of my life...” Goal: Empower positive memories from prewar times.
2	SPACES “Where I am and how I feel...” Goal: Strengthen sense of security and here-and-now presence.
3	TIME “What happened to me since...” Goal: Normalize unrealistic attributions to stressful life events.
4	WAR “The smell, touch and color of war...” Goal: Promote creative thinking about war.
5	FEAR “What I am scared of and how I cope...” Goal: Promote body awareness and stress reduction techniques.
6	MESSAGES TO THE WORLD “My dove of peace...!” Goal: Promote constructive feelings and attitudes for civic life.
7	WISHES “If I had a magic wand...” Goal: Promote creative imagery and self-esteem for the future.

The materials used in the module consisted of an activity sourcebook for group leaders,¹⁸ a series of slides with thematically selected famous works of art and a studio recorded audio tape for therapeutic use, which led listeners through a series of guided visualization exercises. The recording also featured poetry readings with background music.¹⁹

Outlined in Table 2, the second module aimed at secondary intervention and was also originally developed and approved in Croatia where it became popular as the UNICEF “Library Project.” There were two motivating factors in the development of the module. The first was that children and adolescents seemed to be developing chronic and complex mental health problems such as depression, withdrawal and hyperactivity accompanied by violent behavior. They needed help and support over an extended period of time. Because of this, the module was built upon the foundation of the 12-step self-help tradition. The

¹⁸ Baráth, Á. (1992) *Kako pomoći djeci u ratu (i poslije) kroz likovnu kulturu: Kratki priručnik za odgajatelje i nastavnike*. (How to help children in war and its aftermath through visual arts: A brief handbook for pedagogues and teachers) Ministarstvo prosvjete, Kulture–Zavod za školstvo, UNICEF Regionalni ured za Republiku Hrvatsku, Zagreb.

¹⁹ Baráth, Á., D. Sidor and B. Turk (1993) *Tonki i glazbeni zapisi za izvođenje programa “Slike moga djetinjstva u Hrvatskoj 1991–1993”* (Audio recordings of program “Images of my childhood...”) Medicinski fakultet u Zagrebu, Zagreb.

Table 2. Thematic Sequence and Specific Goals of the First Art Therapy Module:
 “Steps to Recovery...”

Workshops	Titles, Lead-ins and Specific Goals
1	POWER vs. POWERLESSNESS Goal: Promote self-esteem and self-control.
2	MEANING vs. MEANINGLESSNESS Goal: Promote coping skills for mental distress.
3	TRUST vs. SHAME and DOUBT Goal: Recovery from fear of unknown others.
4	POSITIVE vs. NEGATIVE SELF-IMAGES Goal: Promote self-knowledge and critical thinking.
5	BENEVOLENCE vs. ANGER Goal: Promote impulse-control in “acting out” anger.
6	SAFETY vs. FEAR Goal: Promote active coping for anxiety and fear.
7	INNOCENCE vs. GUILT Goal: Promote healthy moral reasoning.
8	PLEASURE vs. PAIN and GRIEF Goal: Promote subjective well-being and here-and-now presence.
9	LIFE vs. DEATH Goal: Promote positive thinking about loss.
10	JUSTICE vs. REVENGE Goal: Promote sense of social justice.
11	HOPE vs. HOPELESSNESS Goal: Search for basic values and personal goals.
12	LOVE vs. HATE Goal: Promote love and tolerance for others.

12-step approach to emotional and moral injuries²⁰ was combined with principles and techniques from contemporary art therapy.²¹ Initial experience with the module showed that schools themselves needed increased support from local cultural institutions where children often went to engage themselves in extracurricular activities. Such institutions included public libraries, sport clubs, children’s theaters and the like. The materials used in the module consisted of a comprehensive activity handbook for group leaders, a twelve-slide series of thematically selected famous works of art, a set of twelve studio-recorded audio tapes for therapeutic use, recommended works of children’s literature and a series

²⁰ Osler, B.J. (1991) *A Workbook for Survivors of War: A Twelve-Step Trauma Recovery Workbook Supplement for Group Leaders and Participants*, Trauma Recovery Publications, Columbus, Ohio.

²¹ Warren, B. (ed.) (1993) *Using the Creative Arts in Therapy: A Practical Introduction*, Routledge, London.

Table 3. *Thematic Sequence and Specific Goals of the First Art Therapy Module: "Paths to the Future..."*

Workshops	Titles, Lead-ins and Specific Goals
1	PERCEPTIONS: "Order vs. Chaos" Goal: Improve perception, including body awareness.
2	FEELINGS: "Man vs. Machine" Goal: Improve healthy emotional functioning.
3	THINKING: "The Known vs. The Unknown" Goal: Promote effective, integrative thinking.
4	IMAGERY: "Dream vs. Reality" Goal: Improve mental skills for dream-work.
5	INVENTIVENESS: "Prosperity vs. Poverty" Goal: Improve mental skills for idea-generation.
6	CREATION: "Construction vs. Destruction" Goal: Build motivation for creative work.
7	EVALUATION: "Success vs. Failure" Goal: Promote active coping with others' judgement.
8	HELPING: "You vs. Me" Goal: Teaching the basics of mutual helping.

Table 4. *Thematic Sequence and Specific Goals of the First Art Therapy Module: "Children's Rights..."*

Workshops	Titles, Lead-ins and Specific Goals
1	DIFFERENT WORLDS: "Children-parents-grandparents" Goal: Build intergenerational understanding and tolerance.
2	FREEDOM and SLAVERY: "What I could do best when in trouble..." Goal: Teach the basics of personal decision-making.
3	HEALTH and DISEASE: "Really, am I healthy or sick...?" Goal: Teach basics of healthy living and self-help/self-care.
4	CARE and NEGLECT: "Who cares about me...?" Goal: Improve communication skills in seeking and accepting help.
5	WE vs. THEM: "The differences between us" Goal: Improve strategies for nonviolent conflict resolution and peacemaking.
6	AT HOME and HOMELESS: "We all we hit the road, Jack...!" Goal: Promoting moral reasoning and social support for life changes.
7	REWARD and PUNISHMENT: "Why should I pay more...?" Goal: Improve skills for personal decision-making and fair social negotiation.

of twenty-four videotapes.²² MANOVA, a repeated measures evaluation design, was utilized in studies that proved the module's effectiveness with Croatian and Slovenian samples.²³ According to standardized psychological test scores the program, at its best, decreased feelings of powerlessness, guilt and hopelessness in participants.

The third trauma recovery module, illustrated in Table 3, was called "Paths to the future: Helping children to resume healthy and creative growth in the aftermath of war." The rationale leading to its development was that many children were born into and grew up in an environment of war in impoverished social conditions, which lacked quality education and support in career development. Many of them would continue to live under disadvantaged and stressful economic, social and moral circumstances, including dysfunctional family life, social discrimination among peers and coping with the anomie typical of postwar times. The basic goals and methods of the program were patterned on the paradigm of Creative Problem Solving (CPS),²⁴ an educational process, unique in its focus on the systematic development of creativity, attitudes and problem-solving skills.²⁵ ²⁶ CPS was adapted for children and adolescents affected by war and was supplemented with an activity book for group leaders and lists of suggested works of art, music compositions and readings.²⁷

The fourth module—"The promotion of disadvantaged children's rights via art therapy," and outlined in Table 4—is our latest art therapy module. Like previous modules, it was first developed and implemented experimentally in Croatia.²⁸ The primary beneficiaries were minority children up to eighteen years of age. Some of the target groups were children in need of medical and mental health care, including those with physical handicaps, refugee and displaced children and children in the care of social services. The implementation of the program is currently in progress in Slovenia and Croatia,

²² Baráth, Á., D. Matul and L. Sabljak (1996) *Korak po korak do oporavka: Priručnik za kreativne susrete s djecom u ratnim i poslijeratnim vremenima* (Step by step to recovery: Creative encounters with children in war-time and its aftermath) Tipex d.o.o., Zagreb.

²³ Vucković-Bastaić, S. and Á. Baráth (1996) *The Effectiveness of the 12-Step Approach in Treating War Trauma in Children Via Art Therapy: Empirical Data from Croatia 1994–1996*, University of Zagreb Medical School, Department of Health Psychology, Zagreb (unpublished manuscript).

²⁴ Parnes, S.J. (1992) *Visionizing: State-of-the-art Processes for Encouraging Innovative Excellence*, Creative Education Foundation, Buffalo, NY.

²⁵ Baráth, Á. (1991) *Podsticanje stvaralaštva u učenika i nastavnika kroz likovnu kulturu: Opis jedne inovacije za osnovne škole* (Encouraging creativity in pupils and teachers through visual arts: Features of an innovative program for elementary schools) Medicinski fakultet—Katedra za zdravstvenu psihologiju, Zagreb (unpublished manuscript).

²⁶ Baráth, Á. (1991) *Patterns of Creative Growth during Pre-Adolescence: A Cross-Sectional Study of Public School Children in Croatia*. Zagreb. Research Report presented at the 37th Annual Creative Problem Solving Institute (June 23–28, 1991), University of Buffalo, NY.

²⁷ Baráth, Á., D. Matul, L. Sabljak and L. Barath (1996) *Put u budućnost: Treći krug kreativnih susreta s djecom i mladeži s posebnim potrebama* (Path to the future: 3rd circle of creative encounters with children and youth in special need) Knjižnica/ Grada Zagreba, UNICEF Zagreb, Zagreb.

²⁸ Baráth, Á. and L. Sabljak (1997) *Proposal for the Continuation and Extension of UNICEF's Psychosocial Programs for Croatia "Step-by-step to Recovery,"* Medical School Zagreb—City Library of Zagreb, Zagreb. Part IV.

supplemented with a rather unique activity sourcebook for children and the significant adults in their lives. The sourcebook is entitled: *How to Understand Children's Rights: A handbook of Self-help and Mutual Aid for Children and Adults*.²⁹

All the above modules were conceived and organized as a series of flexibly structured, multimedia, creative activities workshops combining visual arts activities. Drawing, painting and sculpting with combined with music therapy, movement, dance, story-telling, bibliotherapy and others. Beyond the general sequence of the modules' themes, the design and the activities of each workshop were left to the decision and creativity of the group leaders and the participants themselves. Each workshop lasted a minimum of 120 minutes and accommodated seven separate activities, which were engaged as time allowed. The sequence of activities was arranged in this order:

- | | |
|---|--------|
| 1. Introductory games: greetings, warm-up, focusing | 15 min |
| 2. Education: brief lecture on the workshop theme | 15 min |
| 3. Instruction: assigning tasks, basic skills training | 15 min |
| 4. Relaxation, incubation: guided visualization, fantasy work | 15 min |
| 5. Creative work: individual or group work on selected projects | 15 min |
| 6. Reflections: sharing experiences, values clarification | 15 min |
| 7. Open show for parents and the invited public | 30 min |

The implementation of the four psychosocial aid modules, outlined above, was first begun in December 1992 by a national NGO, The Slovene Foundation—Center for Psychosocial Help to Refugees (Ljubljana) and a local NGO, the Association for Developing Voluntary Work (Novo Mesto). In the beginning, it was conceived as a model program for bringing multiethnic groups of refugees from Croatia and Bosnia and Herzegovina into contact with local Slovenian resident groups. The target groups were children between seven and ten, adolescents up to eighteen, teachers and other professionals in refugee and local residents, including volunteers, teachers, health professionals and social and community workers. The number of participants involved in the entire program over its six years of intensive community work was over 1,000—400 to 450 of whom participated in all four modules. The rest were occasional visitors and observers. The active participants were recruited from the three major refugee regions of Slovenia (the counties of Dolenjska, Bela Krajina and Posavje). The program was based in the city of Novo Mesto where there was a central rescue center that accommodated 200 refugee families and provided educational activities. A great many other facilities such as art galleries, public performances spaces and public theaters were provided for the project by the city's local government, various NGOs and religious institutions (e.g., the Carthusian Monastery at Pleterje). A team of professional art therapists from Zagreb took the primary responsibility for the implementation of the program. They were assisted by an immense number of lay volunteers and professionals from both refugee and local populations. Workshops were consistently held one or two weekends a month. Workshops for children and the significant adults in

²⁹ Baráth, Á., L. Sabljak and D. Matul (1999) *Kako čitati i učiti prava djeteta: Priručnik književne samopomoći za djecu i odrasle* (How to understand children's rights: A handbook of literary self-help for children and adults) Knjižnice Grada Zagreba—Gradska knjižnica, Zagreb.

their lives, such as parents and teachers, were held separately from those for adolescents and young adults. In addition to the small group-based workshops, an opportunity for mental health counseling was offered to program participants by the author.

Some specifics of the implementation of the model exercise must be mentioned. On the positive side, the whole program smoothly followed the basic principles and methods of multiethnic community development and enjoyed the full involvement of the local voluntary sector. However, this contrasted with our experience in Croatia and Bosnia and Herzegovina, where the implementation of the same program was partitioned according to strictly drawn “ethnic” borders between people and social groups. One of the greatest problems with the implementation of the program was the great fluctuation of participants, especially among the refugees, which was inevitable due to the transience of refugees. Two strategies were adopted to deal with the problem. One was letting each module and creativity workshop be flexible enough to benefit virtually anyone psychologically and morally. The other was keeping together a grass-roots group of young participants who, thanks to having or obtaining permanent residency at the site of program activities, ensured continuity and passed the spirit of the program on to every newcomer.

5. Results and Achievements

The results and achievements of the research must be assessed from two different yet overlapping perspectives. One perspective is quantitative evaluation research with its requirement of statistical estimates on the size or rates of measurable changes using certain empirical scales, called criterion or “outcome” measures. The other perspective is qualitative, which, by definition, asks what was the meaning of certain events or actions to those who experienced or observed them. Such evaluation includes narrative reports and self-disclosures elicited through in-depth interviews or other means.³⁰

Using the quantitative method, one of the most comprehensive evaluation studies of the research was done on the effectiveness of the second module (see Table 2). A battery of psychological tests called “12-Step Self-Assessment Scales” was employed. The evaluation was set to MANOVA, a repeated measurement design, and drew from a sample of sixty-three individuals, including children, adolescents and adults, all of varying residency status. The main results of the quantitative research are outlined in Table 5 below.

The first and most important finding from the quantitative research is that virtually all participants benefited from the program, according to the level of statistically significant change ($p < 0.05$). The findings are also highly interesting and instructive regarding the different effects of the program on various subgroups of participants. For example, it was striking that by the end of the program refugees (Group A) had normalized their average mental health test score to that of the resident, Slovenian participants (Group B) upon entering the program. Residents also benefited from the program and their final average test score was far below the score they began the program with (MT1/A=48.48; MT2/A=38.80 vs. MT1/B=32.42; MT2/B=18.08; F-test on global change: 48.68, $p < 0.01$).

³⁰ cf. Maxwell, J.A. (1996) *Qualitative Research Design: An Interactive Approach*, Sage Publications, London.

Table 5. Summary of Scores on the Effectiveness of the Second Art Therapy Module with Mixed Groups of Refugees and Permanent Residents of Novo Mesto (1994–95)

12-Step Self-Assessment Scales (criterion measures)	Mean scores		Significance of change:	
	Before (T1)	After (T2)	t-test	(p)
1. Powerlessness Scale	3.81	2.60	5.82	0.00
2. Meaninglessness Scale	4.83	3.08	5.46	0.00
3. Distrust of Others Scale	3.70	2.83	3.34	0.00
4. Negative Self-concept Scale	3.45	2.94	2.00	0.00
5. Anger Scale	4.30	3.66	2.22	0.00
6. Anxiety Scale	3.81	3.02	3.64	0.00
7. Guilt Scale	3.00	2.49	1.91	0.05
8. Grief Scale	3.38	2.13	5.88	0.00
9. Death Preoccupation Scale	3.11	2.36	3.45	0.00
10. Revenge Scale	3.64	2.83	3.41	0.00
11. Hopelessness Scale	3.64	2.60	4.93	0.00
12. Hate Scale	4.31	3.06	4.73	0.00
TOTAL mean score	40.45	> 28.44	6.97	0.00

Source: Barath, A., Matul, D., Sabljak, Lj. (1996) pp. 355–357.

Another salient empirical finding was that virtually all age groups benefited from the program to a certain degree of statistical significance ($p < 0.01$). The groups that showed the greatest gain were: (a) thirteen to eighteen year olds who improved by an average of 15% in mental health test scores; (b) nineteen to twenty-four year olds whose scores improved by 18%; and (c) twenty-five to forty-five year olds who had an improvement of 19%. Children below twelve and adults above forty-five benefited the least, with improvement rates of 8% and 13% respectively.

The qualitative indicators for the effectiveness of the program are virtually countless. The following three sections describe a few of them and is of special importance in the sphere of this study:

1. *Artwork and poetry*: The incredible amount of artistic creation that resulted from the efforts of the participants over the six years of the program's implementation demonstrates its impact. All artwork is accompanied by written messages, such as poems, personal reflections, short stories and the like. The whole collection of artwork consists of several thousand pieces and is currently stored at the facilities of the program's main promotional organization, the Association for Developing Voluntary Work–Novo Mesto. Thanks to the continuity of the program and the detailed organization of every creativity workshop (see Tables 1–4), the participants' visual art pieces and literary creations were of outstanding quality in the opinion of professional and nonprofessional observers. Some of the artwork and poetry were reproduced in our program activity handbooks for teachers and group leaders. A

great deal of it was shown at local school exhibits and other community events. Two members of the action team, Daša Matul, the leader of the visual arts workshop, and Marija Tuksar, the leader of reading and creative writing (bibliotherapy) workshops, edited and printed—at their own expense—a series of yearbooks with the best of the children's creative work.³¹

2. *Drama work*: One of the most outstanding achievements of the Slovenian model was the employment of various means and methods to make and tell stories. Dramatic scenes were enacted in a therapeutic context, which utilized various forms of psychodrama, sociodrama and a wide range of “play-back theater” techniques.³² Participants were provided with the opportunity not only to improve their competence in cross-cultural communication via role playing, but also to express their personal, emotional and moral injuries in a safe environment toward the healing of themselves and their peers. Inspired by the preference participants had for role playing/dramatization and the profound effect it had on them, the author has written two plays. One play, *Steps—From Powerlessness to Love: A Drama in Twelve Pictures*,³³ is based on the true story of refugee children from Bosnia without guardians who face the existential problem of growing up and creating a future far away from home in an imaginary foreign country. It was staged by a group of program participants and premiered in Novo Mesto on May 26, 1995. Since then it has gained extraordinary popularity nationally and internationally with over forty performances in Slovenia, Italy, Austria and elsewhere. The other play, *The Fear in Us and How to Cope with It*,³⁴ is a simple story of a group of Roma children who get lost in the forest while searching for the thing their community most highly values: the beautiful White Horse. They receive help from an old Roma hermit, who teaches them old folk songs as a call to the lost Horse and shows them the way home.

3. *Impact on local voluntary activities and international multicultural networking*: From the beginning, the program was accepted and regarded both by the nonprofit sector and local governance of Novo Mesto as a unique opportunity for the acquisition of basic skills and knowledge for life and growth in an open, multicultural society. To this end there was the mobilization of a great many local and national voluntary organizations, which gave grass-roots assistance to this uncommonly innovative

³¹ Matul, D., M. Tuksar et al. (1992-1993) (i) *Dani naši razigrani 1992* (All those our playful days 1992–1993). (ii) *Rastem korak po korak 1993-1994* (I'm growing, step by step 1993–1994). (iii) *Volim te, vjeruj mi 1994-1995* (I love you, believe me 1994–1995) D. Matul, Zagreb (private publication).

³² Baráth, Á. (1998) *Kreativ terápia a szociális válságkezelésben* (Creative therapies in social crisis intervention) In: J. Kozma (ed.) *Kézikönyv szociális munkásoknak* (A handbook for social workers) Szociális Szakmai Szövetség, Budapest. pp. 179–201.

³³ Baráth, Á. (1995) *Koraci—od nemoći do ljubavi: Drama u 12 slika* (Steps—From powerlessness to love: A drama in 12 scenes) Zagreb–Novo Mesto.

³⁴ Baráth, Á. (1996) *Strah u nama i kako ga svladati. Dramski igrokaz za djecu Roma iz Novog Mesta* (The fear in us and how to cope with it: A drama for Roma children of Novo Mesto) Zagreb–Novo Mesto.

community development project, based on the principles, methods and ethics of contemporary action research.³⁵ The project gave birth to the establishment of a rather unique local voluntary youth organization, called *Lastovke* (Swallows), which brings together participants from across the borders of age, gender, ethnic background and current residential status. An outstanding example of the project's impact on the voluntary sector of Dolenjska County was the enormous spiritual and financial contribution of the historic Carthusian Monastery at Pleterje,³⁶ under Prior Dr. Janez Hollenstein. The monastery offered its own facilities as space for several creativity workshops and the program benefited from the active involvement of monastery residents. In the areas of international communication and volunteerism, the program became an important component of *Mednarodni mladinski tabor* (International Summer Camp for Youth), organized at different sites in Slovenia, including tourism centers such as Portorož.

All of the above program related accomplishments were achieved thanks to the devotion and resources of the Slovenian nonprofit sector in promoting the growth of open, multicultural society.

6. Conclusions

This case study has three important lessons. The use of the creative arts for helping war refugees adapt to life in a new social environment can only be effective if its approach is based on the principles and methods of public health models of intervention. Using the creative arts as a basic strategy for empowering young people to live and grow in a multicultural society has been proven by evaluative research to be quantitatively and qualitatively effective in this study. The study has also showed that the series of psychosocial aid programs for refugees in Slovenia assisted the host community in strengthening the resources of its voluntary sector.

From the above lessons it can be concluded that a basic understanding of creative art is a highly effective and ethically justifiable tool for healing and recovery from traumatic life events, whether due to war or other events. It should also be clear that art therapy in the treatment of war trauma requires a combination of high quality professional and experiential knowledge plus understanding. The indispensability of the complete understanding and support of volunteers from the helping professions is a fact that can only be truly known through personal experience.

The experience drawn from the Slovenian model program creates a unique innovation in the theory and practice of contemporary social work within multiethnic communities.

³⁵ See, e.g., Stringer, E.T. (1996) *Action Research: A Handbook for Practitioners*, Sage Publications, London. "Action research" is defined as the specific type of qualitative and quantitative research that gathers data through the use of personal (in-depth) interviews with knowledgeable individuals from a community, in order to promote social change.

³⁶ cf. Hollenstein, J. and T. Lauko (1986) *Zagovorna tišina* (The speaking silence) Kartuzija Pleterje, Novo Mesto.