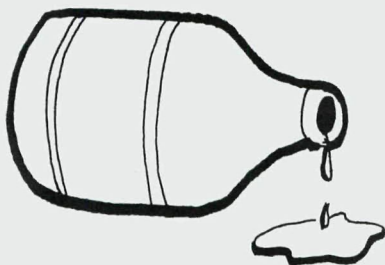


## The Experiences, Expectations And Realities of People Treated For Alcohol Abuse During The War

*The ethical dilemmas of practice are the focus of this narrative by one professional who committed to continue providing services for alcohol abuse amidst the demands of the bombing of the area.*

by Danica Boskovic-Djukic

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### Setting

To all of you who have an opportunity to read this article, I have a wish and a need to share my experience with patients dependent on alcohol, during the bombing of Yugoslavia (March 1999 through June 1999). These patients were treated at the Center for Family Therapy for Alcoholism, an institute for mental health in Belgrade, Yugoslavia, using eco-system marriage-family therapy.

At the same time, I am worried that you will not be able to fully understand and comprehend this story. Why is that, you might ask? Because, I didn't understand when I was presented with similar stories from people seeking refuge from the wars in Bosnia—Herzegovina and Croatia. At that time, I was sure that I would be able to establish an empathic relationship with those people as a base for further therapies. However, in speaking with my colleagues who came from those two former Republics of Yugoslavia, very often I had the feeling that the stories I was being told were exaggerated or false. The statements from those refugees that "we don't understand them," I felt as a "slap in the face." I felt that they didn't

have any gratitude for our humanitarian efforts.

NOW, I have the same feeling as they did then. I feel that you will not truly understand the difficulties and stresses that my nation went through, as well as my patients, when the rest of the world enjoys the blessings of contemporary civilization and doesn't need to think about basic survival—personal and national. Even if I set aside these emotions to be able to satisfy a need for authentic information, I fear I am not going to have any feedback from you after you read or listen to this story.

NOW, I understand people who have survived inhuman, stressful situations; NOW, I can talk about them and present their stories to others because NOW I am "in their shoes"! NOW, I can begin my story with my own personal adjustment to the bombing of my country by the NATO alliance.

In March of 1999, I was getting ready to attend the International Family Therapy Association (IFTA) World Congress of Family Therapists, to be held in Akron, Ohio, from April 12th to the 17th. I was very pleased to obtain a visa to come to the United States to attend the Congress. Due to many years of economic and social crises, it was a



problem for me to find the financial support to travel to any of the international congresses. Thanks to family members who live in the USA, I was able to overcome that obstacle and to get an official invitation by the committee of experts from IFTA. I had no thought that the air attacks on my country would make my long-awaited trip impossible and would block the road to my professional development.

When the bombing started, I made the decision to stay with my family and my people so that we could suffer together all the trouble brought on by the bombing. Ask yourselves, would you make the same decision as I did, or would you travel into the territory of the country that was attacking your own country? I made my decision without any influence from the Yugoslav government (which subsequently forbade leaving the country). I made that decision because I couldn't imagine myself cheerfully meeting with my colleagues from other countries knowing that my family and my people were suffering from air attacks and imagining them being the target of one of those "smart bombs." Even today, more than six months after the bombing is over, I think that I would make the same decision if I were placed in the same situation again.

From the beginning of the bombing to the end, I couldn't believe what was happening to me, my people, my country. Very often, I had feelings of helplessness, of hate, of disbelief about what was happening. I was minimizing, exaggerating, and having many other emotions.

When I recall the faces and stories from patients before the bombing and compare those to what I was feeling, I could see only one parallel--surviving.

Hope that NATO would not start an air campaign against me, my family, and my country was there continuously until it began. Four hours before the bombing began on March 24th, 1999, I had a therapy session with a family in which the husband was an alcoholic. Most of my patients, and myself, were hoping people would prevail who would insist on solving conflicts by communicating and exchanging information without using that radical measure -- the war machine.

It took me some time to accept the reality and to tell my patients that there are times when communication is not the favored technique to solve problems. As a family therapist whose only tools are words (communication), I think that all problems should be solved by communication among parties, as long as you respect the opposite side. Even today, I don't think it was necessary to deploy such aggressive measures toward one man and one nation. If there had been the will, tolerance, respect and two-way communication between both parties, I'm sure that my nation wouldn't have been brought into the catastrophic situation that resulted in thousands of dead people and billions of dollars in damage.

For a fight, you need two parties. Both sides are equally responsible for the conflict, and one side cannot be guarded while attacking and mistreating the

other side. The triangle set-up that was created by NATO during the conflict between the Serbs and the Albanians in Kosovo and Metohija did damage to everyone. The model of triangulation is a pathologic formula for reactions and communication in dysfunctional systems -- for people and governments equally. In this model, when two parties are not able to communicate, a third party steps in and serves as the line of communication between the original two parties. In reality, the third party nearly always ends up supporting one of the original parties. Looking back, I ask myself only one question: Why did we, the people



who do humanitarian work, fail to use our knowledge in this crisis? Our experience in treating our families and patients at CPTA (the Center for Family Therapy for Alcohol Abuse) has shown us that communication and tolerance, understanding and respect are the major tools used to confront stresses caused by war. Why did we fail to use this knowledge in this crisis?

### Strategy

In the beginning of the air campaign against Yugoslavia, my



colleagues and I had an ethical and practical problem: how to organize and prioritize the needs for medical and psychological help. I asked myself over and over again, can I treat patients for alcohol abuse during a time when the lives of many people are in the most imminent danger, directly or indirectly, or should the experts in our field turn all our strength and knowledge toward the population at large? We were also in a dilemma wondering whether new patients would come for treatment, whether families (patients) would continue their struggle against alcohol abuse, or whether they would use whatever strength they had left to just survive the air campaign. Our concerns—that we would have increased recidivism, a decreased number of new patients, canceled therapy sessions, that already difficult patients would become more complex, that as a reaction to the stress of war, alcohol consumption would increase (as a form of maladaptive behavior)—proved groundless!

What did we find in reality? Research conducted by many of my colleagues showed an important correlation between the cause of the stress (one of those is the war itself with its characteristics--intensity, unpredictability of how long it would last, the unexpected, etc.) and beginning alcohol consumption or increased consumption. Our expectations were that, in the whole population of our country, alcohol consumption would increase as well as the consumption of other psychoactive substances in order to avoid,

minimize, forget or sleep through the situations in which the lives of these people were endangered. That kind of compulsive alcohol consumption is caused by stress. After the causal factor disappears, the need for alcohol disappears.

At the beginning of the air campaign against Yugoslavia, information that we were getting on a daily basis, and the situations that we witnessed ourselves were pointing toward such stress-induced consumption of alcohol. A team of experts from my center decided to inform the public regarding misleading information about alcohol consumption (such as its use as a "medicine" for traumas, that friends should be "understanding" regarding over-consumption in cases where a dear member of the family has died, etc.). They formed a team of experts who would visit the bomb shelters and speak directly with people during the air attacks. At the same time, our patients were "ambassadors of goodwill" -- an extension of the CPTA, working on prevention of alcohol abuse in their own surroundings. Did we succeed in decreasing alcohol consumption? We are now doing the research to get some answers.

### Conclusion

Years of exposing my nation to inhuman conditions of life at a time of economic prosperity in the rest of the world, when my people live their lives not knowing what the next day will bring, when there is no certainty, no possibility for long-term planning

of our lives is the reality of our patients today.

Personally, I have expected that, after ten years of economic/social/political crises in my country, the historical wheel would prove that the quality of life will move in a positive direction. That idea kept me going throughout those horrible moments when bombs were falling down on our heads! Since I cannot see the change in my life, I can truly understand why my people have withdrawn into their own shells, into their own stealth shields, which will protect them from new stresses, and in the meantime, they ask only for the minimum from life so that they can survive!

Do you, my dear colleagues, truly understand how difficult it is for us—me and my colleagues in my country—to specialize in our field? How many extraordinary activities we do to achieve that? We know all modern technologies, but we are short on practical application due to very low standards! However, great enthusiasm and humanity are present with me and my colleagues in our small country when we work with our families.

There is an expression among my people: "A nice word is able to open even the door made of steel!" I would like to add that only the right, honest, and authentic word can and will remove the blinders from my people so they can see and face the problems and difficulties that they have. □

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