POST-CONFLICT RECONSTRUCTION:
POLITICAL, SOCIAL AND ECONOMIC

Pathologising Populations and Colonising Minds: International Psychosocial Programmes in Kosovo[1]

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Abstract

This paper critically examines how the international psychosocial response to the Kosovo crisis has constructed refugees as traumatised. The paper suggests that psychosocial intervention represents a new mode of external governance.

Introduction

Any report you come across today on conflicts will almost invariably refer to refugees as being 'traumatised', 'hopeless', 'emotionally scarred', 'psychologically damaged', or 'overwhelmed by grief'. The emotional state of refugees has come to the forefront of humanitarian work. Counselling programmes have become a standard response to contemporary conflict situations, even displacing hunger as the most prominent issue in the Western public's imagination. Kosovo was no exception where what is known as psychosocial intervention has been a core aspect of the humanitarian response. British Red Cross, International Committee of the Red Cross, CAFOD, CARE, Children's Aid Direct, Concern, MSF, Oxfam, Save the Children, Tearfund, UNICEF are just a few of the dozens of agencies involved in psychosocial work. The therapeutic model is assumed to be relevant to the needs of all societies. Indeed so imbued is the West in a therapeutic culture that its perspectives are even being projected onto the animal world. Such is the importance given to therapeutic intervention that the emotional state of animals has not been overlooked either in the media or by aid agencies.[2] The British agency SPANA's Kosovo Animals' Appeal declares how its veterinary experts entered Kosovo 'to bring crucial help to *war-traumatised* animals'.[3] Presumably group counselling is not being offered for horses, sheep or goats, but the example indicates how problems are understood through the prism of the therapeutic in the West.

This paper critically examines how the international psychosocial response to the Kosovo crisis has constructed refugees as traumatised. In essence the international psychosocial model may be summarised as follows: traumatic experiences result in trauma causing low self esteem and dysfunctionalism leading to abuse/violence, and external intervention is required to break the cycle of trauma and violence. The first half of the paper discusses material that questions the international projection of refugees as traumatised. The second half of the paper explores psychosocial intervention as a new mode of external governance. Psychosocial intervention does not just simply entail cultural imperialism, that is, the imposition of a Western therapeutic model on other societies, which have their own coping

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[2] See, for example, BBC News, 30 June 1999.
[3] SPANA, 'Kosovo Animal Appeal', *Times*, 1 July 1999, p. 53, emphasis added.

strategies. The cycle of trauma and violence thesis echoes Western colonial and racist psychology of fifty years ago. The psychiatrist Derek Summerfield, formerly of the Medical Foundation for Victims of Torture, has perceptively described Western psychological concepts and methodologies risking 'an unwitting perpetuation of the colonial status of the non-Western-mind'.[4] Accompanying the idea of whole populations becoming dysfunctional as a result of trauma is a belief that extensive international administration is necessary. The paper concludes that the construction of populations as suffering from mass trauma is leading to their disqualification from self-government.

Projecting trauma and professionalising stress

The first thing that is striking looking at aid agency reports is the prominence of the idea that all refugees are traumatised and suffering from post-traumatic stress disorder (PTSD). Even if agencies make a nod in the direction of acknowledging how different cultures and beliefs respond to adversity, there is nevertheless an assumption that refugees in a war must be traumatised. International agencies have reiterated this assumption in the Kosovo crisis. Psychosocial work has been a core aspect of the international humanitarian response there. Disregarded in the international psychosocial model being imposed on Kosovo is the specificity of the concept of PTSD and its origins in the medicalisation of the US experience of defeat in the Vietnam War.[5] Historically individuals and societies have responded to war in different ways, as is evident in the vivid documentation of the experience of war in Joanna Bourke's *An Intimate History of Killing* (2000) or Benjamin Shephard's *War of Nerves: Soldiers and Psychiatrists 1914-1994* (2000).[6] For example, there were relatively fewer cases of war neurosis among British soldiers in the Second World War as compared to the First World War, and a fraction of cases among the civilian population than the apocalyptic predictions originally made.[7] The appearance of a traumatic condition in war is specific, not universal. There are particular personal, political and social factors, as well as military circumstances, which mediate war experiences and influence whether an individual does or does not become traumatised. However, current international psychosocial policy is based on

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[4] Derek Summerfield, 'Childhood, War, Refugeedom and "Trauma": Three Core Questions for Mental Health Professionals', *Transcultural Psychiatry*, 2000, Vol. 37, No. 3, p. 422.
[5] Wilbur J. Scott, *The Politics of Readjustment: Vietnam Veterans Since the War*, New York, 1993.
[6] Joanna Bourke, *An Intimate History of Killing: Face to Face Killing in Twentieth Century Warfare*, London, 2000; Benjamin Shephard, *War of Nerves: Soldiers and Psychiatrists 1914-1994*, London, 2000.
[7] *War of Nerves: Soldiers and Psychiatrists 1914-1994*.

the idea that post-traumatic stress is universal and intervention is universally required, albeit with a culturally appropriate finish.

Automatically constructing refugees as traumatised, the international psychosocial model fails to make a proper distinction between the experience of traumatic events and the appearance of a post-traumatic stress *disorder*. The very description of traumatic experiences in Kosovo in Spring 1999 appears to have been sufficient to identify the population as psychologically traumatised. The link has become a truism. Diagnosis is rendered irrelevant. Statements such as 'People are traumatised'[8] abound in agency appeals, brochures and field reports.

Symptoms such as hyper-alertness, sleeplessness, anxiety or expressions of hopelessness or depressive behaviour are not properly presented as normal psychological reactions to abnormal and acute circumstances. Yet as Freud observed over seventy years, 'on occasions when the most extreme forms of suffering have to be endured special protective devices come into operation'.[9] Even where a difference between the body's ordinary defence mechanisms and pathological conditions is acknowledged, the differentiation is more apparent than real. For example, *Coping with Disaster: A Guidebook to Psychosocial Intervention prepared for Mental Health Workers without Borders* used in Kosovo and other emergencies advises:

> The prevalence of strong physiological, cognitive, and emotional responses to disasters indicates that these are *normal* responses to an *extreme situation*, not a sign of "mental illness" or of "moral weakness." Nevertheless, the symptoms experienced by many victims in the days and weeks following a disaster are a source of significant distress and may interfere with their ability to reconstruct their lives. If not dealt with and resolved relatively quickly, they may become ongoing sources of distress and dysfunction, with devastating effects for the individual, their family and society.[10]

[8] Oxfam, *General Assessment in Kukes*. Albania, 3-4 April, 1999a.
[9] Sigmund Freud, *Civilization and its Discontents*, New York, 1994, p. 22.
[10] John H. Ehrenreich, *Coping with Disaster: A Guidebook to Psychosocial Intervention prepared for Mental Health Workers without Borders*, August 1999, available from http://www.mhwwb.org/contents.htm, emphasis in the original.

In other words, while the guide distinguishes the typical heightened responses exhibited in extreme situations from mental illness, these (often useful) reactions too are pathologised as requiring treatment. Here individuals and communities displaying the characteristic defence responses are deemed to be at risk and unable to recover without professional intervention. Consequently, mass psychosocial programmes are viewed as imperative by aid agencies. In their absence, it is feared that people will develop chronic conditions.[11] However, symptoms of stress do not necessarily interfere 'with their ability to reconstruct their lives'. Stress can serve as a stimulus to activity, thereby facilitating processes of reconstruction. In an insecure situation where anxiety is rational, intervention to alleviate anxiety challenges individuals' trust of their own instincts, potentially making them feel even more insecure. Indigenous coping strategies are also implicitly demeaned and dis-empowered in this internationalisation and professionalisation of recovery. Furthermore, the efficacy of the international psychosocial model is not validated by authoritative studies, despite its following in contemporary psychological practice.[12]. The current lack of evidence for the efficacy of trauma counselling or debriefing is acknowledged by adherents, but rather as an afterthought. For example, after over a hundred pages outlining different counselling approaches, a leading textbook *Counselling for Post-Traumatic Stress Disorder* concedes that research does not yet endorse practice.[13] Not taken on board in international psychosocial policy is current research that suggests that debriefing may actually be detrimental to recovery. When all the psychological terms are stripped away, we appear to be left with the individual's own instinctual responses being displaced by those of outside professionals, informed by presumptions of the vulnerability, incapacity and irrational nature of recipient populations. Yet is the professionalisation of distress beneficial? Professor Simon Wessely of Professor of Epidemiological and Liaison Psychiatry at Kings University argues that actively professionalising distress, as such intervention does, thereby impedes 'normal processes by which we assimilate adversity'.[14] The very intrusion into the personal sphere may inadvertently corrode the sense of intimacy necessary for cohesive family and community bonds, which are so important in mediating and overcoming trauma. Since stress and anger

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[11] ICRC *The Balkans Evaluation: An Examination of the Role of the International Red Cross and Red Crescent Movement's Response to the Balkan Crisis, Lesson and Recommendations for Future Crisis Situations,* 27 March 2000, pp. 18-19.
[12] Robyn M. Dawes, *House of Cards: Psychology and Psychotherapy Built on Myth*, New York, 1996; Tana Dineen, *Manufacturing Victims: What the Psychology Industry is Doing to People*, London, 1999.
[13] Michael J. Scott and Stephen G. Stradling, *Counselling for Post-Traumatic Stress Disorder*, London, Thousand Oaks, New Dehli, 2001, p. 126.
[14] Personal communication, 14 November 2000.

can be a spur to action, psychosocial intervention may dis-empower people in the long-term.[15]

Aid agencies are sensitive to charges that psychosocial programmes might dis-empower or stigmatise recipients. For example, the guidelines of the Emergency Management Group coordinating aid distribution in Albania state how, 'We prefer to talk of "special needs groups" instead of "vulnerable" as the latter expression tends to be stigmatising'.[16] Aid workers sometimes speak of survivors in an attempt not to stereotype people as passive victims. Nevertheless, however sensitive the language used, the psychosocial model does project people as incapacitated through their trauma and indefinitely dependent on external actors for their psychological survival. Local professionals too are projected as unable to help their community without outside assistance. For example, one popular manual on earlier psychosocial projects in Bosnia advises, 'The professional helpers, social workers, health staff, teachers face such huge problems in the traumatized population that they may become helpless and overwhelmed'.[17] Yet, for all the agency assumptions about the vulnerability of populations, international aid workers seem less resilient in the face of their vicarious trauma than locals are. Guidelines on psychosocial work now commonly warn of the dangers of secondary or tertiary trauma and the danger of breakdown among counsellors themselves.[18] Ironically, international aid workers in the Kosovo crisis have been more vulnerable to stress than their relatively resilient recipients.

Yet the psychosocial model denies the resilience of survivors. So although the language of survival is increasingly being adopted by aid agencies (although not the media), survival is not equated with recovery, but with vulnerability. The idea of people being scarred for life is common. Describing Kosovo refugees, UNICEF Executive Director Carol Bellamy speaks of 'the devastating, lasting psychological shock of what they've experienced'.[19] Even where refugees appear to be coping well, it is warned that, 'PTSD symptoms may emerge years

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[15] *Manufacturing Victims*, pp. 84-85; Raj Persaud, *Staying Sane: How to make your mind work for you.* London, 1997, p. 47.

[16] Emergency Management Group, *Community Services Guidelines for Repatriation of Special Needs Groups*, 1999.

[17] Inger Agger, *Theory and Practice of PsychoSocial Projects under War Conditions in Bosnia-Herzegovina and Croatia*, Zagreb, 1995, p.19.

[18] Centre for Humanitarian Psychology, *Psychological Support to Humanitarian Workers in Europe and Humanitarian Organisations, Report on the Situation*, March 1999; *Coping with Disaster*, 1999; *Counselling for Post-Traumatic Stress Disorder*, pp. 126-127.

[19] UNICEF, *Kosovo refugees face trauma and stress*, 13 April 1999.

after the trauma'.[20] In fact the dominant Western therapeutic paradigm informing international psychosocial intervention regards people as being 'in recovery', 'in remission', never recovered. Recovery is viewed as illusory. Survivors are projected as being permanently vulnerable and in need of external help, that is, their capacity to determine their own lives and societies is denied. The therapeutic paradigm implies an indefinite international presence to administer to a traumatised population. There can be no exit strategy when people are merely 'in recovery'. Moreover, an international protectorate whose remit encompasses the supervision of the psychological state of the population entails a far more extensive and intrusive foreign presence than past colonial administrations.

Mass trauma?

Programmes promote the belief that refugees are traumatised and that external psychosocial intervention is essential. However, more detailed analyses contradict the assumptions of the psychosocial model, emphasising the importance of distinguishing between traumatic experiences and the instance of trauma. As an IRC psychosocial needs assessment team in Kosovo reiterates, 'Although many people in Kosovo have had traumatic experiences, the complexity and diversity of the situation mitigate against describing the general state of mind as "mass trauma"'.[21] There are often discrepancies between the assumptions of the psychosocial model and agencies' actual assessment of need. So although the Oxfam report quoted above blithely states that 'people are traumatised'[22], an Oxfam health needs assessor Carole Collins observe at the time how the family and community had been providing mutual support:

> It is unsurprising that the whole population appears dazed and traumatised. However the strong social networks i.e. large extended families and community networks appear strong and are providing support to more vulnerable individuals.[23]

[20] Danila Baro and Ariana Mustafa, *Children involved in the armed conflict in Kosova*, Save the Children, 11 July 1999.
[21] IRC, *IRC Kosovo Psychosocial Needs Assessment*, 7-13 September 1999, p. 4.
[22] *General Assessment in Kukes*.
[23] Oxfam, *Oxfam Health Report*. Skopje, Macedonia, 1-9 April 1999.

In its survey of psychosocial needs, the IRC assessment team in Kosovo also remarks that:

> while traumatic reaction, sadness, and depression are present, and while a significant number of children and adults experience difficulties such as sleep problems and social isolation, the people of Kosovo appear generally strong and resilient.[24]

The report concludes that the mental health of the population is fine in general and that people are coping well emotionally.

Even where individuals have been hit by tragedy, their ability to deal with their grief has been remarkable. The IRC assessors note how, 'Many Kosovars experience their suffering as an honor and display it as a badge of ethnic pride', going as far as identifying a mood of 'elation' among the Kosovo Albanian communities.[25] This demonstrates the importance of politics in the mediation of the experience of trauma. However, international psychosocial policy continues to assume that PTSD is the norm among those who have experienced conflict. But why would victorious Kosovo Albanians (the main targets of psychosocial programmes) respond to war in the same way as defeated and demoralised US Vietnam veterans, shunned as pariahs on their return? In face of this communal strength, it is not surprising that the Kosovo Albanian population do not spontaneously list psychosocial support as necessary. Likewise, the highly politicised circumstances mean that the other non-Albanian ethnic groups also do not regard psychosocial support as addressing their concerns.

Nevertheless, all the agencies have foregrounded psychological damage in their literature. In contrast to the emphasis put on psychological suffering, physical injuries appear far lower down the list of issues being flagged up by agencies. For example, physical injuries come under sections on 'mine *awareness* training'. Typically today when you read about the humanitarian response to physical injuries it is often in the context of helping people 'to come to terms with their injuries' – that is, programmes highlight how they are dealing with the *psychological* aspect of their physical injury as opposed to the injury itself. While special reports on psychosocial programmes are common, it is unusual to come across reports

[24] *IRC Kosovo Psychosocial Needs Assessment*, p. 4.

devoted to the agency's response to physical injuries. Discussion of provision for physical injuries tends to be squeezed into the psychosocial reports. For example, one survey on *Child Mental Health and Psychosocial Services in Kosovo* reports 'a lack of prosthetic equipment and services' and how 'many children are being sent abroad for the rehabilitation'.[26] Without further comment, the survey then immediately informs us that 'UNICEF has been providing *psychosocial* support to children and their families injured by landmines/UXO.[27]

Despite the contrary assessments, it is common for international aid agencies to make claims on the lines that 'almost everyone in Kosovo will consider her- or himself traumatized'.[28] Yet the mental health model has not been immediately embraced by the population. International staff have been far more ready to identify themselves as traumatised and seek trauma counselling than the locals themselves. Trauma counselling centres have often been eschewed as stigmatising, until renamed and rigorously promoted by aid agencies. Aware of local suspicion of mental health programmes, field workers seem wary of using a psychosocial label in front of the recipients of their programmes fearing it may cause offence. For example, a UNICEF programme run by the Center for Crisis Psychology cautions that, 'When providing psycho-social services to children, it is important at this state not to label children as traumatized.'[29] Similarly World Vision has been advising against mental health terms, 'Although psychosocial appears in the proposal and in the reports, in the field we avoid the word "psychosocial" […] We don't use the word "trauma" and try to ensure the staff don't'.[30] Likewise Save the Children has been uncomfortable with the emphasis on trauma, saying how, 'They do not like the word traumatised, as it means someone is ill'.[31] Often the pill of counselling has to be coated with the sugar of other activities. For example, the strategy of some international agencies is to provide community, women's or youth centres as a way of establishing points of contact with locals to solicit them onto their counselling programmes!

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[25] *IRC Kosovo Psychosocial Needs Assessment*, p. 6.
[26] Melissa Brymer and Rune Stuvland, *Child Mental Health and Psychosocial Services in Kosovo*, February 2000, p. 12.
[27] *Child Mental Health and Psychosocial Services in Kosovo,* emphasis added.
[28] CARE International, *Psychosocial Training and Support Program*, Kosovo, 1999, p. 5.
[29] UNICEF, *Center for Crisis Psychology*, Kosovo, 1999.
[30] Peter Wiles et al, *Independent Evaluation of Expenditure of DEC Kosovo Appeal Funds. Phases I and II, April 1999- January 2000, Volume II,* London, 2000, p. 115.
[31] *Independent Evaluation of Expenditure of DEC Kosovo Appeal Funds.*

It is striking how Kosovo refugees themselves have been far less likely to identify themselves or their family members as traumatised. The population has not sought trauma counselling unprompted. International aid agencies have been systematically promoting the psychosocial model of trauma and therapy among the population. For example, CARE International in Kosovo has a Psychosocial Training and Support Program for Teachers 'to recognize the symptoms and to address and deal with them'.[32] Similarly the ICRC's work includes the dissemination of 'brochures drafted for parents to give psychosocial support to children and youth, stress management and burn-out'.[33] This suggests that the population does not identify itself automatically as traumatised until instructed into the Western psychosocial paradigm. Trauma experts sometimes even disqualify recipients from being able to make judgements about their own or others' mental health. *Coping with Disaster*, for example, warns about 'the tendency of parents to misinterpret their children's reaction'.[34]

Aid agencies cite the (prompted!) acceptance of their psychosocial training and services as vindication of the psychosocial model. However, this might be a flawed method of evaluating the efficacy of services. As the anthropologist Robert Hayden has observed, the desirability of framing requests or responses in ways understood or most favoured by administrators is an old lesson of practical politics. The issue of trauma is no exception. The apparent receptivity of the population to psychosocial programmes is related to the role of international agencies in the local economy and politics. But the sophistication of a recipient population is elided in many a humanitarian encounter. Perhaps better characterised as a 'neo-colonial mis-encounter', a close reading of agency reports reveals how other factors might be operating. To cite just one aid agency report, the ICRC's *End of Year Report* proudly states of its psycho-social programme (PSP) in Kosovo, 'As yet, no family has declined psychological support from the team, and in most situations people either ask for help or urge the PSP Team to visit another in serious need of psychological support or intervention'.[35] The next paragraph notes that, 'in several cases, beneficiaries have reached a point in their healing process where they then decide to become Red Cross volunteers. Several others have been hired for guards and cleaners at the Centres'. Then a little further on in the report, it is remarked that, 'Several beneficiaries have been hired for jobs in security, housekeeping, and

[32] *Psychosocial Training and Support Program*, p. 1.
[33] ICRC, *Joint International Red Cross Delegation in Albania, Fact Sheet, Assistance to Kosovar Refugees*, 26 March-25 June 1999.
[34] *Coping with Disaster*.
[35] *Joint International Red Cross Delegation in Albania*, p. 2

in a couple of cases, members of the PSP Counselling Teams'.[36] Anybody would be naï ve not to see that local receptivity to international aid programmes is not unconnected to possible benefits that may ensue. International aid agencies are far better resourced than local institutions, which in any case rely on over fifty percent of their funding from foreign donors. Connections with international agencies are obviously therefore vital to enhance access to resources and the lucrative employment or earning opportunities. For example, a translator working for an international organisation in Kosovo can typically earn 1,500 German Marks a month, five times what they might earn as a lecturer or teacher. To paraphrase Jane Austin, an international aid agency in possession of a good income must be in want of a recipient and this truth is well fixed in the minds of the region. It makes sense to any refugee to take up the offer of psychosocial counselling in circumstances where international agencies are systematically promoting the development of a local therapeutic profession, often recruited from the recipients of programmes. The international psychosocial counselling and training programmes are a growth industry in the region, working rather like the pyramid selling schemes that the Albanians so enthusiastically embraced in the late 1990s. The overall impact is to create a sector, as in Bosnia-Herzegovina and Croatia, with a vested interest in the Western psychosocial paradigm and the identification of the trauma.

Nevertheless, despite the systematic promotion of psychosocial programmes, local take-up of trauma counselling is far less than one would expect from agency projections of trauma. When interviewed, locals consistently prioritise material assistance over psychosocial support. Sevdije Ahmiti, who is running a women's centre in Pristina, argues that, 'People here don't need the psycho-social counselling offered by lots of aid groups. What they need is jobs and homes to live in'.[37] Her view is echoed in the findings of the IRC needs assessment. The team found, 'When you ask people what psychosocial problems they have, they invariably say, "Give me a roof over my head for the winter, then I will talk to you about psychosocial problems."'[38] It has been practical relief, such as the food, shelter, clothes, the message tracing services, the provision of warm showers, that has been appreciated most by refugees. The British Red Cross response to the International Federation draft assessment observes that, 'If one matches the needs expressed by refugees, host families and RC staff […] with what a PS programme could provide, there is a relatively modest role for a PS

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[36] *Joint International Red Cross Delegation in Albania*, p. 4.

programmes'.[39] (British Red Cross, 1999). Forgotten in the midst of the Kosovo aid 'feast' is that there are still basic needs to be met. Many Kosovo Albanians have been living in tents for a second winter and there has been slowness in provision of aid to non-Albanian groups who have fled their homes in Kosovo since summer 1999. As the IRC survey has observed, 'excessive emphasis on deficits and psychological dysfunctionalism will result in a failure to meet fundamental needs'.[40] One British aid worker in Albania at the height of the refugee crisis told me that there were internationals tripping over each other demanding to do psychosocial work while refugees were without proper shelter. Cynically the aid worker observed that the internationals' distorted priorities in the face of obvious physiological needs might be related to counselling being less demanding work than the hassles and labour involved in setting up camps. But there are further factors that mean that there is not the same readiness to be involved in material provision. Humanitarian emergency relief has been problematised as fuelling and prolonging conflicts. Fear of humanitarian aid 'feeding the killers' and creating are two reasons for the attractiveness of psychosocial work over material relief for aid agencies. These concerns help explain why humanitarians could overlook physiological problems.

The efficacy of psychosocial programmes is taken for granted by international agencies. The psychosocial approach intrudes into the most intimate aspects of individual's belief systems and interpersonal relationships, so international agencies should have strong evidence for the efficacy of their work. The IRC team of assessors has expressed alarm that, 'some people are being exposed to psychosocial programs that could be harmful', warning that they 'perpetuate a victim's mindset among the Kosovars generally, which is antithetical to healing'.[41] Nevertheless, the psychosocial framework itself is not questioned.

The proposals of the few detailed studies, although making some very pointed criticisms about the nature of the psychosocial programmes in the region, tend to reinforce the therapeutic paradigm. Their criticisms of what is deplored as 'excessive emphasis on individual trauma' and 'an over-medicalised model' do not denote a rejection of psychosocial

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[37] Cited in James Hilder, 'Post-war Kosovo women must work to overcome conflict trauma', 27 November 1999, available at http://www.reliefweb

[38] *IRC Kosovo Psychosocial Needs Assessment*, p. 4.

[39] British Red Cross, *Response to the Int Fed Draft Assessment of April 99*, 1999.

[40] *IRC Kosovo Psychosocial Needs Assessment*, p. 6.

[41] *IRC Kosovo Psychosocial Needs Assessment*, pp. 8-9.

work.[42] Rather they represent a demand for comprehensive psychosocial intervention, tackling personal, cultural and political values. The critical IRC report, for example, hails the acceptance of the psychosocial concerns and calls for more psychiatry, psychology, nursing and social work training, accompanied by mass media campaigns 'promoting the use of psychosocial services'.[43] Such recommendations fly in the face of their own evidence that the population can manage without counselling.

Rehabilitating populations

Distinct from a sympathetic ear, the psychosocial model views refugees as psychologically dysfunctional and requiring rehabilitation. The continuing saliency of psychosocial intervention relation to its cycle of trauma and violence thesis and understanding of ethnic conflict. Under the model, the origins of ethnic hatred are sought in the 'powerful reservoir of traumatic memory'.[44] Trauma, international agencies argue, drives victims to perpetrate the violence they have experienced. Certainly individuals may find cultural and political defences in ethnic or racial hatred, as was the case with some British POWs in Japanese camps. Yet international agencies are shocked that traumatic experiences might be assimilated within a framework of ethnic hatred. The IRC delegation team cites meeting one community where, 'A little girl about six years old, whose father had been murdered by Serbs, proudly recited a poem for the delegation. The poem praised Albanian Kosovars' courage and demonized Serbs as "Black bitches".'[45] In response to the manifestation of ethnic animosity, the international community has instituted numerous psychosocial rehabilitation programmes across the region, such as an ECHO programme for Albanians in Skopje, Macedonia 'to improve the cooperation between children, tolerance, appeasement of aggressive and destructive feelings'.[46] The IRC report itself recommends that 'Schools [...] promulgate values of tolerance and non-violent conflict resolution for all children, thus breaking the cycle of ethnic hatred in the next generation', adding that, 'Schools attract parents as well and are an additional opportunity to influence adult attitudes'.[47]

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[42] *IRC Kosovo Psychosocial Needs Assessment*, p. 6.
[43] *IRC Kosovo Psychosocial Needs Assessment*, p. 6.
[44] Norwegian Ministry of Foreign Affairs, *Evaluation of Norwegian Support to Psycho-Social Projects in Bosnia-Herzegovina and the Caucasus: Final Evaluation Report,* Oslo, March 1999, p. 18.
[45] *IRC Kosovo Psychosocial Needs Assessment*, p. 6.
[46] ECHO, *Psycho-Social Project: Building Confidence,* Skopje, 2000.
[47] *IRC Kosovo Psychosocial Needs Assessment*, p. 9.

Yet however well-intentioned, these psychosocial programmes are fundamentally flawed. As educational psychology recognises, the assimilation of normative education programmes is likely to fail in the face of contrary imperatives, as did postwar Yugoslavia's own 'brotherhood and unity' education programmes. But the psychological-functionalist approach, premised on a belief in the essential harmony of interests under globalised capitalism, does not recognise contrary imperatives. Deficiencies instead are sought in the psychology of populations. But why are wars in 'far-off places' understood through a psychological prism? Why is ethnic conflict discussed in terms of revenge? Can these wars not be understood in Clausewitzian terms as the continuation of politics?

The therapeutic paradigm effectively reduces the human subject to the idea of the vulnerable depoliticised inner child and its flipside of primordial violence. The trauma/violence model is not only problematic as an explanation for social violence and war, but the approach delegitimises the recipient population as political actors. Unacknowledged is that these 'traumatised nationalism' explanations echo the themes (if not the language) of earlier Western racist psychology with its descriptions of the 'pathological state of mind' of the colonial subject or its idea of the damaged colonial personality. The earlier racist psychology acted as an apology for the denial of political rights. Similarly, today the elevation of trauma and the construction of individuals as damaged have negative implications for their right to self-determination. As the Slovenian philosopher Slavoj Zizek writes:

> the Other to be protected is good in so far as it remains a victim (which is why we were bombarded with pictures of helpless Kosovar mothers, children and old people, telling moving stories of their suffering); the moment it no longer behaves like a victim, but wants to strike back on its own, it magically turns all of a sudden into a terrorist/fundamentalist/drug-trafficking Other.[48]

The people of Kosovo of all ethnicities are reduced to victims or perpetrators of violence. In this framework, we witness both the return of Rudyard Kipling's concept of the *Whiteman's Burden* and the image of the non-Westerner as 'half savage, half child'. Alongside the rehabilitation of the White Man's Burden, we are witnessing the re-institutionalisation of the idea of the pathological state of the dependent subject. Four decades ago, the Algerian

psychiatrist Frantz Fanon in *The Wretched of the Earth* (1965) challenged Western racist psychology and its pathologisation of the non-Western mind, locating pathology in the colonial or neo-colonial relationship itself.[49] Once fashionable in aid circles, Fanon's insights have been forgotten. Local psychiatrists and psychologists too have been willing to adopt the Western therapeutic framework.

The dualistic model of the recipient population as 'half savage, half child' informs initiative after initiative. Individuals easily slip from being cast as victim to being cast as perpetrator. International intervention is not confined to inter-ethnic relations, but, seeing a continuum of violence, is becoming in relations at all levels of society. Populations are not trusted psychologically in their most intimate relationships. For example, the report *Child Mental Health and Psychosocial Services in Kosovo* contends that the situation has meant a rise in child abuse and domestic violence.[50] The report echoes earlier claims by one of the authors that the stress in former Yugoslavia was leading parents to be violent towards their children.[51] Neither report presents evidence of an increase, but the belief arises from the deterministic cycle of trauma and violence thesis. The continuum of violence propounded under the psychosocial model ignores how individuals in violent situations continue to make moral and political judgements about what violence they consider acceptable or unacceptable. Even proponents of the cycle of trauma and violence have acknowledged the lack of research indicating that trauma or exposure to violence lead to a breakdown of moral values or the legitimisation of violence per se.

Invalidating the population

That people are either victims or perpetrators of violence both in the private and public sphere has serious implications for the right to self-determination. Externally devised psychosocial programmes do not simply involve invalidating the population's coping strategies and feelings about the war, but their invalidation as political actors. By attributing the origins of war to deep cultural and psychological causes, the rational capacity of local actors is effectively denied. Today in the imperative to instil tolerance, the authoriatarian

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[48] Slavoj Zizek, *The Fragile Absolute or, Why is the Christian Legacy Worth Fighting For?* London and New York, 2000, p. 60.
[49] Frantz Fanon, *The Wretched of the Earth*, London, 1965.
[50] *Child Mental Health and Psychosocial Services in Kosovo.*
[51] UNICEF, *I dream of Peace, Background Information Material*, New York, 1993.

implications of policies appropriating the right to determine conscience are ignored.[52] In the denial of the political and moral capacity of the population as the result of the trauma and hatreds of the war, people are being qualified from determining their own affairs. Every sphere in Kosovo comes under international supervision: from military to economic, political, legal, educational and other social matters. The concentration of international military and civil staff involved in running Kosovo exceeds any previous foreign presence.

At the same time report after report exhorts the need for the population to take ownership of the peace process. Warning about the danger of psychosocial programmes fostering a victim mentality, the IRC evaluation recommends that, 'What the population needs instead is to be helped in regaining control and power over their lives and their environment'.[53] However, the IRC's own recommendations represent an expansion of the external regulation of society. All the empowerment, self-esteem, human rights psychosocial programmes represent a double bind in which the population is caught. As Andrew Robinson suggests, a primary injunction disqualifies people psychologically and politically from determining their affairs and requires them to adopt the psychosocial model. A second injunction instructs them to develop an independent psychological functional personality that takes control of their environment. Meanwhile for all the injunctions about participation and taking ownership, a tertiary structural barrier denies them substantive control or escape from pathological ethnic categories.

How does the population survive this schizophrenic existence, in the absence of a challenge to its precepts? Fortunately most recipients take a pragmatic approach to international psychosocial programmes. In their failure to internalise the psychosocial model and its contradictory injunctions, people have spared themselves the full impact of the external pathologisation of their condition. However, in its denial of control, the therapeutic paradigm is only hindering recovery in Kosovo. While individuals may adapt their coping strategies to the international aid community, pathologising the population only mystifies the causes of conflict. A prerequisite for regeneration of the region is to reject this pathologising populations and colonising of minds.

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[52] Thomas Paine, *Rights of Man*, Harmonsdworth, 1969, p. 107.
[53] *IRC Kosovo Psychosocial Needs Assessment*, p. 6.