

War on the Couch: The Emotionology of the New International Security Paradigm

Vanessa Pupavac

UNIVERSITY OF NOTTINGHAM, UK

Abstract

The emotional state of war-affected populations has become a central concern for international policy-makers over the last decade. Growing interest in war trauma is influenced by contemporary Anglo-American emotionology, or emotional norms, which tends to pathologize ordinary responses to distress, including anger related to survival strategies. The article critically analyzes the ascendancy of a therapeutic security paradigm in international politics, which seeks to explain the prevailing political, economic and social conditions in terms of cycles of emotional dysfunctionality. The article contends that international therapeutic governance pathologizes war-affected populations as emotionally dysfunctional and problematizes their right to self-government, leading to extensive external intervention. However, international therapeutic governance may be detrimental to post-war recovery as well legitimizing a denial of self-government. A final proofed version of this article appeared in the *European Journal of Social Theory*, Vol. 7(2), pp. 149-170

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Introduction

The emotional state of war-affected populations has become a central concern for international policy-makers in recent years influenced by the Anglo-American therapeutic ethos. Report after report refers to refugees as ‘indelibly marked’, ‘permanently scarred’ or ‘overwhelmed’ by their distressful experiences. What are known as psychosocial programmes are now a standard component of humanitarian work. Trauma eclipsed hunger in the 1990s as the issue flagged up by international aid agencies. Even in Afghanistan, psychological distress has been named as ‘the greatest health problem facing the people’ (WHO, 2001). This assessment seems rather surprising given the acute physiological needs in the country. Afghanistan’s population suffers appalling rates of disease and malnutrition - reflected in one of the lowest life expectancies in the world. The prioritization of psychological distress in these circumstances illustrates the extent to which a therapeutic understanding has been assimilated in international policy.

International aid responses to wars and disasters around the globe increasingly resemble forms of therapeutic intervention, no more so than in the post-Yugoslav states. It was international intervention in former Yugoslavia, and particularly in Bosnia, that signalled the ‘triumph of the therapeutic’ (Rieff, 1966) in international policy. The application of a therapeutic model is not only evident in the proliferation of psychosocial programmes, which have become an integral part of international organizations’ remit. The therapeutic notion of well-being has been adopted by the World Bank as the goal of development

(Pender, 2002). While war crimes tribunals and truth and reconciliation commissions are advocated for their contribution to social catharsis. Increasingly understanding social problems in terms of cycles of emotional dysfunctionality, agencies are promoting emotional management strategies to tackle a whole range of global issues from war to population control to unemployment and poverty. Fear of dysfunctionality arising from untreated trauma drives the heavy sponsorship of mass trauma programmes.

This paper critically analyses the ascendancy of a therapeutic security paradigm in international politics. The paper discusses the rise of the international therapeutic paradigm and how its model constructs war-affected populations as emotionally dysfunctional and requiring rehabilitation. Essentially, the international model views trauma as causing dysfunctionality and necessitating psychosocial intervention to break vicious cycles of trauma and violence. The international psychosocial approach has been criticized as a form of cultural imperialism, that is, the imposition of Western models on societies with their own ways of dealing with the stresses of war (Bracken, 1998, 2002; Summerfield, 2001). There are, however, further political implications arising from the adoption of the therapeutic model, which are considered in the final section of the paper. In challenging international therapeutic governance, I am not dismissing the issue of emotional ill-being, but how it pathologizes people's unhappiness, anger and frustrations. Mental distress is evident, for example, in the post-Yugoslav states with reports of higher rates of suicide in Bosnia and Croatia, with the number of suicides in the latter rivalling the numbers killed in the war (ABC News, 2003; Dujic, 2002). However, it is one issue to show that people express emotional ill-being and another to pathologize their emotional ill-being as a disorder which explains the prevailing political, economic and social conditions. The pathologization of populations problematizes their right to self-government and encourages the development of a new mode of international therapeutic governance entailing new parameters of external intervention.

From ideology to emotionology

The triumph of the therapeutic in international policy-making is bound up with insecurities at the end of the Cold War. Although the West could claim ideological victory with the fall of the Berlin Wall and the demise of ideological alternatives, the initial euphoria was quickly displaced by anxiety and political disorientation on both the Left and the Right. Without the previous ideological divisions, the previous loyalties and certainties are no longer as salient and have fragmented. An atmosphere of moral, social and political stasis now characterises Western societies. Policy-makers are disturbed by social atomization domestically and state collapse internationally, but are finding it difficult to identify a set of shared values and inspire a sense of common interests. Engaging citizens more emotionally is seen as vital on both sides of the Atlantic to revitalize citizenship and participation in public affairs. From the politics of attachment (Kraemer and Roberts, 1996)¹ to therapeutic justice to the journalism of attachment (Bell, 1997)² and thinking 'in pain' (Keane, 1996: 7), there is a converging demand for politics to be approached 'in a feeling-based way' (Samuels, 2001: 3). As public discourse in the West has become therapeutized, there is now a blurring between the political and the therapeutic. The appeal of political rhetoric is to the emotive self and trauma is invoked

to authenticate suffering, and validate political, social and moral claims (Brown, 1995: 74; Nolan, 1997). At the same time alienation is being reconceived as failed attachment (Kraemer and Roberts, 1996), and injustice as psychological injury and exclusion (Honneth, 1995), effectively relocating social transformation to the sphere of interpersonal communication. Rights too are becoming re-conceptualized in therapeutic terms as fulfilling psychological needs and fostering the rights-holder's self-esteem.

The state is finding an alternative source of legitimacy in affirming the self (Furedi, 2002). Its new therapeutic role is given further impetus by the championing of emotional self-understanding as underpinning responsible citizenship (Giddens, 1994; Kraemer and Roberts, 1996; Sandel, 1996). The influential sociologist Anthony Giddens argues that:

Individuals who have a good understanding of their own emotional makeup, and who are able to communicate effectively with others on a personal basis, are likely to be well prepared for the wider tasks and responsibilities of citizenship (Giddens, 1994: 16 and 119).

Meanwhile, decline in communal cohesion has not unleashed a robust individualism, but a fearful unconfident self, mistrustful of others and nervous of risk-taking. Such an atmosphere of mistrust has encouraged an impulse to supervise and regulate conduct and emotions. 'Greater reliance on direct manipulation of emotions, and, particularly, of anger', has been noted by Carol Stearn and Peter Stearn in their fascinating study *Anger: The Struggle for Emotional Control in American's History* (Stearn and Stearn, 1986: 2). Anglo-American emotionology, its societal norms on the emotions (Stearn and Stearn, 1986: 14), has been projected onto international issues, including security strategies.

The demise of Cold War rivalry meant that wars around the globe lost the ideological framework in which they had been rationalized. The so-called new wars of the 1990s became characterised as irrational conflicts whose source is traced ultimately to the psychological and social functionalism of individuals. The idea of the new wars as symptoms of dysfunctionality has further been encouraged by the West's own loss of ideological conviction which made the idea of fighting and dying for a cause seem atavistic rather than perhaps noble sacrifice informed by righteous anger.

To address the social psychology of communities, the security paradigm has shifted from a primarily state-based system of international security towards one encompassing *human* security through therapeutic regimes conducted by informal networks of norm entrepreneurs (Duffield, 2001), modulating not only the behaviour and beliefs of populations, but their emotions. The new therapeutic security paradigm effectively seeks to create new subjectivities able to negotiate risk and uncertainty and manage its anger. Believing emotionally secure individuals are likely to make better citizens, an individual's emotional state is no longer merely of personal concern, but is an aspect of good governance and the duties of citizenship.

With its concern with emotional management, the new therapeutic security paradigm may be said to represent a shift from ideology to emotionology. The proliferation of

international emotional management programmes is a phenomenon of the last decade, but the ideas that underpin these programmes originate in Anglo-American social psychology of the interwar period. It is social psychology's influence on international security strategies that I will outline in the next section.

Psychologizing conflict

The therapeutic security paradigm derives from Anglo-American social psychology. Social psychology has been defined by a leading textbook as 'the scientific study of how people think about, influence, and relate to one another' (Myers, 1988: 3). Social psychology rapidly expanded as a field during the 1930s in the context of panic over the role of the masses in politics. Crowd theories such as Gustave LeBon's *The Psychology of People or The Crowd: A Study of the Popular Mind* (1995), Jose Ortega y Gasset's *The Revolt of the Masses* and John Dollard et al's *Frustration and Aggression* (1939) were influential among academics and policy-makers who regarded the masses to be driven by their emotions rather than by reason. These approaches were deployed in national character studies commissioned during the Second World War and postwar policy recommendations, which propounded psychosocial cures for war (Brickner, 1943; Dodd, 1941; Menninger, 1948; Murphy, 1945; Pear, 1950). Not only were psychosocial measures to be applied to the enemy nations of Germany and Japan, but were proposed by US policy-makers for its own population and that of its European allies. Influential figures such as John Dewey argued that 'the serious threat to democracy' was 'within our personal attitudes and within our institutions' (Dewey, 1940: 49). In this vein, one of the most famous prejudice studies *The Authoritarian Personality*, conducted in the wake of the war concluded that self-understanding was vital for healthy politics and that particular personality types were more susceptible to prejudice and propaganda (Adorno et al, 1969: 976).

Social psychology's influence is clearly evident in UNESCO whose constitution states, 'Since wars begin in the minds of men, it is in the minds of men that the defences of peace must be constructed' (UNESCO, 1945). Similarly the WHO's objectives included social psychology's concern with healthy personalities and the ability to live harmoniously in a time of rapid social change. However, social psychology's understanding of war and social conflict as arising from particular mental states or cultural norms did not prevail internationally in the postwar period. Social psychology's perspectives became marginalised in subsequent decades, even within UNESCO. Richard Hoggart, a former official at UNESCO, recalls how the Soviet delegation argued against so-called aggression studies as it designated social psychological approaches:

Aggressiveness in individuals [...] had no relation to the search for peace. An aggressive individual should be in hospital or gaol. The promotion of peace was concerned with the realities of power and politics (Hoggart, 1978: 96).

The unacceptability of Anglo-American psychosocial risk management in the postwar period was sharply demonstrated in the hostile response to the high profile Project Camelot which aimed to predict and control the social and psychological risk factors of

Third World revolution (Herman, 1995: 154). The ambitious project was abandoned in the face of international scandal over its funding by the US military (Horewitz, 1967).

Rather than personal or cultural attitudes, it was the actions of the First World that were blamed for conflict in UN debates, dominated by the views of the communist bloc and the newly independent countries. The national character studies casting doubt on the social psychology of Germany and other nations (Brickner, 1943; Dodd, 1941; Liddell, 1947) were sidelined with the onset of the Cold War and the militarization of security studies. For war against the spread of communism was regarded as righteous not dysfunctional by Western policy-makers. At the same time economic development strategies came to be emphasized in the context of East-West rivalry for influence in the non-aligned world. Under the modernization paradigm, Western policy-makers and academics made a direct link between economic growth, industrialization and the adoption of Western values. Economic development, it was proposed, would lessen disparities between countries and therefore advance shared values and international rapprochement. Nevertheless, the mental fitness of non-Western societies internationally and the masses domestically continued to be a preoccupation among Western policy-makers. Whether there could be modernization without the prior modernization of the non-Western personality was debated by Western officials and academics (Inkeles and Smith, 1975; Pye and Verba, 1965; Rostow, 1960, 1971). Notably, the Third World mind was researched by the culture and personality school of anthropologists associated with Ruth Benedict at Columbia University. Benedict saw social progress as arising through changing individual attitudes and patterns of cultures. She herself had written national character studies for the US Office of War and Information during the Second World War (Herman, 1995).

The work of the culture and personality school took on wider significance in the context of the Vietnam War internationally and civil unrest domestically. War, urban riots, political assassinations and youth disaffection all challenged the modernization paradigm's association of economic development and security. The strategy of promoting ever-spiralling desires, its essential appeal to the citizen as consumer, was questioned domestically for failing to promote civic virtue and order. Fear of 'an ethos of violence' and civil disorder haunted those in authority (Schlesinger, 1968: 62). These fears led to the setting up of various presidential commissions, including a *National Advisory Commission on Civil Disorders* (1968) and a *National Commission on the Causes and Prevention of Violence to Establish Justice, to Insure Domestic Tranquillity* (1969). Many psychologists and psychiatrists were consulted by the presidential commissions, including W. Walter Menninger, senior psychiatric consultant to the Peace Corps. The importance given to internal emotional pressures, mass frustration and the need for better self-understanding shows the influence of therapeutic perspectives on the commissions. 'We must look inward as well as outwards to the causes and prevention of violence', the 1969 National Commission on Violence report argued (pp. 210-211). Another important conclusion drawn from the reports was that 'economic advancements may even exacerbate frustration and escalate violence' (Myers, 1988: 402). In particular there were concerns about urban poverty as a source of politicized anger and violence.

These national issues informed US international policy-making. International economic advancement was failing to secure the hearts and minds of the Third World for the Western bloc. Domestic concerns over urban poverty as a source of violence expressed in the presidential commissions led to questioning of the efficacy of encouraging industrialization and urbanization under international economic policy. There was a proliferation of studies expressing alarm that uneven industrialization, migration and urbanization was fostering insecurity and radicalisation (Nelson, 1969). Greater attention was to be paid to individuals' frustrations and how they influenced their attitudes and behaviour. The US government commissioned risk analysis studies on rage, low self-esteem and the potential for revolt in different societies. In line with these concerns about psychosocial dysfunctionality, a major conference on the theme of the emotional stress of war and violence was sponsored in 1968 by the Brooklyn Psychological Association at the Carnegie Endowment for International Peace. However, there was little response from UN agencies or war-affected countries (Parker, 1972).

Although the climate internationally was not considered receptive then to peace engineering (Boulding, 1982), nevertheless, a shift towards a therapeutic approach is discernible from the end of the 1960s. Preventive programmes were advocated to instil non-destructive behaviour strategies and promote self-esteem because of anxiety that, without therapeutic intervention, individuals' sense of grievance might lead them to resort to violence to change society. This shift was reinforced by the therapeuticizing of radical politics in the civil rights and peace movement (Herman, 1995; Lasch, 1984; Lasch-Quinn, 2001; Roszak, 1969). Radical politics were heavily influenced by 'an analysis of society from the perspective of one's self' fusing 'the personal and the political' (Mitchell, 1971: 13-14). Radicals embraced the insights of the Algerian psychiatrist Frantz Fanon and the Brazilian liberation theologian Paulo Freire on the pathological and stunting effects of oppression on oppressor and oppressed. As ideas on the presence of 'the oppressor within the minds of the oppressed' (Mitchell, 1971: 19) were translated into practice, peace and development education proposals came to assume the form of therapeutic interventions. 'We must [...] be educating for self understanding as an essential basis for a non-violent society', argued the prominent international peace educator Betty Reardon (Reardon, 1996: 158). This therapeuticizing of the peace movement was perhaps most tangibly illustrated in how US peace campaigners sought to maximize public therapeutic sensibilities through the figure of the traumatized and damaged veteran as arguments against military engagement in Vietnam (Dean, 1997; Lembcke, 1998; Scott, 1993; Shepherd, 2000; Young, 1995). This therapeutic turn brought together disenchanted Vietnam veterans and peace activists who converged to campaign over recognition of a Vietnam syndrome which culminated in codification of a post-traumatic stress disorder (PTSD) in 1980 (American Psychological Association, 1980).

The application of therapeutic solutions, not only changed the means but the goal of change to 'individual psychic well-being' (Lasch-Quinn, 2001: 81). Informed by the therapeutic turn in Western politics, the international modernization paradigm began to be displaced by a psychosocial or 'people-centred' paradigm emphasising the importance of psychosocial conditioning as a cause of war and social conflict. Instead of perpetually

raising material expectations, influential international policy-makers such as Eric Schumacher called for their moderation and the fulfilment of basic needs to ward off potential frustration and aggression (1973: 29). Mass industrialization and urbanization were pathologized as creating the rootless, alienated individuals (Berger, 1974). Instead fostering less intensive sustainable development and stable communities were proposed (UNESCO, 1993). Given the antipathy to promoting material expectations and how the needs-based approach derives from psychological theories on frustration (Maslow, 1970), it is not perhaps surprising that psychological needs should come to the fore. Western policy increasingly conceives needs in psychological rather than material terms: social justice is being re-interpreted as ensuring 'parity of esteem', and 'self esteem and self respect' are treated as 'distributable goods' (Samuels, 2001: 57). Therapeutic well-being is also displacing universal prosperity as the goal of international development policy (Pender, 2002). Development is no longer about industrialization and is arguably 'more concerned with getting inside the head to stay the hand' than building things or redistributing resources (Duffield, 2001: 312). So populations are expected to take more responsibility for their own material needs, even while they are not trusted to manage their own emotions without external guidance. Grievances are to be treated as stressors impairing a sense of well-being, amenable to emotional adjustment through self-esteem, empowerment, or other emotional management programmes. What the international therapeutic approach advances for populations is 'a manipulatable sense of well-being' (Rieff, 1966: 45), rather than a material transformation of their conditions. Thus the population of Bosnia is diagnosed as having a 'subjective poverty problem', not a real one, by Zlatko Hurtic, formerly of the World Bank and now in charge of Bosnia's poverty reduction strategy unit (Eager, 2003). Diagnosing the problem as 'emotional', he suggests the population need to lower their material expectations and cannot presume to live as they did before the war.

A key theme of contemporary emotionology is the promotion of self-esteem to counter feelings of alienation and demoralization. Promoting self-esteem should not be equated with promoting independence, self-confidence and ambition: over-ambition and emotional self-reliance are feared under the new emotionology as much as the disruptive emotion of anger. Overcoming low self-esteem is about restraining the emotions: tempering frustration, not firing ambition. Policy-makers want to moderate aspirations and thereby discourage grievances from germinating. Thus the new people-centred initiatives entail systematically lowering participants' expectations - couched in ethical terms of not unrealistically raising the participants' hopes (Pender, 2002). Indeed a prominent advocate of therapeutizing politics highlights how, '[o]ne poignant contribution that a psychotherapy viewpoint might make to political life is to help people face up to the inevitability of disappointment' (Samuels, 1996: 3). Accordingly much effort is expended by international facilitators in contemporary participatory development schemes trying to 'avoid raising unrealistic and high expectations [within] the community' (UNDP Vietnam, 1999, cited in Wahlberg, 2003). However, the disciplining aspects of *psychosocial* adjustment programmes are mystified by the disavowed therapeutic language of self-actualization, participation, empowerment and self-esteem. The disciplining aspects of the international war trauma model are evident in its association of untreated trauma with dysfunctionality, discussed in the next section.

Pathological states

The Anglo-American therapeutic perspectives are now being applied to international conflict management which has a tendency to treat war as the continuation of psychology as opposed to the earlier Clausewitzian model of war as the continuation of politics. The issue of war trauma has come to the fore in this psychologizing of war. Underlying the preoccupation with trauma is fear of individuals' resorting to violence to address grievances. In essence, the international trauma model treats trauma as a *cause* of future wars. Distressful experiences are regarded as triggering traumatic symptoms causing dysfunctionality leading to cycles of trauma and violence. War trauma is regarded as significant for not only impairing the development and mental wellbeing of the individual, but the future development and well-being of the society as a whole. Thus individual emotions have become a legitimate target of external intervention.

The idea of war as the continuation of psychology is based on a particular view of human nature derived from contemporary Anglo-American models, which posit the individual as prone to psychosocial dysfunctionality. Whereas earlier models assumed the general resilience of people, current understanding assumes universal vulnerability. The impact of war is almost invariably discussed as having a negative impact on a population's mental health. International reports commonly speak of war causing a 'vicious circle' of 'psychosocial dysfunction, new instability, new vulnerabilities, and new hazards' (WHO, 2002: 6). Vamik Volkan, director of the Center for the Study of Mind and Human Interaction, usefully summarizes the psychosocial trauma model being adopted in international policy:

Disasters deliberately caused by other groups lead to massive medical/psychological problems. When the affected group cannot mourn its losses or reverse its feelings of helplessness and humiliation, it obligates subsequent generation(s) to complete these unfinished psychological processes. These transgenerationally-transmitted psychological tasks in turn shape future political/military ideological development/decision-making (Volkan, 2000: 3).

Trauma as a cause of war is propounded by an annual international psychosocial training programme in Moscow running since 1992. Its 2003 conference programme declares how psychological injury is a trigger for future wars:

Whether in the Middle East, Balkans, Rwanda, Indonesia, or the many unfortunate regions of the world where violence particularly to civilians creates more victims and more damage to the psyche of entire societies, unresolved communal psychological wounds are *one of the most – if not the most –* powerful fuels of future war and violent conflict (Common Bond Institute, 2003, emphasis added).

The conflict management conference is sponsored by the Common Bond Institute, a US-based psychological organization and illustrates how the therapeutic model is giving health professionals greater standing to comment on international security matters. Notably the American Psychological Association is gearing itself up for greater involvement in world affairs according to the Canadian psychologist Tana Dineen, author of a critique of the psychology industry (Dineen, 1999). There is now a profusion of programmes and training manuals on war, war trauma and conflict management by psychologists, psychiatrists and counsellors. Books on the theme of *Scarred Minds* (Somasundaram, 1998) or *Healing Communities* (Maynard, 2002) in war typify this rapidly expanding psychosocial field which elevates ‘unfinished’, ‘unresolved’, ‘unprocessed’ psychological tasks as underlying war.

Crucially politicians, diplomats and other international agenda setters have been ready to adopt a therapeutic model to understand conflict and articulate responses. The idea of cycles of trauma and violence is now part of the international agenda for peace and security. ‘Psychosocial problems [...] may ultimately threaten the prospects for long-term stability’, an official from *Medicins Sans Frontiers* (MSF) has contended (quoted in McDonald, 2002: 6). Similarly, the director of the Harvard Program for Refugees Trauma, Richard Mollica makes a link between war trauma and poor economic performance (Mollica, 2000).

Media coverage of recent conflicts too has become framed in therapeutic terms. Report after report on war-affected societies refers to ‘traumatized nations’ or ‘traumatized societies’. Foreign correspondents often speak in the language of therapy: of cycles of trauma and violence, of states ‘in denial’, of victims attempting ‘to come to terms with their traumatic experiences’, of ‘the need for closure’. Therapeutic norms are championed as underpinning the professional ethos of journalists. The journalism of attachment propounded by Martin Bell, former BBC correspondent and British Member of Parliament, advocates an implicitly therapeutic set of principles for professional work (Bell, 1997). Bell himself played an important role in shaping British coverage and understanding of the Bosnian war, as well as influencing the direction of the younger generation of foreign correspondents. Of the younger generation, Mark Brayne encapsulates the therapeutic turn in reporting. Former correspondent for Reuters and the BBC, Brayne has trained as a psychotherapist. Now working for the BBC World Service, Brayne echoes Volkan in his call for journalists to take a more psychologically-informed approach to their work and his contention that trauma drives much that journalists report:

journalists might usefully consider, as therapists have done for decades, how trauma in its widest sense – historical, national, social and individual, and *especially when unprocessed and congealed over generations* – drives much of the human behaviour we struggle to report (Brayne, 2002: 15).

Again, we see here the idea of transgenerational trauma and the advocacy of specific interventions to process the past traumas.

One reason for the attractiveness of this universal model is the desire to eschew racial explanations of tribalism. So commentators seek explanations in general human psychology. Thus former Oxfam official Tony Vaux writes how ‘Rather than blame the killers and express disgust, we should feel a sense of tragedy for the human race, an awesome sense of what is inside ourselves’ (Vaux, 2001: 196). So even though Vaux is sceptical about the efficacy of international psychosocial programmes, he nevertheless refers to a cycle of emotional ill-being in Rwanda: ‘The Rwanda genocide seems to show a circle of self-hate – of authoritarian government, oppression, low-self-esteem and self-disgust – that both causes and results from genocide’ (ibid.). Again, the politics of Saddam Hussein has been attributed to his low self-esteem by Gerald Post, a psychologist who has worked as a researcher for the CIA.³

The idea of cycles of trauma and violence has particularly been applied to conflict in the Middle East and in former Yugoslavia. Policy-makers, academics, human rights advocates and journalists frequently invoke psychological terms in their analysis of the protagonists or in elaborating their policy recommendations (Denitsch, 1994: 367; Ignatieff, 1994: 189; Holmes, 1996: 38; Ray, 1999). The idea of the Serbs suffering from a traumatized nationalism is a common theme of the literature. Volkan speaks of the Serbs’ prosecution of war as ‘the reactivation of [their] chosen trauma’ of the Battle of Kosovo (Volkan, 2000: 9). While former State Department official Louis Sell writes of the Serbs as not having recovered from their memories of the Second World War (Sell, 2002).

International therapeutic governance

A therapeutic ethos now pervades international policy-making with its diagnosis of traumatized identities around the globe. Therapeutic interventions are considered vital by international policy-makers to break transgenerational dysfunctionality arising from past traumas. Thus an international organization active in Bosnia considers that, ‘Without psychosocial care in all its manifestations, Bosnia will be left with [*sic*] a population that cannot contribute to the development of its own society’ (HMD, 1997). Consequently, thousands of psychosocial programmes have been initiated in the post-Yugoslav states and elsewhere. Under international therapeutic governance, intervention is not confined to changing inter-ethnic relations, but influencing the very development of personality and the conduct of intimate relationships. In this vein it has been argued that:

Development in the context of postwar reconstruction cannot simply be a question of rebuilding physical infrastructure, supporting the growth of productive capacity and generating new wealth. It must be a matter of dealing with the hidden scars of warfare through policies and programmes which support the reconstitution of the family and kinship ties and the social and cultural institutions that are critical to aiding recovery (Sollis, 1994).

Emotional management to cultivate personalities able to deal with risk and insecurity is a central component of international policy (UNICEF, 1995; UNICEF, 2000; UNICEF, 2001; World Bank, 2000). Child development is being made a priority since social

psychology gives the child-parent relationship primary responsibility for fostering emotional functionalism, and was the theme of UNICEF's *Progress of Nations 2000* report (UNICEF, 2000). Therapeutic imperatives are leading international organizations to extend emotional management into intimate relations, even as they signal that public services cannot be at prewar levels and the population should expect welfare cuts. Accordingly, expansion of parenting classes, pre-school development education, school counselling services and reform of teaching methods in schools to be less fact-orientated and promote children's self-esteem and emotional literacy are all being initiated under international programmes in the post-Yugoslav states and elsewhere. In addition to specific trauma counselling programmes, other international initiatives are proposed as having an expressly therapeutic role. Truth commissions, war crimes tribunals, history textbook projects are commonly advocated in explicitly therapeutic terms as bringing closure to traumatized societies. The idea of war crimes tribunals or truth and reconciliation commissions has captured the imagination of policy-makers as 'mass psychotherapy'. As Patrick Bracken astutely observes, 'they are usually presented as setting out to achieve on the social level what the psychosocial projects do on an individual level' (Bracken, 2002: 6). With proponents arguing for their favoured approach as playing a cathartic role and promoting closure, the differences between proponents of tribunals and commissions are more apparent than real. Contention over prosecution or reconciliation parallels contention between emotionologists over whether expressions of anger are cathartic and should be a component of emotional management (Farrell, 1998: 206-207; Goleman, 1996; Lindenfield, 1993). Common, however, to all these approaches, is their questioning of the capacity of the parties and the idea of the necessity for the emotional management of political conflict. In initiative after initiative and report after report we see the therapeutising of the nature of war and the therapeutising of political solutions to war. The paradigm of trauma and therapy is frequently deployed. In this vein, an article discussing the work of the US-based International Center for Transitional Justice is entitled 'For Nations Traumatized by the Past' (Lewin, 2001), while another report is entitled *What Kind of Justice? Experts Probe the Power of Truth After Political Trauma* (Anderson, 2001). International post-conflict economic management too has become therapeutised in its focus in the post-Yugoslav states on improving the self-esteem and soft communication skills of individuals rather than capital investment.

The traumatized state of the population is often invoked to explain the difficulties of post-conflict recovery in Bosnia and the other post-Yugoslav states. International programmes seek to transform the mentality of citizens, tracing the persistence of divisions and social problems to the population's psychosocial dysfunctionality, rather than the dysfunctional political arrangements (Chandler, 1999; Hayden, 1999). Policy-makers speak of inspiring 'authentic community' (Common Bond Institute, 2001), creating 'a new set of values and traditions' (Hedges, 1998). With these radical aims, the international community has become progressively more involved in Bosnia since the initial one year supervisory role envisaged under the Dayton Agreement 1995. International administration has spiralled beyond inter-ethnic relations into public policy in general, unchecked by the weak and divided local institutions. The Office of the High Representative (OHR), the key international supervisory institution created to supervise the civilian aspects of Dayton,

has assumed an extensive remit, effectively enjoying executive powers, drafting domestic laws, re-structuring public institutions and directing public policy. Such is the level of external determination that the role of Bosnian national institutions has become reduced to little more than therapeutic role-playing exercises. Yet, the OHR and other international organizations enjoy extensive powers over Bosnian society without any formal accountability to the population, nor any formal suspension of Bosnia's sovereignty. International intervention is sliding into indefinite therapeutic administration in its attempt to authenticate the self and its needs in Bosnia. So while rights may not signal substantive power in their therapeutic re-interpretation, the process of self-actualization implies a radical transformation of the self in accordance with therapeutic norms. Oxymorons abound in international policy in Bosnia from 'new traditions' to 'self help through professional intervention'.

The therapeutic understanding of rights does not see a contradiction in the formal upholding of Bosnian sovereignty and its effective suspension. This is possible because of the radically different view of the rights-holder that the therapeutic holds from the classical view of the subject as an autonomous rational being. Critics of the classic model question the view of the subject as an exclusionary construct, highlighting how the model excludes those who are vulnerable and lack capacity. Regarding the self as vulnerable damaged victim, the therapeutic critique re-conceptualizes civil and political rights as rights to self-actualization, that is, positive rights to support the self as opposed to negative freedoms from interference. In other words, the therapeutic conception of the subject as vulnerable damaged victim requires third party enablers for self-empowerment. But third party enablement cannot be relinquished under this model, for self-actualization is a process requiring continual affirmation since the self is ever vulnerable to risk and dysfunctionality. Hence, external intervention in Bosnia is not conceived of as violating the UN Charter's principles of national self-determination and non-interference, but supporting its realization. Furthermore, in the therapeutizing of rights, national self-determination is understood psychologically as a right to identity rather than politically as a right to self-government. Thus the present High Representative Paddy Ashdown has stated, 'I will never permit any constitutional change that fundamentally threatens the identity or security of any of Bosnia and Herzegovina's constituent peoples' (Ashdown, 2002), but does not mention how his extensive powers of office contradict the right to political self-determination. Participation in the myriad internationally-sponsored community regeneration projects is no substitute and represents an inversion of self-determination, not its realisation.

Prophetic in its anticipation of the ascendancy of a therapeutic security paradigm is the US writer Kenneth Keniston's 1968 satire 'How Community Mental Health Stamped Out the Riots'.⁴ In his dystopian vision, the Department of Defence has re-designated itself the Department of International Mental Health and wages wars in the name of global mental health. For Keniston, the insistence on guaranteed mental health 'from the womb to the grave' carries totalitarian overtones (Keniston, 1968: 28). His satire is prescient in warning of the potential dangers for political rights and freedoms that therapeutic governance could pose, in particular for the right to self-government of recipient societies, such as Bosnia. His satire appeared at a time when US peace campaigners

turned towards therapeutic models and took up the cause of the traumatized and damaged veteran. However, in retrospect what contribution did the peace movement's therapeutic turn make towards its aspirations for international peace and justice? Critics of the politics of PTSD recognition contend that the therapeutizing of Vietnam depoliticized anger over the war and allowed the United States to evade political responsibility for its actions (Lembcke, 1998; Young, 1995). Western therapeutic sensibilities have not prevented Western states from conducting military campaigns amidst all the psychosocial conflict management programmes. Rather the rise of therapeutic sensibilities has encouraged casualty averse rules of engagement which seek to minimize risks to military personnel, but in doing so entail greater risks for war-affected populations. I finally want to highlight contention over the efficacy of international therapeutic governance itself.

Post-traumatic encounters

International organizations now widely quote figures suggesting that at least twenty-five per cent of a war-affected population will suffer mental disorder. The Harvard Program in Refugee Trauma has suggested that one quarter of Bosnian refugees may be disabled by psychiatric disorders hindering efforts to rebuild the country (Mollica et al, 1999). Even higher figures of around 40 per cent of a population are also widely publicised (B92, 2003). These figures are perhaps not surprising given that it is now routinely claimed that one in four of the population in the United States and Britain has mental health problems.

However, projections of mass trauma do not automatically translate into persons identifying themselves as traumatized, even where they express emotional ill-being. The prism of trauma is not necessarily salient for war-affected populations. Survivors who experience distressing manifestations such as nightmares may not conceptualize their problems in therapeutic terms nor see therapeutic solutions as relevant to tackling their problems (Bracken, 1998; Pupavac, 2002; Summerfield, 1996; Summerfield, 2001). International aid agencies in practice admit to coming across very few individuals whom they considered had a mental condition. In Kosovo, for example, where there was a relatively high international presence, British humanitarian organizations interviewed 'only recalled referring on two or three individuals at most' (Wiles et al, 2000: 122). While other international consultants such as the Finnish psychiatrist Henrik Wahlberg found that Kosovo refugees 'gave little or no thought, at this point, to seeking psychiatric help' (cited in Volkan, 2000: 9). Nevertheless, the precautionary principle of contemporary emotionology dictates that policy should be formulated as 'preventive medicine' (Volkan, 2001), on the basis of the *potential* for psychosocial dysfunctionism.

Therapeutic regimes aim to secure the psychosocial functionalism of communities. Yet, rather than securing the community, international emotional management may be jeopardising local strategies, destabilising communal ties and increasing individuals' vulnerability. Overlooked in the universalisation of Anglo-American emotionology is contention over its efficacy and ethics (Dawes, 1994; Nolan, 1998; Summerfield, 2001, 2002; Young, 1995). In particular, therapeutic interventions reveal hostility to the pugnacious emotion of anger, associated with survival strategies. However at issue is not

simply which emotions should or should not be promoted, but how external intervention and the professionalization of emotional communication weakens communal and family cohesion through encouraging identification with and dependence on the intervenors. Countering the grand claims made for international psychosocial interventions, detailed evaluations highlight the issue of refugees being subject to potentially damaging psychosocial programmes (Norwegian Ministry of Foreign Affairs, 1999; Wiles et al, 2000). The effectiveness of trauma counselling per se is contested (Rose et al, 2003a; Sensky, 2003). The advice of the eminent Cochrane Review has continued to be that, 'There is no current evidence that psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents' (Rose et al, 2003b). Moreover the prescription of trauma counseling may be experienced by recipients as stigmatizing (Wiles et al, 2000) – and rightly so with traumatization becoming used as an apology for the failure to regenerate war-affected societies and as a justification for the deferral of self-government. Ultimately psychological recovery arises from the general conditions and meaning of people's lives rather than from individuals' internal emotional state as the international therapeutic model implies (Summerfield, 2002). But the therapeutic governance's emphasis on personal emotions as the reference point tends to reinforce the solipsism of the divided ethnic groups and to discourage a politics moving beyond ethnicized positions.

Contention over international therapeutic governance does not merely concern the efficacy of outside interventions and their dismissal of a population's own coping strategies, but how the therapeutic security model pathologizes the recipient population by locating the source of conflict in the personality of the population, thereby questioning its capacity for self-government. Disturbingly its model of cycles of emotional dysfunctionality proposes that brutal experiences entail brutalization, thus pathologizing survivors as future perpetrators of brutal acts. As a consequence, although the international therapeutic paradigm elevates the self, its trauma model tends to demean the human psyche to a reflex mechanism. The experienced psychiatrist Derek Summerfield strongly disputes the conflation of the experience of brutalization and being brutalized based on his years of work with torture victims (Summerfield, 2002). The deterministic trauma model overlooks how experiences are filtered by personality, politics, social circumstances, cultural beliefs as well as military factors, as the historian Ben Shepherd has extensively documented (Shepherd, 2000). Despite the lack of spontaneous identification with the international therapeutic model globally, the therapeutic norms of contemporary Anglo-American culture prevail in the formulation of international policy. Irrespective of whether populations appear resilient, they are deemed to be suffering from 'hidden scars', 'invisible wounds' or 'undiagnosed trauma' and in need of preventive treatment to break cycles of emotional dysfunctionality. 'Thus', Summerfield has decried, 'the misery and horror of war are reduced to a technical issue tailored to Western approaches to mental health' (Summerfield, 2001).

International officials are sensitive to the charge of imposing Western mental health models onto other societies. UNICEF has stated that, 'the identification and development of culturally appropriate indicators of development and mental well-being need to be developed based on feedback and experience with communities and psychologists'

(UNICEF, 1994: 18). Yet UNICEF's call for cultural sensitivity in devising surveys alongside its call for the involvement of psychologists simply underscores the assimilation of the therapeutic paradigm at the international level. So to the extent that cultural differences are acknowledged, that recognition remains very much within the therapeutic framework.

While non-Western societies may not spontaneously identify with the international therapeutic governance, the trauma paradigm is nevertheless becoming salient to them because of how they address their claims to the international community and how these claims are addressed. Although non-Western societies may still essentially view war in Clausewitzian terms as the continuation of politics, their political demands and war aims are increasingly becoming framed in therapeutic terms in accordance with contemporary Western emotionology. The response of the post-Yugoslav states to international therapeutic governance is interesting for some of the social developments that have facilitated the ascendancy of a therapeutic ethos in the United States and Western Europe apply to Central and East European states. There is a readiness in the region, especially among professionals, to assimilate Western perspectives arising from their desire for incorporation into the West. Individuals in Croatia, for example, are likely to deplore critiques that suggest they might not share Western therapeutic sensibilities or that Western trauma counselling is not appropriate. Such critiques are resisted as implicitly undermining their claims to a Western identity and inclusion in the West. Identification with PTSD is clearly evident in Croatia as veteran organizations accuse government ministers of denying the validity of their condition and their right to a war pension (Francicevic, 2003; Lovric, 2003). Yet these same organizations are also quick to resist any suggestion that veterans are unfit citizens and potential employees because of their war experiences (ibid.). These disputes over trauma reveal how the diagnosis of trauma can be double-edged. Kosovo Albanians, for example, have invoked war trauma as justification for their opposition to the return of non-Albanian refugees to their homes in Kosovo. At the same time they decry any suggestion from international officials that traumatization problematizes their capacity for self-government.⁵ Equally, although Bosnian Muslim politicians may frequently refer to the traumatization of the population, they obviously would not go along with a suggestion put forward by Bosnian Serb officials that war trauma has disturbed the memory of Bosnian Muslim soldiers in Srebrenica, thus casting doubt on their testimonies (ABC News, 2002). Consequently, while groups may invoke trauma to underscore the moral veracity of their claims, this does not mean they accept the equation of traumatization and dysfunctionality/brutalization in themselves.

Overall the presumption of dysfunctionality underlying the therapeutic paradigm problematizes political rights and freedoms rather than promoting them. However, loss of local control to international bodies under therapeutic governance can only be detrimental to a population's mental health given the established link between well-being and a sense of control, as trauma experts have themselves drawn attention to. MSF, which has been heavily involved in promoting trauma counselling, has warned about how extensive external interference erodes a population's self-respect and impacts negatively on their mental health, citing experience in Bosnia. MSF consultants refer to 'the humiliation of

being controlled from outside and the dependency on a divided international community undermined the self-esteem of the inhabitants' (de Jong et al, 1999).

The pessimistic projections of international therapeutic governance perhaps tell us more about the low horizons of Western societies following the end of the Cold War. Meanwhile the administration of post-conflict states has given Western officials a feeling of authority and legitimacy that they experience as lacking at home. As such it is the therapeutic needs of Western societies that are being exorcised in international therapeutic governance. Indeed the war in Bosnia has been characterised by one sceptical recipient of counselling as offering Westerners 'an unexpected collective psychotherapeutic gift' (Ugresic, 1998: 200).

The emotionology of the international therapeutic security paradigm requires further examination to grasp its implications in relation to the unresolved conflicts of the 1990s and the new security dilemmas. The US and Britain, together with the United Nations and international NGOs, have been unprepared for the feeling of righteous anger expressed by Iraqis against the foreign presence in their country. International officials have been caught unawares at the violence of this hostility, perhaps having been cushioned by their cathartic experience of administering to the Balkans in the 1990s. The on-going security situation in Iraq has put on hold many of the international psychosocial programmes, which have become standard responses elsewhere. Nevertheless, Western therapeutic precepts continue to inform international policy-making and Western thinking remains reluctant to concede that its emotionology is not up to the task of addressing the human security needs and aspirations of populations globally.

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¹ The politics of attachment seeks to bring the insights of developmental psychology and attachment theory to political discourse. See Patricia Hewitt, 'Foreword' in Sebastian Kraemer and Jane Roberts' *The Politics of Attachment* (1996: xv).

² The journalism of attachment has been defined by the former BBC correspondent and member of parliament Martin Bell as 'journalism that cares as well as knows' (Bell, 1997: 8).

³ Interview on BBC Radio 4 Today Programme dated 20 March 2003.

⁴ I am indebted to Herman (1995) for bringing my attention to this article. Herman's study of the influence of psychology on American political culture is insightful. In particular, her study contains fascinating analysis of the US programmes during the Second World War and useful footnotes on the figures involved.

⁵ Guy Edmonds, UNHCR, personal communication, 10 September 2002.

Vanessa Pupavac is a lecturer in the School of Politics, University of Nottingham. She has worked as a consultant for the UN, the ODI and the OSCE and other international organizations and has published widely on human rights and international psychosocial approaches. She was involved in the ODI/VALID evaluation of British humanitarian aid to Kosovo and was awarded the Otto Klineberg Intercultural And International Relations Award 2003 for her article 'Pathologizing Populations and Colonizing Minds: International Psychosocial Programs in Kosovo' which appeared in 2002 in the journal *Alternatives*.
Address: University of Nottingham, University Park, Nottingham, NG7 2RD, UK [email:vanessa.pupavac@nottingham.ac.uk]