Pathologizing Populations and Colonizing Minds: INTERNATIONAL PSYCHOSOCIAL PROGRAMMES IN KOSOVO[1]

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Final version published in the journal Alternatives 27 (2002) pp. 489-511.

In any report on conflict today refugees are invariably presented to us as being "traumatised," "psychologically scarred," "indelibly marked," "emotionally damaged," "hopeless," or "overwhelmed by grief." Such is the preoccupation with trauma that over the last decade trauma victims have even displaced famine victims in the Western public's imagination. The emotional state of refugees has become a prominent issue in humanitarian work. What is known as psychosocial intervention is now a standard response to conflict and disaster situations. Kosovo was no exception. Counselling programmes were a core aspect of the humanitarian response there. The 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 scores of agencies which have been involved in psychosocial work.

The therapeutic paradigm is presumed to be pertinent to the concerns of all societies. Indeed so steeped is the West in a post-traumatic culture[2] that its therapeutic understanding is even being projected onto animals. The emotional state of animals has not been overlooked either in the media or by aid agencies.[3] The British agency SPANA's Kosovo Animals' Appeal declared how its veterinary experts entered Kosovo "to bring crucial help to war-traumatised animals."[4] Presumably group counselling was not being provided for the local cattle or sheep. Nevertheless the appeal indicates how problems are viewed through therapeutic spectacles in the West.

Through a case study of international responses in Kosovo, this article critically analyses how the international therapeutic model constructs war-affected populations as traumatised and subject to psychosocial dysfunctionalism. The international therapeutic model may be summarised as follows: traumatic experiences cause trauma symptoms producing low self esteem and dysfunctionalism leading to abuse/violence, requiring external intervention to break the cycle of trauma and violence. The first half of the paper contends the international projection of the population as traumatised. The second half of the paper examines psychosocial intervention as a new mode of external therapeutic governance.[5] The paper suggests that concern for war trauma in international policy does not necessarily represent a positive development for war-affected populations. International psychosocial intervention has been criticised as a form of cultural imperialism, that is, the imposition of a Western therapeutic model on other societies, which have their own coping strategies. The psychiatrist Derek Summerfield, formerly of the Medical Foundation for Victims of Torture, has forcibly warned that Western psychological concepts and methodologies risk "an unwitting perpetuation of the colonial status of the non-Western-mind."[6] There is a danger of the cycle of trauma and violence thesis echoing Western colonial and racist psychology of fifty years ago. The idea that war renders whole populations traumatised and dysfunctional problematises their capacity for self-government. The construction of populations as traumatised is leading to their disqualification from self-government and the legitimisation of indefinite international administration.

Projecting trauma and professionalising adversity

What is immediately striking examining aid agency reports is the prevalence of the idea that

war-affected populations will be traumatised and suffer from post-traumatic stress disorder (PTSD). Even if agencies acknowledge that different cultures and beliefs may respond differently to adversity, there is nevertheless an assumption that refugees in a war must be traumatised. International agencies reiterated this assumption in the Kosovo crisis, and more recently in Afghanistan. Psychosocial work has been a core aspect of the international humanitarian responses in both cases.

Disregarded in the international psychosocial model imposed on Kosovo and elsewhere is the specificity of the concept of PTSD and its origins in the medicalisation of the US experience of defeat in the Vietnam War.[7] 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).[8] Detailed analysis suggests that the appearance of a traumatic condition in war is specific, not universal. There are particular personal, political, social and cultural 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 the idea that post-traumatic stress is universal and intervention is universally required, albeit with cultural modifications.

Automatically constructing refugees as traumatised, the international psychosocial model fails to make a proper distinction between the experience of distressing events and the appearance of a post-traumatic stress disorder. The very invocation of a state of war 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, when as Summerfield has noted, "diagnosis can be made in the absence of significant

objective dysfunction".[9] Statements such as "People are traumatised"[10] 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 Sigmund Freud observed nearly eighty years, "on occasions when the most extreme forms of suffering have to be endured special protective devices come into operation."[11] Even where a distinction between the body's ordinary defence mechanisms and pathological conditions is recognised, 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.[12]

In other words, while the guide distinguishes the typical heightened responses exhibited in extreme situations from mental illness, these (often adaptive) 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.[13] 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. Moreover, the current approach neglects how stressors may have positive effects on individuals.[14]

The efficacy of the international psychosocial model is not validated or remains inconclusive in authoritative studies, despite its vigorous promotion.[15] The current dearth of evidence for the efficacy of trauma counselling 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.[16] Not taken on board in international psychosocial policy are studies suggesting that debriefing may actually be detrimental to recovery.[17] When all the psychological terms are stripped away, we appear to be left with individuals or communities' own responses being displaced or instrumentalised by outside professionals, informed by presumptions of the disablement 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 therapeutic intervention inevitably does, thereby impedes "normal processes by which we assimilate adversity."[18] 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 can be a spur to action, psychosocial intervention may dis-empower people in the long-term.[19] Likewise, intervention to alleviate anxiety in an insecure situation where anxiety is a rational response challenges individuals' trust of their own instincts, potentially making them feel more insecure.

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."[20] 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."[21] 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. Research suggests that PTSD is a serious problem among international relief and development personnel - one recent survey documenting approximately 30 per cent of those surveyed as reporting significant symptoms of PTSD.[22] Guidelines on psychosocial work now commonly warn of the dangers of secondary or tertiary trauma and the danger of breakdown among counsellors themselves.[23] Ironically, international aid workers in the Kosovo crisis have been more vulnerable to stress than their relatively resilient recipients.

In essence, the international psychosocial model denies the resilience of survivors. So although the language of survival is increasingly being adopted by aid agencies (but not necessarily 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."[24] Even where refugees appear to be coping well, it is warned that, "PTSD symptoms may emerge years after the trauma."[25] Likewise another UNICEF report claims, "time does not heal trauma."[26] As these reports indicate 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. The effect is to deny their capacity to run their own lives and societies. There can be no exit strategy when people are merely "in recovery."

In this internationalisation and professionalisation of adversity, indigenous coping strategies are thus not merely demeaned and dis-empowered. The community itself is pathologised as dysfunctional and politically delegitimised. The therapeutic paradigm implies an indefinite international presence to administer to a traumatised population. 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?

International programmes promote the belief that refugees are traumatised and that external

psychosocial intervention is essential. However, more detailed evaluations contradict the assumptions of the international 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 [sic] against describing the general state of mind as 'mass trauma'."[27] 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",[28] an Oxfam health needs assessor Carole Collins observes how the family and community have 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.[29]

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.[30]

The report concludes that the mental health of the population is fine in general and that people are coping well emotionally. A detailed independent evaluation found in practice,

"referral on for more specialised psychological help was extremely low" – at most two or three people "in each area and for each agency interviewed" - in sharp contrast to the high levels of 'traumatisation' claimed by agencies. [31] Moreover, concern has been expressed by field officers that the mass trauma programmes ignored and distracted from the needs of the existing seriously mentally ill and disabled - "summarily released from hospitals" due to wartime expediencies.[32] A recent report by Mental Disability Rights International (MDRI) on people with mental disabilities in Kosovo documents the appalling conditions still experienced by those in institutions and the lack of community services available to them.[33] The plight of the seriously mentally ill and disabled has been neglected in the face of an international community pathologising the emotional state of the population overall. The MDRI reports that, "The great majority of individuals with mental disabilities – approximately 40,000 such individuals – live with their families or on their own and receive no support from the government."[34] So while there have been plenty of resources going into the fashionable mass trauma counselling programmes, basic provision for those with long-term mental illnesses or disabilities have been largely overlooked. Moreover some international trauma funding was specified as excluding those with mental disorders.[35]

Distressful experiences do not necessary translate into post-traumatic disorders. 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.[36] 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 does not spontaneously list psychosocial support as necessary. Likewise, the highly politicised circumstances mean that Serbs and other non-Albanian ethnic groups do not regard psychosocial support as addressing their primarily political, security and economic 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 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."[37] 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."[38]

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."[39] Yet the mental health model has not been immediately embraced by the population. It is

striking how Kosovo refugees themselves have been far less likely to identify themselves or their family members as traumatised. This lack of identification is largely due to different cultural understandings of trauma. In contemporary Anglo-American culture, trauma confirms suffering and confers moral status and the basis for legal rights so there is a readiness for individuals to identity themselves as traumatised.[40] Indeed asylum claims in the West are augmented if refugees are diagnosed as having PTSD. Lawyers now regularly cite how their clients have been traumatised to enhance their case. It is in this context that PTSD has become an attractive diagnosis.[41] The different context is one important factor, which helps explain the discrepancies between the reporting of trauma in Kosovo as compared with Kosovo refugees abroad in the West. Kosovo Albanians have reported significantly higher PTSD responses in the United States (60.5 per cent)[42] than in Kosovo (17.1 per cent).[43] Likewise in other societies such as Russia where trauma does not confer the same status, individuals do not like to identify themselves as traumatised and individuals tend to exhibit stoicism.[44]

Generally, international staff in Kosovo and elsewhere have been far more ready to identify themselves as traumatised and seek trauma counselling than the locals themselves, despite the latter being exposed to greater danger. Trauma counselling centres have often been eschewed as stigmatising, until renamed and rigorously promoted by aid agencies. An independent evaluation found that, "There was no indication that people wanted to talk to mental health specialists about their problems and experiences, and some indication that they did not."[45] Aware of local suspicion of mental health programmes, field workers have often been wary of using a psychosocial label in front of the recipients of their programmes fearing it may cause offence. For example, an UNICEF programme run by the Center for Crisis Psychology cautions that, "When providing psycho-social services to children, it is important at this stage

not to label children as traumatized."[46] Similarly World Vision has been advising against the use of 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."[47] 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."[48] 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!

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."[49] 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."[50] Such promotion initiatives indict how 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."[51]

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 elevated role of international agencies assume in any war-affected economy and society. 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 flags up how its psycho-social programme (PSP) in Kosovo has not been rejected by the community, "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."[52] 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 in a couple of cases, members of the PSP Counselling Teams."[53] Anybody would be naïve 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 more 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 trauma. Furthermore, local Albanian and Serbian politicians have perceptively grasped how they may usefully invoke trauma to advance their political objectives. As one UNHCR official astutely observed to me, "when it comes to politics, the trauma card is played when there is a perceived political interest, and kept hidden when it is not."[54]

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."[55] Her view is echoed in the findings of the IRC needs assessment report. 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.'"[56] 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

programmes."[57] In the midst of the Kosovo aid "feast" there were still basic needs to be met. Many Kosovo Albanians were living in tents for a second winter and there was slowness in provision of aid to non-Albanian groups who fled their homes in Kosovo after June 1999. As the IRC survey has observed, "excessive emphasis on deficits and psychological dysfunctionalism will result in a failure to meet fundamental needs."[58] One British CAFOD aid worker working 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.[59] Cynically the aid worker observed that the internationals' distorted priorities in the face of obvious basic material needs might be related to counselling being less demanding work than the hassles and labour involved in setting up camps. 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 the view that the ultimate causes of war are located in the mindset of the culture are two explanations for the attractiveness for aid agencies of psychosocial work over material relief. These concerns help explain why humanitarians could overlook physiological problems. Fortunately physiological problems have been less acute in the Kosovo situation than is usually the experience in humanitarian crises. But even in Afghanistan where the population suffers from high rates of malnutrition and disease and one of the lowest life expectancies in the world, it has been stated by a NGO Healthnet International that "the greatest health problem facing the people [...] is psychosocial."[60]

The efficacy of psychosocial programmes is taken for granted by international agencies. However, since psychosocial approaches intrude into the most intimate aspects of individual's belief systems and interpersonal relationships, 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."[61] Nevertheless, the psychosocial framework itself is not being interrogated.

Consequently, although the few detailed studies make some very pointed criticisms about the nature of the psychosocial programmes in the region, often their proposals reinforce the therapeutic paradigm and suggest an expansion of the scope of psychosocial work. So criticisms of what is deplored as "excessive emphasis on individual trauma" and "an over-medicalised model" do not denote a rejection of psychosocial work.[62] Rather the call for social psychology as opposed to clinical psychology represents a demand for comprehensive psychosocial intervention, tackling personal, cultural and political values. The critical IRC report, for example, hails the acceptance of psychosocial concerns and calls for more psychiatry, psychology, nursing and social work training, accompanied by mass media campaigns "promoting the use of psychosocial services."[63] Such recommendations fly in the face of their own evidence that the population can manage without counselling.

Militarised humanitarianism

The continuing saliency of psychosocial intervention is connected to the related cycle of trauma and violence thesis and its understanding of ethnic conflict. Under the model, the origins of ethnic hatred are sought in the "powerful reservoir of traumatic memory."[64] Trauma, international agencies argue, propels victims to perpetrate the violence they have encountered. Trauma further hinders return "to a stable and productive environment",

according to international trauma experts.[65] But why are wars in "far-off places" understood through a psychological prism? Why is ethnic conflict discussed in terms of cycles of trauma and violence? Can these wars not be understood in Clausewitzian terms as the continuation of politics?

In the case of Kosovo, much is made of revenge as a motive and the retention of blood feuds in Albanian culture. The image of irrational ancient tribal hatreds is popular with Western commentators and policy-makers. International preoccupation with trauma and revenge as a motive ignores the impact of modernising forces on Kosovo society. Present politics, rather than past trauma, fuels continuing conflict. Although the Kosovo situation was understood by many humanitarian organisations as a human rights issue, grievances were not confined to human rights but concerned competing national claims to sovereignty. The conflict may be characterised as a Yugoslav offensive to retain sovereignty over Kosovo against a modern Kosovo Albanian counter-insurgency campaign in the name of human rights to secure its sovereignty over Kosovo.[66] However, for the globalised profession of humanitarians, sovereignty and territorial disputes appear redundant motives for war. In contrast, for the parties, sovereign authority is far from irrelevant to their lives. Not least, political power is aspired to as providing immediate access to resources and escape from the hardship of subsistence farming in situations of underdevelopment. As an Albanian revealingly reported to one human rights organisation, "There are no jobs, so we have to work."[67] For Kosovo was far from a prosperous productive economic environment. However, premised on a belief in the essential harmony of interests under globalised capitalism, the contemporary therapeutic paradigm does not recognise contrary imperatives and therefore seeks the origins of conflict in the dysfunctionalism of individuals and their communities. Yet, the present irreconcilable solipsistic perspectives can only be reinforced by therapeutic approaches emphasising

individual and communal psychology as the site of explanation.

To question ethnopsychology as the cause of war is not to deny that animosity exists. Certainly individuals may find cultural and political defences against trauma in ethnic or racial hatred, as was the case with some British POWs in Japanese camps.[68] The assimilation of traumatic experiences into a framework of ethnic divisions has been observed in Kosovo. Expression of hatred and desire for revenge were expressed among a high percentage of respondents in a survey of Kosovo Albanians conducted between August and October 1999.[69] These feelings of animosity were vividly witnessed by the IRC delegation team. The 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'."[70] Yet, neither expression of ethnic animosity nor ethnic clashes should be unexpected given the unresolved contestation over sovereignty. It would be surprising if sentiments and relations were otherwise in circumstances where Kosovo's future political status is up for grabs. To call the post-June 1999 situation "post-conflict" is rather a misnomer when killings continued at levels that belied the ostensible cessation of hostilities. Indeed international officials have declared that more Serbs were killed following the setting up of UNMIK than Kosovo Albanians were during the war.[71] Such stark problems have led critics to accuse international policy-makers of "playing pollyanna as the body count rises."[72]

The present ethnic hostility and grievances, like normal defence responses to trauma, may be tempered by new expediencies, which makes inter-ethnic cooperation, as opposed to inter-ethnic conflict, more salient. Even now, for all the thoughts of revenge,[73] the scope of so-called revenge attacks are largely territorially defined and influenced as much by political and

economic considerations as hatred. While killings have taken place in Kosovo and over in the disputed Presevo Valley, there has been a remarkable lack of enthusiasm among the Albanian and Serbian communities abroad to pursue vengeance. Any incidents abroad have been tended to be with the host population rather than between the two refugee communities.

The motif of revenge further ignores the impact of external actors in militarising the situation in Kosovo. Although the local use of force is pathologised as violence, humanitarian organisations have shown an ambiguous attitude towards the NATO military campaign against Yugoslavia. There were internal debates within humanitarian organisations about the efficacy of NATO military intervention and whether the military campaign escalated the conflict and precipitated the humanitarian crisis,[74] but in practice there was a blurring of the role of humanitarian organisations and the military.[75] Suppressing qualms that the notion of humanitarian war contravened humanitarian principles, prominent humanitarian organisations lobbied Western governments for military intervention in Kosovo, while at the same time continuing to implement psychosocial programmes promoting non-violent conflict resolution. For example, senior figures in Oxfam and Save the Children visited the British Foreign Office seeking the British government to adopt a pro-military intervention stance in Kosovo. This blurring of humanitarian and military roles was very apparent on the ground, particularly for refugees with NGOs taking over the running of camps set up by military contingents of the same nationality.[76] It is in this context of the new norm of military humanitarianism that the failures of the normative non-violent conflict education programmes should be viewed. Given the endorsement of a militarised approach, it is unsurprising that a population should view the use of violence against an enemy as legitimate to achieve its political goals. As regional analyst Susan Woodward has noted the lessons of the last decade for the region have been that "violence pays if it can be tied to humanitarian rhetoric".[77]

Equally the trauma card is one of the lessons of the last decade. That the therapeutic paradigm may hamper resolution as well as understanding of the conflict is evident in how the theme of trauma is now problematising the return and reintegration of refugees. An UNHCR official involved in promoting minority return has noted that continuing trauma has been invoked by many Kosovo Albanians as an argument against minority return. This has been an influential argument in the international community:

> internationals working here have responded, with fairly widespread sympathy over the past couple of years for [sic] the view that Serb return is somehow being forced on the population too soon - as if there is an objective model of (widespread) trauma that would allow for discussion of such issues in a few years time in a radically changed atmosphere.[78]

Nevertheless, while local actors may try to play the trauma card, the therapeutic paradigm does not serve their interests overall for the trauma model ultimately questions their moral agency and capacity for self-government.

Victims and perpetrators

The rational character of the Kosovo conflict as the continuation of political disputes over the sovereignty of the territory is denied in the cycle of trauma and violence thesis. Instead the contemporary humanitarian approach understands the competing political actors within a therapeutic paradigm as victims/perpetrators of violence. The therapeutic paradigm effectively reduces the human subject to the idea of the vulnerable depoliticised inner child

and its flipside of primordial violence, and is instinctively drawn to images and instances, which seem to affirm this dualistic model as in the example of the little girl above. 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 notion of the pathological personality of the colonial subject. 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. The Slovenian philosopher Slavoj Zizek has been very critical of Western humanitarianism's construction of non-Westerners:

> 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.[79]

The people of Kosovo of all ethnicities are reduced to victims or perpetrators of violence. In this framework, we are witnessing 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, there has been the resurrection of the notion of the pathological state of the dependent population. 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.[80] However, Fanon's humanist critique is no longer considered pertinent. Rather than take up Fanon's critique, both aid workers and local psychiatrists and psychologists 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. In response to the fear that untreated trauma may have a multigenerational impact and foster violence,[81] the international community has instituted numerous psychosocial rehabilitation programmes across the region. For example, an ECHO programme for Albanians in Skopje, Macedonia was set up "to improve the cooperation between children, tolerance, appeasement of aggressive and destructive feelings."[82] The IRC report cited above 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."[83]

International intervention is not confined to inter-ethnic relations, but is becoming involved in relations at all levels of society because of the notion of a continuum of violence. 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.[84] The report echoes earlier claims by one of the authors that stress in former Yugoslavia was leading parents to be violent towards their children.[85] Neither report presents evidence of an increase, but the belief arises from the deterministic cycle of trauma and violence thesis. The notion of a continuum of violence underlying the rationale of psychosocial programmes overlooks how individuals

in violent situations continue to evaluate what violence they consider acceptable or unacceptable. Effectively, the psychosocial model resurrects the Hobbesian spectre of war of all against all as the perpetuation of abuse of all against all. Writing on the problem of social order, the sociologist Dennis Wrong challenges such a Hobbesian model:

> Societies never fall apart to the extent of literally lapsing into a war of all against all. Nation-states may fragment […] into several hostile groups controlling different localities […] But underneath these processes social order survives at least at a micro-sociological level – the level of families, small groups, and networks of interacting individuals cooperating in the pursuit of common goals.[86]

Indeed he argues that the mobilisation of groups for conflict requires a certain level of social cooperation.[87] Even proponents of the cycle of trauma and violence have acknowledged the dearth of evidence demonstrating that traumatic or violent experiences lead to a breakdown of moral values or the acceptance of violence per se.[88]

Furthermore, however well-intentioned, these psychosocial programmes are fatally flawed by the contradictory norms of contemporary humanitarianism. 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.[89] Following Gregory Bateson's theorisation of schizophrenia,[90] the people of the region are caught in a double bind imposed by the (inherent) contradictions of contemporary militarised humanitarianism. On one level, a primary injunction instructs the population not to be violent. Yet a secondary injunction contradicts the first and instructs the population it has a right to be violent and will be rewarded for using violence. At the same

time, this double bind is subject to a tertiary injunction that the population shall submit to the violence of the international community[91] as its use of violence is not violence.

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 authoritarian implications of policies appropriating the right to determine conscience are ignored.[92] In the denial of the political and moral capacity of the population due to the traumas and hatreds of war, people are being disqualified 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.

MSF has warned how, "The humiliation of being controlled from outside and the dependency on a divided international community undermined the self-esteem of the inhabitants" in Bosnia.[93] Their warning was apposite. Equally, extensive international administration has been experienced as de-moralising in Kosovo. International 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."[94] However, the IRC's own recommendations and that of other humanitarian organisations represent an expansion of the external regulation of society. All the empowerment, self-esteem, human rights psychosocial programmes represent a further 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 independent psychologically functional personalities that take 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 such a schizophrenic existence, in the absence of 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, the therapeutic paradigm is hindering the possibility of reconciliation in Kosovo. While individuals may adapt their coping strategies to the international aid community, the pathologisation of the population only mystifies the causes of conflict and has become an obstacle to resolution. Significantly the trauma card is already being invoked as obstacles to both reconciliation and self-government. Reducing the causes of the war to the psychology of population neglects the internationalisation of the conflict and wider structural issues. A prerequisite for the regeneration of war-affected societies is rejection of their pathologisation.

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[1] I would like to thank the Overseas Development Institute for the use of their Special Documentation Resource on Kosovo. In particular I thank ODI librarian Kate Kwafo-Akoto and Lucy Morrison of the Humanitarian Policy Group staff who were very helpful in finding documents for me. I am indebted to Andrew Robinson, Jane Shackman, Yannis Stavrakakis and Derek Summerfield for their insights and particular references. However, responsibility for the views expressed in this text is mine.

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