

The Differential Impact of War and Trauma on Kosovar Albanian Women Living in Post-War Kosova

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Abstract

The war in Kosova had a profound impact on the lives of the civilian population and was a major cause of material destruction, disintegration of social fabrics and ill health. Throughout 1998 and 1999, the number of killings is estimated to be 10,000 with the majority of the victims being Kosovar Albanian killed by Serbian forces. An additional 863,000 civilians sought or were forced into refuge outside Kosova and 590,000 were internally displaced. Moreover, rape and torture, looting, pillaging and extortion were committed. The aim of my dissertation is to rewrite aspects of the recent belligerent history of Kosova with a focus on how history is created and transformed through bodily expressions of distress. The ethnographic study was conducted in two Kosovar villages that were hit especially hard during the war. In both villages, my research was based on participant observation which allowed me to immerse myself in Kosovar culture and the daily activities of the people under study. The dissertation is divided into four interrelated parts. The first part is based on published accounts describing how various external power regimes affected local Kosovar culture, and how the latter was continuously transformed by the local population throughout history. The second part focuses on collective memories and explores how villagers construct their community's past in order to give meaning to their everyday lives in a time of political and economic upheaval. The third part looks at how women create, change and, thereby, influence collective memories through bodily expressions of distress. Finally, the fourth part makes apparent how through clinical practice and traditional healing, history, collective memories and traumatic memories are negotiated and invested with new meanings and attributions. The dissertation concludes with a focus on the interrelation of collective and traumatic memories which generate and justify women's health problems. In this context, it is argued that patient-practitioner interaction should be perceived as an opportunity to build ethical relationships which go beyond the relatively narrow medical mandate by providing women with "tools" to create social spaces in which they can live and commemorate in a healthy way.

Résumé

La guerre au Kosovo a eu un impact profond sur la vie de la population civile et a été une cause majeure de la destruction matérielle, de la désintégration du tissu social et de problèmes de santé. Au cours des années 1998 et 1999, le nombre de meurtres a été estimé à 10,000, la majorité des victimes étant des Albanais du Kosovo tués par les forces serbes. De plus, 863,000 civils ont été recherchés ou contraints à prendre refuge en dehors du Kosovo, et 590,000 ont été déplacés à l'intérieur du territoire. En outre, des viols, de la torture, des pillages et des extorsions ont été commis. L'objectif de ma thèse consiste à revoir les aspects de l'histoire récente du Kosovo belligérant en mettant l'accent sur la façon dont l'histoire est créée et transformée à travers les expressions corporelles de détresse. L'étude ethnographique a été menée dans deux villages kosovars, qui ont été particulièrement touchés pendant la guerre. Dans les deux villages, ma recherche s'est basée sur l'observation participante, qui m'a permis de me plonger dans la culture kosovare et les activités quotidiennes de la population à l'étude. La thèse est divisée en quatre parties interdépendantes. La première partie recense les écrits traitant des différents régimes politiques externes qui ont affecté la culture locale kosovare, et comment celle-ci a été continuellement transformée par la population locale au cours de l'histoire. La deuxième partie s'attarde aux mémoires collectives et explore comment les villageois construisent le passé de leur communauté, afin de donner un sens à leur vie quotidienne à une époque de bouleversements politiques et économiques. La troisième partie examine la façon dont les femmes créent, changent et, par conséquent, influencent les mémoires collectives à travers des expressions corporelles de détresse. Enfin, la quatrième partie met en évidence comment, à travers la pratique clinique et les rites de guérison traditionnels, les mémoires collectives et les traumatismes sont négociés et investis de nouvelles significations et attributions. La thèse conclut en mettant l'accent sur l'interdépendance des mémoires collectives et des traumatismes, qui génèrent et justifient les problèmes de santé des femmes. Dans ce contexte, il est soutenu que l'interaction patient-praticien devrait être perçue comme une occasion d'établir des relations éthiques qui vont au-delà du mandat relativement étroit de la médecine en offrant aux femmes des «outils» pour créer des espaces sociaux dans lesquels elles peuvent vivre et commémorer de façon saine.

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Introduction

The war in Kosova had a profound impact on the lives of civilians and was a major cause of material destruction, disintegration of the social fabrics and ill health. Much of the recent research on the effects of war has been determined by concepts such as war-trauma and trauma related disorders like Posttraumatic Stress Disorder (PTSD). This, in turn, led to the development of different kinds of theories and aid programs that aim to prevent and treat the consequences of violence and mental health (Barudy, 1989). In this context, doctors are often called “to step in and sign up to be the guardians of, and advocates for, the humanitarian health needs of civilians caught up in conflict” (Lancet editorial, 2009, p. 95).

Even though it is widely agreed that the medical professions are well positioned to provide aid in complex emergencies, it is remarkable that little agreement exists on the goals of treatment and the best practices to deal with such interventions (Patel et al., 2007; Pedersen & Kienzler, unpublished). Critics argue, for instance, that international psychosocial intervention programs have the tendency to construct war-affected populations as traumatized (Summerfield, 2003) while failing to acknowledge local patterns of distress, long term effects on health, psychosocial consequences, help-seeking behaviour and healing (Pedersen, 2002). Anthropologists add to this discourse that psychiatrists are often ignorant of the complex processes through which cultural dimensions shape the ways people make sense of and come to terms with atrocities, societal breakdown and the destruction of commemorative symbols in their respective communities (Kleinman & Kleinman, 1994).

These debates were partly shaped and further advanced by the war in Kosova in 1998/1999. The war brought international attention to the gendered aspects of war crimes and traumatic experiences as a result of Serbian forces having killed, tortured and kidnapped a vast number of Kosovar Albanian men and used rape as a tool of political terror on women (Berishaj, 2001; Pupavac, 2002, 2004; Salzman, 2000). According to several researchers, the prevalence of

psychiatric symptoms and the rate of PTSD among Kosovar Albanian women are high and impair their current social functioning and wellbeing (Cardozo et al., 2000; Eytan et al., 2004; Toscani et al., 2007). As a result of these findings, a great number of projects on trauma were implemented in the region. Inter-Governmental Organizations (IGOs) like the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) and European Commission Humanitarian Aid (ECHO), and a great number of Non-Governmental Organizations (NGOs) came to "the war theatre to provide therapy, like bees to a honey pot" (Richters, 1998, p. 120). Unfortunately, however, the staff of these counselling programs was largely unfamiliar with the situation they had to face: for the most part they were ignorant of the regional history; its cultural, social, political and economic systems; its former and current power structure; and its health care system. According to Pupavac (2002, 2004), the evaluations of the psychological interventions in Kosova have identified problems of insensitive and inappropriate trauma work, and highlighted the need to understand the "multiple" traumas individuals suffer in times of war.

Despite the fact that the previous studies conducted among the general Kosovar population and refugees found that female gender was significantly associated with PTSD, and women reported more health care use than male participants, no qualitative studies have explored how Kosovar Albanian women express their memories of war and how these expressions shape and are shaped by social, political and economic processes in their respective communities. Therefore, the aim of my dissertation is to fill this gap in research by rewriting aspects of the recent belligerent history of Kosova with a focus on how history is created and transformed through bodily expressions of distress. However, the ways in which Kosovar Albanian women create such accounts of the recent and distant past can only be understood in the context of the other social forces involved in the making and remaking of history. Although the multiple perspectives on history feed off each other, tend to be complementary and are

characterised by simultaneity, I will, for the sake of clarity, describe and analyse them separately.

The first part of my dissertation describes the ways in which Kosova's past and present situation is outlined in published accounts written by historians, political scientists, anthropologists and sociologists. I seek to delineate how various external power regimes affected local Kosovar culture, and how the latter was continuously transformed by the local population throughout history. I will mainly focus on the current power structures and the influence of the political and legal institutions prior to the arrival of the Ottomans; during the Ottoman Empire; the periods of conflict between the Balkan Wars, and the First and Second World Wars; the Federal Republic of Yugoslavia (FRY); and the war in Kosova in 1998/1999.

The second part explores how local communities attempt to make sense of their country's distant and recent past. It is based on my ethnographic study on the collective memories established by men and women living in two villages, Krusha e Madhe and Pastasel, which were hit especially hard during the recent Kosovar conflict. I intend to describe how the villagers construct their community's past in order to give meaning to their everyday lives in a time of political and economic upheaval. This is, of course, not to say that the accounts are homogenous or based on consensus. On the contrary, they are largely rooted in gendered power structures which enable men to dominate the public sphere with their diverse historical and political agendas – expressed in speeches, ritual performances, symbolic interactions and public everyday practices – and marginalize and, at times, delegitimize women's voices and actions. Taking into account these power differentials between men and women, I aim to provide a more profound understanding of the different ways individuals and groups come to terms with their war and post-war experiences, and demonstrate how certain social, cultural, political and economic circumstances shape their decision-making and actions.

These collective memories “set the stage” for the third part which looks at how women create, change and, thereby, influence collective memories through bodily expressions of distress. More specifically, my purpose is to explore three

interconnected issues related to the ways in which Kosovar Albanian women perceive and respond to their personal war-traumas (including murder, flight, missing family members and poverty); how memories of traumatic events affect the women's social relations and activities; and how the changing political and economic circumstances affect women's experiences, status and participation within Kosovar society. In other words, I intend to demonstrate how women's decision-making and actions shape and are shaped by historical, sociocultural, psychological and physical contexts.

Finally, the fourth part of the dissertation makes apparent how through clinical practice and traditional healing the three previous projects are creatively merged, negotiated, recreated and invested with new meanings and attributions. In particular, I will analyse how the expression of illnesses related to war and post-war hardships are transformed into powerful public narratives in contexts which enable the stories to cohere both because of the emotional meaning of receiving another person's empathetic attention and because this invokes the implicit dimension of shared history (see Kirmayer, 1996). In this way, bodies and experiences of illness are turned into sites through which doctors, healers and social workers remember the war and related atrocities, bear witness to and act on those stories by disseminating them beyond their spheres of action. From there, they might be picked up and acted on by politicians and community leaders, as well as social scientists and historians which would render Kosova's history more meaningful for the generations to come.

The Historical and Political Context

Kosova is a small country in Southeastern Europe with an area of 10, 912 square kilometres (for a map of Kosova see Appendix A). It borders Montenegro to the northwest, Central Serbia to the north and east, the Republic of Macedonia to the south and Albania to the southwest. Its population numbers approximately two million people (UNFPA, 2002) who are predominantly of Albanian ethnic origin (88 percent). Other, smaller populations include Serbs (7 percent), Bosniaks, Gorani, Roma, Turk, Ashkali and Egyptians (5 percent).

On February 17, 2008, the Kosova Assembly unilaterally declared Kosova independent from Serbia. Since then, over sixty countries have recognised Kosova while Serbia continues to reject its independence and has subsequently, requested an advisory opinion with the backing of the United Nations General Assembly at the International Court of Justice (ICJ) on the legality of Kosova's declaration of independence according to international law (ICJ, 2009). Similarly, the ethnic Serbian municipalities in Kosova have challenged the final status of the country. Many tend to look to the Serbian government in Belgrade for protection and guidance while others attempt to find ways of engaging pragmatically with Kosovar institutions, relying on them for services, applying for official Kosovar documents and earn Kosovar (as well as Serbian) salaries (International Crisis Group, 2009). Because the relations between the Albanian and Serbian communities remain tense, several thousand peacekeepers, the NATO-led Kosovo Force (KFOR), continue to monitor the communities under the authority of the United Nations Administration Mission in Kosovo (UNMIK).

The current political situation of the country is complicated by its dire economic situation: donor resources have declined significantly, economic growth has slowed and the fiscal situation has deteriorated. In addition, unemployment persists, and is particularly problematic among young people (World Bank, 2006, 2009). Data from the World Bank and the Statistics Office of Kosovo indicate that the unemployment rate is more than 50 percent. According to Simpson and Maxhuni (2003), employment in the private sector in Kosova accounts for 67 percent of its total employment (45 percent are employed in private business and 22 percent in agriculture). Female employees comprise only 26 percent of the employed population and work predominantly in the public sector. Consequently, 45 percent of the population live in poverty (less than the equivalent of 1.42 euros per adult per day) and 15 percent in extreme poverty (less than the equivalent of 0.93 euros per adult per day). The groups most at risk in terms of income poverty are children, the elderly, female-headed households, the disabled, the unemployed, precarious job holders and non-Serbian ethnic minorities (World Bank, 2006, 2009).

Alongside poverty due to lack of income, the lack of health care in Kosova is equally dire. The infant mortality rate (18-44 per 1,000) is one of the highest in Europe and inadequate nutrition is a persistent problem. Other health concerns include tuberculosis, disability and mental health problems (World Bank, 2005, 2008). In principal, all Kosovars have access to health care, but in practice this is not the case. The most common barrier to health care is the cost of the service itself. Particular difficulty is experienced by minority communities, people living in poverty, the elderly, invalids, veterans and those living in rural areas (Simpson & Maxhuni, 2003).

The current political and economic situation in Kosova is largely due to poor management throughout the 1990s including poor economic policy, international sanctions, limited access to external trade and finance and ethnic conflict. Thus, it can only be understood in relation to the region's recent history and, connected to this, political, economic and social developments. In the following, I will present a brief account of the political consequences of the disintegration of Yugoslavia, the war in Kosova, the international governance in Kosova and, finally, the political discourses which led to the country's sovereignty and independence.

A Brief Historical Overview of Kosova's Recent Belligerent History and Claim to Independence

After Tito's death in 1980, the former President of Yugoslavia Slobodan Milošević adopted and propagated an extreme Serbian-nationalist agenda, the culmination of which was his famous speech at *Kosovo Polje*. The speech not only commemorated the 600th anniversary of the Battle of Kosovo, but introduced the quest for a greater Serbia (Norris, 1996). Following this and other events, the National Assembly of Serbia modified the constitution of Serbia by significantly reducing Kosova's autonomy, barring Albanians from public institutions and reintroducing Serbo-Croatian as the official language (Malcolm, 1998; Funke & Rhotert, 1999). Kosovar Albanians responded immediately by organizing large-scale civil resistance and supporting the 123 Albanian members of the Assembly

who met in the street to vote in a new status and declare Kosova a sovereign and independent state. Although the Republic was not recognised by Yugoslavia, Ibrahim Rugova was elected the first president of the underground movement in 1990. Under his authority, the local population together with that of the communities in diaspora established and financed a parallel society (Bache & Taylor, 2003).

As a consequence, Serbian oppression of the Kosovar Albanian population increased severely, leading to open conflict between the two antagonistic ethnic groups. Albanians felt that they were unable to protect themselves against violent assaults and that the parallel system was too weak to effectively counter Serbian oppression. Subsequently, Rugova's power weakened and the support for armed resistance increased (Clark, 2000; Petritsch & Pichler, 2004). The appearance of and support for the Kosovo Liberation Army (KLA) marked the end of passive resistance in Kosova. The KLA's first attacks against Serbian policemen and government officials were swiftly and harshly countered by the Serbian military police with attacks directed at the villagers who sheltered KLA fighters. In 1998 the conflict escalated when Serbia declared war on Kosova (Judah, 2001). Serbian forces used excessive violence against the civilian population, turning the conflict into a fully fledged genocidal war.

In order to stop the intense conflict and prevent a humanitarian catastrophe, the UN Secretary-General Kofi Annan insisted that the Yugoslav armed forces immediately cease their military offensive in Kosova. It was soon evident that Serbia was not about to conform in response to which the NATO air force began a bombing campaign against Yugoslavia. Researchers do not agree that NATO's intervention improved the situation for Kosovar Albanians. Throughout the military air campaign, the number of killings is estimated to be 10,000 with the majority of the victims being Kosovar Albanian killed by Yugoslav forces. An additional 863,000 civilians sought or were forced into refuge outside Kosova and 590,000 were internally displaced. In total, about 90 percent of the local population was uprooted. Moreover, rape and torture, looting,

pillaging and extortion were committed (Independent International Commission on Kosovo, 2000; Buckley & Cummings, 2001).

When the Yugoslav forces finally withdrew from Kosova pursuant to the peace plan, the returning refugees found not only their houses looted and destroyed, but an entirely new power structure in place. Until recently, the UN had been authorized to govern Kosova through its Interim Administration Mission in Kosovo (UNMIK), and passed the Resolution 1244, which established the framework of the UN civil administration (del Re, 2003; United Nations Security Council, 1999). In addition, the Resolution authorized the intervention of the Kosovo Force (KFOR) (Bellamy, 2002) which set up five multinational zones led by the United Kingdom, the United States, France, Italy and Germany respectively (Gallagher, 2005). All national contingents are supposed to pursue the same objective which is to maintain a secure environment in Kosova (KFOR online).

After one year of building municipal institutions and the establishment of Joint Interim Administrative Departments, a Constitutional Framework for the Interim Self-Government of Kosovo was drafted and approved by international and local experts in May 2001. The goal was to establish Provisional Institutions of Self-Government (PISG) in Kosova through elections. In 2001 the new Assembly of Kosova was elected. This was followed by the selection of a Kosovar President, Ibrahim Rugova, by the elected Members of the Assembly (Schwarz, 2002). Since then, political parties and civil society groups have striven for the independence of their country. However, official talks on the future status of the province began only in 2006. Under the direction of Martti Ahtisaari, the former Finish President, Kosovar Albanian and Serbian delegates met regularly to draft agreements (Judah, 2006). Most Western diplomats seemed to support a solution in the form of a compromise namely, “conditional independence”, which would cut the sovereign link between Serbia and Kosova, without granting Kosova the status of a full state (Brown, 2006; DiLellio, 2006). Yet, the majority of the Albanians in Kosova accepted only self-determination and independence, and employed political, intellectual myths in an attempt to achieve this goal.

Conceptual Frameworks for Studying the Impact of War and Trauma

A social and cultural perspective indicates that the impact of war and trauma on local populations requires a consideration of the collective dimensions of violence and suffering. From this point of view, forms of violence are always local products that shape and are shaped by local, regional and global flows of knowledge. That is, although violence may be a very personal and subjective experience, larger stakeholders in society are involved in its creation, maintenance, transformation, and soothing of it, including state organs, international organizations, the media, and flows of finances and people (Das & Kleinman, 2000). Yet, only a few social theorists have explored how such structural violence is in fact remembered, experienced and shared across social groups.

According to Kleinman and Kleinman (1994), the coding of meaning into action occurs through the everyday practices of social experiences. In other words, bodies and selves are perceived as axes in the social flow and around which social psychological and sociosomatic processes aggregate. Thereby, subjective and collective suffering are merged, and social reactions and personal reactions united. Although I agree that social experience interrelates forms of social suffering and subjective suffering, I do not want to reduce my findings to the concept of ‘social suffering’. The concept of social suffering often blurs the processes at stake by rendering all aspects social and interconnecting everything with everything else, thereby explaining one action with another. In order to understand how Kosovar Albanians, especially women, assign meaning to adversity and stressful experiences, express distress and reconstruct their lives in the aftermath of conflict and postwar hardship, I explored personal and collective memory practices observable through symbolic interactions, narratives, bodily experiences, performances, rituals and in everyday practices. I employ different conceptual frameworks which provide insight into the politics of collective memories, traumatic memories, expressions of distress and the interaction of lay and

professional discourses to restore social fabrics and psychological resilience in individuals and communities.

Collective Memory in the Context of War

In recent years, politicians, political activists, journalists and social scientists have mobilised political, intellectual and mythical sources in order to provide Kosova with an authentic historical past, craft a solid national identity and convince the international community to grant the Albanians in Kosova national independence. Throughout this process many conflicting accounts were brought to the fore and negotiated on several levels including the personal, familial, societal and national. Strong claims were made that Kosova's "local culture", "local resources" and "local ways of organization" were repeatedly delegitimized, suppressed and ignored by the greater powers (Ottomans, Serbs, United Nations) attempting to keep the Albanian population under the yoke of colonization and dependence. However, it remains unclear what is meant by local culture, resources and ways of organization and reducing these concepts to catchwords like *kanun*¹, blood feud, village councils and elders essentializes and folklorizes Balkan culture.

Yet, Kosova's "local culture" should not be viewed as homogenous and static: it was subject to a range of transformations throughout history. Taking these complexities seriously, I aim to better understand how individuals and groups construct their communities' distant and recent past, the war, the reconstruction phase and the current political and social organization; how they give meaning to their everyday lives in a time of political and economic uncertainty; and what interests shape their decision-making and actions. I rely on collective memories through which individuals connected to material environments (i.e. artefacts, roles, institutions, social structures) and ideal realities (i.e. values, beliefs, attitudes, axioms orientations, perceptions, expectations); and infused the past into the present by engaging in symbolic interactions, narratives,

¹ Traditional Albanian law

discourses, performances and ritual actions (Erll, 2008; Middleton & Edwards, 1990; Sontag, 2003; Zelizer, 1995).

“Collective memory” is a concept derived from Halbwachs (1980) who introduced the term into academic discourse in 1925 arguing that memory is not only mediated, but structured by social arrangements and, thus, transformed into collectively shared representations of the past. Although criticized for social-determinism and anti-individualism (Kansteiner, 2002), his work lives on in scholarly literature from various academic backgrounds, including those of history, sociology, anthropology, art, literary and media studies, philosophy, theology, psychology and the neurosciences (Middleton & Edwards, 1990). Scholars agree that on a social level, collective memories relate to symbolic orders, the media, institutions and practices through which groups establish a common past (Erll, 2008), and can best be observed in the experiences of generations, families, city spaces, public debates and memory-paraphernalia (Assmann, 2007). However, this does not suggest that such memories are homogenous entities (Brockmeier, 2002). On the contrary, they are highly context dependent, many voiced, contested and are ever changing practices through which individuals and groups view themselves in history.

Contexts of war lay bare such heterogeneous perspectives and practices through which individuals and groups remember (Kleinman & Kleinman, 1994). Scholars claim that violence in its various forms can be observed in the material destruction of commemorative symbols (Brockmeier, 2002; Feldman, 2003) as well as in political acts that lead to marginalization, delegitimization and even loss of historical knowledge, narrative and continuity for entire societies or groups therein (Bal, 1999; Foucault, 2003; Kirmayer 1996; Wagner, 2008). These destructive practices are induced mainly by states, governments, ruling parties, civil society groups, the members of entire systems of economic production and small communities such as kin groups and families through repressive erasure, prescriptive forgetting, planned obsolescence and humiliation (Connerton, 2008, 1989).

At the same time, however, it is through violence and destruction that memories are inscribed into political landscapes (Feldman, 2003). Such inscriptions are visible in monuments that recall battles fought, statues of war heroes or martyrs, graves and cemeteries, archaeological sites of past destruction and in places named to honour famous people or events. Groups make use of these markers by incorporating them into their commemorative practices (public gatherings, ceremonies, the construction of national myths, media events, the naming of streets, squares and towns, the bestowal of prizes, lectures, film screenings and exhibits), their truth-making endeavours (oral histories, testimonies, the collection of antemortem data) and their creation of counter memories (the disclosure of the historical content of confrontational and dismantling character). In so doing, they give meaning to their lives, struggle for their memories, fight for their rights, vouch for truth and resist overpowering histories (Brockmeier, 2002; Huyssen, 1995; Thelen, 1989). Although often portrayed as timeless, universal and valid, such accounts and practices are subject to change as they are constructed in particular times and places, contingent on the political, historical and aesthetic realities of the time (Young, 1999).

To understand how Kosovar Albanians come to terms with their collective war memories, it is important to keep in mind that memories are fragmented due to differences in gender, age, cohort, political fraction and biography and are always transitory, unreliable and haunted by forgetting (Huyssen, 2000). Thus, the challenge lies in thinking about destruction/forgetting and creation/memory together by focusing on how historical representations are negotiated, selected and presented by individuals and groups who attempt to order their past, shape their present and demonstrate responsibility for their future.

Traumatic Memories and Related Health Problems

Societies and individuals not only construct collective memories through commemorative ceremonies, public narratives and the creation of politically charged counter-memories, but also via bodily expressions (Connerton, 1989). Feldman (2003), for instance, describes the body as a holding space of collective

memories in that it serves as an exemplary site for the coming together of political forces, thus, constituting “a formation of domination, a place where power is ordered and a topos where that ordering attains visibility, a collective resonance, and publicness” (p. 62). To better understand how social, political and economic processes affect the body and how bodily processes affect social space (see also Kleinman & Kleinman, 1994), I examine how Kosovar Albanian women perceive, adapt or otherwise respond to their personal war-traumas and how memories of traumatic events affect the women’s social relations and activities. Moreover, I investigate how changing political and economic circumstances affect women’s status and participation within their communities.

In recent years, researchers have tried to determine and verify the effects of violent conflict on the mental health of those affected by focusing on concepts like war trauma, posttraumatic stress disorder (PTSD), social suffering and idioms of distress. With regard to trauma and PTSD, there is no agreement on its value for public health and no agreement on the appropriate type of mental health care (McFarlane & Yehuda, 2000; Mollica, Cui, McInnes, & Michael Massagli, 2002; Van Ommeren, Saxena, & Saraceno, 2005). Instead, psychiatrists and social scientists have engaged in at times fierce discussions over the universality of war trauma, PTSD and other trauma-related disorders. The two most polar positions taken by psychiatrists are those who try to validate PTSD as a universal and cross-culturally valid psychopathological response to traumatic distress which may be cured or ameliorated with (Western) clinical and psychosocial therapeutic measures; and those who argue that the Western discourse on trauma only makes sense in the context of a particular cultural and moral framework and, therefore, becomes problematic in other cultural and social settings. Although these positions seem mutually exclusive, their debate has led to the development of less radical approaches toward war-trauma and PTSD in the field of transcultural psychiatry. These approaches question the validity of most cross-cultural research on PTSD as it fails to consider indigenous expressions of disorder, idioms of distress and ethnocultural sensitivities in assessment including instrument norms, formats, language and concepts. At the same time, they admit that responses to a

traumatic event may share some universal features, especially as the trauma becomes more severe (Ehrensaft, 1995).

Medical anthropologists, on the other hand, have developed discourses related to the lived experience of violence and suffering, and modes of expressing distress. Like the critics outlined above, medical anthropologists vehemently critique the medicalisation of trauma survivors as it reduces individual subjectivities to victims and, thereby, patients (Kleinman & Kleinman, 1997). Instead of giving those traumatized the social status of a patient, researchers argue that we need to better understand exactly how individuals, families and whole societies respond to violence (Das & Kleinman, 2000). It is widely recognised that structural violence is a major cause of suffering and ill health. In response to this, medical anthropologists have created a discourse that runs parallel to the psychiatric discussions on war-trauma and PTSD known as “social suffering” and “idioms of distress”. Although suffering is considered to be a universal human experience, it is argued that there is no one single way to suffer due to differences in gender, age group, ethnicity, religion and economic status as well as global processes (DeVecchio Good, Brodwin, Good, & Kleinman, 1991; Scarry, 1985).

In order to make better sense of such suffering and related health problems, some researchers have adopted the relatively open concept of “idioms of distress” or “expressions of distress”. It is argued that the manifestation of distress is largely influenced by one’s cultural background and that the search for universal expressions of distress likely distorts local experiences (Chung & Singer, 1995; Lock 1993). Thus, it is crucial to analyse specific expressions of distress in connection with personal and cultural meaning complexes, as well as the availability and social implications of coexisting idioms for the expression of distress (Nichter, 1981). Despite their great diversity, it is assumed that such idioms share certain common features. They are believed to be polysemantic and idiosyncratic phenomena that bridge and transcend somatic, psychic and social phenomena (Davis & Joakimsen, 1997; Green, 2003; Lock 1993; Loewenthal, 2007; Low, 1994). Proponents of the approaches of “social suffering” and “idioms of distress” argue that the result of the introduction of these concepts into

scientific discourse has been a much richer cross-cultural understanding of mental disorder (Skultans & Cox, 2000).

My research draws from both anthropology and transcultural psychiatry since I presume that the phenomenon of war-trauma intersects a variety of dimensions and is by no means exclusively psychological in nature; it involves issues of political, ethical, ethnic, religious, economic, sociological and ecological concern (see also Papadopoulos, 2001). Emanating from this, I intend to discuss and analyse questions pertaining to how actors in a particular social setting think about and act on health by investigating their beliefs about sickness, their decisions about how to act in response to particular episodes of sickness and their expectations and evaluations of specific types of health care (Kleinman, 1980; Kilshaw, 2006).

Research Methodology

The Field

The study was conducted in the two Kosovar villages, Krusha e Madhe and Pastasel, located in the Rahovec municipality (for a map of the municipality of Rahovec see Appendix B). I chose these particular villages as they were both hit especially hard during the war, but differed in their accessibility, international and national assistance and their economic and political organization. For example, Krusha e Madhe is conveniently located on the main road connecting the major cities of Gjakova and Prizren, is supported by numerous international and national organizations providing economic and (mental) health support, and has a formally organized political structure. In contrast, Pastasel is situated in the mountains away from major transportation routes, receives almost no humanitarian assistance and relies on an informal organizational structure. I suspected that due to these differences, the inhabitants of the two villages are confronted with different challenges, including health problems, in their attempt to cope with their memories of the recent violent past, to deal with the present socioeconomic hardship and to envision a better future for their children.

The municipality of Rahovec is located in the south-western part of Kosova and covers an area of approximately 276 square kilometres (OSCE, 2008). It consists of the town of Rahovec and thirty-five villages. As of October 2002, the municipality has an estimated population of 73,700 (OSCE, 2006; 2008) of which the majority is ethnic Albanian. A Kosovar Serb community of about 1,300 people is located in Rahovec city (approx. 550-600) and around 700 Serbians live in the village of Velika Hoca/ Hoçë e Madhe. In addition, 500-550 members of the Roma, Egyptian and Ashkali communities inhabit the upper part of Rahovec. Krusha e Madhe is home to a population of 5894 citizens, 96 percent of whom are ethnic Albanian and 4 percent are Roma. Pastasel is much smaller with a population of 1250 all of whom are ethnic Albanian.

Both before and during the NATO air campaign from March to June 1999, relations in the municipality of Rahovec were tense and violent partly due to the regular activity of the KLA in the area. Between March 24 and 27, 1999, Serbian military, paramilitary and armed civilians entered Krusha E Madhe and killed 241 civilians, among them five women, seven children and many of the elderly. While the surviving population fled to Albania, Serbs destroyed 793 houses, burnt the mosque and cultural center and demolished the school and various historical monuments. Another major atrocity in the municipality of Rahovec was the massacre committed by Serbian forces in the remote village of Pastasel on March 31, 1999. Hundred twenty men were separated from the women and children, mistreated and shot with machine guns. Thirteen men survived the massacre but were seriously injured. Women and children were sent by Serbian soldiers to Albania on foot while most of their houses and stables were burnt, agricultural equipment destroyed and livestock killed.

Upon their return, villagers found not only their houses looted and destroyed, but a new power structure in place. At the beginning, Russian KFOR troops were expected to monitor the municipality of Rahovec. However, Kosovar Albanians prevented their deployment with road blockades claiming that Russian paramilitary soldiers had played an active role in the Serbian offensive and had committed crimes against the Albanian population (OSCE, 2000). Since then, the

region has been monitored, first by Dutch KFOR troops, and from June 2000 on by German KFOR troops. Under military and political supervision, the municipality of Rahovec slowly re-established political leadership and offices according to the new regulations and tried to strengthen its local economy, which is largely based on agriculture, including vegetable crops and vineyards (Municipal Planning Team of Rahovec, 2002). There is also some production of wheat and corn and cattle farming. The sand and gravel business in the area is probably the second most important economic activity in the municipality (OSCE, 2006).

The current socioeconomic situation is difficult to assess as there is little official and consistent data available on employment for the municipality of Rahovec and no specific information exists on the villages of Krusha e Madhe and Pastasel. In Rahovec it is estimated that the number of the de facto unemployed is much greater than that of those who are registered, and unemployment among the youth is particularly serious (Municipal Planning Team of Rahovec, 2002)². Generally, citizens of all communities have access to social services at the Centre for Social Welfare (Municipal Planning Team of Rahovec, 2002; UNMIK/REG/2000/10). According to the report of the Municipal Planning Team of Rahovec, approximately 15 percent or 1,238 of 8,627 families received “some kind of assistance” in 2001. During an interview with the current and former directors of the Center for Social Welfare, I was told that the center operates on a very small budget and, consequently, can only directly assist a few families and individuals. In most cases, the center puts families, women and children in contact with other institutions and organizations including the police, the court, NGOs and mental health centers.

Alongside employment and income poverty, the health care situation is difficult. In the municipality of Rahovec, basic medical treatment is provided by one health house, two clinics and seven health centers, also known as *ambulanta*,

² Kosovo has arguably the highest unemployment rate in the Western Balkans, over 40%. It also has an extremely young population, half of which is under 25 years old. This means that some 30,000 people join the job market every year with little prospect of employment (<http://www.ks.undp.org/?cid=2,89>).

one of which is located in Krusha e Madhe. The nearest well-equipped hospitals are located in Gjakovë and Prizren (OSCE, 2008). According to the Municipal Planning Team of Rahovec (2002), the health house comprises several units including pediatric, dental, maternity, radiology and vaccination and it has a laboratory, an intensive care unit and a 24-hour emergency room. The *ambulantas*, on the other hand, are open only two to three times a week, are understaffed, and have hardly any resources available.

There is no mental health center in the municipality of Rahovec. Instead, doctors transfer their patients to mental health centers in Prizren and Gjakovë. The lack of mental health services available reflects the general situation in Kosova where the current capacity of the mental health sector is grossly insufficient to effectively address the needs of the population in terms of mental disorders. The report from the UNKT (2007) states that the WHO in Prishtina confirmed there is also a lack of human resources employed in the mental health sector. The report concluded that there are no indicators of improvement in the near future as only three percent of the budget for health care, already insufficiently funded, is allocated to mental health.

The Methodology

My fieldwork-based research was divided into two phases, from May 2007 to June 2008 and from July to September 2009. The first part of my research took place when Kosova declared its independence. Kosova's independence triggered community events designed to commemorate the massacres as well as the private memories of loss and violence, and spurred much discussion with participants in my study. During the second part of my research, I focused on how political and economic structural changes – such as an increase in salaries, welfare and pensions and the additional allocations of funds to the health care sector, especially mental health centers – affected women's everyday lives, mental health, social status and participation in Kosovar society one year after the country's declaration of independence.

Throughout my fieldwork I lived with a war widow and her six children in Krusha e Madhe in order to gain better insight into the challenges of everyday life. In both villages, my research was based on participant observation which allowed me to immerse myself in Kosovar culture and the daily activities of the people under study. Participant observation is a strategic method (Bernard, 2006) of experiencing the lives of the people and familiarizing oneself with their everyday practices; gaining insight into peoples' social lives and relationships; discovering different aspects of their social system, representations and behaviors; and discovering the discrepancies between what informants say and what they actually do. I participated in and observed the women's everyday lives, health care, economic activities and life cycle rituals; events organized by various national and international womens' NGOs which provided humanitarian aid to women living in Krusha e Madhe; religious ceremonies and holidays celebrated by Albanian Dervishes, Sunnis, Catholics and Evangelicals; and political events such as 'the end of the war' celebrations, Independence Day preparations and celebrations, the memorial services of the anniversaries of the massacres committed in Krusha e Madhe and Pastasel, the anniversary of the first appearance of the KLA and local and municipal election campaigns and elections.

To ascertain additional complementary qualitative and quantitative data I conducted informal and semi-structured interviews. Informal interviews were conducted with a wide range of people including war widows (24), women living under adverse economic conditions (47), male survivors of the massacres (3) and eye witnesses (2), village elders (10), politicians (7), military personnel including former KLA fighters (5), TMK soldiers (2), and KFOR commanders (3), teachers (8), family doctors (7), psychiatrists (6), psychologists (6), local healers (6) and fortune tellers (4), religious leaders (6) and missionaries (1), NGOs (14), and human rights activists (2). With each of the individuals I conducted several informal interviews over the course of the fieldwork (total number of informal interviews: 183). Open ended interviews were useful tools for building rapport with people before moving into more formal interviews and they allowed me to begin with an assumption not knowing what all the necessary questions would be.

Depending on the particular situation, I was able to develop, adapt and generate questions and follow-up probes while I conducted the interview (see Berg, 2007). Also, and most importantly, during conversations about sensitive topics (such as violence, powerlessness, sacred knowledge, corruption or political decision-making) the interviewees were granted control over what they found important to talk about, the phrasing of their responses, and when to shift the topic or quit the conversation altogether.

Moreover, I conducted semi-structured interviews with selected key informants in the villages Krusha e Madhe and Pastasel and the surrounding cities. Key informants included war widows and married women (22), male survivors of the massacre (2) and eye witnesses (2), village elders (4), family doctors (7), psychiatrists (6), psychologists (6), local healers (4), religious leaders (3), teachers (4), politicians (4), NGOs (10), human rights activists (3) (total number of formal interviews: 75). With the help of semi-structured interviews I elicited specific, in-depth, qualitative and quantitative information on specific topics such as living conditions, economic situations, social relationships, education and participation in communal and political affairs. The questionnaire also included a modified version of the McGill Illness Narrative Interview (MINI) (Groleau, Young, & Kirmayer, 2006) to elicit illness narratives. The MINI is a theoretically driven, semi-structured, qualitative interview protocol which is structured into three sections: 1) A basic temporal narrative of symptom and illness experience, organized in terms of the contiguity of events; 2) salient prototypes related to current health problems, based on the previous experience of the interviewee, family members or friends and mass media or other popular representations; and 3) any explanatory models, including labels, causal attributions, expectations for treatment, course and outcome. The supplementary sections of the MINI explore help-seeking and pathways to care, treatment experience, adherence and impact of the illness on identity, self-perception and relationships with others. This interview protocol helped me to gain a better understanding of health problems that women as well as health care professionals and traditional healers identify,

the corresponding conceptions and the traditional ways of addressing health problems.

Another component of the research entailed the collection of primary and secondary sources (Mukherjee, 1993). Primary source materials included the minutes of meetings and written accounts by clients obtained from traditional healers. Secondary sources, on the other hand, comprised surveys, books, research papers and reports on issues related to trauma and mental health in Kosova, copies of documents that were sent to The Hague as evidence of war crimes committed in the municipality of Rahovec, a DVD on the aftermath of the massacre in Pastasel put together by eyewitnesses and a journalist, photographs attesting to war crimes in the municipality of Rahovec, pamphlets on NGOs and health services, statistics related to gender and work for the municipality of Rahovec, statistics on employment produced by the Center for Work in Rahovec, the newsletters of Missionaries working in Krusha e Madhe, electronic newspaper articles and newspaper cuttings on political events which occurred during my fieldwork and photographs that I took during participant observation.

In order to elicit accurate information, I worked with trusted female translators – Iliriana Zherka, Albana Sylva and Violanda Morina – who signed a service contract for translation and a confidentiality form in which they pledged to protect the rights and welfare of the participants in my doctoral study and guaranteed privacy and confidentiality to all informants of this study. The translators were involved in the translation of the informed consent form which was handed to participants in the study prior to the interviews; correspondence with potential informants by phone and email in order to establish first contact and arrange meetings for interviews, informal visits and participant observation; oral translation during interview sessions; oral translation during informal conversations with participants and during sessions of participant observation; the written translation of documents on topics related to family medicine, psychology, psychiatry, folk healing, local politics and human rights; and additional meetings with me during which the content of the questionnaire, interview data and issues related to methodology were discussed.

I used Atlas.ti software to explore, annotate, code, organize and map my data. Atlas.ti is the only software which allows textual and non-textual data files to be directly incorporated into the software project. Furthermore, the software enables not only systematic management and retrieval of different forms of writing, but the integration of writing with the rest of the project. The flexibility of the software makes it easy to record thoughts and ideas and link them to the data source which prompted them. In addition it allows the content of the memos to be searched and retrieved with ease (Lewis & Silver, 2007). However, since the purpose of the software is not to provide a methodological or analytic framework, I also worked without the software when analyzing my data and writing the dissertation.

Organization of the Thesis

The dissertation is divided into four parts which correspond to the four history projects outlined above: 1. Kosovo's masters and their influence on the local population throughout history; 2. Collective memories, histories and identities in the context of conflict; 3. Views, discussions and conceptualizations concerning traumatic memory and modes of expressing distress and 4. Bearing witness through healing and social support.

Chapter 1 provides an overview over Kosovo's post-conflict administration by examining how international administrative bodies affect the lives of citizens. Furthermore debates revolving around conceptual notions such as sovereignty and imperialism are discussed from various perspectives by arguing that despite the legitimate critique of the governance of the international community, it should be remembered that the latter is not the first external regime to occupy and restructure the Kosovar region. Chapter 2 delineates how various political powers affected local Kosovar culture and how the latter was continuously adapted and transformed by the local population throughout history. The main focus lies on the influence exerted by political and legal institutions prior to the arrival of the Ottomans; during the Ottoman Empire; the periods between the Balkan Wars; the First and Second World Wars; the Federal Republic

of Yugoslavia (FRY); and the war in Kosova in 1998/1999. The chapter also cautions against folklorizing Balkan culture by ignoring societal change and points to the importance of exploring questions that are important to the local population by focusing on “cultural reserves” which ensure a population adapts to, reflects and contests globalizing influences.

Part II provides insight into the effect of collective memories on the ways in which communities construct their pasts in order to give meaning to their everyday lives in times of political and economic uncertainty. Chapter 3 presents an overview over the establishment and development of studies on collective memory by reviewing the historical and anthropological literature on collective memory and determining its role in social and political life. Chapter 4 analyses memory and identity practices in the context of war by focusing on the power of nationalism; sites of memory, commemorative performance and public mourning rituals; political narratives and truth-making practices, in particular, during hearings at truth commissions and international criminal tribunals; and the dynamics of counter-memories and disqualified knowledge. In addition, the chapter describes the selective and constructive nature of collective memory that becomes apparent in discussions on forgetting, repression and silence. Chapter 5 turns to my ethnographic data and analyzes how villagers in Krusha e Madhe and Pastasel remember, express and cope with violent experiences and reconstruct their lives in the aftermath of conflict by focusing on how actors in different societal contexts mobilise personal and collective memories through symbolic interactions, narratives, performances and rituals. It describes each village separately by emphasizing the different ways in which individuals and groups in both locations imagine the history of their village, remember their war and post-war experiences and rebuild leadership and organizational structures. The accounts will serve as crucial background information to better understand how expressions of distress and suffering are shaped by historical events as well as beliefs, values and cultural norms.

Part III turns to issues related to traumatic memories and modes of expressing distress. Chapter 6 outlines the cultural construction and

conceptualization of war trauma and trauma-related health problems, especially PTSD. It is argued that as with other concepts developed in Western psychiatry, it is important to examine how conceptualizations of illness are embedded in specific configurations of cultural meaning and social relationships. Chapter 7 focuses on the debates on war trauma and PTSD from a psychiatric perspective describing universalistic approaches to traumatic distress, relativistic approaches that argue that PTSD is nothing but a EuroAmerican invention and a more nuanced transcultural psychiatric perspective which attempts to build bridges between different psychiatric approaches. Chapter 8 discusses anthropological contributions to the discourse of war trauma and PTSD by focusing on their perceptions of the interconnections of violence and personal and social well-being, the concept of social suffering and the issues related to local idioms of distress. Chapter 9 analyses my ethnographic data related to the narratives of the women in Krusha e Madhe and Pastasel which express their experiences of symptoms and illnesses. I argue that the modes in which the women from Krusha e Madhe and Pastasel express painful memories and thoughts not only reflect culturally sanctioned ways of expressing trauma related memories, but refer to forbidden articulations of thoughts, transgressed taboos and problems about which individual women felt powerless to act on. More specifically, I focus on the triggers of war-related and traumatic memories, temporal narratives of symptoms, multiple etiologies including traumatic events, economic problems and interpersonal conflicts, and the modes and concepts of distress such as nervousness, worries, evil eye and spells.

Part IV describes how Kosovar Albanian women cope with and negotiate their collective memories of the war and post-war period and illness experiences through encounters with health practitioners, traditional healers and healing places. Through such interactions, expressions of illness related to war and post-war hardships are transformed into public narratives in contexts that allow the stories to cohere. At the same time, these practices turn bodies and illness experiences into sites through which doctors and healers remember the war and related atrocities; and bear witness to- and act on those stories. Chapter 10 outlines

the cultural contexts of health-seeking and healing from an anthropological perspective by focusing on issues related to medical pluralism, patterns of health-seeking, patient-practitioner interaction, explanatory models, curing and healing and medical efficacy. Chapter 11 explores psychiatric responses to war-trauma and trauma-related health problems by providing an overview of psychiatric developments during the Cold War and post-Cold War eras. In particular, the focus is on the development of intervention strategies, controversies and the development of international standards for mental health interventions in countries affected by armed conflict. Chapter 12 turns to anthropological responses to psychiatric intervention strategies in war and post-war societies and provides insight into the politics of humanitarian aid, the discussions related to trauma focused psychiatric interventions versus indigenous healing strategies and, finally, critical standpoints on anthropological authority. Chapter 13 investigates health-seeking and healing practices used by Kosovar Albanian women by describing decision-making processes related to the usage of home remedies, visits to health practitioners, encounters with traditional healers and visits to healing places. Moreover, it outlines biomedical beliefs and practices of general practitioners, psychiatrists and psychologists; looks at the impact of traditional healers on the women's health; and explores the women's relation to places of healing.

The Conclusion connects the four parts of my dissertation by focusing on the interrelation of collective and traumatic memories which generate and justify women's health problems. In this context, it is argued that patient-practitioner interaction should be perceived as an opportunity to build ethical relationships which go beyond the relatively narrow medical mandate by providing women with "tools" to create social spaces in which they can live and commemorate in a healthy way.

PART I

Kosova's Masters and Their Influence on the Local Population throughout History

On February 17, 2008, the Kosova Assembly declared its independence from Serbia. Yet, Kosova's political status is highly contested and its negotiation is affected by "competing historical understandings" as well as "national identifications" (DiLellio & Schwandner-Sievers, 2006, p. 513). Official talks about the future status of the province began in Vienna on February 20, 2006. Under the direction of Martti Ahtissaari, Kosovar Albanian and Serbian delegates met regularly in order to draft agreements on issues related to decentralisation, religious heritage and minority rights (Judah, 2006). Although well organised, the procedure was arduous and unfruitful: there was no resolution between the willingness of Serbs to grant a high degree of autonomy and the Albanians' call for the full independence of Kosova (Brown, 2006).

Most Western diplomats agreed that the status of Kosova as a province of the Republic of Serbia under the jurisdiction of the United Nations could not be maintained, and that both partition and unification with neighbouring states must be avoided. Consequently, they supported a compromise, that of 'conditional independence', which would cut the sovereign link between Serbia and Kosova without granting Kosova full state status (Brown, 2006; Di Lellio, 2006; Judah, 2006). Yet, the majority of the Albanians in Kosova accepted nothing less than self-determination and independence. For example, Albin Kurti, the leader of the Self Determination Movement claimed that only uncompromised sovereignty could "[disable] Serbia's intrusion and [allow] freedom for development" that is, "[it] is key to both integration and security for all communities" (Kurti, 2006, p.153). These calls for sovereignty and independence are echoed by many Western scholars, especially historians. According to some, UNMIK's strategy of reconstruction has undermined Kosova's indigenous capacity for recovery by imposing abstract and universal standards for all of Kosova. It is argued that local institutions such as village councils and informal networks were ignored and, thus,

delegitimised (Blumi, 2000a, 2000b; Guest, 2000; Pupavac, 2004). A similar stance is taken by scholars who contributed to the book “The Case for Kosova: Passage to Independence” (2006). By addressing “representative questions”, debunking historical distortions and deconstructing essentialist arguments, they make the case that an independent and fully sovereign Kosova “can be democratic, economically viable, secure and respectful of the rule of law and minority rights, and that this outcome is not only possible, but legitimate and desirable” (Di Lellio, 2006, p. xxi).

In order to provide a more refined understanding of Kosova’s history, I will delineate how political processes have influenced Kosovar culture and ways of organization throughout history. First, I will provide an outline of Kosova’s post-conflict administration and its effect on the local population. I will make the argument that, despite the legitimate critique against UNMIK’s governance and its ignorance of local culture, it should not be forgotten that Kosova’s “local culture”, “local resources” and “local ways of organization” were subject to a range of transformations throughout history. By either not defining or reducing local issues to buzzwords such as ‘*kanun*’, ‘blood feud’, ‘village councils’ and ‘elders’, some researchers tend to essentialise and folklorise Balkan culture and ignore cultural change as well as complex (political) events that have shaped the cultural life of the region. In relation to this argument, I will show how occupiers throughout history have affected and sometimes violently controlled Kosova’s cultural reality.

Chapter 1: Kosova’s Post-Conflict Administration and Its Effects on the Lives of the Citizens

Political reconstruction in Kosova has been based upon the extreme solution of imposing an international administration to take full responsibility for political decision-making processes during the post-conflict period. The United Nations is authorized to govern Kosova through its Interim Administration Mission in Kosovo (UNMIK), with a mandate to equip Kosova with a “transitional administration while establishing and overseeing the development of

provisional democratic self-governing institutions to ensure conditions for a peaceful and normal life for all inhabitants in Kosovo” (UNMIK online). On June 10, 1999, the UN Security Council adopted Resolution 1244 at its 4011th meeting with fourteen votes in favour and one Chinese abstention (UN Security Council, 1999). Del Re envisions the structure of UNMIK like the façade of a classical temple. Its architraves represent the headquarters which is currently headed by the Special Representative of the Secretary General (SRSG). The headquarters are supported by four organizational pillars, each with different responsibilities: civil administration falls under the responsibility of UNMIK itself; humanitarian assistance and issues concerning refugees is the charge of the United Nations High Commissioner of Refugees (UNHCR); democratisation, institution building, human rights and elections are covered by the Organisation for Security and Cooperation in Europe (OSCE); and reconstruction and economic development are organised by the European Union (EU) (del Re, 2003; UNMIK online).

After one year of building municipal institutions and the establishment of Joint Interim Administrative Departments, a Kosovo Constitutional Framework for Interim Self-Government was drafted and approved by international and local experts in May 2001. The goal was to establish Provisional Institutions of Self-Government (PISG) in Kosova through elections. In 2001, the new Assembly of Kosova was elected. This was followed by the selection of the Kosovar President, Ibrahim Rugova, by the elected Members of Assembly. In early 2002, the President appointed a Prime Minister, Bajram Rexhepi. In the PISG, 100 of the 120 seats of the Assembly were distributed among all parties, coalitions, citizens’ initiatives and independent candidates in proportion to the number of valid votes received by them in the election to the Assembly. Twenty out of 120 seats were reserved for the additional representation of non-Albanian Kosovo Communities including Kosova Serbs, Roma, Ashkali, Egyptians, Bosniaks, Turks and Gorani. Although the PISG had no authority over the departments of justice, foreign affairs and defence (Schwarz 2002:530), the UNDP Human Development Report described these developments as “defining moments in extending representation and participation in Kosova’s formal political processes” (UNDP, 2004, p. 62).

However, Caplan points out that bureaucracy in Kosova remains highly politicized and the recruitment of minorities is difficult. More specifically, “[b]y October 2002, a fair proportion of minorities had been employed in only eight out of 24 ethnically mixed municipalities, the most serious obstacles being security concerns, inter-ethnic tension in the workplace and a limited number of qualified minorities willing to accept civil service positions” (Caplan, 2004, p.242).

In addition, Resolution 1244 authorized the intervention of the Kosovo Force (KFOR). On June 12, 1999, KFOR entered Kosova under the United Nations mandate. Its objectives were and are “to deter renewed hostility and threats against Kosovo by Yugoslav and Serb forces; to establish a secure environment and ensure public safety and order; to demilitarise the Kosovo Liberation Army; to support the international humanitarian effort; and coordinate with and support the international civil presence” (NATO online). To facilitate peacekeeping, KFOR set up five multinational zones led by the UK, the US, France, Italy and Germany respectively. All national contingents are supposed to pursue the same objective that is, to maintain a secure environment in Kosova. One of the first tasks of KFOR was to demilitarise the Kosovo Liberation Army (KLA). On June 20, 1999, the KLA struck a deal with KFOR on the gradual disarmament and abandonment of their positions and checkpoints. In return, members of the KLA were granted the possibility to participate in administration and the newly established police force (Petritsch & Pichler, 2004).

Since its declaration of independence, Kosova is charged with putting forward the Ahtisaari (UN Special Envoy) Plan which includes provisions which cover: Constitutional provisions, the rights of communities and their members, the decentralisation of local government, the justice system, religious and cultural heritage, international debt, property and archives, the Kosovo security sector, an international civilian representative, the European Security and Defence Policy Rule of Law Mission, international military presence (the continuation of KFOR) and a legislative agenda. Under the Ahtisaari Plan the legal system will be based on the same terms as that of the European Union’s Rule of Law Mission (EULEX). The Rule of Law Mission is projected to be a continuation of the

international civil presence in Kosovo envisaged by Resolution 1244 of the United Nations Security Council, although Russia and Serbia see the mission as illegal. However, the mission's program remains to be vague.

UN and EU planners are not the only ones interfering in post-war Kosova. According to Pandolfi (2003), the true agents of military-economic-humanitarian action are the various international organizations, agencies, foundations and NGOs. Due to outside financial support, the number of NGOs increased significantly throughout Kosova (UNDP, 2004). Underlying this support, is the assumption that a "healthy" civil society includes a large number of NGOs as it is supposed "to provide the proper 'climate' for the development of democratic culture, for the promotion of human rights and for an effective, accountable government" (Sampson, 2003, p.136). Sampson analyses the foreign presence at two levels: institutions which tend to employ both outside supervisors and local staff, and the foreign individuals, the "internationals", who have their own work routines, social life and daily practice (Sampson, 2003, p. 147). Pandolfi shows that actors in these circuits develop an "internal rhetoric" to which local elites must adapt in order to "maintain their international position of power" (Pandolfi, 2008, p.176). A striking example is Bajram Rexhepi's (Kosovo's former Prime Minister) special contribution to the Human Development Report in 2004:

A fragile economy, high unemployment, and a wide spectrum of social groups in need of special assistance are just some of the pressing issues grappled with by Kosovo's new and fragile institutions. Yet, for every institution charged with improving the living conditions of all Kosovans, time and practical experience are needed to transform them into effective, accountable, and more democratic arms of government. (...) I strongly believe that democracy cannot be a second order priority. No society can afford to disregard fundamental democratic principles and human rights as it paves the long road toward human development. Democracy is the prerequisite for tackling other pressing issues in society. (...) While it cannot guarantee development, it has the

potential to trigger a virtuous circle of freedoms that empower people and communities to shape good policies that expand economic and social opportunities. Indeed, I believe democracy is integral to development itself (Special contribution to the Human Development Report. Kosovo, 2004).

Rexhepi clearly adopted the international community's jargon based on buzzwords such as "transformation", "democracy and democratization", "human rights" and "human development". Interestingly, however, his contribution does not mention the violent outbursts in March 2004 which revealed a more sobering reality. On March 15, an Albanian youth was shot in the village of Caglavica near Prishtina and, as a consequence, the first clashes between Albanian and Serbian citizens occurred. On the following day, the situation escalated when three Albanian children drowned in the Ibar, and the children who survived claimed that Serbian children and their dogs chased them into the water. Outraged, the Albanian community decided that enough was enough, organised themselves and violently broke through KFOR control posts into the Serbian part of Mitrovica (Petritsch & Pichler, 2004). The unrest resulted in nineteen deaths, the displacement of about 4,500 Kosova Serbs, almost 900 people injured and the destruction of over 700 homes and up to ten public buildings (UNDP 2004:45). Observers accredited the sudden violent outbursts to the international interim government's failure to acknowledge and effectively react to high unemployment, poverty, uncertainty, extremism and organized crime.

1.1 Sovereignty versus Imperialism

The political measures regarding the question of status and the governance of the international community in Kosova are heavily criticised by historians, social scientists and policy makers. In his book "The New Military Humanism: Lessons from Kosovo" (1999), Chomsky challenges what he calls the "new humanism" which justifies unauthorized military intervention. According to him, it is questionable whether the NATO intervention in Kosova was a multinational effort fought exclusively for humanitarian reasons. He argues that the

establishment of a new world order is marketed and headed by “enlightened states” which “happen to be the rich and powerful”, and possess enough military might to turn a blind eye on international law and world opinion (Chomsky, 1999, p.11).

In a similar vein, Ottaway and Lacina (2003) compare the external imposition of a new political framework through UNMIK to imperialistic practices. Although international missions of this kind do not exploit resources (in fact, they bring new ones) and do not intend to develop caste systems based on racial superiority, they transform current systems of governing and restructure existing states. The former justice expert of the international administration in Bosnia-Herzegovina and Kosova, Dr. Schwarz, even speaks of a “return to absolutism” by comparing the Special Representative of the UN Secretary-General (SRSG) to a “*princeps legibus solutus*” (Schwarz, 2002, p. 527).

From an anthropological perspective, Pandolfi states that we are witnessing a massive transformation in the nature of global governance in Kosova, which claims its legitimacy to interfere in the name of “coping with ‘economic’ and ‘democratic’ emergencies” (Pandolfi, 2008, p.159). Intervention, according to Pandolfi, is a mobile phenomenon which may be conceived of as “a network of military forces, non-governmental organizations (NGOs), and international institutions (...)” (Pandolfi, 2008, p.158). These interfering transnational institutions attempt to link transnational forms of domination to local political practices and, thus, affect almost all forms of local life in Kosova (Pandolfi, 2003). For example, UNMIK permits that were only valid for a short period of time were substituted by Yugoslav passports, the World Health Organization (WHO) received special power comparable to that of a ministry of health, and international organizations instituted priorities and divided the territory according to “[a] rationalised criteria of intervention that had been established by donor countries, much of which hailed from the West” (Pandolfi, 2008, p.71).

Despite the legitimate critique of the governance of the international community, it should be remembered that the latter is not the first external regime to occupy and restructure the region of Kosova. The following chapter will show

that occupiers throughout history have affected and controlled Kosova's cultural reality that is, its local culture, resources and ways of organization.

Chapter 2: Kosova's Masters and Their Influence on Local Culture, Resources and Ways of Organization

Kosova has been successively occupied and annexed and each occupation was accompanied by violence and suppression. Throughout the various occupations, the Albanians of Kosova were purposely marginalized and remained largely in their traditional structures. These "traditional structures" are primarily associated with kin groups, clan alliances, village communities, social networks, informal associations, charities and patron-client relations (Sampson, 2003, p. 14). Some of these concepts still have meaning for Kosova today whereas others have lost their importance. In the following I will delineate how the various external power regimes affected local Kosovar culture and how the latter was continuously adapted and transformed by the local population throughout history. I will mainly focus on the influence exerted by political and legal institutions prior to the arrival of the Ottomans, during the Ottoman Empire, the conflict ridden periods of the Balkan Wars and the First and Second World Wars, the Federal Republic of Yugoslavia (FRY) and the war in Kosova in 1998/1999.

2.1 Patterns of Political and Social Organization Prior to the Arrival of the Ottomans

Historians largely agree that the Albanian population in Kosova descends from the Illyrians who inhabited the territory of former Yugoslavia and Albania until the 5th century BC (Reineck, 1991; Norris, 1996; Vickers, 1998; Wilkes, 1992). For example, Ducellier explains with full confidence: "In Kosova, it is evidently the Slavs, or the Slavish peoples, Bulgars and Serbs, who occupied, from the seventh century, a region the population of which was solidly Illyro-

Albanian since Antiquity.” (Ducellier, 1987, p. 10-15 cited in Norris, 1996, p.10). According to several scholars, the Illyrians resisted the rule of the Greeks and the Romans for centuries, but were eventually occupied by the Roman Empire under Emperor August in 28 BC. After the division of the Roman Empire, Kosova has repeatedly changed its national affiliation.

During the reign of the Eastern Roman (Byzantine) Empire in the 7th century, Slavic populations (Slovenes, Croats and Serbians) entered the western Balkans and pushed the ‘indigenous’ population (Illyrians, Wallachians, Thracians, Dardanians) back to the pastures of the highlands (Vickers, 1998). This interpretation is contested by most Serbian scholars and politicians. According to them, Kosova was virtually empty and inhabited almost exclusively by Serbians until the 17th and 18th centuries (Dannreuther, 2001; Guzina, 2003). Thus, Kosova is of crucial significance for the Serbian national consciousness and tends to be referred to as “the cradle of Serbian civilization” (Clark, 2000).

A more balanced view is held by Cirkovic, a Serbian historian, who notes: “Careful and unbiased research proves that the thesis previously held among historians that there were no Albanians on the territory of what is presently Kosovo can no longer be upheld. Nor can one accept the assertion made by some Albanian historians and publishers that Kosovo has been inhabited by Albanians without interruption since ancient times. Modern Kosovo was far from regions where Albanians seem to have settled in the early Middle Age” (Cirkovic cited in Kohl & Libal, 1997, p.15). Nonetheless, it should not be overlooked that local archaeological findings at Bronze Age sites are mainly Illyrian in character and do not support Serbian assumptions (Vickers, 1998).

After many years of severe conflict between the Serbian population and the Bulgarian and Byzantine Empire, the Serbian Nemanja Dynasty gained control over the region in the 13th century. Thus, Kosova became “the heart of the Serbian Empire” and expanded rapidly under Emperor Staphan Dushan from the Danube to the Aegean and Ionian Seas (Kohl & Libal, 1997). From the early 13th century on, the region became Serbia’s economic and religious center. It was and still is the seat of the Serbian Orthodox Church and the site of its most sacred places

(Clewing, 2000; Malcolm, 1998). Despite the strong Serbian influence, Petritsch and Pichler (2004) argue that Kosova was a region where ethnic boundaries played a rather insignificant role. That is, ethnic boundaries were not perceived as barriers but as flexible realms based on interaction.

Before the establishment of a stable national government in the region of Kosova, Albanians and Slavs were organized according to “various levels of inclusiveness and exclusiveness” based on local administration, territory and kinship (Reineck, 1991, p.41). More specifically, Albanians were and still are divided into two groups based on language dialects and way of life: the Ghegs, inhabiting the north of the Shkumbin River in Albania and the Tosks, inhabiting the south. The specific form of social organization of the Kosovar Albanian Ghegs was the *fis* [clan]. *Fis* were determined by patrilineal descent from a common male ancestor (Kaser, 1992; Malcolm, 1998). Each *fis* was subdivided into a number of segments, of which the first level of descent smaller than the *fis* was the *farefis*. Reineck explains that the *farefis* constituted the widest group of relatives whose blood ties were, generally, known: “All individuals, whether or not they know their clan, place themselves within a group of ‘relatives’. They are all *farefis* – literally ‘seeds of the clan’” (Reineck, 1991, p.44). Similar to the *fis*, *farefis* were believed to have their respective founding fathers who were typically envisioned as a set of brothers, the *vllazni* (brotherhood). Their leading organizational principle was exogamy, which served to avoid incest and to create enduring bonds between other families and their clans. It was strictly enforced because of the prevailing sentiment that even potential spouses within the *farefis* were almost family.

On the other hand, *farefis* were divided into several joint or extended families. According to Hammel, the *zadruga*³ was “a patrilocal joint or extended family around an agnatic core of father and married sons, or of brothers, sometimes of patrilineal cousins” (Hammel, 1995, p.232). Moreover, the *zadruga* was characterized by a continual cycle of expansion and fission. That is, once the

³ Serbian terminology for the concept ‘extended family’

father died and the children of the sons approached marriageable age, the household was usually divided into equal shares inherited by the respective brothers. In his definition of the extended family, Hammel emphasises the patrilineal and patrilocal aspects of the process of family formation. Halpern extends this definition arguing that although patrilocality and patrilineality are the most important formal authority patterns of a *zadruga*, it assembles a corporative production and consumption unit. That is, land, buildings and technological equipment belong to the household at large and personal belongings may only include small, portable goods: “A prototypical household [is] headed by a father residing together with his married sons and their associated nuclear families in a social unit functioning as a unified socioeconomic entity” (Halpern & Halpern, 1986, p.212).

According to several scholars, traditional family role relationships carried expectations of the primacy of kinship and seniority: the old took precedence over the young and males over females (Hammel, 1984; Kaser, 1995). According to customary law, the *kanun*, control over the household belonged to the head of the house who was either the oldest male member or his first brother. Preferably he was chosen by the acting head of the house, but in the event that the predecessor died before a successor was appointed, the next leader was elected by the remaining men of the house. The rights, obligations and duties of the head of the house are described in detail in paragraphs twenty and twenty one of the *kanun*. Most importantly, he had the right to the earnings of the house; to buy, sell and alter the land; to construct houses, cottages and pastures; to assign household members to work inside or outside; and to punish them, when they do not behave in the interest of the house (Kanuni I Leke Dukagjinit, 1989).

Women were controlled indirectly by him through the mistress of the house, who was either the headman’s wife or the senior woman of the household capable of leadership (Reineck, 1991, p. 56). Her main obligations were to ensure the just treatment of the members of the household and their children, to apportion everything produced in the house and to delegate household chores. Generally, however, women played a secondary role in the household as well as society

(Denich, 1974). It was expected that they engage in ceaseless housework and labour in the fields and avoid contact with the world outside the family until they were old. Moreover, women did not have the right to choose their own husband, and their postmarital residence was patrilocal (Malcolm, 1998).

Although these social and familial structures seem rather rigid and stable, they have been constantly adapted to the respective political, economic and social circumstances and, thus, underwent substantive changes throughout history.

2.2 The Influence of the Ottoman Empire on Kosova's Political and Social Organization

In 1386, a new power emerged on the political landscape of the Balkans when the Ottoman Turks extended their frontiers towards the edge of the Byzantine Empire by conquering Macedonia and invading Serbia (Vickers, 1998). According to Serbian epics, the Ottoman Sultan Murad is said to have summoned the Serbian Prince Lazar to grid himself for the battle at *Kosovo Polje* (the Field of Blackbirds):

The Sultan Murad falling like a hawk, falling on Kosovo, writes
written words, he writes and sends to the city of Krushevats to the
knees of Lazar, Prince of Serbia: 'Ah, Lazar, Lord of Serbia, this
has never been and never can be: one territory under two masters,
only one people to pay two taxes; we cannot both of us be ruler,
send every key to me and every tax (...). And if you will not send
these things to me, then come to Kosovo meadow, and we shall do
division with our swords' (cited in Judah, 2000, p.4).

Lazar managed to organise a coalition army led by Serbian, Hungarian, Bulgarian, Bosnian and Albanian nobles determined to confront the Ottoman army (Vickers, 1998). Although no clear historical accounts exist on what exactly happened during the battle, it is known that both the Sultan and the Prince died. Consequently, Serbia did not finally fall to the Turks until 1459.

During the 15th century, Ottoman colonists were sent to the region of Kosova and settled for the most part around Prizren. Under their influence, Prizren

and Prishtina became important trading towns on the revitalised trade route from the Dalmatian coast to Macedonia and Constantinople. These new political and economic developments increasingly attracted Albanian pastoralists to the region. They gradually drove their cattle from the mountain pastures to the plains where they established farming settlements and started to engage in trade along the trading routes (Backer, 2003) According to several historians, rural life in Kosova seemed to have thrived during the first century of Ottoman rule as the economic developments worked in their favour and the Ottoman administration took little interest in local forms of organization (Kaser, 1995; Malcolm, 1998).

Throughout the 16th century, the captured territories were divided into *vilajets* (provinces) ruled by representatives of the Port and other officials. *Spahis*, a feudal military aristocracy, were responsible for military defence, the maintenance of civil order and the collection of taxes. With time, their power as well as landholdings increased and soon became hereditary. To counteract the development of their personal power, the Sultan developed a parallel system comprised of administrators of originally non-Muslim slaves whose landholdings were strictly regulated by office (Backer, 2003). The rural population was regularly obliged to pay rent and taxes in the form of one tenth of their agricultural production, and Christians were expected to pay a head tax. Due to these measurements and the fact that the Turks had declared the valleys and plains the property of the Port, the population retreated into the mountain regions once again. Organised in tribal structures, these mountain dwellers were inclined to resist Ottoman domination and were, thence, granted autonomy and exemption from tax. In return, they had to give one boy over to the military service of the Port. In this way, peasants were able to join the class of the soldier and establish their patronage toward their families and villages of origin (Malcolm, 1998).

Not only the young soldiers, but also the general population was converted to the Islamic faith. Mass conversions to Islam took place largely in the 17th and 18th century. Those affected were mainly Albanians while other Balkan Christians were determined to resist the encroachment. Most researchers agree that social and economic advantages led many Albanians to convert from Christianity to

Islam. Anyone who shared the Islamic faith was provided the same rights as the Ottomans themselves. These included the right to bear arms, pay lower taxes, the opportunity for social and economic advancement and the permission to practice certain customs such as polygyny, the levirate, blood brotherhood and trial marriages (Daskalovski, 2003; Reineck, 1991). Despite the discriminatory laws and practices, Catholicism did not die out since Christian communities were permitted to keep the existing church buildings (Malcolm, 1998). Although the Christian belief could be practiced openly, a significant number of extended families invented the phenomenon of “crypto-Catholicism” that is, they publicly adopted Islam but received the Catholic sacraments in private. In other cases, women remained faithful to their Christian belief while the male members of the respective households formally adopted Islam (Norris, 1996). Thus, a unique blend of Islamic, Catholic and tribal customs could be found in the region.

In order to control the Empire’s diverse ethnic-religious groups, the Ottoman administration implemented socio-cultural districts called *millet*. *Millets* were organised according to religious affiliation and, thus, “non-Muslims were brought into the Muslim organizational system but remained able to retain their own cultural and religious freedoms” (Vickers, 1998, p.21). Nevertheless, Serbian families increasingly emigrated from Kosova to other parts of Serbia, and Albanians from the mountain regions started to repopulate the area. According to Kaser (1995), this new wave of remigration resulted from the fact that the tribal areas in the mountains were overpopulated and employment opportunities as professional shepherds or merchants within the Ottoman territories were attractive alternatives to full-time pastoralism. Backer (2003) writes that due to these social and demographic changes in the mountain regions, new administrative units called *bajraks* were created and implemented by the Ottomans. The respective local leader, the *bajraktar* [standard bearer], was formally responsible for supplying fighting men, when called upon to do so. Informally, his role was that of a broker who was supposed to establish linkages between the central power and the autonomous local communities. In the literature, *bajraks* are often confused with *fis* or *farefis*. For example, Durham (1909) writes that Albanian tribes are divided

into *bajraks*, and Lowie (1947) identifies a tribe with a *bajrak* (Lowie, 1947). Nevertheless, the *bajrak* territories often corresponded with tribal territories (Malcolm, 1998).

Throughout the 19th century, the central power slowly lost control over the region. As a result, the League of Defence of the Rights of the Albanian People, also known as the League of Prizren, was formed on June 10, 1878. According to historical records, 300 delegates (mostly conservative Muslim landowners) from the four Albanian *vilayets* of Janina, Monastir, Prishtina and Shkoder gathered in Prizren to represent their people and voice their demands (Kohl & Libal, 1997; Malcolm, 1998; Petritsch & Pichler, 2004). Their aim was not necessarily independence but rather autonomy within the Ottoman Empire. Moreover, they intended to organise political and military opposition to the dismemberment of Albanian-inhabited territory and to petition the Sultan to unify the four *vilayets*.

At the same time, Kosovar Serbs filed petitions to the Congress of Berlin demanding that the *vilayet* of Kosova be united with Serbia. Since the delegates from the Ottoman Empire were unable to defend the League, Kosovar Albanians took the matter into their own hands and began arming themselves for political protest. According to Vickers, 16,000 armed Albanian men were prepared to confront the Ottoman authority and army. When the situation in Kosova worsened and anti-Christian sentiment increased, many Slav families decided to leave Kosova and emigrate to Serbia. On January 4, 1881, the Albanian resistance in Kosova began in earnest when the League took over the command of Kosova and some of its leaders began to consider the possibility of interdependence (Judah, 2000). However, the Ottoman army marched into Kosova, occupied Prizren and crushed the League (Kohl & Libal, 1997).

2.3 Between Assimilation and Expulsion: Albanian Politics From 1912-1945

The final stage of Ottoman rule was characterised by unrest, shifting alliances and increasing conflict between Christians and Muslims. Taking advantage of the Empire's weakness, Serbia together with Montenegro, Bulgaria

and Greece prepared the expulsion of the Ottomans and declared the first Balkan War in October 1912 (Clark, 2000, p. 26). Seeking control of Kosova, the Serbian Army marched into Kosova, defeated the Ottoman forces and assumed power over the *vilayet*. According to Banac (2006), the Albanian and Serbian population perceived this annexation differently. For Serbia it meant “the liberation of long lost territory” as well as “the opportunity to civilise Kosovo”. For Albanians in Kosova, on the other hand, it represented “a violent separation from other Albanian territories” (p.53).

Serbian forces were merciless with the Albanian population, killing about 20,000 of them and displacing others (Reuter & Clewig, 2000, p. 48; Judah, 2000). Moreover, Serbian colonists settled in the region seizing land from the local population, and an array of new taxes were introduced which affected mostly Albanians. According to several historians, Serbia aimed at altering the demographic statistics by creating a Serbian majority in Kosova before the new borders were finalised at the Conference of Ambassadors in London in May 1913 (Banac, 2006; Malcolm, 1998). When the boundaries of the Albanian state were defined, a great number of Albanians, especially Albanians living in Kosova, were left outside the new state (Fischer, 1999).

Although the Balkan allies had fought together against the Ottoman Empire, inner friction persisted. In spring 1913, Greece and Serbia signed a treaty of mutual defence in an attempt to protect themselves against Bulgaria and Austria-Hungary. Nevertheless, Bulgaria launched a successful attack on Serbia and Greece in June 1913, without declaring war first. Since Bulgarian rule was characterised by atrocities against the local population, rebellions started and, by the end of the war, Kosova was back under the remorseless Serbian rule (Malcolm, 1998).

In November 1915, when the Austro-Hungarian forces occupied Serbia, they were welcomed by Kosovar Albanians as liberators. During the First World War, Vienna treated Kosova as a temporarily occupied part of Albania and tried to content the Albanians by opening schools whose language of instruction was Albanian and promoting the new Albanian literary standard (Banac, 2006).

However, in 1918, the Serbian army regrouped and pushed the Central Powers out of Kosova. After the disintegration of the Austro-Hungarian Empire, the Serbian Monarchy was transformed into the Kingdom of Serbs, Croats and Slovenians under the prince regent Alekandar Kradjordjevic.

According to most historians, the inter-war period was characterised by Serbian colonisation policies. For example, about 70,000 Serbian families were talked into immigrating to Kosova. The settlers received up to 50 hectares of land, free transportation, free use of state or communal forests and pastures, exemption from taxation for three years and sometimes houses (Vickers, 1998). Albanians, in turn, were dispossessed of their property as they had difficulty providing legal proof of their ownership of the land.

The next important objective after the destruction of the Albanian settlements was the assimilation of the local population. For instance, Albanians were required to Slavicise their surnames. Numerous families changed their given name, which was that of their father's father, by adding the Serbo-Croatian patronymic-possessive '*ovic*' as a suffix. Only in 1947 were they allowed to change their surnames back to Albanian (Reineck, 1991). Another example was the introduction of Serbian as the language of instruction in the education system. In 1918, the Serbian administration closed the schools in which the language of instruction was Albanian, which the Austro-Hungarians had opened during the First World War. According to Kostovicova, education in the Serbian language was intended to encourage the development of a common identity of Serbians, Croats and Slovenes as well as to denationalise the Albanians. However, the schools remained underdeveloped as only 30.2 percent of school age children in Kosova attended school in the years between 1939 and 1940 (Kostovicova, 2002). By 1921 the Serbian authorities decided to completely deny the Albanians access to education so as to keep them ignorant and illiterate (Fischer, 1999).

The pressure on the Albanian population culminated in the 1920s, when their expulsion from Yugoslavia was discussed and planned by Serbian civil servants in Belgrade. Their goal was to create an absolute Serbian majority in Kosova by bringing another 470,000 colonists into Kosova and expelling 300,000

Albanians to Turkey. One of the greatest proponents of the expulsion was the academic Vasa Cubrilovic who pointed out that “[a]t a time when Germany can expel tens of thousands of Jews... the shifting of a few hundred thousand Albanians will not lead to the outbreak of a world war” (cited in Malcolm, 2006, p.60). In 1938, a formal treaty was signed between Belgrade and Turkey which stated that “Turkey was to take 40,000 families of ‘Turks’, receiving a payment from Belgrade of 500 Turkish pounds per family” (Malcolm, 2006, p.60-61). According to Malcolm, a family was defined as “blood relations living under one roof” which included, in the case of Kosova, extended families of ten or more members. Formally, the treaty was never brought into effect as the outbreak of the Second World War prevented it. However, informally, between 90,000 and 150,000 Albanians and other Muslims left Kosova as their lives had been made impossible (Malcolm, 2006; see also Sundhaussen, 2000).

In March 1941, Yugoslavia joined the Axis Pact despite the growing anti-German sentiment amongst the population. Following the Belgrade military putsch, Hitler ordered the destruction of Yugoslavia, and the whole of Kosova was conquered in one week (Bartl, 1993). German governance in Kosova contrasted significantly with that of the Serbian administration as the Germans allowed village elders to handle most of their own affairs and even opened several Albanian primary schools (Fischer, 1999). Although a noteworthy number of Kosovar Albanians collaborated with the German forces, Fisher states that their collaboration had nothing to do with ideological sympathy or fascism. Instead, “the support was an expression of nationalism” and “an attempt to protect the hope for a Greater Albania” (p.73). Consequently, resistance to the Germans grew much more slowly than elsewhere in Yugoslavia and most Albanians were willing “to overlook the fact that German aggression had been responsible for the union with old Albania” (p. 237). Meanwhile, Serbian, and to a lesser extent Kosovar monarchic as well as communist partisans, launched attacks against the occupying forces. In 1944, Yugoslavia was mostly controlled by Tito’s partisan army which took official control over both Serbia and Kosova in 1945.

2.4 Yugoslav Politics and Kosovar Social Organization under Tito

Instead of unifying Kosova with Albania or giving it the status of a republic, Tito's regime decided to keep the region within the Serbian federal unit of the Yugoslav federation (Banac, 2006a). The unification with Serbia involved a range of repressive measures for Kosovar Albanians. Albanians were deliberately excluded from political decision-making processes: no Albanian was represented in the Politburo until 1978 and in the Yugoslav Communist Central Committee until 1953. Instead, local Party and positions of leadership were dominated mainly by Serbians and Montenegrins in the 1950s. Moreover, 'Kosovo and Metohija' was reinstated as the territory's official name, Albanians were forced to adopt Serbo-Croatian as the official language, Albanian monuments were replaced by ones portraying Serbian historical or mythological heroes, street names were changed and shop-keepers were required to have signs in Cyrillic (Clark, 2000).

The Serbian domination was perpetuated by Alexander Rankovic, both the head of the Yugoslav Secret Police and the vice president of Yugoslavia. Under his rule, Albanians were exposed to persecution, terror and violence, and members of political and democratic organizations were forced to flee abroad (Daskalovski, 2003). At the same time, the ordinary Albanian population suffered from great economic loss, poverty and illiteracy. According to Reineck (1991), peasant families were hit especially hard as they were encumbered with high fertility, significant inequality in wealth, inadequate investment and the dependence on external economic aid. Moreover, Kosovar farmers were required to pay high taxes and were coerced into providing the government with large quantities of grain.

Poverty and population growth forced many households to split. This procedure endowed each son with an equal share of the land and, as a result, the amount of land and wealth held by each family decreased rapidly (European Stability Initiative, 2006). At the same time, increasing labour migration made household fission more feasible. Formerly, Reineck notes, work was sought predominantly in Istanbul, Ankara, Thessaloniki and Sofia. However, after the

Second World War men emigrated to Belgrade and other industrializing Yugoslav cities: “Beginning around 1950, the greatest wave of rural-urban migration took place from 1961-1971 when thousands of Albanian men became manual labourers in the capital city of Beograd and in other northern cities, especially Serbia proper, Vojvodian, and Croatia” (p.118). Typically, one man of the family migrated and left his family behind to farm the land and guard the moral integrity of the family. In the 1960s, the capacity of Yugoslav cities to accommodate the labour migrants began to diminish, and they ventured into Western European countries. Most of them migrated to Germany, Austria, France, Switzerland and Holland as European factories increasingly demanded labour from southern Europe (Rogers, 1985).

The year 1966 marked the end of the harsh Serbian domination since Tito expelled Rankovic from leadership. This was the first step in which Tito signalled greater tolerance for the critics of Serbia’s role in Yugoslav history: “In short, he wanted to take centralism, with its political locus in Serbia, a few notches lower in general regard without stirring up a great deal of fuss” (Banac, 1992, p.1087). Further anti-centralist steps were instituted and culminated in a new constitution for Kosova in 1974. The new constitution put Kosova on par with the other Yugoslav republics by providing it with similar competences, a provincial party committee, its own legislation and budget authority. However, Kosova was not granted the status of a republic and was, therefore, denied the right to secede (Banac, 2006a).⁴

After 1974, there began a period of increasing Albanisation, that is Albanians started to hold high-ranking positions in politics and jurisdiction. As a consequence, traditional problem-solving mechanisms increasingly lost their purpose, and the formerly widespread influence of kinship relations was reduced to mainly the social level. From then on, disputes between villages were governed by the municipality system, and the mechanisms of blood revenge were substituted by the establishment of courts, judges, police and prisons (Backer, 2003).

⁴ In Yugoslavia the status of a republic was reserved for *narodi* (constituent nations), not for *narodnosti* (nationalities) that realized the fullness of their statehood elsewhere (Banac 2006a: 66)

Moreover, Albanian was valorized as the official language: Albanian books were printed by newly established local publishing houses, local media like the Pristina Radio and Television center sprouted and, most importantly, Albanians took over teaching positions in educational institutions like university and high schools (Clark, 2000; Banac, 2006a; Hetzer, 2000). Due to these developments, new employment opportunities were available and, as a result, rural Kosovar Albanian men and women were able to find employment in Pristina, Prizren and Peja.

At the same time, agricultural production was increasingly reduced to subsistence-level production. Halpern argues that due to the abandonment of agriculture as the primary source of income, the agricultural population declined to 42 percent of the general population (half of what it had been in 1890). Most peasants lived in what he calls a “compromise situation”, working in the nearby towns in the mornings and on the farms in the afternoons. During the 1960s, the number of farms with peasant-workers increased by 10 percent that is, more and more families were willing to compromise between the security of wages and the security of independent subsistence. In relation to these developments, the gendered division of labour shifted in that women had to assume a larger share of the agricultural work (Halpern, 1973). Nevertheless, family and kin units were not destroyed since it was through kinship relations that initial education and job opportunities were found and obtained. By overcoming the urban-rural divide, kinship ties served to connect rather than to separate the rural and urban spheres of society.

2.5 Prelude to the War

After Tito’s death in 1980, the tension between the dominant Serbian minority and the suppressed Albanian majority escalated and culminated in the first student protests in March 1981. They started as small scale protests for improved living conditions in the dormitories and better food in the school cafeteria. Over time, the protests became political and spread throughout Kosova when construction and metalworkers joined in, demanding that Kosova become its

own republic. Officials in Belgrade denounced the demonstrations as “hostile, and organised by hostile forces as part of a hostile plot to destabilise Yugoslavia and destroy its unity as a state using economic and social problems as pretext” (cited in Kohl & Libal, 1997, p.58). Moreover, the authorities declared a state of emergency and sent additional units of special police forces and tanks into Kosova (Judah, 2000; Kohl & Libal, 1997; Malcolm, 1998; Mertus, 1999).

According to Malcolm, the actual heterogeneity of complaints voiced by young intellectuals, miners, journalists and politicians were lumped together as “counter-revolutionary” and it was bluntly assumed that “a call for Kosovo Republic was identical with a call for unification with Enver Hoxha’s Stalinist state” (p.337). Furthermore, Albanians were accused of driving Serbian inhabitants out of the country. Despite the fact that, upon investigation, independent legal reports discovered that Kosova had one of the lowest crime rates in Yugoslavia, media reports alleged that Albanian men were raping Serbian women and girls, beating Serbian men, burning their fields and destroying their homes. Newspapers like Politika and the weekly NIN in Serbia printed more and more letters and articles that described Kosovar Albanians as “beastly, monstrous and disgusting” (Kohl & Libal, 1997, p.73) and wrote that the reasons for the Serbian migration from Kosova were “pogrom” and “genocide” (Guzina, 2003, p.35). These allegations were promulgated by members of the Serbian Academy of Sciences and Arts (SANU), who wrote in their Memorandum in 1986:

In the spring of 1981, open and total war was declared on the Serbian population, which had been carefully prepared for in advance in the various stages of administrative, political and constitutional reforms... It is not just that the last remnants of the Serbian nation are leaving their homes at an unabated rate, but according to all evidence, faced with a physical, moral and psychological reign of terror, they seem to be preparing for their final exodus (cited in Clark, 2000, p.17-18).

These clearly nationalist sentiments were employed by Milošević, who at that time was the President of the Serbian Republic, to put in motion on a large-

scale not only the propaganda machine against the Albanian population, but, the formulation of a new constitution which deprived Kosova of its political rights. In 1989, Milošević introduced the final stages of Yugoslavia with his speech at *Kosovo Polje* which commemorated the 600th anniversary of the Battle of Kosovo. After a brief reference to the past, describing the battle lost 600 years ago, a failure due to disunity and treachery among Serbians, Milošević went on to state that “today, six hundred years later, we are fighting once again. New battles lie before us. They are not military battles, although we cannot exclude such a possibility” (cited in Kohl & Libal, 1997, p.10). The Serbians, who arrived at the site in chartered busses and trains, echoed these sentiments by singing the Song of the Serbian Trumpeter, “Blow stronger, blow louder, oh brother and hero, for the Plain of the Blackbirds is Serbian once more” (cited in Kohl & Libal, 1997, p.11)⁵. This combination of historic myths, symbols and quests for a greater Serbia transformed the historical commemoration into a highly political one (Norris, 1996).

Following these events, the National Assembly of Serbia modified the Serbian constitution by reducing Kosova’s autonomy significantly. In fact, the constitution provided Serbia with control over Kosova’s police, courts and civil defence, social and economic policy, education policy, as well as the power to issue administrative instructions and the choice of an official language (Malcolm, 1998; see also Funke & Rhotert, 1999). New laws were created and Kosovar Albanians were expelled from all public institutions including the police, media, political offices, industry, schools and medical institutions. Furthermore, Serbo-Croatian was reintroduced as the official language (Clark, 2000; Petritsch & Pichler, 2004). Kosovar Albanians responded immediately by building a large scale movement of civil resistance. Rather than rioting in the streets, activities were organized which strengthened the morale and unity of the people. Clark reports that students from the University of Pristina ventured into the villages to persuade families divided by blood feuds to reconcile: “Some 1,000 feuds

⁵ The melody and words originated during and refer to the Balkan Wars of 1912 and 1913 when Serbs drove the Ottomans out of southern Serbia and Macedonia and seized control of the historic battlefield after more than five hundred years of Turkish rule (Kohl & Libal, 1997, p. 11).

involving death, 500 of wounding and 700 other disputes, or instance about water or women, were reconciled in the course of this campaign” (Clark, 2000, p. 63). Thus, the familism of the past gave way to a sense of solidarity and unity among the people and created a context for peaceful resistance.

Building on this spirit, 123 Albanian Assembly Members met in the street to vote in a new status and declare Kosova a sovereign and independent state. Although this was not recognized by Yugoslavia, Ibrahim Rugova of the LDK became the first president of Kosova in the underground movement in 1991. One of his first initiatives was to create a parallel society based on a proclaimed Albanian “tradition of patience and prudence, facing domination” (Rugova, 1994, p.130 cited in DiLellio & Schwandner-Sievers, 2006, p.515). The parallel system was developed and financed by Kosovar intellectuals and the taxation of the Kosovar Diaspora respectively. 90 percent of the revenue from the parallel state went towards education, the central element of the program of passive resistance (Bache & Tylor, 2003).

By August 1991, Belgrade had expelled 6,000 secondary school teachers as well as the principals and deputies of 115 elementary schools. When, in 1992, the authorities banned Albanian children from receiving an education, the teachers’ union began teaching the children in private places such as empty houses, warehouses, garages, basements and mosques. Nevertheless, the drop-out rate increased which harshly affected girls, especially those from the villages (Clark, 2000; see also Kostovicova, 2002). University students organized in a similar fashion. Bache and Tylor note that by 1995, the parallel education system had twenty faculties with a student body of around 12,200. The curriculum mainly focused on promoting Albanian consciousness and identity and was, thus, a major promoter of resistance to Serbianisation.

Other parallel institutions included the health care system in which clinicians who had been dismissed set up private practices and generally offered free treatment to certain categories of people; the media, whose goal it was to inform the rest of the world of the situation by reports primarily on the LDK leadership and the details of Serbian repression; arts and sports were kept alive in

private realms (Clark, 2000; Petritsch & Pichler, 2004). Despite the success of the parallel system, the population became increasingly impatient with the continuing Serbian oppression. Consequently, Rugova's position began to crumble and support for armed resistance increased.

2.6 The Conflict in Kosova

The appearance of and support for the KLA marked the end of passive resistance in Kosova. The KLA grew out of guest worker communities in Germany, Switzerland, Italy and France and made its first public appearance at a funeral in November 1997. At that time, the organization was unheard of outside Kosova and had barely 200 members. Yet, soon afterwards the first training camps appeared in Albania, instructing men from all societal classes aged fifteen to seventy (Ignatieff, 2000; Independent International Commission for Kosovo, 2000; Judah, 2001; Sullivan, 2006). Over time, more and more Kosovar Albanians within and outside Kosova supported the organization ideally as well as financially: they switched their donations from Rugova's government-in-exile-fund to the KLA. With this money, the KLA managed to fund weapons, uniforms and military training given by Albanian officers and retired officers from western countries (Sullivan, 2006).

The KLA's first attacks against Serbian policemen and government officials were swiftly met by the Serbian military police with harsh counter-attacks directed at villagers who provided shelter to KLA fighters. Not only Serbian authorities condemned the KLA guerrilla attacks, even the US envoy Gelbach stated that the KLA "is, without any questions, a terrorist group" and that the United States "condemns very strongly terrorist activities in Kosovo" (New York Times 13 March 1998 cited in Caplan, 2002, p. 753). In other newspaper reports it was presumed that the organization had ties to Al Qaeda and was in large part funded with drug money and Albanian criminal networks (Sullivan, 2006). Hockenos (2003) refutes these arguments by stating that although heroin was smuggled through Albania and Macedonia in large quantities, it was not drug barons who sponsored the KLA. Instead, most of the money came from the

migrant communities and only “[a] portion of the KLA’s funding may have been dirty money (...)” (p.255).

Among the founders of the KLA was Adem Jashari from the village of Prekaz in the central Drenica region. Judah describes him as a local tough guy, “a kind of a Maverick who liked to get drunk and go out and shoot at Serbs” (Judah, 2001, p.22). In February 1998, the Serbians decided to arrest Jashari and seek revenge for his bloody deeds. A first large scale civilian killing was the result, leaving twenty three civilians dead, among them a pregnant woman and ten male members of one family with no ties to the KLA. Jashari’s death made him a martyr for the movement and a figure around whom the KLA rallied recruits in and outside Kosova. His death also triggered the formation of village militias (DiLellio & Schwandner-Sievers, 2006; see also Judah, 2001; Lange, 1999). This was the beginning of a full-fledged war between the KLA and the Yugoslav forces.

Although the Independent International Commission on Kosovo (2000) had great difficulty quantifying the number of killings and abuses, they estimate that between February 1998 and March 1999 approximately 1,000 civilians were killed up to September (the number of killings between September and March is unknown) and 400,000 people were displaced. Similarly, the Human Rights Watch reported that a wide range of civilians died during this period of the conflict, and that war crimes such as rape, torture, looting, pillaging and arbitrary arrests were perpetrated by Serbian forces and authorities mainly in rural communities (Human Rights Watch, 1998). In January 1999, when the Yugoslav forces attacked the village Racak killing 45 Albanians and, subsequently, refusing to allow the International Criminal Tribunal for the Former Yugoslavia to investigate, it became obvious that “Belgrade was reluctant to investigate the murderous actions on Kosova either through domestic or international channels, leaving little hope that the same government would alleviate the suffering of the displaced population” (Popovski, 2003, p.53).

NATO condemned the Yugoslav authorities for their use of excessive violence and the KLA for its use of terrorism, and then summoned the Serbian and

the leaders of the KLA to the French chateau Rambouillet to negotiate a peace settlement (Mandelbaum, 1999). The delegation sent from Kosova arrived on February 6, 1999 and is described as the most unusual one in history - “a motley collection of guerrilla commanders, newspaper editors and Westernised intellectuals, carpentered together by the Americans for the occasion and so unfamiliar with each other that most had never met until the moment they boarded the French military transport plane, taking them from Pristina to Rambouillet” (Ignatieff, 2000, p.53). When NATO presented the Serbian and Albanian delegates with a plan for political autonomy in Kosova under the auspices of NATO, both parties refused and, thus, the negotiations ended in a stalemate (Mandelbaum, 1999).

Nonetheless, the UN Secretary-General Annan demanded that the Yugoslav armed forces instantly cease their offensive in Kosova. As soon as it became apparent that Serbia would not comply, the NATO aircrafts started a bombing campaign against Yugoslavia which lasted from March until June 1999. Researchers do not agree that NATO’s military operation improved the situation of Kosovar Albanians, and solid evidence exists that humanitarian conditions deteriorated drastically. According to Ignatieff (2000), the pilots had little impact on the ethnic cleansing though they observed the crimes from above. Yet, the US and NATO defend their air strikes on moral and security grounds. It is argued that, on the one hand, the intervention was required to prevent further atrocities against the civilian population and, on the other hand, to prevent the conflict from affecting the stability of the surrounding states, especially Macedonia and Albania (Croft & Williams, 2006; Dauphinee, 2003).

According to the Independent International Commission on Kosovo, NATO hoped the brief bombing campaign would persuade Milošević to sign the Rambouillet agreement. This was an enormous mistake. Instead, Yugoslav forces increased their attacks intending “to drive almost all Kosovo Albanians from Kosovo, destroy the foundations of their society and prevent them from returning” (p. 88). Estimates suggest the number of killings to be 10,000 with the vast majority of the victims being Kosovar Albanians. An additional 863,000 civilians

sought or were forced into refuge outside Kosova and 590,000 were internally displaced. War crimes such as torture, looting, pillaging and extortion were committed regularly by the Serbian forces (see also Buckley & Cummings, 2001). Moreover, rape and other forms of sexual violence were employed as strategic instruments of terror to deliberately undermine community bonds and weaken resistance to aggression (Watts & Zimmerman, 2002). According to the Kosovar Civil Society Report to the United Nations (2005), immediately following the war, shelters assisted 1,960 victims of war rape, including twenty-nine young women who needed help to abort forced pregnancies from the war. That said, the actual number of rape victims is not known.

The majority of refugees fled to Albania, a country that lacked the capacity to coordinate the appropriate institutions in a crisis situation. Nevertheless, Albania became an exemplary case for close cooperation between local and international agencies, and civil engagement. It is estimated that 300,000 of the 478,000 refugees in Albania were hosted by local Albanian families who often received no compensation what so ever (Bozo, 2001; Van Selm, 2001). Others fled to Macedonia, Bosnia and Herzegovina, as well as outside the region to Turkey, Italy, Austria, Australia, Canada, Croatia, Germany, the Netherlands, Norway, Slovakia, Switzerland and the USA (UNHCR online). Many of them felt they had lost control over their own lives while they lived in the refugee camps and were, thus, eager to return to their homes in Kosova once the Yugoslav forces finally withdrew.

During repatriation the response from NATO and UNHCR is described as “consistently slow”. That is, when they started to plan the repatriation of refugees, the latter were already returning to their homes in Kosova at the rate of 20,000 to 30,000 per day (Bozo, 2001). The return of the refugees to Kosova sparked another wave of violence, this time directed against the Serbian population and other minorities living in Kosova. Over 100,000 Serbians and tens of thousands of Roma fled the systematic violence of the returning KLA forces and their supporters.

2.7 Exploring Historical and Social Change

Kosova's "local culture", "local resources" and "local ways of organization" have been subject to a range of transformations throughout history, which are only comprehensible against the background of their specific cultural and historical contexts. The Albanians of Kosova are organised in a segmentary society, consisting of distinct yet interconnected segments which mutually influence each other. Each entity may be viewed as a subunit of its respective superordinate concept. That is, extended families disintegrate into *farefis*, *farefis* into *fis* and *fis* into a nation. Of course, the opposite holds true too as the nation may be subdivided into *fis*, *fis* into *farefis* and *farefis* into extended families. The different segments are distinguishable but cannot be viewed in complete isolation from one another. Since the importance, meaning and content of the respective segments have varied significantly throughout history, researchers should specify what they mean when referring to "local" issues. Especially in recent years, avenues of change have been created as the younger generation shifts from rural extended-family enclaves to more isolated nuclear-family dwellings located in larger towns or urban centres so as to take advantage of the emerging job opportunities and the associated life style (Sluzki & Agani, 2003). For them, the significance of clan, family and blood lines is waning and traditional forms of conflict resolution, marital procedures, property protection and inheritance are becoming increasingly obsolete. Consequently, not only does reducing local culture and organization to buzzwords such as *kanun*, blood feud, village councils and elders essentialise and folklorise Balkan culture, but it also ignores cultural change and complex (political) events that have shaped the cultural reality of the region.

These societal changes endow anthropologists and historians with new challenges. Instead of mourning over lost or ignored traditions, it is vital to gain a better understanding of "the ways in which identity is shaped, constructed, imagined and reconstructed for various political ends" (Marden, 1997). Hence, it is crucial to explore questions which are important to the local population itself, and focus on "cultural reserves" (Hauschild, 2002, p.11) that combine old and

new mandates so as to ensure life within and against the mounting influence of globalisation.

PART II

The Past in the Present: Collective Memories, Histories and Identities in the Context of Conflict

As the historical overview showed, Kosova has been successively occupied and annexed and each occupation was accompanied by violence and oppression. Despite the wide range of research conducted on the subject of conflict during the Ottoman Empire, the conflictual periods of the Balkan Wars and the First and Second World Wars, the disintegration of Yugoslavia and, particularly, the war in Kosova in 1998/99, the processes leading to these conflicts and the conflicts themselves are phenomena which are little understood. Until recently, the long list of conflicts was portrayed as a series of repetitions peculiar to the Balkans (see for example Connor 1993; Kaplan 1994). A case in point is the speech given by the former President of the US, Bill Clinton, broadcast by the BBC News on March 25, 1999, in which he informed the American public that the US and NATO had begun their military campaign against Serbia:

We act to protect thousands of innocent people in Kosovo from a mounting military offensive. (...) All the ingredients for a major war are there: ancient grievances, struggling democracies, and in the centre of it all a dictator in Serbia who has done nothing since the Cold War ended but start new wars and pour gasoline on the flames of ethnic and religious division.

It was not only President Clinton who believed that “ancient grievances” would lead to war. According to Roudometof (2002), a wide range of scholars, journalists and politicians held the view that such conflicts are too complicated and too difficult to grasp because of their inherent “Balkan” nature. Today, however, most historians and anthropologists agree that such an approach is highly unsatisfactory as it ignores the complex and interrelated historical, political and social processes at play, and “[serves] more to satisfy the Western on-looker's own self-image by distinguishing between ‘them’ (who are capable of great evil)

and ‘us’ (who are immune to conflict caused by ancient hatred)” (Somer, 2001, p. 135; see also Malcolm, 1998).

Despite this knowledge, politicians, political activists and historians employ political as well as intellectual sources in an attempt to free Kosova from its historical chains, to provide it with an authentic historical past, and to convince the international community to grant the Albanians in Kosova independence, sovereignty and territorial integrity. However, their sweeping arguments need to be looked at more closely. It is often not clear what these researchers mean when referring to issues such as delegitimised, suppressed, and ignored “local culture”, “local resources” and “local ways of organization”. Instead, it must be understood that Kosova’s local culture was subject to a range of transformations throughout history, which are only comprehensible against the background of their specific cultural and historical contexts.

Using examples from my two field sites, Krusha e Madhe and Pastasel, I will describe how the villagers construct their community’s past in order to give meaning to their everyday lives in a time of political and economic uncertainty. I am aware that certain groups select and determine representations of the past so that consumers (including anthropologists) come to believe that they are shared by all members of the particular group. In order not to fall prey to such powerful accounts of the past, I aim at contextualising human agency within them to capture how, at times, contradictory realities are redefined and shaped by various actors. More specifically, I will use the field notes from participant observation and interviews to describe how villagers living in Krusha e Madhe and Pastasel make sense of their respective community’s recent and distant past, the war, the reconstruction phase and current social and political organization. Emanating from this, I intend to provide a better understanding of the different ways individuals and groups of individuals come to terms with their war and post-war experiences, and demonstrate how certain social, cultural, political, economic, psychological and physical circumstances shape their decision-making and actions.

However, before I begin with the ethnographic accounts, I shall attempt to review the historical and anthropological literature on collective memory and

judge its role in social and political life. Although collective memory is a widely employed and discussed concept, it remains little understood (Bloch, 1996; Wertsh, 2009). There are many definitions which may overlap, contradict or be unrelated to each other (Olick & Robbins, 1998). Thus, it would be naïve to try to fit these competing definitions into one conceptual framework. Instead, I will provide a historical overview of the establishment and development of collective memory studies; write about the complex interrelations of memory, history and national identity practices in the context of war; point to the importance of studying private remembrance and conflicting or counter-memories; and, finally, outline the discourses on remembering and forgetting to emphasise the selective and constructed nature of (collective) memory.

Chapter 3: The Establishment and Development of Collective Memory Studies

How do we remember, reassess and re-evaluate the past? How does the past shape the present? How are memories of groups expressed, preserved and changed? These and similar questions are at the heart of memory studies. According to the Oxford English Dictionary (2008), memory is (1) the faculty by which the mind stores and remembers information; (2) a person or thing remembered; (3) the length of time over which people's memory extends; and (4) a computer's equipment or capacity for storing data or program instructions for retrieval. Memory is, thus, about devices for storing, recounting, representing and accumulating past events. In fact, most of what we say and do depends on the efficient operation of our memory (Schacter, 1996). Yet, although our "memory-retrieval systems" tend to work virtually perfectly "with processes so complex that even the most advanced computer would not be able to carry out the assignment as easily and effectively as we do" (p. 2), memory is never complete. On the contrary, it often offers only "snapshots, shadows, and feelings half-acknowledged and half-suppressed" (Kirmayer, 1996, p. 174).

The act of remembering is complex and appears in many forms all of which unearth a multitude of questions. Different modes of remembering are discernible. Psychologists, for example, distinguish between semantic, episodic and procedural forms of remembering. Semantic memory helps us to describe what we know (Kirmayer, 1996); it is described as stable, declarative and accessible knowledge of the environment and is thought to be independent of context and personal relevance (Boyer, 2009). Episodic memory, on the other hand, helps us to describe what we have experienced. Thus, having episodic memories enables us to “[construct] a plausible seemingly veridical though vicarious form of experience from the faint cloth of records of consciousness, within the frames supplied by knowledge of one’s past” (p. 6-7). Semantic and episodic memory combines to become the declarative or explicit memory, the counter part of which is procedural memory or implicit memory (Tulving & Schacter, 1990). Procedural memory relates to skills, expectations and priming and provides fast, appropriate responses to everyday situations modelled by past encounters. Thus, whereas the domain of procedural memory is behaviour, that of semantic and episodic memory is cognition or thought.

Although human memory is an anthropological given and has evolved over generations in response to natural selection (Schacter, 1996), it is closely connected to the ways a culture constructs and lives temporality (Huyssen, 1995; Lambeck, 1996) and the meaning, sense and emotions experiences provide us with. Thus, memory is not an unchanging container which carries the past into the present; instead it is a process that is constantly changing (Olick & Robbins, 1998). Wachtel (1986) notes that “memories confront each other, intermingle, fuse or erase each other; according to the destiny of the societies whose identity they help to define” (p. 216-217). In order to not only make sense of the processual nature of memory, but also of its complex connection with socio-cultural contexts, scholars have coined the term “collective memory”. It is assumed that although the cognitive and socio-cultural aspects of memory can be distinguished on an analytical level, they interact on a practical one (Eyerman, 2004). Erll (2008) points out that “just as socio-cultural contexts shape individual

memories, a ‘memory’ which is represented by media and institutions must be actualised by individuals, by members of a community of remembrance” (p.5).

It is partly through memory that individuals connect to external environments and infuse the past into the present through symbolic interaction, narrative, discourse, performance and ritual action. Vehicles for collective remembering may be social (social relations and institutions), material (artefacts, monuments, pictures and media) and mental (culturally defined ways of thinking and mentalities) (Erll, 2008; Middleton & Edwards, 1990; Sontag, 2003; Zelizer, 1995). In order to define such a complex and eclectic memory practice, definitions of collective memory tend to be broad, varied and, at times, in conflict with each other. Lambeck (1996) states, for instance that collective memory or the discourse of collective identity “offers a language for expressing selfhood via kinship, ethnicity, gender, race, and class or newer conceptualisations like sexual orientation, and postcolonial subjects” (p. 245; see also Kleinman & Kleinman, 1994). While he stresses diversity and difference, Zelizer emphasizes the communal aspect noting, “collective memory refers to recollections that are instantiated beyond the individual by and for the collective. Unlike personal memory, (...) the collective memory comprises recollections of the past that are determined and shaped by the group” (Zelizer, 1995, p. 214).

Like the contexts in which collective memory takes shape, the disciplines that try to understand it are diverse and include history, sociology, anthropology, art, literary and media studies, philosophy, theology, psychology and the neurosciences (Erll, 2008; Middleton & Edwards, 1990). Several interdisciplinary projects exist including handbooks such as *Cultural Memory Studies* (Erll & Nuenning, 2008) or *Memory in Mind and Culture* (Boyer & Wertsch, 2009), or the relatively new journal *Memory Studies*. Other projects combine media studies and cultural history (Assmann & Assmann), history and sociology (Olick), neuroscience and social psychology (Welzer) or social psychology and linguistics (Echterhoff). Within those disciplines, different terms are used to describe such memory practice: *mémoire collective*/collective memory, *cadres sociaux*/social frameworks of memory, social memory, *mnemysyne*, *ars memoriae*, *loci et*

images, lieux de mémoire/sites of memory, invented traditions, myth, memoria, heritage, commemoration, *kulturelles Gedächtnis*, communicative memory, etc. These terms are not necessarily in accordance with each other, but may emphasize different aspects of memory and mnemonic practices. At the same time, they are not exclusive, but are largely context-dependent and may complement each other.

In order to provide a better understanding of how collective memory studies evolved and developed over time, I will provide a historical overview. However, instead of following distinct disciplinary threads, I will emphasize the ways in which scholars from different disciplines have fed off each other's work in order to better understand what is at the core of collective memory studies.

3.1 The Origins of Collective Memory Studies

The founding fathers of memory studies are considered the psychologists who regarded 'remembering' as a psychological process or cognitive device that aided individuals in accessing information from the past. Such memory was believed to fade over time, to distort or to sink into oblivion (Zelizer, 1995). However, already at the beginning of the twentieth century it was recognised that memory was more than a tool to retrieve information. In his book "Matter and Memory" (1978 [1911]) Bergson notes that memory makes time relative in that it expands the past into the present: "It no longer represents our past to us, it acts it and if it still deserves the name of memory, it is not because it conserves bygone images, but because it prolongs their useful effects into the present moment" (p. 93). According to him, the past survives in two distinct forms, through motor mechanisms and in independent recollection. Motor mechanisms bear the marks of habit and are acquired by repetition of the same effort. For example, memorizing a lesson by reading and re-reading it several times imprints it on our memory. However, by considering how the lesson has been learnt and picturing the successive phases of that process, this all corresponds to an image which makes it seem more like an event in one's life. In this process, time does not add anything to this image without disfiguring it because "the normal consciousness

calls up only those memory images which can usefully combine with the present situation” (p.96).

Similarly, Bartlett (1923; 1932) argued that memory was a constructive activity and emphasized the importance of group dynamics in individual remembering. Like Bergson, he distinguishes between two types of memory, the reproductive and the reconstructive memory. While reproductive memory refers to accurate retrieval from memorized facts, reproductive memory emphasizes the active process of adding missing elements and distorting actual facts while remembering. “Very little of his [an individual’s] construction is literally observed and often, as was easily demonstrated experimentally, a lot of it is distorted or wrong so far as the actual facts are concerned. But it is the sort of construction which serves to justify his general impression” (1932, p. 206). Yet, memory cannot proceed as an isolated individual activity, but depends on the social context in which it takes place. That is, “social organisation gives a persistent framework into which all detailed recall must fit, and it very powerfully influences both the manner and matter of recall” (p. 296).

During the same period of time, Durkheim also connected temporality to social practice and society at large. In “The Elementary Forms of the Religious Life” (2001 [1912]) he states that the notion of time and space are essential notions that dominate our entire intellectual life. According to him, we can conceive of time only by differentiating discrete moments through states of consciousness that we have already experienced and are able to reproduce in the same order in which they originally occurred, and so “parts of our past become present to us once again, even as they are spontaneously distinguished from the present” (p. 12). Furthermore, time is not an individual but a collective attribute. That is, “it is not *my time* that is organised this way, but time as it is objectively conceived by everyone in the same civilisation” (p. 12). The ways in which societies divide their time is, thus, a social activity in that the days, months and years correspond to the recurring cycle of rituals, holidays and public ceremonies.

While Durkheim provided the basis, it was his student Halbwachs who coined the term “collective memory” in 1925 arguing that memory is not only

mediated, but structured by social arrangements (Olick & Robbins, 1998; Roudometof, 2002). In his book “Collective Memory” (1980), he distinguishes between historical and collective memory. While historical memories are individual remembrances that can be increased through conversation and reading, and are essentially abstract, totalising and lifeless, collective memories are distributed within a group in a particular and meaningful fashion: “While the collective memory endures and draws strength from its base in a coherent body of people, it is individuals as group members who remember” (p.48). Thus, collective memory is produced and kept alive by social groups in a specific social context. His work is criticised widely for its social-determinism and anti-individualism as it reduces collective memory to “collectively shared representations of the past” (Kansteiner, 2002, p. 181). Nevertheless, it must be acknowledged that Halbwachs allows individual differences in the experience of collective representation when writing, “while these remembrances are mutually supportive of each other and common to all, individual members still vary in the intensity with which they experience them” (p. 48).

Since the 1980s, memory studies have entered the field traditionally occupied by historians. Until recently, historians were largely concerned with “the accuracy of a memory, with how correctly it describes what actually occurred at some point in the past” (Thelen, 1989, p. 1119) and were highly suspicious of memory studies highlighting the situatedness of historical remembering. Yet, less traditional historians have embraced the concept of collective memory arguing that the historical study of memory can provide fresh perspectives on how “individuals and smaller groups shaped and were shaped by larger groups and processes” (p. 1123). Huyessen (1995) even writes about a “memory boom” in history fuelled by the undisputed waning of history and historical consciousness, the lament about political, social and cultural amnesia, and the various discourses about *posthistoire*.

A phenomenon that illustrates this is the disappearance of spontaneous societal remembering referred to by Nora (1989; 1996). He writes, “what was left of experience, still lived in the warmth of tradition, in the silence of custom, in the

repetition of the ancestral, has been swept away by a surge of deeply historical sensibility” (1996, p. 1). Societies based on memory have become extinct due to the “conquering force” of history. Similar to Halbwachs, Nora opposes memory to history by defining the former as embodied in living societies and as such in constant evolution and the latter as the reconstruction, always problematic and incomplete, of what is no longer. The study of *lieux de mémoire* – places, sites, causes of memory – lies at the intersection of these two developments since such sites constitute the places in which the memories that have survived history are stored. In other words, “Lieux de mémoire are fundamentally vestiges, the ultimate embodiments of a commemorative consciousness that survived in a history which, having renounced memory, cries out for it” (p. 6).

On the other hand, Assmann (1995) refers to such sites as “figures of memory” that can be considered fixed points or fateful events of the past “whose memory is maintained through cultural formation (texts, rites, monuments) and institutional communication (recitation, practice, observance)” (p. 129). In everyday communication, festivals, rites, epics, poems, and images form “islands of time” which have a different temporality suspended from time. In order to capture these processes, Assmann introduced the term “cultural memory” which “comprises that body of reusable texts, images, and rituals specific to each society in each epoch, whose ‘cultivation’ serves to stabilise and convey that society’s self-image” (p. 132). However, like the authors before him, he states that cultural memory should not be conflated with history as it always relates its knowledge to an actual and contemporary situation: “Cultural memory exists in two modes: first in the mode of potentiality of the archive whose accumulated texts, images, and rules of conduct act as a total horizon, and second in the mode of actuality, whereby each contemporary context puts the objectivized meaning into its own perspective, giving it its own relevance” (p. 130).

Similarly, Connerton (1989) writes about the performative dimension of social memory explaining that it can only be studied during commemorative ceremonies as it is through performance and, related to this, habit that social memories become visible: “If there is such a thing as social memory (...) we are

likely to find it in commemorative ceremonies, but commemorative ceremonies prove to be commemorative only in so far as they are performative; performativity cannot be thought a concept of habit; and habit cannot be thought without a notion of bodily automatisms” (p. 4-5). Although such social remembering may preserve direct testimony of an event, historical reconstruction is necessary as historians have to question statements to see if they can be considered evidence. Thus, societies remember through inscriptions on cultural texts, commemorative rituals and through the incorporation of social memory into the human body (Kleinman & Kleinman, 1994).

Although the contemporary usage of the terms collective memory, cultural memory and social memory are traced to sociologists and philosophers like Durkheim and Halbwachs and historians such as Nora, Assman and Connerton, contemporary scholars regard the sharp structuralist divisions between history and memory, lifeless facts and evolution, individual and group, and documentation and performance with suspicion. Instead, they developed new questions and approaches to describe the social contexts in which experiences are shared and fragmented (Kleinman & Kleinman, 1994) in order to find out about how collective memory is experienced by individuals and groups, and to show how individual and social processes affect each other.

3.2 New Questions and New Approaches

Collective memories are not levitating thoughts, narratives and actions, but context-dependent, many-voiced and ever changing practices through which individuals and groups view themselves in history. Thelen (1989) underscores this arguing that collective memory “is not made in isolation but in conversation with others that occur in the contexts of community, broader politics, and social dynamics” (p. 1119). On a social level, such memories refer to a symbolic order, the media, institutions and practices “by which social groups construct a shared past” (Erll, 2008, p. 5) and can best be observed in experiences of generations, families, cityscapes, public debates on history and the growing “memory industry” ranging from museum trade, academic books and articles and the memorabilia

sold in antique stores, tourist boutiques and through the internet (Assmann, 2007; Klein, 2000; Markus, Mullan, & Kityama, 1997).

However, this does not suggest that shared memories are homogeneous entities. On the contrary, heterogeneous perspectives based on differences in gender, age, cohort, political faction and biography influence local worlds in which individuals and groups remember (Kleinman & Kleinman, 1994; Brockmeier, 2002) and do not necessarily merge into a shared history and even less into a master narrative (Assmann, 2007). According to Bloch (1996), there is no one way by which one is able to inscribe memory in the public world as there is “no generalised need of human beings to remember the past” (p. 229). Lambeck (1996) illustrates this by contrasting conceptualizations of memory in North America with those of Malagasy speakers on the island of Mayotte in north-western Madagascar. While the North American conceptualization emphasizes the role of memory in the expression and validation of the discrete, private individual and perceives memory as subjective “in that it is uniquely ours” (p. 237), Malagasy speakers relate to memory as an intersubjective symbolic practice which connects earthly with spiritual worlds in that spirits provide the human hosts with “new channels of communication and internalised self-objects, enabling continuous adaptation to the present and engendering a working-through process” (p. 214).

Although Lambeck’s account shows ways in which cultural backgrounds shape conceptions of memory differently, it fails to show the fragmented nature of memory within a particular society. Contemporary memory studies view memory as a processual action by which people “constantly transform the recollections that they produce” (Zelizer 1995, p. 218) by confronting, intermingling, fusing or erasing them (Wachtel, 1986). There is a multitude of ways in which people remember, standardize and reproduce events depending on the context, the narrator and the listener. Erll (2008) notes, for instance that a war can be remembered as a mythic event, part of a political history, a traumatic experience, part of a family history and/or a focus of bitter contestation. Related to this, Zelizer (1992) envisions memory as a mosaic in that memory is always partial. He

illustrates this by referring to the retellings of the assassination of John F. Kennedy, where accounts produced by the family, the government, journalists, researchers and citizens have merged into a potpourri which raises more questions than it provides answers. Brockmeier (2002), on the other hand, prefers to write about memory as a movement within a cultural discourse that “continuously combines and fuses the now and then, and the here and there” (p. 21). According to him, the individual mind is part of this movement which is to say that “a mind taken out of its discursive and cultural environment is an abstraction that isolates just one moment in a continuous flow” (p. 21-22).

Besides researching what individuals and groups remember, an equally important question is how they remember. According to Eyerman (2004), the past becomes present through “symbolic interactions, through narrative and discourse, with memory being a product of both” (p. 162). Thus, although the past tends to be embodied in material objects, its meaning is recounted, understood, interpreted and transmitted mainly through language, dialogue and performance (see also Bal, 1999). Welzer and colleagues (2005) distinguish four processes through which memory is passed down: the active fabrication of past narratives; filling gaps in narrated stories; the appropriation of narratives according to what makes sense to the listener and potential narrator; and connecting the meanings of such narratives to the emotional and normative demands shared by memory communities. On the other hand, Wood (1999) focuses on the performative dimension of collective memory arguing that it only comes into existence at a given time and place through specific kinds of memorial activity. Although ‘performance’ alludes to action, she does not draw an analogy between individual and collective modes of remembering. According to her, socially mediated individual memories do not have the same status as the representations of the past to which a larger collective adheres. “What differentiates these two modes of memory is that while the emanation of individual memory is primarily subject to the laws of the unconscious, public memory – whatever its unconscious vicissitudes – testifies to a will or desire on the part of some social group or disposition of power to select and organise representations of the past so that these will be embraced by

individuals as their own” (p. 2). The performative act, thus, incorporates intentionality and power as crucial determinants of collective memory. Sontag (2003) goes even further noting that all memory is individual and thus irreproducible as it dies with each person. Instead, what we call collective memory is not remembering but rather a stipulating as “ideologies create substantiating archives of images, representative images, which encapsulate common ideas of significance and trigger predictable thoughts, feelings” (86).

Related to the above arguments, Kansteiner proposes to recast collective memory as a complex process and the result of the interaction of three types of historical factors: the intellectual and cultural traditions that frame all representations of the past, the memory makers who selectively adopt and manipulate these traditions, and the memory consumers who use, ignore or transform such artefacts according to their own interests. In her ethnography, Gronover (2007) tries to make sense of such interconnections describing how local, oral historiographies in southern Italy are employed as ritual strategies through which individuals and communities generate and select material and ideal “memoria”. Such practices serve as cultural reserves for individuals and groups, and are continuously regenerated through acts of recollection and mobilization of historical, topographical, material and ideal realities. According to her, the analysis of cultural reserves enables researchers to grasp the individual and societal oscillations between proximity and distance, history and present, processes and structures, conflict and regeneration and patron-client relations and exchanges. At first sight it seems as though such an approach would reduce societal and cultural processes to binary oppositions à la Lévi-Strauss. Yet the approach of “cultural reserves” goes further in that it allows for the dissolution of these oppositions through the consideration of individual actors who creatively shape societal spaces.

In the following, I will address these interrelated issues by focusing on the practices of history and national identity, and point to the importance of studying private remembrance and conflicting or counter-memories in conflict and post-conflict societies.

Chapter 4: Memory and Identity Practices in the Context of War

Some of the most persistent questions posed by social scientists are about how and why groups of people coalesce or break apart – how human relationships hang together or unravel, what changes and what does not and how, under situations of tremendous ecological, political or economic pressure, men and women innovate or acquiesce (Gonzales, 2004). Globalization (transnational economic trade, global communication patterns and transnational social movements) and the imposition of “global culture” (fashion, music, cuisine, modes of entertainment) influences the ever rising tensions “between ‘nationalism’ on the one hand, and ‘cosmopolitanism’ on the other” (Pedersen & Kienzler, 2008; see also Burgoyne, 2000). The intersection of global processes with local or regional differences bring into focus the ways in which collective identity is shaped, constructed, imagined and reconstructed for various political ends.

Notions of globalization challenge the concept of “nationalism” and the existence of the nation-state, and project an image of a world without borders (Appadurai, 1998; Pedersen & Kienzler, 2008). This tendency is matched by an equally powerful countermovement of nationalism, xenophobia, fragmentation and political force (Hobsbawm, 1996). Nairn (1996) writes that “the overwhelming dominant political byproduct of modern internationality so far has been nationalism. Not the implacably prescribed common sense of internationalism, but the nonlogical, untidy, refractory, disintegrative, particularistic truth of nation-states” (p. 270). In this context, “modern state-level forces” tend to develop large scale identities which become “significant imagined affiliations” (Appadurai, 1998, p. 227; Appadurai, 1996) for people who envisage themselves as united with their fellow-members whom they have probably never seen or met. In other words, “it is imagined because the members (...) will never know most of their fellow-members, meet them or even hear of them, yet in the minds of each lives the image of their communion” (Anderson, 1983, p. 6). The

relationship between these members is imagined to be based on a profound, horizontal comradeship that ultimately “(...) makes it possible, over the past two centuries, for so many millions of people, not so much to kill, as willingly to die for such limited imaginings” (p. 7).

However, through the expansion of boundaries and conflict, certain communities become “unimaginable”. For instance, the extreme nationalism in the former Yugoslavia has not solely been a matter of “imagining allegedly primordial communities”, but of “making existing heterogeneous ones unimaginable” (Hayden, 1996, p. 783). Milošević constructed and implemented such exclusive nationalist ideologies through ritualistic mechanisms. For example, he selected the 600-year anniversary of the battle of Kosovo (1989) as the date on which to address the public with a speech that emphasized the death of Prince Lazar during Serbia’s defeat by the Ottomans as a prelude to launching his nationalist movement. Several months later, he ordered that there be a procession with the relics of Prince Lazar through areas that were destined to become part of “Greater Serbia”. In Kosovo the relics were ritually celebrated in the Gracanica Monastery and “imbued Kosovo with a sense of sacred space and sacred time, such that 1389 became 1989” (Audergon, 2005, p. 187). It is in such contexts that national myths are forged, transmitted, negotiated and reconstructed (Bell, 2003), and that people are reassured that “yesterday was substantial as today we saturate with bygone details, reaffirming memory and history in tangible format” (Lowenthal, 1985, p. 191).

While nationalism is perhaps the most common expression of an ethnic group’s assertion of its claim to political recognition and legitimacy, it often leads to violent conflict aimed at resolving disagreement and dissent (Pedersen & Kienzler, 2008; Pedersen, 2002). However, while violent conflict between states has become less common in recent decades, conflict between smaller “non-state” groups or against them by governments has increased in frequency and brutality (Eller, 2002; Horowitz, 1985; Ryan, 1990). Armed conflict has always exposed both combatants and civilians to violence, but with the adoption of new methods of warfare, recent years have seen a dramatic increase in the proportion of civilian

casualties. During World War II, about 50 percent of the direct casualties were civilians; in the 1980s this figure rose to 80 percent and by 1990 it was a full 90 percent (Turpin, 1998), with the largest number being women and children (Chinkin, 1993). The consequences of such political violence go beyond death, disease and trauma, to include the pervasive effects of the destruction of the economic and social fabric of society. Thus, the consequences cannot only be observed in individual biographies and life trajectories, but also “in collective memory and identity and communal strategies for coping with violence and adversity” (Kirmayer, Kienzler, Afana, & Pedersen, 2010). Based on this insight, the following section will examine memory and identity practices in the context of war by focusing on sites of memory, commemorative performance and mourning, the power of narrative and truth-making practices and the processes of negotiating counter-memories.

4.1 Sites of Memory, Commemorative Performance and Mourning

Place makes memory cohere in complex ways, shapes national identity, and produces and is produced by social relations and practices (Bal, 1999; Hayden, 1997; Martin, 1997). Sites of war memories are usually places where people engage in public performance to express “a collective shared knowledge (...) of the past on which a group’s sense of unity and individuality is based” (Assmann, 1995, p. 11). These sites include memorials, statues, the graves of martyrs and war heroes and museums, and invite a variety of public commemorative practices defined by the gestures and words of those who come together to recall particular aspects of the past (Winter, 2008). Commemorative practices usually involve public gatherings, ceremonies, the construction of national myths and media events, as well as the naming of streets, squares and towns, the bestowal of prizes and public lectures, film screenings and exhibits (Brockmeier, 2002; Roudometof, 2002). Scholars refer to such performances as “invented traditions” (Hobsbawm, 2003) in that they are “responses to novel situations which take the form of reference to old situations, or which establish

their own past by quasi obligatory repetition” (p.2). They are governed by “overtly or tacitly accepted rules” and are of a ritual or symbolic nature and, thus, appear consensual while they are, in fact, the product of processes of contest, struggle and, at times, annihilation (Gillis, 1994).

Moral consensus with regard to commemorative sites and related practices exists, for example, with regard to “Never Again”, the hallmark of commemoration for the Israeli Day of Remembrance for victims of the Nazi persecution of the Jews, or public buildings in Hiroshima reminding the population of the atomic attacks. On the other hand, other sites and practices evoke contestation and bitterness: when the Japanese Prime Minister visits a shrine dedicated to the war dead, he honours both war criminals and ordinary soldiers; or when President Ronald Reagan visited the German cemetery at Bitburg he was confronted with the graves of SS men alongside those of people who did not partake in war crimes (Winter, 2008). Also contested was the fall of the Berlin Wall in 1989 which, as Gmuenden (1999) writes, had a paradoxical effect on Germans, “instilling in them an euphoric sense of national pride, but also triggering a deep crisis about what precisely it is that one ought to be proud of” (p. 120), and, related to this, confronting them with the task of dealing with simultaneously existing antinationalist consensus, increasing nationalist and patriotic sentiments and openly demonstrated xenophobia.

An important element of commemorative practices is narrative as it is specifically through “narrativity” that people are able “to grasp a longer past and a more intricately conceived future, as well as a more variegated social environment” (Carrithers, 1991, p. 306). Similarly, Roudometof (2002) notes with regard to the logic of national narratives that they are based on four steps including a quest for origin; the construction of continuity among the different historical periods; the identification of periods of glory and decline; the quest for meaning and purpose; and the identification of a destiny revealed in the progression of history. At the same time, national narratives may serve as a means to manipulate, veil and destroy. Sontag (2003) illustrates this by referring to photographs of victims of war as a means of reiterating, simplifying, agitating and

creating illusions of consensus. For example, during the recent Balkan wars, Serbs and Croats used and reused the same photographs of killed children by altering the captions to bolster their respective propaganda briefings.

Through ritual and narrative people inscribe memory onto the “political landscape” (Feldman, 2003, p. 62). Powerful examples of such practices are the reburials of war martyrs all over the world including in Argentina, El Salvador, Guatemala, Rwanda, Bosnia and Kosova (Barkey, 2008). Digging up bodily remains is more than the identification of family members or the revelation of secret acts of violence, it also allows for proper burial, mourning and solidarity. In “The Political Lives of Dead Bodies” (1999), Verdery writes that in Yugoslavia people have strong ideas about proper burials. In Kosova, they buried with much ceremony thousands of ordinary citizens whom they found scattered in mass graves, sites which are invested with grief, blame, guilt and accountability. However, the politics of reburial is not just one of nationalism, community-making, and land-claims, but it “engages the abiding sociality of relations between the living and dead” (p. 106-107).

Similarly, Honwana (1998) notes that during the war in Angola burial rites served to provide the dead with their rightful place as national martyrs and to establish relations between the mundane and the transcendent. The failure to perform a proper burial is believed to hinder “the possibility of establishing a suitable rapport with the dead” (p. 165). Thus, resuming normal life accompanies the honouring of the spirits of the dead and, related to this, reintegrating into and reconstructing the social fabric. Also Eppel (2002) writes that when his team set out to provide psychological treatment to survivors of torture and organised violence in western Zimbabwe, they realised that it was necessary to move away from one-to-one psychotherapy and adopt an approach that combined community conflict resolution, belief systems and public truth telling instead. After consulting with traditional healers, it was acknowledged that ancestral spirits played a very important protective role in exchange for an honourable funeral and ritual in which they were officially recognised as ancestors in order to appease the aggrieved spirits of people who were murdered and buried in unacceptable graves.

In order to provide meaningful help, Epple and his group involved themselves in exhumations, reburial rituals and in working closely with families and communities. They conclude that “the process of exhumation and reburial does physically what psychotherapists in the west do metaphorically – it encourages people to explore their past and see the links with their current experience” (p. 870).

It becomes apparent that it is through such “dead-body politics” (Verdery, 1999) –whether in the context of reburials or memorial services at monuments, during public lectures or the openings of art exhibitions – that social categories are repositioned and associated with different sets of values by inserting them directly into the lives of individuals, families and communities. Yet, in order to grasp how communities come to terms with memories of hardship and destruction, it is not enough to focus solely on collectively performed mnemotic practices. In the aftermath of war, it often takes incredible individual strength to influence and shape memory on the national and international level. The following section will deal with the power of truth-making practices.

4.2 The Power of Narratives and Truth-Making Practices

In the post-Cold War era oral accounts of human rights abuses play a crucial role in truth-making, demanding justice, gaining reparations and rescuing the memory of the daily life lived under political oppression and colonialism (Grele, 2007).⁶ According to Rosenfeld (2009) such narratives reflect “unmastered pasts” (p. 129) characterised by diversity and contestation in that “facts” concerning violent events, the numbers of people killed and missing, the numbers of homes burnt, NGOs working in a region, state benefits and welfare, market prices and unemployment rates often cannot be verified due to a lack of reliable census data. Adams (2005) explains that truth-making in contexts characterized by

⁶ Oral histories based on “popular memories” (Johnson, McLennan, Schwarz, Sutton, 1982) have long served historians in filling the perceived vacuums in existing records, and anthropologists in creating the histories of the everyday lives of those who had been ignored by historians (Schneider, 2008). Generally, oral historians claim to be more democratic than other kinds of historians by providing viewpoints from below and attempting to “give history back to the people in their own words” (Olick & Robbins, 1998).

incomplete or non-existing statistical data follows a special dynamic in that numbers and facts reflect the ways in which individuals and groups have understood notions of truth, belief, lies, death and biological life. Thus, it is crucial to look at the context in which “facts” are produced in order to understand what is accepted as “evidence” in support of an argument or proposition (Grele, 2007).

With the outbreak of wars and genocides in Cambodia, Rwanda and the former Yugoslavia, oral history projects were launched to document the atrocities and to provide firsthand testimony of oppression as evidence at international tribunals. The conviction of war criminals by judges working for the International Criminal Tribunal of the Former Yugoslavia (ICTY) depended in part on the detailed testimonies of survivors. However, despite the fact that individuals were encouraged to speak out, the tension between victims and lawyers was often palpable. Luebben (2003) illustrates this with a quote from a man, after his hearing in Germany before a commission at The Hague, whose father and six brothers were murdered in a Serbian camp: “My memories were all still fresh and the war was still going on. (. . .) They only tape-recorded what they thought they could use. They kept on interrupting me. I couldn’t tell them the whole story in detail because they more or less forced me by their questioning to jump from one subject to another” (p. 399). Dembour and Haslam (2004) refer to this quote as a typical example of tension resulting from different perceptions of evidentiary value whereby lawyers focused on “the where, when, who and how of events” while cutting the witnesses short who put emphasize on “emotions, impressions, general reminiscences, renditions of atmosphere, [and] interrogations of philosophical and ethical nature” (p. 163).

Not only remembering, but also eliciting memories is often considered an ethical responsibility, an ethical imperative (Assman, 2007). Wagner (2008) describes this in her ethnography “To Know Where He Lies” which examines DNA technology developed to identify the remains of the estimated 8,000 men and boys killed in the 1995 Srebrenica massacre in Bosnia-Herzegovina. According to her, the identification process of missing people and recovered

bodies relied heavily on relatives' memories of clothing, personal possessions and information about the missing persons' physical characteristics and medical history. Recollections of such ante mortem data were then translated by designated institutes into qualitative and quantitative data in order to serve more efficiently as markers in the process of evaluating a possible identification. However, a complicating factor in collecting data on missing persons several years after their disappearance was that "the passage of time inevitably [influenced] surviving relatives' memories" (p. 129) in that certain aspects remained vivid while others were vague or forgotten.

Yet, the struggle of the memories and their related stories against oblivion can also be problematic. Individuals do not recall the past solely for its own sake, but "as a tool to bolster different aims and agendas" including political propaganda, manipulation and denial (Hoelscher & Alderman, 2004, p. 349). Rosenfeld illustrates this by referring to how in the United States geopolitical tensions caused by the Cold War helped to reconfigure memories of the war years to suit the imperatives of post-war politics. Although certain aspects of the war years were discussed in the media and portrayed in popular culture, these endeavours were designed in such a "self-centered" way that it helped the population to focus on their own suffering and avoid feelings of guilt for the suffering of others. Similarly, Sontag (2003) refers to a more recent example that of the Serbian siege of Sarajevo. She points out that a majority of Serbs living in Serbia and abroad clung to and passed on accounts that the Bosnians themselves perpetrated the horrific "breadline massacre" in May 1992 and "market Massacre" in February 1994 by shelling the centre of their capital or planting mines in order to create gruesome sights for foreign journalists and receive more support from international governments and organizations.

These examples show that such accounts touch very significantly on questions of identity, nationalism, power, and authority, and are to a large extent nationalist efforts to construct "desirable loyalty to and insider's understanding of one's country, tradition, and faith" (Said, 2000, p. 176). In order not to fall prey to such dominating and, at times, distorting accounts of past events, it is important to

pay attention to counter-memories and counter-powers which aim to negotiate well-established versions of history.

4.3 The Dynamics of Counter-Memory and Disqualified Knowledge

The scholarly literature on collective memory often suggests that such memory is shared and agreed upon by large groups of people who remember together that is, socially in order to establish a longed for identity and a means to distinguish themselves from and negotiate with others. Such perceptions ignore the fact that people do not necessarily live out long-standing traditions or traditions that are presumed to be of such nature; belong to different groups with different, sometimes conflicting agendas; and may not feel represented by the official display of their communities (Fritzsche, 2001). Instead, they are themselves actors and narrators in history (Trouillot, 1995) who profit from, negotiate and transform the “stock of stories” available to them (Wertsch, 2002).

Memories may be highly contested, contributing to the critique of power and even perceived as a threat to officially accepted versions of historical accounts (Werbner, 1998). Scholars emphasizing the competing agendas of groups and individuals who have unequal means to generate powerful historical narratives or local criticism of total histories and oppression tend to refer to Foucault’s work on discursive practice, subjugated knowledge, and the relationship between power and knowledge (Hutton, 1993; Legg, 2005). In his published lectures held at the College de France, Foucault (2003) recommends the “insurrection of subjected knowledges” (p. 7) in order to make historical critique possible and, thereby, counter the power of repressive forces in society. Subjected knowledges combine two distinct and seemingly contradictory types. The first refers to historical content of confrontational and dismantling character that has been buried or disguised by historical accounts which attempt to preserve “functional coherence or formal systematizations” (p. 7). The second type includes knowledge that has been disqualified as nonconceptual or insufficiently elaborated that is, naïve, hierarchically inferior and below the required level of erudition, or scientificity.

Although Foucault's approach is generally perceived as helpful in sorting out differences among discourses and providing insight into "the hidden workings of power", it has also been noted that his work somewhat maligns and sidelines powerful and historically important collective memories (Hutton, 1993).

Historical content of confrontational character is increasingly published not by historians or social scientists, but by writers fighting hegemonic historical representations and political forces. Tachibana (1998) analyses, for example, the struggle of post-war German and Japanese writers to produce counter-memories to the official sanctioned versions of World War II by focusing on "subjectivity and the selected nature of any record of events" (p. 3). At the Frankfurter Buchmesse (Frankfurt Book Fair) both Kenzaburō Ōe and Günter Grass portrayed themselves as political activists who criticised their respective governments' silencing of the memories of the war and its aftermath. Some years later, in 1992, Grass was chosen to deliver the funeral eulogy for the victims of the Mölln massacre committed by German Neo-Nazis against citizens of Turkish decent. In his speech he suggested that the ruins of the house should be left as is to remind, admonish and warn fellow citizens of the abhorrence generated by sentiments of hatred, inhumanity and disrespect. According to Tachibana, these two examples illustrate how the generation of counter-memories allow writers to actively participate in history by linking questions of death and destruction to questions about society, history and human behaviour in a powerful and highly visible way.

By contrast, disqualified knowledge has no public arena. Feminist scholars provide a "valuable lens" (Hirsch & Smith, 2002, p. 5) through which alternative memories and identities can be studied by bringing to the fore multiple counter-histories and histories that tend to be omitted (Leydesdorff, 2005). For example, Del Zotto (2002) points out that women's experiences of war tend to be highly misrepresented in mainstream media and, thus, hide important issues that would otherwise improve our understanding of war. She provides a comparative study of the gendered reporting of the Kosova conflict which demonstrates that media reports portrayed women as a monolithic group of mere bystanders framed as passive refugees, waiting wives, torture and rape survivors and 'touchy-feely'

peace activists. Such accounts ignore women's contribution to the war effort as resistance activists and fighters, and peace activists challenging warfare through both informal and formal organizational systems (Turpin, 1998; Yuval-Davis & Anthias, 1989).

Similarly, UN organizations and Kosovar politicians deliberately marginalised women's voices after the war by excluding them from political debates. In her article "Imaginary, gender and power: The politics of representation in post-war Kosova" (2007), Krasniqi states that Western political modernization discourse has, paradoxically, reinforced patriarchal relations of power and traditional gender roles in Kosova through the subjugation of women and re-emphasizing their role as "guardians of the private sphere". However, this discourse not only excludes women's participation in politics, but silences their memories of the war: armed struggle and the reworking of wartime memory valorises masculinity. Related to this, Salvatici (2001) found that not only Kosovar politicians but women themselves minimised their own experiences in comparison with the "heroic" sacrifices of their husbands, brothers and sons who had died for the freedom of their country. Recognition of their own role seemed to emerge only "when women shifted their memory from the collective and public sphere to the familiar and private realm" (p. 44). Thus, they were able to claim a "daily heroism" in which they had been active decision makers and brave actors.

The meanings and memories of "daily heroism", distressing experiences, survival strategies and missing people are not necessarily constant as they are influenced by the dynamics of the changing social and political contexts (Berger Gluck, 2008). For instance, when Karadzic ordered his troops into the mountains surrounding Sarajevo in order to shell the city, life for the citizens changed radically. What was once a city of coexistence, mixed marriages and patchwork identities became a city where people mistrusted and turned against each other. Cohen (1998) writes that the former assemblage of identities is captured in photographs that people saved. However, in each of the pictures is somebody who is now dead, or has disappeared, or has departed to Serbia. Although the pictures are still reference points for people's memories, the days in which they were taken

are hard to imagine: “For Haris and Bisera and Fida and Asim in Sarajevo – and Slobodan, Jasna and Vesna in Belgrade – it became harder and harder to recall the world that had once placed them in the same photographic frame” (p. 158). In that sense, the war was a “giant threshing machine” that not only tore the pictures to pieces but the social relationships that they display.

In the post-war years, the variability of memory became painfully apparent when people were required to provide detailed descriptions of their missing relatives and friends for agents working for missing-person identification teams. For example, Wagner (2008) describes that often mothers in particular could not recall the height of their missing son, but tried to estimate it based on their memory of how high he stood relative to the doorframe of their house. However, in many cases such reference points eluded the women who were trying hard to remember the physical characteristics of their children – all of the reconstructed houses had higher ceilings and doorframes than the pre-war homes, especially those found in the countryside.

These examples show that depending on the context, reference points and audience, the memories of individuals and social relations may change. In order for such social narratives not to become meaningless, fall prey to relativity and lose their importance in the understanding of war, it is crucial to analyze them in relation to the changing historical and cultural contexts, social relations and identities (Kuhn, 2002).

4.4 The Selective and Constructive Nature of (Collective) Memory

In recent decades discourses on public memory have increased and there have been unparalleled efforts to collect, store and preserve historical representations of the past (Bourguignon, 2005; Huyssen, 2000). Simultaneously, however, scholars point to social processes which serve to erase, forget, suppress, oppress and deny collective memories (Esposito, 2008; Kansteiner, 2002; Middleton & Edwards, 1990; Middleton, 2002).

As forgetting is undeniably part of memory, scholars refer to remembering and forgetting as interdependent rather than exclusionary features of communicative action (Huyessen, 1995). In other words, “remembering and forgetting are not agonistic properties of mind, or culture, but interdependent orderings in the ways in which selections are made in the flow of experiences as both individually and collectively relevant” (Middleton, 2002, p. 81). For instance, Brockmeier (2002) refers to Markus, Mullally and Kitama (1997) when stating that people remember according to different social frames, emphasize different aspects of their experienced reality and forget whatever does not fit the collective frame by failing to pass it on from one generation to the next (see also Assmann, 1995; Block, 1996; Reulecke, 2008). Similarly, Irwin-Zarecka (1994) writes that “individuals are perfectly capable of ignoring even the best told stories, of injecting their own, subversive meanings into even the most rhetorically accomplished 'texts' – and of attending to only those ways of making sense of the past that fit their own” (p. 4). An example of such mnemotic selection is provided by Tschuggnall and Welzer (2002) who examined German family contexts and the ways recollections of the national socialist past are negotiated in intergenerational discourse. They found that memories are recomposed in the course of their transmission to serve different functions. On the one hand, they enable younger generations to think and talk about National Socialism as a criminal system to which millions fell victim. On the other hand, their own relatives are positioned within this system as people “who had nothing to do with it, or, better still, as people who did what they could to alleviate suffering” (p. 143) in order to keep the family history intact. The authors conclude that it is through selection, attribution and interpretation that people establish trajectories of significance and participation in terms of experience so that they become individually and collectively relevant (see also Welzer, Moller, & Tschuggnall, 2005).

In his article “Seven Types of Forgetting” (2008), Connerton distinguishes between political acts of mnemotic selection that often lead to loss of historical knowledge for entire societies or groups therein. These include repressive erasure,

prescriptive forgetting, forgetting that is constitutive in the formation of a new identity, structural amnesia, forgetting as annulment, forgetting as planned obsolescence and forgetting as humiliated silence. Actors involved in practices like this are largely states, governments, ruling parties, civil society groups, members of entire systems of economic production and small communities such as kin groups and families. During the wars in the Balkans, for example, memories were manipulated and partly lost through mass killings, expulsions of the population and the destruction of historical sites and archival records (Supple, 2005). However, although such “state-sponsored forgetting” aimed at the destruction of heritage and memories, the violent acts remain imprinted in the minds of survivors and on the landscape itself. Based on this, Supple concludes that memory can never be entirely exterminated, and should, therefore, be analyzed not only through what exists, but also “through a recognition of what is absent”.

Although scholars like Connerton, Middleton and Brockmeier write about strategies leading to social acts of forgetting, the examples outlined above show that it appears paradoxical to speak of forgetting as choice or strategy as we don’t know how to produce forgetfulness actively (Espoisto, 2008). Eco and Migiel (1988) note that while it is possible to forget accidentally as a consequence of repression, drunkenness, drugs and cerebral lesion, there are “no voluntary devices for forgetting” (p. 259). Therefore, Irwin-Zarecka (1994) advises that one should keep psychological or psychoanalytical categories at bay when writing about social forgetting and focus on social, political and cultural factors instead. Although forgetting is mostly used metaphorically in collective memory studies, the exclusion of psychological categories is short-sighted as it fails to take into account the socially produced “unspeakability of suffering” (Hackett & Rolston, 2009). Survivors of extreme violence such as genocides are often unable to articulate their experiences partly due to a sense of shame and fear of humiliation for having to beg for mercy or for having acted less than heroic in the face of suffering, feelings of guilt for having survived while others have died, or seeking

to protect others, especially their children from the horrors that they had experienced (see also Bourguignon, 2005).

Kirmayer (1996) introduces the concept “landscapes of memory” in order to bridge the social and psychological aspects of remembering. Landscapes of memory are shaped by “the personal and social significance of specific memories” and draw from meta-memory that is, “implicit models of memory which influence what can be recalled and cited as veridical” (p. 175). By referring to the distinct experiences of survivors of the Holocaust and those of survivors of childhood abuse, he states that it is often presumed that while survivors of the Holocaust remain silent due to the inadequacy of words to express the horrors they have witnessed, survivors of childhood trauma suffer from dissociative amnesia, a resolute partition of memory, self and experience. However, research has shown that it is more complicated than this. Although Holocaust survivors experience often insurmountable emotional difficulties when talking about their traumas, they are aware of the fact that what they have lived through is a recognized human catastrophe. Many survivors feel compelled to tell their stories and, thus, bear witness to the abhorrent deeds of the Nazi regime. For instance, Spielberg’s Shoah Foundation has completed 52,000 interviews with Holocaust survivors and is now undertaking a multi-year, multimillion-dollar effort to duplicate each of the testimonies in a digital format and provide access to them in a Visual History Archive (<http://college.usc.edu/vhi/preservation/>).

The social space of Holocaust survivors differs greatly from the space available to survivors of childhood abuse. It is often not clear how many of the survivors of childhood abuse actually experienced dissociation and how many refrained from seeking help as their stories of abuse are revelatory, shameful and perceived as damaging to the individual and his family. Similarly, McNally (2003) writes that studies claiming high rates of amnesia in women survivors of sexual abuse overlook that some of them may have been too young when they were taken to the hospital to remember (childhood amnesia) or may in fact remember their abuse, but choose not to talk about it to interviewers. In Kosova, for example, groups of women were forcibly kept for several days in Serbian

strongholds or public places and were forced to cook, clean and endure rape or other forms of abuse by Serbian military/para-militaries (Wareham, 2000). However, the actual numbers of victims of rape and sexual assault remain contested due to the reluctance of the victims to speak out of fear of stigmatisation and reprisal (Baker & Haug, 2002; Berishaj, 2001).

The examples show that silence does not necessarily mean forgetting since there are both psychological and social factors at play which determine whether people decide to tell their story or to remain silent. Yet, not only in the case of sheer brutality, memory is always transitory, unreliable and haunted by forgetting and cannot be stored for eternity no matter how hard we try to secure it with monuments and digital retrieval systems (Huyssen, 2000). Therefore, it is more compelling to study how historical representations are negotiated, selected and presented by individuals and groups to order their past, to shape their present and to show responsibility for what they imagine their future to be.

Chapter 5: The Power of Collective Memory in Krusha e Madhe and Pastasel

Villagers in Krusha e Madhe and Pastasel were exposed to extreme forms of violence and destruction during the war. Both before and during the NATO air campaign from March to June 1999, relations in the municipality of Rahovec, where both villages are located, were tense and violent partly due to the regular activity of the Kosovo Liberation Army (KLA) in the area. War crimes such as large-scale executions, sporadic killings and the abduction of civilians were committed by Serbian forces throughout 1998/99. Between March 24 and 27, 1999, Serbian military, paramilitary and armed civilians entered Krusha E Madhe and killed 241 civilians, among them five women, seven children and many of the elderly. While the surviving population fled to Albania, Serbs destroyed 793 houses, burnt the mosque and cultural center and demolished the school and various historical monuments. Another major atrocity in the municipality of Rahovec was the massacre committed by Serbian forces in the remote village of

Pastasel on March 31, 1999. 120 men were separated from the women and children, mistreated and shot with machine guns. Thirteen men survived the massacre but were seriously injured. Women and children were sent by Serbian soldiers to Albania on foot while most of their houses and stables were burnt, agricultural equipment destroyed and livestock killed.

Though their experiences during the war were similar, men and women from Krusha e Madhe and Pastasel are confronted with different challenges due to differences in geographical location, economic conditions, political and social organization and international and national assistance. In the following I will explore how individuals and groups remember, express and cope with violent experiences and reconstruct their lives in the aftermath of conflict by focusing on how actors in different social contexts mobilise personal and collective memories through symbolic interactions, narratives, performances and rituals. More specifically, I will describe each village separately by emphasizing the different ways in which individuals and groups in both locations imagine the history of their villages, remember their war and post-war experiences and rebuild their organizational structure and leadership. The accounts will serve as crucial background information to better understand how expressions of distress and suffering are shaped by historical events as well as by beliefs, values and cultural norms.

5.1 Krusha e Madhe: Remembering Past Hardships and Dealing with Present Challenges

Krusha e Madhe is located along the main road connecting Gjakova and Prizren. It is the biggest village in the municipality of Rahovec with a population of approximately 5894. According to a document put together by the village representative, Kari Dellova, 96.5 percent of the population is Albanian and 3.5 percent Roma. Like the rest of the country, the population of Krusha is very young, and children constitute 49 percent of the population. The physical landscape of the village mirrors the troubled past and the present challenges of the post-war community. Overlooking the village from one of the surrounding hills,

one would think it was a newly built housing settlement. Yet, a walk through the narrow, winding streets tells a different story. The bare brickwork of the rebuilt compounds line the streets many of which are still under construction missing stories, roofs and windows. In between rebuilt compounds, the ruined walls, burnt houses and bullet holes around doorways recall the destruction and violence of nine years ago. Other reminders of the atrocious events are the cemetery of martyrs near the village centre, the monuments to war heroes and graffiti on the walls of the compounds and bus stations glorifying the Kosovo Liberation Army, listing names of missing people and calling for the *Kosova Republik*.

By contrast, the streets are always full of life with people visiting neighbours, doing business, exchanging the latest news on the terraces of cafes, going to political meetings and returning from prayer at the mosque. In order to better understand the daily life unfolding around me and be on top of the latest village news and gossip, I spent much of my morning running errands for the household in which Cees, my husband, and I lived. Following the washed out dirt road into the village centre I passed first the private clinic of Dr. Besniku, and then the *ambulanta* (outpatient clinic) and pharmacy next to it. In Krusha e Madhe there are two private clinics and one *ambulanta* that provide basic health care to the population. While the private clinics are often overcrowded, the state sponsored *ambulanta* tends to be empty due to a lack of personnel, equipment and medication. Like all *ambulantas* in the municipality of Rahovec, this one is named after Dr. Fahredin Hoti, a doctor from Krusha e Madhe who was killed by Serbs during the war. According to the nurses working in the *ambulanta*, Dr. Hoti had heard that his 15-year-old son had been killed by grenades in Nagavc, a village close by. With admiration in their voices they told me, “he tried to reach the place in order to look for his son and provide first aid. On his way from Krusha to Nagavc he was shot by a sniper. There are people who reported that he tried to stitch his wounds before he died.” Dr. Hoti is a local hero who has slowly become a legend symbolizing bravery, endurance and altruism in the face of suffering.

The traffic of pedestrians became livelier the closer I got to the centre of the village. Groups of small schoolchildren passed me shouting “*miredita!*” [good

day], reciting verses and chatting to each other while trying not to get in the way of the elders walking up and down the road in a stately manner. Young men tried to manoeuvre their cars patiently through the crowd while exchanging greetings with friends sitting on the verandas of coffee houses and small restaurants. After I passed the car wash and the butcher shop, I reached the first vendors selling bags of spinach, red apples, cartons filled with oranges, bundles of garlic, potatoes and white cabbage from the loading beds of trucks. Male vendors quietly bargained with villagers and vendors from Albania who then loaded their purchases into the trunks of their old cars or three wheelers. In the middle of the village square lined by internet cafés, a pizzeria, two bakeries and the old mill, vendors sold bales of hay, chalk and wood from the back of their trucks. Market prices were incredibly low and people lamented accordingly: they did not stand a chance of selling their produce for a fair price, were not able to support their families financially, and it was difficult to manage without financial aid from relatives living in the diaspora, the government or humanitarian organizations.

In the following, I will describe how memories of the war shaped the village's current social and political organization, establishment of support networks and decision-making procedures. More specifically, I will, first, examine narratives that attest to the resistance period prior to the war, the beginning of the war, the massacre and the expulsion that followed and the return from exile. Then, I will rely on interviews and observations to describe how collective memories of the war influence village politics, the organization of civil society and community engagement.

Living With Memories of the War

The cemetery of martyrs is an important landmark in Krusha e Madhe, and, at times, life seems to revolve around the 241 martyrs who lost their lives during the massacre committed by Serbian forces between March 25 and 27, 1999. In order to understand how men and women in Krusha remember and recount the war and its consequences, and how these memories affect and shape communal and individual decision making, I will outline how villagers described

and made sense of the political tensions before the war, the war and the mass killings, expulsion and refuge and return from exile.

From Peaceful Resistance to Rising Support for the Kosovo Liberation Army

Following 1989, the National Assembly of Serbia modified the Serbian constitution by reducing Kosova's autonomy significantly. Kosovar Albanians all over the country responded immediately by building up a large scale civil resistance. The Imam, Isaak Rexhepi, explained to me that the population was under a lot of pressure and that he dedicated much of his time to preparing the villagers for the expected social and political upheaval. "I prepared them to be patient and sincere. I followed Rugova's example who had introduced the concept of peaceful resistance in 1990." Due to Serbian repression, Isaak was prohibited from leading the evening and night prayers in the mosque. Instead, he gathered and preached to the congregation in the *odas* (men's guest rooms) of private houses. "The most interesting meetings took place in the *odas*. I talked to them [men] in my capacity as Imam and did not interfere with politics. But, nevertheless, I prepared them spiritually for what was to come".

Village activists, on the other hand, became politically involved following Rugova's call to create a parallel governmental and social system. The village representative, Kadri Dellova, recalled, "I was an activist in the village. My aim and the aim of the villagers was to create government parallel to the Serbian one. I and my friends tried to realise the establishment of a Kosovar republic". The group of village activists called itself the Youth Forum and organised cultural and political activities such as protests, discussion forums, concerts, sport events, knowledge quizzes, literature and poetry readings, etc. In addition, the young men tried to promote the education of girls: "We believed that it is not advantageous to an independent state to have women that are not civilised".

Despite the success of the parallel system, the population became increasingly impatient with the continuing Serbian oppression. As a consequence, Rugova's position started to crumble and support for armed resistance increased. The appearance of and support for the KLA marked the end of passive resistance

in Kosova. In Krusha e Madhe, the KLA had a large following among young and middle aged men. It is not clear how many men were directly involved as soldiers. Kadri admitted, for example that he did not know the exact number of freedom fighters, but knew that twenty-two young men from Krusha died “at the front” in Pashtrik, Drenica and in the mountains surrounding Suhareka. Members of the KLA received great support from the villagers. Village activists provided “logistic material”, food and fresh clothes to the soldiers. “Whatever the KLA needed, we tried to provide it” remembered one of the activists. Even the Imam supported the soldiers by providing them with food, clothes, spiritual support and morality. He said, “I was strongly connected to them in a spiritual way throughout the two years. I risked my life not only once but many times by helping them”.

During a micro-credit meeting⁷ women shared their opinions of the KLA soldiers. Valbona got up from her *shilte* [foam mat] and raised her voice for us to hear her story: “I wanted to see the soldiers and asked my husband to take me to them. I told him, ‘I would not mind dying right afterwards, but I have to see them’. When I saw them I was as happy as I had been when I gave birth to my first child. My husband saw my joy and asked whether he should join the soldiers since I liked them so much. I said ‘It is up to you, but we all have to give something’.” The hostess interrupted her, “The war didn’t know parties. LDK, PDK, whatever, all fought together. It was not about parties, we could only survive by sticking together”. Although most of the women agreed, others voiced their anger about how several soldiers of the KLA enriched themselves after the war. “Where does the money come from for the private gas stations, restaurants, big houses and cars? Where? The money that was donated by the diaspora and people inside Kosova was meant to serve the purpose of the war. It was supposed to support the goal of winning the war. But, it was not supposed to be spent privately and invested privately.” An elderly lady who is known for speaking her mind complained loudly, “Where have they been after the war? Has one of them invested in the streets? Let’s hope that Thaci [Prime Minister] will do it.” In an

⁷ Micro credit meetings were held twice a week in Krusha by the KGMAMF Micro Credit Project.

impish tone she added, “And, he is so handsome. He will scare the Serbs away with his broad chest. Long live Thaci!” As usual, she had everybody laughing.

First Attacks and the Beginning of the War

The KLA’s first attacks were swiftly met by the Serbian military police with harsh counter-attacks directed at villagers who provided shelter to KLA fighters. Villagers in Krusha e Madhe lived in great fear listening to the news and rumours about war crimes such as rape, torture, looting, pillaging and arbitrary arrests committed by the Serbian forces and authorities mainly in rural communities all over Kosova.

On our way to Gjakova, from the back seat of my car, Makfire told me about the terror she had felt during that time: “Always when I am on this road, I remember how my husband drove me and my son to the Gjakovar hospital.” She pointed toward snow-covered fields on the right hand side. “We drove here and when we passed the little road in the field over there, we saw the body of a dead man.”

Iliriana, my translator, interrupted, “This was Mimoza’s husband. I am related to his wife through my husband”.

“Good God. This was terrible. I can still see him lying there. The Serbs stopped us and searched us. They held something like a pistol under my son’s shirt. The elder in our car said, ‘Don’t do this to children. Take us instead, he is an innocent child.’ This day was the last day that I saw my husband.” We continued our drive in silence not knowing what to say.

At around the same time Makfire was driven to the hospital, other villagers prepared to go into hiding in the surrounding villages, the hills and the marsh. The wife of a local family doctor told me: “Just before the NATO bombing we fled to Nagavc. Since my husband provided KLA soldiers with first aid, they had given him a gun and an automatic. We had the weapons and medication with us in the car. When we arrived, the village Celina had already been burnt. But, Krusha was still standing. We stayed with a family whom we knew well hoping that the Serbs wouldn’t find us.” Celina is located at the crossroads of the main road of Gjakova

-Prizren and the smaller road to Rahovec-Krusha e Madhe. According to the report “Reality Demands”, it was a village through which thousands of refugees passed on their way to Albania via Prizren and which provided shelter to approximately 5000-8000 people from the surrounding villages of Hoce, Bellacerke, Bresto, Nagavc and Xerxe.

A family doctor from Rahovec described the chaos, panic and confusion in which whole families wandered from village to village: “The villages surrounding Rahovec such as Krusha, Potocan, Radkoc and Drenoc were full with citizens from Rahovec. We didn't know where our family members were because the escape was messy and took place during the night. ‘We will go here, we will go there, we will go to this site...’ I got separated from my family because I decided to stay with the wounded people. When I went to Potocan, someone told me that my family was on its way to Celina; someone else told me that they were on their way to Drenoc.” Their fears heightened when NATO air force started its bombing campaign and humanitarian conditions deteriorated severely. On March 24, Serbian police and military forces surrounded Krusha e Madhe. Isaak remembered: “The police were on the main street, on the asphalted road and many citizens escaped to the mountains.” One day later, Krusha e Madhe was attacked by Serbian forces from the direction of Nagavc and Celina. Tanks were positioned at the top of the surrounding hills and began to shoot down in the direction of the village and marsh areas where people had taken shelter (International Crisis Group, 2000).

Valbona's Memories of War and Terror

Valbona had invited Iliriana and me for coffee to her compound. While sipping the strong Turkish coffee and smoking cigarettes she started to talk about the war and her experiences. Iliriana and I listened without interrupting to the following tense account:

“When thinking about the war, I imagine that it isn't real. It seems like a movie. I mean, now I know how the movies are made. I saw houses burning, cows lowing frantically in their stables, people running... I knew that we would have to

flee eventually into the mountains. I started to bake about 40 *gurabije* [crumpets] and filled a bag with them. In addition, I went to our doctor and bought band-aids, big and small injection needles, one litre of *raki* [schnapps], needles, thread, wire and pliers to be prepared for the worst. All this, I put into a large bag.

A few days later, my brother-in-law announced that it was time go into hiding as the Serbs were already in the village burning and shooting at houses. Since my husband was not around and I didn't know how to reach him, I took my bags and the children. My youngest son was two years old, my daughter was eight years old and my oldest son was fourteen years old. Up in the mountains, we joined a group of men, women and children. I was very angry at my husband and though, 'He should die right down there'."

"Why did you think this?"

"Because I didn't know where he was; he left us alone. However, in the middle of the night, I heard him coughing close by. I turned my head asking, 'Is it you?'

'Yes,' he said.

He had joined us and I told him, 'You know what? I want to go back to our house.'

He said, 'Are you crazy? There is nobody in the town and the houses are burning.'

I was determined and said, 'If I have to die, I would rather die in my home than here. If I have to die on my own, that's fine.'

My husband got up and asked loudly, 'Is anyone willing to follow my wife back down into town?' Silence; nobody said anything. I didn't care. Instead, I lifted my bags on my shoulders, took my children and started walking back down.

At home, I put my children on the mattresses near the wall. I covered them so that they could sleep a little bit. I, on the other hand, waited. At 4 am, I had everything ready. I grabbed my bag, a mattress and my children. You know, I didn't go anywhere without that bag. I met my husband, his brothers and his nephew out there and together we walked up the hill. We found a brick wall up there behind which I lay my children trying to protect them. It started to rain and

my husband's brother said, 'Let's go back down. What are we doing here in the rain?' We took all our things, walked back to the house and hid in the basement.

After some time, my husband noticed that several of our relatives had returned as well. He decided to let the people in. Men, women and children poured into the yard. I ushered everybody into the basement. We were between 80 and 100 people down there. When sleeping we laid next to each other like sardines. All of a sudden, we heard soldiers banging on the compound door. Bang, bang, bang! We didn't say anything. The banging became fiercer and I asked, 'Should I open the door for them? If they get angry, they might kick the door in, search the place and kill us.' The old men didn't think that it was a good idea and advised me not to open the door. Finally, they went away. I went back up to my room to see where went. They had gone to our neighbours banging at their door; but, nobody opened.

At night, the children were crying while the men managed to sleep. I couldn't stand it any longer and decided to leave the room again to see what was going on outside. The village was burning. All of a sudden, I heard several women crying downstairs. I wondered, 'What is going on?' I walked downstairs asking, 'Why are you crying?'

They told me, 'The men plan to flee'

I looked for my husband lifting up all the blankets. When I found him, I asked, 'Are you planning to leave?'

'No' he said, 'I will stay with you'. Early in the morning, the men went into another building across from ours. The women and children were in the basement waiting. I went into one of our washrooms and took a chair in order to look through the small window into our yard. By that time, Serbs were everywhere. In fact, they had put tables in the yard and had started drinking beer. I was scared thinking, 'What will they do to us if they find us?' I mean we had lots of young women and pretty girls in the basement. Finally, I decided to go outside with the two old men. The Serbs saw us and came toward us. They asked, 'What are you doing here?' I could understand and speak just a little bit of Serbian. They also asked if there were men around. I didn't know what to say. If I said 'yes',

they would have shot all of them. If I said 'no', they would have started looking and shooting them as well as me and my children. Therefore, I decided to pretend that I didn't understand them. I just shrugged my shoulders. The man repeated the question louder and I kept shrugging my shoulders. After he repeated his question angrily the third time, I said to him in Albanian, 'I know that you want to ask me something, but I don't understand you!' The whole time, he pointed his machine gun at me. He asked if there were other people around. I said, 'Yes, there are women and children in the basement.' My sister-in-law heard me saying this and whispered that her husband was down there as well. I didn't know what to do and felt like a traitor. I told them that there was a man downstairs as well and they asked me to bring him upstairs. My brother-in-law was followed by my little son. When the Serbs were about to take my brother-in-law, I picked my son up and pinched him on both of his arms. Due to the pain, my son started to wince and to twitch. The Serbs asked, 'What's wrong with him?'

I replied, 'He is scared.'

'What is he scared of?'

'That you will kill his uncle.'

'Don't be scared' they said. They wanted money from my brother-in-law. Since he didn't have any, he told them, 'My wife carries 1500 Deutsche Marks in her bra. She could give you 1000 Deutsche Marks if you let us keep the rest as we need to buy food.' They agreed and asked him to get the money. I was scared that they would start searching us women for money and do all kinds of things to us. When they demanded the money from the other women as well, I offered to go downstairs and collect it. I went from woman to woman like a beggar telling them to hand me over all their money. I returned upstairs with 5000 DM.

Soon the next group of Serbian police entered in our compound. I went back outside to greet them and they demanded money. What I had left were 20 Deutsche Marks and two of my sister-in-law's rings. I opened my purse and let them look at it. One of them said, 'You must be kidding me. You wouldn't offer this to children.'

I replied, 'No; I guess not even children would take it. But, this is all I have left'. He ordered me to collect the women's jewellery. I went downstairs collecting bracelets, necklaces, rings and earrings. I carried the gold in both hands and gave it to them. The Serbs asked, 'is this all jewellery? We ought to check the women and if we find one who didn't hand all her gold over, we will shoot you all.' I remembered that I put two of my rings into my daughter's jacket and told them, 'I know from whom I took the jewellery. Let me check as you wouldn't know who has given and who hasn't.' I got the rings from my daughter's jacket and collected the rest of the jewellery.

From then on, Serbs intruded by the hour. At one point, I decided that I needed to make bread for the women, children and men. I went up to a Serb and asked, 'Would you mind if I make a fire and bake some bread?'

He replied 'Go ahead and cook'. So, I started making a fire in the yard and baking bread for everyone. I prepared a mixture of milk and bread for the men, filling a big metal pot. I pretended to feed the cows. Inside, I served it to the men but my husband told me that he couldn't eat.

'Eat it', I said.

He responded, 'I can't. For days I have been carrying your *gurabije* [crumpets] in my pocket and can't eat them. I can't eat if I can't protect my wife and children.' Once these Serbs left, I told my husband, 'I can't provide them with anything anymore. When the next group comes, you have to come with me. We have to find a way out.' When the next group came, they asked me if my husband was around and I told them that he was in the cow stable looking after the cows. They ordered my husband to get the rest of the men. All of us were outside by then and they separated the women from the men. The men stood lined up against the wall and I was sure that they were going to execute them. But, none of this happened. Instead they demanded, 'Get your trucks, put white towels on the windshield and get going.'"

Although a very personal account, it reflects many of the narratives that I recorded; it is more than just an isolated experience, but a testimony that speaks for many who endured a similar fate.

Massacre and Expulsion

According to the Reality Demands report, on March 26, 1999, the Serbian military and paramilitary discovered 200-600 civilians hidden in the surrounding hills and the marsh. They separated the men from the women and children, robbed the women of money and jewellery and sent them to the mosque. The men were ordered to lie face down on the ground, whereupon paramilitaries carrying sticks walked up and down the column tapping certain individuals. Those who had been tapped were taken away and never seen again. Another group was ordered to go to the mosque (International Crisis Group, 2000). Since then, the mosque has been a location of ambivalence: a location of hope, prayer and teaching as well as of gruesome memories of indescribable brutality and terror.

Isaak, the Imam, and I had coffee in a café next to the gas station on the highway when he said, “I will tell you a little bit about the mosque. When we returned from Albania, the very first discoveries were made in the mosque. Inside the mosque we found a lot of women’s clothes including underwear and bras, blankets, cradles. I don’t know what happened in the mosque, I wasn’t present. I don’t know if there had been rape, but according to the clothes we saw, it must have been extremely dangerous.” Other men talked to me about a house in which women were kept for several days, endured rape and other forms of abuse and were later chased through the village naked. However, no reliable information exists about the actual number of victims of rape and sexual assault due to the reluctance of the victims to speak. Kadri explained, “Women here don’t talk about rape. It is considered a shame; they are alone with their grief and their pain. Nobody is there to help them. Our society is no support to them.” Similarly Refki said, “We talk about the massacre, we talk about the dead, we talk about missing people, we talk about torture; but, we don’t talk about rape and we don’t let the women talk about it. This is still part of our society, and it is bad that we don’t offer any support to these women.”

At the mosque, the women were separated from the men and ordered to leave without turning back. Arieta said that they heard machine gun fire as they

were walking. Among the dead was her husband. She shook her head sighing, “I saw how difficult it is to die. After they shot them, their bodies were still bouncing up and down.” Some of the women walked to Rogova while others went to Nagavc where other tragedies unfolded. The group of women, children and elderly who walked to Rogova were stopped by Serbian police at the bridge leading into the village. For many of them, the bridge is imbued with memories of terror.

During a visit, Edona showed me her daughter’s painting. I was stunned by the colour, energy and symbolism. A wild river impossible to cross flows through woods and meadows. A path ends at a small white house which is shielded from the river by a wooden wall and trees. In the background an orange sun appears behind white mountains. It doesn’t seem to shine.



Painting by Edona’ daughter

While looking at the painting, Edona tells me how her then 15year old son survived. “He was taken hostage by Serbs; just like the other men. However, the Serbs let everyone go who was younger than 16 and older than 60. So, he came back home with some of the older men. Immediately, we took a few things and

tried to flee to Albania. In Rogova we were stopped at the bridge leading over the Drini. My son wore combat boots which his uncle had sent him from Germany once. Since they looked like military boots, the Serbs accused my son of being a terrorist. They took him and dragged him into a house where they had shot two men just before we arrived. While my son was inside the house, two old men tried to cross the river as they did not want to pay to cross the bridge. The Serbs noticed the men and ran after them. In the hurry and chaos that ensued, my son was able to run out of the house and cross the bridge with the rest of us.”

The story and painting merged in my mind into a powerful image of *angst*. The image was evoked once more when I drove with Sphresa and her daughter over the same bridge. Lighting a cigarette she remembered how they were stopped at the bridge by Serbian policemen. She was carrying her three-month-old son in her arms and held her three-year-old daughter by the hand. All of a sudden, she was approached by a policeman who snatched her baby from her. With the baby in his arms he stood in the middle of the bridge threatening to throw the baby into the water. Shpresa and her daughter panicked and screamed at the top of their lungs until the policeman gave the baby back to her. Since then, her daughter cries during the regular police stops conducted by local and international policemen.

In Nagavc, the Serbian police discovered the refugees who had sought shelter with friends and families. The wife of the local doctor recalled that Serbs ordered them to leave the house and gather in the yard. She carried her four small children outside and saw that the men had been separated from the group. “They asked the men to raise their hands. They pointed a gun at my husband, but shot a dog instead.” The women were afraid that they would have to witness the execution of their husbands. Instead, the Serbs ordered them to stay on the compound. “They told us that if we tried to cross the river, they would come after us and kill us all. My husband told them that we only need to go to the toilet once in a while and that the women would have to be able to go outside in order to bake bread.” Once the soldiers left, other troops arrived demanding money. Despite the order to stay on the compounds, there had been movement between them. For example, Makfire’s mother came over to tell them that the Serbs had stolen the

women's gold and jewellery stored inside their bras. On another compound, men had been ordered to lie face down on the ground. "They were not allowed to move. Although the soldiers had left, they didn't dare to get up. When our men found them, they were just lying like this." She shook her head, "Something different happened on every compound."

According to Isaak, there were more than 20,000 people in Nagavc before Serbian airplanes started bombing at 1 am. They killed 50 people and destroyed the whole village in one night. In one of the basements three women and fifteen children died when the house collapsed and the basement ceiling came down on them. Isaak remembered, "People who were outside that cellar had children inside and two of them had their wives inside. We couldn't do anything. There was a corner where the ceiling had not fully collapsed and an open space remained. The woman inside lit a cigarette lighter which I was able to see. We cut a place open and she survived while the others were buried under the rubble and dead." They had to leave them behind when they fled to Albania.

Facing the Destruction upon Returning from Exile

Between March 24 and 27, 1999, Serbian military, paramilitary and armed civilians committed a large scale massacre and destroyed most of the village. Kadri seemed to remember the destruction as though it had happened only recently. "It is still fresh in my mind what I saw in 1999. Believe me, it looked like Hiroshima and Nagasaki. It was so very much destroyed. As I told you the other day, people were also killed with gas. Massive killings, rape, stealing women's jewellery, people's throats were slit with knives - this is all part of the history of Krusha. You cannot imagine how a normal human being can do that."

Most of the refugees returned to Krusha e Madhe between June and August, 1999. Some of them never returned, but moved to other Kosovar cities or emigrated to Europe or North America. "Some families had nothing to come home to as everything had been burnt and stolen. They had no motivation to continue living here." Families that returned had to face the destruction and cope with homelessness. Arieta gave a chilling account during an interview. Together

with her in-laws she left Elbasan hoping to find her husband and son alive. However, when she arrived at the border and saw KFOR soldiers and tanks she started crying. “I felt deeply saddened, but at the same time, I felt a joy: the wish of my son had been fulfilled as Kosova was free.” When they arrived in Krusha e Madhe it was already dark. Her in-laws invited her to stay at their place which hadn’t been destroyed. In the morning she noticed a terrible smell – the smell of dead bodies. “Inside a neighbouring house 64 people had been burnt alive. When I stepped outside into the yard, I saw some Germans working in that house wearing white coats and masks. It was truly a bad smell.”

Although her sister-in-law tried to persuade her not to return to her own compound, Arieta sneaked away. She whispered, “When I arrived, I saw that everything had been burnt and destroyed, the house, the tractor and everything else. There was only a plastic cup and my son’s pants. I took them and hugged them. As my husband was a farmer, we used to have big greenhouses. The greenhouses had also been burnt and destroyed. Before we had fled Krusha, we had been working in the greenhouses and all our equipment was still lying around as we had left it. I just said ‘Oh my God’ and I escaped.” Instead of returning to her in-laws place, she moved in with other widows living next to her compound. “I shared the same problem, and we cried together for our dead people. At the other house, on the other hand, they were worrying about ‘I lost this thing, I lost that thing’. It was something completely different.” Meanwhile, her brother came and built a shelter for her to which she moved with her three remaining sons. She borrowed a *shporet* [stove] from a friend who was still in Albania, asked her neighbours for a pot and four spoons and said ‘*Bismillah*.’⁸

All participants in the study recounted similar stories. “You know, when we came back, we walked through the destroyed streets with our children. There were only women and children. We had nothing and didn’t know where to go”; “Everything had been burnt. I had to live at my mother’s place for three months”; “Our house was completely burnt and destroyed. We found shelter in kind of a

⁸ Short for *Bismillah ir-Rahman ir-Rahim*. Muslims often say this phrase when embarking on a significant endeavour.

stable. The wind was blowing and the rain was dripping in and my husband was very sick.” Most survivors felt paralyzed by the enormity of the devastation and their hope for the return of missing family members. However, most of them never returned alive. They were found in mass graves in the village, other parts of the country and in Serbia.

Several men felt that it was their obligation to exhume the mass graves in Krusha e Madhe. With the help of foreign pathologists, they ventured into the hills, fields and basements of houses to find the sites, and exhume, identify and rebury the bodies. Kadri invited me to the school to show me pictures and newspaper clips of what they had found. They were all stored loosely in an old, red plastic bag. He took a pile of pictures and threw them one by one in front of me. Instead of putting them in a pile, the pictures were scattered all over the desk. I felt overwhelmed by the content of the pictures and the chaos unfolding on the table. “Here you see the mourning family of two brothers that died. This is a real mass grave. In this mass grave you can see my teacher and another professor. This is a burnt corpse that we found. Here are more mourning women. Another mass grave. Here you see Refki with two pathologists. This is the skull of a child in the grass. This is where they exhumed the massacred bodies. Here you see weeping family members of one of the killed ones. This is where they bury the remains of the ones who were identified. Here you see a procession that carries coffins to the grave yard. This is the distorted corpse of my best friend with whom I went to primary school and high school. Again a mass grave around which old men are sitting looking to see if they can identify the remains of their sons...”

I was shocked. The mass grave sites showed men lying on their stomachs covered by dirt. One could only see their shoes sticking out of the dirt. Pointing at the shoes, Kadri identified the bodies talking about them as though they were still alive. “Here you can see xx and this is xx”. I could not take the chaos any longer and started frantically to sort the pictures according to size and topic into piles while Kadri kept throwing others on the table. Iliriana turned her head away not able to look at them.

After we put the pictures back in the bag, Kadri asked us to follow him to the village library. On our way, Refki turned to me saying, “You know Hanna, sometimes I smell the dead bodies. I can’t forget this smell!” He shook his head in frustration, “War is not just about killing humans. Where are my hopes and dreams when I was 16? Where did they go? They all died. Died! I can’t relive the time when I was 16. Life for one person came to a standstill. As you can see, we survived. But what now?” Shattered lives...

The library is neatly organized containing shelves filled with books and desks to work on. A man sat behind an office desk, available to the readers who hardly ever come. The books were donated by various organizations. Kadri told us to wait. He returned with some pictures glued on big cardboard sheets. Several pictures had been damaged by water and the images could hardly be discerned. Other pictures were still in very good condition. Iliriana took a quick look at the gruesome pictures and decided to keep reading the book in which she had taken an interest. I looked at mass graves, exhumed bodies, forensic experts, crying family members burying the bodies of their beloved. The exhumed bodies were distorted, black and covered with soil. On one of the sheets of cardboard, I saw five men lying next to each other on their stomachs – they had all been shot in the head. This picture burnt itself into my mind and I knew that it would stay with me for a very long time. The men seemed to be alive; I could imagine them getting up, dusting themselves off and walking back to their respective families. Yet, the second picture showed their burnt bodies later found in mass graves. Other pictures showed skeletons among the scattered red tiles of collapsed roofs. Kadri explained that these individuals had been gassed. Then, he stacked the cardboard sheets on top of each other and pointed at the man working in the library, “His father was buried two years ago.” The young man smiled and shrugged his shoulders. I remained silent.

The Anniversary of the Massacre

In Krusha e Madhe men and women described living through the month of March as a great emotional challenge. The anniversary of the massacres on March

26 was the subject of daily conversations, painful memories and a questioning of one's own survival. During an interview Edona said, "March is the most difficult month, from the beginning until the end because I'm nervous and think of why it happened and how it happened. On the 26th I think about how we were doing, where we were staying, and that we didn't have food and water nine years ago. By thinking you get nervous." Passing the cemetery in Krusha e Madhe the women counted down the days to the anniversary, "Another sixteen days. It is a month of sadness, crying and suffering. It is a difficult month for us." What follows is an ethnographic account of how individuals and groups prepared for and commemorated the anniversary of the massacre.

March 21st. While a German pop-band blasted "*Du hast den schoensten Arsch der Welt*"⁹ on TV, Makfire remembered to tell her daughters that she had to buy a wreath for her husband's grave. I offered to drive them to Gjakova for the purchase and Iliriana agreed to help us as she knew her way around the wreath vendors in Gjakova. The following day, Makfire, her only son Valon, Iliriana, Cees and I set out to find a wreath suitable for the anniversary of the massacre of March 26. We wound our car through the narrow streets of the old town until we reached a street with several vendors of grave decorations and coffins. In the first store, wreaths hung from the ceiling and along the walls. Coffins were piled on top of each other in the corners of the room. The shopkeeper, a short middle aged man got right down to business; he unrolled a red ribbon on his desk and asked us what he should write on it. I was taken aback by his abrupt manner and briefly wondered whether selling wreaths was like selling peppers or shoes at the market. Iliriana tried to turn his attention to the fact that we would prefer to look at the decoration first. He, on the other hand, seemed to have a hard time understanding that before you prepare a ribbon you should actually have a wreath for it. After examining the wreaths, Makfire didn't seem to be satisfied, so we went to the store across the street.

A teenager, a boy of about fifteen, came out of the darkness in the store and told us the prices. His decorations were no different from those of the

⁹ You have the prettiest ass in the whole world.

previous store. As it turned out, all the vendors of grave decorations and coffins on the street were owned by the same person. So we decided to look elsewhere. We passed the market, horse-drawn wagons, men and women with bulging plastic bags and the old and new Catholic churches until we reached a store that looked more like a kiosk for hardware and snacks. Inside, a fat, rough looking man approached us. Like the previous vendors he was gruff, impolite and made it clear that he wanted to do business. We examined heart-shaped wreaths made of plastic and paper. “The paper decoration is for seasons when it doesn't rain.”

Makfire found 25 euros too much; clicking her tongue and shaking her head, she announced, “I came all the way from Krusha just to buy a decoration in Gjakova. My husband died in the war.”

The man looked at her for the first time and asked, “Where did you say are you from?”

Makfire repeated firmly, “I came all the way from *Krusha*.”

He sighed, “Well, in that case I will sell you the decoration for 20 euros.” She agreed and decided on the heart-shaped wreath with light pink and white roses. “What do you want me to write on the ribbon?” the man asked.

“Memorial for Besnik Azemi – Valon and family.”

Iliriana looked bewildered and asked, “Are you sure?”

Makfire didn't understand her confusion, “I could also write: The son and family.”

“I would write: Makfire and children,” suggested Iliriana.

The difficult choices and moral obligations seemed to confuse Makfire, “Whatever you want, whatever you prefer.”

I interrupted, “Let her write whatever she prefers. If she prefers to have Valon's name spelled out that's fine.” Makfire decided on “Valon and family”. From her point of view, as the only male Valon is the head of the house even though he is only 9 years old – a point of view that Iliriana did not share.

From there, Makfire wanted to return to the first vendor to buy an additional wreath. On our first visit, the man had offered to sell her a wreath for 15 euros – a special offer. Now, however, it seemed the special offer had expired.

Upset, Makfire demanded loudly, “What is this? On our first visit you offered it for 15 euros and now it is 20 euros?!”

“But I earn only 1.50 euros from it” whined the man.

Makfire bristled with anger, raised her voice and said scornfully, “1.50 euros, yeah right!”

Finally he went back to the original price of 15 euros. While he was writing on the ribbon, Makfire confused him by asking him to add my and Cees’ names to it as well. The atmosphere was tense and when he misspelled my name, Iliriana lost her patience, grabbed the pen from him and finished the job herself.

March 26th. Early in the morning Makfire’s family – her six daughters, her only son and her two-year old granddaughter – gathered in the living room and waited for the anniversary of the massacre to begin. While Valon and little Elena seemed to be competing who could scream the loudest, Makfire sought distraction by baking three loafs of bread. “We will have many visitors” was her comment. At 9 am, her husband’s sister from Nagovc arrived on the back of a red tractor driven by her husband. Her head was covered by a white scarf, a symbol of mourning and she carried purple, plastic flowers for her brother’s grave. After exchanging greetings, I asked her whether she was sad – a common question to ask here.

She sighed, “Yes, very. It is very difficult. Thanks to Allah, we have this son.” ‘This son’ referred to Valon and made me realize for the first time how important his role in the family actually was. Both his father and he were the only male offspring in the family which made him the heir and sole proponent for continuing the patrilineage “Azemi”. Unfortunately, he has to carry this burden as a “special-needs” child who suffers psychological problems as well as physical disabilities.

Half an hour later the second sister-in-law arrived. While her nieces served coffee and peanuts, she burst out, “I am losing my head over this!” and fell silent again. From his mother’s lap Valon, who had calmed down, announced that he wasn’t going to go to the graves.

“Oh! He doesn’t want to go to the graves. Hanna, he doesn’t want to go!” the aunts cried, their voices trembling.

Makfire gave him two equally unattractive options: either come along to the graves or stay at home alone. Soon afterwards, the girls distributed the grave decorations including the ones we had bought a few days prior. In front of the house we formed a line, wreaths and flowers in hand, to walk to the primary school near the centre of the village where the rest of the villagers were gathered. As we walked slowly down the muddy street we passed a police car patrolling and men standing along the road watching and greeting the passersby. Our small family procession entered the school yard and joined the other families carrying wreaths and flowers in memory of their murdered loved ones. We stood in silence while the school children lined up in pairs and led the procession – six TMK soldiers, political representatives and finally the townspeople – toward the graveyard. To the right, a poster on a brick wall read “Father, where are you? I want to tell you that Kosova is independent now – after 9 years, won with the high cost of you,” and next to it pictures of the martyrs were displayed behind simple glass frames.

We passed an ambulance parked on the side of the road and entered the graveyard. We were stunned by the breathtaking view: the dark blue sky and distant snowy mountains, the colourful plastic flowers carefully arranged on the graves where, at the head of each, were children each holding a single flower. The arriving groups of women gathered behind a red and white striped banner which surrounded the graveyard while most of the men congregated in front of the stage across from the entrance to the graveyard. I thought to myself that even grieving was subject to a gendered division of labour.

The stage was decorated with a red cloth draped over a wooden scaffold and a banner reading, “*Lavdi Martireve; Krushe e Madhe; 26.3.99-26.3.08*”¹⁰ Above it hung three photographs of Ukshin Hoti, a political activist whose body is still missing, Skanderbeu and Adem Jashari.¹¹ From the loudspeakers issued

¹⁰ Translation: “Glory to the martyrs; Krusha e Madhe; 26.3.99-26.3.08”

¹¹ Adem Jashari was one of the founders of the KLA.

solemn funeral marches over the graves and the grieving population. We stood behind the barrier and our grave decorations. Women exchanged greetings and asked each other whether they were sad. The answer was always the same: “Yes, very!” In time, the sounds of sobbing grew louder around us. Makfire followed my gaze as I turned around. Five women were crying bitterly; Makfire started crying also. The woman next to her watched Makfire and in no time was in tears herself. A chain reaction of grief spread among the mourning women.

Eventually a woman who speaks at official events in Krusha and the surrounding villages was handed a microphone. She spoke of the newly won independence gained at a high cost and the gruesome events that had taken place in the village exactly nine years ago. It was a moving speech; the women around me started to sob more loudly and continued through the rest of the speeches. Kadri, the mayor of Rahovec and other politicians referred to Kosova’s independence, Ukshin Hoti represented the martyrs and missing people and described how the Serbian paramilitary, military and police forces killed civilians including teachers, professors, mothers, children and the elderly. In the meantime, young volunteers from the Kosova Red Cross distributed water bottles to the congregation and attended to those who were feeling faint. The speeches were suddenly interrupted by a paramedic running across the cemetery carrying a teenage girl in his arms.

“Now even the young people collapse!”

“Oh my God she fainted!”

“Where does this lead to?” were the cries of the women clearing a path to the ambulance. Elena, Makfire’s little granddaughter, was not impressed by the action. She got hold of two plastic water bottles and banged them together energetically or, alternatively, on the heads of the grieving women keeping them from becoming too emotional.

After the speeches were over, political representatives placed large wreaths at the base of the main monument and the barrier was lifted so that the rest of us could go to the graves to lay our own wreaths and flowers on the graves of family members. Besnik’s sisters, overwhelmed by emotion threw themselves onto

Beznik's grave. They rubbed their faces in the dirt and cried bitterly "My brother! My brother!" At other graves mothers and wives knelt weeping. The expression of public grief seemed to be the duty of the women as only very few men were present.

We left the cemetery with the other families to prepare for the visitation. Makfire and her daughters got the coffee, tea, salted peanuts and cookies ready to serve to the villagers who streamed in to give their condolences. At the end of the day, Makfire noted that she had had to host too many guests for her liking, "You know, it's great to have guests when you feel like having them over. However, when you are sad and tired, guests are too much".

Restoring Social and Political Organization after the War

Krusha e Madhe has been known for its politically active citizens since before the war. Much of the restoration depended on the aid of humanitarian organizations and the hard work of the villagers. To better understand how they influenced village life, I conducted interviews primarily with women, the village representative, elders, teachers and the Imam.

Humanitarian Aid and Family Support

I thank God for everything we have. I know that we received a lot of help from internationals, nevertheless, my thanks belong to God. I am not a politician. A politician might say 'We thank America, Germany, Holland, UNMIK and KFOR for their help.' It does not mean that I am not thankful for their help. But, foremost I thank God.

Isaak drew attention to the fact that Krusha e Madhe received more help than most villages in the surrounding municipalities. The village was rebuilt with the help of bilateral organizations and alliances such as NATO, Dutch and German KFOR, UNDP, OSCE and international organizations including ICS-IPSIA, Bankca Etika and Fcei dhe Acli from Italy; German and Italian Caritas; Kinderberg and ASB from Germany; Dorkas from Holland; USAID, CDF, Soros

Foundation and Lift Kosova from the US; DPA from Denmark; and others. Kadri gave me a pamphlet listing the various humanitarian organizations and said:

Several of these organizations did not only help with rebuilding houses or rooms of houses, but with stoves, wood; a German organization brought its experts to repair our tractors and cars. A Dutch organization provided us with combines and cows. In the first year, a family who had a calf had to give it to another family who didn't have a cow.

During interviews, women usually remembered several organizations that had helped their families to rebuild their homes and provided first aid such as food, clothing, medication, household items, etc. For most women, especially female heads of the house, it was an entirely new experience making decisions for their families and dealing with foreigners most of whom were men. Teuta remembered, "At the beginning, Dutch people brought packages of food to the village. I took some of my friends like Blerta and Shpresa and we went to get the packages. When we saw that only men were there, we turned around and went home without receiving help. 'Oh no!'" She laughed, "Yes! Four hours later, a man from the village came and said 'There are lists with names and you have to come to pick your things up.' Two of the women didn't go and only Shpresa and I went to get the packages with a wheel barrel."

Dutch KFOR assessed the living conditions of families and built eleven houses for war widows. Arieta was one of the recipients and told me:

I saw Dutch soldiers approaching. However, as we were scared of soldiers we started to escape. Dutch soldiers had come to take care of Krusha e Madhe. They came to my place and decided to build a house for me – the house in which we are sitting now. When they came, I asked them what they wanted and I was scared. When they said that they wanted to build a house for me I asked them in surprise 'What kind of a house?' I wanted to repair my old house that had been burnt. They said that they couldn't do that as they had calculated the costs and it was too expensive.

Other organizations provided families with roof tops, building materials, doors and windows, paint, mattresses, blankets, etc. Teuta remembered how she had been repairing rooms when her sister's father-in-law entered to inform her that "there are some English people" at his place who wanted to meet and help her. She invited them inside.

When they saw the room and the way I had worked on it, they asked 'Is there anyone around who can do the painting?' I replied, 'I wish God would send someone because for the moment there is no one'. He said, 'I can help you'. Material was bought and a painter from Krusha was paid for the job. They also paid for another door, bought wood for the floor and bought a carpet.

In order to organize and target humanitarian aid properly, the village council had prepared a list with the names of people whom they considered to be in need. On top of the list were the names of war widows to whom representatives of the village council sent agents of national and international NGOs. Although well organized, family names that did not appear on top of the list as they did not fulfil the criteria for eligibility fell through the cracks. Valbona said for example,

There were several organizations which wanted to provide help for people in need in Krusha. But locals from Krusha told them that families in need are those who lost the male head of the house. That is, needy people are, without exception, war widows. Nobody seems to look at our situation. When we returned from Albania, we hardly received any help just because my husband didn't die during the war. I am ashamed to say this, but we had to wash ourselves for three years in the outhouse.

Similarly, Marti and Don, an American couple who lived in Krusha e Madhe for 8 years working for their organization "Lift Kosova" told me that they tried to incorporate families that had not been named on the list provided by the village committee. Marti said, "Don found some people – about four families that are outside that initial group. Those four families have kind of fallen through the cracks of other organizations as they didn't meet their criteria. So we just said

‘Well, but they need help’ and we took on some of their projects because they couldn't get help anywhere else for various reasons.”

While male participants in the study stressed the solidarity that emerged between villagers in the immediate aftermath of the war, female participants in the study pointed out that they had not received help from other villagers since they were suffering from similar problems and had nothing to spare. On the contrary, they vividly remember corruption, misuse of aid by fellow villagers and inequity. Humanitarian aid did not always end up where it was most needed. Lorida explained during an interview, “Here in the village, the help was often misused. It is the truth, I could tell it in front of the population. A lot of families who didn't have any damage during the war and had a cow, received a cow again. Just like this.” Frustrated she added, “Five years ago my children were very small, I was running after organizations, trying to work, just for some money. I realized that I was not profiting from it and I quit.” A common problem was also the so-called “local mediators” who were contacted by organizations in order to decide who the people in need were, establish contacts and help to decide how the money/aid should be distributed. Valbona recalled that Women for Women International had managed to collect enough money to provide several families from Krusha e Madhe with 200 euros. Her name had been on the list and, like all listed women, she received only 10 euros: “A few days later, someone from the organization stopped by and wanted to know how I appreciated the generous help of 200 euros. I looked at the person in surprise and told her that I had received only 10 euros.” She pointed out that when mediators are not honest, money gets lost. Angry she concluded, “Hanna, I am sorry to say this, but I would like to warn those organizations not to provide help anymore as it never goes where it should go”. I heard many similar stories from women who complained that donations designated for a group of widows had been sold by other widows who got a hold of them first. Teuta said, “Another example is the beehives that we received from an English organization, from a woman called Amanda. Shpresa was the mediator and told us that we were supposed to provide her with 12 kg of honey for each beehive that we had received so that she could send it to a man called Abdul.

When we met Abdul he told us that the honey was not meant for him, but that we were supposed to keep the honey.” Others told me that an organization had donated three computers for orphans. Despite previous experiences with corruption, Shpresa was once more chosen as mediator. Instead of providing the children with the computers, she sold them and kept the money.

In addition to relying on humanitarian aid, family members from the diaspora returned to rebuild the village and help their immediate family. A man told me, “Much help was also provided by families from the diaspora who lived in Germany, Switzerland, Austria – they gave a very big contribution in order to re-establish economic life. Step-by-step we started to live a normal life. It is still not how it used to be, as perfect as it was before; nevertheless you can live here.” When I asked women during interviews “Who helped you to regain some of your economic strength after the war?” most responded that they had not received help from anybody, but had had to rebuild everything on their own. However, when I probed further, “Were your or your husband’s family members able to help you to regain economic strength after the war?”, women readily replied that family members had either immediately returned from the diaspora to help and invest money in rebuilding their homes, or that they had sent lump sums of money and material aid from wherever they were living at the time. Common responses were: “My sons were working abroad and returned when the war ended. They had an arrangement with KFOR to rebuild roofs in winter. They received tools and money”; “Only my sister-in-law sent us 200 Deutsche Marks when we were in Albania, and when we returned to Kosovo she sent us another 300 Deutsche Marks. She used to live in Germany”; “My brother-in-law lived outside, in Switzerland and helped us while my husband worked as a translator for the Germans”; “My husband’s first cousins and my brothers helped me. They came to help me to work in the fields, to harvest, to seed, to sell things at the market. It was very difficult”.

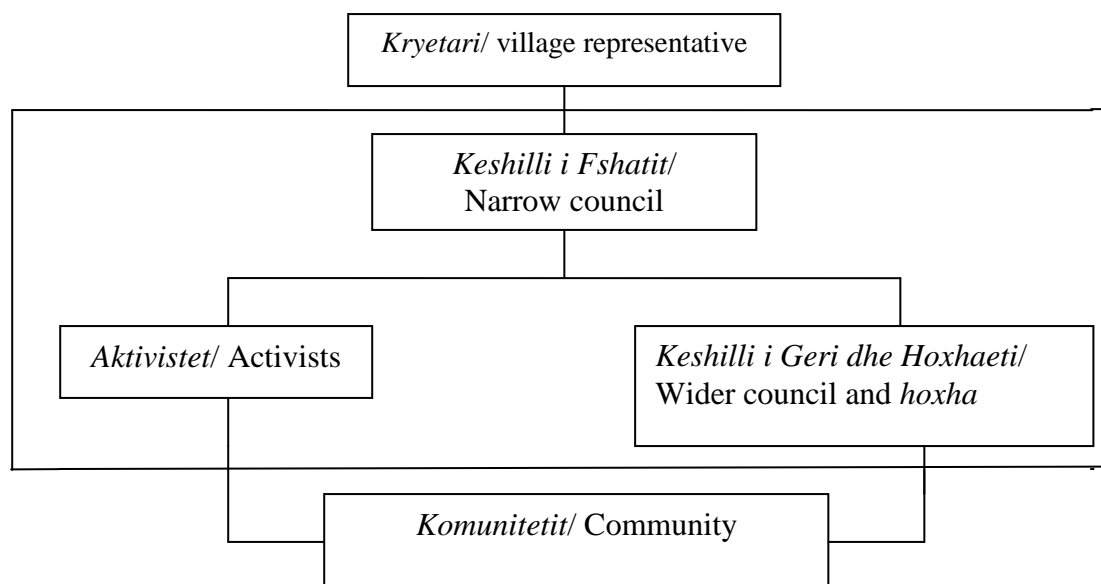
Yet, everybody in Krusha realized that village life depended not solely on humanitarian aid and family members from the diaspora, but on their own hard work. Families began to farm their lands, sell produce on the markets, work for

international organizations and sell handicraft. On the village level, men met to figure out how they could rebuild the local infrastructure. Kadri said “Everyone had to take responsibility and we created a village council, the commission for emergencies, the commission for rebuilding, the commission for starting the school, a commission for health and Refki and I established an organization concerned with war crimes.” After a few seconds of silence he added, “We are afraid that the shadows of the war are chasing us. But we keep trying to outrun the shadows.”

The Village Council and Civil Society Organizations

The village representative, Kadri Dellova, Iliriana and I met at the cultural centre to talk about the organization of the village. The cultural centre is located close to the village centre, next to the post office and the *ambulanta*. Upon entering a dark, stinking hallway littered with garbage, we walked up the concrete stairs to the second floor where we entered a dark room equipped with a couch, a coffee table, an old stove and a table surrounded by chairs. After offering us a seat, Kadri explained that the organizational structure of the village is determined by the narrow and wide village councils. The narrow council consists of fifteen members who represent political parties. “Presently, we have six members of the PDK, including me as president; four members of the LDK; two members of the AAK; and two members of the AKR.” No women are represented in the narrow council. Meetings of the council are organized ad hoc. “For example, pretty soon we want to put asphalt on the main road. The narrow council will decide on which stretch the asphalt will be put. That is, we take care of issues and problems concerning the village. First, we discuss the problems in a meeting and spread the news through the wider council to the communities.”

Kadri took a piece of paper on which he drew a diagram displaying the reporting structure and lines of authority of the village:



The village representative (*Kryetari*) works directly with the narrow village council (*Keshilli i Fshatit*). On the other hand, the village activists (*Aktivistet*) and the wider council including the *hoxha*¹² (*Keshilli i Gjere dhe Hoxhaeti*) report to the narrow council and to the village community at large (*Komunitetit*). Although the wider council is listed as a separate category, Kadri explained that the actual wider council includes the narrow council, the activists and the wider council and *hoxha*.

Village or neighbourhood activists tend to be educated men who are concerned about issues related to the infrastructure of the village including electricity, canalization and road conditions. “For example, if there is a problem with electricity, they gathered to raise funds by approaching the municipality, influential people and KEK [Kosovo Energy Corporation].” They also interact with certain members of the wider council. The latter is constituted by numerous, local, non-governmental organizations including the Youth Centre “Shpresa”, the American humanitarian organization “Lift Kosova”, the micro-credit organization “Zgjimi” (Awakening), Shoqata e Personave te Pagjetur “Kreshniku”, the Women’s Organization “Krusha”, the Women’s Organization “Drita” (Light), the Organization for Environment and Surroundings “Krusha E Madhe”, the Farmer’s

¹² *Hoxha* is a title used to refer Imams.

Organization “Perdrini”, the Cooperative of Agricultural Mechanisation “Krusha E Madhe”, the Soccer Club “Bashkimi” [Together] and the Organization for Culture and Art “Bajram Curri”.

When I asked Kadri who the most active women are, he provided me with the names of five women who belong to two large families. He added that women tend to be organised in associations to serve their own needs rather than those of the community. “They aim at being more independent by receiving training, going to courses, getting a driver’s license, working with bees and pickling peppers.” I remembered that a few days ago on television I had seen three interviews with farmer women from Krusha. Assuming that he had watched the documentary as well – after all, the interviews were the latest village gossip – I asked him about his impression. According to him, the documentary had not been done very well since “the first two women only talked superficially about this and that; only Shpresa provided good and detailed information. She was the one who gave a good interview because she's one of the war widows who engages actively in village life. I don't understand why they chose the other two women. I mean, they should've talked to someone like Makfire, who raises her children without a husband and works in the fields. There are many other war widows who could have been interviewed.” His statement did not surprise me since women with husbands are seldom portrayed in public despite the fact that their lives may be just as challenging.

Also represented in the wider council are the *hoxha* and the *hadji* (men who made a pilgrimage to Mecca). According to Kadri, the *hoxha*'s primary role is to teach the congregation about harmony, work ethics and respect. “He wants to teach people about how problems can be avoided and how cooperation can be established. However, his most important message is to respect the Muslim belief”. He added quickly, “You know that we are not radical; we are nothing like believers in Saudi Arabia.” I nodded and he continued to explain that the *hoxha* assembles mostly older men who are each the representative of a neighbourhood.

The Council of Elders

The elders and neighbourhood representatives play a crucial role in the village as they tend to be asked for advice on how to manage conflict between families, how to arrange marriages and how organize funeral rites. To discuss these issues they meet in café houses or *odas*. *Odas* are men's guest rooms in which male members of a family meet with their male guests. According to Reineck (1991), the *oda* used to be the primary social institution among men where important information was exchanged and where the family's honour was created and represented in the form of hospitality and *muhabet* (conversation and rapport). It was also the 'school room' where sons acquired knowledge of history, politics, family lore and custom. Thirty years ago every neighbourhood in Krusha had at least one *oda*, and there existed twenty-two large ones and several smaller ones. In the 1990s, the *oda* lost its influence. "Life became more progressive. Step by step it becomes a relic of the past. The new meeting places are the cafes and restaurants." Today there exist approximately ten *odas* in Krusha e Madhe which are still used for meetings.

Kadri and three of the village elders, two of them brothers, invited me to one of the largest and nicest *odas* in Krusha. It is located in a compound across from Dr. Besniku's clinic. The head of the house (*zoti i shtepise*) opened the tall, carved, wooden door which led into a big yard surrounded by four houses, one of which is completely burnt. In the house across from the compound gate is the *oda*. We entered the two story building and followed the old men upstairs. The *oda* itself is divided into two parts – a smaller simpler one and a bigger extravagant one. The *oda* is 35 years old, but was burnt down during the war and had to be rebuilt.



Oda in Krusha e Madhe

The walls are decorated with a mixture of national, religious and status symbols such as photographs of KLA soldiers, the Albanian flag, carved canes, Islamic pictures, carpet and sheep skins. The old man offered us a seat on the *shilte* (foam mats) placed along the walls. Each of them was covered by a thick sheep skin. The elders explained that a strict hierarchy of seating is observed in the *oda*. The place of greatest importance is opposite the entrance door which is usually next to the fire place. That is, the closer one sits by the warm fire the higher one's social rank.¹³

A teenage boy served us coffee and lemonade. Women are usually not permitted to attend meetings in the *oda*. While drinking coffee and smoking the cigarette offered to me, the old men told me that their family used to be the biggest family in Krusha consisting of 61 members living together in one compound (*familja e bashkur*). Fifteen years ago, the compound split and the number of residents shrunk to fifteen. Kadri joked, "After the war, we adopted the European family system." Their family was well known for their hospitality. "In the old days, when people travelled from Gjakova to Prizren they stopped here to

¹³ See also Reineck, 1991; Backer, 1979

rest, to exchange information, to drink coffee and to eat.” Board and lodging was free of charge. In the evenings male family members and guests exchanged information, smoked cigarettes, played musical instruments and played games.

The old man started walking around the room pointing out decorations to me. First he showed me his collection of carved wooden canes that hung along the wall across from the window. One of the older ones is fifty years old and belonged to his father. “It survived the war and is over fifty years old. The others are newer. The more fancy people used to have those canes. I simply like to collect them and use them as decoration. It was our tradition that when guests came, the boy who served coffees would take the canes from them to hang them on the wall. Upon leaving, the boy provided each of them with their cane”. Then, he moved on to a shelf on which several metal flutes (*fyelli* or *kavalli*) lay. While playing several songs for us, Iliriana explained that shepherds used to carry such flutes so they could make music while they worked.

After tossing out another round of cigarettes – “That is part of the tradition of the *oda*” – he continued to explain that “Whatever the landlord decided in this room became law. The decision could not be changed. Like in the parliament.” His brother smiled, “But nowadays nobody asks...” Kadri continued, “The *oda* used to be everything to Albanians. It was school, parliament and courtroom.” The brother of the head of the house added, “Everything good got transmitted through the *oda*. Many decisions were made here including *besa* [faith, trust], blood reconciliation, arrangements for marriages, etc. When the landlord announced *besa*, family conflicts were settled by any means possible.” The old men agreed that since the war, old men don’t tend to gather in *odas* as often as they used to. “The *oda* has lost its philosophy.”

Obviously, the current social and political organization of the village feeds off the memories of the distant past concerned with honour, hospitality, *muhabet*, *gjakmarrja* (lit. blood-taking; blood feud) and *besa*; memories of the pre-war resistance, the organization of a parallel society and government, armed conflict, and ad hoc decision-making procedures during times of unrest, insecurity, and emergency; and, finally, perceptions of democratic governance in an increasingly

globalized world. In the following, I will provide an ethnographic example of the dynamics of today's decision-making processes and community engagement by describing the preparation for and celebration of the country's Independence Day.

The Bittersweet Celebration of Independence Day

"We waited a hundred years for it"; "Better late than never"; "We waited for so long – for a century!" "It's an important moment in history" – villagers in Krusha e Madhe waited in great anticipation of the declaration of their country's independence. On February 14, members of the village council started thinking about how the event could be organized to meet the high expectations of the villagers. The village representative contemplated, "We think that we would like to have a meeting for all the citizens of Krusha. We could celebrate either in a restaurant or in front of the school, or on the square in front of the internet cafes. We would like to have music and dancing. Also, we could have a big projector that shows how independence is declared and a portrait of all the famous Albanians. We could have sports competitions and so on." Refki, a young school teacher, laughed loudly, "Why don't you tell Hanna that we will invite the Rolling Stones, Michael Jackson and Celine Dion?" Despite their enthusiasm, both men were cautious of the fine line between tremendous joy, potential violence and sadness. Refki said, "When emotions are involved, you never know what people will do. I just hope that everything remains under control." A few moments later he added that emotions won't be just joyous anyways. "At the beginning, people will cry a lot. They will remember the losses – the people who died for this event to happen."

Since the village council did not come forth with a plan for the celebrations, in the end young men and village activists took matters into their own hands. On the evening of February 16, three men rolled two tractors in front of the old mill in the centre of the village. After connecting them with boards and hoisting buckets of red and black paint, they started to paint a mural of the red Albanian flag with a black two-headed eagle in the centre. Watching the men paint, Cees and I were joined by a young man who told us that he went to his

brother's grave in the morning to clean and decorate it with new flowers. After a moment of silence he concluded, "You just can't escape the topic of war. People talk about it every day."

Our conversation was interrupted by the arrival of Roma musicians playing drums and flutes which motivated the bystanders to dance. Despite the cold, more and more men arrived in the village centre to join the dancers. The atmosphere was joyous and excited. We joined in, dancing traditional round dances. Now and then the musicians placed their larger drums on the heads of villagers beating them loudly to earn some money. Each donation was accompanied by loud cheers of the crowd. "It is the first time that we villagers have danced together like this – it's the first time that we've had the chance," a young man told me, dancing to the beat of the drum. An elder squeezed between us, took off his white hat and pushed it down onto Cees's head, "Now, you are really a part of this village. Everybody knows you".

The following morning, I went to the living room to see whether our host family wanted to join us at the school yard where the declaration of independence was to be broadcast. Despite my attempt to lure them out of the house, Makfire decided to stay in with three of her seven children, "So much blood has been shed for this day. My husband left his life for this moment and I simply cannot go." She decided to follow the celebrations on TV. We, on the other hand, joined the crowd that had gathered in front of the school to listen to Prime Minister Thaci's declaration of independence. Emotions skyrocketed among the crowd gathered at the school as Prime Minister Thaci made his formal declaration at 3 pm. The Roma musicians began beating their drums, and the villagers took each others' hands to dance.

But the celebrations did not last long. By 5 pm, most villagers had left the square to commemorate and celebrate at home. Arieta told me later, "I didn't celebrate and didn't feel well on Independence Day. I was so sad – just as sad as when I first learned that my husband and son had died. But I tried to remind myself that people were dancing and celebrating outside. I tried to pull myself together." Ardiana, on the other hand, pointed to the importance of celebration in

light of the great human cost of the war. “We had a reason to celebrate. But the others [Serbians], they demonstrated! I don’t know why they think that they should have demonstrations. They don’t have a right to Kosova as they made a great mistake. They drank our blood! But we, we could dance and enjoy the moment of celebration.” Similarly, Kadri told me “Whether they [Serbians] want it or not, Kosova has to be an independent state. It is not just that we Albanians wanted it; it is a reality. You simply cannot occupy [a territory whose population is] 90 percent Albanian by not giving them political rights, the right to move, the right to speak, the right to education. The right of the nation to have an independent state is guaranteed by the international law. NATO bombing saved the rights of our population.”

The sombre mood carried into the next day. In the morning, my husband followed the older men to the cemetery of martyrs to commemorate and pay tribute to the dead with one minute of silence.



Cemetery of martyrs in Krusha e Madhe

When they returned to the centre of the village, young men prepared a spontaneous party for the villagers, spreading sand over the uneven ground, setting up a big stereo in front of the painting of the Albanian flag and hanging

party lamps across the square. The young and the old, women and men and even some of the war widows danced together until late into night. Seven days of joyful celebrations followed.

Finally, Prime Minister Thaci arrived in Krusha e Madhe to congratulate the villagers and to pay his respects to the dead at the cemetery of martyrs. He was the first Prime Minister to visit Krusha e Madhe since the war. Accompanied by his bodyguards, the council of elders, young men, school children and very few women, we stood around the graves, remembering the terrible cost of the conflict. After a minute of silence, the crowd joined the cheering of the school children for the new Prime Minister of the youngest state in the world.

5.2 Pastasel: The Power of Myths and Testimonies for the Present Social and Political Organization

A winding asphalt street took Iliriana and me through rolling hills covered by vineyards to Pastasel. Coming up a steep hill we heard machine gun fire and grenades being shot into the nearby mountain range. A sign warned us in English, Serbian, Albanian and German that we were approaching the artillery range of the German KFOR. *STOP - Life in Danger - Shooting Range*. About ten young German soldiers were lined up next to a couple of tanks aiming machineguns at puppets which resembled humans. Their audience consisted of several teenage boys whose cows chewed their cud unhurriedly by the road side.

We drove past the training ground and followed the road to the village Drenoc. It was in Drenoc that the KLA made its first appearance in 1997, and due to regular KLA activity, the region was tense and violent both before and during the NATO air campaign. We drove past the terrace of the local café where men were gathered drinking shots of homemade *raki* and macchiato. On the wall behind them, a mural showed the oversized head of Adem Jashari framed by the outline, in red, of Kosova's borders. The text below read *Bac u kry* (Brother it is accomplished), a statement formerly made at the grave site of a brother avenged of a blood feud. Past the café the street was lined by the high, grey walls of the compounds some of which were still under construction. The walls led into the

next village, Senoc. While driving I thought of a story that a villager had told me once: “According to legend the following is said: From Sarosh until Nashpala a cat could walk on walls without having to touch the ground. Today it is similar, you don’t know where Pastasel, Senoc and Drenoc begin or end. The walls are all connected.”

After about five more minutes we arrived in Pastasel and I parked the car next to the corner shop. We walked over to the cemetery of martyrs which was also the village centre. Two faded, red Albanian flags flapped in the wind. They had not yet been substituted by the new flag¹⁴. On a black memorial stone the names of 120 civilian men were listed who had been tortured and then shot by the Serbian military and paramilitary forces on March 31, 1999. Grass and faded plastic flowers covered the graves of the martyrs. A bit further up the hill the grave of the war hero Milaim Krasniqi could be seen. Milaim was the first KLA soldier who had died in the municipality of Rahovec in 1998. His mother, sisters and cousins go regularly to his grave to clean it and put new flowers around it.

Iliriana and I passed the cemetery and turned into a dirt road leading up the hill into the village. We followed the muddy washed out road to Mehmet’s compound. Mehmet is a 48-year-old school janitor, neighbourhood representative and recognized village chronicler whom we intended to interview on the demography and social organization of the village. After knocking at the window, his mother welcomed us and invited us inside. In the living room pots and pans stood on the stove, a vacuum cleaner leaned against the wall and folded clothes were piled up in a corner.

While we got ready for the interview, Mehmet grabbed a notebook from a pile of books which contained a handwritten chronology of the village, “I have documents as man forgets.” According to his notes, Pastasel’s population is estimated to be 1,250 distributed throughout approximately 130 houses. Each compound is assigned to one of ten neighbourhoods which are represented by five to eight neighbourhood representatives and a village representative. The village

¹⁴ The new Kosovar flag has a blue background with a solid yellow outline of the state of Kosova and six stars symbolizing the country’s six major ethnic groups.

economy depends largely on agriculture; in particular on the cultivation of grapes. There is low production of wheat, corn, tobacco and limited cattle breeding. The unemployment rate is higher than that in the rest of the country. As a consequence, families rely on the financial support from family members living abroad mainly in Switzerland, Germany and Italy. Public services are almost non-existent in Pastasel. The only public buildings are the school and the mosque.

As there were no official documents available, I searched for particular ways people from Pastasel anchored their divergent memories to construct and reconstruct the history of their village. Villagers pointed out that one of the most important historical landmarks were the ruins of a church located in the middle of the fields below the village. Mehmet offered to take me there to explain the village history to me, but forewarned me that there wouldn't be much to see. "Thorny plants grow over it and people piled most of the rocks in a single pile. They don't know anything about these things." The following account is based on my field notes taken during our walk to the church ruins to illustrate how Pastasel's history has been orally transmitted and reconstructed over generations, and is employed today in an effort to construct and reinforce identity during a time of rapid political and social change.

The Man Who Doesn't Know Himself Doesn't Know Anyone

On a February morning, Mehmet, Iliriana and I walked to the church ruins. Before leaving the village, we turned left on a dirt road. Alongside the road rocks were piled on top of each other. According to Mehmet, these were archaeological remains of walls, houses and roof tiles that once belonged to people of the *fis* Kastrati and Masrek.¹⁵ The forefathers of the *fis* are still known and he explained, "The first founder who came right after the Illyrians was Masrek. Masreks were here before the 9th century. In the 13th century, a family appeared named *fis* Kastrat. They lived here until the 14th century. In the 14th century they moved. It is said that they moved because of the dry weather. They left signs behind such as water wells and graves. In the 14th and beginning of the 15th centuries, the *fis*

¹⁵ For the definition of *fis* see Part I

Krasniqi came into the region. They exist even today.” According to Mehmet’s notes, in 1893, the *fis* were indigenous and distributed throughout twenty-five houses of which twenty-two belonged to Albanians and three to Roma. Later the village was relocated up the hill where the land was less fertile. Thus, more land became available for agriculture.

While we were walking, Mehmet called my attention to several bushes. “Here you see bushes that grow little red fruit. They are very sour. The buds come out in spring and the fruit as late as September. An old man told me once that Kosova is like this plant: it blooms early and bears fruit very late. He was right. We were the first nation to protest and the last to get independence.” We left the last compounds behind us and after about thirty-five minutes of walking we reached the archaeological site.

Mehmet approached the mount of rocks and pushed plants and soil away, “Here you see one of the foundation rocks.” He pointed at the pile of rocks and its surrounding saying, “The church was six hundred meters in diameter and was round in shape. The cemetery was around the church. We know this since farmers constantly find bodily remains when working their fields.” According to him, the church was built in the 9th century and was of Illyrian-Roman origin. During the 16th century it was destroyed due to the Turkish invasions.¹⁶

Walking around the pile of rocks we saw a farmer burning twigs. He approached and decided to share some family knowledge about the church with us. “My grandfather told me that there was a grave inside the church. It was covered by hard and heavy stones. These could not be easily removed. We didn’t remove the ruin as we believe that the remains of history should not be taken.” He pointed at the small grape plants extending from the ruin and told us that this used to be the church yard. “I was told by my grandfather that the road from the church to the well called *Kroni e Madhe* was paved with flat stones. While I am working, I find bones.” He took his garden pruner to push some of the dry soil away uncovering several bones.

¹⁶ For more information see Part I



Mehmet Krasniqi and I in front of the ruins of the church

Mehmet continued, saying that this area had always been inhabited by Albanians which is proven by the fact that the parcels of land in the surroundings carry Albanian names. Listing them, he started at the left side of Pastasel moving his outstretched arm against the clock in the direction of the school director's house. To me it was not quite clear where one parcel began and the other ended. Yet, he seemed to know exactly what he was talking about. "From these trees to over there we call it *Rezina* [rays; like sunrays]; adjacent to this part is *Arat e Ales* [a name]; from the trees over there to the bushes down there we call it *Prroni I odes*. Hanna, you know what the *oda* is, right?"

"Yes".

"Where we are standing it is called *Bregu I Kishes* [Church Hill]; the part down there at the well is called *Kroni e Madhe*; then comes *Lendinat e Mdhaja*; across from us where the two valleys meet it is called *Ura e Demes*, the *ura* of demes [Bridge of Demes]."

I interrupted, "Is there still a bridge?"

"No. But there was a long time ago. Down to the left it is called *Kroni i Shavarit* and up behind the houses of Pastasel we call it *Sruishtat* which means

‘fruitful soil’. Every name is an Albanian name and you can see that the tradition and culture of naming survived over the centuries.”

“Are the different parcels divided according to ownership?”

“No. Other places are even named after old trades, *Livadhi i Samargjise*. Thus, you see that not only farmers inhabited the area. This area has been inhabited since the Illyrians.”



Parcels of land

We left the helpful farmer and walked over the fields to one of the two wells. Some years ago, farmers had covered it with a cement block because it did not produce enough water for irrigation and was, thus, considered useless. Nevertheless, the water had found its way out and had flooded a little part of the area. Nobody knew how deep it was. Mehmet kneeled down at the well and told us the following story. “A road used to lead past the well and many people travelled on it. Close by grew poplars that gave some shade. The old people decided that the grapes and peaches that grew around here should not be harvested by the farmers. Instead, they were left for the travellers. Under the trees they could rest, drink water from the well and eat as many grapes and peaches as they wanted. The reason was that the old people wanted to save travellers from being

shamed for stealing from farmers.” He got up and we walked silently toward Pastasel.

He interrupted the silence only once. “The man who doesn’t know himself doesn’t know anyone. Formerly, our history was spread through *rapsot popullor* [folk songs] over generations.” Kosovar Albanian folk music is a medium for patriotic expression as it carries the narratives of oral history. The tales of heroes such as the 15th century warrior Skanderbeg, leader in the struggle against the Turks as well as other mythical or semi-mythical events are bound up in the returning Albanian themes of honour, hospitality, treachery and revenge (Burton, 2000). Until recently such songs were performed only by men, but, there has been a shift and women have started to sing epic balladry as well.

Just before we reached Pastasel, Mehmet pointed to a white house and said, “Thirty-five bodies were burnt here by the Serbs. From the place of the killing they were taken on a tractor to this house to be burnt. They included four brothers and one of their sons who were all members of the owners of the house.” With this statement he pulled us back into the more recent past – the war.

Memories of War

Iliriana and I visited with Anduena and her family chatting about the weather and crops, when her youngest son entered the room. He greeted us shyly and put his arms around his mother’s neck. Anduena smiled at me saying, “To him the war is like a fairy tale. Often, he asks me ‘mother, tell me about the war.’ I don’t like to talk about it, but I tell him what happened. When I finish the story, he says, ‘Oh, I am so glad that I wasn’t born yet.’ To him it is a fairy tale.” Memories of the war are transmitted to younger generations through narratives based on memories from their extended family. Memories of the war are interlaced in everyday conversations and people acknowledge that these narratives form a crucial part of their lives. For example, an old lady told me, “We constantly talk about the war. We start to talk about something else and then, before we know it, the conversation goes back to what happened during the war. One simply doesn’t forget these things.” Despite the fact that memories of the war

are part of people's everyday discourse they tend to be overwhelming at times. Common statements were, "We have suffered so much that a pencil cannot write it down"; "I could write a book about this; a big book. But I can only jot some notes and points down"; or "I don't know how to explain how I feel."

Pranvera's Painful Memories of the War

The following informal interview illustrates how narratives, attesting to the war and the post-war period, are woven into conversations, affect the story teller and listeners and are used to make sense of current, often unbearable, distress and suffering.

During our visit to Pranvera and her grownup son and daughter we talked about the upcoming elections and independence. Pranvera declared that she would not vote for any of the campaigning politicians since "none of them came to visit us to see how we live. They never once entered one of our homes. They just make promises that they will not keep. You know that Nora's brother is a war hero here. He died in May. None of the politicians has ever visited the family." Her son added, "If you believed their promises, Rahovec would look like New York in only one year..."

Suddenly, Pranvera's son asked me, "Where will you go when there is another war?"

I felt uneasy and replied, "I hope that there will not be another war and that I can stay right where I am."

"No, there will probably be one. When you run, we will follow you."

"Well, there are a lot of KFOR here and Serbs would be very stupid to start a war in their presence."

"When the Serbs were here, we were up there behind a hill. I decided to look over in order to see what they were doing. They started to shoot into our direction and a bullet landed right next to my head."

Although I tried to steer the conversation away from the topic, Pranvera carried on with the conversation. "We have known war for five hundred years. However, in the old days, war was fought between men – man to man. Now it is

different, it is fought with and against women and children. They say that Serbs will also fight against animals. In my family many people were killed. My husband was killed, my brother-in-law, several cousins and so on. Twice we fled into the mountains for two days. There was a tractor with several people on its hanger. Serbs set the hanger on fire and burnt the people who were sitting on it. I think that most of the soldiers were on drugs.¹⁷ I saw only one young Serbian soldier who cried. It was interesting; he was the only one who cried.” When her family returned from the hideout, Serbs forced them to walk to the school building. “There were many people in our village. They were like refugees and it seemed like the whole of Kosova was here in Pastasel when we had to gather [at the school]. After the Serbs took our money and jewellery, they took us down to a field – men, women, children and old people.”

I noticed that her son was becoming more and more uneasy with his mother’s monologue. Finally he left the room. After a while, his sister checked the stove, realized that wood was missing and decided to take the opportunity to fetch some wood. Their mother continued, “I was standing behind my children and my husband who were all sitting on the ground. I wanted to be killed instead of my husband and children. I was ready to die. When I turned my head I looked at some of the Serbs. They looked terrible; their faces were distorted. They looked as though they were completely crazy. All of a sudden a boy tried to flee. He was running but was surrounded pretty soon by Serbian soldiers. He had lost his mind and couldn’t go back or forth [couldn’t move]. The Serbian soldiers took their machine guns and started to beat the boy to death. I never knew that a body could jump like a ball up and down. When they beat him, his body bounced into the air. I don’t know why, but I watched this without being scared. It is interesting; I was not scared for even a second.”

Her son returned and went into the kitchen where he bustled around with something. It was obvious that he could not bear his mother’s talk. “We were told by the Serbs to go away. They took our men and forced them to kneel on the

¹⁷ For more information on the use of drugs among Serbian soldiers see: <http://americanradioworks.publicradio.org/features/kosovo/more1.htm> or http://hrc.berkeley.edu/specialprojects/avillagedestroyed/printer_self.html

ground. Since I understood a little bit of Serbian, I heard how one of them said, 'Let's take a little boy and slaughter him in front of all of them.' They wanted to terrorize us. When they were taking the men from us, I remember how the women and children screamed. When they took my husband, my children screamed loudly. They just screamed."

Her daughter tried to stare at the TV and moved her lips while reading the subtitles to a soap opera set in a Catholic nunnery. But, I could see that she was constantly drawn to what her mother said. After a while, her brother joined us again, grabbed a toy rooster made of metal and wound it up. Since the sound of the jumping rooster did not seem loud enough for him, he took the rooster into his hands and pushed its legs in and out of its metal shell.

I decided to stop Pranvera. "Maybe you should stop talking about these things. You will have nightmares from this."

Instead of stopping she replied, "I remember everything, everything! My sister-in-law took my children but I wanted to stay. I wanted to stay and die with the men. This was my place to be. I was not scared of this. The only thing that I was scared of was that the Serbs might do terrible things to me. Like undress me and hurt me. In that case, I would have to kill myself. The Serbs looked at me and started shooting into the air. I was not scared. They forced me to walk away. I walked but all of a sudden, I could not walk anymore. My legs were like they were paralyzed. When I reached the others, we were not far from our men, they started shooting brrrrrrrrrrrrrrrrrrrr [imitating machine gun fire]; we heard the machine guns. I started screaming 'They killed all of them! They killed them all!' The others tried to calm me down by telling me that they just shot into the air. But I kept screaming."

Her son, who was now playing with his mobile phone, threw it over to me saying, "Hanna look at it. When you flee, I will follow you with this." The picture on the display showed him with a machine gun in his hand. I said "Well, I hope you run in front of me and not behind me."

He laughed and added, "This is my friend's gun. He bought it for 15 euros."

“For 15 euros? So it is not a real one, is it?”

“No, no. It is out of plastic but looks real.” I hoped that this interruption would keep his mother from going into more detail. Before I could say anything, she continued with her story. “The people around me said that we should flee. I didn’t want to, I wanted to stay here. Then, someone put his arms around my shoulder and told me to simply come along. We went to a village but I remember nothing of the flight. No memory is left. In the village I became conscious again and started screaming at the people around me. ‘Run, run! Serbs are all around us! It is dangerous!’ You know, I didn’t know where I was. Someone told me ‘No, you are safe. There are no Serbs here.’ Then, I became unconscious once more. I remained in that state for one week. People told me things like, ‘Maybe your husband is not dead, maybe he survived’.”

Her son interrupted the conversation once more by asking me, “Can you find me a girl in Germany?” Once more I tried to take the opportunity to change the topic of conversation. However, Pranvera interrupted me saying, “I am not telling this just to you. It is true; everybody knew that my husband and I had a very good relationship. And I told the people ‘If he were alive, he would find me. Since he hasn’t come, I know that he is dead’.” Upon her return from refuge, she found her house burnt and belongings destroyed.

Narratives like this are intended to be powerful testimonies strategically directed at an audience that agrees or is forced to witness and to transmit them. Thus, Pranvera directed her story not only at me, whom she knew was writing a thesis on memory, but also at her children as she didn’t want them to forget their family history, fate and identity that is shaped by their country’s history of conflict, their father’s sacrifice and her own courage.

The Military Invasions of Pastasel

According to the Reality Demands Report (International Crisis Group, 2000), the Ministry of Interior Police (MUP) and paramilitaries swept through the south-western part of Kosova in the fall of 1998, giving inhabitants a short period of time in which to leave their homes and properties. The looting and burning of

homes followed and often groups of villagers, in particular men, were gathered for interrogation. In September 1998, FRY/Serbian soldiers, police and paramilitaries shelled the village of Drenoc and burnt all but three of the 180 houses. Several of the villagers fled to the mountains, where they were surrounded and detained. Together with men from neighbouring villages they were taken to the school in Pastasel where they were beaten, severely mistreated and questioned about the KLA before being released the next day.

Njazi Krasniqi, a 32-year-old man and former fighter with the KLA described the events that took place in Pastasel: “During the first offensive, all the houses were burnt. Only five or six houses were not affected. We had to leave the village and went to the mountains. We slept one night in the mountains. The next day, the Serbs took all of us to the school. I was not with my family since I was on the other side of the mountains.” The village elders had ordered the young KLA soldiers to hide in the mountains so as not to endanger women and children. However, the Serbian military and paramilitary discovered the men and drove them to the school like cattle. Njazi said that there were about thirty civilians at the school. Somehow he managed to separate from the group and witnessed the unfolding atrocity. “I went back to the school to see who else was inside of the school. Around the school were thirty or forty tanks from the Serbian army. I passed them and saw Serbs hitting the people with anything they had in their hands.” Four of the men died.

After being released, the villagers found their homes ablaze. Families who had become homeless received help from neighbours who invited them to stay with them. Other families began the odyssey of moving from neighbour to neighbour and relative to relative carrying the few belongings that didn't fall prey to the flames. During an interview Anduena told me that her family sought shelter at her sister-in-law's place in a nearby village. “We had no house and they helped us. They gave us food and clothes. Whenever we went out, there was Serbian police. After that, our aunt's house was burnt and we came back to live with our uncle in Pastasel.”

The following months, people lived under immense stress and uncertainty. They expected another attack by the Serbian forces at any given day. An old woman told me that she asked her son to hide in the mountains nearby. Yet, he was found by the police, beaten with pitch forks and imprisoned in Prizren. Her daughter expressed memories of fear, “We were so frightened since we never knew when they would start to attack us. When we prepared the dough for bread in the morning we weren’t sure whether we would have the chance to eat it.” Their fear was not unfounded.

On March 28, the FRY/Serbian armed forces began their offensive in the north-western part of the municipality. In the afternoon, the Yugoslav Army (VJ) and paramilitary troops arrived in Kramovik with tanks, armoured vehicles and civilian vehicles from the direction of Gjakova and Kline. The following day, the FRY/Serbian forces advanced on and shelled the village of Guri i Kuq. Anticipating this operation, the majority of the population had abandoned the village and had escaped to the mountains and Pastasel. On March 30, the FRY/Serbian forces entered Guri i Kuq razing it to the ground. From there, the forces moved on to shell and destroy the village of Koznik. Most of the villagers managed to flee to Pastasel. The FRY/Serbian forces used their position in Koznik to shell and launch grenades on Pastasel. On March 31, the FRY/Serbian forces entered the villages of Poluzhe and Zatriq, shelling them from tanks and mortars. When the villagers arrived in Pastasel, around 2,000 civilians had gathered there from the surrounding villages and the municipality of Kline (International Crisis Group, 2000).

On the same day, the FRY/Serbian forces entered Pastasel from the directions of Koznik and Poluzhe. By then, most villagers had fled to the mountains. However, Njazi’s father went back to the house to let the cows out so that they would not burn to death. “This is when I saw my father for the last time. He was with his cows and was carrying a water bottle in his hand. He told me to go as he would return to the family, my mother, my sisters and the others.” Instead of returning to his family, Njazi joined about thirty other men in the mountains. With his binoculars he saw grenades being launched in the direction of Pastasel.

The shelling stopped once another Serbian troop entered the village and discovered most of the villagers. Together with his companions Njazi moved slowly toward the village. Although it was already dark, he could make out that a large number of men had been killed. "I said to my friend that Serbs have killed all of them and then I collapsed and don't remember anything else. When I woke up, my friend told me that we had to move."

While the young men had stayed in the nearby mountains, families were driven to the creek where the massacre eventually took place. The Serbian soldiers and paramilitary searched them, stealing their money and gold. Some women showed me the torn holes in their ears – injuries from when the Serbs ripped their earrings out. Hamide said, "Serbs kept us women and we were not allowed to move; not even our hands. They approached us with knives and guns - we expected them to kill us. Now, when I go somewhere I forget why I went there. I lost my memory." The women lived through indescribable terror and fear. Anduena tried to put her feelings into words, "Then, the Serbian police came. They approached us like dogs with rabies and saliva dripping from their mouths. Women and children started screaming. Men were separated and women and children were told to go to Albania. It was three in the afternoon. We walked for two hours to Radkoc. The children and old ladies could hardly walk, they were tired and hungry." The women fled the fatal site while hearing their husbands, sons and fathers being shot. The old women and children had difficulty walking but were helped by younger women. "You know, they cared about us old ones. When we were walking, I was so weak. I fell so many times. They always waited to pick me up again and waited for me to follow them. They could have left me right there to die."

The Memories of Two Survivors of the Massacre

Used to providing testimonies to human rights activists and journalists, two survivors of the massacre offered me chilling accounts of their miraculous survival. Present during the interview were the head of the house, his wife, his daughter-in-law, his two grandchildren who live in his house and three grandsons

from Austria. In the hallway sat other men, who smoked, chatted a little bit and listened.

B.K. said, “We had to leave our village and went to the mountains together with our visitors [refugees from other villages]. At four in the afternoon Serbs came here. And they came to us with tanks, and some of us, some older men, took white cloths to tell them that we want to give up. We were so many people including women, children and elderly. But they didn’t care.” The families were driven down the valley. Close to a creek, the Serbians separated the men from the women. Burhan Krasniqi said “Serbs told us that all men aged fourteen to hundred years should go to another part. Thus, they separated us from the women. We started to go to the other part. I will never forget that I had my little nephew in my arms. When I put him down to go with the other men, he said to me, ‘Where are you going? Don’t leave us.’ But we had to leave them behind.”

After searching and robbing the women, they ordered them to leave the site and walk in the direction of Albania. The men tried to save themselves by handing their money over to the Serbs. “We gave them the money but they wanted more. They undressed us to look for more. A Serb hit me on my back and told me to give him money. I told him that I gave him everything I had. I started to undress and told him that I don’t have anything else. He let me be.” Similarly, B.K. recalled, “But even though they took all this money, they went to every person to ask for more money. The ones who had money gave them the money. But there were some people – excuse me when I express it like this – who were undressed by the Serbs because they didn’t believe that these men really didn’t have money on them.”

The men were further separated into four groups and sent to the creek, where each of the groups was lined up and shot. After the soldiers finished firing, they walked amongst the bodies looking for possible survivors and shooting them from close range. “Then, they started with the first group. They chose the younger men and pointed them out with a finger ‘You, you, you, you’. They took about thirty of them. They sent them down to the river, a few meters from the others and killed all of them. And no man from that group survived. After they were finished

with them, they came back to us and asked us ‘Did you see what has happened to them?’ We did not know what to say. They ordered us to say three times: ‘Serbia, Serbia, Serbia’. But none of us repeated these words. Then, they came and took the second group to that place and killed them too. I remember that two people from that group survived. After they killed the second group, they went to the third group and killed them as well. I was in the last group, the fourth group that was supposed to be killed.”

His brother added “I was sick and I needed to urinate. I wanted to go somewhere else close to the park. Some people asked, ‘Where are you going?’ But I said that I will die anyway but I need to urinate. The Serbs started to shout at me, ‘Where are you going?’ and I told them ‘Stop, I am an old man and I need to urinate.’ They told us, ‘You won’t go anywhere or everybody will be killed.’ And they started to kill us with guns.” The men were commanded to kneel on the ground and raise their hands before the Serbs opened fire. “When they started to kill us, I rolled to the side close to the river and I wrapped my arms around me. They shot, but only hit two of my fingers with their bullets.” His brother survived similarly. “When they called us, I saw that next to me was a big bush. I was trying to figure out how I could hide behind it. But a Serb, a really bad one, saw me and told me ‘Look, move far from that plant. You see I have a big knife. Don’t let me come to you or I will cut your throat.’ He came to me and caught me and shouted at me, ‘Don’t turn left or right, just look down – look at the Serbian soil.’ While they were shooting I saw another bush in front of me. I thought that I could jump behind it and hoped to survive that way. When they were shooting at the first person, I jumped behind the bush and a dead body fell over me and covered me. I was covered in the other man’s blood. Then, a Serb told the others that they should shoot again since someone was still alive. They were so horrible, they didn’t just say ‘They are dead’ but ‘They are as dead as dogs.’ When they started to shoot at us for the second time, I was covered from the belly up with the dead body of the other man. Only my legs stuck out. Thus, one bullet struck me in my hip. I was covered in blood and I started to lose control.”

From the four groups, 14 men survived and one hundred and six men lost their lives (for a list of the names of the victims of the massacre see Appendix C).



Memorial for the victims of the massacre in Pastasel

Burial and Exhumation

The surviving men and women had moved to the mountains of Radkoc and spent the night in the cold and rain. Once Serbian troops were out of sight, several elders and young men decided to return to the site of the massacre to bury the bodies. A survivor of the massacre remembered that it took them three days to bury the bodies because they were interrupted several times by Serbian troops passing through. Between sobs Njazi told me, “I started to walk from the first dead body to the last one in the field. When I came to the end, I saw that the youngest men who had been massacred were from Falusha. All of them had been massacred in the most terrible way. Some of them had an eye missing, their legs had been cut, their faces were distorted.” The men hauled the bodies to another field, wrapped the bodies hastily in woollen blankets and covered their faces with white tissues. The following day, they took the bodies to the mosque to bury them there.

The survivors of the massacre handed me a video containing evidence of the massacre and asked me to make a copy and to watch it. Although reluctant, I felt that I owed it to the men who trusted and had shared their memories with me: Around thirty men broke the ground with shovels digging graves one next to the other. Besides the sound of metal shovels grinding through the rocky soil, only the wind could be heard. It was about to rain. All of a sudden the camera was yanked around and swayed back and forth, uncontrolled, over the ground. The colours converged into mixtures of green, brown and orange. Directed at the ground it captured soil, grass and suddenly fabric. The picture became steady. Two rows of dead bodies wrapped in blankets can be seen. The cameraman, starting at the far end, walked from body to body. Another man opened each blanket to lift the white tissue off the face. The bodies were stiff. The distorted faces were covered in blood. Empty staring eyes. Gunshot wounds in the head and upper body. Shredded skin. Blood soaked clothes.

“Write, write.”

“What’s his name?”

“Faster!”

“I wrote it down.”

“Come on, faster.”

“Go, go!”

“I don’t know him, he is a guest.”

“Come here!”

“Fast, fast!”

“We can’t do more, they are all dead. Let’s go.”

“Name?”

“Write!”

“It’s raining.” The snippets of conversation were interrupted by crying and choking. A man tries to turn a body for the camera to capture its face. The camera man can hardly watch and tries to move on. For some time only grass and walking legs can be seen. They reach another group of dead bodies. The camera man announces that his battery is low.

Twenty-two days later the Serbians arrived with trucks, exhumed the bodies and threw them into mass graves later found to be throughout Kosova and Serbia. Most of the victims are identified but a significant number is still considered missing.

Flight and Refuge

After staying in the mountains and regrouping with some of the young men in hiding, women sought refuge with relatives in villages while others managed to flee to Albania. Shkurta, her in-laws and her family were sheltered by relatives in Vrajanka where sixty people lived under adverse conditions. The number of refugees started to decrease when Shkurta's family decided to flee to Albania. She was left behind since her brother-in-law preferred her to stay and she didn't dare object. She didn't hear from her family and couldn't stop worrying. "I was constantly hearing that men were separated from women and that they were killed. Since my brother and his son were together with the rest of the family, I was constantly thinking that they had been also killed or that the whole family had been killed."

The refugees who managed to flee to Albania lived in refugee camps or with host families. The women preferred not to talk about that time and I decided not to push them. Instead, the *hoxha*, Jusuf Krasniqi, provided me with insight into the plight of the people and his own activism. In 1998, Jusuf interrupted his studies in theology in Damascus to return to Albania. There he received military training for three months. He chuckled saying, "At that time we thought that we became generals." Afterwards, he returned to Kosova where he became involved in smuggling weapons. "It was smuggling during that time, but there was no other choice. I had to get involved in these networks. For me and all the others, family mattered most and was worth dying for." Yet, when he heard of the death of his friend and fellow soldier, he decided to return to Albania to work for a humanitarian organization connected to British, Egyptian and Arabian associations. After some time, he helped to found an organization called *Shpresa Kosoves* [Hope for Kosova] whose thirty activists tried to raise money to provide

first aid. “A donor came from Saudi Arabia. For the first time I saw a bag filled with money. I thought that this was only part of the movies.” Each of the 3,800 refugees received two hundred dollars and the rest of the money was used to buy food, clothes, blankets, mattresses and medication.

After the NATO bombing, the activists organized vehicles to drive a large number of refugees back to Kosova. “Every refugee was sent to his own house and received two packages filled with food. We knew that most of their houses had been destroyed. But, this was all we could do.” Before returning to his own family, Jusuf drove to Prishtina to visit the Islamic headquarters, to report on his work and to hand in the left over money as well as the vehicle. Hitchhiking, he met two of his neighbours on a tractor. He noticed that one of their brothers was missing. It was Njazi who was later found alive in a prison in Niš. “I came with them to the village. When we approached the village and could look over it, it seemed as though it was a seaside village without roofs. There was not a single house with a roof except for the school and the mosque.”

Torture and Imprisonment

While other villagers returned to their homes and started to rebuild what had been left, Njazi suffered a different fate, far away locked up in a Serbian prison. His experiences made him an icon of endurance and suffering in the village. One day, he approached me asking whether I could interview him and include his testimony in my thesis. The following account is an extract from our interview recorded on August 1, 2007.

“On April 28, 1999 I was arrested in Tsheflak at 6:40 pm. I was having dinner with my family when two police men came and searched me. They found my binoculars in my pocket and decided that this was enough evidence to arrest and take me away. They shoved me into their car and drove to Rahovec. There we entered houses in which Serbians were stationed. Inside they started to beat and interrogate me until they were tired. Then I was pushed into a bathroom where they poured water over me. Soaked in cold water I had to wait until the next morning. In the morning I was interrogated once more about whether I was a KLA

solider. I told them that I wasn't a KLA soldier and that I hadn't killed anyone. Then, they tied my feet on a chair and five Serbian police men beat me for two hours on the back of my feet. After they were done hitting me, two of them took me and put my feet in cold water. After that they continued beating.

They continued like this day after day. They had some pictures from my family and asked, 'Who is he, who is he, who is he?' I told them that I was not married and that I didn't have any children. Then, they told me, 'You have to say that you are a soldier of the KLA otherwise we will bring your family members here and you will have to kill them with your own hands and bury them.' Since I didn't have another choice, I told them that I was a soldier. They asked me where and for how many months. After 12 days, I was loaded on a truck together with other prisoners in order to drive us to another prison. On our way they killed at least three of my fellow prisoners and beat the rest of us with their guns.

In the prison I shared a cell with fourteen Albanians and eight Serbian deserters. During the night, the Serbian deserters threatened us, 'If you wake us up, we will beat you.' We stayed in that prison for one month. Throughout that month we were not allowed to wash ourselves. All of us had lice. When NATO started bombarding, we were transferred in a bus to the prison in Niš. There, we were given a number and beaten up. After some time, we were transferred once more to an army prison in Belgrade. Upon our arrival in Belgrade, they ordered us to line up against a wall. However, we were so tired that we couldn't stand any longer. At the prison, they beat us, didn't give us enough food, shouted at us. They shouted at us in Serbian, 'Even Clinton can't cure you after what we will be doing to you.' It really happened! They shoved us one by one into a room to beat us up. One of them did terrible things to me.

After seven months of my imprisonment, my family found out that I was actually alive. My cousin from Switzerland found a lawyer and they prepared papers and put them in a box and sent them to the Serbian lawyer. One day, a police man came and told me that I had a visitor. I saw the lawyer and the translator. The translator asked me, 'Why didn't you tell us that you have a brother in Switzerland, then we wouldn't have punished you. We would have

requested money instead.’ They showed me a letter from him. I told them that this was not my brother but my cousin. I had to write three names of my family on a paper so that he knew that I was alive. That paper was sent to Switzerland.

From the prison in Belgrade, they deported us back to the army prison and later to a civil prison in Niš. My mother came five times to visit me. But they didn’t let her see me. On the sixth time, I was allowed to see her. It was four months before I was freed. For each time that she came to visit me, they wanted 500 Deutsche Marks or 200 Deutsche Marks. She gave it to them. On the sixth time they asked for 500 Deutsche Marks. She gave it to them and finally, she was allowed to see me. I told her not to come again. When she came the first time, she started to cry when she saw me. We hadn’t seen each other for such a long time.”

He started crying but was determined to continue.

“I told her not to cry as there were police that would take me, hit me and send me to the room. I wanted to know more about what happened. She stopped crying.

Four days before I left the prison, the other prisons in Serbia were burnt by Serbs [to destroy evidence]. The prison was in the hands of the prisoners now. They had taken control. On the day we were freed, the Red Cross was waiting for us and drove us to Kosova. When we arrived, I saw my family, my mother, my friends, neighbours.” He cried bitterly while we sat in silence overwhelmed by his testimony.

To haul us back into the present and remind us of the reasons why life is worth living, I went downstairs to pick up his one-year-old niece and put her in his lap. In her innocent way she brought a smile back to his face and the strength to ask his mother to bring coffee and something to eat.

Rebuilding Village Life

Pastasel had been levelled to the ground and people lived in the ruins either covered with tarpaulins or in parts of the houses that were less damaged. During my visit, Flora said, looking around and up at the wooden ceiling, “This was once a very nice house. In fact, this room was beautiful with great wood

work. Here we welcomed our guests. Yet, during the war, Serbian soldiers destroyed everything. We tried to rebuild it, but it is not as nice as it used to be. It is simpler now.” With bitterness in her voice Hamide remembered, “They burnt our houses, killed dogs and when we came back we didn’t have a place to stay. They wrote ‘Serbia, Serbia, Serbia’ on the walls of our house.” Nora stated, “The house in which we are now had been totally destroyed. This room here used to be full of flour. When we returned from the war, there was nothing left. Everything had been taken, all we had. Everything had been taken, the machinery, TV and the house over there had been destroyed. When we returned there were no jobs for our men. We could not continue to live normally. We had to work our land and depend on it.” After the war, villagers rolled up their sleeves and began rebuilding their homes with the financial help of family members living in the diaspora and from international organizations.

Humanitarian Aid Organizations

Most villagers viewed the help they received from international organizations not worth mentioning or, when pressured to do so, inadequate. Most of my female participants in the study claimed that they hadn’t received any material support from organizations. Lamentations like this one were common: “No one helped us! We had two dead people in our family. We didn’t receive money, we didn’t receive building material, our men didn’t get jobs, nothing.” Others pointed out that humanitarian aid had, in fact, been provided but not distributed properly. Several women told me that aid was not directly handed to the people in need, but to village leaders who shared it with members of their extended families. During a conversation I asked Shkurta, “Did an organization help you to rebuild your house?”

“No.”

“Did other people in the village receive more help from outside?”

“Yes, yes, yes. There were people who were cleverer; they asked and looked for organizations. They could grab the help for themselves.”

“Was that difficult for you to watch?” I asked.

“It was very difficult. But what can you do? You could only watch what was going on. If you felt like crying, you could cry. What can you do? This is why I can't stop my husband from going abroad. He always goes black [illegal employment]; he finds lots of ways to go. He doesn't do bad things; he just works hard so that we have something to eat.”

Also Robertina recalled, “The only help we received was food. Oil, spaghetti, flour, some detergent, Pampers for the children. The things were brought to the school and lists existed for each family. According to the lists we received help. Yet, we only received the help two or three times. After that, only the ones who lived near the school and could see that things were coming were able to get things.” Men, on the other hand, mentioned that UNMIK, UNHCR, Akte, the Mother Theresa Organization and a Macedonian organization helped by providing building materials as well as windows and doors.

Immediately after the war, most international aid was channelled into the school. The British Red Cross and World Bank financed renovations; the International Red Cross donated two computers, ten desks, fourteen chairs and one carpet; the German KFOR and Deutsche Diakonische Werk donated desks, chairs and toys for the preschool class; and the French Doctors without Borders provided health- and trauma-training to teachers. The donations stopped coming in a long time ago and, since then villagers have been left to their own devices.

The Village Organization

Around thirty percent of the village inhabitants lived abroad; mostly in Germany, Switzerland and Italy. Families praised them for their continuing support in the form of money as well as building material, food, clothes, hygiene items and medication. Most villagers would not have been able to rebuild their homes without their help. Edita explained, “Our family situation is better than it is for others since I have a brother in Switzerland who is working. My brother helps and supports us so that we can live here.”

I commented, “It is very difficult that you always have to send people outside in order to make a living here.”

“Yes. Every household here in the village has a son who works in the outside so that he can support the others here.”

Others told me, “My husband and my brother-in-law both work in Germany. They managed to get enough money to send it over here. This is how we rebuilt the house by using money from Germany.” Besides investing monetary and material help into rebuilding homes, families tend to use a big portion of the monetary help for the education of their children – mostly their sons. For example, Hamide sighed, “If it wasn’t for the money from abroad, we couldn’t afford his studies. Last year, we could not send him to Prishtina as we didn’t have enough money. This year he can go. He only gets 100 euro per month from which he has to pay electricity, books, food, etc.” According to Mehmet, it was rare that people received schooling, even primary school, in Pastasel. “In 1971, 190 people were literate and knew how to read and to write. The people who finished four years of school numbered 181. Only two people had finished primary school, eight grades. There was nobody with a higher education. After 1981, people started to be more educated. Women, girls and boys received an education and the mentality has changed a hundred percent.” Currently, seventeen male teachers and one female teacher provide schooling to four hundred children in nine grades. A total of 171 boys and 189 girls attended primary school and twelve boys and sixteen girls went to preschool. This year, twenty-six boys and sixteen girls finished grade nine.

In addition to rebuilding the village infrastructure, villagers set out to re-establish social organization and leadership in the village. Two years ago, neighbourhood representatives gathered to elect the well educated, twenty-six year old villager Neki Krasniqi as their village representative. Neki met me on his parent’s compound, located on the outskirts of the village. His family home was being rebuilt with the money from his brothers living and working in the diaspora. In comparison to other houses it was quite small and, like most houses, still under construction. When I asked Neki what motivated him to represent the people of Pastasel, he responded that it had been a spontaneous decision during a village meeting. Since his father had died several years before the war and his older brothers were working abroad, it was up to him to represent his family at the

meeting. As it turned out, the neighbourhood representatives had gathered to select someone capable of representing their interests publicly. Neki had many trades that distinguished him from other village men: he was remembered as an excellent and highly motivated high school student, had acquired a bachelor in law at the University of Prishtina, finished a nine-month practicum at the court in the municipality of Rahovec, got employed as a member of the municipal council and was expected to have a promising career either as a lawyer or politician. And, as an aside, none of the other neighbourhood representatives wanted to accept the obligation. During the election thirty-one heads of families were present and all voted unanimously for him. When I asked whether women had had the chance to vote as well, he laughed, "I am sure you know our mentality very well and I don't have to tell you this. Women cannot come to those meetings." I admitted that I would have been surprised if they had been.

There is no formal village organization. Instead, each neighbourhood is represented by a neighbourhood representative. While Neki claimed that there are five representatives, Mehmet explained that there are approximately eight and that he is the only one responsible for three neighbourhoods. There are ten neighbourhoods or "close families" in Pastasel. Nine of them are constituted by Krasniqis and one by Masreks. According to Mehmet and the school director, neighbourhood representatives are also school teachers and meetings take place at the school. "We meet at the school and have meetings about issues that are not related to education. We gather and consult each other about the needs of the village. If something needs to be done, every representative informs his neighbourhood about it. A well educated person is more respected than others." Interestingly, Neki disputed this when I asked him about the role of neighbourhood representatives/teachers in the community. According to him, neighbourhood representatives are not necessarily teachers and tension exists between them and his way of organizing leadership. He explained resolutely, "They're paid for something different and are supposed to do their job. If there has to be something organized on learning and schooling we are happy to meet with them and help to organize the event. Before I was elected, teachers were

dealing with the village and did what they wanted. Since I was elected things have changed. For each neighbourhood we have a representative. The teachers are not the ones leading the village.” His explanation revealed the tension between powers as well as the fact that ‘structure’ is more fluid and negotiable than both Neki and Mehmet tried to make me believe.

The duties and responsibilities of a village representative are not “written on paper”. Yet, they are straight forward and include: meeting with politicians, police officers and foreign delegations when they come to Pastasel; representing the village during official events; listening to the “worries of the villagers”, settling disputes between neighbourhoods and individuals; and mobilizing volunteers for community activities. Neki planned to have monthly meetings and to implement a more efficient structure for dealing with village affairs. “I wanted to have meetings every week. I wanted them to tell me about the problems in their neighbourhood in order to find solutions. I wanted to know about problems before it comes to fighting or arguing. But, it didn’t work.” He sent out invitations that he had prepared in his office at the municipality. Nobody showed up for the meeting. Then, he sent each neighbourhood representative a text message from his mobile phone with the same result. Finally, he had the *hoxha* announce the meeting from the minaret. Half laughingly, half frustrated, he admitted, “I thought that I would be able to help a great deal, but I’m not. I can’t really do anything.”

Neki doesn’t often get involved in family conflict since there is no jurisdiction as such and people follow different paths to bring others to justice. He described an ideal process in which conflicting parties should first turn to their respective neighbourhood representatives and, then, to him. But, things have changed and “It doesn’t go like this anymore.” Just a week before, a neighbour had complained directly to the municipality about another family who was responsible for pouring black water on the road. Thus, inspectors from the municipality went to see whether the claim was valid or not. Neki found out what was going on and decided to intervene without invitation. “I went to the mayor to tell him that this is not about canalization because none of us have it. Therefore, if the municipality wants to solve the problem, they should get involved and invest

in a canalization system in Pastasel.” In so doing, he shifted part of the blame and responsibility to a third party.

When I asked Neki if neighbourhood representatives still refer to the *kanun*¹⁸, he replied, “No, they don’t. We are not in that phase anymore”. He referred to the *kanun* as an outdated source that lost its place in local jurisdiction.

Although the literature suggests a clear division between old customs and modern law, the transition occurred at different times in Kosova. For instance, Mehmet worked as a traditional “mediator” for forty-seven cases before and after the war. He shared with me several examples of conflict mediation. “One of the Masreks drove into another person’s cow and broke its leg. The owner of the cow was in a bad situation and was not able to buy another cow. I told the man who drove into the cow, ‘Take the cow and slaughter it. But, you have to buy another cow for this man. He slaughtered the cow and bought another cow for this family.’” When I asked him how he knows how to solve particular conflicts, he admitted that he is often not sure himself, “I never worked according to the *kanun*, but according to my own logic.” He provided me with a vivid example. “Before the war, a person argued with the *hoxha*. All people who were gathered in order to help to settle the issue thought that the person had to be isolated. After that they turned to me and told me that it would be my turn now. I said, ‘I will not interfere here because my obligation is to solve things in a positive way. I want to gather people and not to split them. But if you leave it to me, I will settle it with one method.’

They asked me, ‘What is that method?’

I said, ‘Let’s do it like this: as long as this *hoxha* is here and alive, this family cannot go to the mosque. Other than that, they’re allowed to be included in village life, go to weddings and visit others.’ Since the *hoxha* was from Bosnia, he stayed here one more year and then left. The villager, on the other hand, remained here.”

Another important village institution is the mosque which is located above the cemetery of the martyrs. The congregation is quite large, consisting of 3,000

¹⁸ For more information see Part I

members from Pastasel and Senoc, Pollusha, Ksonik, Dobidol as well. Yet, not all villagers from Pastasel are Sunni; 50% are Dervish and worship in one of the two *teqe* in the city of Rahovec. Mehmet claimed that even though mixing between the two groups, especially inter-marriage, is rare, religious tension is virtually non-existent. When talking to the teachers about the *hoxha*, they belittled his impact, “There was no influence and there is none. He is only responsible for faith and rituals”, and described him as someone who “prefers eastern to western countries.” Neki, on the other hand, did not mind the *hoxha*’s conservative view of the world as much as he minded the fact that he started to build a new mosque in the village centre without consulting him first. The only satisfaction he got out of this was that “It’s not progressing as it should.” Thus, not only neighbourhood representatives, but also the *hoxha* limit the power and freedom of action of the village representative. Despite his reputation, the *hoxha*, considered himself a “contemporary and modern religious leader”. That did not seem to conflict with his awareness that he is more conservative than other villagers and religious leaders in the region. Referring to his beard he explained, “My beard is a symbol of faith. Nothing else. If I were a terrorist, I would not have a beard at all.” This brought us to his political engagement and influence. He argued that his own impact on villagers depends largely on whether he has contact with them or not. During Friday prayers and especially during *Bajram* he preaches, raises awareness of the belief and addresses problems in the community and society at large.

The following ethnographic account will illustrate how the different parties described above together with the village community organized a ceremony for the anniversary of the massacre.

An Example of Community Engagement: The Anniversary of the Massacre.

Although the anniversary of the massacre was organized similar to that in Krusha, the account presented below differs due to the different social contexts in which I was located. In Krusha e Madhe I attended the anniversary with a group of women and was, thus, immersed in the women’s realm whereas in Pastasel I

was invited to sit with the elders to listen to the speeches given by the politicians and representatives of various organizations.

In front of the graveyard, a stage had been erected on a wagon covered in red cloth. The men were busy controlling the traffic, fiddling with the speaker system, putting the finishing touches on their speeches, coordinating the program, setting up chairs in front of the graves and guiding visitors to their designated seats. Mehmet's son, who was in charge of organizing the events in recognition of the anniversary, told me and Cees to sit in the first row so that I would be able to take photographs and record the speeches. Village elders had already taken their seats when the women and children started arriving with wreaths, bouquets of plastic flowers and pictures of their beloved. Those who could afford decorations placed them silently on the grave, while the families who couldn't gathered around solemnly. After a few minutes of silence, they walked slowly behind the barrier that surrounded the cemetery to find a spot where they could listen to the speeches.

The banner across the stage read "*Lavdi Deshmoreve dhe Martireve qe rane per lire edhe pavaresine e Kosoves. Rudine 31. Mars 1999.*"¹⁹ Young men put up pictures: a young man dressed in black with a machine gun in his arms, standing in a living room; Milaim Krasniqi in the woods, gun in hand, in his fighter uniform; a Skanderbeu monument. I was astonished not to see Adem Jashari included in the lineage of heroes.

Patriotic music singing about Kosovars who had lost their lives at the hands of the Serbians started to blare out of the loudspeakers. While waiting, elders talked village politics and discussed the representatives arriving from the municipality of Rahovec: the mayor, the director of the secondary school, the journalists from Syri TV and Info Press. While they tried to find seats, young men switched the music to a song that glorified the KLA.

Ten girls dressed in white blouses lined up on stage. A teacher signalled to the young man to turn off the music, gave the girls microphones and announced

¹⁹ Translation: Glory to the heroes and martyrs who fell for the freedom and independence of Kosova. Rudinë [name of a village] March 31, 1999.

that the old hymn would be sung. We stood up as the girls sang. The opening speech was given by Mehmet's son. "Honoured representatives of the municipality of Rahovec, honoured representative of the KLA veterans, honoured war invalids, honoured guests, honoured police service welcome to the ninth anniversary of the massacre that killed 106 innocent civilians. I am asking you to honour all of those who passed away for the freedom of this land with a minute of silence".

A minute of silence followed broken by shouts of "*Lavdi!*" [Glory] His speech continued, "Honoured population, on this ninth anniversary in honour of the martyrs, we have one more reason to honour and remember all those who gave their lives and all those who lost body parts in the fight for the newly won independence of Kosova. Welcome to the first independent anniversary in an independent and sovereign Kosova."

An old man behind me shouted enthusiastically, "Long live Kosova's independence!" and the rest of the congregation applauded.

"The municipality of Rahovec, just like many other Kosovar municipalities, paid a high price for freedom. Hundreds were killed and massacred, hundreds have disappeared and were imprisoned, hundreds of houses burnt and destroyed, properties destroyed. That is why today the villagers of Pastasel bow to the families who lost their beloveds for the independence of Kosova."

He was followed by the young representative of the village, whose nervousness and speech impediment did not help him. He stumbled over words and had difficulty continuing. "Honoured family members of heroes and martyrs, honoured head of the municipality Qazim Qeshka, honoured representative of the police forces, honoured population who have gathered here after nine years to remember the 106 martyrs who were killed by the Serbian paramilitary forces on March 31, 1999. Two weeks after the massacre, the Serbian forces returned to exhume the bodies once more and send them in different directions. Among the 106 killed were people from the surrounding villages like Senoc, Zatriq, Guri i Kuq, Qiflak, Kramavik, Llapqev, Sverk, Gremnik and other municipalities. Their

names are engraved in golden letters on the long list of those who sacrificed their lives for the freedom of this land. Their last wish has been realized – Kosova is independent and free. They built the foundation of the Republic of Kosova with their blood. It is up to us to honour and respect their sacrifice for the freedom of Kosova. May the soil of Kosova rest light upon them. May they rest in peace. Lavdi!” Applause followed then the school children recited the poems “My Nation”, “Nightingale” and “March 31st”.

Afterwards, the mayor of Rahovec took the stage. His speech began with a long list of greetings to the relatives of the martyrs and heroes, honourable officials and finally to the survivors of what he called an “unseen and unheard” massacre committed at the end of the 20th century. He reminded the congregation of their duty not only to commemorate the anniversaries, but to continue living the last wish of the ones who gave their lives for this moment. He then appealed to the organs of the Kosovar state and international agencies to take seriously the task of bringing to justice those responsible for the killings, and determining the fate of the missing. There were more poems recited by children lamenting the gruesome fate of their fathers and grandfathers. Lastly, the mayor of the municipality of Klina addressed the congregation, delivering a speech similar to those previous.

Besides illustrating community engagement, the ceremony is an example of how the social and political organization of Pastasel had to be largely reinvented after the war as most representatives and elders had been brutally murdered during the massacre, and therefore unable to communicate the traditions of leadership to the next generation. Young, inexperienced men were left with the great responsibility of keeping memories of the past alive, representing villagers in public, keeping law and order, maintaining old values and introducing modernizing changes.

The anniversaries of the massacres in Pastasel and Krusha e Madhe, just like the other ethnographic examples and narratives reflecting collective memories, provide insight into ways in which the villagers construct their past in order to give meaning to their everyday lives in the post-war period. In other words, I was able to outline different ways in which individuals and groups come

to terms with their war and post-war experiences, and demonstrate how certain social, cultural, political and economic circumstances shape their decision-making and actions. This is, of course, not to say that the accounts are homogenous or based on consensus. On the contrary, openly voiced and enacted collective memories are largely rooted in gendered power structures which allow mostly men to dominate the public sphere with their diverse historical and political agendas expressed through speeches, ritual performances, symbolic interactions and public everyday practices. Women's voices and actions appear, on the other hand, often marginalized and, at times, delegitimized. However, this does not mean that women are not obliged to remember and commemorate the war and related losses. In the following part, I will examine ways in which women create, change and, thereby, influence collective memories through bodily expressions of distress.

PART III

Views and Conceptualizations of and Discussions on Traumatic Memory and Modes of Expressing Distress

A body of literature consisting of psychiatric and anthropological publications reveals that expressions of distress are interpreted and analysed differently depending on the academic background of the researchers. That is, it is not obvious that one interpret trauma related health problems as expressions of collective memories. For example, psychiatrists seem to be entangled in their internal dispute with regard to the universality of war-trauma and PTSD. The two most polar positions are held by psychiatrists (a) who try to validate PTSD as a universal and cross-culturally valid psychopathological response to traumatic distress and (b) those who argue that the Western discourse on trauma only makes sense in the context of a particular cultural and moral framework and, therefore, becomes problematic in the context of other cultural and social settings. Although these positions seem mutually exclusive, their debate has led to the development of less radical approaches toward war-trauma and PTSD. These approaches question the validity of most cross-cultural research on PTSD as it fails to consider indigenous expressions of disorder and idioms of distress in its assessment. At the same time, they admit that responses to a traumatic event may share some universal features, especially as the trauma becomes more severe. Thus, they conclude that ethnocultural factors play an important role in individual vulnerability to trauma and PTSD, the expression of PTSD and the responsiveness to treatment of PTSD (Ehrensaft, 1995).

Medical anthropologists, on the other hand, have developed discourses related to the lived experiences of violence and suffering, and modes of expressing distress (e.g. local idioms of distress). Like the critics outlined above, medical anthropologists and anthropologist-psychiatrists vehemently critique the medicalisation of trauma survivors as it reduces individual subjectivities first to

victims and, then, to patients (Kleinman & Kleinman, 1997). Instead, researchers argue that we need to better understand exactly how individuals, families and whole societies respond to violence. In other words, “A central orienting question in ethnography should be to interpret what is at stake for particular participants in particular situations” as such an approach “will lead the ethnographer to collective (...) and individual (...) levels of analysis of experience-near interests that (...) offer a more valid initial understanding of what are social psychological characteristics of forms of life in local moral worlds (...)” (Kleinman & Kleinman, 1991, p. 277; see also Das & Kleinman, 2000).

My approach draws from both anthropology and transcultural psychiatry since I presume that the phenomenon of war-trauma and psychological distress intersects a variety of dimensions and is by no means exclusively of psychological nature; it involves issues of political, ethical, ethnic, religious, financial, sociological and ecological concern (see also Papadopoulos, 2001). However, instead of adding yet another argument to a seemingly never ending debate on the validity of trauma and PTSD, I intend to discuss and analyse three sets of data more or less in relation to Kosova²⁰. More specifically, I will describe how psychiatrists view, discuss and conceptualise traumatic memory and trauma-related health problems in war-torn societies such as Kosova; how anthropologists react to such psychiatric findings, and how they, in turn, contribute to psychiatric debates so as to ensure more sophisticated diagnoses and healing strategies in culturally diverse contexts and, finally, based on my own research, how Kosovar Albanian women experience, adapt or otherwise respond to their personal war-traumas (including rape and other forms of sexual abuse, murder, flight, missing family members and poverty), and how memories of traumatic events affect the women’s social relations and activities. Before I address the debates within and among the different disciplines, I will briefly outline the cultural construction and conceptualization of war-trauma and trauma-related health problems, especially posttraumatic stress disorder (PTSD).

²⁰ While mainstream psychiatrists have conducted several randomized controlled trials (RCTs) in Kosova, relativist and transcultural psychiatrists as well as anthropologists have not conducted in-depth studies on local ways of expressing distress.

Chapter 6: The Cultural Construction and Conceptualization of War-Trauma and PTSD

Western psychiatrists and psychologists have shown an increasing interest in the psychological consequences of war-trauma and trauma-related disorders. One crucial response to violence and trauma was the development of the concept of posttraumatic stress disorder (PTSD) which was included in the DSM-III in 1980. Since then, the concept has been widely recognized as valid and has been used to explain reactions to trauma in different situations, for example, with civilian and military casualties of war (Bracken, Giller, & Summerfield, 1995).

As with other concepts developed in Western psychiatry, it is important to examine how PTSD is embedded in specific configurations of cultural meaning and social relationships (Kleinman, 1980). Anthropologists enquire about how the actors in a particular social setting think about and act in health care by paying attention to their beliefs about sickness, their decisions about how to act in response to particular episodes of sickness and their expectations and evaluations of specific types of health care. Thus, medical anthropologists have the opportunity to conduct ethnographic research on the construction and reconstruction of specific diseases and disorders such as PTSD (Good, 1992), outline the characteristic lay and professional interpretations of illness and reveal how these are constrained by different explanatory systems (Kleinman, 1985).

Various scientific, sociological, historical and philosophical projects exist that aim to display or analyse “[the] actual, historically situated, social interactions or causal routes” (Hacking, 1999, p.48) that led to the development and establishment of the posttraumatic stress disorder syndrome. For example, the psychiatric discourse of the DSM-IV-TR (2000) relates to PTSD as a “non-contingent entity” (Hacking, 1999) which is the inevitable result of a research trajectory. More specifically, it was discovered that PTSD is an anxiety disorder that is characterized by the “reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli

associated with the trauma” (DSM-IV-TR, 2000, p. 429). The essential features of PTSD are the development of characteristic symptoms that follow exposure to an extremely traumatic event to which afflicted persons respond with “intense fear, helplessness, or horror” (p. 463). Individuals who have recently emigrated from areas of considerable social unrest and civil conflict are considered especially prone to developing elevated rates of PTSD. Such individuals are said to be especially vulnerable and reluctant to divulge experiences of torture and trauma and, as a consequence, specific assessments of traumatic experiences and related symptoms are required for such individuals.

While the American Psychiatric Association describes and engages with disorders such as PTSD as though they were timeless, universal and cross-culturally valid, Young, instead, outlines the “causal historical processes” (Hacking, 1999) that led to the invention of PTSD in the 1980s. He argues that, contrary to the assumptions outlined above, the disorder is not timeless, but “glued together by the practices, technologies and narratives with which it is diagnosed, studied, treated and represented by the various interests, institutions and moral arguments that mobilize these efforts and resources” (Young, 1995, p. 5). Hence, PTSD is a historical product that originated in the scientific and clinical discourse of the 19th century. Until the 19th century, the concept of trauma was identified primarily with physical injuries. Erichsen, one of the first physicians to describe a syndrome similar to PTSD, identified it during the 1860s when he examined victims of railway accidents. He accredited the syndrome to loosely defined neurological mechanisms and called it “railway spine syndrome” (p. 16). A few years later, Charcot proposed the earliest psychological account of the syndrome arguing that patients suffering from railway accidents were most likely to suffer from hysteria. Janet and Freud developed this idea further by explaining that the syndrome could also be produced by a psychological trauma which is too difficult for the afflicted to process. Because the memories are painful and unmanageable, the conscious personality suppresses them from awareness by storing it in the subconscious (Janet) or unconscious (Freud). During World War I, the analysis shifted from railway spine syndrome and hysteria to the diagnosis of a large

number of soldiers with traumatogenic shell shock. Kardiner codified its characteristic features and identified its delayed and chronic forms in the 1920s. However, only in the 1980s did the diagnosis receive official recognition and was included in the third edition of the DSM-III. The publication of the DSM-III is described by Young as a “revolutionary event” for American psychiatry. For the first time, it created a national standard for “classifying and diagnosing mental disorders based on an ‘atheoretical’ approach” (p. 127).

According to Young, the inclusion of PTSD in the DSM-III was, however, not only a medical and psychiatric achievement, but included political as well as moral debates led by American veterans of the Vietnam War. During the 1980s, psychiatrists noted high rates of mental health problems and self-destructive behaviour in veterans of the Vietnam War. At the same time, veterans pleaded for a diagnostic criterion that would establish their eligibility for disability compensation, legitimated victimhood and moral exculpation through a doctor-attested and officially recognized disorder. Yet, Young does not mean to say that people diagnosed with PTSD do not suffer. Similar to Hacking’s notion of “interactive kinds” (p. 104), he argues that it is possible for a thing to be real and socially constructed at the same time since “to say that traumatic memory and PTSD are constituted through a researcher’s techno-phenomena and styles of scientific reasoning does not deny the pain that is suffered by people who are diagnosed or diagnosable with PTSD. (...) The suffering is real; PTSD is real” (Young, 1995, p. 10).

Although scientific research on PTSD still largely focuses on veterans, attention is shifting to post-conflict countries in which high rates of PTSD are reported. That is, humanitarian agencies have progressively shifted their focus to civilians’ experience of distress and suffering after exposure to traumatic events all over the world. In contexts of armed conflict, natural and man-made disasters, compassionate action and empathy motivated by a concern for justice and human solidarity are the driving forces of their humanitarianism and psychiatric intervention today (Fassin & Rechtman, 2009).

Chapter 7: Debating War-Trauma and PTSD from Psychiatric Perspectives

Medical knowledge of PTSD is a social and cultural invention shaped through the therapeutic recounting of traumatic events, the acknowledgement of stress response and the production of a formal diagnosis. As mentioned above, there exists no agreement on the public health value of the concept of trauma and trauma related disorders such as PTSD, and the appropriate type of mental health care. Instead, psychiatrists and psychologists are divided into several ‘camps’ which engage in sometimes heated debates over the universality of war-trauma, PTSD and other trauma-related health problems.

7.1 Universalistic Approaches to Traumatic Distress

The majority of psychiatrists and psychologists assume that traumatic experiences lead to traumatic memories which may result in PTSD. The syndrome itself is believed to be a universal and cross-culturally valid psychopathological response to traumatic distress (Young, 2006).

The Etiological Event as the Defining Feature

According to the current version of the DSM (American Psychiatric Association, 2000), the essential features of PTSD are the development of characteristic symptoms which follow exposure to an extremely traumatic event (etiological event) which involves “actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (p. 463). Other traumatic events listed include, but are not limited to, military combat, violent personal assault, being kidnapped, being taken hostage, terrorist attacks, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accidents or being diagnosed with a life-threatening illness. The

afflicted person's response to such events must involve fear, helplessness or horror.

In order to assess traumatic events, epidemiologists use checklists consisting of possible war and non-war related types of traumatic events. Ai, Peterson and Ubelhor (2002) state, for example, that adult Kosovar refugees experienced a high degree of trauma. The mean number of events reported (of 24 possible events) was fifteen, and more than 90 percent of the participants reported ten or more events. Events checked for included evacuation from town, refugee camp, shortage of medicine, lack of food, stolen possessions, without shelter, shortage of clothing, separation from loved ones, forced marches, solitary confinement, lost property, concentration camp, family beaten, ill health, death of a family member, witnessed violence, kidnapped, loved ones disappeared, destruction of personal property, witnessed torture, beaten, physical injury, witnessed death and sexual acts. Similarly Cardozo and colleagues found that a high percentage of Kosovar Albanians living in post-war Kosova reported having personally experienced traumatic events. For instance, 66.6 percent reported being deprived of water and food, 66.5 percent reported being in a situation of combat, and 61.6 percent reported being close to death. In addition, 39.4 percent of the participants reported experiencing eight or more of the traumatic events listed on the checklist; 56.2 percent had fled to another country as refugees during the past year, 25.6 percent had been internally displaced within Kosova, and only 18.2 percent remained in their homes during the war. Since the research team lacked the resources for in-depth questioning, traumatic events were equally weighted in the analysis. When Cardozo et al. (2003) repeated their assessment in 2000, they found that the proportion of respondents reporting having experienced traumatic events was lower in the 2000 survey than in the 1999 survey. For example, in the 2000 survey, 8.3 percent of participants reported experiencing eight or more of the traumatic events listed compared to 39.5 percent in 1999, and with regard to war-related displacement, a much higher proportion of the respondents of the survey in 2000 than those of the 1999 survey reported "not having moved at all". Although the authors are not quite sure what to make of this discrepancy, they suggest that

respondents may fail to recall past events or, certain types of trauma may have been easier and more socially acceptable to report immediately after the conflict than a year later. Another suggested possibility is that the respondents of the survey in 2000 might have been focused on their current living conditions, and less on traumatic events in order to move beyond the memories of the war: “In fact, one of the main symptoms of PTSD is avoidance, and the decrease in the prevalence of reported trauma in 2000 could be explained as an attempt to block out of painful memories” (p. 355).

Most research recognizes that higher rates of symptoms are associated with higher numbers of traumatic experiences (Scholte, Olf, Ventevogel, de Vries, Jansveld, Cardozo, & Crawford, 2004). This characteristic is called dose-response and it is argued that individuals could possibly develop PTSD “regardless of other risk-factors once the trauma load reaches a certain threshold” (Neuner, Schauer, Karunakara, Klaschik, Robert, & Elbert, 2004, p.1). The cumulative effect of traumatic events on the rate of PTSD appeared crucial in the surveys of both Cardozo et al. and Eytan et al. concerned with Kosovar Albanian populations. That is, a linear decrease in mental health status and social functioning with increasing amounts of traumatic events was discerned. However, researchers recognize that PTSD does not occur in everyone who has experienced traumatic events and that the traumatic event itself does not sufficiently explain why PTSD develops or persists (Yehuda, 1999; see also Foa & Rothbaum, 1998; McFarlane, Shalev, 2002).²¹

²¹ One possible way to identify individuals at risk of PTSD is to survey the normal population and establish the characteristics of those who are exposed to traumatic events and who later develop PTSD. So far, the presumed risk factors are divided into two categories: 1. those pertinent to the traumatic event (severity of the type of trauma) and 2. those relevant to individuals who experience the event (gender, prior experiences, personality characteristics). Furthermore, data have emerged that suggest biological or even genetic risk factors for PTSD (Yehuda, 1999; see also Andrews, Brewin, & Rose, 2003; Bonanno & Field, 2001; Breslau, Davis, Andreski, Peterson, & Schultz, 1997; Breslau, Davis, & Adreski, 1995; Brewin, Andrews, & Valentine, 2000).

The Criteria for Symptoms

In 2000, the American Psychiatric Association revised the PTSD diagnostic criteria in its DSM (DSM-IV-TR). The diagnostic criteria for PTSD include, next to a history of exposure to a traumatic event (criterion A), two criteria and symptoms from each of the three symptom clusters: intrusive recollections (criterion B), avoidant/numbing symptoms (criterion C) and hyper-arousal symptoms (criterion D). A fifth criterion concerns the duration of symptoms (criterion E) and a sixth assesses functioning (criterion F).

While symptom criteria B and C point to psychological modes of expressing distress, the symptoms subsumed in the criterion D point to the assumption that people suffering from psychological distress, depression, anxiety and personality disorder tend to develop somatic symptoms (Ritsner, Ponizovsky, Kurs, & Modai, 2000). According to Lipowski (1988), somatisation represents a largely unresolved problem at the margins of psychiatry and medicine. Somatisation may be defined as “a tendency to experience and communicate somatic distress and symptoms unaccounted for by pathological findings, to attribute them to physical illness, and to seek medical help for them” (1359). Lipowski adds to the definition that it may be considered “a generic concept, in the sense that it subsumes a wide range of clinical phenomena” (1359). Consequently, diagnosis calls for the careful examination of all possible confounding factors, including the distinction between somatisation and a concurrent illness as well as the exaggeration of symptoms and malingering (Young, 2008).

By employing quantitative research methods, in particular symptom checklists that are believed to be “‘non-specific’ indicators of psychiatric illness” (Kirmayer & Young, 1998, p. 412), epidemiologists investigate whether psychological reactions to trauma persist over time and whether such reactions can become disabling (Steel, Silove, Phan, & Bauman, 2002). Although it is largely accepted that such scales and interview schedules are useful when comparing psychopathologies across cultures (Littlewood, 1992), mental illnesses

in culturally diverse populations have been difficult to measure. Only recently, researchers have reported that reliable and culturally validated screening instruments for psychiatric distress have been developed. That is, protocols and scales based on the lists of symptoms in DSM-III-R, DSM-IV, ICD-9 and ICD-10 have been translated into local languages, thus permitting investigators to distinguish traumatic “symptoms” from seemingly similar kinds of psychological distress. This, in turn, helps clinicians and policy makers to determine the needs of afflicted populations (Young, 2006; see also Mollica, Cui, McInnes, & Massagli, 2002; Mollica, Caspi-Yavin, Bollini, Truong, Tor, & Lavelle, 1992; Mollica & Caspi-Yarvin, 1991).

These include the Harvard Trauma Questionnaire, the General Health Questionnaire-28 and the Medical Outcomes Study 20. The HTQ is the most frequently applied screening tool and consists of a checklist for measuring trauma, torture events and trauma-related symptoms. It is designed as a self-report scale which includes three sections. The first section comprises seventeen items that describe a range of traumatic experiences; section two consists of an open-ended question that enquires about the respondents’ subjective descriptions of the most traumatic event(s) that they experienced during their refuge; and the final section includes thirty symptom items (Mollica et al., 1992). In contrast to the HTQ, the GHQ-28 is used as a community screening tool and for the detection of non-specific psychiatric disorders in individuals in primary care settings. The mental health status of the respective patients is measured with the help of the four subscales: somatisation, anxiety, social dysfunction and depression. The MOS-20, on the other hand, consists of twenty items on six different scales that assess physical functioning, bodily pain, role functioning, social functioning, mental health and self-perceived general health status. Generally, the three different scales are chosen to obtain information on common, non-specific psychiatric problems; to gather information on specific psychiatric syndromes like PTSD and related traumatic events; and to get a broad understanding of the level of social

functioning and disability in the respective population under study (Cardozo, Vergara, Agani, & Gotway, 2000)²².

Research that focuses on the vulnerability of an individual following the exposure to trauma in Kosova includes studies undertaken by Cardozo et al. (2003), Eytan et al. (2004) and Toscani et al. (2007). All three studies found high rates of psychiatric symptoms among Kosovar Albanians. To obtain the data, households were randomly selected and all adult members present were interviewed. Respondents were predominantly female and younger than 35 years of age, with a primary school or lower level of education. A large proportion of respondents had left Kosova during the conflict. Most of them were forced into refuge by the Serbian police. According to Eytan et al. female gender, old age, having left Kosova during the war and the number of experienced traumatic events constituted significant risk factors for their population under study. Toscani et al., whose study focused on refugees who returned to Kosova from exile, found that among living conditions in the host country, duration of stay longer than 26 weeks was associated with lower mental health scores. The cumulative effect of traumatic events on rates of PTSD appeared crucial in the surveys of both Cardozo et al. and Eytan et al. Their tables cover the time period between 1999 and 2001, displaying the nature of potentially traumatic events people were exposed to during the conflict together with their associations with PTSD diagnosis. Whereas Eytan et al.'s table does not include a category "rape or sexual abuse", Cardozo et al. list the category for both years, 1999 and 2000, but received only an unsatisfactory amount of answers.

Epidemiological studies conducted among Kosovar Albanians rarely list specific symptoms. The following table includes three studies that I was able to find which list the frequencies of the most commonly reported physical and psychological symptoms by Kosovar Albanian refugees published by Eytan et al. (2002), Ai,

²² Other screening tools include the Hopkins Symptom Checklist-25, the Composite International Diagnostic Interview (CIDI), the Vietnamese Depression Scale, the Zung Scale for Depression, the NIMH-Diagnostic Interview Schedule, the Senegal Health Scales, the Post Traumatic Stress Disorder Symptom Scale (PSS), the Posttraumatic Symptom Scale (PTSS-10), the Mini International Neuropsychiatric Interview (MINI), the PTSD Checklist-Civilian Version (PCL-C), and the Clinician-Administered PTSD Scale (CAPS).

Pederson and Ubelhor (2002) and de Jong, Ford and Kleber (1999) compared to a study on female Vietnam veterans by Kimerling, Clum and Wolfe (2000).

TABEL 1: Sample and screening tools and symptoms according to frequency

Studies	Asylum seekers from Kosovo (Eytan et al., 2002)	Kosovar refugees (Ai, Peterson, & Ubelhor, 2002)	Kosovar refugees (De Jong, Ford, Kleber, 1999)	Female Vietnam Veterans (Kimerling, Clum, & Wolfe, 2000)
Sample & screening tools	319 interviews with asylum-seekers; Medical screening interviews on health conditions, presence of symptoms and previous exposure to trauma	129 refugees; questionnaire asked about demographics, war-related traumatic events , PTSD symptoms, and social support; PTSD Symptom Scale	N/A; symptoms are listed in two clusters (frequent and less frequent)	52 female Vietnam veterans of whom 12 met full criteria and the rest partial criteria for PTSD (symptoms listed for both groups); CAPS, Structured Clinical Interview for DSM-III-R; Women's Wartime Stressor Scale; Life Stressor Checklist; Women's Background Questionnaire; Women's Medical History Questionnaire
Symptoms according to frequency (%)	Insomnia (8)	Insomnia (66)	Headaches (n/a) Stomach pain (n/a) Fear (n/a) Sleep disturbance (n/a) Flashbacks (n/a)	Forgetfulness (100) (56)
	Nervousness (8)	Upset when reminded of the trauma (61)	Visual and auditory (n/a) Hallucinations (n/a) Muteness (n/a) Social withdrawal (n/a)	Fatigue (90) (64)
	Headaches (6)	Flashbacks (59)		Early morning awakening (91) (59)
	Sadness (5)	Physical reactivity to reminders of war (59)		Restless sleep (80) (65)
	Backache (5)	Irritability (57)		Blank spots in memory (82) (41)
	Shortness of breath (4)	Intrusive memories (52)		Inability to fall asleep (73) (62)
	Abdominal pain (3)	Avoiding thoughts of the war (52)		Backaches (73) (59)
	Loss of appetite (3)	Avoiding reminders of war (51)		Stomach cramps/gas (73) (51)
	Nightmares (2)	Increased startle response (51)		Muscle weakness (73) (46)
	Dysoria (2)			Neck aches or stiffness (73) (39)
	Loss of memory (1)			
	Palpitation (<1)			

The reported percentages are not directly comparable as numbers of participants, countries of refuge, screening tools and style of reporting differ. Moreover, whereas Eytan et al. and De Jong, Ford and Kleber list a combination of psychological and physical symptoms, Ai, Peterson and Ubelhor list mostly psychological symptoms with a category of 'physical reactivity to war reminders' and Kimberling, Clum and Wolfe list only physical modes of expressing distress. Nevertheless, similarities can be found between the studies in that insomnia, a

sense of anxiety and pain (esp. headache, stomach pain, backache, muscle ache) predominate. Interestingly, forgetfulness, blank spots in memory and loss of memory are insignificant or nonexistent in the Kosovar samples, while the symptoms seem to be widespread among the sample of female Vietnam veterans.

Overall, these and other studies conducted among war affected populations recognize that trauma-related mental illness seems to reduce steadily over time, but that a subgroup of people with a high degree of exposure to trauma has long-term psychiatric morbidity.²³ It is concluded that it is important to establish mental health services for people who have been exposed to extreme trauma (McFarlane & Yehuda, 2000; Steel, Silove, Phan, & Bauman, 2002) in order to return them and the regions in which they live to stable and productive environments (Cardozo, Vergara, Agani, & Gotway, 2000).

7.2 PTSD: A Euro-American Invention

In recent years, dissent has arisen among psychiatrists that challenges and even denies the validity of the concept of PTSD, and blames the international therapeutic model for employing inadequate research methods (Summerfield, 2005). In this vein, the concept of the DSM is questioned, and concern has been expressed as to whether it is an appropriate instrument for use in societies other than the United States (Littlewood, 1992) because it does not pay attention to the social and discursive contexts in which individual and collective understandings of illness experience emerge (Groleau, Youjng, & Kirmayer, 2006; see also: Almendom & Summerfield, 2004; Bracken, 1998; Bracken, Giller, &

²³ Other epidemiological studies on war-affected populations include surveys conducted with Cambodian refugees who survived the regime of Pol Pot (Boehnlein, Kinzie, Sekiya, & Riley, 2004; Hubbard, Realmuto, Northwood, & Masten, 1995; Kinzie, Sack, Amgell, Clarke, & Ben, 1989; Marshall, Schell, Elliot, Berthold, & Chun, 2005; Mollica et al. 2002; Sack, Chanrithy, Dickason, 1999; Savin Sack, Clarke, Meas, & Richart, 1996); Tibetans in exile (Mercer, Ager, & Ruwanpura, 2005); Senegalese refugees (Tang & Fox, 2001); Rwandan adolescents (Schaal & Elbert, 2006); Bosnians (Momartin, Silvoe, Manicavasagar, & Steel, 2003; Weine, Razzano, Brkic, & Ramic, 2000; Weine, Vojvoda, Becker, McGlashan, Hodizic, 1998); Israelis and Palestinians living in Israel (Hobfoll, Canetti-Nisim, & Johnson, 2006); Holocaust survivors and their children (Golier, Yehuda, Lupien, Harvey, Gorssman, & Elkin, 2002; Yehuda, Schmeidler, Wainberg, binder-Brynes, Duvdevani, 1998); and many more.

Summerfield, 1995; Dreyfus, 1991; Littlewood, 1990, 2000; Mezzich, Kirmayer, Kleinman, Fabrega, Parron, Good, Lin, & Manson, 1999; Summerfield, 2002, 2004; Wessely, Rose, & Bisson, 1998).

Current controversies in psychiatry concerning the universalistic perspective on trauma are exemplified by the protest in response to Summerfield's article "The invention of posttraumatic stress disorder," published in the British Medical Journal in 2001. Like his previous article published in the Lancet in 1997, Summerfield argued that mainstream approaches overlook the fact that traumatic experience is specific and not universal. That is, certain personal, political, social and cultural factors as well as military circumstances are thought to mediate the experience of war and influence whether an individual does or does not become traumatized. Not only psychiatrists but also patients responded fiercely. According to the survivors' point of view, Summerfield had transgressed a boundary by speaking for them and by questioning a psychiatric category that had helped them to defend their rights (Fassin & Rechtman, 2009).

Although victims challenged the right of critics to speak for them, it is often overlooked that relativists argue the contrary: survivors are active agents negotiating their life courses in often hostile environments. Summerfield illustrates this by referring to Argenti-Pillen's (2004) queries about whether imported Western trauma-work could contribute to a destabilisation of culturally specific forms of Sri Lanka's post-war organization. Argenti-Pillen focuses on the coping strategies employed by refugee Sinhalese women who live in rural slum communities and witnessed the death and disappearance of family members. According to her, women avoid further cycles of violence by employing domestic cleansing rituals and "cautious discourses" that undermine the risks and potential dangers of fearlessness. Their means of coping were, however, severely challenged by non-governmental mental health organizations which promoted Western-style trauma counselling. The latter misconceived the local practices as war-related illnesses and equated them to Western concepts such as PTSD, depression and psycho-somatization.

The Critique by the Relativists

Relativist psychiatrists blame the international therapeutic model for employing inadequate research methods (Summerfield, 2005). More specifically, it is argued that although researchers employing structured questionnaires seek to extract exact numbers, the answers tend to be filled with uncertainty. For example, Turner and colleagues (2003) make explicit that different studies conducted with Kosovar Albanian refugees in the UK produced results that do not agree with each other. While Albanian-speaking clinicians found a low prevalence of rates of PTSD and depression when applying diagnostic measures, self-report measures generated much higher rates in the same sub-sample. According to van Ommeren (2003), inconsistent findings in research may result from random processes and non-equivalent measures, procedures or samples, but may also be due to low validity. Evidence of the measurement validity and reliability cannot necessarily be generalised across populations, and this lack of generalisability may be particularly problematic when the original measure is translated into different languages. McHugh and Treisman (2007) add to this that the generally employed questionnaires are over-inclusive and wrongly assume that the subject understands the question the same way as the researcher does since socio-cultural factors influence the clustering of symptoms and the extent to which symptoms are experienced as distressing.

According to the critics, epidemiological research does not acknowledge that different psychological conditions manifest themselves with similar mental symptoms or that not all cognitive or affective responses to distress are forms of disorder or psychopathology. Instead, researchers such as Almendom, Jones and Summerfield explain that suffering is resolved in a social context (Summerfield, 2000), and familial, socio-cultural, religious and economic activities make the world comprehensible for people before, during and after catastrophes (Almendom & Summerfield, 2004). For example, Eisenbruch (1991) shows that the suffering of Cambodian refugees is strongly connected to their ancestral lands. By employing the term “cultural bereavement” he describes that they do not cease feeling guilty about having abandoned their homeland and not fulfilling their

obligations to the dead. They believe that they are unable to survive when their way of life is threatened. Like the Cambodians, Guatemalan Mayans associate themselves with the land. Lykes (1994) writes that survivors of the massacres committed in the 1980s feel that their collective body and the land have been wounded. To them, the burning of their crops was not merely the eradication of a source of food; it was an attack on them as a people – a genocide.

On the other hand, Jones (2004) came to realise, during her work as a psychiatrist in Bosnia, that humanitarian programs and mental health professionals approached the subject of war trauma and children from the wrong perspective. Not taking into consideration whether they were Croat, Muslim or Serb, and, thus, disregarding their particular experiences, it was assumed that traumatised children express their symptoms similarly and that Western healing strategies would be helpful. However, the majority of children with whom Jones worked did not fit this portrait. According to her, some of the children indeed showed symptoms (such as poor concentration in school or nightmares) but did not see them as an illness requiring treatment. Instead, their mental health seemed to be rooted in the environment in which they lived. That is, they desired improved living conditions, more activities, supportive teachers, employment for their parents and an end to corruption.

These examples are employed by researchers to reveal that it is simplistic to regard survivors as passive vessels of negative psychological effects. On the contrary, they show that survivors act actively and in a problem solving way on their environment by negotiating disrupted life courses, loss of status, culture shock and the attitude of the host society, thereby shaping themselves, their communities and ultimately the legacy of war itself (Summerfield, 1998, 2000, 2002, 2004, 2005). Thus, new questions must be asked in order to do adequate research that does not follow a medicalised model, and instead of offering psychiatric counselling, the humanitarian aid programs should acknowledge resilience and retain the social rehabilitation frameworks, starting with the strengthening of damaged local capacities in alignment with local priorities (Summerfield, 1998, 2000).

7.3 Building Bridges between Different Psychiatric Approaches

The fierce debates between researchers adhering to the universalistic and relativistic perspectives were not fruitless. They led to the development of less radical and more reflective approaches toward trauma and PTSD related symptoms. Similar to researchers adhering to the relativistic position, transcultural psychiatrists argue that current Western psychiatric nosology is based on the search for discrete disorders and, thereby, de-contextualizes and essentialises human problems (Lemelson, Kirmayer, & Barad, 2007; see also Gaines, 1992; Kirmayer, 2005; Lopez & Guarancia, 2000). It is argued that Western psychiatry reflects a particular American and European view of concepts of psychopathology. It is based on cultural conceptions of normality and deviance that focus solely on problems located within the individual and that lack a developed conceptual vocabulary for relational, social, communal and cultural problems. Yet, remembering and forgetting traumatic events depends on memory systems that carve trauma not only on the body and brain, but also on the social and political processes that aim to regulate public and private recollection (Lemelson, Kirmayer, & Barad, 2007; see also De Jong, 2004; Kirmayer, 1989). Since there exist no rigorously conducted studies on Kosova, the following section will mainly look at topics of concern to transcultural psychiatrists including culturally mediated experiences of illness, individual agency, the expression of symptoms, new research questions and new approaches.

From Culture-Bound Syndromes to Local Idioms of Distress

Transcultural psychiatrists tend to agree that the search for universal similarities in psychiatric disorders across cultures lacks validity as similar complaints tend to appear in different patterns and be subject to different diseases (Chung & Singer, 1995; Kirmayer, 1989; Kleinman, 1982). In order to better understand syndromes observed in groups outside the North American and the western European middle class, the term “Culture Bound Syndrome” (CBS) was developed (Rebhun, 2004). The term was first coined by the psychiatrist Yap in

the 1960s when he realized that researchers used terms in local languages for syndromes unknown to mainstream psychiatry. He stated confidently, “Undoubtedly there are in certain cultures clinical manifestations quite unlike these described in standard psychiatric textbooks, which historically are based on the experiences of western psychiatrists” (Yap, 1974, p. 86) and called for systematic research into whether it is actually possible to fit CBS into standard classifications and if such a standard and exhaustive classification actually exists. Despite the fact that the term was widely attacked as inaccurate and ethnocentric, it found its way into the DSM-IV in 1994 to make the manual more culturally sensitive.

According to the DSM-IV, CBS is defined as “Recurrent, locality-specific patterns of aberrant behaviour and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns are indigenously considered to be ‘illnesses’, or at least afflictions, and most have local names” (American Psychiatric Association, 2000). The DSM-IV glossary lists 25 CBS providing a brief description for each and listing synonyms or similar syndromes in other cultural regions. Kirmayer and Blake (2009) explain that the distinctiveness of a CBS may result from cultural influences on the mechanisms of disease causation or pathogenesis, or on the shaping of symptoms, illness experience and the temporal course of the disorder. While several researchers argue that it is crucial to focus on CBS since the DSM has become an international document and to increase the awareness of the cultural diversity of people seeking mental health care (Guarnaccia & Rogler, 1999), others remained sceptical. Critics argue that most of the CBS listed refer to explanations of illness rather than syndromes (Kirmayer & Blake, 2009) and that some of them are not as culture-bound as they appear as they cannot be confirmed to only one local area or local group (Rebhun, 2004). An illustration of this is the syndrome of “nerves” which appears in the literature in various geographical regions such as Latin America, the Mediterranean, northern Europe and the States (Baer, Weller, de Alba Garcia, Glazer, Trotter, Pacheter et al., 2003; Davis & Low, 1989). In Spanish it is referred to as *nervios*, in Portuguese as *nervoz* and in Greek as *nevra*

(Davis & Joakimsen, 1997). In most contexts, individuals suffering from ‘nerves’ tend to complain of headache, dizziness, fatigue, weakness and abdominal pain and attribute their symptoms to sadness, anger, fear or worry (Davis & Guarnaccia, 1989), although symptoms and etiology vary. Similarly, *koro* has been described for different cultural groups in Asia and among Asian immigrants to other countries. *Koro* is mostly suffered by men and refers to their perception and related panic that their genitals are retracting into the body, shrinking or in some cases, disappearing (Chowdhury & Bera, 1994; Earleywine, 2001; Rebhun, 2004).

In order to make better sense of CBS, a number of psychiatrists have adopted the more open anthropological concept of “local idioms of distress”. Nichter (1981) introduced the concept to describe alternative modes of expressing distress by focusing on the need to analyze “particular manifestations of distress in relation to personal and cultural meaning complexes as well as the availability and social implications of coexisting idioms of expression” (370). Since its first introduction to academic discourse, the concept of idioms of distress has turned into a self-explanatory term that is used to make sense of cultural categories as diverse as nerves, *susto*, *koro*, *kuru*, *fan*, *shaki illai*, *ihahamuka*, etc., not all of which are listed in the glossary of the DSM. Jenkins (1996), for instance, analyzes *nervios* suffered by Salvadoran women refugees living in exile in North America. The twenty-two women who participated in the study had fled El Salvador to escape large-scale political violence, regularized violence by male kin and impoverished economic conditions. Jenkins found that the cultural category of *nervios* indexes an array of dysphoric affects (anxiety, fear, anger); diverse somatic complaints (bodily pain, shaking, trembling); and often *calor* (heat). She concludes that the cultural lack of diagnostic specificity concerns more the social and moral status of the ill individual than the psychopathological manifestation of illness behaviour and, therefore, “examination of people’s reactions to overwhelmingly horrific conditions will require that the parameters of the PTSD construct be expanded considerably to take into account gendered, sociopolitical, and ethnocultural dimensions of experience” (178).

When writing about local idioms of distress, transcultural psychiatrists emphasise the agency of individuals in establishing social networks and argue that people are not simply recipients of culture, but negotiate their life worlds actively depending on their particular social class, economic situation and gender. Lopez and Guarancia (2000) note that “given the changing nature of our social world and given the efforts of individuals to adapt to such changes, culture can best be viewed as an ongoing process, a system or set of systems in flux” (p. 574). Similarly Boehnlein (2001) states that it is crucial to understand how individual factors in the maintenance of symptoms interact with a person’s social environment and culture since “culture influences not only the patient’s family and social environment during illness, but also his/her intimate sensation and interpretation of bodily experience during times of great psychological stress” (p. 465).

New Questions for and New Approaches to a Better Understanding of War-Trauma and Related Health Problems

In order to better understand war-trauma, traumatic memory and trauma-related disorders, Pedersen (2002) postulates new research questions: What is the long-term impact on health of ethnic conflict, political violence and wars in a given population? What about the role of other psychosocial factors such as resilience, social cohesion, coping skills, the density and quality of social support networks? How is political violence linked to poor health outcomes and trauma at the individual and at the community levels? Are PTSD and other trauma-related disorders universal and unavoidable outcomes of political violence? What is the role of other social factors, such as racism and extreme nationalism, alongside poverty and war, in determining the health of disease equation? What is the social production of collective and individual suffering? These questions elucidate that researchers and practitioners who adhere to a transcultural psychiatric perspective do not agree with critics who argue that concepts of PTSD cannot and, therefore, should not be applied to non-western contexts. Instead, it is their goal to build bridges between the clinical concerns of subjects and the social context in which

their experiences and sufferings are embedded (Lemelson, Kirmayer, & Barad, 2007; Pedersen, 2002). In other words, it is crucial to connect immediate stressful events and economic/political hardships with the broader societal structure; to document non-western patterns of trauma-related conditions; and to assess the conditions in which medical or psychological interventions help or hinder long-term recovery.

Papadopolous (2001) adopted, for example, a systemic perspective in order to address issues concerning the perception of refugee families, especially in the context of supervision. According to him, the phenomenon of refugeedom intersects a wide variety of dimensions and is by no means exclusively of psychological nature; it involves issues of political, ethical, ethnic, religious, financial, sociological and ecological nature. Consequently, a single approach to refugees cannot possibly be sufficient to address its multifaceted complexity. A systemic approach includes the ability to address several interrelated systems and avoids pathologising the refugee who suffers from the atrocities experienced. The systems include the ones to which the clients belong (nuclear and extended family, school, community, ethnic, cultural and linguistic group, state) and systems that form the relevant context (socio-political, ideological, ethical, religious, media, public opinion). Moreover, the systemic approach is considered useful in that it enables therapists to locate themselves within the context of systems of service and sharpens their epistemological sensitivity concerning the interaction of the various narratives that each one of these systems uses to express itself.

Chapter 8: Anthropological Contributions to Discourses on War-Trauma and PTSD

How are social scientists and especially anthropologists involved in the discourse on and debate over war-trauma and PTSD? Are they merely detached bystanders who monitor developments in psychiatric research, take note of and analyse ongoing disputes between psychiatrists and outline genealogies of certain

nosologies? Or are they actually participating in the debates as engaged critics and innovative activists who seek to provide new means for a better understanding of war-trauma and its related disorders? Anthropologists may be all three: detached bystanders, vehement critics and researchers who venture into and participate in the field of trauma. I discussed the achievements of ‘bystanders’ in the section on the cultural construction of war trauma and PTSD, and will now turn to those of the ‘critics’ and ‘active participants’ by focusing on their perceptions of the interconnections of violence and personal and social well-being, the concept of social suffering and the issues related to local idioms of distress.

8.1 Linkages between Violence and Personal and Social Well-Being

People don’t kill soldiers and civilians in war to reduce population numbers; wars aren’t won that way. Wars are lost and won because people fear death, because they have a horror of dismemberment, because they feel the burdens of oppression so strongly that they are willing to risk life and limb (Nordstrom, 2004, p. 225).

The interconnections between violence, larger social forces and individual suffering are situated, manifold and complex in that they affect our notions of life and death, good and evil, sickness and health (Jenkins 1998). Throughout the past decades anthropologists have tried to make sense of different forms of violence recognizing that it is pervasive, ancient, infinitely various and a central fact of human life, but also poorly understood in general (Whitehead, 2004). Despite this general agreement, different schools of thought have developed that tackle the notion of violence from various angles by focusing on its communicative role, symbolic use, performative quality and lived experience.

The communicative role of violence relates to the fact that violent actions are believed to be much more meaningful and rule-bound than we believe as they are communicative acts based on the human capacity for symbol-making. According to Abbink (2000) it is, therefore, important to explore the

communicative messages which violent acts carry in order to properly understand how people become drawn into violent acts and organizations. Masse (2007), on the other hand, focuses on the symbolic use of violence by referring to Bourdieu who states that symbolic violence is maintained in hegemonic socioeconomic relations and is characterized by the fact that it is “unrecognizable, socially recognized” (Bourdieu, 1977, p. 191). The performative quality of violence is explored by scholars such as Schroeder and Schmidt (2001) who investigate the dialectic between violent imaginaries and violent practices. According to them “violence needs to be imagined in order to be carried out” (p. 9) while the act of imagining itself draws on historical memories, traditions, and codes of interpretation and, thus, emphasizes “the historicity of present-day confrontations” (p. 11).

It is generally accepted that violence is “a cultural problem” which requires attention to the details of its meaning and enactment in particular contexts (Jenkins, 1998; see also Desjarlais, Eisenberg, Good, & Kleinman, 1995). For example, Nordstrom (2004) writes with regard to Sierra Leone that violence carries complex sociopolitical messages. During the time of her research, troops cut off voters’ hands and arms in attempting to impose a boycott of the election. The message was obvious: “the voters are ‘dis-armed’” (p. 63). Hinton (2004), on the other hand, draws on the concept of poetics when analyzing the violence in Cambodia under the Khmer Rouge, focusing on its local idioms and discourses through which their violent practices attain their cultural patterning and directive force. According to him, a grammatical rule for the vernaculars of violence is that violent practices are characterized by a fundamental condition of uncertainty. Referring to forms of violence used by Rwandan perpetrators, Taylor (2004) illustrates how difference is inscribed on the bodies of victims, transforming them into the tokens which they are supposed to represent. The violence ranged from stuffing people into latrines to cutting their achilles tendons at militia roadblocks. These practices were patterned on local conceptions of bodily flow and blockage and turned victims into recognizable “Others”.

The examples show that ideologies of hate are always local products, created out of local, regional and global flows of knowledge. Thus, although violence may be a very personal and subjective experience, “larger social actors such as the state, international organizations, and the global media, as well as transnational flows in finances and people” are all involved in the creation, maintenance and soothing of violence (Das & Kleinman, 2000, p. 2). In order to articulate the complex links between lived experiences and the broadest structures of the global economic and political power, Farmer coined the concept of structural violence. He defines it as “violence exerted systematically – that is, indirectly – by everyone who belongs to a certain social order” and “is intended to inform the study of the social machinery” (Farmer, 2004, p. 307). In his article “On Suffering and Structural Violence: A View from Below” (1996) he illustrates how social forces ranging from poverty to racism become embodied as individual experiences by introducing the stories of two Haitians, Acephie Joseph and Chouchous Louis. According to him, the two stories are anything but anecdotal in that millions of people living in similar circumstances can expect to meet fates comparable to those two individuals. In other words, what these victims share are not so much personal and psychological attributes but “the experience of occupying the bottom rung of the social ladder in inegalitarian societies” (p. 263).

Other ethnographic examples of how violence is connected to social structures and individual experiences are provided by scholars working in different areas. For example, Schäuble (2006) illustrates how the traumatic experience of the Croatian armed conflict and subsequent affliction are dealt with on an individual level. She draws on an ethnographic example of a carnival episode in which one of her key informants dressed up as a suicide bomber and employed the concept of “imagined suicide” to interpret different layers of meaning. Schäuble argues that the terrifying concept of Marko’s “play” refers less to terrorism itself “than to the violence he has experienced during war and still experiences within his own body. He personifies his worst fear, namely of turning into a dangerous time-bomb” (p. 8). His fears are not only connected to the direct effects of his military service but to other, societal factors. Like most young men,

he went to war before completing his education and as a consequence, hardly had the chance to train and qualify for work today. Thus, his suffering is enhanced by factors including low economic status, financial dependency, the feeling of government-sanctioned injustice as well as the lack of recognition and prospects.

Olujic (1998), on the other hand, discusses the parallels between the patterns of everyday dominance and aggression during times of peace and war in Croatia and Bosnia-Herzegovina. According to her, aggression or violence against women was a means by which combatants showed who controlled the “sexual property” and political process through traditional honour/shame ideology, thereby, transforming individual bodies into social bodies. In other cultural contexts, Das (1997) outlines the augmentation of national images in anti-colonial movements in India where men began to appropriate the bodies of women by abducting and raping them whereas Scheper-Hughes (1996) sensitizes readers to the violent practices and sentiments committed in Brazil and South Africa against children of the lower social strata. Along with Desjarlais and Kleinman (1997) these authors argue that theories must link violence and personal and social well-being, and provide answers to questions concerning the psychological, cultural and moral consequences of violence.

8.2 Social Suffering and Local Idioms of Distress

It is widely recognized that structural violence is a major cause of suffering, general ill-health, including poor mental health outcomes and increased morbidity and excess mortality (Pedersen & Kienzler, submitted). However, it is less well documented how disease, distress and suffering are affected by and affect the wider social and cultural context. In order to assess such social, cultural and biological processes, anthropologists employed qualitative methodologies since it is assumed that quantitative measures ignore the “social and discursive contexts in which individual and collective understanding of illness experience emerge” (Groleau, Young, & Kirmayer, 2006, p. 672).

Good (1977) was among the first to argue that our understanding of the way in which psychosocial and cultural factors affect the incidence, course,

experience and outcome of disease is crucial for clinical medicine. Accordingly, disease cannot be simply considered a natural entity but a social and historical reality since, over time, “passively received and actively negotiated changes become interspersed to form a chain of illness-related interpersonal events and processes that is also an integral part of illness’s ‘social course’” (Ware & Kleinman, 1992, p. 548). Thus, the social course of illness can be viewed from two different but interconnected perspectives. On the one hand, the severity of symptomatology is influenced by aspects of the social environment and, on the other hand, symptoms themselves shape and structure the social world. From this perspective, an ever changing dialectic relationship exists between body and society.

In response to such insights, medical anthropologists created a discourse that runs parallel to psychiatric discussions on war-trauma and PTSD known as “social suffering”. Prominent medical anthropologists like Das, Good and Good as well as anthropologist-psychiatrists such as Desjarlais, Kleinman and Kleinman and Littlewood vehemently critique the medicalisation of trauma survivors as it reduces individual subjectivities to victims and, thereupon, patients. In other words, “the person who undergoes torture first becomes a victim, an image of innocence and passivity, someone who cannot represent himself, who must be represented. Then he becomes a patient, specifically a patient with a quintessential fin de siecle disorder (PTS)” (Kleinman & Kleinman, 1997, p. 10). Instead of giving those traumatized the social status of a patient, researchers argue that we need to better understand exactly how individuals, families and whole societies respond to violence.

The concept of social suffering is defined as follows by Kleinman, Das and Lock (1997): “Human problems that have their origins and consequences in the devastating injuries that social force inflicts on human experience. Social suffering results from what political, economic, and institutional power does to people, and, reciprocally, from how these forms of power themselves influence the responses to social problems” (p. xi). Kleinman and Kleinman (1995) argue that suffering is a universal human experience in which individuals and groups

“undergo or bear certain burdens, troubles, and serious wounds to the body and the spirit (...)” (p. 101). Yet, there is no one single way to suffer as pain is perceived and expressed differently, even in the same community (DelVecchio Good, Brodwin, Good, & Kleinman, 1991; Scarry, 1985). That is, local differences in gender, age group, ethnicity, religion and economic status as well as global processes influencing local worlds turn suffering into a partial and complex intersubjective experience (Kleinman & Kleinman, 1997). Moreover different forms of suffering can be distinguished. For instance, it is argued that the cultural meaning of suffering differs greatly between “routinized forms of suffering” that can be considered shared aspects of human conditions (e.g. chronic illness or death) or experiences of deprivation and exploitation and “suffering resulting from extreme conditions”, such as survivorship of genocide (Kleinman & Kleinman, 1991).

Suffering is, thus, considered a social experience in that it is first, an interpersonal engagement with pain and hardship in social relationships; second, a societal construction that serves as a cultural model and moral guide of and for experience and third, a professional discourse that organises forms of suffering as bureaucratic categories and objects of technical intervention (Kleinman, 1995). Obviously, the concept of social suffering comprises conditions that are not initially related and comprise health, welfare, legal, moral and religious issues, among others. In other words, “the clustering of substance abuse, street violence, domestic violence, suicide, depression, posttraumatic stress disorder, sexually transmitted disorders, AIDS, and tuberculosis among people living in disintegrated communities runs against the professional medical idea that sufferers experience one or at most two major problems at a time” (Kleinman, Das, & Lock, 1997, p. ix).

The challenge for the researcher is, therefore, to link the macro-sociological analysis of suffering with an ethnography of the daily living conditions of the individuals and groups under study. In other words, “one has to take into consideration the weight of history as well as the strategies for the daily management of suffering” (Masse, 2007, p. 7; Groleau, Young, & Kirmayer,

2006). Masse illustrates this by referring to his study in the French Caribbean (2007) where the post-colonial context creates structural conditions in which mental illness and social suffering take the form of identity crisis and feeling of vulnerability. He argues that individual experiences of mood and anxiety disorders are interconnected to social conflicts, magico-religious beliefs, a neo-colonial social construct of responsibility and a crisis of vulnerability and recognition.

Another example of how individual emotions and illness are connected to the wider social context is provided by Coker (2004) who conducted research among Southern Sudanese refugees in Cairo, Egypt. She found that participants in the study told stories of physical and social suffering which could be considered mourning for a lost cultural and physical normalcy as well as moral rage at their present circumstances. It is, thus, concluded that “illnesses were historicized and given meaning through the constant juxtaposition of time, place, and movement in narrative” (p. 27). Similarly, Zarowsky (2004) contributes to the understating of emotion, suffering and trauma in different cultural and socio-political contexts by focusing on Ethiopian Somali returnees’ narratives of emotion and suffering and comparing those with the literature on emotion in relation to trauma and the “refugee experience”. According to her, emotional distress was about social rupture and injuries and not simply about private suffering. In fact, making a living under such harsh circumstances was a

recognition of the destruction of much of the fabric of the community at the same time as a refusal to vanish, a collective mourning of both private and collective losses at the same time as a deliberate creation of both history and the possibility of a future through the rhetorical (...) telling of the story of dispossession to each other, to their children, and to any outsiders who might be made to listen (p. 202).

The examples illustrate that the manifestation of distress is largely influenced by one’s cultural background and that the search for universal expressions of distress likely distort local experiences (Chung & Singer, 1995; Lock, 1993). Instead, it is perceived as crucial to analyse specific expressions of

distress in connection to personal and cultural meaning complexes as well as the availability and social implications of coexisting idioms of expressing distress (Nichter, 1981). Nichter illustrates this by pointing to the case of South Kanarese Havik Brahmin women who exhibit alternative means of expressing psychosocial distress related to a) commensality, weight loss, fasting and poisoning; b) purity connected to obsession and ambivalence; c) illness; d) external forces of disorder such as evil eye and being possessed by a spirit and e) devotion. According to him, such idioms of psychosocial distress are discussed by the women in relation to the associated Brahmani values, norms and stereotypes. Besides being modes of distress, women considered them adaptive responses in circumstances where other modes of expression failed to communicate distress adequately or provide appropriate coping strategies.

Anthropologists point out that local idioms of distress are polysemic and idiosyncratic phenomena that bridge and transcend somatic, psychic and social phenomena (Davis & Joakimsen, 1997; Lock, 1993; Low, 1994). For instance, Scheper-Hughes (1992) found that the Brazilian idiom *nervos* is an explanation for a diverse range of stressors including tiredness, weakness, irritability, the shakes, headaches, anger and resentments, grief, parasitic infections and hunger. In a completely different cultural context, Hagengimana and Hinton (2009) try to make sense of the Rwandan idiom *ihahamuka* which literally translates into “without lungs” and has been the main presentation of trauma-related disorder since the genocide in 1994. Its main symptoms are shortness of breath, pain and heat in the head as well as trauma associations to, catastrophic cognitions about, and iconic resonances of shortness of breath. In Rwanda, “breathing” has multiple cultural resonances and covers a number of cultural domains. For example, after visiting a healer it is often believed that *ihahamuka* is caused by a strangulation assault by a spirit of a vengeful dead relative angered that he/she did not receive proper burial. At the same time, it is closely related to the notion of obstructed flow that relates to other kinds of horrific actions of “blockage” committed during the genocide, including the cutting of achilles tendons, penile resection, breast resection, evisceration and impaling men and women. Thus, the conception of

ihahamuka is connected simultaneously to traumatic personal experience, bodily experience and somatic symptoms, and social processes including ritual action, metaphor, ethnophysiology and symbol.

It is often argued that the result of the introduction of social suffering and idioms of distress to the scientific discourse has been a much richer cross-cultural understanding of mental disorder (Skultans & Cox, 2000). Murray and Lopez (1996) even argue that understanding the social roots of distress and the social course of mental disorders will be prospective for an approach in public health to disease associated with mental disorders.

In the following, I will analyze the experiences of symptoms and illnesses of women in Krusha e Madhe and Pastasel. While I am going to refrain from using umbrella terms such social suffering, explanatory models and idioms of distress, I aim to shed light on and disentangle the complex interrelations of trauma-related memories and other kinds of distressing thoughts that these women experience. More concretely, I tackle issues related to the triggers of war-related and traumatic memories, the temporal narratives of symptoms, multiple etiologies and, connected to this, the modes and concepts of expressing distress.

Chapter 9: Narratives of Symptoms and Illness

Experiences of Women in Krusha e Madhe and Pastasel

For women and men in Krusha e Madhe and Pastasel remembering the war and the toll that it has taken was a collective as well as individual responsibility that is often at the centre of everyday conflict related to community organization, social relations and subjective identity formation. As described in Part I, it was mainly men and not women who restructured their personal narratives to project them into a public arena during political events, anniversaries and interviews. Women, on the other hand, tended not to participate actively in such commemoration practices. Either they were not present or they were required to congregate separately from the men. However, this does not mean that women are

not obliged to commemorate. On the contrary, they have their own techniques to show that they remember and commemorate war-related atrocities and their brutally murdered family members.

Women often expressed their distressing memories and thoughts by relating them to folk diagnostic categories (Scheper-Hughes, 1992) such as *nevoz* (nervousness), *mërzitna* (worried, sad, bored), *mzysh* (evil eye) and *t'bone* (spell). Expressions such as “We’re all *nervoz* and we’re all destroyed” or “this is how we live: we are *mërzitna* ” were common and related to a wide range of illness symptoms that served as somatic references to multiple etiologies (Nichter, 1981) including memories of war and post-war hardship, poverty, widowhood, sanctions against remarriage and divorce, restrictions on leaving the in-law’s compound, and interpersonal conflict, gossip and jealousy. Anthropologists generally refer to such “idioms of distress” as culturally or socially constructed following collective explanations and collective ways of expressing war-trauma, inequality and lack of power. However, such anthropologization of distress (Kleinman & Kleinman, 1991) often loses sight of individual memories and thoughts, and ignores the fact that “people don’t believe all the things their culture says” and that “people can think about things their culture would never allow being said or done” (Rechtman, 2000, p. 406). Related to this, I argue that the modes in which women from Krusha e Madhe and Pastasel express painful memories and thoughts do not solely reflect culturally sanctioned ways of expressing trauma-related memories, but refer to the forbidden articulation of thoughts, transgressed taboos and problems over which individual women felt powerless to act.

9.1 Triggers of War-Related and Traumatic Memories

I could best observe the practices of remembering and their impact on individuals and the community at key locations that is, “objective, physical spaces of the social world” (Dawson, 2005, p. 155). Such sites were shaped and conceptualized, on the one hand, by the “emotional investments” made in them (Dawson, 2005, p. 155) and, on the other hand, by issues related to “power, group dynamics, conflicting ideologies and institutions” (Read, 1996, p.2). I investigated

how women from both villages relate to and negotiate contested places that are directly or indirectly related to the war and its aftermath. In the following, I will write about their often deeply troubled and unresolved relations to specific places such as the cemeteries of martyrs and places where atrocities were committed as well as media such as pictures and monuments that remind women of the war and the toll it has taken.

Painful Landmarks: Sites of Traumatic Memories, Mourning and Honour

When I drove women to visit their relatives living in nearby villages, to supermarkets, to doctor's appointments or to meetings of national and international organizations, I realized that their image of the surrounding landscape was broken up by landmarks of terror and sad memories. On our way to Prizren, Arieta pointed out a KFOR patrol to me muttering that she could not stand their presence. Their uniforms reminded her of the Serbian soldiers who had harassed her and her family during the war. To illustrate this, she recounted that not long ago she and a number of other women had been stopped at a KFOR roadblock. The soldiers had asked the women to step out of the car so that a female officer could frisk them. Arieta's heart raced. Back in the car the other women had noticed her distress, "One woman said to me, 'You don't seem to be able to forget' and I replied, 'How could I possibly forget?' I cannot forget what has happened to me and my family. It is like a movie that plays in front of my inner eye." On another occasion, I drove Makfire to her brother's daughter's home. Passing a KFOR patrol I mentioned that the KFOR seems to patrol this particular stretch regularly. Makfire sighed saying, "Here we had lots of checks during the war as well. My nephew was killed close by and my husband was interrogated over there. *Cka me bo*²⁴...". Other women pointed out war memorials which listed the names of massacred civilians, the graveyards of martyrs or sections of road where they or people they know had been assaulted by the Serbian police. Common statements were, "Look Hanna, this is what we sacrificed for independence"; "So much blood was shed"; "They died for our

²⁴ Nothing you can do.

independence”; “What in the world did they die for?” In such moments, mixed feelings of sadness, helplessness, anger and frustration came out which were usually followed by long periods of silence.

The places generally avoided by the women were the hills in which they had hidden during the war. Many women believed that they got sick while being in the mountains due to the harsh environmental conditions of cold temperatures, rain, mud and darkness. For example, Hamide refuses to go into the hills surrounding Pastasel where she had spent three days and nights during the war not knowing whether she would return alive, find her husband or have a roof over her head. Since then she claims to be absent-minded and forgetful. “Now, when I go somewhere I forget why I went there. I have lost my memory”.

Yet, the mountains surrounding the two villages are not only infested with sad and traumatic memories. They are also host to monuments honouring the war heroes. One spring afternoon, my husband and I followed a dirt road into the rolling hills extending behind Krusha in the direction of Rahovec. We left the last dwellings behind us and were soon surrounded by blooming bushes, green pastures and fields. In the distance we saw an Albanian flag flapping in the wind. It belonged to a monument to seven young war heroes, among them the brother of our friend. The place looked deserted and none of the usual plastic flower wreaths adorned it.

After approximately one kilometre further down the road, there emerged another monument indicating the violent deaths of thirteen UCK soldiers. Above the names of the fallen freedom fighters one could read: “We feel small in face of your tremendous act”. Similar to the first monument, no one seemed to feel responsible for adorning it. Upon our return, a number of women told me that they knew of the monuments but had never visited either of them.

In Pastasel, Flora told me about the monuments erected in honour of her fallen son. He was the first KLA soldier from the municipality of Rahovec to fall in the Serbian attacks. To honour his death, two monuments had been built: one in the mountains at the place where he had died and one close to the cemetery of martyrs in Pastasel. Each year on May 12, commemoration services are held at the

monuments. Flora told me with pride in her voice, “During these days, we have many visitors. They all come to our house and we provide each of them with juice. Since you will be here in May, I would like you to come with us to the monument as well as to the graveyard. You should write about that as well.” Yet, on May 12 Flora was so sad that she could not accompany me to the monument in the mountains. Instead, we sat on a bench next to her son’s grave overlooking the cemetery of martyrs and the site where the massacre had been committed.

In Kosova thousands of civilians were reburied with much ceremony after having been exhumed from the mass graves all over Kosova and Serbia. The cemeteries for martyrs in Kosova become increasingly more full as bodies are returned and reburied. Although it is often argued that burial ceremonies give people the chance for closure and the incentive to move on with their lives, the situation in villages such as Krusha e Madhe and Pastasel is different as new bodies are identified regularly, brought to the communities and reburied. Each time a body arrives, the wounds that were healing are ripped open and memories flow once more.

In contrast to the tragedies, the cemeteries are colourful places where graves are adorned with wreaths and bouquets of plastic flowers. On simple wooden planks the names and dates of birth and death are written. Sometimes, pictures of the dead are pinned underneath. While men gather at the graveyards to give and listen to speeches on national and religious holidays, women visit the graves in small groups to commemorate, mourn, pray and communicate with the dead. They silently talk to their husbands and sons informing them of decisions they have made, changes in their lives, new grandchildren, their economic problems, visitors and whatever else they find worth telling. During a micro-credit meeting, Arieta told me, for example that she had gone to the grave of her husband to tell him about her recently born granddaughter and about me who had come all the way from Canada. “It helps me to go and talk to my husband once in a while. It calms me down.” Similarly, Flora explained that when she mourns her son, visiting his grave helps her to deal with her, at times overwhelming, emotions. “When I have sad thoughts about my son, I smoke three cigarettes. When I am very sad and very

emotional I have to go to his grave to clean it, weed and to scrub the gravestone. When I get very sad I have to go to his grave. There is no other way that I can deal with it.”

However, for most women graveyards are places that evoke their grief and physical pain. A young man told me that he refused to take his mother to his brother’s grave on the day before the announcement of Kosova’s independence as she tends to suffer from health problems afterwards. “You know, every time she goes to his grave or to the monument she gets sick. Then, she is sick for several days and can’t walk. I told her that she should go after the celebrations are over. I just can’t watch her being sick after every time she goes.” Widows who are or feel obliged to visit their husbands’ and sons’ graves often return suffering from headaches, high blood pressure, stomach pain and a general feeling of nervousness. Sitting on the veranda of the local pizzeria I watched the passersby, among them a group of four war widows who had just returned from the graveyard of martyrs. While three of the women visited the gravesites of their husbands, one had decided to come along – the body of her husband is still missing. On the following day, all four of them suffered from tremendous headaches, visited doctors and received low dosages of aspirin.

Pictures as Reminders of the Missing and the Dead

In Krusha e Madhe and Pastasel no national, religious or life cycle ritual starts or ends without visiting the graves of the martyrs and paying tribute first; they are still listed as the legal guardians of their orphaned children in the school books; and their portraits hang on the walls in living rooms overseeing family life. While memorials tend to be public and collective symbols in that they speak to and for communities of women and men, commemoration also takes place on a more intimate level, through “the preservation in households of possessions, photographs, personal signatures of the dead” (Winter, 1995, p. 51).

Most families had lost nearly all of their memorabilia during the war when their houses were plundered, destroyed and burnt. Erza recalled, “We had at least twenty photo albums here in the house. I tried to hide them all. But, Serbs went

into the room where I had them hidden and destroyed all of them. Our whole house was burnt to the ground.” Among the destroyed pictures were also those of the male ancestors which used to hang in *odas* and living rooms of family compounds reminding its inhabitants of their heritage, particularly their patrilineage. Due to the destruction of the treasured ‘genealogical trees’, the pictures of martyrs now lining the walls appear out of context. Instead of being symbols of ever growing family lineages, they stick out as omnipresent reminders of the war, atrocities and tragic loss. For example, during my visit to Time’s compound, her granddaughter showed me her dead father’s picture on the wall. Time said bitterly, “It is better not to have children. Just don’t have children, Hanna! I had all these and why did I have them? Just so that they were killed!” Teuta, her widowed daughter-in-law, intervened gently saying, “No, no don’t talk like this. It is a good thing to have children and there are many more reasons why we have children.” Thus, the pictures not only serve as reminders of the toll that the war has taken, but are also a means through which women negotiate their emotions connected to war and daily hardship.

Only a few families were able to frame actual photographs of their loved ones taken in happier days. Most of them had to tear pictures out of passports to enlarge and frame them. Whenever I visited a new family, women usually took the initiative to introduce the living family members to me, but also their dead ones. After Zana had introduced herself and her three daughters-in-law, she pointed at the pictures above her head saying, “They all died during the war. Up there is my husband and next to him you see my three sons.” She started crying, and her daughters-in-law got up to make coffee for us, hiding their tears from me. Another typical example was my first visit to Shpresa’s family. Her mother-in-law, the matron of a large compound, ordered her to get up and tell me the names of the men portrayed in a large picture frame. Shpresa stood on the couch pointing at one of her sisters-in-law, “This is her husband and this is her son”, then her arm moved to another sister-in-law, “This is her dead husband”, and finally she pointed out her own husband. Afterwards, she stepped down from the couch, grabbed her package of cigarettes and left the room. Her mother-in-law cried

silently walking back and forth in the living room while the rest of us sat in silence.

An important occasion for women to publicly show the pictures of their loved ones is during protest marches for missing family members. According to the latest Amnesty International Report (2009), 3,000 ethnic Albanians were the victims of forced disappearance by the Serbian police, paramilitary and military forces, and approximately 800 Serbs, Roma and other minorities were abducted by members of the KLA during and after the war. Most of the disappeared individuals are men, but women and children are also among the victims. Since their first investigation in 1999 and 2000, Amnesty International found “an overwhelming lack of progress” (p. 3). Although around half of the bodies of abducted individuals were found and returned to their families for proper burial, 1,911 families in Kosova and Serbia are still waiting to hear about the fate of their family members.

The relatives of the missing are not simply the passive victims of sloppy investigations and the deliberate destruction of evidence. On the contrary, such procedures have left widows, mothers and sisters questioning, disappointed and angry. Every year, they gather together with members of local support groups in Prishtina to demonstrate in front of the Kosovar parliament building to demand action from the authorities responsible. During the protests, they hold enlarged pictures of their missing family member, easy to capture on the cameras of the multiple journalists and film teams recording the events. In addition, a second set of pictures is fixed to the fence surrounding the parliament as a constant reminder of unmet responsibilities and the right to information. Yet, throughout the years most of the pictures have faded and only a few of them have been replaced with new copies.

Albana, my translator, and I visited Arieta when the latter asked Albana what the weather was like in Prishtina. Albana told her that it was snowing when she left. Arieta looked worried and told us that she had gone to Prishtina to renew the picture of her missing son on the fence in front of the parliament building. “It was cold and rainy. When I was in Prishtina, I felt miserable because I didn’t want

to leave my son out there in the cold. But, at that time it was only raining; now it is even snowing!” She remembered that she had been unable to eat anything while she was in Prishtina. On her way back she stopped at a supermarket in Arlat to purchase a snack. Laughing she added, “In Arlat I said, ‘Oh Arlat, I will never forget your name!’” I had often noticed that women finished their sad accounts with a joke leaving the listener in limbo not knowing whether to switch from sobriety to laughter.



Pictures of missing people

Although the majority of the missing persons are presumed to be dead, some relatives remain hopeful that their missing loved ones are still alive and will return any given day. Together with several women I was driving past the cemetery of martyrs in Krusha e Madhe when Adelina exclaimed, “I still hope that they find my husband. But, at the same time, I am scared.”

Other women in the car shook their heads, “Adelina, Adelina why are you still hoping?”

“Our hope dies last. We sometimes hear stories from Bosnia. There, men returned home after many years.” Her mother-in-law added, “If someone told me, ‘your son is coming back’, I would turn into the same person I had been before.”

Since the war, her life seems to evolve around grieving for her son, something which she also expects from her daughter-in-law. Once I met Adelina carrying a box of cookies under her arm that she had baked for a small Independence Day celebration. She muttered, “My mother-in-law was not happy that I made cookies for today. She said, ‘My son died and you are going to celebrate’.” She, on the other hand, had a different outlook on the situation claiming, “This [independence] is exactly what he died for; we should celebrate!” Despite her hopes of her husband returning alive, she obviously knows that it is more likely that she will have to bury his bodily remains in the future. Ellma from Pastasel, on the other hand, knew the fate of her husband despite the fact that his body is missing. Her son had buried his remains in Pastasel before the Serbs had returned to exhume the bodies and scatter the remains in mass graves either in Kosova or Serbia.

9.2 Temporal Narratives of Symptoms

Traumatic memories and distressing thoughts often lead to experiences of illness expressed through a wide range of psychiatric symptoms. To elicit basic temporal narratives of symptoms and illness experiences in Krusha e Madhe and Pastasel, I employed an adapted version of the McGill Illness Narrative Interview (MINI) (2006). Thus, I was able to capture both psychological and social dynamics in narratives concerning experiences of ill health. According to the MINI, psychological dynamics refer to “ways in which narratives are shaped by processes of memory and emotional regulation and may undergo internal censorship, revision and reorganization to maintain an account of self and others that serves the individual’s goals and adaptation” (p. 673). Due to the dynamics at play, the narratives are multilayered and polysemous. The social dynamic of illness narratives, on the other hand, reflect their “use for communication, social positioning and rhetorical influence” (p. 673). In other words, such narratives reposition speakers and their audience by “claiming a social place and defending it against challenges or efforts at displacement” (p. 673).

The MINI does not include questions specifically related to symptoms; instead, it is assumed that the interviewee suffers from a health problem that he or she can identify in one way or another. In my case, I could not presuppose that women actually suffered from health problems. Therefore, I added the following questions to elicit (a) whether the person suffers from war- or stress-related health problems and (b) the symptoms that are characteristic of their respective health problems: 1. What kind of health problems do you suffer from since the war? 2. When you get stressed out or nervous, how does your body react? 3. What else happens when you experience these [symptoms]? Around these questions, I developed a conversation about the frequency, intensity and location of the symptoms.

Interestingly, the answers to my first question tended to be vague and unsatisfactory. Typical answers ranged from: “No, I don’t” or “No, I wouldn’t say so” to “No, not at all. Sometimes I get headaches, but just when I get nervous” or “Yes, I have. Until last New Year I had problems with my kidneys” to “Oh yes, I suffer a lot with everything”. During my many visits, I learned that words like ‘stress’, ‘worry’ or ‘nervous’ were very common when complaining about ill health, war experiences, the economic situation and problems with family members and friends. Thus, I added the second question to the questionnaire and received detailed answers which outlined their experiences of symptoms and illness. The following interview extracts illustrate the difference between the answers to the first and second questions:

Shkurta lives in Pastasel and is a mother of three children. She went to school only for one day as she had to take care of her younger siblings. She sighed, “Just one day, just one day. When my mother gave birth to twins, I had to take care of them, to feed them, to clean them and wash them.” She feels ashamed for being illiterate and has made sure that her three children receive a proper education. Her husband works abroad and left immediately after they got married. She suffers when he is not around and recalled, “The first time, he returned after seven months for three weeks. After that, I didn’t see him for two years and when he returned, his son was already walking. I was ashamed that my son didn’t

recognize his father. But, when he finally got used to him, my husband left again”. During the war, she fled Pastasel seeking refuge with relatives in another village while the Serbian forces destroyed her home, stole valuables and burnt her in-laws’ agricultural equipment. During our interview, she told me the following

HK: Do you have health problems since the war?

Shkurta: Yes, I have. Until last New Year I had problems with my kidneys. But, since I received injections and pills, have been doing better. The doctors said that I’m okay now. However, I realize that I get very nervous.

HK: When you get stressed out or nervous, how does your body react?

Shkurta: I have headaches, I have low blood pressure, I have *nervoz*. Two years ago, I could not sleep for three months. I could not sleep during the day or during the night. Now it’s okay.

HK: When do you experience these problems?

Shkurta: When I hear that somebody talks bad about others or when I see something that is not good, I get *nervoz* and it immediately starts. The doctor told me ‘If you hear something or see something that is not okay, go away from that place. Don’t stay there.’

HK: When you get nervoz, how does that feel?

Shkurta: I don’t want to do anything, I don’t want to go anywhere, I lose my will and my headache starts.

HK: Where does your head ache when you have those headaches?

Shkurta: When I don’t go to the doctor to get an injection, half of my head aches for three days. Then the other half of the head starts. It can last for a week.

Lorida is a widow living in Krusha e Madhe. She lost her husband after the war due to a disease the name of which she does not know. Since then, she has been raising her three teenage children on her own. Her most prevalent problem is her dire economic situation and the fact that she can’t always provide her children with what they would like to have. She places her remaining hope for a better future in her children exclaiming, “*Inshala*, my children will grow up and work

one day, and will be able to live on their own without having to beg. It is very difficult to hold your hand open all the time [as in begging]. It is very difficult to always tell your brother or sister, ‘I don't have this, I don't have that.’” Also in her case, the extract from the interview illustrates that war-related health problems were associated with organic instead of psychological problems, and that the question related to nervousness and stress led to a discussion about the psychosomatic problems suffered since the war.

HK: From what kind of health problems are you suffering since the war?

Lorida: Yes, I have had health problems since the war. First, they operated on my gallbladder and then on my eye.

HK: How does your body react when you are stressed out or nervoz?

Lorida: As soon as I become nervous, my chest starts hurting. Also the vertebrae in my neck hurt. My doctor told me to go to some hot springs, but I don't have money.

HK: What else happens when you get stressed out or nervoz?

Lorida: I get very high blood pressure, very high! Then, I have to go to the doctor to get an injection. My head gets tense and I cannot turn it. I get injections to lower my blood pressure.

Although certain symptoms seemed to be experienced more often than others, women generally expressed a wide range of symptoms of both organic and psychosomatic nature. Teuta from Krusha e Madhe explained during an interview, “Since the war I have gained a lot of weight, I am nervous, my stomach hurts and I have pain in my left arm. I don't know why it hurts.” Later she told me that she has also suffered from sleeplessness for two years and, connected to this, from strong migraines. “I don't know why I can't sleep and have these headaches. I lead a normal life, my children are well behaved and I used to have a good life with my husband. When I can't sleep I just sit in bed with my eyes open; sometimes, I read or watch TV.” On the other hand, Flora from Pastasel told me that she has suffered from strong headaches, back pain, vision problems and sadness since the war.

I have strong headaches. I never had it before. But now that I'm sad and cry, I get it all the time. Sometimes it is such a strong pain and I can't see in one eye. Also, I can't see well and the tears come all the time. I am not old enough to become blind. My mother lived for eighty-four years and until her death she could see and she was smart. I also have back pain. I got it because we got cold when we had to stay at many different places [during the flight]. I was operated on four times.

The symptoms and feelings expressed most frequently by women in Krusha e Madhe and Pastasel included a combination of psychological symptoms, psychosomatic symptoms and organic problems such as headaches, worries, sadness, high and low blood pressure, nervousness, pain, sleeping problems, stress, back pain, heart problems, stomach pain, paralysis, neck pain, breathing problems, chest pain, etc. The table below consists of eight columns that list the symptoms according to their frequency experienced by women which I elicited during formal and informal interviews. The subsequent columns refer to the number of specific symptoms mentioned by women living in Krusha e Madhe and Pastasel; widows from Krusha e Madhe; not-widowed women from Krusha e Madhe; the total number of women from Krusha e Madhe; widows from Pastasel; not-widowed women from Pastasel; and the total number of women from Pastasel. Although women might have mentioned a certain symptom several times on different occasions, the numbers presented here relate only to the first time a woman mentioned a specific symptom.

TABLE 2: Symptoms according to frequency

Symptoms	Women Krusha and Pastasel (71) **	Krusha widowed women (20)	Krusha not widowed women (26)	Krusha women (46)	Pastasel widowed women (4)	Pastasel not widowed women (21)	Pastasel women (25)
Headache	18 (25.4%)	6	3	9 (19.6%)	2	7	9 (36%)
Worried	17 (23.9%)	9	1	10 (21.7%)	1	6	7 (28%)
Sadness	16 (22.5%)	7	4	11 (23.9%)		5	5 (20%)
Blood pressure	13 (18.3%)	8	1	9 (19.6%)	2	4	4 (16%)
Nervous	13 (18.3%)	7		7 (15.2%)	2	4	6 (24%)
Pain	13 (18.3%)	5	2	7 (15.2%)	1	3	4 (16%)
Sleeping problems	13 (18.3%)	8	1	9 (19.6%)	1	3	4 (16%)
Stress	11 (15.5%)	7	2	7 (15.2%)	1	3	4 (16%)
Backpain	10 (14.1%)	3		3 (6.5%)		7	7 (28%)
Eyesight	8 (11.3%)	3	2	5 (10.9%)	1	2	3 (12%)
Heart problems	8 (11.3%)	4	1	5 (10.9%)		3	3 (12%)
Stomach pain	8 (11.3%)	2	2	4 (8.7%)		4	4 (16%)
Paralysis	5 (7%)	2	1	3 (6.5%)	1	1	2 (8%)
Neckpain	4 (5.6%)	4		4 (8.7%)			
Breathing problems	3 (4.2%)	1	1	2 (4.3%)		1	1 (4%)
Chest pain	3 (4.2%)	1	1	2 (4.3%)		1	1 (4%)
Feeling cold	3 (4.2%)	3		3 (6.5%)			
Dizziness	3 (4.2%)		1	1 (2.2%)		2	2 (8%)
Eating problems	3 (4.2%)	3		3 (6.5%)			
Losing one's mind	3 (4.2%)	3		3 (6.5%)	1	2	3 (12%)
Fear	2 (2.8%)					2	2 (8%)
Heat	2 (2.8%)					2	2 (8%)
Losing consciousness	2 (2.8%)				1	1	2 (8%)
Lack of energy	2 (2.8%)					2	2 (8%)
Nightmares	2 (2.8%)	2		2 (4.3%)			
Noises in head	2 (2.8%)					2	2 (8%)
Suicidal thoughts	2 (2.8%)					2	2 (8%)
Tiredness	2 (2.8%)	2		2 (4.3%)			
Claustrophobic	1 (1.4%)	1		1 (2.2%)			
Collapsing	1 (1.4%)					1	1 (4%)
Cramps	1 (1.4%)					1	1 (4%)
Diabetes	1 (1.4%)	1		1 (2.2%)			
Losing one's head	1 (1.4%)		1	1 (2.2%)			
Pressure	1 (1.4%)					1	1 (4%)

Although the results of my enquiry are not statistically representative, certain patterns can be discerned. The symptoms experienced by women included psychological symptoms (feeling worried, sadness, nervousness, stress, feeling of losing one's mind, fear, nightmares, suicidal thoughts, feeling of losing the head), organic symptoms (back pain, eyesight, eating problems, diabetes) and ambiguous symptoms that could be either organic or psychosomatic in nature (headache, blood pressure, pain, paralysis, neck pain, breathing problems, chest pain, feeling cold, dizziness, feeling heat, losing consciousness, lack of energy, noises in the head, claustrophobia, collapsing, cramps, pressure). While a number of psychological symptoms (especially feeling worried, sadness, nervousness and

stress) are among the ten most frequently mentioned symptoms, women mentioned a wide range of ambiguous symptoms that could either be organic or psychosomatic. Only four symptoms were mentioned that I would interpret as having a clearly physical basis.

When comparing symptoms experienced by widows and married women living in Krusha e Madhe, it is noticeable that widows revealed more symptoms than married women. Symptoms such as losing one's mind, nightmares and tiredness were only mentioned by widows while other symptoms were mentioned by both groups. In Pastasel, the samples of widowed and not-widowed women cannot be compared as significantly more not-widowed women were willing or were allowed to be interviewed. Interestingly, however, not-widowed women from Pastasel mentioned more symptoms than not-widowed women from Krusha e Madhe. Especially prevalent were headaches, feeling worried, sadness and back pain. Furthermore, not-widowed women experienced a number of symptoms that women from Krusha e Madhe did not refer to; these include: fear, feeling of heat, losing consciousness, lack of energy, noises in the head, suicidal thoughts, collapsing, cramps and pressure. This does not, of course, mean that women living in Krusha e Madhe do not experience those symptoms. However, they do not seem to be as prevalent. As will be explained later, these particular symptoms are partly related to individual experiences of illness and partly to interpersonal conflict and, related to this, evil eye and spells.

Due to the employment of qualitative methods and letting women name the symptoms related to their illness experience, my table differs from tables generated by epidemiologists:

TABLE 3: Comparing symptoms according to frequency listed by different studies

Kosovar Albanian women	Kosovo Albanians Eytan et al 2002	Kosovo Albanians Ai et al 2002	Kosovo Albanians De Jong et al 1999
Headache	Insomnia	Sleep disturbance	Headaches Stomach pain Fear Sleep disturbance Flashbacks
Worried	Nervousness	Upset when reminded of the trauma	Visual and auditory hallucinations Muteness Social withdrawal
Sadness	Headache	Flashbacks	
Blood pressure Nervous Pain Sleeping problems	Sadness	Physical reactivity to war reminders	
Stress	Backache	Irritability	
Backache	Shortness of breath	Intrusive memories Avoiding thoughts of the war	
Eyesight Heart problems Stomach pain	Abdominal pain	Avoiding war reminders Increased startle response	
Paralysis	Loss of appetite		
Neck ache	Nightmares		
Breathing problems Chest pain Feeling cold Dizziness Eating problems Losing one's mind	Dysphoria		

Although the studies conducted by epidemiologists contained samples of both women and men while I focused solely on women, it is apparent that the first ten most frequently mentioned symptoms mostly correspond with the symptoms listed by epidemiologists. All of the studies found that headache, insomnia, nervousness, sadness, backaches and pain were most prevalent. In addition to those listed by epidemiologists, I found that symptoms such as feeling worried, blood pressure, stress and problems with eyesight were mentioned frequently. Symptoms that were not listed by epidemiologists include heart problems, paralysis, neck ache, chest pain, feeling cold, feeling dizzy, and losing one's mind. Since my semi-structured interview schedule allowed women to name their symptoms without being limited to certain categories or terminologies, I elicited a wider range of symptoms, not all of which are related to traumatic memories, but to illness sequelae, the side-effects of medications, economic problems, interpersonal conflict, problems related to childrearing, etc.

In the following, I will provide four vignettes of illness narratives, the first being of a widow living under good economic conditions; a widow struggling with her economic situation; a not-widowed woman with an average economic condition; and a not-widowed woman suffering from a combination of organic and psychosomatic health problems.

Edona is a war widow living in Krusha e Madhe and a mother of five children, three daughters and two sons. Her oldest daughter is married and lives in Switzerland with her husband while the other children are still at home. Currently she lives in her brother-in-law's house whose family lives in Germany throughout most of the year. She describes her economic situation as very good due to the financial support of her in-laws. "I am doing well, I have everything that I need and I believe that it will continue to be like this. My brother-in-law and his sons took care of me in the beginning. They were like brothers and sisters to me. They respect me very much. So, there are no problems with regards to economics." Her most prevalent problem is the sadness that she experiences when thinking about her dead husband, "Often, I ask myself, 'Why don't I have a husband? Why did he have to die in the war?'" When I asked her about what kind of health problems she has had since the war, she replied that she hasn't had any. Yet, after thinking over her answer, she added that she suffers from headaches. "Sometimes I get headaches, but just when I get *nervoz*. Also, when I get *nervoz* with the children, when I say something and they don't obey, I get headaches. You get *nervoz* and then you get headaches." Her friend Lorinda joined the conversation adding, "She

wants to wear the *jelek*²⁵ with golden thread. But we are not allowed to wear it – this is when we get *nervoz*. We want to dance at the weddings, but we have to sit and look bored.” Edona agreed telling me that when she was not allowed to dance at the wedding of her son, she became sad and developed headaches as a consequence. In addition to headaches, she feels unspecific pain in her heel and joints.

Shukrije is a war widow from Pastasel who knows neither how old she is nor when she got married. She is a mother of three sons and two daughters all of whom are married except for her youngest son. Her most prevalent problem is related to her health. “We are all sick due to the fact that we had to flee from the Serbs without wearing shoes and proper clothes.” Since then she can’t feel her right leg anymore, has asthma, cannot sleep properly and suffers from forgetfulness. According to her, “everything has changed for the worse” since her husband’s death as her older sons, who live in Austria, don’t support her and her youngest son doesn’t listen to her. She complained, “I get 36 euros from social welfare. But my son spends it on cigarettes. He smokes two packages per day and doesn’t care if I have money or not.” During the interview she started to massage her right leg and I asked her whether it was hurting. She replied, “Yes, I have problems with my leg now. I have to massage it. It hurts more when I am angry and *nervoz*. It is a result of the war. When I remember that the war separated us from our men and children, then it really hurts.” After a moment of silence

²⁵ The *jelek* is a vest which is part of the traditional costume

she continued, “When I want to sit down to eat something, I can’t eat because I know that my husband doesn’t live anymore, like the other husbands. I am sad that my family is not with me.” We decided to interrupt the interview and she finished in frustration with the final sentence, “The Serbs killed our cow and we didn’t have salt.”

Jolanda is an educated woman from Krusha e Madhe who has a high school diploma, worked as a medical nurse in Rahovec and studied medicine for four years without finishing the final exams. She got married when she was thirty-one years old and is a mother of three teenagers, two boys and one girl. She described her economic situation as good due to the fact that her brother-in-law regularly sends money from Switzerland and her husband is the director of a brickworks company. “You could classify us as middle class as my husband has a regular income that is better than incomes earned by doctors and teachers. However, if it hadn’t been for the war, we could be on a higher economic level. We had to start our lives all over again, beginning with the spoons.” Although Jolanda applied for job offers for medical nurses at the family medicine centre in Rahovec and Krusha, she was not accepted with the explanation that her husband has a well paid job and that she was, therefore, not in need of employment. When I asked her what kind of health problems she has suffered since the war, she explained that her uterus was removed and that she suffers from osteoporosis due to the hormones that she is forced to take. When I probed by explaining that a lot of women complain that their body reacts in certain ways when they get stressed or *nervoz*, Jolanda replied that

“it is normal that war trauma leads to certain consequences. Just thinking about how we had to escape, how we had to carry our children as well as big blankets to cover them during the cold nights – whenever I think of it, I get goose bumps. At the same time, I didn’t know where my husband was hiding in the mountains. I didn’t know whether he was alive or not.” After a small pause, she explained, “I just wanted to tell you that stress exists and that consequences exist. When we were on our way to Albania we never knew whether we would be killed here or in the streets. We were distressed until we got to the border. My husband survived and also us as a family.” When Jolanda gets *nervoz*, she doesn’t suffer from psychosomatic symptoms; instead, she can feel it in her “spirit”.

Hamide, a woman from Pastasel, went to school for only four years and got engaged to her husband at fifteen years of age to marry him two years later. Since then she has lived together with her husband’s extended family in Pastasel and raised eight children: five daughters and three sons. Although she described her economic situation as good, she complained that there is not enough money to send her oldest son to university and that the rest of the family has difficulty making ends meet as they have no relatives working abroad. Her husband works in a winery while her brother-in-law is a teacher at the local school. Since the war she has suffered from constant headaches. Although she explained that her headaches get stronger when she gets *nervoz* or “*nervoz* with her children”, the pain is chronic. When I asked her, “Do you get headaches

when you have problems with money?” she responded, “I get headaches when I have money and when I don’t have money.” In addition, she suffers from strong heart beats, low blood pressure and, related to this, dizziness.

According to her, her symptoms are connected as they are related to feelings of sadness. “Maybe I got these problems from sadness. When I am sad, they become worse.” After a few moments of contemplation she concluded, “But I kind of get them from everything and the cause can be anything.”

Symptoms were often connected in that they were experienced as travelling through the body from body part to body part. Symptoms tended to travel from the bottom up, from side to side, or from the front to the back. The following quotes illustrate the possible movement of pain experienced by women in Krusha e Madhe and Pastasel: Lorida said, “As soon as I become *nervoz*, my chest starts hurting. It starts on the right side and then it moves to the back”; Teuta said that when she gets worried, her blood pressures goes up, then her heart starts racing and after that she develops a bad headache; Delfina complained of terrible back pain and explained that it moves from her hips up to her neck and ends in her head. She concluded that “when you are tense like this, you can get headaches”; and Shkurta outlined, “I have pain in my stomach and it hurts under my breast. It is stronger on the left side. Sometimes I am worried that it is my heart. Sometimes, it feels like something sour is coming up and I feel heat. The heat moves up; I cannot explain it. After that, I have headaches and everything.”

9.3. Multiple Etiologies: Traumatic Events, Economic Problems and Interpersonal Conflicts

When I asked the women when they had experienced their symptoms for the first time, they all referred to an event related to the war or their experience as a refugee. They stated that symptoms and pain increase when they remember the war or specific events related to the war and visit places where they or others had traumatic experiences. However, women also said that they experience the same symptoms when they are under a lot of stress or feel *nervoz* due to their dire economic situation, difficulty related to child rearing, conflicts in the family and with neighbours, jealousy, gossip, etc. According to most women, symptoms tend to be worse when related to socioeconomic stressors than when they are related to war memories. Although the intensity of felt symptoms differs, the women established a connection between symptoms related to war memories and symptoms related to socioeconomic stressors: the symptoms related to socioeconomic stressors were claimed to have only existed since the war, and after women experienced symptoms related to memories of traumatic experience.

Despite these connections, my goal was not to detect explanatory models (Kleinman, 1980) or prototypes and chain-complexes (Groleau, Young, Kirmayer, 2006). Instead I let the women guide me through what turned out to be a maze of events and processes that affect their wellbeing. When following a certain path, conversations soon came to a cross roads and, depending on the context in which the narratives were told, women decided to follow one path or another. Thus, different reasons for health problems were tackled during conversations in quite a differentiated manner. Contrary to anthropological and transcultural psychiatric analysis, they were not necessarily presented as a network of tightly intertwined relations. Instead, the maze of events and processes which seemingly led directly to health problems contained cross roads, parallel paths and dead ends. Depending on the individual personality, the context of conversation and the current psychological constitution, the women mastered the maze better or worse.

“When You Have such a Lot of Pressure, how Are You Supposed to Feel Good?”

After eliciting demographic and genealogical information during interviews, I asked each woman a very generally formulated question: What are your most prevalent problems that you face in the present? I aimed at capturing spontaneous responses in order to better understand what kind of worries and stressors preoccupy women the most. Since women often complained to me about health problems during our daily conversations, I expected them to mention ill health. Contrary to my expectations, all except for two women responded that their most prevalent problems were related to their dire economic situation and to providing their children with a proper education.

Widows worried about their own unemployment while married women complained about their husbands' unemployment. Ardiana told me in an angry tone that unemployment is the biggest problem for men and women in Krusha. She emphasised, “This is my main problem. I would like to see my sons working and I wish that they had jobs and houses... I just want to see them doing well without depending on the help of their mother.” Women whose husbands earned an income often complained about low salaries and high living expenses. During our interview, Anduena said that the incomes of her husband and brother-in-law were insufficient. “We live off two very low salaries. No one in our family works abroad, we are too many people living on one compound and the expenses are high.” When discussing unemployment and low incomes, most women also referred to their difficulty in providing their children with a proper education. Adelina expressed this as follows, “My primary problem is money. I want to work and educate my children. The salaries are very low and I always think about how to make some money in order to be able to afford to send my son to the university in Prishtina.”

Felt “economic pressure” was often translated into an abstract sense of “emotional pressure” or a more physical sensation of “high blood pressure”. Abnore sighed, “I always feel pressure” and asked, “When you have such a lot of pressure, how are you supposed to feel good?” Adelina, on the other hand,

complained that she has suffered from high blood pressure for nine years and related this to felt pressure “on her head” to educate her children, and to buy clothes, carpets and household items. She concluded, “My head is full of pressure.”

When talking about their dire economic situation and health, women often asked me rhetorically, “How is it possible not to become *nervoz*?”; “With so many problems on your hands, how not to worry and get sick?”; “Wouldn’t you get sick if you felt that you were unable to properly support your children?” Especially widows felt that because their husbands died during the war, the ecology of their household had been disturbed and that their means of generating future income had diminished. Most widows received a widows’ pension of 62 euros which was increased to 130 euros in 2007. In order to collect their pension, widows gathered at the village bus station each month to drive to the Business Bank in Rahovec. Dressed in their black skirts and dark blouses, they waited in front of the bank chatting and complaining about being humiliated with 62 euros. Once they received their money, they left in groups of two or three to buy items for their household. By the end of the afternoon, most of their pension had been spent on soap, detergent, hygienic articles, sugar, noodles, rice and other necessities. Once at home, most women developed headaches and high blood pressure, felt unable to work in their houses and fields and complained that they couldn’t sleep during the night.

On a January morning, I was supposed to interview Adelina. She greeted Iliriana and me at the car looking tired and weak. She told us that she didn’t feel like being interviewed as she was sick. “Yesterday, I went to Rahovec to receive my pension. I started to feel sick; I had pain in my chest, had difficulties breathing and suffered from high blood pressure.” We postponed the interview and went to visit Makfire instead. Makfire looked equally tired, pale and worried. When I asked her what the matter was, she provided me with a similar explanation. “One can only get sick going there. You go there to get 62 euros. What do you do with 62 euros when you have children to feed? Nothing! It is not fair that old people get a pension of 42 euros and we, who have to raise children, get only 62 euros.”

I responded, “Well, it is neither enough for the old nor for you.”

“That’s right, but they use 42 euros for themselves and, in addition, they have children who care for them. We, on the other hand, are alone and have to care for our children with that money. When you get the money, you buy a few things for the household and a bit of food. After that, hardly anything is left and the next month has not even started.” She repeated, “We all get sick when we have to go there.”

Widows who lost their husbands either before or after the war were eligible for 60 euros (now 130 euros) provided by the Centre for Social Work. However, as soon as their sons turn eighteen years old, the financial support provided by the state is cut entirely. It is not taken into consideration whether the sons earn an income, attend university or are unemployed. The only possibility of keeping the widows’ pension is a diagnosis from a doctor proving that a woman is incapable of earning an income herself. It is not recognized that most village women are uneducated, have never received further education of any kind and have no prior work experience. When I visited Sabina on a summer afternoon, I sensed that she wasn’t in a good mood. I asked her what the matter was and she replied that “the man from the Center for Social Work” had visited telling her that she was no longer eligible for the widows’ pension, and that she had felt “sick from worrying” since then. “The guy explained the law to me and told me that if I want to continue receiving welfare, I have to bring him a diagnosis from a doctor. I got really *nervoz* and told him, ‘Yes, a law from the state arrived at my doorstep. But where is the law that should provide me with the pension of my husband who worked as a teacher for 22 years?’ This is why I get high blood pressure, chest pain and headaches!”

The interview extracts illustrate that women related their ill health to economic problems and, related to this, the inability to raise their children in a secure environment, widowhood and humiliation. Unlike traumatic events, the “economic situation” was not conceptualized as an incident or episode of events. Instead, women talked about it as a negative ever present reality that was not expected to disappear in the near future, and something that led to symptoms such

as feeling nervous and worried, high blood pressure, headache, back pain and chest pain.

“We Are All Destroyed Since the War”

Although women tended to refer to economic problems and difficulty related to child rearing as their most prevalent problems, and stressed the influence of strained social relations on their emotional wellbeing, these factors played no part in when they had experienced their health problems or symptoms for the first time. Women from Krusha e Madhe and Pastasel related the onset of their symptoms to the war and related hardships, maltreatment and losses. Each woman could refer spontaneously to a specific event or moment during which she had experienced her respective symptoms for the first time.

Some women from Pastasel attributed their symptoms to the traumatic experiences of being driven to the school, separated from the men, harassed and tortured prior to the massacre by the Serbian forces. Anduena told me, for example, “Immediately when we were gathered at the school, my head started to hurt. I was so scared. My grandfather and several boys were killed there.” Other women referred to their flight into the mountains or close by villages, the cold weather, dangerousness and the uncertainty of whether their family members were alive or dead. When I asked Shurta whether she thought that a specific event had caused her nervousness to appear, she firmly replied,

Yes. I stayed for a very long time in Vrajanka [a village] while my family was gone and in Albania. For three weeks I didn't know anything about them. I constantly heard that men had been separated from women and that they had been all killed. Since my brother and his son were together with the rest of the family, I constantly thought that all of them had been killed. Once, I lost conscious while I was holding my little daughter in my arms. This was on the balcony and I dropped her. I was unconscious for twenty minutes. The others tried to sprinkle water on me to wake me up. Since then I haven't felt well.

One woman in Krusha related her symptoms of high blood pressure and headaches to a conflict that arose in her family due to the crowded conditions in the refugee camp, while a number of women attributed them to the shock they experienced on their return from refuge. The images of their burnt houses, their killed livestock and the destroyed agricultural equipment inscribed themselves on their minds and bodies. Women who lost their husbands, sons or brothers often related the onset of their symptoms to the stress of being torn between the hope that their relatives would still be alive and the fear that they might be dead. Edona recalled, “Whenever someone knocked at the door I thought, ‘Oh no, maybe he is bringing bad news’ or ‘Oh no, maybe they found something’. I always felt stressed and afraid.” Others could not cope with the shock when they were informed that their loved ones had been identified and their bodily remains returned to the village. Teuta explained to me that she remembered the day as though it happened yesterday. The Red Cross had set up a small clinic in the cultural centre of Krusha to inform families of the fate of their missing family members. When news came that a list of names had arrived of identified bodies, Teuta decided to walk to the centre to find out whether her husband and brother-in-law were on the list. She still had a small spark of hope that they might be alive. While talking to me, she reconstructed the dialogues between her and the staff of the Red Cross.

They asked whether I was feeling well and I told them that I was fine. They asked, ‘Can you sit down so that we can talk? For what family member did you come to make an enquiry?’ ‘My husband and brother-in-law.’ ‘Can you tell us when your husband was born and when he went missing?’ ‘He was born on June 22, 1969 and the date he went missing was March 99.’ They said, ‘We are sorry, your husband has been identified. We are also sorry about your brother-in-law, he has also been identified.’ They advised me, ‘You should be content that you can bury your family members as you know the reality now. You can stop worrying about whether they are dead or alive.’ In that moment I felt that everything, the ceiling

and everything collapsed on my head. After that I didn't feel anything. They said, 'Would you like to know which body parts were found and identified?' I said, 'Yes' and they said, 'The right arm and the left leg.' For three weeks I didn't tell anyone about it and started to have high blood pressure. I had never had high blood pressure before in my life. After three weeks I confided in my husband's sister as I trusted her. She took me to the doctor while nobody else knew what was going on with me.

Only one woman told me that her symptoms appeared several years after the war when her brother got married and she felt the loss of her youngest brother crushing her. She described that she used to be the strongest in the family who successfully kept at bay the overwhelming emotions of sadness and grief. Three years ago, however, her facade crumbled when her younger brother got married and her nephew was circumcised. It was then that she felt the absence of her missing brother. "I felt terrible and there was great sorrow. I lost motivation, I felt like crying all the time." For the first time, she took "calming pills" in order not to spoil the celebration for the others.

Health care professionals often told me during interviews that the trauma suffered by women today cannot be related solely to the war as the Albanian population suffered hardship, discrimination and losses many years before under the oppressive Serbian regime. According to them, a 'before and after the war' time sequence did not make sense. Instead, they suggested viewing trauma as a continuum that developed over a period of fifty or even a hundred years. As a result, I was interested in learning whether women claimed to suffer from their health problems before the war as well. During formal and informal interviews, I asked questions such as: "Did you have similar health problems before the war?"; "When you were *nervoz* before the war, did you also suffer from [the respective symptom]?" or "Before the war, you must have experienced stress as well – how did you cope with it then?" Interestingly, women did not perceive their health problems as resulting from a continuum of traumatic experiences over several years prior to the war. Instead, most of them tended to distinguish between a

healthy and wealthy life before the war and a life characterized by sickness, economic difficulty and interpersonal conflict since the war. In their conversations they drew an imaginary line between *para luftes* [before the war] and *pas luftes* [after the war] when describing events, developments in society or their families and life in general.

Women whose husbands were alive answered my questions often with a clear, “No, only since the war.” However, the minority claimed to have been completely healthy before the war. One woman said, for instance, “Before the war there was no healthier person than I.” Most women, however, claimed that they had experienced at least one of their listed symptoms either seldom or not as strongly. But, all agreed that their pain had grown stronger and was experienced more often since the war. Ardiana from Krusha e Madhe exclaimed,

No, no, no, no! I was thin, but I was so strong. I had no high blood pressure. And just very seldom I experienced stomach pain. But not like this. This came all after the war. To tell you briefly, we're all destroyed. When you have had all these things and you come back and you find nothing left, how would you feel?

Hamide from Pastasel answered, on the other hand, “Before the war I had a lot of headaches. Then I underwent an operation for sinusitis. But, I continued to have headaches.” When I asked her whether her headaches had increased since the war, she answered that she had been operated twice, but continued to suffer from headaches. Then she added, “I have more headaches since the war. Five years after the operation I had headaches. After that I didn't have headaches for many years. But now, after the war I have headaches again.” Women who suffered from health problems prior to the war, related them to organic problems such as stomach ulcers, sinusitis, rheumatism or a simple headache due to working outside with wet hair. None of them mentioned trauma, nervousness, stress or sadness as a reason for their ill health.

Interestingly, all widows declared that they had been never sick, nervous or stressed before the war. According to them, their health problems started immediately after the war due to the fact that they had lost their husbands and,

related to this, their status as married women. Their husbands were equated with a life in which they wore beautiful clothes and abundant jewellery, used makeup, were allowed to dance, had plenty of money and, above all, were completely healthy. Adelina said passionately, “I was never *nervoz*. I was always dressed up, wore makeup and I didn't care about the rest. Why should I have been *nervoz*? I had my husband, my children, our two houses, I had clothes and food. No one was better off than we were. But now after the war, I have only worries on my hand.” Similarly, a woman from Pastasel said, “I never had headaches before the war although I had to raise a lot of children on my own. I was alone, my husband was abroad. He brought money so that I could raise my children well enough. There were no worries, no poverty and no headaches.” These idealized pictures of the past did not seem to conflict with memories of the difficulty experienced due to operations, being forced to give birth to a great number of children until the longed for son was born, domestic violence, disrespectful in-laws, arduous labour in the house and in the fields or conflict over property with family or neighbours. Such stories came up during unexpected moments in which conversations and memories of the war did not dominate.

In conversations related to health problems and living conditions before the war, women often compared their lives as widows to their lives as married women or to women whose husbands did not die during the war. Widowhood is not only a status, it is a lifestyle marked by specific social restrictions, on the one hand, and the responsibility to provide for their families, on the other hand. Feelings of grief, the frustration of not being understood, jealousy and helplessness in the face of exploitation were threads weaved through most of the narratives. Women explained that they felt incomplete as an important part, their husband, was missing. They referred to themselves as houses without roofs or told me laughingly that people will soon think that they are married to their stoves as they are supposed to spend more time at the stove than with other people. Such feelings also manifested in conversations about the fact that they felt overwhelmed by being the head of the house and that they missed their husband's authority and, interestingly, their limited power and opportunities to make their

own decisions. Arieta explained to me during an interview that her tasks used to be restricted to the household and that she could have never imagined managing a whole compound and making her own decisions. “All of a sudden I was the head of the family and I had to take care of everything. I have to be the strongest one and I am constantly worried that I might not be fair to everyone as we are all grieving.” After a moment of silence she continued, “In the past it was like this: when I wanted to visit my brother or a friend I had to ask my husband whether I could go. Now I find it almost an obstacle when I think that I can do anything I want to do and that I can go anywhere without asking. I am not satisfied that I don't have to ask.”

At the same time, women often complained about the social restrictions that go along with widowhood. The village community expects widows to show their grief openly by wearing dark and simple clothes, restricting their visits to closely related family members and the immediate neighbourhood, not wearing makeup and not dancing at festivities. Some more liberally minded widows referred to such customs as “stupid Albanian traditions”, “uncivilized” or “oppressive”. Lorida angrily flung her hands into the hair and shouted during one of our conversations, “As widows we can't do anything! At weddings we can't dance. We are not allowed to be happy! Okay, our husbands died, but, do we have to die as well? No! We have our life ahead of us. We can't live like that.” She dropped her hands with a loud thud on the floor.

What kept women from breaking the rules imposed on them by the community was mostly the gossip of other women. For example, several of the women were afraid of wearing glasses and, thus, were unable to do handicraft, read or even vote on their own at elections. The following conversation illustrates the way women made sense of such ridiculous rules. I asked Pranvera whether she would like to show me some of her handicraft. She replied that she hadn't done any handicraft in a long time as she was unable to see properly. When I asked her whether she had glasses, she explained that she used to have glasses before the war and that the optometrist had provided her with a prescription for stronger glasses after the war. However, she never wore the glasses as she did not find it

appropriate. I was astonished and asked, “Why do you think it isn’t appropriate to wear glasses when you have bad eyesight?”

“People talk about you.”

“Why do people talk about you?”

“They say ‘She doesn’t have a husband anymore. What is she wearing glasses for?’ This is why I don’t wear them. *Cka me bo* [nothing you can do]!”

Other women just snapped at me, “Well Hanna, why don’t I have a husband? Why don’t I have glasses?” This meant that the discussion was over and the problem at hand obvious.

“Serbs Not Only Killed Our Husbands, They Also Killed the Friendship between Us Women”

In addition to war memories and economic hardships, social stressors affected the wellbeing of women, led to the onset of symptoms and fostered narratives about the interconnections of interpersonal conflicts, economic problems and experiences of illness. While women in Pastasel seldom talked about interpersonal or family conflicts, women from Krusha e Madhe openly talked about conflicts between them and their mothers-in-law, sisters-in-law and other women. This, of course, does not mean that such conflicts are not as prevalent in Pastasel. However, since I did not live in Pastasel, women probably thought it inappropriate to talk to me about such private and, at times, embarrassing and humiliating issues. Women in Krusha e Madhe, on the other hand, frequently invited me to witness conflicts in families or between different groups of women. My position was usually an awkward one as I tried not to play an active role in the disputes. Nevertheless, I influenced them by simply being there. Despite my discomfort, I tried to transform the experience of being a ‘witness’ into an anthropological endeavour which gave me insight into the ways in which conflicts evolved, developed and were managed by individual women and groups of women. In addition, I could observe how such social stressors affected the wellbeing of women, led to the onset of symptoms and fostered

narratives about the interconnections of interpersonal conflicts, economic problems and experiences of illness.

The driving forces of such conflicts were usually gossip, lies, jealousy and “corruption”. Women kept track of each other’s whereabouts, acquaintances and earnings. In case one of them went off track that is, managed to earn more money than the others, received more humanitarian aid than the others, demanded the right to leave the village more often than necessary, engaged in extramarital affairs or, in the case of widows, had a lover, other women immediately started a gossip campaign consisting of mostly half-truths and blatant lies. Such gossip served as a mechanism for informal control that soon caught up with the respective woman or group of women by affecting their emotional wellbeing, friendships and the opportunity to access humanitarian aid. Nobody seemed to be exempt from the forces of gossip and rumours, not even me.

The most fiercely fought conflicts were those between war widows. On my first day in Krusha e Madhe, I was introduced to a group of widows who had started their own business pickling and selling peppers to private customers and large supermarket chains. I entered their busy compound, which contained three houses, a large outdoor kitchen, a workshop and a colourful flower garden. In the middle of the yard, I saw a huge pile of green peppers around which five women were sitting on little blue plastic stools. They were busy cleaning peppers, cutting the seeds out and throwing them into barrels containing a pickling mixture. In another corner of the yard, young men were cleaning cars while others were chopping wood. My first impression was a harmonious, almost romantic one. After I greeted everyone, the women handed me a stool and knife to teach me the process of pickling peppers.

For several weeks after they had first met me, different groups of widows emphasized their friendship and solidarity that they felt for each other. Their main goals were to work, earn money and make a living independent from men and their in-laws. In relation to this, most of them told me how they were able to conquer their traumas through working and earning money. “After the war, we met to cry and to remember the horrific things that had happened to our husbands

and sons. But since a few years ago, we realized ‘That’s enough, we need to do something.’ We started working and all of a sudden we stopped crying and thought of peppers, investments, earning an income, educating our children.” I was impressed by their strength, will to overcome emotional hardships, dedication to work and camaraderie.

If I had left the village at this point, I could have added to the repertoire another success story about widows from Krusha. Local and international journalists, development workers and social scientists had managed to create a mythical ideal of “the widow” from Krusha e Madhe. I witnessed the production of the idealized “widow from Krusha” several times as women invited me to attend interviews with journalists. In September a camera team from KTV arrived on one of the compounds. They had created a romantic environment filming the working women in front of a beautiful flower garden, a simple white house built by the KFOR right after the war and beehives donated by a development organization. A table was set up on which the women presented their products such as peppers pickled in water and yoghurt, *aiwar* and honey. The women sat on little stools – new ones – around a tub filled with clean water and yellow peppers. All of them had their hair covered with freshly ironed, white scarves, a sign of mourning and hygiene, which they usually never wore while working. The ambiance transmitted a feeling of calm, peace, harmony and nostalgia.

Two days after the broadcast of the interview, the ideal collapsed in front of my eyes. A member of the organization had managed to steal donations, sell products for the wrong price and falsify receipts while the other women had been completely unaware. Since then, the women talked openly about their problems and conflicts amongst each other to me. Most of the conflicts were related to what the women called “corruption”. When humanitarian aid arrived in the form of work opportunities, computers, *goldonis* [three-wheelers], clothes or food in the village, women accused each other of stealing and selling the items before any of the other women could profit from them. Evenings were filled with stories of “corruption” and denouncing others of committing such “crimes”. Such emotional

outbursts were not without consequence. Women complained about experiencing high blood pressure, chest pain, racing hearts and headaches afterwards.

The following situation illustrates the impact of interpersonal conflict on health. After the discovery of a new case of “corruption” in which a woman had managed to steal 3,500 euros from a donation from Caritas, several women felt sick to their stomachs. One of them explained that she suffered from stomach ache, didn’t feel like eating and had to throw up almost every day. She had gone to the private clinic of a doctor working and living in Krusha several times to receive injections. Despite the medication, her health did not improve. She related her emotions and physical reactions to the conflict in the group of widows. She knew that the problems were of psychological nature as she had experienced similar health problems when the bodily remains of her husband were discovered and brought back to Krusha. She told me, “I know the feeling of stomach pain and nausea from before. I developed the same symptoms when the remains of my husband came back. Then, I felt awful, could not eat, had stomach pain and felt nauseated. I know that I get these symptoms when I am stressed and worried”. I asked what the doctor had advised her to do and she responded, “Well, when I went to him, he just said that I should stop being so sad, accept that I lost my husband and find ways to go on with my life. He thought that I had come for trauma. But, of course, I couldn’t tell him that I was suffering from the problems in our group. I could hardly have told him that it’s because of Irida and that I got *nervoz* because she stole from us. Imagine, he would tell his wife and then...” It was not the first time that women had explained to me that doctors treated them for trauma-related health problems as they were unwilling to explain the source of their problems for fear of gossip and rumours in the community.

9.4 Modes and Concepts of Distress: *Nervoz*, *Mërzitna*, *Msysh* and *T’bone*

In order to make sense of how women in Krusha e Madhe and Pastasel classify their symptoms of illness in relation to the etiological events, I asked questions such as “Do you have another term or expression that describes your

(health problem)?”; “Do you have a special term to explain what you have when you are sick?” or “When you have this (health problem) do you have an expression to tell other people what you have?” With these questions I aimed at identifying idioms of distress and popular labels linked to specific health problems and sociocultural contexts (Groleau, Young, & Kirmayer, 2006).

I was able to elicit labels and idioms of distress related to the somatic conditions and etiologies outlined above. The labels used by all interviewees included: *nervoz*, *mërzitna*, *msysh* and *t'bone*. Although the idioms were highly context-dependent and varied in their meaning, they all referred to embodiments of a wide range of local experiences that incorporated and transcended somatic, psychic and social phenomena (Davis & Joakimsen, 1997). In the following I will provide descriptions, quotes and vignettes related to each idiom of distress in order to illustrate how they are talked about and lived in their respective local settings.

Nervoz and Mërzitna

Concepts like *nervoz* and *mërzitna* cover the mind, body and social environment in which the individual women act. The idioms are polysemous phenomena in that they can be considered symbols that are simultaneously in context with a variety of references that is, a variety of symptom combinations. Due to the fact that they are broad concepts, *nervoz* and *mërzitna* provide idioms through which women can reflect on a wide range of stressors including their war experiences, postwar hardships, dire economic situation, difficulty related to child rearing, overwhelming responsibilities and interpersonal conflicts.

Nervoz has two meanings. The first one refers to a sentiment of anger. One can be *nervoz* about someone or something without developing symptoms of an illness. The following situation well illustrates this: While I was teaching English to a group of children, Teuta burst angrily into the room. Without further introduction she said in a hateful tone of voice, “Hanna, have you heard that a new group of women will be provided with a factory from a humanitarian organization here in Krusha?”

“Uh huh”

“We had a meeting yesterday.”

“I know.”

“We were very *nervoz* and at each other’s throats. It can’t be that there will be another factory for *aiwar*. What does this lady think?”

“I don’t know.”

“This is disgusting as it will destroy our factory! Yesterday, I was *nervoz* all day long.” In other cases, women said that they get *nervoz* at their misbehaving children, inconsiderate husbands and rude neighbours.

The second meaning of *nervoz* is related to health problems. When I asked women whether they had a certain term or expression for their respective health problem, each one of them replied that they suffered from *nervoz*. Adelina explained, “Lately I develop high blood pressure when I send my son to get the money for the instalments for the credit [a micro-credit project in the village]. I become *nervoz* and develop high blood pressure. So, I know it’s from *nervoz* as my heart starts trembling and beating strongly.” Shkurta replied, on the other hand, “It’s *nervoz*, *nervoz*, *nervoz*! I get it from my stomach aches; it’s all connected.”

The symptom combinations for *nervoz* varied greatly. Although symptom combinations tended to be quite individual, certain combinations appeared more frequently than others. The most frequently mentioned symptom combinations were (a) high blood pressure and racing of the heart, (b) stomach pain and high blood pressure, (c) high blood pressure, headache, racing of the heart and feeling *nervoz* and (d) tension (behind the ears or in the chest), high blood pressure and feeling *nervoz*. Other combinations shared by individuals were (e) feeling *nervoz* and undifferentiated pain and (f) high blood pressure and problems with their vision. Other combinations of symptoms were purely individual and included, for example, feeling sad or frightened, and having the mouth pulled up to one side (conversion disorder); collapsing, low body weight and anaemia; and chest pain, high blood pressure and breathing problems.

Apparently, *nervoz* can be both a symptom and an idiom of distress. When speaking about *nervoz* as symptom, women stated that they ‘feel’ *nervoz*. For example, Abnore said after returning from a visit to the graveyard of martyrs, “my chest hurts, I feel *nervoz* and I have pain in my chest. I need to go out a little and try to talk about something else with my sisters-in-law.” Pranvera explained, on the other hand, “I crochet whenever I feel stressed, *nervoz* or afraid. It relaxes the nerves because one calms down. Also, time goes by faster; you start and you don’t realize how the hours go by.”

When talking about *nervoz* as an idiom of distress, women said that they ‘become’, ‘get’ or ‘have’ *nervoz*. Shortly before *Bajram*, Lorinda said to me “I have *nervoz*. Tell me, how could I be happy or satisfied when I don’t have money to buy new things for *Bajram* for my children while others have all these things? What happiness is there for me?” Valbona told me laughingly, “I have a wonderful *nervoz*! When I get *nervoz*, my heart starts pounding, pip, pip, pip, pip and I don’t talk. I don’t talk to anyone; I keep my mouth shut and everybody knows that I have *nervoz*.”

Women often said that they only become *nervoz* about matters that are important to them. A common expression was, “I become *nervoz* about things that have meaning.” Women in both villages expressed a range of such experiences through the term *nervoz* including memories of the war and the related grief, the burden of widowhood and the overwhelming responsibilities that go along with it, economic problems and the fears of not being able to provide for their children and anger due to interpersonal conflicts. For instance, S. Sh²⁶ explained during an interview, “When I work hard, I don’t experience *nervoz*. But when I think about the war, I do. But lately it happens also when I don’t think about the war. When I get *nervoz* with my children, it appears as well.” She reflected, “It started with war memories and now it continues with other problems.” Linora said after her husband had returned from Germany where he had lived and worked for one year to contribute to the family income, “I am freer and my *nervoz* is less. Now that my husband is back, I feel much better.” However, since her *nervoz* is connected to

²⁶ The informant asked me to use her initials

whether her husband is present or not, she continued to explain, “But if he goes again my health will change and the problems will be back.” Widows often explained that *nervoz* resulted from the enormous responsibility of being “the man and the woman of the house” at the same time, having to provide an income for their family, entering into competition for the humanitarian aid delivered to their village and dealing with the gossip that usually resulted from this. During one of our conversations, Teuta explained that she and her widowed sisters-in-law suffered from the gossip and rumours about them and their life style. “We are freer than other women in the village and we have always been freer, even before the war. People started to talk about us and said that we were going out with the donors [humanitarian aid providers] and that we were enjoying ourselves with them. This bothered me a lot and this is why I am *nervoz*”.

The quotes illustrate that *nervoz* comprises multiple etiologies and combinations of symptoms, tends to be associated with emotions of grief, anger and stress and affects and is affected by interpersonal relationships and social action. *Mërzitna* shares some of these characteristics, but not all. *Mërzitna* is the popular version of the word *mërzitem* and translates into to be sad, worried or annoyed. Usually it refers to an emotion which is not necessarily linked to symptoms of illness. However, if the situation becomes unbearable, *mërzitna* turns into a label for an illness. The symptoms associated with *mërzitna* are similar to the symptoms related to *nervoz*. But, unlike *nervoz*, *mërzitna* is associated with compassion, helplessness and a sense of annoyance. While all three emotions are interrelated and tend to occur at the same time, they differ in their intensity depending on the context and, in many cases, whether a person is sad or worried.

Discourses on sadness often referred to a sense of loss and loneliness in the context of war, the death of a family member or friend, or husbands and children moving away from home to work abroad or to study in Prishtina. An illustration of this was when I arrived at Fitore’s compound to buy detergent that she had bought in bulk to resell in order to make some money on the side. She looked tired and worn out. Leaning against my car she said that she could hardly sleep last night and that her entire body was hurting. Fitore sighed, “I am *mërzitna*

that's why every bone in my body hurts". When I asked her why she felt *mërzitna*, she explained that she had given an interview to Polish humanitarian aid workers the day before that had reminded her of past hardships. "The Polish women are in Kosova for only four days and try to talk to as many women as possible. The interview lasted for two hours and was all about the war and the way I coped without my husband. I wasn't prepared for it and, before I knew it, war memories awoke inside me."

Another example in a completely different context was when Shkurta entered her niece's small beauty shop and dropped into the empty plastic chair next to me. She muttered that she felt exhausted and suffered from a migraine since she was *mërzitna*. When I looked at her questioningly, she explained that her husband had decided to take her oldest son along on his trip to Germany in order to find work. "I am so sad that I don't know what to do."

I asked, "Did you tell him how you feel about it?"

"I told him 'no' often enough, but, he doesn't care. He will take him 'black' (without proper documentation) trying to make him work."

"This is very sad."

"Not a little, very! Who will help me to cut wood, to work in the kitchen, to clean house and to do all the rest? I can't do everything on my own." In addition to losing her son, she had learned that a German woman had offered to marry her husband "for papers". Frustrated she exclaimed, "I find it terrible when our men marry women abroad. I mean, first they leave us behind and treat us shabbily, and then they marry someone else to treat her just as badly. It's enough when they treat one woman like dirt!"

Discourses on the notion of feeling worried were usually very compassionate in that women felt sick worrying for somebody's health and wellbeing. In so doing, they accentuated a positive image of themselves by talking about their psychic and somatic symptoms within the context of their deeper concern for family members. For example, Makfire said that she experienced strong headaches due to the fact that she was *mërzitna* for her sister's life who suffered from cancer; Arieta felt weak and nauseated worrying for her son who

had injured himself on his construction job in Italy; and Flora suffered from undefined pain due to the fact that her daughter was going through a complicated pregnancy. In other cases, women worried about their economic situation and whether they would be able to support their families, send their children to school and pay the bills. Often they felt helpless due to the falling market prices, crop failure and the forces of nature that kept them from selling their produce. While working in the garden, Advije turned to me sighing, “It’s hard enough that my husband died. But, if my economic conditions were better, I would feel less tired and *mërzitna*. *Mërzitna* breaks you and makes you look older.” Several days later, I sat, tired, on Makfire’s couch after we had tried to secure her greenhouses during a storm in the middle of the night. When her daughter started crying from exhaustion, Makfire yelled unnerved, “You dumb head, what are you scared of? You mustn’t be scared! If this is what God wants, we cannot do anything about it!” Then she turned to me, now crying herself, “This is how we live: we worry! I’m not getting anything done. We invested 500 euros into equipment to build the greenhouses. We borrowed the money from neighbours and friends! I have headaches because I am *mërzitna*!”

Both, *nervoz* and *mërzitna* alluded to powerful emotions capable of causing a great deal of psychic and physical pain. Interestingly, they are characterized by the same symptoms, and can only be distinguished from one another depending on the emotions involved and, related to this, the social context in which they manifest. Yet, *nervoz* and *mërzitna* are not the only idioms that fit the combinations of symptoms and multiple etiologies. In certain contexts, they may also allude to magical idioms such as *msysh* (evil eye) and *t’bone* (spell).

Msysh and T’bone

That the same combinations of symptoms can possibly refer to an illness and/or magic became clear to me during a conversation with Shkurta about faith and health. When I asked her whether her faith helped her in coming to terms with her health problems, she gave me the following somewhat erratic answer:

When you feel pain and you pray, it seems to help. But when it hurts a lot, there doesn't seem to be help from God. Then you have to go to the doctor. I have heard about magic and these evil things. I heard about those. But I never experienced any of this. I think that when you are *nervoz* or *mërzitna*, you get weak and you fall. People say it was magic; but it was not magic, it was *nervoz*. I have heard a lot about these things, but have not experienced it. I don't believe in these things. I believe that only *nervoz* causes these things.

Since I was not convinced that she did not believe in magical forces, I commented, 'This is interesting since lots of traditional healers work in this area.' She responded enthusiastically,

Isn't it so! For example, I went once to the *sheh*²⁷ and he said 'Look here sister, it doesn't do you good to walk through breadcrumbs, but, it is even worse if you walk through urine. When you do that, you will never have a good day in your life.' I was astonished by what he had said. I asked him, 'How is it possible that it is nothing when you walk through breadcrumbs but that things happen when you walk through urine?' He replied, 'This is how it is.'

Despite the fact that I couldn't make much sense of her answer, I asked her whether his treatment was helpful. Shkurta replied that she had received an amulet that helped her to sleep better, feel better and not to lose consciousness as frequently as before.

The concept of evil eye is a geographically widespread phenomenon. It is well documented for the Mediterranean region (Hauschild, 2002), but can be found all through Europe, North and East Africa, the Middle East, the Indian Subcontinent, the Philippines, Latin America and among North American immigrant groups (Migliore, 1997). The phenomenon is a complex and

²⁷ *Shehs* are sufi spiritual leaders in the *teqe*, a building designed specifically for gatherings of a Sufi brotherhood.

ambiguous one, and has been researched from various angles including those focussing on strained social relations, a transgression of morals, a social control mechanism, a symbol of interpersonal power relations and a cultural explanation of illness and misfortune. Interestingly, however, there exist no publications on *msysh*, evil eye, in Kosova or Albania.

Just like *nervoz* and *mërzitna*, the concept of *msysh* is highly ambiguous that is, open to interpretation and negotiation within its sociocultural context. While being a cultural mode of expressing distress, it has many facets, some of which I will describe later. *Msysh* refers to the “voluntary” or “involuntary” ability of the human eye to cause harm when directed at other individuals and their valuable possessions in admiration, envy or jealousy. Edona, a widow from Krusha, explained, “It happens when someone thinks ‘Oh this is good, this is nice’ [admiration]. It will also happen when someone thinks that you are looking good or pretty [envy]. And, finally, it can occur when someone wishes that her son or daughter would look just as good as you do [jealousy]”.

Individuals most vulnerable to *msysh* tend to be in a transitional state (Turner, 1978) and include predominantly babies and children, boys undergoing circumcision, brides and pregnant women. However, women emphasized that if worst comes to worst anyone can contract *msysh*, “women children and even men”. When little children cry uncontrollably, feel hot inside or develop an illness which doctors don’t seem to be able to cure, women often suspect that *msysh* was cast on their child or grandchild. To protect children from *msysh*, bracelets made of evil eye stones decorate their cribs and wrists. During *bambina* celebrations in honour of a mother and a new born baby, visitors barely look at the woman and her child in order to avoid feelings of overt admiration and, thereby, casting *msysh* on them. While the mother lies with her newborn in bed, her close female relatives sit on the floor around her bed chatting, drinking tea and eating snacks and the relatives of her husband celebrate in the adjacent rooms. Similarly, circumcised boys are kept inside the house lying on colourful, decorated beds under the protection of good luck charms and a male relative while the extended family and neighbours celebrate in the yard or the big *salons* until the morning hours. Women

often complain about contracting *msysh* during family gatherings and celebrations, especially weddings. They try to protect themselves through amulets usually hidden away in their bras.

People often suspected that those who cast *msysh* on others are people with heightened desire. Although anyone can involuntarily send out *msysh* when admiring someone greatly or being envious or jealous, I found that in many cases maternal family members were suspected of such deeds. When I visited Ellma, the village healer, I found her sitting exhausted on the floor rocking her little granddaughter in a wooden cradle. After greeting her daughters-in-law, I sat next to her waiting for her to tell me what was going on. Finally she said, “Kaltrina suffered from *msysh* and cried incessantly.”

“How did that happen?”

“Her mother took her to the house of the uncle from her mother’s side. When they returned home, Kaltrina cried and cried. The *nusja* [daughter-in-law] said that she suffers from *msysh*. She always gets it when she visits her uncle’s place. I looked at her and it was true.”

“How did you see that she has *msysh*?”

“You have to place the baby on a blanket and move your hand three times from your chin to your forehead”. She imitated the movement making kissing sounds when her hand passed over her mouth, “When the baby yawns, it has *msysh*. When Kaltrina was at her uncle’s place, she always yawns when I do this. So, I took a bit of salt between my fingers and covered the child’s eyes with a cloth. Three times, I circulated my hand that held the salt around her head. Then, I threw the salt into the fire and washed Kaltrina’s head.”

Similarly, another lady told me, “After my husband was born it took thirty-five years until the next son was born into this family. It was my son. Some time after his birth, I was visited by my aunt, her daughter and the daughter’s mother-in-law. While the aunt was here, my son got sick immediately. It was a very strong *msysh*, one from which children can actually die.”

The heightened suspicion toward the maternal side of the family for casting *msysh* may be connected to the Albanian patriarchal and patrilineal system

of kinship. In addition to being patrilinear, the kinship system is unilinear which means that not only possessions are inherited in the male line, but that maternal kinship relations are not considered of great importance. The difference is often illustrated by referring to the male or paternal line as blood or thick line and to the female or maternal line as milk or weak line (Kaser, 1995). Offspring, especially boys, are considered to belong to their father's family and are guarantors for sustaining the patriline. Nevertheless, maternal relatives, in particular the mother-brother, have strong emotional ties to their nieces and nephews, and are considered important guests at all rites of passage such as circumcisions, weddings and births. The fear that maternal relatives influence more than they are entitled to, or even claim the children in the case that a woman's husband dies or divorces, seems to underlie interfamilial relationships. This was illustrated when Time entered the room where I was drinking tea with her oldest daughter-in-law. She complained, "This month was really difficult for me because of stress and my diabetes. My daughter-in-law who lives with her new husband in Prishtina was here with the children. They only stayed one night, only one night!" She started shouting, "You know, her children belong here! They are the children of my killed son and of this family! She first took them back to her family and later remarried. What a shame!"

Psychic and somatic manifestations of *msysh* in women included feeling *mërzitna*, strong headaches, nausea and vomiting, weakness, problems with breast feeding and heat moving up in their bodies. Nora told me about her daughter's experience with *msysh*. "After she had returned from Germany, she felt really sick. She had a high temperature and was very weak. We went to the doctor with her and to the hospital. The doctor told her to stop breastfeeding her child. The medication that he gave her didn't help and we took her to the *sheh* in Rahovec. While he was writing an amulet for her, she felt very hungry all of a sudden. She asked me to bring her *qebapa*, ate them all and felt much better afterwards." Edona told me that after her daughter-in-law's family had come to see her and the newly born baby, her daughter-in-law experienced problems breastfeeding, her face flushed red and felt heat in her head. To lessen her pain, Edona prepared a

nezra [offering] and brought it to the *tyrbe* in Krusha e Vogel. Leartha said, on the other hand, that she suffered from tremendous headache due to *msysh*, “Once I had such a strong headache. It really hurt strongly and the women told me, ‘Your head is separated into two halves.’ This can happen when you experience *msysh*.”

While *msysh* is a mode of expressing distress, it also serves women (and men) as a means to deflect from their own responsibilities, choices and personal difficulties, by projecting their children’s health problems or their own distress onto external stressors such as people who serve as scapegoats in other family matters as well. Thus, narratives on *msysh* create alternative meanings and messages depending on the context. Similarly, spell, *t’bone*, is an external force of distress. In the anthropological literature, spells are usually discussed in connection to sorcery and witchcraft, examples of which can be found all over the world (Hauschild, 2002; Steward & Strathern, 2004). Despite the fact that a flood of literature can be found for different regions in Europe such as England, Italy, France, Greece, Germany, etc, no accounts are available with regard to Kosova and Albania. Unlike *msysh*, *t’bone* is considered black magic that is cast purposefully by a living person on another in order to destroy family relations and friendships, cause material harm and lead to psychic distress and physical pain. People don’t speak openly about *t’bone* partly because they are afraid that the listener will not believe their stories, will brand them as backward or idiotic or will spread gossip and rumours about the parties involved.

At the beginning of my fieldwork, women denied that something like black magic, let alone *t’bone*, existed in their villages. Instead, it was portrayed as something ancient, uncivilized and highly irrational which people in the old days used to believe or superstitious halfwits fall prey to. Yet, when it became known that I was working closely with traditional healers, was in contact with the local fortune teller, had women read my coffee grinds, visited holy places such as *teges*, *tyrbes*, and split rocks and places of pilgrimage, used traditional massage therapies to treat my back pain and had agreed to go to a Turkish village to have a woman intervene in my misfortune of childlessness, women included me in their conversations about and interactions with magic.



Tyrbe in Pastasel

The following episode describes this turning point. Iliriana and I arrived in Pastasel to meet a family whose compound was located at the outskirts of the village. While walking through the fields, Iliriana noticed two benches behind bushes which we had overlooked on previous walks. We decided to climb the mount and walk behind the bushes to find out why villagers had hauled two benches into the pasture. Next to the benches was a grave which we assumed was the grave of a holy man, a *tyrbe*. It was not adorned with the usual plastic flowers. Instead, grass was growing over it. Next to the grave stood two lanterns and leaning on the head of the grave, three plastic bottles filled with water. Next to the benches we saw a circle of burnt grass and under the trees lay burnt candles, corn cobs and a miniature broom stick.

During our visit with the old woman of the house, her two daughters-in-law and their daughters, I told them that we had discovered the *tyrbe* on our walk. They smiled and the younger sister-in-law said, “We saw that you went there. Thank you for paying respect. We told each other: ‘Look, there are so many of our own people who don’t believe in this and here comes a foreigner who knows how to respect these places.’” Her mother-in-law repeated, “Thank you for going there.”

I was a little ashamed that my act of curiosity had been interpreted as one of worship, but, at the same time, I sensed how the boundaries between me and the family started to break down and that it became easier to talk about magic and healing without embarrassment.

Spell translates into Albanian as *magji* (magic) and to cast a spell into *bëj magji* (to do magic). In colloquial language spell is referred to as *t'bone* and is considered a form of *magji e zezë* (black magic). When I first came across the word, Ellma explained the meaning of the term as follows: “For example, if you hate someone, you go to a *hoxha* in Mlanaviq. You can ask him whether he can write an amulet for you that carries an evil message. He will take money from you and will write the amulet. Then, the person that you hate gets what is written on the amulet. For example, the person will get knots, can’t have children or will not feel good.” Although anyone can be a victim of a spell, women most often mentioned young brides, pregnant women and happy families. Lorida told me that she could not have children for three years due to a spell that was cast on her on her wedding night (despite the fact that she had been protected by an amulet in her bra). She explained that her husband was raised as an orphan by his older sisters-in-law who didn’t enjoy a good reputation in the surrounding villages. According to her, they spoiled the reputation of the family to such a degree that he had difficulty finding a bride once he had reached marriageable age. Despite the bad reputation, she ended up marrying him for “It was meant to be that way.” At weddings, brides were not welcome to be active participants. Instead, they were required to stand or sit motionless in the *salon*, their eyes closed or cast onto their folded hands and their faces covered with a thin, red scarf. Lorida recalled, “While I was standing in the *salon*, according to our tradition, I felt someone pinch me three times on my leg. It gave me strong hiccups.” She imitated the hiccups to make us laugh and continued, “People were looking at me saying, ‘What’s the matter with this woman?’ They had put *t'bone* on me hoping that I would escape from my husband and make it difficult for me to bear children.”

I asked, “Did they really pinch you or did it feel as though someone was pinching you?”

Lorida replied confidently, “No, someone pinched me three times! When I felt the first pinch it felt as though my heart was hurting and moving a little. I didn’t open my eyes and didn’t say anything as we have these foolish traditions.” When I asked her whether she had experienced anything like this since the death of her husband, she replied bitterly, “My husband is dead and this is exactly what they wanted. They are satisfied now.”

Women try to protect themselves from *t’bone* by having amulets made for them. Amulets are usually pieces of paper on which traditional healers or *shehs* write messages or signs that women fold into triangles and protect with colourful cloth that they sew neatly around it. Most women receive amulets before their wedding day and when feeling unprotected or dogged by bad luck. Adelina had asked a *sheh* to make an amulet for her new daughter-in-law as she was afraid that someone might want to harm her during the wedding. She explained, “I wanted to do something against *t’bone*. Besides the amulet, I and my daughter-in-law had tiny booklets of the Koran fastened under our armpits. I think that it was due to these precautions that nothing bad happened.” Similarly, Edona provided her new daughter-in-law with an amulet explaining that there are people who “Don’t want to be calm and who don’t like when you have a good *nusja* [daughter-in-law].”

Common symptoms that victims suffering from *t’bone* experienced included losing one’s mind, losing one’s knowledge, not knowing who one is and where one is, not knowing what one is doing, losing consciousness, feeling heat moving up in one’s body, feeling extremely *nervoz*, strong headaches, losing control over thoughts, talking dirty, pulling one’s hair, scratching one’s face, infertility, avoiding family members, failing to prosper in material wealth and being entangled in a chain of unlucky events such as automobile accidents, episodes of sickness, failing school, long phases of unemployment, not being able to accomplish tasks, etc. Larta told me dramatically, “They can harm you until you lose your knowledge or you walk on the street losing your mind. You will not know who you are or where you are. It can be so terrible that not even the doctor knows what to do.” Another woman told me about her neighbour who lost her mind due to *t’bone*. She ran around in the streets and with a big kitchen knife went

after people. She was considered dangerous and could only be held in check by being locked up in an empty room. Once it was discovered that she suffered from *t'bone*, she was taken to a traditional healer who saved her sanity with an amulet.

Family members tend to take people befallen by *t'bone* to traditional healers or *shehs* who, after analyzing their situation, provide them with amulets, healing waters, counter-spells and recommendations of how to face or avoid the evildoer. When I asked Ellma how spells are broken, she said, "You can go to the woman who lives in Hoqa e Vogel. The one I told you about. She will tell you who it was and you will have to face the person."

I asked curious, "How do I face the person?"

And Ellma explained in a low voice, "The woman will ask of you not to mention her name. Then she describes the person to you and you have to go to face the person."

Since "facing a person" seemed to be an obvious practice to Ellma, I repeated, "What do you have to do when you face the person?"

She explained patiently, "You have to tell the person three times 'You are the one, you are the one, you are the one.' After that you feel better and the spell is gone." Such clarifying and cleansing confrontations between conflicting parties are only an option if the name of the evildoer is known and when the accusing party dares to initiate a confrontation as such encounters may ignite further conflict, violence and scapegoating. For instance, Nora and her mother told me that they had to send a close relative to a *sheh* in Gjakova three months ago as she had started to avoid family members and to see visions. The *sheh* provided her with an amulet that she was supposed to put in water and then bathe in it for three consecutive days. He urged her to recall the face that appeared in her visions while bathing and prophesied that the evildoer will be marked by sickness. "We were told that she has a vision of the face, but, that she couldn't exactly tell who it was. Something in her body kept her from knowing and saying it. She had visions of women dressed in black. But, something within her told her that she couldn't find out who it is." Shaking their heads, they continued, "We never believed in these things. But when it happens in your own house, you start to wonder."

The people who cast *t'bone* are solely women. I was often told that “only women can do such evil things” or “men are unable to cast *t'bone*”. Usually such women are mothers-in-law, sisters-in-law, elderly neighbours or deceitful friends. They turn to traditional healers and, sometimes, to *shehs* in order to purchase amulets carrying evil messages, knotted black and white threads or items that have been cursed through song such as an article of clothing the chosen victim, the water of the dead or from the blacksmith, eggs, lipsticks, crochet needles, mercury and blood. The cursed items are then hidden in the victim’s house in attics, under couches and pillows, under or above door steps, in door hinges and behind door knobs, sprinkled on clothes, mixed in coffees, spread on the floor of kitchens or bedrooms, etc. When Flora’s sister-in-law started to pull her hair, tried to squeeze out her eyes and scratch her face during her father-in-law’s farewell celebration before travelling to Mecca, it was found that the water of the dead had been sprinkled on her *demi*²⁸. After burning the dress, drinking the prescribed healing water and wearing an amulet she has never experienced such problems again. The water of the dead is water that women collect secretly when a corps is washed by a *hoxhenica* before the burial ceremony. Such waters are considered highly dangerous, and when used as a curse “you will never have a good day in your life.”

Another woman told me that she was once haunted by a chain of “*t'bone* attacks” when trying to get pregnant with a son after having given birth to six daughters. First, she found an amulet in her husband’s car, then there were eggs had been cursed through song in the hallway of her house and finally she found a crochet needle dangling from a door knob. Together with her husband, she went to a traditional healer who ordered them to burn the items and provided them with amulets to ward off further attacks. Although he claimed to know who the evildoer was, he decided to keep the name to himself in order not to stir up further conflict. In cases in which traditional healers or *shehs* show less sensitivity to conflict, counter-spells may be cast marking the evildoer with signs of sickness, poverty or chains of bad luck. Ellma’s sister-in-law fell prey to such a counter-

²⁸ Traditional dress

spell. “She did bad things to others a few years ago. Now she is sick herself. She loses consciousness, she doesn’t know what she is doing, she doesn’t have control over her thoughts and she talks dirty.” In addition, she isn’t welcome on the compound anymore and is regarded with suspicion.

Several of the women agreed that cases of *t’bone* have increased since the war. The reason is partly due to an increase in gossip and rumours, jealousy and uncertainty. In a conversation with a group of women I was told, “Since the war, people gossip more. They talk badly about each other and there are lots of rumours going around. People who are stupid listen to the rumours and the clever ones try to overhear it.” Gossip and rumours lead to suspecting others of misconduct and are a means by which events which are difficult to explain and deal with are pinned to people who one despises or has difficult relations with. Such accusations may, in turn, have the effect that women are pushed to the margins of families and communities, or are completely excluded from them, without having the means to properly defend themselves except for investing money in counter-spells or protective amulets. By these means, vicious circles of exclusion and social control are created that are hard to break if one is entangled in them.

Although women claimed that they have suffered from the symptoms of illness listed above only since the war, the narratives related to *msysh* and *t’bone* show that it was common that external etiological events caused distress which was expressed through psychic and somatic symptoms before the war as well. Women might not have been familiar with terms such as trauma, posttraumatic stress and depression before the war, yet, they were able to think along these terms. In other words, they were familiar with the notion that agents external to the individual such as jealous sisters-in-law, envious mother-brothers and hateful neighbours can cause physical harm and psychic distress to their victims. Similarly the cruelty of Serbian forces, stressful experiences such as flight, witnessing the killings of others and the search for missing family members and uncertainty due to the destruction of agricultural equipment and life-stock, long-

term unemployment and poverty lead to feelings of nervousness, sadness and worries expressed in ways that are culturally known and acceptable.

Although women's voices and actions are marginalized and often delegitimized in public discourses that attempt to create collective memories, it becomes apparent that women have their own ways in which they remember and commemorate the war and its related atrocities and losses. I was able to show that women create, change and, thereby, influence collective memories by reflecting on, narrating and negotiating their war-related health problems expressed through idioms of distress. It became apparent that illness experiences are highly contextualized and only understandable through a thorough analysis of the women's perceptions and lived experiences of what triggers war-related memories; symptoms and symptom combinations; multiple etiologies including traumatic events, economic problems and interpersonal conflicts; and modes of conceptualizing distress such as nerves, worries, evil eye and spell. Thus, I agree with transcultural psychiatrists who argue that different psychological conditions may manifest themselves with similar symptoms not all of which can be reduced to disorder or psychopathology, but also reflect ways in which women create and deal with the shared memories of the violent past of their communities (Almedom & Summerfield, 2004; de Jong, 2004; Lemelson, Kirmayer, & Barad, 2007). Taking these complexities into account, it becomes clear that efforts to "theorize" the women's responses as reflecting posttraumatic stress disorder, social suffering or explanatory models fall short as they obscure the various connections, contrasts and contradictions among the experiences which the women manage and live with.

In the following part, I will explore how the women deal with their health problems by focusing on issues related to their help- and health-seeking behaviours, and how, through clinical practice and traditional healing, history, collective memories and traumatic memories are negotiated and invested with new meanings and attributions.

PART IV

Health-Seeking and Healing in the Aftermath of War

Similar to illness experiences, health-seeking and healing practices are actions which take place in different but interrelated social and cultural contexts (Gielen, Fish, & Draguns, 2004). In Kosova, such contexts influence, but do not necessarily determine health-seeking, patient-practitioner interaction, diagnosis, treatment, decision-making processes and perceptions of efficacy. In order to provide a better understanding of these complex processes, I will describe how Kosovar Albanian women cope with and negotiate their collective memories of the war and post-war periods and illness experiences through their encounters with psychiatrists, psychologists, general practitioners and traditional healers.

However, before I present and analyze my ethnographic data, I will provide the theoretical background of: the anthropological discussions related to medical pluralism, health-seeking behaviours, patient-practitioner interactions, curing and healing practices and notions of efficacy; psychiatric intervention strategies and evaluations of intervention programs; and anthropological assessments of psychiatric intervention strategies and arguments which claim that cultural contexts should not be perceived as barriers to evidence-based research, and also that it is crucial to incorporate and work with differing norms, values and traditions; the range of attributions and understandings of illness; different ways of expressing emotions, distress and suffering; and different approaches to help-seeking and coping with traumatic events and adversity.

Chapter 10: The Cultural Contexts of Health-Seeking, Healing and Medical Efficacy

Until recently, the assumption has prevailed in the health profession and academia that popular and folk traditions of health beliefs and practices would decline due to increasing modernization and industrialization, and be replaced by

biomedicine (Blair O’Conner, 1995; Finkler, 2004). However, anthropologists have pointed out that this has been the case in neither high-income nor low- and middle-income countries as biomedical approaches and institutions were not capable of entirely overtaking local indigenous medical knowledge and practices (Strathern & Steward, 1999).

These developments gave rise to what is called “medical pluralism” in which individuals negotiate, choose and creatively combine different, sometimes contradictory, understandings of health and sickness, practitioners, and healing and curing practices (Cant & Sharma, 2003; Boehmig, 2010). Brown (1996) defines medical pluralism as the social organization of healing that involves (a) a variety of practitioners, who often occupy different religious, ideologies, “ethnic” or class related positions; (b) the cultural organization of their practice that is, the coexisting and competing discourses of affliction and healing with which they legitimate their therapeutic power; (c) how people choose between competing therapies; and (d) ways in which competing medical discourses mediate between bodily experience, the local moral order and the supra-local institutions and ideologies (p.14). Although medical pluralism appears to be a universal characteristic of medical systems, it plays out differently depending on the respective cultural and social contexts, and limiting factors including treatments offered, the relative costs involved and the religious or political environments in which the people live (Strathern & Steward, 1999; Good, 1994).

The interaction and cooperation between different medical traditions has increased since the WHO’s commitment to “traditional medicine” manifested in the Alma Ata Declaration (1978), the “Traditional Medicine Strategy 2002-2005” (2005) and the Beijing Declaration (2008). For instance, the Beijing Declaration states that the knowledge of traditional medicine, treatments and practices has to be respected, preserved, promoted and communicated widely and appropriately based on the circumstances of each country; traditional medicine should be further developed; governments should establish systems for the qualification, accreditation and licensing of practitioners of traditional medicine; traditional practitioners should upgrade their knowledge and skills based on national

requirements; and communication between providers of conventional and traditional medicine should be strengthened and appropriate training programmes be established for health professionals, medical students and relevant researchers. Anthropologists have noted critically that while the WHO's initiative to respect and integrate indigenous medical knowledge and practice into the wider health care system is laudable, it raises questions with regard to ownership, control, standardization and homogenization (Bruchhausen, 2010; Knipper, 2010). Zenker (2010) illustrates this by referring to the consequences of the WHO's support of the South African "Traditional Health Practitioners Act" that requests traditional healers to officially register for and attend workshops in which they are urged to adapt their practices to biomedical standards and refer their clients to hospitals to be tested for HIV. At the same time, university based pharmaceutical departments started testing medical plants for their efficacy. These interactions are propagated as an "exchange of knowledge" in that biomedical practitioners learn something about medical plants and traditional healers about biomedical practices. However, many healers are aware of the fact that the state and international community appropriate their expert knowledge without making them shareholders.

The central questions asked by medical anthropologists with regard to medical pluralism are, among others: How do individuals and communities make use of the range of health traditions available to them? To whom do they communicate their suffering? Who do they consult in the hope of alleviating their distress? Who do they consider appropriate healers? What do they expect from the respective healing traditions? (Gielen, Fish, & Draguns, 2004). Different models have been developed which aim to answer these questions by outlining the "patterns of resort". Anthropological research in this field began with Romanucci-Ross's (1969) study on "the hierarchy of resort" in curative practice among the Admiralty Islanders in Melanesia. The concept "hierarchy of resort" refers to health-seeking behaviour which is characterized by the fact that people try one medical tradition after another until their health problem is perceived to be under control. Other patterns of resort entail simultaneity in that people involve many

treatment modalities at once by combining recommendations creatively (Sobo, 2004).

In the 1970s the focus shifted from patterns of resort to the ways in which culture influences health-seeking behaviour. In his book “Patients and Healers in the Context of Culture” (1980), Kleinman notes that the “health-seeking process” is determined by health ideologies, values and rules that govern individual and group decisions independently of specific episodes of sickness. To illustrate this, he refers to Navajo patients who, after being treated for tuberculosis at “modern hospitals” by “modern physicians”, return to “native healers” to have healing ceremonies performed to “complete the cure” and remove the negative effects of western medicine. Similarly, Browin (1996) describes that health-seeking behaviour in Haiti is determined by the “dialectic relations” between “objective social structures” and the “subjectivity of social actors” that is, “the relations between social arrangements of healing power and ways people engage with this power” (p.191).

Good (1994), on the other hand, criticizes such anthropological accounts claiming that they render individuals and groups rational decision-makers by emphasizing “the utilitarian actor, instrumental beliefs that organize the rational calculus of care-seeking, and ethnomedical systems as the sum of strategic actions” (p.45). Instead, he appeals to a focus that highlights “intersubjective qualities” and their contribution to shaping people’s relationship to and knowledge of human biology. An illustration of such an approach is Boehmig’s (2010) ethnography related to care-seeking in Ghana. Working in a hospital both as an ethnographer and nurse, she noted that most patients had sought help from traditional healers prior to their arrival at the hospital. Unfortunately, many of them were too late and, thus, turned the hospital into an accepted place of death. Interviewing family members of the dying or deceased, she found that none of them actually wanted “death” to occur in their homes because they feared it would cause family members or even the police to accuse them of witchcraft, premeditated murder and wilful neglect. Instead, nurses often felt heavily

criticized for failing to provide proper care and rejecting the well-meaning help of relatives.

Similarly, Strathern and Steward (1999) state that visits to doctors are not neutral events, and are not exclusively guided by scientific decisions. Therapeutic encounters are negotiated processes marked simultaneously by consensus and contestation or a demonstration of power by the health professionals, patients and care-givers. Much of the medical anthropological literature which tries to make sense of patient-practitioner interactions in various cultural contexts refers to Kleinman's (1980) concept of "Explanatory Models" (EMs). It is assumed that EMs are held by both individual patients and practitioners and can be accessed through narratives and clinical dialogues. Although they are "anchored in the separate sectors and subsectors of health care systems", they respectively refer to "notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process" (p. 105). That is, practitioner EMs give insight into how they understand and treat sickness, and patient and family EMs show how the afflicted make sense of episodes of illness, and how they choose and evaluate particular treatments.

While anthropologists agree that narratives and dialogues provide important insight into patient-practitioner interactions, some argue that such a narrow focus fails to capture the complexities involved. Similar to Good (above), Mattingly (1998) cautions, that the investigation of narratives alone may be overly individualistic, where single agents control their own destiny; overly instrumental, where attempting to create a story is equivalent to pursuing a means to achieve an end, and narrative endings appear as nothing more than instrumental goals; overly coherent and free, where we each, through our own choosing, live out a single, unified life story; and overly self-conscious, where human agents act only on the basis of deliberate choices (p. 154). Instead, it is argued that narratives have to be paired with observations of social interactions in order to do justice to the various aspects involved. Similarly, Young (1982) elaborates in his critique that "EM writers" fail on two accounts. First, their viewpoint overlooks the fact that power originates and develops in "arrangements between social groups and

classes.” Consequently, a focus that solely emphasizes dyadic interpersonal relations “desocializes” the nature of such power. Second, their path seems reasonable only because they are missing a crucial point: while they use “sickness” as a blanket term to label events involving disease and/or illness, “sickness” should be conceptualized as a process “for socializing disease and illness”. Nichter (2002) also writes with regard to “therapy management” (a term derived from Janzen, 1987) that the dyadic relationship between patients and practitioners is mediated by a number of other factors. Thus, to capture the multidimensionality of the management of therapy, ethnographic accounts should explore material resources, the management of emotions, the performative aspect of “being sick” and of interacting with the afflicted, the processes involved in co-constructing illness narratives, and the space in which healing takes place.

Responses to illness are discussed by anthropologists in terms of curing and healing. The epistemological distinction between curing and healing generally refers to curing as an act of successfully treating primarily biological processes such as the “removal of pathology” or the “repairing of physiological malfunctions” (Waldram, 2000, p.604). Healing, on the other hand, refers to therapeutic procedures of restoring affective, social and spiritual components of ill health (Eisenberg; 1977; Kleinman, 1980; Nichter, 1996; Strathern & Steward, 1999). Much of the earlier anthropological literature suggested that biomedicine foremost cures disease while indigenous medical traditions heal illness. Current findings show, however, that healing and curing effects cannot be sharply distinguished in practice, and that most medical traditions are engaged in both healing and curing (Waldram, 2000; see also Cant & Sharma, 2003; Strathern & Steward, 1999).

Turner (2000 [1964]) outlined similar thoughts already in the 1960s in his description of the work of Ndembu *chimbuki* (healers). He found that disease among the Ndembu must be viewed “not only in a private ‘idiographic’ but also a ‘public’ or social structural framework” (p. 340). As a result, therapy becomes a matter of “sealing up the breaches in social relationships simultaneously with ridding the patient (...) of his pathological symptoms” (p. 340). Although

Ndembu healers recognize symptoms and distinguish between diagnosis and treatment, they are not aware of the natural causes of disease, but believe that punitive shades or envious sorcerers bring them about. Nevertheless, Turner points out that one must consider the possibility that “there may be certain unintended or inadvertent benign consequences for health from Ndembu practices that are inadvertently determined by magico-religious ideas without empirical foundation” (p. 346).

Turner’s work is also well-known for his detailed descriptions of “healing rituals” which he calls “social dramas” (Turner, 1974). Drawing on his work, much of the anthropological inquiry into healing practices has focused on the aspect of ritual (Waldram, 2000). For example, in his book “Boiling Energy” (1982), Katz vividly describes Kung healing rituals and shows how anthropological concepts are blurred in the therapeutic endeavour. For the Kung, healing is more than the application of medicine as it seeks to establish health and growth on physical, psychological, social and spiritual levels. The central event in this tradition is the healing dance. Katz describes the following scene: “As the dance intensifies, *num* or spiritual energy is activated in the healers, both men and women (...). As *num* is activated in them, they begin to *kia* or experience an enhancement of their consciousness. While experiencing *kia*, they heal all those at the dance” (p. 34). Interestingly, healing powers are not reserved for people with unique characteristics or extraordinary powers. Instead, a large number of Kung, more than half of the men and ten percent of the women become healers by the time they reach adulthood.

While it is largely agreed that most treatments entail aspects of healing and curing, the notions and methods of establishing efficacy remain poorly understood and are the subject of debate. For instance, while biomedical practitioners argue that randomized controlled trials (RCTs) and meta-analyses are the only acceptable means of establishing efficacy properly, social scientists counter that such procedures have limitations as health problems require complex sets of both qualitative and quantitative evidence (Waters, 2009; Petticrew, 2009; for a longer discussion see Pedersen & Kienzler, unpublished). Due to the narrow focus of

biomedicine, anthropologists have offered broader definitions of medical efficacy. For example, Young (1976) defines efficacy as “the ability to purposively affect the real world in some observable way, to bring about the kinds of results that the actors anticipate will be brought about” (p. 7). In a later piece, he refers to efficacy as “the perceived capacity of a given practice to affect sickness in some desirable way” (1983, p. 1208). Nichter (1992), on the other hand, distinguishes between curative and healing efficacy. Curative efficacy “is generally defined as the extent to which a specific treatment measurably reduces, reverses or prevents a set of physiological parameters in a specific context” (p.226). Healing, on the other hand, is not only characterized by the therapeutic event, but involves the production, negotiation or instantiation of social and personal meanings as well as cultural meanings. In other words, “the sustained efficacy of therapeutic transactions entails not only the experience of an initial impression point, but the reproduction of impression points” (1996, p. 262).

This brief overview of the crucial medical anthropological terminology and concepts related to different approaches to health care in different cultural contexts will serve as the basis for the following sections which focus more narrowly on the provision of mental health care in war-torn societies. That is, I will elaborate on psychiatric and anthropological discourses, debates and examples related to psychiatric and indigenous intervention strategies that aim at the amelioration of trauma-related health problems during war and its aftermath, especially the war in Kosova.

Chapter 11: Psychiatric Responses to War-Trauma and Trauma-Related Health Problems

The perceived need for psychiatric treatment for refugees and people living in war-torn areas has led to the development of different kinds of aid programs that aim to prevent and treat the effects of violence on mental health (Barudy, 1989). The development of these aid programs has taken place largely in connection to complex political processes, conflicts, military interventions and

humanitarian assistance. The following sections will provide an overview of these interconnections throughout the Cold War and post-Cold War eras by focusing on the development of intervention strategies, controversies and the development of international standards for mental health interventions in countries affected by armed conflict.

11.1 The Politics of Humanitarian and Psychiatric Interventions

Cross-Border Humanitarian Interventions During and After the Cold War

Despite the fact that after World War II humanitarian law became increasingly codified and the creation of the United Nations (UN) helped to administer the international system (Weiss & Collins, 2000), the incidence of war increased drastically after 1945 (ICRC, 1995; Ciment, 2006)²⁹. During these conflicts, cross-border humanitarian interventions were largely restricted due to Cold War politics characterized by the clearly defined spheres of influence of the superpowers and the perceived risk that two great powers would clash (Brass, 2008). Throughout the Cold War era, the UN Security Council and the Secretariat rarely dealt directly with humanitarian crises (Wood, 1996), and the UN launched only one enforcement operation (Korea 1950) between 1945 and 1990 (Jakobsen, 1996). Eventually, however, the tension between the principle of sovereignty and the increasing concern for humanitarian access, led the UN to reflect on its need to articulate and implement more flexible norms. In 1988, the General Assembly adopted Resolution 43/131, which recognized the right of civilians to international assistance and the role of NGOs in humanitarian emergencies (Weiss & Collins, 2000)³⁰.

²⁹ Most of these conflicts occurred in Africa (Chad, Ethiopia, Mozambique, Nigeria) and the Americas (Colombia, El Salvador, Guatemala, Peru). Civil wars were also fought in East and Southeast Asia (Cambodia, Vietnam), South Asia (the Soviet invasion in Afghanistan), and the Middle East (Lebanon) (Ciment, 2006).

³⁰ This was followed by the Resolution 45/100 that reaffirmed these rights and endorsed the concept of corridors of tranquility, cross-border operations, and other devices to facilitate humanitarian access. The implementation of these rights outlined in the Geneva conventions and the two additional protocols are supervised by the International Committee of the Red Cross (ICRC) (Weiss & Collins, 2000).

In this context, the International Committee of the Red Cross (ICRC) responded – at times cautiously – to the challenges presented by the Cold War. It produced the four Geneva Conventions of August 12, 1949 which turned out to be, along with the 1948 Universal Declaration of Human Rights (UDHR), one of the two main moral pillars for international relations after 1945. Furthermore, the ICRC became entangled in the conflict over British Palestine and other conflicts such as those in Korea (1950-53), Hungary (1956), French Algeria (1954-62), the Cuban Missile Crisis (1962), Nigeria (1967-70), Yemen (1967), Greece and its political prisoners (1967-74), Middle Eastern territories (from 1967), Vietnam (1954-75) and Cambodia (1979-80). The ICRC also worked for the security of prisoners and witnesses in Argentina, Brazil, Chile, Colombia, Guatemala, Nicaragua, Paraguay and Uruguay. Many of the initial experiences with humanitarian assistance were, thus, based on empirical evidence collected in refugee camps. This led to the publication of the first textbook on refugee health entitled “Refugee Community Health Care” in 1983 (Simmonds, Vaughan, & Gunn, 1983; Salama, Spiegel, Talley, & Waldman, 2004; see also Pedersen & Kienzler, unpublished).

When the number of conflicts increased drastically in the post-Cold-War era, the international community began to play a more active interventionist role. The original emphasis on non-intervention in domestic affairs (Article 2(7) of the UN Charter) radically shifted and the UN started its major (humanitarian) intervention campaigns in the wars in Rwanda, Cambodia, Bosnia, Kosova and East Timor. According to Wood (1996), the new cross-border interventions differed from previous relief operations in that these interventions followed a human-induced crisis, as opposed to more ‘natural’ disasters that lead to traditional relief programs. Such “new” interventions required the presence of a foreign military force to protect relief workers and, to a lesser extent, the intended recipients of aid. Furthermore, intervention operations were often deployed in a sovereign state without the full consent and cooperation of the recognised government and major rebel forces.

The extraordinary scale of military and humanitarian intervention provided by UN agencies led to closer collaboration between the UN and governmental and non-governmental organizations (Waldman & Martone, 1999). Although both groups regard each other with suspicion, the military not only provides vital support to the relief community, but shares similar training in many areas of public health expertise including water and sanitation engineering, clinical medicine and trauma surgery. Together, the two opposing groups have set up the public health surveillance systems among most refugee populations since the 1990s (Brennan & Nandy, 2001).

The Development of Psychiatric Intervention Programs and the Controversies that Surround it

While malnutrition and communicable diseases received most of the attention of public health authorities until the 1990s, psychological trauma, the health consequences of human-rights abuses and problems resulting from sexual abuse and rape are currently considered top priority (Brennan & Nandy, 2001; Waldman, 2001). Related to this shift, a wide range of mental health interventions focusing on PTSD and other trauma-related disorders were developed by Western experts in non-Western countries such as Rwanda (Neuner, 2008), Bosnia and Herzegovina (Caraballo et al., 2004; Weine et al., 1998), Uganda (Bolton, 2003), Kosova (Agani, 2001; Weine et al., 2005), Cambodia (Rechtman, 2000; Somasundara, 1999), etc.

Yet, little agreement exists on the strategy, best practice and goals of such interventions (Ager, 2002). Commonly applied treatments for trauma-related health problems focus on working through the trauma by employing traditional psychosocial, pharmacological and cognitive-behavioural interventions (Foa & Rothbaum, 1998; Rothbaum, 2000). Aid programs which deliver such therapeutic treatments include international, non-governmental and academic organizations which are funded by donations from governments, corporations and individuals (Belgrad & Nachmias, 1997). The funding and delivery of humanitarian aid is increasingly organised on an international level to facilitate faster and more

effective responses to major emergencies affecting large numbers of people. For example, the International Organisation for Migration (IOM) (<http://www.kosovomemory.iom.int/htm/uniting.htm>) established a Psychological and Cultural Integration Unit that addresses the psychological hardship of migrants through a systematic and community-oriented psychosocial approach. Past and present activities include the Psychosocial and Trauma Response in Kosovo; psychological components of the Asylum National Program; an agreement with the Psychotraumatology Center in Florence; and qualitative research on the health of migrants in Europe. Other NGOs concerned with mental health and counselling are the Auroville Tsunami Relief Effort (www.auroville.org/tsunami/projects.htm), the Centre for Survivors of Torture and War Trauma (www.stlcenterforsurvivors.org), the Centre for The Victims of Torture (www.stlcenterforsurvivors.org), the Medical Foundation to Train Trauma Counsellors in Kosovo (www.torturecare.org.uk/about_us/overseas_work), the Program for the Survivors of Torture and Severe Trauma (www.cmhsweb.org/programs/pstt.html) and the War Trauma Recovery Project (www.umsl.edu/divisions/artscience/psychology/ctr/projectswartrauma.html).

One of the most well-known academic projects is the Harvard Program in Refugee Trauma (HPRT) (www.hpert-cambridge.org). HPRT is a multi-disciplinary program that has been pioneering the health and mental health care of traumatised refugees and civilians in areas of conflict and natural disasters. In collaboration with ministries of health around the world, the organization developed a community-based mental health service. Other academic institutions are the Bellevue/NYU Program for Survivors of Torture (www.survivorsoftorture.org/survivors/), the Boston Center for Refugee Health and Human Rights (www.bcrhhr.org), the International Institute of New Jersey (www.iinj.org) and the Latin American Collective Psychosocial Work (Barudy, 1989).

The goal of these programs is to facilitate the suffering at an individual, familial and group level, and to encourage group dynamics that can trigger the potential of the victims to transform the conditions of violence that cause and maintain their pain (Barudy, 1989). Nevertheless, transcultural psychiatrists question the validity of most-cross cultural interventions arguing that they fail to take indigenous medical traditions into account (Almedom & Summerfield, 2004; Kirmayer, 2007). Emanating from this critique, they propose a community-oriented approach to healing that combines both emic and etic approaches (Kirmayer, 1989) so as to better understand local healing and, especially, coping strategies (de Jong, 2002a, 2002b, 2004). According to de Jong, traditional healers have impressed Western researchers by the wide variety of psychotherapeutic interventions they (successfully) employ. In Mozambique, for example, healers played an important role in reintegrating ex-child soldiers into society by conducting cleansing rituals. Also in Rwanda, rituals were employed in order to facilitate the integration of rebels who had roamed around pillaging for years (de Jong, 2000). In Cambodia both healers and monks treat children's diseases caused by sorcery through the use of pharmacological treatments, and in Sri Lanka, healers are engaged in performing mourning ceremonies that promote community and collective action (de Jong, 2004).³¹

Due to different psychiatric perceptions and approaches, a variety of treatment programs are usually at work in the same region. For example, during and after the war in Kosova, different kinds of psychiatric intervention strategies and programs were implemented to serve people suffering from trauma and distress. One of the many NGOs engaged in therapeutic work in Kosova was the Medical Foundation to Train Trauma Counsellors in Kosovo (www.torturecare.org.uk/about_us/overseas_work). Members of the organization conducted research to establish the extent to which there existed the facilities and services for survivors of torture and violence; provided training to first generation psychology students at the University of Prishtina; treated traumatized children,

³¹ No examples exist for Kosova.

adolescents and young adults; and voiced open criticism regarding the lack of available and suitable treatment services for returning refugees.

While this NGO works mostly independently, the two most well-known academic programs provide psychiatric assistance in close collaboration with local mental health institutions and the University of Prishtina. The Mind and Body Center in Washington (<http://www.cmbm.org/>) cooperated with the project “Healing the Wounds of the War” developed by the Institute for Mental Health Recovery of Kosova (IMHRK). The resulting mind-body skills group program was introduced to Kosovar school teachers after the war in ten days of extensive training. Afterwards, the teachers provided small group sessions to students during which they taught mind-body techniques including guided imagery, relaxation techniques and several forms of mediation, autogenic training and biofeedback. Drawing, written exercises and active techniques were used to help students relieve tension and express their feelings and thoughts. Genograms³² encouraged students to explore the strengths, vulnerabilities and sources of emotional support in their own families. A parallel conducted RCT found that “mind-body skills can reduce PTSD symptoms in war-traumatized high school students and can be effectively led by trained and supervised schoolteachers” (Gordon et al., 2008; p. 1469).

Another interuniversity project was founded by Stevan Weine, Ferid Agani and John Rolland in collaboration with the University of Illinois at Chicago, the University of Prishtina and the American Family Therapy Academy (AFTA). The project aimed to “support and enhance the family work of Kosovar mental health professionals and to design and implement family-oriented mental health services in Kosovo” (Weine et al., 2005, p. 18). According to Agani (2001) the projects have been successful for largely two reasons. First, they recognised the potential of local professionals and local social structures in improving mental health. Second, the projects effectively combined short-term training programs with the enhancement of long-term professional skills. In other words, these projects have

³² A genogram is a pictorial display of a person's family relationships and medical history.

“focused on the capacities of Kosovar mental health professionals as the future leaders and implementers of the mental health system in Kosova” (p. 1217).³³

Other organizations in Kosova helped to strengthen family medicine (Hedley & Maxhuni, 2005), provided psychological and medical support to families living in adverse economic conditions (Deutsches Diakonisches Werk, 2003), established mental health services for children (Jones et al., 2003), set up telephone help lines for people suffering from trauma and suicidal ideation (Wenzel et al., 2009), etc. Despite the efforts and often positive results of the intervention programs, Weine and colleagues (2002) write retrospectively that “traumatic stress and mental health knowledge were applied widely and enthusiastically, but the outcomes were not always beneficial, and in many cases may have been hurtful” (p. 157). Emanating from these findings, his research group called for the assessment and standardization of mental health intervention programs not only in Kosova but worldwide.

Assessing Health Outcomes and Standardizing Mental Health Intervention

After the wars in the Balkans, mental health intervention programmes and initiatives were heavily criticized for misconduct, ineffectiveness and lack of standardization. Most ongoing efforts and humanitarian interventions carried out by government agencies and NGOs have not been assessed in terms of health outcomes and the overall impact on the quality of life and well being of local communities and beneficiaries. For example, the Red Cross World Disaster Report (2000) sharply criticized international mental health initiatives and issued the call for standards so as to better structure relief efforts. In response to this, several standards were developed such as the Sphere Handbook (2004) which was revised in 2004 to include guidelines for treating psychological trauma. According to the handbook, access to psychological first aid should be guaranteed to individuals experiencing acute mental distress after exposure to traumatizing

³³ Other academic projects are the Harvard Program in Refugee Trauma (www.hpvt-cambridge.org), the Bellevue/NYU Program for Survivors of Torture (www.survivorsoftorture.org/survivors/), the Boston Center for Refugee Health and Human Rights (www.bcrhhr.org), the International Institute of New Jersey (www.iinj.org), and the Latin American Collective Psychosocial Work (Barudy, 1989).

experiences. It is argued that acute distress following exposure to psychological trauma is best managed following the principles of psychosocial first aid which include: “basic, non-intrusive pragmatic care with a focus on listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but not forcing company from significant others; and protecting from further harm” (p. 293). Similarly, the WHO Report on “Mental Health in Emergencies” (WHO, 2003) advises educating humanitarian aid workers and community leaders in core psychological skills such as psychological first aid, emotional support, providing information, sympathetic reassurance and the recognition of core mental health problems. More recently, the Inter-Agency Standing Committee (IASC, 2007) states that it is crucial to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency through (a) psychological first aid for people in acute trauma-induced distress by a variety of community workers and (b) care for people with severe mental disorders, including severe PTSD, by trained and supervised health staff only.

Nevertheless, interventionists and academics emphasize that although international agencies have recognised the need to apply field-adapted epidemiological methods to measure population-based needs, the application of such methodologies has been inconsistent. Due to such inconsistencies, different kinds of models and lists of principles have been developed. For example, the Psychosocial Working Group (PWG) formulated a framework arguing that although complex emergencies deplete resources across many domains, three reflect psychosocial wellbeing in particular. These include (1) human capacity, (2) social ecology and (3) culture and values. It is concluded that “psychosocial wellbeing – of both individuals and of the communities to which they belong – depends on the capacity to deploy resources from these three core domains in response to the challenge of experienced events” (Ager, 2002, p. 44). Yet, on a second note, Ager admits that such links are, in fact, hypothetical since rigorous evaluations of psychosocial programs and broader effects of interventions are lacking.

Another attempt to standardise mental health intervention in war-torn societies has been put forth by Mollica and colleagues who describe it as a “culturally valid mental health action plan based on scientific evidence” (Mollica et al., 2004, p. 2058). They establish a direct link between the mental health sequelae of mass violence and the destruction of social capital by referring to reported case studies on the rebuilding of social capital, recovery and economic development. Based on these assumptions, a mental health action plan is supposed to address “the human suffering associated with mental ill-health from the perspective of patient, community, and service provider” (p. 2059). In order to do so adequately, the authors suggest that at least 9 factors have to be taken into consideration: (1) early intervention should focus on establishing the centralized coordination of mental health activities; (2) A population-based assessment should be undertaken to estimate the prevalence of mental health disorders, to identify vulnerable groups and to discern what mental health support and clinical care is available; (3) Early mental health interventions should focus on supporting public health activities aimed at reducing mortality and morbidity, offering psychological first aid and identifying and triaging seriously ill patients; (4) Existing mental health care systems and traditional healers can be organized into a culturally competent, effective mental health system; (5) Individuals on the frontlines of health care and humanitarian assistance should be trained in basic mental health practices; (6) Cultural competence is essential as complex emergencies have affected societies that are very different from developed countries in their view of medicine; (7) Mental health practices should be ethical and foster community participation; (8) Relief workers should be protected from burn-out; (9) Public health experts have called for all health interventions in complex emergencies to be evidence-based. Thus, research and the assessment of outcomes are considered essential.

Interestingly, much of the criticism of mental health intervention programs and standardised guidelines for community-based approaches to mental health are based on literature reviews and single case studies. Thus, only a few publications exist that report on rigorously conducted studies which test and evaluate such

guidelines, interventions and results.³⁴ Several researchers refer to this as alarming since mental illness is closely associated with social determinants, particularly poverty and gender disadvantage and with poor physical health (Miranda & Patel, 2005; Pang, Pablos-Mendez, & Jsselmuiden, 2004). They call for a culturally nuanced assessment of health needs, and coping and health-seeking behaviours, as well as strategies for the mobilization of endogenous resources that foster resilience and social cohesion (Batniji, Van Ommeren, & Saraceno, 2006; Pedersen & Kienzler, unpublished).

Chapter 12: Anthropological Responses to Psychiatric Intervention Strategies in War-Torn Societies

12.1 The Politics of Humanitarian Aid

Since the 1990s, humanitarian intervention has increasingly affected the “management of the world affairs” (Fassin & Vasquieres, 2005, p. 394) by providing immediate action during and right after emergencies, saving people from death by starvation, disease or injury and calling for donations by employing moral sentiment. Although, humanitarian aid is intended to be short-term, it is increasingly necessary to link it with development activities which focus on strategic peace-building powers. Duffield (2001) explains that aid became redefined as part of a “coherent or strategic framework” (p. 616) which brings together humanitarian action, development, diplomacy, military assistance and private investment.

Thus, humanitarianism is far from neutral, yet it plays an important role in the shaping of international politics. This idea is taken up in the special issue of *Disasters* (2001) which presents several papers from an interdisciplinary conference on the politics of humanitarian aid. The selection of papers shows that

³⁴ A rare exception is the collaborative program of the Transcultural Psychosocial Organisation (TPO) that aims at developing a multidisciplinary, collaborative, sustainable, and culturally sensitive trauma intervention program with a focus on a community-oriented and culturally sensitive public health response to the psychosocial problems of refugees and victims of organised violence (Somasundaram, van de Put, Eisenbruch, & de Jong, 1999).

although no consensus exists in regard to the appropriate relationship between humanitarianism, politics and intervention, mutual agreement has been reached on the fact that humanitarian assistance is and has always been a highly political activity. The ongoing war in Afghanistan is cited as a case in point: it illustrates the “presence of a co-ordinated, well-publicized humanitarian effort alongside the military effort (...)” that “highlights the extent to which politics has encroached upon humanitarian space” (Duffield, Macrae, & Curtis 2001, p. 269). A more concrete example is provided by Fassin and Rechtman (2009) who outline the politically motivated struggles among Médecins Sans Frontières (MSF) teams from different countries during the war in Kosova. The Greek section of MSF, which took the position that Serb civilians were equally victims of the violence that had erupted in Kosova, decided to organize a mission in Belgrade despite the opposition voiced by the other national sectors within the organization. As a consequence of their controversial evaluation of the situation in Kosova, the Greek section was expelled from the international mission. The authors point out that “this split made it clear that absolute neutrality was impossible, and that humanitarians were always implicitly taking sides” (p. 179).

Redfield (2005) highlights that international organizations like MSF cannot escape the historical context of the conditions to which they respond. To work “without borders” confronts the logic of the nation-state while, at the same time, evoking the legacy of imperial expansion. In fact, eight out of ten sites on the list of the “most neglected crisis” are former colonies and colonial borderlands of the European imperial era through which “some people move far more easily than others” (p. 337). According to Ferguson and Gupta (2005 [2002]), international organizations increasingly take over state functions and, thus, contribute to an emerging system of “transnational governmentality”. Such modes of government include not only new strategies to discipline and regulate but also “transnational alliances forged by activists and grassroots organizations and the proliferation of voluntary organizations supported by complex networks of international and transnational funds and personnel” (p. 115).

Similarly, Pandolfi (2003) argues that we are witnessing a “massive transformation” (p. 369) in the nature of global governance as humanitarian networks, NGOs and multi- and bilateral organizations are about to develop a new transnational regime. According to Pandolfi, these newly established transnational regimes constitute a mobile apparatus which she defines as “migrant sovereignties” (p. 369). A term derived from Appadurai’s concept of “mobile sovereignties” which serves to link transnational forms of domination to local political practices (Appadurai, 1996). Whereas the multinational corporations in the middle of the last century sought to surpass national boundaries while working within their existing national frameworks, today’s transnational corporations have begun to “produce recombinant arrangements of labour, capital, and technical expertise which produce new forms of law, management, and distribution” (Appadurai, 1998, p. 907-908). Pandolfi explains that within this new world order, at least two, often opposed, sovereignties may coexist in one and the same national territory: one is bound to a territorial entity like the nation-state, religion or ethnicity, whereas the other results from the creation of non-territorialized forms of organization like the humanitarian apparatus. The non-territorialized forms of “power and governance” intervene mostly at sites of crisis and humanitarian disaster by employing the rhetoric of institution building and Western democratization (p. 370). Pandolfi illustrates this by referring to the international presence in Albania and Kosova in 1991 until the peak of the war. During this particular time, the international presence was immense and the true agents of “military-economic-humanitarian action were the various international organizations, agencies, foundations and NGOs, whose operations were shaped by a temporality of emergency” (p. 370). That is, as soon as the conflict seemed to subside and the media moved to new battle fields, “the theatre of generosity [lost] its actors” (p. 380).

12.2 Trauma Focused Psychiatric Interventions versus Indigenous Healing Traditions

The contemporary humanitarian response to war includes, in addition to humanitarian aid and development agencies, NGOs and international organizations which offer trauma counselling to war-affected populations. Fassin and Rechtman (2009) point out that such counselling programs are largely driven by “humanitarianism” rather than the “pure psychiatry of trauma” (p. 176). That is, compassionate action and empathy motivated by a concern for justice and human solidarity are the driving forces of their humanitarianism and psychiatric intervention. In other words, “humanitarian psychiatry derives from the recognition of psychological suffering rather than from the identification of mental illness” that is, “it manifests as a stirring of empathy rather than a call for clinical evaluation” (p. 177).

Pupavac (2001) states that in such contexts individual emotions cease to be personal matters but become public property and, subsequently, “any failure by public bodies to provide psycho-social programs or any failure by individuals to take up the psycho-social support is viewed as socially irresponsible” (p. 361). For example, she discovered that in the post-war years, hundreds of therapeutic programs had been established in the former Yugoslavia. In Kosova alone, psycho-social counselling programs include(d) the British Red Cross, the International Committee of the Red Cross, the Catholic Agency For Overseas Development (CAFOD), Care Canada, Children’s Aid Direct, Concern, MSF, One to One, OXFAM, Save the Children, Tearfund, UNICEF and many more (Pupavac, 2002, 2004; compare to Richters, 1998). Pupavac concludes that the international psycho-social response in Kosova presumed that the population was massively affected by trauma and, as a consequence, suffered from trauma-related disorders that called for treatment.

Scott (1990) explains that such assumptions partly result from the present orientation in psychiatry which considers it “normal to be traumatized by the horrors of war” (p. 308) and calls for clinicians to take seriously the patient’s war experience. In other words, “the automatic provision of mass trauma counselling

in the wake of any disaster exemplifies the cultural projection of individuals as universally vulnerable and in need of emotional processing to mediate psychosocial dysfunctionality” (Pupavac, 2004, p. 494). Some authors take the argument further stating that the assumption of individual vulnerability and incapacity may lead to the suspension of certain ethical norms of self-determination that is, the imposition of rights and certain practices in the interest of urgent care (Redfield, 2005; Last, 2000). Liisa Malkki (1995), an expert in refugees and refugee experience, criticises such attitudes by pointing out that we can neither assume psychological or mental illness beforehand, nor can we claim to know the actual source of a person’s affliction. On the contrary, war-affected populations are often reluctant to accept Western models of mental health and are disinclined to speak to mental health specialists about their experiences as they do not consider their symptoms pathological. Thus, “although many refugees have survived violence and loss that are literally beyond the imagination of most people, we mustn’t assume that refugee status in and of itself constitutes a recognizable, generalisable psychological condition” (Malkki, 1995, p. 510).

Apparently, much of the anthropological literature argues that traumatic responses to extreme violence are “normal” and should, therefore, not be “medicalized”; the development of mass-scale trauma-healing programs pathologizes entire populations; and Western clinical definitions are often inappropriate in non-Western contexts (Abramowitz, 2009). Emanating from this critique, anthropologists call for more research on ways in which communities mobilize their own social and economic resources in an attempt to foster healing and social integration in the context of post-war reconstruction. In so doing, survivors are perceived as active agents who respond to violence by resisting, fighting back and recapturing social spaces within which they attempt to rebuild the social fabrics and material environment destroyed by war, heal the physical and psychological wounds of violence and craft conceptions of self-identity (Nordstrom, 1998; Zarowski, 2001).

Indigenous healing practices play a crucial role in this context as they possess culturally appropriate “mechanisms of self-renewal and reorganization”

that take the social, material and psychological aspects of a malady into account (Honwana, 1997, p. 297; see also Finnstroem, 2001; Gibbs, 1994; Last, 2000). For example, Honwana describes that in Mozambique individuals are treated as a part of a larger community during divination séances as “the diviner always looks at the state of the patient’s social relationships in the community as one of the indicators that will lead him or her to achieve a diagnosis” (p. 297). Similarly, Igreja and colleagues (2008) write, with regard to Mozambican *gamba* possession rituals, that forms of “moral renewal” are communal events which are “contingent upon intersections of unpredictable factors” (p. 354). Such unpredictable factors include the willingness of family members to revisit painful memories of the war, a human host that is receptive to spiritual influences, and a spirit that not only displays power but is also capable of disclosing consistent memories of violent pasts.

Nordstrom writes about such renewal and revitalization as creative practices. Thereby, she does not understand “creativity” as something of which only brilliant minds are capable, but as “sustained ongoing practice” (p. 111). Healing ceremonies in post-war contexts are a case in point in that they welcome individuals back into the community, introduce songs and stories about healing, deal with trauma, break the silence and stigma, diffuse the culture of violence that the war created and introduce meaningful societal changes. While indigenous healing traditions seem to share certain characteristics, anthropologists point out that it would be wrong to assume that they are homogenous entities. On the contrary, different social groups struggle to legitimate therapeutic power and, thereby, refract social inequalities in numerous ways. Nguyen and Peschard (2003) elaborate that “within society, just as collectivities have evolved political mechanisms to regulate social life, they have also evolved mechanisms to collectively manage misfortune and, in some cases, arbitrate between competing therapeutic systems” (p. 461). An ethnographic example that addresses such complex interconnections is provided by Pfeiffer (2002) who investigates how the intensification of economic and social inequality produced by structural adjustment policies and privatization led to the expansion of the African

Independent Church (AIC). Growing inequality has generated a widely held perception that social conflict, crime, perceived ‘moral’ breakdown and distrust within both households and communities have increased over time. Pfeiffer argues that the change in the social environment impacts women’s health-seeking in two related ways. First, the erosion of social cohesion finds expression in increased fears of witchcraft, sorcery and new categories of avenging spirits believed to cause reproductive health problems. Second, in this environment of growing economic disparity, many healers reportedly tailor their services to men in order to undermine social enemies and boost good fortune in the competitive economic environment through the use of sorcery. They are considered both too expensive and dangerous by many women, “because treatments may include accusations against the help-seekers that entangle them more deeply in social conflict with their spouses or neighbors” (p. 177). In contrast, the AICs provide a new discourse and healing process that invokes the Holy Spirit to expel harmful agents and extricate the women help-seekers from social conflict by counselling avoidance of further confrontation and offering a world of mutual aid and social support. Thus, poor women with health problems appear to be joining AICs in response to their heightened social vulnerability amidst rapidly intensifying inequality.

This example highlights not only the medical pluralism among indigenous medical traditions, but also points to socioeconomic and political contexts which shape the processes of decision-making and action of individuals seeking help for their respective health problems. Such ethnographic accounts are valuable contributions to a better understanding of health-seeking behaviours and indigenous post-war healing traditions.

12.3 Critical Standpoints on Anthropological Authority

As the previous two subchapters showed, anthropologists criticized psychiatric trauma intervention programs for their tendency to construct war-affected populations as traumatized; often paying inadequate attention to local patterns of distress, local coping strategies, help-seeking behaviour and approaches to healing; and ignoring regional history, power structures and health

care systems. The critical assessments outlined above are certainly legitimate, but they are also problematic on several counts.

For instance, Redfield (2005) and Abramowitz (2009) voice criticism with regard to points of view which they argue are overtly one-sided. Redfield's article "Doctors, Borders and Life in Crisis" provides a detailed description of MSF's work in post-conflict and post-disaster situations and criticises anthropological accounts of the concept of "NGO governmentality". According to him, such jargon is based on vocabulary which makes it easy to defame humanitarian action by accusing practitioners of reinforcing colonial patterns. Although he acknowledges that some of the organizations' activism achieves direct power over survival and may contribute to a "migrant mode of sovereignty", he argues that their actual ability to 'govern' is limited by external political and economic sanctions and, often, internal will. Instead, most contemporary NGOs are "associations composed of private citizens and, therefore, [operate] obliquely with regard to classic legal categories of administration and sovereignty" (p. 344). As such they do not have a particular mandate to act, nor do they seek to rule.

Abramowitz's critique goes even further by pointing to the negative consequences of anthropological responses to psychiatric treatment programs in post-war contexts. Her research on mental health, trauma healing and post-conflict reconstruction in Liberia suggests that the cultural critique of anthropologists has "significantly undermined the confidence international organizations once held in trauma healing and psychosocial recovery activities; and it has compromised both their will and their ability to obtain funding for mental health and trauma healing programs in post-conflict recovery contexts" (p. 14). In other words, there continues to be no state entity responsible for mental health, psychiatric services and trauma healing programs, and veteran populations are stigmatized, rather than integrated into paradigms of care and support.

I would like to add two points which are related to discussions on the concept of resilience and the tendency to homogenize psychiatric discourse. A number of anthropologists heavily criticize mainstream Western psychiatrists for not paying sufficient attention to the resilience of war-affected populations and

focusing on psychological dysfunctionism *per se*. Although this may be true for some practitioners, these anthropologists have overlooked or ignored recent developments in (mainstream) psychiatry where researchers not only focus on resilience, but acknowledge it as crucial to one's response to traumatic stress. Moreover, several of these critics homogenize the psychiatric discourse on war-trauma and PTSD. They pay no attention to theoretical and practical achievements in transcultural psychiatry which attest to the fact that the latter are willing to document local ways of coping and work with local healers and healing strategies.

In order to provide a sound critique of psychiatric approaches to healing, it is not only important to have a solid understanding of heterogeneous psychiatric discourses, theories and practices. One must also provide ethnographic examples of how resilience is enacted by individuals and groups of individuals. Scattered observations of the "local suspicion of mental health workers" or "low take-up rates of psychiatric therapy" cannot be considered valid examples and indicators of resilience, and they do not provide insight into local healing and coping strategies.

In the following, I will provide a detailed examination of discourses and observations concerning relevant health-seeking behaviours of Kosovar Albanian women and ways in which Kosovar health practitioners, religious leaders and local healers address trauma and stress related health problems experienced by women. Moreover, I will describe how healing-places affect the women's health problems by focusing on practices such as prayers, offerings and rituals. The following account will not be limited to trauma related disorders and their treatment as women's help-seeking behaviour is more complex in that it responds to different possible explanations of their symptoms of illness including traumatic events, interpersonal conflicts and economic problems.

Chapter 13: Health-Seeking and Healing Practices in Kosova

As I was able to show in the previous part, women living in Krusha e Madhe and Pastasel clearly differentiated the reasons for their suffering and ill health and were aware that many of their symptoms were related to a range of etiologies such as war experiences, grief, economic problems and interpersonal conflicts. When I asked the women to whom they turn for help for their respective health problems, all of them referred to different medical traditions and various specialists within them.

Most women resorted to home remedies such as certain diets, herbs and relaxation techniques to ease their pain. To lower their blood pressure and alleviate headaches they ate cloves of garlic, drank yoghurt and ate spoonfuls of flour. Adelina told me, “I eat garlic and drink yoghurt every morning. My blood pressure goes down in no time. I don’t like to take medication as it only helps for a short time and may lead to additional health problems.” To increase their blood pressure and ease feelings of dizziness they recommended strong coffee and *sherbet* [water with sugar]. Nervousness and worries, on the other hand, were alleviated with doing handicraft, walks around the house and work. Mimoza explained, “When I can’t bear my sad and worrying thoughts, I walk to the gate and from there I go to the bee hives. There I work a little bit with the bees and try to keep things in order. When I am finished, I go back inside and crouch. After that, I feel better again.” Similarly, Robertina said, “Whenever I feel *nervoz*, it helps me to work. I get up and go to the stable to milk or feed the cow. While I am working I can feel how the stress and fear passes.”

At the same time, women sought help from general practitioners who prescribed them “calming pills” for *nervoz* and *mërzitna*, aspirin for headaches and “injections” for stomach pain, and recommended that they “accept their trauma” or “focus on the bright side of life”. The prescribed medications were generally described as having powerful, but only short-term effect. For instance, Lorida exclaimed in despair, “Nothing, nothing, nothing works for me! I try to get

my nervousness out of my body by crying. But, nothing helps until I go to the doctor and receive some drops in the water or an injection.” Other women showed me their medication emphasizing, “The medication helps only briefly and I really have to push myself to feel better and stronger” or “When I take these pills the pain stops for a short time, but then it starts again” and “The doctor prescribed paracetamol, aspirin and caffeine tablets. When I take them I feel better, but without them I suffer.” Although perceived as essential, doctors’ visits and medication were considered too expensive as they had to be paid out-of-pocket in most cases. Adelina said laughingly, “Kosova’s and Adelina’s budgets are very low. If you listened to these doctors, you would have to put on your coat and go from doctor to doctor to doctor.” Similarly, other women stated that the high cost kept them from visiting doctors for health problems. Fitore explained, “Since the *ambulantas* are not well equipped, we have to visit the private doctors and this is why we don’t always go to the doctor, although we should. The private doctors don’t care, they just want to earn and in order to earn more they prescribe you a bag of all kinds of medications.” However, doctors’ visits were more than just medical encounters. They also allowed women to catch up with the latest news and gossip in the villages or the surrounding towns, go shopping and, if accompanied by relatives, enjoy an outing to a café or restaurant. Especially women from Pastasel stated that consulting doctors was one of the few legitimate reasons and opportunities for them to leave their compound and village. A common statement was, “I ask people here on the compound to take me to the doctor. If they have a little bit of time, we drink coffee somewhere or do a little bit of shopping.” I also observed that widows used doctors’ appointments as excuses to avoid irritating arguments with in-laws on whether a trip to the city was appropriate or not.

In case their health problems turned out to be more complicated, women received referrals to “specialists”. Interestingly, none of them mentioned visits to psychiatrists or psychologists. In general conversations with women about psychiatric treatment, they dismissed it while, at the same time, showing me prescriptions for antidepressants and referring to the names of psychiatrists and

psychologists working in the community mental health centres close by. The stigma attached to visiting psychiatrists and psychologists was revealed when women threatened their misbehaving children with, “If you don’t stop, I’ll send you to Mahmut Lila. He knows how to deal with the crazy ones” or “Watch out or you’ll end up in *Shtime* [the psychiatric ward in the city Shtime]”. Only one lady referred to a woman’s organization who invited “female doctors, psychologists and gynaecologists” to talk to widows about their health problems and suffering. Another lady told me about her decision to send her children to a psychologist in Prizren after she realised that both of them suffered from nightmares about the war and their missing father, “I decided that that was enough and sent them to a psychologist in Prizren. We went for one year four times a week until he said that there was no need to come anymore. Both of my children are much better now”.

Besides using home remedies and visiting medical practitioners for their health problems, women frequented holy places such as *tyrbres*, *teqes*, split rocks and healing springs and visited *hoxhas*, *hoxhenicas*, *shehs*³⁵, traditional healers and fortune tellers. All of the women agreed that holy places and most healers have great healing powers. They visited holy places to pray and to bring offerings to alleviate their physical pain, worries, grief and stress due to interpersonal conflicts. Especially *tyrbes* and *teqes*³⁶ were ascribed strong powers of healing physical as well as spiritual pain. A woman told me for example:

When you have pain, you can go to the *tyrbe* and put a piece of clothing with which you cover the hurting body part on the grave. For example, when you have back pain, you can take an undershirt. You leave it there for seven days and then you wear it. When you have headaches, you can take a hair clip or a scarf and put it on the grave. When you decide to pick it up again, you have to put it back on your head.

³⁵ *Hoxha* is a title used to refer Imams; *Hoxhenica* is a title used to refer to women who teach the Koran, sing during funerals and have healing powers; *Shehs* are Sufi spiritual leaders.

³⁶ *Teqe* is the Albanian word for *tekke* and is a building designed specifically for gatherings of the Sufi brotherhood

Others emphasized that such visits to holy places calm them, ease their worries and rid them of *nervoz*. A woman stated, “Before I go to the *tyrbe* or the *teqe*, I feel very weak and after entering I feel much stronger. I feel sort of relieved, calm.”

However, when women felt that they needed a stronger intervention, they consulted traditional healers and religious leaders. As described in the previous section, women did not consult traditional healers and fortune tellers specifically for *nervoz* and *mërzitna*. Depending on the specialization of a healer, women approached them for massages, bone setting, treatment through healing breath, protection from *msysh* and *t’bone* and to learn about their and their children’s future. Most women also sought advice, protective amulets and healing water from *shehs* notwithstanding their religious affiliation. These remedies were claimed to be highly effective in that they cured physical pain and feelings of *nervoz* and *mërzitna*, solved interpersonal conflicts, broke *t’bone* and alleviated the effects of *msysh*. This was not perceived as contradictory to illness narratives which referred to current states of nervousness and worries, economic problems and interpersonal conflicts. A woman suffering from a wide range of health problems stated, for instance, “I go to the *sheh* and to the *tyrbe* when I don’t feel well. I take a few coins to the *tyrbe* and ask the *sheh* for water on which he has sung and blown. I drink a little bit of the water and wash my face with the rest. After this, I am well and my body feels much better.” Other women who frequently complained about headaches, stomach pain, feelings of nervousness and worrying thoughts said, “The amulet helped and I never suffered from these problems again”; “The water works unlike the medication that I have to take” or “The *sheh* has always treated me successfully.” On the other hand, *hoxhas* and *hoxhenicas* were consulted when women felt overpowered by grief for dead or missing family members. The prayers from *hoxhas* and the *dova* prayers sung by *hoxhenicas* were described as cleansing and calming. Common statements were, “When the *hoxhenica* sings, your worries fade and you start crying from relief” or “Whenever I feel overwhelmed by grief and worries, I walk to the mosque to meet with the *hoxha* whose prayers help me tremendously.” Since the faith of *hoxhas*

forbids them to write amulets and read the future, women visited them less frequently than *shehs* and some described them as “not caring” or “stern”.

Several women reflected, however, that these healing practices might only work because they strongly believed in them, “Maybe it doesn’t work at all. But, when you believe that it does, the pain goes away” or “God created those places, so I might as well use them” were common justifications for why they visited healing places and religious leaders nevertheless. Also, women did not seem to feel that the different medical traditions and particular healing practices contradicted each other. Instead they often simultaneously sought help from different practitioners, religious leaders or healing places. The following quote illustrates the simultaneity of health-seeking behaviour well:

I had strong headaches and went to a healer who, first, measured my head to see whether it was split and then tied a scarf around it. She knotted the scarf on top of my head placing three spoons in the knot. Next, she started to twist the knot in order to tighten the scarf. After each twist, she removed a spoon. After she was finished with the treatment, I went to the doctor. The doctor checked me, analysed my blood, gave me an injection and asked why I felt *nervoz*. I couldn’t tell him why I felt *nervoz* since I couldn’t think of any conflicts in the family. After both, the treatment of the healer and the injection of the doctor I felt much better. You have to go here and there in order to be cured.

Although health-seeking appears to be characterized by the simultaneous consultation of different medical traditions and specialists, I will describe and analyse the various approaches to healing in a differentiated manner. I will begin with biomedical practices employed by family doctors, psychiatrists and psychologists followed by the healing rituals performed by traditional healers and fortune tellers and, finally, the magico-religious forms of healing administered by religious leaders and experienced at places of worship.

13.1 The Biomedical Beliefs and Practices of General Practitioners, Psychiatrists and Psychologists

As indicated, women from Krusha e Madhe and Pastasel talked openly about their visits to general practitioners, but were unwilling to discuss their experiences with psychiatrists and psychologists. Since I did not want to spoil my good relationship with the women by forcing them to talk about something they perceived as stigmatizing, I decided, instead, to interview the health care professionals who treated women from both villages at their respective work places in hospitals, community mental health centers (CMHCs), *ambulantas* and private clinics in Krusha e Madhe, Drenoc, Rahovec, Gjakova, Prizren and Prishtina. The interviews were divided into four parts which inquired into the practitioners' personal motivations for having studied medicine and become doctors; professional development; ways in which Serbian oppression, the war and the post-war reforms affected their work and working conditions; and their approach to the healing of war and stress-related health problems suffered, especially by women. The interviews proved to be a rich source of data for gaining a profound understanding of the complex interrelations between women's expressions of distress, their health seeking and the practice of medicine in the context of Kosova.

About Being a Health Practitioner Before, During and After the War

The ways in which Kosovar health practitioners assess symptoms, diagnose and treat women suffering from trauma and stress-related health problems are closely connected to the wider social, economic and political contexts in which they work and continue their education. Therefore, in the following I will provide background information on the practitioners' education, career development and working conditions shortly before, during and after the war. Moreover, I will illustrate how they struggled to negotiate, adapt and change their clinical practice in times of political and economic crises and uncertainty in order to not only live up to the Hippocratic Oath, but to contribute to their country's fight for independence and prosperity.

The Opportunities for and Limits of Education in Former Yugoslavia

The motivations for becoming a psychiatrist varied greatly among the individual practitioners, and ranged from the perceived lack of psychiatrists in Kosova; following a family tradition; being encouraged by professors; learning about the relationship between body, mind and spirit; the desire to help people; and the possibility of earning a better salary. Psychologists' motivations, on the other hand, reflected a wish to get to know oneself better and, in so doing, to help others. In contrast, all family doctors referred to childhood dreams, their excellent high school grades, family encouragement and the hope of being able to help. The wish to help others remained a central motivation for everyone and was considered a powerful inspiration to continue working under the challenging conditions.

All psychiatrists and two of the older clinical psychologists received their education and training at different universities in former Yugoslavia including Zagreb, Skopje, Belgrade, Niš and Novi Sad. Upon receiving their degrees, they returned to Kosova to work in hospitals, mental health centres and/or open their own private clinics. Dr. Zajmi's career is illustrative in that he graduated from medical school at the University of Zagreb in 1980, pursued his specialization in psychiatry in Zagreb, returned to Kosova to work in the "psychiatric sector" of the hospital in Gjakova for seven years, received further training in Croatia and Belgrade, and, finally, opened his private clinic after the war in Gjakova to "support women, children and families suffering from trauma." Similarly, a psychologist who works at the University Hospital in Prishtina reflected, "I studied in Skopje and received further training in family-system therapy at Universities in Niš and Belgrade. I decided to continue with my training as much as was possible throughout the war despite the danger that it entailed as I truly believed that science doesn't have limits and no nationality."

Family doctors, on the other hand, all studied medicine in Prishtina, and most of them had to interrupt their studies several years before the war due to the fact that Serbian authorities had expelled Albanian professors and students from the university. Most of the younger doctors were required to return home to work

in family businesses or simply wait for “better times”. A doctor who used to work for the now closed Centre for Family Protection became very emotional when she told me, “I moved to Prishtina to study, but before I was able to graduate, the universities were closed. I returned home to work in our family boutique as a tailor. After the war, I decided to finish my studies despite the fact that it was very, very hard. But I told myself, ‘I will finish it or I will lose my mind’.” Crying she continued, “I had difficulties learning and there were times when I didn’t understand anything of what I was reading. Many tears dropped on the pages of my books. But I forced myself to continue and with time I won back my determination.”

Other students continued their education in the parallel university system established by Albanian professors who were brave enough to lecture, administer exams and award diplomas in their homes, empty houses, basements and garages. Dr. Gashi-Luci was such a professor who, after losing her position as professor at the medical school at the University of Prishtina, opened a private laboratory in the heart of the city to continue her research and to teach students over a period of almost ten years. She said, “Although it enabled students to continue their education, I had to be extremely careful and was always afraid that someone might denounce me to the Serbian authorities.” Despite the desperate situation, she was committed to her students and patients without despairing that she would return to the university one day. With a trembling voice she said, “This hope kept me alive. When I was finally able to return to the department after the war, it was a very special moment. It is difficult to explain it to you, but I couldn’t believe that I was there. It took me hours to open every single closet and to go into every single room.” The Serbian politics of suppression forced other doctors to open private clinics, work in remote villages or seek employment in health-related NGOs in order to serve their population and provide for their own families. Under these conditions, many doctors worked throughout the war tending to civilians as well as KLA soldiers.

Saving Lives amid the Chaos of War: The Story of a Heroic Doctor

Dr. Fehmi Cena agreed to meet me and Iliriana in his office at the health house in Rahovec to talk to us about his work and patients. However, the interview took an unexpected turn when he started to speak about his work during the war and I decided to put my questionnaire aside to listen to his gruesome and emotional testimony. For my own lack of words, the account will include several long extracts from our interview recorded on November 11, 2007.

In 1996, Dr. Cena began working for the Mother Theresa Society, a charitable NGO which provided medical and socioeconomic aid to vulnerable families. At the same time, he helped to establish the human rights branch of the organization Difference of Human Rights and Freedom in Rahovec. The goal was to document human rights violations in the region (for reports see Appendix D; for pictures documenting the atrocities see Appendix E). He said with a chuckle, “In those days the police were very busy with the people. And we had a lot to do as many people approached us complaining about human rights abuses which we had to report immediately to the head office in Prishtina.” In order not to put himself or his family and colleagues in danger, he had to proceed carefully and often worked clandestinely during the night.

When the war started in 1998, Serbia declared the region surrounding Rahovec a “liberated zone” or “free zone”. The population of six villages (including Pastasel) were put under “house arrest” as punishment for their alleged support of the KLA. As a consequence, around 8000 to 10,000 citizens were refused employment, education and health care. In response to this, Dr. Cena organized a team of doctors brave enough to enter the zone and open two clandestine *ambulantas* in abandoned houses, one in Drenoc and one in Radkoc. Moreover, they formed a council of doctors whose goal was to provide the villagers with medication and regular doctors’ visits. However, their work became almost impossible when the fighting started between Serbian soldiers and the Kosovar resistance fighters. “Only a few doctors remained who dared to go into the zone. At one point we were unable to meet and access the medication stored in the Mother Theresa House. We, therefore, mobilized during the night to take all

the medication and distribute it among us.” From then on, patients had to approach doctors directly in order to be helped.

When the fighting escalated, each doctor became responsible for his respective neighbourhood. “I couldn’t move around much as there were snipers positioned on the roof tops of the surrounding buildings. When the police started to enter private houses to torture and kill the inhabitants, I fled with several of my family members to the surrounding villages. First, I went to the village of Patacan where I saw so many wounded and killed civilians. They had been ambushed. At the same time, the Serbian police entered private homes in Rahovec killing children and old people, burning their homes and burning the dead bodies. I started to move from village to village and finally found other family members in Krusha e Madhe and Celina. However, after only two days, I felt that I had to return to Rahovec to see if there were wounded people who needed my help. I was able to enter my house to fetch the remaining medication and bottles of blood.”

From there, Dr. Cena continued his flight to other villages until the Serbian military moved to the region of Suhareka. Like most of the displaced people from Rahovec, he returned home. “While schools and *ambulantas* remained closed, the council of human rights picked up its meetings. We reported everything that we had seen and heard to Prishtina as well as to the local and international media. Deutsche Welle, Voice of America and the Albanian TV were fed with our news.” The period of relative calm only lasted briefly and, at the end of December, Serbian forces returned to Rahovec and committed large-scale massacres. Quietly, Dr. Cena said, “While we were burying our people, we tried to understand what was going on in Rambuillet. Apparently, no compromise had been reached and the fighting continued. People were mistreated, killed and kidnapped.”

On March 24, he left the human rights office for the last time and continued his work on his own. He witnessed the aftermath of the massacres in Brestovc and Pastasel, helped to prepare the mass graves, provided first aid and tried to calm people who had lost their minds after witnessing ruthless killings and torture. He wanted to write about it, but couldn’t. “The smell of burning houses

was everywhere. I can still feel the smell of burning and blood. Blood has a very characteristic smell. I can also smell the dead bodies. What a terrible smell. I couldn't eat meat for a long time. When I saw a piece of meat, it reminded me of dead bodies and I could immediately smell them." After the war, he exhumed the bodies he had helped to bury, including his uncle and cousin, in order to provide them with a proper burial in a graveyard for martyrs.

Dr. Cena did not join the refugees. "I believed that there was need for a doctor. On May 27 and 28, 1999 I provided aid to KLA soldiers when heavy fighting broke out. We were bombed and shot at with machine guns. We carried our wounded, but didn't have enough people to do so." Throughout this time, he was confronted with situations difficult to put into words. "I tended to a severely wounded man giving him injections although I knew that the army was approaching. What should I have done? Leave him there? Escape or stay with him? I knew that if I stayed, he would die anyways as he had lost lots of blood. He could not survive. But at the same time, I was unable to leave him as he was my neighbour, my friend. That was a very difficult moment." After a moment of silence, he continued, "There were moments when people asked me, 'Will I survive doctor?' I knew that they wouldn't, but I had to say, 'Of course you will! Now we will send you to the hospital.' While I was tying the wound of one person, he said 'Fehmi, do something, I cannot bear this any longer.' I couldn't and said, 'Oh uncle, I can't do anything'." Crying he continued, "It was a very difficult moment for me as I couldn't do anything. It was the only moment when I said, 'I can't do anything for you. You will die!'"

When NATO forces entered Rahovec to free the city on June 14, 1999, Dr. Cena witnessed their arrival. "We could hear people screaming in the streets 'NATO! NATO! NATO!' I could see a KFOR tank and several soldiers standing surrounded by lots of women and children handing them flowers and kissing them." We cried together imagining the situation. He continued, "You know what the feeling is like. At the moment that man can see that he is close to freedom, he feels enormous joy. But then he starts to think about the ones who are not alive anymore. Whenever the commemorations of the massacres take place, I can

hardly stay there as I start to cry. I knew so many of these people.” In tears he concluded, “When I ask myself now: ‘how was I able to do all this?’ I have no answer for it except for the sheer drive to help. I hope that we won’t experience another war.”

Providing Humanitarian Aid in Refugee Camps

Unlike in other conflict and post-conflict societies, international psychiatrists and psychologists began their humanitarian work in Kosova at the start of the conflict. According to Fassin and Rechtman (2009), the international trauma mental health movement arrived in refugee camps and later in local mental health centres in the form of “trauma training”. Trauma training is considered training in mental health and psychosocial interventions for trauma-exposed populations. It is taught by Western professionals with expertise in trauma and mental health who travel from one international locale to another to train local practitioners to employ evaluation tools, to identify patients who are in need of psychological treatment and to respond optimally to trauma-related problems (Weine et al., 2002).

The health care professionals I interviewed confirmed that psychiatrists and psychologists from Western Europe (mostly from Germany, Austria and Italy) and North America had trained them and students registered in various faculties such as medicine and education to administer epidemiological questionnaires and scales to assess post-traumatic symptoms and symptom combinations. Most clinicians had been unfamiliar with the concept and treatment of PTSD. A psychiatrist reflected, “Before the war we didn’t have to deal with PTSD. It is a new illness for us. I saw these symptoms for the first time in Albania when I was working for internationals in the refugee camps.” Similarly, a clinical psychologist who worked with the Catholic Relief Service (CRS) in refugee camps surrounding Tirana stated, “These international doctors taught me how to identify people suffering from war trauma by using scales.” In addition, he had received further education in training local staff on issues related to war-trauma, symptoms, management and follow-up. Also, Dr. Zajmi explained that he worked for

“American organisations” during his refuge in Albania. There, he “discovered” the first symptoms of PTSD in fellow refugees which he was able to assess with forms and questionnaires provided by humanitarian psychiatric organizations. He recalled, “In Albania, we had good conditions to do research. For example, in one camp there were 3,500 refugees. They were located in one place. We entered there with questionnaires containing fifteen or sixteen questions.”

The commonly applied screening instruments were the Harvard Trauma Questionnaire, the General Health Questionnaire-28 and the Medical Outcomes Study 20. In interviews, psychiatrists and clinical psychologists reported different results from studies conducted among the Kosovar Albanian population. For instance, Dr. Qoqai referred to a study, “An independent American study shows that twenty-seven percent of the population still suffers from these symptoms. Last year, a study showed that twelve percent of the population suffers from these symptoms. I have the feeling that fifty percent of the people overcome these problems on their own.” Dr. Zajmi stated, on the other hand, that according to his research in Albanian refugee camps, “fifteen to twenty percent of our population has PTSD. The number is lower than in other countries. The reason from my colleagues’ point of view is that the Albanian population had survived lots of traumas before the war and was in a way prepared for the Serbian atrocities.”

Other health care professionals worked with organizations whose activists complained that such outcome studies are insufficient to justify and properly evaluate interventions. For example, MSF stated that its priority was to respond to suffering people “simply by being with them” (de Jong, Ford, & Kleber, 1999, p. 332) and assisting through compassionate action and empathy. Several of the Kosovar health practitioners whom I interviewed worked for MSF and/or Médecins du Monde (MDM) in different regions of Albania. A female psychiatrist working at the psychiatric ward at the University Hospital in Prishtina used to work for MSF and MDM during her refuge. Although still a student of medicine at the time, she was approached by the organizations and asked to translate during therapy sessions with refugees. Though she didn’t feel prepared, she agreed to help out. “I went to work with them since I didn’t know how to say ‘no’. Work

was kind of a way in which I tried to handle my own stressful situation. I was a refugee working in the camp, not knowing what happened to my family and my home back in Kosova.” The psychiatrists realized that she had a talent for listening compassionately to refugees and generating an environment of trust and empathy. Thus, she was entrusted with interviewing men, women and children, and establishing a women’s group where she could provide emotional support and narrative therapy.

Mental Health Care in the Aftermath of the War

When the war ended, international organizations followed the refugee population into Kosova where they re-established contact with health practitioners whom they had trained in the refugee camps. Their aim was to provide aid to the population, educate additional practitioners and students and remodel the Kosovar health care system. Dr. Qoqai told me that he had declined most jobs offered by “internationals” as he preferred to continue his work in the hospital of Prizren for a lower wage of 50 Deutsche Mark per month. Laughing, he remembered, “When MSF approached me later, they said, ‘We were told Albanians are only after the money. We can’t believe that a person with your profile agrees to work for 50 DM’.” Despite his initial resistance, they convinced him to work at least part-time with their team in the surrounding villages. They engaged mainly in educating the population about trauma and PTSD through pamphlets and radio interviews, and provided training to health workers, teachers and laypeople. “We taught them how to identify symptoms and manifestations of PTSD so that not only practitioners, but also families were able to identify symptoms related to emotional, cognitive or behavioural disorders.”

Similarly, other international organizations such as the United Nations Population Fund (UNFPA), UNDP, CRS, IOM, Christian Aid, the Diakonisches Werk, etc. supported projects in villages that aimed to treat the physical and psychological wounds of war. Treatment was offered in the form of medication, individual psychotherapy, group therapies, meditation sessions and workshops. Yet, not all villages were receptive to the new forms of psychological treatment,

women's health and family planning initiatives and the women's rights movement. A doctor who used to work for a women's centre said, "We encountered obstacles when trying to provide workshops to villagers. We experienced situations in which we were not allowed to enter the villages and in other cases we were thrown out of their houses."

At the same time, psychiatrists became involved in research and training programmes that aimed to remodel the mental health care system in Kosova. Surveys on therapeutic treatments were conducted among the general population, women, traumatized children and their care givers and survivors of torture. The then health minister and psychiatrist, Dr. Ferid Agani, told me in an interview that he and his colleagues "started intensive research activities" in collaboration with international researchers and practitioners. The research results and reflections were published in internationally renowned journals such as the *Lancet*, *JAMA* and *Psychiatry*. Collaborations that aimed to reform the mental health system included the Kosovar Family Professional Educational Collaborative (Agani, 2001), the American Family Therapy Academy (AFTA) based at the University of Illinois in Chicago, and the WHO. Dr. Agani explained that "with the financial support from the WHO and the expertise of Professor Weine and his team from Chicago we developed the Kosovar mental health care reform." According to him, the reform was based on two components, the "hardware" and the "software". The "hardware" constituted the set-up of a mental health system which served to decentralize psychiatric services and to establish community mental health centres (CMHCs) in almost all regions of the country. The "software" was the introduction of a "resilience-based family approach" to mental health care. In order to train the current and future generations of health care professionals in the new approach, experts from "all over the United States" came to Kosova to lecture, organize workshops, administer exams, provide certificates and select the first employees for the new CMHCs.

All participants in the study who had undergone these one-year training sessions talked enthusiastically about them. For example, Idriz, a psychologist who works at the CMHC in Gjakova, belonged to the first generation of students

who received training in family medicine. He explained, “There were psychiatrists from Kosova and abroad. International psychiatrists included Renos Papadopolous, Natale Losi, James Griffith and many others. Ferid Agani, Farid Ramina, Jusuf Ulaj and Afrim Blyta gave courses in psychiatry. Psychology was taught by professors from the faculty of philosophy. Renos Papadopolous taught us about family medicine and Dr. Cooper about individual therapy. Losi instructed us also on family medicine and a professor from Turkey introduced us to a very useful tool, the genogram.” Similarly, a family doctor in Krusha e Madhe told me that he had undergone such training and now considers family medicine as the “basis” of his practice:

Until then, I had never really learned about how to treat a patient.

Throughout my studies I had been taught science and how to diagnose and administer medication. We had simply identified the patients according to their illness. The training in family medicine taught us how to treat patients as persons with individual personalities. We also learned about the different social relations that play a role in the processes of healing: relations between doctors and different groups of patients, relations between doctors and clinical staff and relations between doctors themselves.

Yet, once the immediate emergency was over and everyday mental illness materialized as the major problem in Kosova, volunteers working for the various intervention programs returned to their home countries leaving the Kosovar mental health care system in limbo. Fassin and Rechtman (2009) noted, for instance, that therapies were often interrupted and well-established mental health services broken up. Partly in relation to these processes, the current mental health care situation in Kosova is dire, to say the least, and local psychiatrists and psychologists lack the financial means to put into practice their knowledge and the tools gained during training (UNKT, 2007). Moreover, only about two percent of an already under-funded health care system is devoted to mental health, and it is expected that the budget will be lower in the years to come despite the promise of a larger budget by the successive ministers of health.

The director of the CMHC in Prizren explained that since the “internationals left to Afghanistan” the centre is hardly able to come up with the necessary funds to pay its employees and finance the treatments and programmes offered to patients. Similarly, another psychiatrist told me that he had worked with an Islamic psychiatric association from the US treating women and children suffering from war trauma until 2001. After the attacks on the World Trade Center on September 11, the association ceased to exist, the donations were interrupted and the program stopped. He said embittered, “We continued to work for three more months on a voluntary basis, but that was it.” The gravity of the situation became especially clear to me during an interview with a psychologist who elaborated further on the problem that the great number of NGOs offering psychological aid were not well coordinated and often brought more harm than good. “They only worked on the surface and left before they were able to gain in-depth insight into our situation.” In addition, they tended to leave “unfinished or partly finished projects behind” when they left to return to their home countries. He believed that this is partly the reason why he and his colleagues experienced difficulty in gaining the trust of their clients.

At the moment, there are eight CMHCs of which one CMHC is meant to cover a population of 250,000. At the same time and due to a lack of appropriate regulation, private health centres and pharmacies are mushrooming and competing with the public domain (Buwa & Vuori, 2006). The difficult situation is exacerbated by a lack of staff which makes regular long-term and follow-up treatment difficult. According to the United Nations Kosovo Team (UNKT, 2007) there are only 1.9 psychiatrists, 0.3 psychologists, 8.8 psychiatric nurses and 0.6 social workers/counsellors per 100,000 inhabitants (see also Agani, 2001). A family doctor in Rahovec referred to the Kosovar mental-health health care system as “very fragile”. He explained that patients do not have stable reference points for their mental health problems. Similarly, psychiatrists noted that people suffering from trauma-related mental health problems do not always receive adequate care as they are referred to different specialists until, eventually, a small

number of them end up in either a private clinic of a psychiatrist or a regional mental health centre.

Bearing Witness to the Long-Term Consequences of War on Health

Negotiating Stigma through Practices of Health-Seeking and Referral

In order to learn more about the women who seek help for trauma and stress-related health problems from family doctors, psychiatrists and psychologists, I asked practitioners to provide me with demographic information on their patients. Since the clinicians had no reliable records, I received only estimates. Typical answers to the question of how many patients they treated per month were: “We don’t know how many patients we have”; “I never kept statistics” or “I can’t provide you with the exact numbers”. However, some of them were kind enough to look into the agendas kept by nurses or patient files written on hand-cut pieces of scratch paper. Depending on the medical specialization and availability of medical tools, the number of patients treated per month varied. General practitioners in private clinics treated up to four hundred patients and psychiatrists provided treatment to around two hundred while psychologists and medical staff at the *ambulanta* in Krusha had only ten to twenty appointments. Due to the fact that most *ambulantas* lacked staff, medication and tools, most patients preferred to visit doctors at their private clinics. The doctor working for the *ambulanta* in Krusha explained frustrated, “I can only cure low fevers and throat pain. I don’t have medication available to do anything else.” The head nurse continued, “Imagine, when a very sick patient comes, we have to ask him for money so that our cleaning lady can go and buy medication at the pharmacy or the clinic of a private doctor.”

Interestingly, there were no differences between other demographic characteristics provided by practitioners. All stated that they treated more women than men (approximately 60 to 70 percent of their patients were women), that the age range of women predominantly treated was between thirty and fifty years, and that either all or most of their clients came from rural areas. According to them, these characteristics were related to the war and post-war uncertainties. A family

doctor explained, “The patient profile reflects the regions, populations and age group in which the war caused most of its damage. Many of these rural women remained without husbands and some of them lost their children.” Similarly, a psychiatrist stated, “During the war, the Albanian population suffered, especially the women from rural areas who were mistreated by Serbian soldiers and lost their husbands during the war, and were unable to earn an income after the war.”

Practitioners agreed that women suffering from trauma and stress-related health problems first turn to general practitioners for an assessment. Depending on the severity of the case, general practitioners refer them first to a hospital to rule out organic causes that may underlie the respective health problem, and afterward to a psychiatrist or psychologist. Despite a referral system that, in theory, functioned only a few women actually received psychiatric or psychological care. Family doctors and mental health practitioners explained that most women tend to argue against or outright refuse to visit a mental health practitioner due to the stigma associated with the profession. A general practitioner said that “it takes a lot of persuasion as they don’t want to go. They think that only crazy people go to a psychiatrist.” Dr. Gashi provided me with an example to illustrate the difficulties involved in referring patients to a mental health practitioner.

For example, I had a patient who suffered from all kinds of symptoms including headaches, chest pain, stomach pain and insomnia. She came every three months to complain about another symptom being afraid that she suffered from tumours. I had to send her to all kinds of specialists for tests and x-rays to convince her that it is not an organic disease and that there is nothing wrong with her body. It took a long time until she believed me.

Similarly, psychiatrists and psychologists stated that women tend to turn to family doctors and, from there, start their journey from specialist to specialist. A common statement was, “They have all kinds of laboratory analysis done before they finally come here to find out that they suffer from psychological problems. This behaviour is related to stigma.” Doctors perceived stigma as a crucial barrier to proper mental health care. According to them, the belief prevails in the general

population that psychiatrists and psychologists deal with “crazy people” who “have lost their mind” and behave like “lunatics”. Only two practitioners argued that, after the war, campaigns against stigma have made a significant positive difference in that now women feel comfortable approaching mental health centres for help. Dr. Agani stated, “The level of health education has improved and I have more patients than I used to have. Previously people felt ashamed when they had to go to see a psychiatrist.” Similarly, Dr. Qoqai said, “Our campaigns had a positive impact as people come to the mental health centre without shame, and most of my patients are self-referred. This is interesting as I read studies conducted in Bosnia and Eritrea which reported that there the stigma associated with visiting psychiatrists was very high.”

The Somatizing Village Woman

To elicit ways in which health practitioners assess symptoms and diagnose health problems, my first question was openly formulated referring to what the most prevalent health problems were that their female patients suffered from. Having read much of the psychiatric literature on the diagnosis of trauma-related health problems, I expected the practitioners to refer to classifications of mental disorders. Instead, their answers contained a melange of diagnostic categories, symptoms and social determinants. “Health problems” ranged from depression, emotional and behavioural disorders to nightmares, insomnia, high blood pressure and headaches, to poverty, violence in the family, missing family members and childrearing problems. For example, a psychiatrist answered, “The women suffered from PTSD symptoms, depression, lack of motivation, flashback syndrome and difficult economic living conditions.” Similarly, a psychologist responded, “The women experience trauma, depression, cognitive and behavioural disorders, violence in the family and missing family members.” The answers provided by general practitioners were phrased in more general terms such as, “They suffer from mental health problems, stress and poverty.”

However, when asked to elaborate on the symptoms from which their female patients suffered, medical practitioners strictly focused on the

psychological and psychosomatic expression of symptoms. Although certain symptoms seemed to be experienced more often than others by women, practitioners generally referred to a wide range of symptoms. A psychologist explained, "They describe that they kind of have a stone in their stomach and suffer from headaches, sleeping problems, tiredness, lack of energy and lack of motivation. Often they say, 'I just continue living for the sake of my children'." Similarly, a general doctor said, "Usually they complain about headaches, stomach pain, dizziness and nonspecific bodily pain. Others tell me that they cannot sleep. Usually I come to the conclusion that these problems are related to war experiences and are, therefore, psychosomatic." All psychiatrists, psychologists and general practitioners referred to headaches and sleeping problems and most of them referred to high blood pressure, undefined pain, stomach pain, breathing problems, chest pain, lack of energy and cramps. In addition, psychiatrists and psychologists referred to nervousness, nightmares, neck pain, impaired vision, racing of the heart, lack of motivation, anxiety, sexual problems and feelings of guilt. General practitioners added feelings of losing one's mind, being worried and dizziness.

Most practitioners argued that their patients did not "understand" or "admit" that their health problems have a psychological basis. Common statements were, "They are not aware of the traumas they experienced during the war"; "Most of the female clients knew nothing about trauma" or "They had been traumatized, but they didn't know what trauma was." Instead it was assumed that women believed that their health problems were purely biological. The following quote illustrates this: "Women don't say that these are psychological problems. They think that they are sick from something else, that there is something wrong with their head, heart or stomach." Especially women from rural areas were believed to "somatize" their problems more than women from urban areas due to their "ignorance", "low education" and "primitive mentality". A psychiatrist stated, "Women who come from rural areas don't know how to explain their health problems. When I tell them that their problems have a psychological basis, they say, 'Why? I have good living conditions.' She doesn't understand that also

Clinton's wife goes to the psychiatrist. She thinks that having enough to eat and good living conditions is all she needs." Another psychiatrist stated that women from rural areas "have a primitive personality" and, therefore, "can't help but to somatize their psychological problems." General practitioners, on the other hand, related "somatization" to the women's low education and illiteracy. Common statements were, "If they were better educated they would know how to come to terms with their psychological problems" or "They aren't literate and don't know how to express their problems other than through their bodies." Only one practitioner considered that although studies suggest that more women from rural areas tend to somatize psychological problems, "Villagers constitute the majority in Kosova and studies should be designed differently to reflect this."

These findings are interesting in view of the fact that my conversations with women from villages such as Krusha e Madhe and Pastasel do not reflect that they perceive their symptoms as purely organic. Instead they were aware that many of their health problems were caused by psychological stressors related to the war, economic conditions and interpersonal conflicts. Struck by the discrepancy between perception and interpretation, I asked health practitioners to elaborate on the interconnections between the symptoms and war experiences as well as the ways in which women communicate this possible connection to them.

Reading War-Trauma in Silence, Economic Problems and Family Conflicts

All practitioners stated that trauma- and stress-related health problems had severely increased after the war. While it was assumed that similar symptoms had existed before the war, they were described as less "pronounced" or "expressed" since the population was "stronger" and the environment they lived in less "hostile". A psychologist explained, "Before the war, people were stronger, better connected, and more loving toward each other. Today, the opposite is the case because of the war. That is, it is not so much that we have changed, but that the external circumstances have." Other clinicians assumed that stress- and trauma-related health problems were often misdiagnosed before the war as doctors were not aware of the necessary diagnostic scales and interviews. The quote by Dr. Hoti

illustrates this: “Since our population was suppressed before the war, there must have been similar, but maybe less expressed symptoms. However, we were often not able to properly diagnose psychosomatic symptoms as we did not have the diagnostic tools we have now.”

When asked about how the war affected the health of their clients, most practitioners established a direct relation between human rights abuses and ill health. “The war caused horror and, therefore, trauma” and “the atrocities led to long-term psychological problems” were common responses. Dr. Lila, a psychiatrist, described, “When the war started in 1998, atrocities were committed such as killings, massacres, rape, burning and destruction of houses, deportation, etc. All of this affected our people – especially women who were forced to witness the killing of their children.” Practitioners also referred to the exhumation of mass graves and reburials as traumatizing in that such events “reminded of the atrocities”, “destroyed hope for survival” and “ripped psychological wounds open”. Several weeks before the anniversary of the massacre in Krusha e Madhe, Dr. Hoti remembered last year’s anniversary when the remains of forty-five bodies were buried by the villagers:

You were not here for our last anniversary when forty-five bodies were buried nine years after the war. Not only the families to whom the bodies belonged, but everyone was affected by the presence of so many bones. Especially women developed headaches and collapsed. Four or five teams of doctors worked during the event in order to care for the suffering people.

Although war-trauma was described as the “underlying condition for most symptoms”, practitioners stated that they were often not successful in persuading their patients to disclose what they had endured during the war. Paradoxically, however, all of them were able to provide me with examples in which women had, in fact, confided in them. The paradox became especially apparent in conversations about rape and other forms of sexual abuse. All practitioners pointed out that women refused to talk about rape in order to save their families’ honour and out of fear of divorce and public humiliation. General practitioners

stated, “if a woman was raped during the war, she had to hide it in order to keep the family together”; “they care for the honour of their families and want to save them from humiliation” and “At least 35 percent of all traumatized women suffer in the name of their families”. Despite the fact that women were reluctant to speak about sexual abuse, doctors claimed that they could “sense” whether a woman had been raped during the war or not. They derived their insight from the “severity of depressive symptoms”, “the illness”, by “simply knowing” or by “feeling connected”. The case below provided by a general practitioner exemplifies this:

Here in the village, women were separated from men and it is known that some of them were raped by Serbian soldiers. Once, a girl came to my clinic suffering from a major depression. I knew that she had been here during the war, but she and her family did not admit and talk about the violence they had endured. They didn’t let it out, not even in front of me, their doctor. Nevertheless, I felt that she had been raped. As a member of this nation and as a woman I could tell that she felt enormous pain in her soul.

In other cases, doctors referred to situations in which women had told them directly or indirectly about their fate. Dr. Sadiku illustrated his statement that women refuse to talk about rape due to the social consequences it entails with an example in which a woman had told him about her daughter’s fate. He said, “I remember one case where a woman said, ‘if I told you how my daughter was abused, she could never get married.’” Struggling for words, he continued, “This means: she could never get married if it was known how Serbian soldiers had raped her. From my perspective, she is right – one should not talk about these things.” Thus, depending on the doctor’s own values it is not necessarily considered desirable or helpful to talk about such horrific experiences. However, the quote is illustrative in another sense in that it reflects the oscillation between claimed or desired silence and an example that shows that such silence may be broken. The following excerpt from an interview clearly illustrates this loop:

HK: How are specific war experiences related to certain health problems?

A: Let me use the example of sexual abuse. For example, a raped woman in Canada can show herself on TV to tell the public that she had been raped. The police and court support her in finding the rapist and punishing him. Here it is the opposite. The woman is expected to hide the fact that she was raped.

HK: Can she talk about it to a doctor?

A: I know of many hidden cases where women conceal the information from their husbands. I treated a village woman who fainted whenever she had to fetch water at the well. After several sessions, I discovered that she had been raped near that place during the war. I asked her whether she had told her husband about it and she replied, 'No, he would throw me out of the house if I did.' Together we developed a strategy: She told her husband that a woman from a different village had been raped during the war to see what his reaction would be. He responded, 'If I were the husband of this woman, I would kick her out of the house'."

HK: How do you deal with situations like this?

A: Well, I advised her not to tell her husband. However, in most cases women don't talk to me about their experiences. They might say, 'They took me into a room, they beat me and I fainted.' This is all the information they share. For me it is very difficult to see their illness while they don't admit what caused it."

Besides traumatic war experiences, practitioners factored other stressors into the diagnoses including economic difficulty, unemployment, childrearing problems and intimate partner violence. According to all of them, "psychological spheres" and "material spheres" are interconnected as "people are not only traumatized from losing members of their immediate families, but also because their houses were burnt, their agricultural equipment demolished and their livestock killed." Moreover, post-war uncertainties such as high unemployment rates, low salaries, lack of infrastructure and the unresolved status of Kosova were blamed by the practitioners for causing frustration and emotional dissatisfaction

among women. Dr. Gashi stated, for instance, “due to media like television and internet, women know about the lives people lead in other countries like Germany. When comparing their own living conditions to what they see on television, they think about barriers like unemployment, low salaries and lack of electricity which keep them from succeeding. They feel handicapped and dissatisfied.” Such economic stressors were presumed to aggravate symptoms experienced due to “traumatic stress”. Most practitioners reasoned that “economic problems add to traumatic stress”; “women who can’t financially support themselves and their family are not healthy”; “dissatisfaction translates into headaches and conversion neurosis” and “economic insecurity and stress leads to neurosis”. Dr. Cena provided the following case to exemplify this chain of causation:

Women, especially widows, are often overwhelmed by their responsibilities and economic difficulties. For example, today I treated a fifty-year-old woman who suffered from strong headaches and depression. I wanted to find out what the origin of her headache was and asked, ‘Why do you suffer from headaches so often? Do you know why you have them?’ She replied, ‘They [Serbians] killed my husband and it is not easy to raise my children on my own.’ When I asked ‘Why?’ she started to talk and complain about her dire economic condition, the pressure involved in providing her children with a proper upbringing and her insecurity in making decisions.

Moreover, economic problems were related to family conflicts and intimate partner violence which, in turn, were considered to negatively affect the women’s emotional and physical wellbeing. Several doctors explained that despite important legal sources dealing with issues related to intimate partner violence³⁷, the idea that everyday violence against women is a violation of human rights has not been easy to establish in all sectors of Kosovar society. Doctors working in

³⁷ The legal sources dealing with issues related to intimate partner violence are the section of UNMIK Regulation 2003/12 on Protection against Domestic Violence; the National Action Plan on the Achievement of Gender Equality (2004) and the Anti-discrimination Law (UNMIK Regulation 2004/32).

two safe houses complained that legal and governmental support services were missing to provide long-term support. “At the end, most women return to their husbands. The reason is our dire economic situation. The women have no place to go, no money and no job.” Moreover, they pointed out that the health care system has habitually been unresponsive to women suffering from intimate partner violence. Instead, psychologists and general practitioners working for women’s organizations have to tend to the physical and psychological wounds of these women. For example, a doctor working for a women’s organization in Gjakova told me that she had discovered several survivors of intimate partner violence when providing training on family planning and health education in villages. “When talking to them about health problems, we discovered a lot of victims of intimate partner violence. When you talk to them about other things and approach the problems indirectly, then you discover a lot of other things as the women open up.”

However, often the intervention of doctors does not go far enough or is inadequate as the following example will show. I accompanied a German psychiatrist and two Kosovar doctors to a family suffering from poverty and intimate partner violence. We were greeted by a woman who approached us moaning and grimacing in pain. The German psychiatrist pointed out that this is her usual condition. A few minutes later her husband entered the room and pretended to be delighted to see us. While the men exchanged small talk, the German psychiatrist explained that the man beats his children and rapes his wife in front of them. When the doctor asked the mother what her problem was she started crying and told us that her whole body hurt. The psychiatrist assumed that these pains resulted from sexual abuse and rape. Thus, he was reluctant to prescribe medication. The general practitioner, on the other hand, started to examine the woman with a stethoscope. Afterward, he recommended that she drink lots of water and stay out of the sun.

According to practitioners, economic problems, family conflicts and intimate partner violence intensify and prolong trauma-related symptoms. Several practitioners referred to such experiences as accumulating “layers of trauma” or

“additional stressors”. Dr. Agani said, for example, “All these traumas accumulate and build layer upon layer upon layer upon layer which, in turn, result in psychosomatic symptoms. Thus, symptoms can only be understood in the context of a person’s life story.” Similarly, Dr. Nuredini stated, “Each additional stressor leaves an emotional mark and enhances feelings of stress.” Other practitioners explained, on the other hand, that women tend to express war-trauma through such seemingly unrelated stressors in order to avoid having to talk about potentially stigmatizing topics. Common explanations were, “Women often blame their economic situation for their health problem while I believe that it is a valve through which they can express war-traumas” and “War-traumas seem to underlie and define these expressions.”

Diagnosis and Treatment

To diagnose trauma- and stress-related health problems was considered difficult by all practitioners as the symptoms were perceived as highly ambiguous and possibly related to different etiologies at the same time. I was told that “it is very difficult to name these problems as they interact in very complex ways”; “it is difficult to derive a diagnosis especially when women don’t trust you” and “it is hard to distinguish between PTSD, anxiety disorder or depression as all these problems may interact”. Moreover, most psychologists were reluctant to provide a diagnosis altogether and preferred to focus on their patients’ respective personalities, difficulties and living conditions. Two young psychologists explained, “One should be very careful when diagnosing as it isn’t a simple task. Maybe, one shouldn’t diagnose at all, but try to understand the person that is, understand his or her difficulties in life.” Similarly, a more experienced psychologist stated, “Although I have diagnostic interviews, I don’t apply them. Instead, I talk to my patients about family issues, way of life and religion. It is more important to give them motivation to live than to label them with a diagnosis.”

Since diagnoses have practical effects on the lives of individuals in that they provide a label for their suffering, subject them to certain psychiatric

treatment procedures and, potentially, expose them to stigma, it is crucial to understand how practitioners derived and acted on certain diagnoses. The diagnoses most often mentioned by practitioners was PTSD (9) followed by conversion disorder (8), Depression (7), Anxiety (6) and Neurosis (2). Of course, this order does not necessarily reflect the frequency with which a certain diagnosis is, in fact, given by the practitioners, but relates to the importance they accorded it during our interview. When divided into professions, it becomes clear that mostly psychiatrists and only a few psychologists and general practitioners referred to diagnostic categories:

TABLE 4: Diagnostic categories by profession

Diagnosis	Psychiatrists (6)	Psychologists (6)	GPs (7)	Total
PTSD	6	2	1	9
Conversion disorder	6		2	8
Depression	1	4	2	7
Anxiety	3	2	1	6
Neurosis			2	2

While it could be argued that the table mainly reflects areas of competence in which psychiatrists are the most knowledgeable to provide patients with a psychiatric diagnosis, it also reflects different styles of diagnosing. All general practitioners followed the same pattern of diagnosis by first administering tests or referring patients to specialists in order to rule out an organic disorder. Once it was clear that patients suffered from a non-organic illness, they encouraged them to talk about their health problems, economic difficulty and social relations. Based on these conversations, general practitioners claimed to be able to decide whether they could treat the patient themselves or should refer them to a psychologist or psychiatrist. The following excerpt from an interview illustrates this: “First I examine patients to find out whether their problems have an organic- or non-organic basis. For example, I determine cardiovascular problems with an ECG. Then, I let the patient talk about whatever she feels like telling me. Once in a while, I interrupt with questions to find out about particular difficulties in her life.

Afterwards, I tell them that their test results were good but that they are suffering from a tense soul.”

Psychiatrists and several psychologists established a direct link between traumatic (war) experiences and PTSD or conversion disorder. Common explanations were, “Since the war, these syndromes are very prevalent among women due to their traumatic experiences” or “People who experience war-trauma are likely to suffer from PTSD and conversion disorder”. Interestingly, however, their diagnostic procedures did not reflect such a direct link and, in some cases, I was not able to discern how they came to the proclaimed diagnosis. Psychiatrists and psychologists stated that they derived a diagnosis mainly through conversations about the person’s symptoms, war experiences, outlook on life, economic situation and interpersonal relations. While none of them referred to diagnostic interviews, some provided me with models according to which they establish a diagnosis. In the following, I will outline three “diagnostic models” of which two were provided by psychiatrists and one by a psychologist.

A psychiatrist explained that he based his diagnoses on the respective personality structure of his patients. Afterwards, he classified the symptoms and correlated them to the personality structure. He stated, “Primarily, I am interested in learning about the patient’s personality structure. That is, I analyze his character traits to figure out whether his personality structure is neurotic, borderline or psychotic. Afterwards, I put the symptoms from which the person is suffering into correlation with the structure. First, I discern whether the symptoms may be categorized as functional, psychiatric or psychological. Then, I check whether the symptoms are at a psychotic or non-psychotic level. Finally, I go into more detail discerning whether they are somatoform, cognitive, emotional or affective symptoms. Thus, I derive the diagnosis from the personality structure and correlated symptoms.”

Another psychiatrist outlined a “hierarchical scheme” of diagnosis consisting of two steps: “First, we rule out possible organic health problems. When we diagnose someone with an organic disease it is usually related to cardiovascular problems, rheumatism, headaches and other pains. However, when we assume that the person is, in fact, suffering from a non-organic illness, our work begins in earnest. We usually discuss the symptoms in our team before concluding whether a woman suffers from PTSD, conversion disorder, manic depression or a psychotic attack. To diagnose PTSD is especially difficult and involves administering tests over a period of six months. It can’t be done faster as this is a written rule.”

A psychologist, who emphasized the high prevalence of PTSD and conversion disorder among women, introduced me to a “diagnostic triangle” which identifies sleeping, eating and sexual problems. “Such syndromes are difficult to diagnose. Therefore, I work with a diagnostic triangle. First, I talk to patients about sleeping problems to find out whether they have nightmares and wake up during the night. Then, I ask them about eating problems. I discovered that patients with an extroverted personality tend to suffer from bulimia while those with an introverted personality have anorexia. Finally, I talk to my patients about problems related to sexuality.”

While it did not become clear to me how the psychiatrists developed these models, I speculate that they reflect a syncretism between different psychiatric and psychological approaches acquired over time. They might have been derived from their education in neuropsychiatry and psychoanalysis in former Yugoslavia, training in administering diagnostic questionnaires in refugee camps and workshops on mind-body-medicine during the post-war period. However, it is important to note that not all psychiatrists and psychologists referred to such

models and that such approaches are in no way representative of diagnostic procedures of Kosovar psychiatrists.

As can be expected, practitioners use a wide range of treatment approaches including psychiatric medication, placebos and different forms of psychotherapy based on building relationships, communication and changing behaviour. All general practitioners relied on a combination of narrative therapy, low dosages of alprazolam, eglonyl and antidepressants and placebos. During conversations, general practitioners encouraged their patients to talk about their problems and advised them to “think more positively”; to “work and think less about the war”; to “provide their children with a better future” and to “be more tolerant towards their problems and other people”. Dr. Hoti stated,

I play the role of a psychologist and tell them, ‘We both know what the real problem is (...). You have to be stronger and take care of your children. Life cannot be rewound.’ I also try to stimulate them to work, even if it is handicraft so that they think less about the war.

However, all of them emphasized that therapeutic conversations were usually not enough as patients insisted on receiving medication for their health problems. Dr. Nuredini said, “Although talking should suffice in most cases, often women request medication as they don’t trust in narrative therapy. Usually I start with some alprazolam and if the case turns out to be more difficult, I give an antidepressant.” Similarly, Dr. Cena explained, “I start with a conversation hoping that it has a psychotherapeutic effect. Yet, since women tend to prefer medicine to narrative therapy, I also prescribe a very low dosage of antidepressants.” At the same time, doctors were reluctant to routinely prescribe psychiatric medication to women and resorted to placebos in the form of sugar pills or vitamins.

Similar to general practitioners, psychiatrists and psychologists administered a combination of psychotherapy and psychiatric medication. While psychiatrists and psychologists resorted to the same psychotherapeutic treatments, the approaches differed with regard to the prescription of medication. Psychiatric treatment was largely based on drug-oriented treatment with little or no

complementary psychotherapeutic treatment. The reason for primarily prescribing medication was usually lack of time. They all showed me long waiting lists and complained about not having enough time to consult with their patients. Dr. Zajmi said, for example, “I only have time for a short therapeutic conversation. Therefore, I mostly give medication and instructions on how to take them.” Similarly a children’s psychiatrist who worked with women and their families after the war, said that his team worked under a lot of pressure and could not take the time to develop a relationship of trust with traumatised women. Instead, medication was their primary form of treatment. A psychiatrist working at the university hospital explained, on the other hand, that she provides patients with medication “as they expect to receive drugs” and that this expectation is rooted “in our culture”. She compared drugs to placebos as patients “believe in them” and, consequently, their symptoms start to decrease. Psychologists, on the other hand, were often reluctant to prescribe medication and emphasized that narrative therapy is the most effective method in healing women suffering from trauma- or stress-related health problems. According to them, it was crucial for women to learn how to talk about their emotional problems in order to feel some sort of relief. A typical statement was, “I don’t believe that medication solves the problem. Instead, women need to get used to talking about their stress.” Only one psychologist said that he prescribed medication in cases which were very difficult to treat including amizol, amitriptyline, anxiolytics and antidepressants.

Psychologists and, to a lesser extent, psychiatrists combined different forms of psychotherapies including narrative therapy, cognitive behavioural therapy and mind-body medicine to treat patients suffering from PTSD and depression. Several psychologists and one psychiatrist resorted to individual psychotherapeutic approaches as well as group treatments based on mind-body medicine. Mind-body medicine was explained as a “holistic approach” which establishes a link between the mind and the body through conversation and “relaxation techniques” such as meditation, autogenic training and yoga. Other psychologists combined narrative therapy with cognitive behavioural therapy and occupational therapy. Dr. Qoqai stated, “People with a higher education I usually

treat with a combination of occupational therapy and cognitive therapy. This seems to work well as it engages them on the cognitive and behavioural level. Less educated patients only receive occupational therapy as it matches their intellectual capacities.” Despite the fact that they considered the interventions fairly successful, they admitted that women were often reluctant or even refused to take up therapy. In order to “persuade” them to participate, practitioners usually explained that such therapies are common and considered normal in other parts of the world. Dr. Shaben exemplified, “I usually say to them, ‘I can tell you that four hundred million people in the world use this therapy. Although most of them have not experienced a war like you have, but car crashes, plane crashes, floods. They receive the same kind of treatment you are receiving.’ When they realize that it is a normal procedure in other countries, they accept the treatment well.”

While most practitioners related their patients’ scepticism of psychotherapy to stigma and lack of education, they also mentioned many women still prefer to visit religious leaders and traditional healers for their health problems. Interestingly, psychiatrists and psychologists stated that *shehs* and traditional healers referred cases to them when they felt that they were not competent enough to treat them. Dr. Agani explained that patients tend to see him as a “bridge” between “healers and psychics” and psychiatrists due to the fact that he openly practices his religion. “They say, ‘go to this doctor because he is a believer, he can help you’.” Dr. Zajmi told me, on the other hand, that he is in contact with one of the most famous healers, Abend Radkoceri, whom he persuades not to treat psychiatric disorders, but to refer them to him instead. “Abedin came to my clinic many times to see how I work. I described several cases to him and told him not to treat such cases, but to refer them to specialists so that they can continue their medical treatment. The reason is that it is impossible to heal these disorders without medication. Herbs and suggestion don’t work here.”

All practitioners described *shehs* and traditional healers as incompetent as they cannot heal psychiatric disorders, can provide only “quick fixes” and are

usually charlatans. For example, a psychiatrist explained that healers “use the primitivism” of the people knowing that they are easily suggestible.

Healers can’t provide much help and can only deal with simple things such as *t’bone*. Let’s say, a woman finds an amulet made out of knotted hair and nails under her pillows. When she sees it, she exclaims, ‘Oh someone put *t’bone* on me’ and loses consciousness. Healers can take those amulets, destroy them and tell the women that there is no more *t’bone*. The patients trust in the abilities of these healers and feel liberated. This is simple suggestion.

Other doctors, on the other hand, usually respected the wish of their patients to go to traditional healers, but warned them to be careful not to become victims of their greed for money. “These healers often ask lots of money for an amulet and it takes women a long time to realize that there was no success despite the amulet that was given to them.” Nevertheless, most practitioners acknowledged that there are healers whose treatments could be comparable to psychotherapy and helpful to a certain extent. Common statements were, “If women believe in amulets, it usually helps them”; “It helps women because they believe in it – the same is kind of true for psychotherapy” and “I usually don’t talk them out of it as it is a way of relying on something.”

Notwithstanding their attitudes toward religious leaders and traditional healers, all practitioners acknowledged that such alternative healing traditions are part of the Kosovar medical system and, therefore, have to be dealt with in one way or another. In order to learn more about the practices and effects of traditional healers and holy places, I conducted interviews with *shehs* and traditional healers, and observed and participated in healing rituals and healing sessions. In the following, I will describe the beliefs and practices of traditional healers by focusing on healing sessions. I will also focus on religious leaders in relation to rituals performed at holy places such as *tyrbes* and *teqes*.

13.2 Healing the Afflicted

Kosovar traditional healers are hard to track down for an outsider. My first attempts to learn more about them began with a literature search while I was still in Montreal. I was able to find a handful of articles, most of which were written by Western psychiatrists and made assertions about the existence of such healers. For example, Jones and colleagues (2003) indicate that they had provided transport for a child to a traditional healer who had “a reputation for curing paralysis” but happened to be unsuccessful in his treatment. An IOM (2000) training program claims to teach the importance of “understanding possible collaboration with traditional healers” to provide adequate psychological and trauma response. And, finally, Eisenbruch (2000) refers to a training session that he had provided in which participants had discussed traditional healers as a medium through which patients might be helped, and had asked questions about “whether these special practitioners still exist within this moving target of culture” (p. 82). Since the literature review did not yield useful results, I emailed a British scholar who had published an article mentioning traditional healers, called *hoxhas*. Unfortunately, his response was that he had been “unable to find any signs of traditional healers in Northern Albania and Kosova”, and recommended that I “look for urban ‘modern magic’” and work my way back from there.

Once I was in Kosova, people either denied the existence of traditional healers and fortune tellers, or claimed that they did not believe in such nonsense. Stuck between a rock and a hard place, I decided to simply wait for an opportunity, aware that this would hardly pass as a legitimate method of sampling. However, with time I interviewed several healers with different specializations and healing techniques, and was permitted to observe and participate in healing sessions. The process of establishing contact and gaining the trust of healers was in itself exciting and instructive and serves to be described as it provides background information vital to understanding their diagnostic and treatment procedures.

The first encounter took place after four months of fieldwork when I walked and Albana limped up a washed-out road to visit Nazmie and her family in

Pastasel. After banging several times on the gate of the compound, Nazmie opened it, invited us inside and offered us a seat on the *shilte* [foam mats] lining the veranda. Pointing at Albana's swollen foot she proposed to call Ellma, the village healer who is well-known for her bone-setting skills, massages and knowledge of healing herbs. My pleading eyes persuaded Albana to agree. While we were waiting for the healer, Nazmie ordered Albana to take both of her socks off threatening, "It brings misfortune when you only wear one. In fact, your husband is going to die." Ellma entered the compound through a little side gate. She is a corpulent woman, who always dresses in traditional bloomers and covers her hair with a tightly knotted scarf. Squatting in front of Albana, she rubbed sunflower oil on her foot and began to massage, pull, turn and squeeze it. After about fifteen minutes, she ripped a cotton cloth in half, bound it around the foot and recommended, "Tomorrow, you should take the cloth off and move your foot in warm salt water." Ellma never accepts money for her services and is described as a "true humanitarian" by her fellow villagers.

Ellma and I developed a close friendship over time. I visited her every second week getting to know her and her family better. Often she ordered, "Get your notebook out so that I can tell you about another one of my techniques." That Ellma was more than a bone-setter, herbalist and massage therapist, I learned during our drive to Prishtina where we went to accuse a banker at the local branch of forging her signature and stealing 200 euros from her account. While my husband was driving, Ellma, Albana and I sat squeezed in the back seat talking, writing notes and enacting healing scenarios for me to better understand certain stretching and massage techniques. All of a sudden, Ellma lowered her voice and looked at me, squinting, and said, "Hanna, there is more to what I do." And Ellma introduced me to the realm of oracles and magical healing powers. "Listen carefully, when babies can't walk or cry a lot, I take a cane on a Tuesday. I dress it with the baby's clothes and put it in the chimney. It has to stay there over night and the next morning I check whether the clothes are missing. If something is missing, the baby will be healthy. If not, the baby won't have a chance."

Albana interrupted curiously, "Who takes the clothes?"

“The Tuesday takes it” was Ellma’s simple response. “When nothing is missing you can’t do anything about it. Of course, we keep taking the children to all kinds of doctors and healing places hoping that medication will provide a cure.”

I wondered, “Are there things missing when you check the cane the next morning?”

“Almost always and the children are all right after that.” She left me enough time to scribble notes down before she continued saying, “Now I want to tell you something else. When my brother-in-law’s daughter was very sick, they visited many doctors, but no one was able to help. One day, they came to me hoping that I could heal her. I looked at her and ordered her to lie down. Then, I went outside to fetch a black chicken.” She said in an instructional tone, “The chicken has to be entirely black and shouldn’t have any other colour in its feathers. I returned with the chicken, held it upside down and cut its throat over the child’s body. I let the chicken’s blood drip all over the girl’s clothes. Then, I took her clothes off to wrap the chicken in them and threw the bloody bundle into the attic. Afterwards, I went upstairs to look where the bundle had fallen and drew a circle around it. I left it there and never touched it again.” In a voice filled with pride, she concluded, “As a consequence of this practice, the girl grew up healthy and gave birth to three boys.” From then on, Ellma regularly shared stories about healing with me, permitted me to be present when she healed villagers suffering from injuries and children afflicted with *msysh*, and massaged and stretched my aching back regularly.

Soon after my meeting with Ellma, I interviewed Dr. Zajmi who agreed to put me in contact with one of the most famous traditional healers, Abedin Radkoceri, whose clinic is located in Ferizaj. Abedin agreed to meet me and described how we were supposed to find his well-hidden clinic in the maze of narrow streets and small plazas.

When Iliriana and I arrived, he was already waiting and motioned us into a small windowless room. Sitting on a worn out couch, I tried to take everything in: the blue walls hung with wooden beat chains and framed verses of the Koran;

shelves filled with books, folders and plastic soda bottles containing water and brown liquids; a chest of drawers on top of which lay an open Koran and partially melted candles; and a tidy blue desk on top of which were several Korans, two small plastic figurines of Mary, strips of white paper, stamps, a glass holding pens and a stack of red Marlboros.



Abedin's desk

Abedin wore a white doctor's coat with three pens clipped in his front pocket, a stethoscope around his neck and white slippers. Without taking the cigarette out of his mouth, he greeted us and invited me to explain the reason for my interest in his work. Interrupting my rehearsed introduction with an impatient "Yes, yes, I understand", he opened several drawers showing me small packages wrapped in brown paper containing folded amulets, packages filled with tubes of mercury drops, and pictures of clients. I learned that there are people who harm others by poisoning coffees with mercury; hiding evil amulets made of hair, nails, blood and twisted strings in rooms; and cutting up shirts. Abedin considered himself one of the few who is able to break *t'bone* and bring evildoers to justice. "I melt lead over a gas burner, drop it into the water, and the face of the

perpetrator appears in the solidified lead.” To convince me of his talents, he recounted one success story after another including the following:

One day, I got a phone call from a family in Peja. They told me that their daughter becomes startled and starts screaming at eleven at night. When I arrived at the family’s place before eleven, I began to work with mercury and lead. However, I could sense that the girl’s grandfather didn’t believe in my work and I asked him to leave the room. The old man was stubborn and insisted on staying. I didn’t care. When the face of the evildoer appeared in the lead, the geezer was astonished and started to believe in my abilities. I worked some more and at eleven the girl brought us coffee without starting to scream. Since then she never screamed again and I know that she never will.

From then on, I visited Abedin every second week to attend the healing sessions of numerous clients, ask questions and take pictures. We developed a relationship which was characterized by apprenticeship, the exchange of knowledge and goods, secrecy and trust. He let me witness moments of his immense clarity and foresight, allowed me to photograph instances in which he cheated people, put clients on the speakerphone for me to follow conversations, let me handle objects infected by *t’bone*, waited for me to arrive before opening packages sent by clients living abroad, and made sure that I was safe by analyzing my present and future. In exchange I brought rosemary and Maria Treben’s famous book “Health through God’s Pharmacy” from Germany, promised to write about him and give him a copy of my dissertation, and placed three packages of red Marlboro cigarettes on his desk after each visit. Yet, the reason for his confidence in me was my “sweet blood” which makes people trust and believe in me. In a moment of affection, he said, “This is your gift: You handle what you hear carefully. You will be able to acquire knowledge until you are fifty-four while meeting and talking to professors and professors. You need to know all these details to progress and do good work.”

In the following months I met other healers who were willing to share some of their knowledge with me. Two of them died due to old age and an incurable disease before I could establish a meaningful relationship. I was invited to attend their wakes and learned from other women about their skills, successes and, sometimes, failures in healing. Only much later, I was introduced to Valdete, a traditional healer in Gjakova and to a *hoxhenica* in Krusha e Madhe who were willing to talk to me about their healing powers. Valdete lives on the outskirts of the city across from some fields and pastures. When Violanda, my translator, and I arrived, her yard was filled with women and children sitting on little stumps waiting for an appointment. On the door leading to her work room hung a paper sign informing clients that lead cost five and mercury ten euros. Violanda and I joined the waiting women until it was our turn to enter. After exchanging greetings we were offered a seat on an old couch, Turkish coffees and strong cigarettes. Valdete sat cross-legged on her couch behind a wooden table covered with notebooks, lead, a gas burner on which a spoon was resting and a bowl of water to the bottom of which splinters of lead had sunk. Next to her, on a shelf, I could see candles and more notebooks. Insects crawled between them. In a corner on the floor lay cobs of corn, fir cones, kernels of corn, and notebooks wrapped in plastic bags. During our introduction I could hear a mouse nibbling on paper behind me. Our conversation was interrupted several times due to phone calls from clients asking for appointments which Valdete jotted down in one of her books. "I should just throw this phone out. It doesn't give me peace and people call whenever they feel like it," she muttered annoyed, stuffing the phone into the pocket of her well-worn vest. She agreed to help and assured me that she was the right person as she had read books about psychology and had engaged in interesting conversations with doctors about their work. "I respect them, but, they are not yet ready to heal the problems we are able to heal," she said not without pride. As more clients were waiting in the yard, we agreed to meet again at a quieter time.

Several days later, I met the *hoxhenica*, a well-respected woman who is called to pray for and wash the dead, sing *dova* prayers to calm women suffering

from *nervoz* and *mërzitna*, and heal individuals of *msysh* with her prayers and breath. Makfire and I visited her several times before she decided to visit us one morning. She arrived wearing a grey *denim*³⁸, bloomers and a white scarf covering her hair. Slowly she placed a brown bag on the living room floor, opened it and withdrew a yellow towel which she spread over the coffee table. I watched her curiously. The towel served as protection for a Koran and a book containing the verses of the *jassin*. She asked us to sit down, said *bismillah*, and started to sing the *jassin* in Arabic in a soft but confident voice. For fifteen minutes the monotonous singing filled the room and lulled me into a state of relaxation. After closing the book, she looked up saying, “I am ready to be interviewed by you, feel free to ask me whatever you want.” Surprised, but prepared, I asked her questions that women weren’t willing or able to answer during interviews.

Apparently, “traditional healers” cover a wide range of specializations including bone-setting, massages, magic, healing breath and prayer. Despite their diversity, they all are called upon by people to heal afflictions such as *nervoz* and *mërzitna* as well as *msysh* and *t’bone*. In order to provide a better understanding of their medical beliefs and practices, I will describe and analyse their respective callings for healing, educational backgrounds, clientele and treatment procedures.

Call for Healing

One of my first questions during formal and informal interviews with healers was: “How did you know that you had the gift to heal?” Each answer was unique and revealed different events, talents and sensibilities which made them realize that they were born to heal. Interestingly, all of the women reported to have learned basic healing practices from older women whom they had observed and helped since their childhood. Yet, apprenticeship alone was not enough to become a qualified healer. Valdete explained, “Not everyone has the calling” and Ellma pointed out that, “It’s not in every person to heal.” Since she was a child, Ellma had thought about healing and helping others: “I always knew that I had it in my blood. It was always present in my thoughts.” For instance, when

³⁸ Coat

accompanying other children to herd cows in the fields, she “simply knew how to cure their pain” when they hurt themselves. “It is something within me that lets me heal. I don’t have words to explain the feeling.”

The *hoxhenica*, on the other hand, attributed her skills partly to women teaching her how to sew covers for dead bodies and partly to her determination to be a good student in school and to study the Koran in her very little free time. With pride in her voice she said, “Let me tell you, when I grew up, girls weren’t supposed to get an education. But, I was strong-willed and went straight from the fields and the stable to my room to study. All I had was a pen and some paper. Today, the children have bags full of books that they can hardly carry, but have nothing in their brains.” However, her vocation to clean dead bodies, calm grieving women and heal was revealed to her in a dream in which she saw herself lying under the bleeding body of a woman. The next morning she was astonished to find the *hoxha* waiting for her to ask whether she would like to come along to clean the body of a woman who had just died in Celina. Remembering her dream, she agreed and anxiously followed the *hoxha* to the village. “I cleaned the body in the yard. Then, I went inside to the mourning women. I told them, ‘Women, shut your mouths; I am going to read the *jassin* to you.’ While I read, they remained silent and together we said Amin.” For thirty years, she has been travelling from village to village to “sing and pray to grieving women and heal them from *nervoz*, *mërzitna* and *msysh*.”

Similarly, Valdete found her life calling in dreams in which she repeatedly heard a voice saying, “Don’t be afraid someone will be sent who is going to protect you.” The guardian was, finally, revealed to her in another dream on her twenty-first birthday. “It was the spirit of a Turkish soldier buried in a nearby *tyrbe*. I visit his grave every evening to light a candle and pray for continued assistance to heal.”

I asked, “How does he help you?” and Valdete responded, “While my grandmother had taught me to melt lead, the Turkish soldier helps me to write amulets and to detect *t’bone* and evildoers.” He appears in her dreams and during her prayers offering advice and insight into problems to be solved. Besides him,

she has “strong people” in her life who approach her regularly trying to share their energy with her. While the concept of “strong people” seemed obvious to her, I was puzzled and inquired, “Are these people spirits or real?”

She replied patiently, “They are real people. One of them is a man from Krusha who has strong powers which he doesn’t want to use. He keeps telling me that I should take the power from him and work with it.”

“So you say that there are people who have powers with which they could work like you, but prefer not to and, therefore, want to share their energy with you so that you can use it?” I summarized and at the same time asked for confirmation.

Valdete nodded her head energetically, “Yes, yes. They can share it but I don’t want it. There is this man from Krusha, a ten year old child, a twenty-nine-year-old girl from Drenica and two girls from Tetovo. I keep refusing their requests.”

“Okay, I understand that you don’t want this energy,” I insisted, “but if you wanted it, how would you take it from them?”

In a low voice she replied, “At midnight, we would have to meet and put our hands together.” She raised her hands holding them towards me. “The person would have to pray about releasing his energy and giving it to me while I would have to pray about receiving it from him. The reason why I keep refusing their energy is that I am afraid that bad spirits will sneak in and mix with the good ones.” Although she refuses their energy, it became obvious to me that these people, whether imagined or real, attest to her strength, popularity and success.

Unlike the women, Abedin has never been an apprentice, but, acquired his skills from an angel who released him from an incurable disease which was cast upon him when he was seven. After visiting a neighbour with his mother and twin brother, he and his brother fell ill with a sickness no one seemed to be able to cure. While his brother died, Abedin was “seemingly dead” and buried alive. Regaining consciousness in the coffin, he banged against the lid until people dug him out. He remained a sickly child and lost his eyesight in his left eye. “My parents left nothing untried and took me to doctors, *hoxhas* and *shehs*. However, no one was able to help.” One night, an angel appeared in his dream revealing,

“You are chosen from God to heal. If you take on the challenge, you are going to live.” He accepted it and, thus, acquired the skill to “see through people” by looking “at the spot between their eyes” which reveals whether they suffer from “*t’bone*, drugs or disease” and exposes the “evildoers and those working with amulets.” The angel remains an integral part of him, which he emphasizes when referring to himself in *pluralis maiestatis* [majestic plural]. Together, they pride themselves on being able to cure paralysis, dystrophy, epilepsy, gallstones, headaches, sterility, separated relationships, lovesickness and, last but not least, people haunted by vampires. With a certain haughtiness in his expression, he tried to impress me:

The most interesting and dangerous thing I do is kill the spirits of the dead, vampires. I am the first and only one who is able to do this here in Kosova. These vampires are dead people who didn’t manage to pass their knowledge on to their children. They cannot rest. Sometimes, when people wake up in the morning, everything is upside down or the roof is gone. We have to be there twenty-four hours until the vampire appears. When he appears, we lift our arm, point at our armpit and say, ‘Do you see your mother?’ In that moment we shoot the vampire with a gun. After that we are in a delirium and don’t remember anything. People have to sprinkle water on us.

Although I sometimes felt that Abedin tried to impress me with outrageous stories, I realised that I had to be careful when dismissing them as boasting. For example, when he told me that he used to work in the psychiatric ward of the Gjakovar hospital wearing a doctor’s uniform and badge, I was amused until it was confirmed by Dr. Zajmi. According to the psychiatrist, Abedin had, in fact, worked with patients until he was discovered and kicked out by Dr. Lila who found out that he “had no university degree and engaged in magic.” As far as I could see, this episode had no detrimental effect on his popularity as I always found the waiting room of his clinic full of people.

Coming to Terms with Ambiguous Expressions of Symptoms

It was 11am when Iliriana and I climbed the stairs to Abedin's clinic. The waiting room was already full and all ten chairs were taken by women, children and two men. It promised to be a busy day. Abedin arrived a few minutes later and ushered us into his consultation room before calling the first clients: a mother with her twenty-year-old daughter. "What's the matter?" Abedin wanted to know.

"I feel pain in my body" answered the young woman. The mother continued in a scornful voice, "She doesn't talk to me anymore. She is *nervoz* and can't stand any of us. She didn't used to be like this. Everybody used to like her. Why did she become so *nervoz*? What shall we do now?"

"Shut up!" hissed the daughter angrily.

"I won't close my mouth. She thinks that I am responsible for whatever goes wrong in her life."

"Shut up! You talk too much."

"I am talking for your good." While mother and daughter went on fighting, Abedin made a phone call to order coffees for us from the restaurant next door. "When you come upstairs, be careful not to step into anything magic!" he advised the waiter laughing before hanging up the phone. Interrupting the shouting he ordered the girl to follow him to the adjacent room to talk quietly. Fifteen minutes later, he returned to open the door for the waiter and call another woman into the room who started to complain about her husband and his love affairs. Crying she told us about her plight while the woman sitting next to me tried to take her blouse off to show me a scar. Meanwhile, an impatient family entered the room, demanding attention for their two-year-old son who was screaming at the top of his lungs. Abedin remained calm, turned to the boy, and examined him with a magnifying glass. After listening to the boy's medical history, he decided, "This case has nothing to do with traditional healers. Take him to a children's doctor." The mother sunk exhausted onto the couch, opened her blouse and forced the little howler to breastfeed.

Throughout the day, Abedin treated predominantly women suffering from *t'bone*, *nervoz*, violent husbands, envious mothers-in-law and undefined pain.

According to all healers I talked to, women constitute the majority of their clients. Both Abedin and Valdete estimated that 60 to 70 percent of their patients are women. According to them, men are “more straightforward” and “make less trouble” than women. Women, on the other hand, attract and cast *t’bone* due to their “deceitful and sneaky nature.” Similarly, the *hoxhenica* stated that she mostly treats women, but reasoned that it was due to an increase in feelings of *nervoz* and sadness.

Women approached healers for a wide range of health, social and economic problems. The complaints I observed the most included *nervoz* (18), headaches (15), marriage problems (13), loss of consciousness (12), poverty (11), unfaithful husbands (11), family conflicts (7), domestic violence (6) and childlessness (6). Less often mentioned were stress (5), stomach pain (4), paralysis (3), undefined pain (3), breathing problems (3), rheumatism (2), sadness (2), *mërzitna* (2), suicidal thoughts (2) and anaemia (1). It is important to note that problems usually appeared in seemingly random combinations leaving the women wondering whether it was not in fact *t’bone* that caused such pain and hardship. The following dialogue between Abedin and a patient illustrates this. The conversation might seem obscure as Abedin talks in very short sentences which do not always connect. However, after sitting through many healing sessions, I learned that this was his way of getting at the source of the problem. That is, he tried – often quite successfully – to tackle a patient’s problem from as many angles as possible without explaining potential interconnections.

A middle aged woman entered Abendin’s consultation room and took a seat on the couch next to his blue desk. The room was lit by candles due to the frequent electricity blackouts. Abedin lit another cigarette and asked the woman the reason for her visit.

W: I come for a family matter.

A: Did you visit someone else besides me? [Meaning another traditional healer]

W: No. I never had a good relationship with my husband.

Abedin shook his head understandingly, saying,

A: It was messy from the beginning. Was the person sick from nerves?

W: I don't know.

A: But is he *nervoz* a lot? This is magic!

W: He mistreated me often. He is very dependant on his family. He never had money. Now that he has money, they are all after him. I cannot stand it anymore.

While the woman related her husband's cruel behaviour to economic problems, Abedin was not quite convinced that this was the end of the story and referred to problematic social relationships in the man's life.

A: He has very good teachers.

W: Yes; his mother. Last night we had a big problem.

A: What is his work?

W: He is a mechanic. Who did this? [Meaning a person engaged in black magic]

A: Two women from Novosel.

W: My son has such headaches from the problems.

Obviously the woman is not the only one suffering from health problems related to intimate partner violence. Yet, Abedin decided not to follow that link. Instead, he checked for possible signs of black magic.

A: Your own family is not doing these problems. These are done by your husband's family. Did you find eggs or blood spots?

W: No, I don't remember.

A: Do you have his picture? Give me a piece of him.

The woman cried in despair.

W: Help me! I have only two options: suicide or leave him!

A: Can your father, brothers or uncles help you?

W: Do you know them?

A: No, I see them [as in a vision]. He needs someone to force him to behave. Where is he from?

W: Koman.³⁹

³⁹ To protect the identity of the person, the place names are pseudonyms

A: Oh God, oh God. They are all like that. I tell you, when he talks, you don't talk back. It is up to me what I will do. Don't answer anything when he talks.

W: The children feel sorry for me.

A: That's normal. He has sick nerves. He also has *t'bone* and is influenced.

Abedin was convinced that combination of psychological problems, magic and social factors cause the abuse. The woman continued,

W I came secretly. I don't want anyone to know.

A: No one will know. It will be top secret.

W: He hit me. I have headaches. I only told him, 'Save your money'.

A: Can you bring me water?

W: Now? Can I bring it now as he is not at home?

A: Yes

W: I never meant to harm anyone. But God gives you so many experiences. I will try it with you. Otherwise, I will have to tell my family.

The dialogue reveals the complex interrelations of violence, abusive family relations, economic problems and mental health with which many of the patients visiting healers were confronted. While patients usually presented a wide range of problems, healers worked with a few "diagnostic categories" including *nervoz*, *t'bone*, *msysh*, injuries, paralysis and family conflicts. In order to understand how healers distinguished between the different categories, I asked questions such as "What kind of symptoms do people have when they suffer from [problem]?" or "How do patients explain how they feel when suffering from [problem]?" Interestingly, healers were bewildered and unsure about how to answer my questions. After periods of silence and contemplation, they replied that the patients did not have to explain their troubles to them as they simply knew what they suffered from by looking in or between their eyes or writing their names down. Valdete said, for example, "Women don't have to explain it to me. They don't need to tell me anything. When I write their names in my book, I know what troubles them." Similarly Ellma stated, "I see the symptoms in their eyes and I know immediately what is wrong with them."

Apparently, healers do not diagnose according to symptoms and symptom combinations. Their strength and expertise lies in their ability to envision the suffering of their patients through means inaccessible to persons who do not possess “the gift” of healing. However, this does not mean that healers are unaware of the symptoms which patients reveal to them throughout conversations. When I probed asking, “How do the bodies of patients react when they suffer from [problem]?” healers provided me with lists of “symptoms” for each condition. The table below lists symptoms for *nervoz*, *t’bone*, *msysh*, injuries, paralysis and family conflicts according to healer. The healers are listed individually due to their different specializations. Symptoms listed by at least three of them are written in bold to indicate it as a core symptom.

TABLE 5: Diagnostic categories and symptoms according to healer

Problem	Ellma	Valdete	Abedin	Hoxhenica
<i>Nervoz</i>	<i>Nervoz</i> Anger Headaches Stomach pain Back pain Neck pain High blood pressure	<i>Nervoz</i> Anger Sadness Headaches	<i>Nervoz</i> Anger Stress Headaches High blood pressure Tired brain Don’t want to be alone	<i>Nervoz</i> Anger Sadness
<i>T’bone</i>	<i>Nervoz</i> Losing consciousness Losing the mind Pull one’s hair Speaking dirty	<i>Nervoz</i> Losing consciousness Losing the mind Headache Strong heart beat Heat	<i>Nervoz</i> Losing consciousness	
<i>Msysh</i>	<i>Nervoz</i> Crying without reason Heat	<i>Nervoz</i> Crying without reason Restless Wanting to be alone	Crying without reason Heat Restless	<i>Nervoz</i> Crying without reason Heat Shaking
Injuries	Pains Wounds Dislocation of joints	Pains Wounds	Pains Wounds	Pains
Paralysis	Immovable limbs	Immovable limbs	Immovable limbs	Immovable limbs
Family conflicts	<i>Nervoz</i> Pain	<i>Nervoz</i> Spirit is not peaceful	<i>Nervoz</i> Stress appears on brain	<i>Nervoz</i>

The table reveals that healers could provide symptoms for all categories. Only the *hoxhenica* refused to talk about symptoms concerning *t'bone* as she was afraid to talk about the concept as such. When I asked her to elaborate on it, she answered excitedly,

Aaaaauuuhhhh! *T'bone* is bad! *T'bone*! Be careful when talking about it! Only God can release you from it. The person who does this will burn in hell. The person will burn in hell a lot because of what she did. When she is in the grave and until the day of *kiamet* [hell], there will be snakes in her coffin and on her body.

Kukukuku! When *kiamet* comes, she will burn because of what she did.

It is also remarkable that despite the healers' different professional backgrounds, certain symptoms were mentioned by most of them for each of the categories and, thus, make the categories appear somehow concrete and distinguishable from each other. However, the fact that *nervoz* is such an overarching symptom appearing in all the categories except for injuries and paralysis, raises the question whether it is reasonable to view the categories as entirely distinct. Through my conversations with healers and participant observation during healing sessions, I became aware that the "diagnostic categories" overlap and that the symptoms are, in fact, not the distinguishing features. For instance, certain categories such as *nervoz* and family conflicts may be problems in and of themselves; however, they could also only appear as such when, in fact, they actually disguise underlying causes such as *t'bone* or *msysh*. To illustrate this claim, I will refer to a conversation that I had with Abedin after he diagnosed a woman with *t'bone* despite the fact that she had related her symptoms to *nervoz*. I asked, "What kind of symptoms do people have when they have *nervoz*?"

Abedin responded vaguely, "These people suffer from health problems and should see a doctor about it. But, since they don't trust in doctors, they come to us. Often these people don't actually have the problems that they believe they have."

Partly unsatisfied with his answer, I tried to tackle the issue from a different perspective and inquired, “Can *nervoz* be related to *t’bone* or is it something else?”

“Oh yes, it can be related to *t’bone*” said Abedin.

I probed further, “So, would you say that people’s bodies react similarly to both *nervoz* and *t’bone*?”

Abedin patiently explained, “Yes, possibly. But, *t’bone* is more difficult and can’t be cured in only twenty-four hours. It takes two months to cure it.”

Although I started to understand that the two concepts may exhibit the same symptoms but are different in terms of severity and treatment, I wanted to make sure that I was on the right track and asked, “Do *nervoz* and *t’bone* belong to the same category or not?”

Abedin replied, “No, we don’t put them into one category. *Nervoz* can be caused by the fact that people have stressful everyday lives. But people who suffer from *t’bone* turn yellow and become *nervoz* because of that.”

Thus, *t’bone* and *msysh* are like wolves disguised as sheep and are, consequently, impossible to detect by doctors. However, although *t’bone* and *msysh* may hide under the same skin, they are completely different problems (see Part III). Also in this case, healers considered symptoms and symptom combinations unreliable demarcations and differentiated between the two concepts according to the “strength” emanating from the “condition”. Valdete explained, “There is a big difference between the two. It is easier to treat *msysh* than *t’bone*. Although *msysh* can be quite strong at times – people can die from it – it gets better as soon as I start to melt the lead. The person will feel relieved simply by being with me while I am melting the lead. *T’bone* takes a lot more work due to its strength and complicated nature.” Also Ellma knew immediately whether she was dealing with *msysh* or *t’bone*, “I can deal with *msysh*, but, *t’bone* is not for me, it is too strong and dangerous. I can feel the difference right away when I look into the eyes of a person.”

A Refined Approach to Diagnosis

As explained in the previous chapter, healers usually derived at a “diagnosis” by looking in or between their patients’ eyes or by writing down their names. However, I came to realise that this describes only superficially what is at stake. Through regular participant observation in Abedin’s healing sessions, I gained a better understanding of the interrelated features comprising particular diagnoses and the steps involved in bringing them to light.



Abedin writing an amulet

In order to roughly identify a patient’s problem, Abedin demanded to know the names of her mother, mother-in-law, children and husband as well as their respective birthplaces and birthdays. According to him, information about a person’s mother provided the most reliable information. “As soon as we get the mother’s maiden name, we know what’s wrong.” Seeing my questioning expression, he further elaborated, “You always know who your mother is, but can’t be sure who your father is.” While his statement reminded me of a Roman proverb - *Mater semper certa; pater est quem nuptiae demonstrant* [The mother is always certain; the father is whom the marriage vows indicate] - which emphasises the biological bond between mother and child as well as the potential

for paternal fraud, Abedin, instead, referred to the “special and revealing love” between mothers and their children. Throughout the exchanges of demographic questions and answers, he filled thin strips of white paper with imitated Arabic script through which he turned them into amulets.

This process seemed to reveal the respective patient’s problem to Abedin, and depending on whether he was confronted with *nervoz*, *t’bone*, *msysh*, injuries, paralysis or family conflicts he followed a different path in order to obtain more detailed information about the case. While he considered injuries and *msysh* easy to diagnose and treat, he invested more effort in the assessment of *nervoz*, family conflicts and *t’bone* in order to identify and analyse the complex and, often, problematic social relationships characterizing the respective expressions of distress.

Assessing Nervoz and Family Problems

Nervoz and family problems as such are not related to magic and are, therefore, assessed in a particular manner by Abedin. He engaged women in conversations about social and economic aspects of their lives by asking pointed questions that deliberately showed that he already “knew” crucial aspects of their worries. Thereby, he encouraged women to talk about and reflect on aspects of their lives which they considered humiliating and shameful. Based on this diagnostic method and, at the same time, therapeutic conversations, Abedin gave women practical advice about how they should deal properly with their personal problems. The following case illustrates the techniques and processes involved in deriving a refined diagnosis of *nervoz* and family problems.

Abedin invited a mother and her seventeen-year-old daughter into his consultation room. After I had obtained their permission to observe and write about the healing session, he began to question the girl about family names, birthdays and birth places. Afterwards, he addressed her in a doctor-like fashion: “Close your eyes. Open your eyes. Close your eyes.” While the girl followed his commands, he touched her throat to examine her tonsils. The mother turned to me

explaining that her daughter suffered from *nervoz* and unbearable headaches on which aspirins had no effect.

Abedin fetched a tattered Koran from his desk, opened it and placed it under the girl's head. He asked, "Were you scared?"

"Mhhh... no" the girl replied shyly.

He insisted, "I know that you were scared. I can see that you witnessed how two boys stabbed each other."

The girl admitted, "Yes, two boys were fighting with knives at school. When one of them was stabbed, I fainted and fell hitting my head on a desk."

"Did you know them?"

"Not really. I have seen them before, but have never really talked to them."

Abedin wasn't satisfied with her response and corrected, "You knew the one who was stabbed better. Did he love you?"

"Yes" answered the girl quietly.

In a calm voice Abedin said, "You have to trust me. Has he given you a letter?"

"Yes"

"He loved you, but you didn't love him. Do you love somebody else?"

"No"

Abedin's voice turned strict, "You can't lie to me. Tell me; otherwise I can't help you."

The girl blushed, "He lives abroad now."

"Did you tell your mother?"

Looking at her mother, she shook her head and Abedin continued, "You must tell her. She loves you."

The mother moved closer to her daughter asking lovingly, "Why didn't you tell me?"

Since the girl remained silent, Abedin intervened, "Whatever you do, you have to tell your mother about it. He is a good boy. The only problem is that you haven't told your mother about him."

The girl cried and laughed in relief, hugged her mother and exclaimed, “I love him! He comes from a good family.”

Abedin smiled and said firmly, “Stop crying and look at me. You have to stop crying. Finish school and he is yours!” He turned her head towards him and commanded, “Open your mouth and say three times ‘O’.” With a piece of lead he touched her tongue, forehead and eyebrows. Then, he gently closed her eyes and shone a thin pocket lamp on them and diagnosed, “The headache comes from the stomach. It moves up because you felt bad.”

In order to make sure that the girl hadn’t hurt herself when she had fainted, he called a neuropsychiatrist asking him to come to his clinic to pick her up for further examinations. Fifteen minutes later, the neuropsychiatrist – a friend of Dr. Zajmi – entered the room to examine the girl and listen to the story of the stabbing. He concluded, “It is normal to have headaches when you are traumatized. You have to be careful in life. Anything can happen. Don’t worry. You are upset and stressed, but it will pass.” The girl handed the Koran to Abedin and followed the psychiatrist to his private clinic close by for an x-ray of her skull.

The case illustrates Abedin’s technique of feeling his way toward a person’s problem by writing signs on pieces of paper, acting like a physician, asking for personal information and following leads in a sensible manner. However, the ultimate ways in which he gained his insights remained his professional secret and, therefore, inaccessible to me, my translators and his patients.

Assessing Causes of and Motivations for Black Magic

In case Abedin’s initial diagnosis revealed that a person’s suffering was related to *t’bone*, he inquired whether “evil amulets” had been found in the household over the past years. Such amulets consisted of items such as pieces of paper containing evil messages, water of the dead and water of the blacksmith, as well as eggs, nails, knotted threads, door locks, cut clothes, mercury, blood drops, fingernails, ashes, apples, wedding rings, jewellery and lipsticks on which other traditional healers or *shehs* had sung. Such items were usually found in attics,

door frames, door hinges and door locks; under or behind door steps, mattresses, pillows, couches, stoves and telephones; and sprinkled over clothes, bed sheets and floors.

While encouraging his clients to recall whether they had once found such suspicious objects, Abedin flipped through his Korans which were written in Arabic, Albanian and Serbian. Knowing that he was not able to read Arabic and Serbian, I asked him, “I see that you don’t actually read the Korans, but you seem to see things in it. What do you use the Korans for?”

He replied slightly offended, “No, I read it.”

I objected, “But sometimes you flip through them really quickly and come up with an answer.”

“Once I look at the right page, I know at once what the person is suffering from and who cast the spell. However, this requires working with different Korans.” Pointing at the different Korans on his desk, he explained that one was used for black magic, another one for white magic, fear, childlessness and paralysis, while the remaining ones were used as a means of transferring visions between him and his patients. He concluded, “What I am able to see about a person is within me. That’s it.”

If patients had not thrown the items into the garbage – ignorant that the items were, in fact, evil amulets, – Abedin asked them to bring the objects to the next healing session. By looking at and “working on” them, he was able to identify the originator. For example, he showed me an egg protected by a plastic bag saying in a conspiratorial tone, “This was brought to me yesterday. The egg was sung on by someone in Prizren three years ago. I can see it when I put it into special water.” Apparently, the egg was found by a shoemaker in his attic inside a shoe. When I asked naively how he knew that it wasn’t laid by a chicken that had lost its way, Abedin shook his head and said with irony in his voice, “The chicken are outside in a chicken coop. They can neither enter the house nor open a closed attic door.”

Once in a while, he allowed me to “handle” evil amulets, but, made sure that I was wearing doctor’s gloves and washed my hands afterwards. For instance,

one afternoon a woman entered the consultation room out of breath and placed a small bundle wrapped in a white tissue on his blue desk. Abedin opened it and looked at some entangled pieces of jewellery. The woman exclaimed, “I found them behind the stove.” Abedin examined the objects further and said, “They are made in Novosell, a village, by a woman called B. They were made so that your older sister won’t be able to have a boyfriend.” He left the room with the jewellery and, thus, gave me the chance to introduce myself and obtain the woman’s approval to record her case. She explained, “I found the amulet today when I put wood in the stove. I found it behind it and called Abedin right away. You know, I don’t believe in these things, but.... But it happens too many times.” Abedin returned, handed me doctor’s gloves and asked me to untangle the jewellery. After, he touched them with a piece of lead in preparation for his breaking the spell on the following Friday. According to him, the creator of the amulet was known for splitting couples apart, making it impossible for lovers to meet and abetting married men to have affairs.

Identifying “evil healers and *shehs*” was a means for Abedin to badmouth his rivals. In front of his patients, he accused them of destroying other people’s lives, cheating and gouging their clients, leading affluent lives at the expense of desperate people, and polygamy. He frequently referred unfavourably to two renowned traditional healers working in Fushë Kosovë and Prizren. “Bad healers and fortune tellers are able to do horrible things which are inexplicable by medicine. There is a man in Prizren who does black magic on ten graves. He works with three candles, three locks and fire. His father does similar things in Fushë Kosovë. They charge one hundred euros for their work and split families apart.” In order to find out whether these healers actually existed, I drove past their clinics located in beautiful mansions. However, as I was afraid of losing Abedin’s trust I decided against consulting them. Other healers on his blacklist were a Gorani and two women, one of whom I met several times throughout my fieldwork.

Besides identifying the producers of amulets, Abedin detected the people who had commissioned them. They were always women such as mothers-in-law,

daughters-in-law, deceitful friends and malevolent neighbours. Just like all of the healers I talked to, Abedin believed that only women were capable of such dreadful deeds while men never used such measures to harm others. To find out who had put orders for evil amulets with the healers and *shehs*, Abedin melted pieces of lead on a metal spoon over a gas cooker and poured it into a cup filled with water to cool. He then showed the solidified piece to the respective client and analysed it. It usually depicted a combination of the evildoer's eyes, nose and mouth as well as snakes, dead bodies or graves and items such as scarves, spindles or ladles. While the revelation of a wrongdoer came as surprise or even shock to some women, most claimed that it confirmed their suspicion.



Abedin melting lead

Another technique employed by Abedin to disclose women's wrongdoings was the transference of visions between him and his patients. That is, he placed two glasses filled with water on the pages of two Korans and invited the

respective patient to look into one of the glasses. While he looked into the second one, they exchanged information on what they were able to “discern”. Yet, since the procedure did not always work to Abedin’s satisfaction, it tested his patience. After a long day of work, a woman entered the consultation room complaining about feeling *nervoz* and being unable to find suitable partners for her children. It did not take Abedin long to find out that she and her family were suffering the consequences of a severe spell. While they each looked into a glass, he asked, “Can you see two eyes on the right, two eyes on the left and two eyes in the middle as well as the grave?” The woman could not. He shook his head saying, “Well, you have to look closer into the glass.” The woman shyly moved a few millimetres closer when Abedin yelled, “I said closer! Like this!” He grabbed her head pushing it toward the glass. Once she was close enough for his taste, he asked once more whether she could see the eyes and grave. The woman claimed to be able to see some shapes, but, still no eyes. He became angry, went to his desk and fetched a policeman’s truncheon from the top drawer. Seeing my worried expression, he said reassuringly, “It’s meant for interfering spirits.” After bending it a few times threateningly above his head, the woman was able to see whatever he told her to. Exhausted he muttered, “Dr. Zajmi has an easier job with his sophisticated machinery...” and decided to verify his vision by melting lead.

In other cases, however, women were enthusiastic about the method claiming to be able to see everything Abedin was talking about. They told me, for example, “It is interesting, I can see everything: Her eyes, her nose and her mouth. Everything!” or “I couldn’t believe it, but I was able to see her scarf and spindle.” It becomes evident that these practices expose problematic social relationships by relating them to external agents that is, the power of evil healers and *shehs* who aim to destroy bonds between people, push individuals and families toward economic ruin and make others ill. Therefore, healers set out to break the spells rather than address the relationships *per se* in order to appease the conflicting parties.

Healing Afflictions

Healers applied a variety of healing practices in order to ameliorate their patients' suffering. Although they resorted to different techniques depending on their specialization, I was able to discern key strategies and treatments for certain (health) problems. However, like symptoms and diagnostic categories, treatments were highly ambiguous in that certain procedures were considered effective for different kinds of problems. In the following, I will describe folk remedies and relaxation techniques, ways to ameliorate evil eye and strategies to break spells by using data elicited during informal and formal interviews and participant observation with different healers. In so doing, I seek to provide insight into alternative ways of healing and patient-practitioner interaction which women turn to to alleviate their symptoms related to problems as diverse as injuries, *nervoz*, *mërzitna*, *msysh* and *t'bone*.

Folk Remedies and Relaxation Techniques

"Ellma doesn't treat everyone! She has to trust you first," a group of women told me in admiration. They praised Ellma for her skills and successes. "Whenever we or our children have an injury, we go to her to seek help since she knows what she is doing." Hamide told us how Ellma had once treated her son's broken arm. "She put the bones in the right place and wrapped his arm with a cloth. She did a very good job. Yet, a few days later, I decided to wash his arm and didn't manage to wrap the cloth very well." Consequently she had to take him to the hospital where doctors had to break his arm once again in order to put it into a cast. Hamide reflected, "Ellma did a great job. It was my own fault that the arm didn't heal as it should have."

Ellma is known in Pastel for her ability to set bones and provide massages. People come regularly to ask for help which Ellma provides freely. I observed how she treated sprained ankles, set dislocated joints and vertebrae; provided massages; and ameliorated headaches suffered by men, women and children. Underlying her treatment were three steps which seemed to be essential for her sense of effectiveness. "If a person hurt his arm, leg or spine, I massage it

three times in order to be able to work on it. For example, if someone's vertebra is out of place, I first massage the spot and then put my knee in his spine and pull him back." She asked me to get up in order to simulate the procedure. She gently pulled my back over her knee explaining, "I pull until the vertebra falls into place and I hear a sound." She made a clicking sound with her tongue and continued, "Then, I ask the person to return to me two times every other day. After that, the pain should be gone."

However, in certain cases she recommended additional precautions suspecting that accidents may have been caused by evil energies residing in the ground. She explained, "If one falls and hurts oneself, one should visit me or a doctor. But, twenty-four hours before one goes, one has to take hot water, mix it with sugar and pour it on the ground where one has fallen. If one doesn't have water, one may also just take sugar. In case one falls a second time on the same spot, one should sprinkle salt over it." When I asked her for the underlying reason, she answered, "Evil energy radiates from places like this. If you refrain from putting sugar or salt on such places, you are going to develop a mental disorder." With a conspiratorial tone she added, "They say that these disorders stem mostly from the war, but that's not the case." It was not only her who believed in the effects of evil energies emanating from certain places. After Makfire's daughter had lost control over her car and had driven it into a ditch, several women recommended that I drive her back to the spot armed with water and sugar in order to extinguish the bad energy lingering there.

The examples illustrate that people confront complex realities which are often less self-evident than they are assumed to be by health care professionals who tend to establish direct links between stressful traumatic events and psychosomatic expressions of distress. This inherent complexity becomes especially clear when examining cures provided for headaches resulting either from organic problems, *nervoz*, *mërzitna* or evil eye. In case healers determined that a headache was related to organic problems, different treatments were offered depending on the severity of the pain. For mild headaches, they recommended eating garlic and yoghurt in the morning. Stronger headaches, on the other hand,

were often associated with a “lack of fat in the head.” To counterbalance this, healers recommended skimming milk, spreading the fat on the head and letting it permeate the pores over night. However, if the headaches were extremely strong, healers resorted to scarves and spoons. With the scarf they first measured the head to make sure that it wasn’t “split”. In case they detected a “split”, they tied the scarf around the sufferer’s head placing three spoons inside the knot in order to be able to twist the scarf tighter. When Ellma started to turn the spoons on a woman’s head she told me, “I turn until I hear a crackling sound.” She stopped, extracted a spoon and continued until the last spoon was gone. When I asked whether she treated many women with this procedure, she nodded and said pointing at the woman sitting in front of her, “She comes often to me. She takes pills for her headaches, but if they don’t work, she asks me to help her with the spoons.”

An old and sickly woman who is known for her healing breath in Pastasel provided a similar treatment, but combined it with *frym* [blowing] and *dova* prayers in order to take care of both the organic and psychological problems which might have caused the headache. She explained, “Women come to me when they suffer from headaches. When I find that their head is split, I use the scarf and spoons. Then, I tell them to lie down until they feel it tickling. Once they feel it, I pray and blow on them and they don’t suffer from headaches anymore.” I met several women who were impressed by her skills and claimed that she had helped them greatly when they suffered from strong headaches due to feelings of *nervoz*. Robertina said, for example, “I usually go to her when I am *nervoz* and suffer from headaches. She has a very good breath and only has to do it three times for me to feel much better.” Her daughter interrupted laughing, “She has a breath as strong as paracetamol!” Her mother smiled and continued, “She advised me not to think and talk about my troubles as the headaches will return otherwise.” Interestingly, traditional healers, unlike health practitioners, either advised women not to think and talk about their suffering or, as described earlier, explained that they are able to treat underlying problems without eliciting illness histories first. This might partly explain the astonishment and frustration of

doctors when confronted with clients who expressed psychosomatic symptoms, but were “unwilling” or “unable” to talk about what might have caused them.

Warding off Msysh

Most healers I talked to were able to ward off evil eye using a variety of methods. Healers who are gifted with healing breath use a combination of *frym* and *dove* prayers to treat evil eye. An old woman told me, “Some people need the doctor. Others need the *sheh*, while again others need *frym*.” When I asked her how *frym* heals, she said, “When you visit doctors and their medication doesn’t help, you might want to consider that you suffer from *msysh*. In that case, *frym* is good.” I sometimes saw grandmothers calming their grandchildren by mumbling prayers and blowing softly across their faces. The technique did not seem particularly effective, and some of them told me that only people with actual “healing breath” can calm children and adults suffering from evil eye.

The *hoxhenica* is a woman who is well known for her healing breath in Krusha e Madhe. She explained that she knows immediately when someone suffers from evil eye as her own eyes start tearing and her head becomes heavy. “When I feel like this, I start praying to God and ask him to transmit all his goodness to this person. I say the first two *dove* prayers seven times, the third and fourth *dove* prayer three times and the last two one time.” She sat back, closed her eyes and said the *dove* prayers in Arabic for me to listen to and record them. She concluded, “I pray with all my heart and in between I blow on the person.”

Since the war, more and more women approach her not only when they suffer from evil eye, but also to be calmed by the prayers, the soft breath and her singing when feeling *nervoz* and *mërzitna*. Several women told me that they preferred her to a doctor since, “Doctors are incapable of providing the appropriate care in such cases.” They also emphasized that “God gave us people with healing breaths and prayers. We should consult them when we aren’t doing well.” Thus, *frym* and *dove* prayers serve multiple purposes and are not strictly reserved for warding off evil eye, but are also considered effective for *nervoz* and *mërzitna*.

Breaking T'bone

Breaking spells is considered a dangerous undertaking which requires the expertise of an especially brave and skilled healer. It requires identifying the ways in which a spell was cast, deciding on the best method of breaking it and, depending on the case, issuing a counter spell to ward off further “attacks”. Both Valdete and Abedin told me that they had to take precautions when dealing with “poisoned” people and items as “evil energies transmit easily from one person to the other.” Especially Valdete complained that she is prone to “taking on the bad energy from people” and, therefore, goes once or twice a year to the seaside to “cleanse” herself of it. Abedin, on the other hand, made sure to always wear doctor’s gloves or use a pair of tweezers in order to keep a safe distance between himself and “infected” items such as amulets, clothes and blood samples.

T'bone emanating from “the water of the dead” is especially difficult to detect and break. According to Ellma, only healers who melt lead, write amulets and provide mercury are able to treat people suffering from the effects of the water of the dead. A healer told me that women who “lose their belief” collect the water that runs off corpses while they are being washed by *hoxhenicas*. According to her, “They take this water as the corpse is cold and they want to make another person cold. They want to turn others into ice!” The *hoxhenica* claimed that she watches the women surrounding her carefully while cleaning corpses. Due to her attentiveness, she was able to “catch” several women attempting to collect the water. She recalled, “A few years ago I washed the body of a dead woman in a village nearby. While I was washing, I saw a woman standing at the feet of the corpse filling the water into a bottle.” She raised her voice dramatically,

I shouted immediately, ‘Heeeey! What are you doing? What are you doing?’ The woman said, ‘My husband is smoking too much and I want him to quit. Why are you interested?’ I replied, ‘It interests me because this is something that belongs to me and I am responsible for this. When the body of this woman goes into a different world with *bismellah*, they will ask up there: ‘Who gave

the water away?’ and she will respond, ‘I don’t know. Go and find her.’ I looked at her and told her, ‘If you don’t leave the water with me, I am going to talk to the men of this house and will tell them about you.’ It turned out that she was a neighbour of the family.

The water of the dead is usually dripped onto other people’s clothes in order to end their marriages, cause childlessness and have them lose their minds. Valdete referred to the following case to illustrate this. Four years ago, a woman arranged the marriages of both of her sons. However, following the wedding night, the men decided never to sleep with their wives again and requested from their mother separate bedrooms which she granted them all too willingly. The young brides felt increasingly *nervoz* and unsatisfied and, finally, decided to leave their husbands secretly. Preparing their luggage, they detected several spots on their clothing. Valdete explained, “On the following day, they surprised their mother-in-law in the bedroom when she was sprinkling their clothes with water using an injection needle. The women brought the clothes immediately to me and I discovered that the mother-in-law had used the blood of dogs and cats diluted with the water of the dead.”

Abedin usually “worked” on such clothes on Friday nights in order to “neutralise” them. He explained, “Friday is the day we are able to work on these things and destroy them.” He never volunteered to tell me what exactly “working on clothes” meant. However, I often observed how he handed clothes back to patients assuring them that he had been able to remove the spots and related evil forces. In addition, he provided them with amulets and little packages containing drops of mercury as protection from further attacks. The amulets were to be worn close to the body while the little packages of mercury were to be placed on top of entrance doors. Also, Ellma told me that only mercury protects from the effects of the water of the dead. According to her, it is possible to purchase it either from healers or at the bazaar. “You can buy it from healers, but it is more expensive. Instead, you can simply go to the bazaar in Rahovec and ask women who sell

cosmetics whether they have mercury available. They will put it into small containers for you and it only costs about one or two euros.”

However, mercury is an ambiguous element as is used to both protect and to harm. During a conversation about amulets, Abedin squirted a little bit of mercury into an ashtray asking whether I would like to photograph it. While I was taking the photo, I inquired what he used mercury for. He responded, “I work with it to break *t’bone*.”

“Do you give it to your patients?”

Nodding he said, “They have to take it home and put it on top of their entrance door. This way, they are protected. Nobody can harm them. But if you get mercury in your body, you’ll walk like a drunk.” It is believed that evildoers poison the coffee of their “victims” with small amounts of mercury to destroy their relationships and make them sick, dizzy and overtly *nervoz*. Valdete told me, “When people have *t’bone* from drinking mercury, they feel heat moving to their heart whereupon their heart starts to pound strongly. From there, the heat moves into their heads where it causes psychological problems.” To break the spell, she mixes an antitoxin consisting of water, unroasted coffee beans, a small piece of wood and a sewing needle. She reasoned, “Depending on their condition, they have to drink the water for seven days or six or five or three days making sure not to swallow the ingredients. People who are strongly affected have to drink it definitely for at least seven days.”

Abedin, on the other hand, claimed to be able to extract mercury from people’s bodies and let me observe and photograph the procedure. Wearing doctor’s gloves he unwrapped a sterile injection needle. “We go through one box of injection needles each month,” he commented and pricked a slightly scared looking woman in her index finger. After removing the needle, he sucked the small drop of blood into the syringe. In his adjacent work room, he diluted the blood with water and added a tiny drop of mercury to the mixture which he then showed to the woman in a theatrical fashion, “Look here, this is what I extracted from your body. You were poisoned with mercury by your mother-in-law! Here,

see what was floating in your body! No wonder you have problems with your husband.”

Apparently, the mercury had been administered by her mother-in-law to destroy her marital relationship. Abedin provided the woman with water and an amulet in the form of a long strip of paper cut into small sections. “Wash your eyes with the water in the mornings and burn a small piece of the amulet every day so that you can inhale its smoke.” Moreover, he recommended she drink an egg yolk every morning over a period of forty-one days to cleanse her body from the remnants of mercury.

In other cases, Abedin provided women with the option of counter-spells to harm oppressive mothers-in-law or jealous friends and neighbours. For example, after he detected mercury in a young woman’s body, he handed her a small water bottle and advised her, “For nine days you need to sprinkle this water on the bed of your mother-in-law. No one should see you do it. Do it in the morning so that the sheet will be dry at night.” Then, he gave her an amulet and instructed, “Burn these papers and sprinkle the ashes on the kitchen floor so that your mother-in-law will step in it. Once you’ve done all this, the spell will be broken.” Thus, he provided suppressed women with a sense (or illusion) of power over their situation as well as hope that their difficult relationships would change for the better.

Other tools beside antitoxic mixtures, amulets and mercury included knotted threats, plastic figurines of Mary filled with water and *tespih* [wooden bead cords]. The following case illustrates both their application and a typical patient-practitioner interaction. Abedin introduced me to a young woman who was already sitting on his couch when I arrived. After I had obtained her oral consent, he asked the woman to lie down and rest her head on an open Koran while placing another one on her belly. With a magnifying glass and a thin pocket lamp, Abedin examined her eyes and ears after which he started to melt lead in his work room. The woman took the opportunity to tell me that she was suffering from horrifying nightmares in which three threatening women appeared who seemed to be dead

and alive at the same time. When Abedin returned, he held tow figures of melted lead in his hand.



Melted lead

Sitting next to the woman he explained, “Here you can see faces. Here are the eyes, the nose and the mouth. Can you see it?” The woman nodded and mumbled something in agreement. Abedin began to write amulets while we waited in silence. Upon finishing, he cut one of them into equal pieces, placed them in a metal dish and started to smoulder them over a gas burner. Beckoning the woman to him, he asked her to inhale the smoke. While she was inhaling, he cut a few hairs from her ponytail and added them to the smouldering papers. Though the smell became unbearable, the woman continued to inhale until Abedin set the dish aside and handed her two black and white threads which where knotted together at several points. “Wear these for nine days around your hip, three days on your feet and two days somewhere else,” he explained while taking a long *tespih* off the wall. Holding it up, he asked the woman to step through it three consecutive times. Next, he threw the chains around her so that they landed in a circle around her feet. “Step in and out of the circle three times,” he ordered and took one of his two figurines of Mary to sprinkle water on her forehead.

Finally, he handed her two amulets and recommended, “This one you have to fasten on your right arm before going to bed. The other one you should burn to inhale its smoke. This should keep the three women in check and break the spell that is cast upon you.”

It becomes apparent that healers use a wide range of techniques to break spells and issue counter-spells depending on what is at stake. Women were often amazed by the skill of the healers and believed that the visits were worth their money. In exchange for their payment, they expected healers to explain the causes of their suffering, disclose evildoers, treat their symptoms, advise how to confront and deal with people wishing them harm and provide amulets for protection from further hardship.

13.3 Places of Healing

When I asked women where else they go to seek help for their (health) problems, most of them referred to *teqes*, *tyrbes* and split rocks. I learned that all of these places serve multiple purposes as they are simultaneously ascribed healing powers to ameliorate symptoms related to *nervoz* and *mërzitna*; believed to exert magical forces which affect positively or negatively economic prosperity, family harmony and fertility; and are considered ideal gathering places for religious, social and political events. Women usually associated these places with “old traditions” handed down to them from God through their ancestors and, thus, approached them with great reverence hoping to benefit from their fortitude. In the following, I will describe how such places affect the women’s sense of wellbeing by focusing on their inherent magico-religious, social, economic and political characteristics. To do so I will rely on interviews with women, healers and religious leaders as well as participant observations during public and private ceremonies.

Teqe, Tyrbe and Split Rocks: Places of Worship, Healing, Justice and Political Gatherings

The Teqe: The House of Gatherings

Teqe translates into “house of gathering” and is the religious and cultural centre of the Dervish, a Sufi brotherhood, for worship ceremonies and communal services such as funerals, sacrifices, the distribution of alms and healing (Es, n.a.). “*Teqes* have always been holy places in which people trust. Besides this, they are locations where we aid people in need by providing them with food and healing and granting them space for patriotic meetings” *sheh* Neki explained while guiding us through the rooms of his *teqe*. Similarly, *sheh* Rizah stated, “We offer aid to all people who ask for help and don’t discriminate according to nationality or belief. Recently, a German came here to ask for assistance and, before the war, I healed Serbians who believed in the power of this place.”

The renowned Dervish ceremonies are held in the *samahane*, a large decorated room with objects for rituals exhibited on the walls, the *sheh*’s prayer niche and a celestial roof in the middle of which the invisible *axis mundi* meet connecting the sky with the earth (see also Akin, 1995). While the ground floor is reserved for men, most *samahane* have a balcony from which women can participate in prayers and rituals in honour of Ali, the first twelve Imams and the martyrdom of Hasan and Huseyin (Steward, 2007). Most of the *samahane* that I visited had ornately painted ceilings depicting verses of the Koran and paintings of Al-Masjid al-Harām (the largest mosque in the world, located in Mecca), the Kaaba, the mythical horse Barak which carried the prophet Mohammed to heaven and the hats of *shehs*.



Ceiling in a *samahane*

Along the walls hung ritual objects including old weapons, leather bags, metal spoons and horns all of which were used during “earlier wars”. Moreover, canes, twisted wooden sticks, drums, cymbals and *zarpas* [skewers] lined the walls. Whereas the musical instruments help Dervishes to enter a state of trance, the *zarpas* are pierced through the believers’ cheeks, necks and stomachs during the ceremony of the Big Night in honour of Allah (see below). Pointing at them, a *sheh* explained, “It was difficult for us to perform our rituals during the Ranković and Milošević regimes. However, we decided to perform the rituals nevertheless in order to show the population that one can do anything when one has faith.” The twisted sticks, on the other hand, are employed by *shehs* to “frighten psychologically sick people and, thereby, scare their sickness out of their bodies.” *Sheh* Rizah explained that he is known for his skill in treating people. “Lots of women approach me after they have given birth asking for protective amulets. Others, especially women, come when suffering from spells. I am able to break the spells employing a variety of techniques.” However, when I asked him to elaborate on these techniques, he smiled and said firmly, “My girl, we can’t talk about spiritual healing. Only pure people can talk about it.”

The prayer niches are decorated colourfully with ornaments, paintings, verses of the Koran, *tespih* [wooden bead cords] and cymbals. Next to the niche leans the *sanjak* – a flag and the symbol of Islamic faith which is only unrolled twice a year for the small and the big *Bajram*. Yet, *Sheh* Rizah made an exception and unrolled it so that I could take pictures of the white cloth on which “Allah” was embroidered in gold.



The *sanjak* in front of the prayer niche

Other important rooms in a *teqe* are the *oda* and the seclusion room. The *oda* serves as a prayer and meeting room reserved for men. It exhibits books, candles, photographs of previous *shehs* and KLA resistance fighters, framed verses from the Koran, prayer hats and *kudums* [drums] used during the worship ceremonies. In contrast, the seclusion room is small and windowless and is used by the *sheh* to fast, meditate, pray and evoke visions of spirits. An old *sheh* explained, for instance, “It is a place of seclusion. My grandfather stayed in here for forty days. When a pure man enters and sits in it for forty days, he repeats the names of the holy men from the old days. He is supposed to pray to Mohammed while being like Mohamed in the cave. In this state, he sees visions and, thereby, establishes contact to the spirits.”

After talking to several *shehs*, I began to understand that the *teqe* as an institution constitutes an old reserve which was mobilized shortly before and during the war by the population to give political resistance fighters the opportunity to meet and organize while, at the same time, provide refugees with shelter, food, clothes and spiritual assistance. After the war, however, humanitarian NGOs resumed this role which marginalized the *teqe* and its holistic approach to individual and community intervention. Nevertheless, the Dervish ceremonies remain well attended by men and women, and women keep seeking the help of *shehs* in times of spiritual crisis and family conflict.

The Big Night

The Big Night ceremonies are impressive events celebrating the spring equinox of Sultan Nevruz that is, the moment of awakening and creation. Zakir, a mechanic and brother of the *sheh* in Rahovec invited Cees and me to attend the celebration to give us a glimpse of what it means to be Dervish. In the following, I will present a summary of my field notes bearing in mind that it is almost impossible to evoke the intense and mystical atmosphere created by the religious leaders and the congregation throughout the elaborate ritual.

While the men entered the *samahane* downstairs, I climbed the stairs to the balcony. The balcony was already packed with women sitting on the floor and leaning against the walls. When they saw me standing insecurely in the doorway, they reached out grabbing my legs and shoulders to partly push and carry me to a central spot behind the balustrade. There, I sat tightly squeezed between women dressed in traditional *kule* [bloomers] and colourful blouses watching the men gathering downstairs alongside the walls. At around one o'clock a group of honourable men of all ages, including the young children and nephews of the *sheh* entered the room dressed in black robes, white waistcoats and black and white prayer hats. In a semi-circle they gathered facing the *sheh* who knelt on a red carpet in front of his prayer niche surrounded by other *shehs* from Bosnia, Turkey, Greece and Macedonia.



The Big Night Ritual

The *sheh* opened the ceremony with a prayer after which he invited the worshippers to chant “*La-illaha-illallah*” [There is no God but Allah] and “*Allah Hu*” [He is God] to the rhythmic beat of drums and cymbals. Slowly they started bobbing their heads and swaying their bodies from left to right. Over time, the rhythm and singing picked up and with it the trance invoking movements. The ceremony culminated when the *sheh* turned toward Mecca, reached for several *zarpas* and handed them to two men who were dancing in the centre of the congregation. Cheered on by the crowd, they danced with and whirled the *zarpas* before, all of a sudden, stabbing them into their stomachs. I held my breath in excitement while they continued their dance slightly bent over holding on to the *zarpa*. The *sheh*, on the other hand, selected five men from the crowd, grabbed more *zarpa* and pierced their sharp ends through the men’s left cheek. No blood ran. Meanwhile, the women watched the ceremonies devoutly singing and praying quietly while shaking their bodies to the rhythm of the beats.



The *sheh* pierces the cheeks of believers with *zarpa*

After removing the *zarpa* carefully, the *sheh* reached for a sword and asked a worshipper to join him in the inner circle. The man kissed the *sheh*'s hands and feet, lay on the floor and rolled his sweater up. The *sheh* took the sword, placed it on the man's naked belly, the sharp side down, gathered his strength and jumped on it twice with full force. While doing so, he encouraged the congregation to sing and play their instruments louder. After repeating the ritual twice, he carefully removed the sword and called another man to lie down. This time, he placed the sword on the believer's throat. Watching it, I feared for his life. But nothing happened when the *sheh* jumped forcefully on the sword. He removed it afterwards.

Suddenly, the music stopped and a long final prayer was said after which the honourable men left the room slowly while low tables and food for the congregation were carried to the middle of the room. I joined the women who slowly left the balcony in order to receive their meals, discuss the ceremony and share the latest news in the yard of the *sheh*'s home behind the *teqe*.

The Tyrbe: Shrines and Sacred Tombs

Tyrbes are Dervish shrines in which the sacred tombs of *shehs* and individuals known for their healing powers, great accomplishments or brave and tragic deaths are located. Such shrines may be directly connected to *teqes*, but can also be found elsewhere in graveyards, paths in the fields and in the middle of sidewalks. While the bigger shrines have roofs and contain up to twenty decorated triangular-shaped tombs with short pillars attached to the head, smaller ones tend to be surrounded by green metal or wooden fences in the middle of which a smaller number of overgrown graves can be found. It is believed that the respective buried men and women endow a *tyrbe* with divine strengths and energies which can be channelled to positively influence a believer's well-being.



Tombs inside a *tyrbe*

The founders of *tyrbes* may be men and women of all ages and whose graves are the oldest. The other graves usually belong to previous *shehs* and their family members. Each of them carries a legend which is transmitted orally from generation to generation. One of the most recently created legends pertains to *Sheh Myhedin* buried in a large *tyrbe* in Rahovec. While news reports and scholarly descriptions state that *Sheh Myhedin* was shot by Serbian forces from

behind while praying on his knees in his prayer niche, several people told me that this was, in fact, not the case. A Dervish working for the *teqe* and adjacent *tyrbe* explained, “It is true that *Sheh* Myhedin was killed during the war. He had provided shelter to almost five thousand refugees. However, when it became clear that the situation became extremely dangerous, he told everybody, including his sons and grandchildren, to leave and find a safer place.” The man lowered his voice and continued, “Together with another Dervish he left this building to make sure that the yard was secure. Both of them were shot immediately by snipers positioned on the surrounding roof tops.”

In order to illustrate how legends are told and the stories they contain, I will refer to two interviews conducted with *Sheh* Neki inside the *tyrbe* adjacent to his *teqe* and an old woman who guards a *tyrbe* in her back yard in Gjakova. Together with *Sheh* Neki we entered the dimly lit *tyrbe*. Its low ceilings and wooden panelling gave it a warm and calming atmosphere. There were circa twenty graves of different sizes all of which were covered with colourfully embroidered towels and doilies. Over some lay prayer beads. *Sheh* Neki led us to three relatively small graves at the far end of the *tyrbe* and explained, “These are the first graves and belong to three girls. They were washing clothes at the rivers when the enemies came.”

“Who were the enemies?” I asked

“The Austro-Hungarians. When they came, the girls fought back with boiling water. However, they were killed nevertheless. When they were buried here, there was no roof to protect their graves. The roof was built when this man over here died.” He pointed at one of the adjacent graves saying, “This grave belongs to a heroic man whose name was Ahmet Baba⁴⁰. Ahmet Baba was wounded at Pashtrik Mountain. Though heavily wounded, he dragged himself here and died at this very spot where he was buried afterwards.” Yet, the actual reason for his fame was that he had passed a superhuman test in his lifetime. “A group of men had gathered *shehs* and priests to find out whose belief was stronger. They poured oil into big pots called *kasan*, lit a fire beneath them to

⁴⁰ A *baba* is a experienced spiritual guide

bring the oil to a boil, added flour and asked the *shehs* and priests present to stir the flour into the boiling oil with their bare hands. While Ahmet Baba and other *shehs* were able to do it, the priests were scared and admitted that they didn't have the strength for such a task." After I wrote the story into my notebook, *Sheh* Neki pointed to the next grave explaining, "He was succeeded by *Baba* Sadik and several generations later by *Sheh* Ali Koqi. *Sheh* Koqi finished his university degree in Baghdad and served in several mosques and *teqes* before he came here to provide spiritual guidance to Gjakovars." Looking over the graves, he continued, "Here you find every generation of *shehs* and some of their wives who have served this community."

Curious, I asked, "Will you be buried here as well when you will die?"

"Yes. I will look for a place here. If there is not enough room, I might be buried outside" he answered pragmatically.

Unlike *Sheh* Neki's *tyrbe*, the *Tyrbe e Quikave* [*Tyrbe* of the Girls] did not have a roof and was located in the large back yard of a family compound. There, we met an elderly woman who invited us to follow her to seven overgrown graves. Several plastic bags containing clothes and a bottle of water lay on the graves which were next to a little metal house. "These are the graves of a father and his six daughters" said the woman.

"Are they related to your husband's family?" I asked.

"They are" she responded and continued to explain that the *tyrbe* had existed for more than three hundred years. "In one of the former wars, the Austro-Hungarian one, two brothers and their families lived on this compound. During the war, one of the brothers suggested escaping to the Qabrat Mountain behind the house." After pointing out the mountain for me, she resumed her story, "However, his brother, Mehmet, decided to stay here with his six girls. When the invaders attacked the compound, the girls were washing clothes in the yard. Bravely, they took the washing troughs filled with boiling water and tried to pour it over the soldiers in self-defence. When they had no more water, the soldiers killed them." Interestingly, the legend resembled the one recounted by *Sheh* Neki. Yet, I was able to elicit more details this time. "Others say that the girls were beautiful. They

were supposed to have been raped, but the military commander ordered, ‘No, it would be a pity to rape these pretty girls.’ Instead, they were killed on the spot.” After a pause, the woman told me yet another version of the story. “There is also a document that says that they killed themselves with hot water. Others say that they were shot. I believe that they were shot.”



Tyrbe e Qikave

Scribbling in my notebook, I asked, “Why is the *tyrbe* roofless?”

She responded mysteriously, “Many years ago a house was built to shelter the graves. However, the building collapsed. It was a sign that the father and his girls didn’t want to be covered. Also, my husband’s grandmother told me once that many years ago one of her relatives celebrated a wedding in this yard. His family had hired a woman to play the tambourine for them.” She raised her hands to imitate the musician and said slowly so I could capture her words, “When the women started to dance to the music, the yard was, all of a sudden, covered with snakes. They were all over the place. Since then it is believed that these girls can’t stand music.”

I wondered, “When you have weddings now, do you celebrate here in the garden or where do you play music?”

She nodded her head and said, “We have music but not in the garden. We celebrate in front of the garage over there”. Slowly we walked back to her house. There, she pointed at several bullet holes in the wall of the neighbouring house and explained that the *tyrbe* had saved her own house and property from similar or worse damages. “During the war, on May 7, the police broke into our house. Although they left a great mess behind, nothing was missing when we returned. This was unheard of in this part of the city as more than fifty troops, paramilitaries and Russian soldiers were here. We know that the Russians were involved because one of our neighbours overheard how they shouted ‘*dawai, dawai*’ which isn’t a Serbian expression.” Looking back at the graves she said solemnly, “They didn’t touch the graves. They were scared of touching them. In fact, there were things at the *tyrbe* that people had left there before the fighting broke out and the Serbs didn’t dare to take or destroy them.”

Obviously, *tyrbes* have not lost their importance throughout the centuries and have proven to be protective in times of war and peace. Today, women visit *tyrbes* for a variety of reasons including good luck; healing when suffering from headaches, nausea, bodily pains, nightmares and speech impediment; childlessness; grief for missing or dead family members; family conflicts; evil eye, protection from spells and to defend themselves from accusations of having cast spells. Leartha stated, “I go there just like the people used to do in the old days. I go when suffering from strong headaches or when my body hurts. But one can also go in case one suffers from evil eye.” Edona said, on the other hand, “Not long ago, I accompanied my sister’s daughter to the *tyrbe* in Rahovec. She suffers from a speech impediment, and we hoped that this might change if we took her there. Together we entered the *tyrbe* and walked three times around the graves. We stepped through the long *tespih* [wooden bead cords], and she was asked to drink a little bit of the healing water.”

Although rituals performed at a *tyrbe* do not follow strictly prescribed rules and I was able to observe a number of variations in the sequence of actions, certain patterns can be discerned. Rituals at *tyrbes* are usually private or family ceremonies even if performed in larger groups during holidays. Prior to their visit,

women select and “prepare” offerings called *nezer* at home. *Nezer* such as money, candles, clothes, scarves, hair clips or food have to be circled three times around ones face while praying and making a wish. An old woman wagged her finger at me saying, “If you don’t pray to God, you can circle as much as you want and nothing will happen.” And she recommended placing the *nezer* under ones pillow and taking it to the *tyrbe* the following day. “It is important that you don’t forget it under the pillow, as you promised to take it to the *tyrbe*. If you forget it, you shouldn’t be surprised when bad luck haunts you” a woman warned me. At the *tyrbe* women usually walk around the building and kiss the door frame of the entranceway on both sides before entering. Inside, they walk three times around the graves, kiss the small head poles and offer their *nezer* in the hope of receiving something in return. The Roman proverb “*do ut des*” [I give that you may give] seems to illustrate well the expression of reciprocity of exchange between human being and deity in this case in that it emphasizes gift-giving as a mutual obligation while, at the same time, pointing to the possibility that God’s counter-gift may fail to materialize in that there is no automatic or mechanical acceptance of the gift. Yet, it has to be understood that the exchange is not a direct one. That is, the *nezer* are neither supposed to be offerings to the dead buried in the tombs nor to God. Instead, they are gifts for the caretakers of the respective *tyrbe* who represent “the poor.” After noticing my confusion related to the exchange of gifts and counter-gifts, Larta said, patiently,

Now listen, the dead people in the *tyrbe* don’t help you. It is God who helps when he hears your prayers and notices that you were willing to give whatever you could spare to help the poor. For example, in Krusha e Vogel a family with very many family members takes care of the *tyrbe*. They depend on our gifts to be able to buy food and clothes. That is, by giving a *nezer* let’s say five euro, you help others to survive and may be rewarded with help from God.

Besides being a place of exchange of gifts and counter-gifts, the *tyrbe* serves as a court where people can protest their innocence. I often heard how

women requested that their children or other relatives swear on a specific *tyrbe* when suspected of lying. Moreover, women told me that, depending on the type of conflict, one can approach judges, village elders and *tyrbes*. Valbona used our first formal interview as an opportunity to fulminate against her brothers- and sisters-in-law by telling me an outrageous story in the presence of her eighteen-year-old daughter who affirmed what was said. “My brothers- and sisters-in-law who live in the adjacent compound lost all their money due to mismanagement of their business, gambling and chasing after women. They had borrowed lots of money and were unable to pay it back. Thus, people knocked at their compound gate night and day to request their money.” With irony in her voice, she continued, “All of a sudden, it turned out that I do magic. My brother-in-law’s daughters-in-law claimed that their husbands chased after women due to my activities.”

Astonished I asked, “So he accused you of doing magic and, thereby, causing his sons to chase after women?”

“Yes that’s right. It was the Big Night⁴¹ and I was about to prepare dinner. I was washing meat in the yard while my daughter was inside cleaning the floors. Suddenly, she came outside to tell me that two of these daughters-in-law had come to see me. I invited them inside to exchange greetings. One of them said, ‘I’m sorry to tell this to you, but I am convinced that you are involved in magic which keeps my husband in the streets chasing after women. Also, my father-in-law is getting madder every day.’

I didn’t mind that she said it straight into my face. Actually, I was glad, because I had been waiting for these words for many years. They told me that whenever they went to fortune tellers they were told, ‘You have a fat woman in your house who is involved in this.’ I responded, ‘I’m sorry for you, but, it is nonsense what you’re talking about as I’m not the person who does these things.’

‘I nevertheless believe that it is you!’

I snapped back, ‘Believe in God! That’s the One in whom you should believe. I can swear on my children that I don’t have the heart to harm anyone. I

⁴¹ A Dervish holiday

cannot harm! I'm nevertheless glad that you told me this straight to my face. But, I will have to talk to your father-in-law about this.'

Although she protested, I picked up the phone and arranged a meeting. I also invited my husband, my oldest son and my mother-in-law as witnesses. In the course of the meeting bad things were said until I finally told my father-in-law, 'You and your wife can take your daughter-in-law to a place where I can swear. It can be any place in Prizren, in Rahovec, in Krusha e Vogel – at the *tyrbe*. I am ready to go wherever you want to go.'

My brother-in-law was scared and shouted 'Are you crazy? I won't come with you.'

'Oh yes you will! You, your wife and daughter-in-law will come! It is not so easy to blame someone for something he didn't do.' They decided to go to the *tyrbe* in Rahovec located in the centre of the city.

Once we were all gathered there, the *sheh* invited us inside where we greeted him and the other men gathered around him. I said 'I would like to tell you something, but I'm embarrassed to say it in front of all these men.'

Since he said, 'You have to say everything here in front of these men', I told him that we had come to swear. 'This woman's husband is chasing other women. She came to me and blamed me for doing magic.' The old men shook their heads and the *sheh* said 'This has nothing to do with the men or with you. You can go home as it has nothing to do with magic when men chase after other women.'

But I insisted, 'I will not go home without having sworn. I will not go home, but I need you to tell me how it is supposed to be done. You can just tell me and I will go inside to cleanse myself.' Before I entered the *tyrbe*, I performed *avdes* [cleaning of the feet]. Inside, an older man started teaching me what to do and to say. Thus, I followed the old man and had to say everything that I was told with my hand touching the grave. I swore: 'If I am guilty of what I am accused of, may God give me a bag for begging in the streets. If not, may God punish the ones who accused me.' Three weeks later, my brother-in-law kicked his two sisters-in-law together with their children out of his house. This is how life is."

Places of Pilgrimage and Healing

Besides *teqes* and *tyrbes*, split rocks located in Nashec and Sharranice were considered to have healing powers. While it is possible to visit and enter the rock in Nashec all year around, the rock in Sharranice is visited by pilgrims on “its special day”, August 9. Legend has it that “there are a lot of snakes guarding the entrance to the rock and they only clear the place on the day of the rock.” Women visit the rocks for a variety of reasons including good luck, fear of black magic, headaches and nausea. Edona stated, “My sister-in-law went to the rock in Nashec recently and told me that it is good for one’s health.” Similarly, Pranvera explained, “When we have headaches or throw up a lot, we say, ‘Let’s go to the rock’. We are convinced that we feel better afterwards without having to take medication.” Even miracle cures are believed to have happened in the vicinity of these rocks. Blerta illustrated this by referring to a family story in which her uncle lost his eyesight when he was nine years old. Consequently, his parents visited “all kinds of doctors”, but no one was able to restore his eyesight. In great despair his mother walked with him to Sharranice hoping that the energies would help her son. “My grandmother was holding his hand when, suddenly, he tried to withdraw it. She scolded him: ‘Don’t! You don’t see and you will fall!’ Yet, when they reached the rock, he exclaimed that he started to see. He is still alive and enjoys excellent eyesight.” At the same time, however, the rocks should be feared by evildoers, especially liars and those engaged in black magic. Most women knew and enjoyed telling stories about other women who had been trapped inside the rocks and were, thus, humiliated publicly. The following story was told to me with slight variations by several women:

Once it happened that when a woman entered the rock, the rock moved and entrapped her. While the woman cried for help, a man started to play the tambourine at the exit to free her. Yet, this didn’t help and she was kept inside until a donkey screamed three times. People in the region wondered why the woman was kept inside and said that she was involved in black magic.

All women compared split rocks to *tyrbes* claiming that “people believe that their wishes will come true when they go there – just like at a *tyrbe*” or “you feel better after visiting these rocks as they have similar powers to *tyrbes*.” Since Ellma had fond memories of visits to the rock in Sharranice, I asked her whether she would like to visit it together with me. She was delighted and a little scared at the same time. “You know about the snakes, so we have to be careful” she warned me. But when I appeared fearless, she continued, “Well, it might just be something that people say. Besides, there is a *tyrbe* close by which we could visit and offer a *nezer*.” Although we did not end up finding the rock, the following ethnographic account provides insight into the interrelations of legends, folk healing practices, magical powers, family histories and war memories as they are lived by a healer who is, at the same time, a war widow.

Violanda and I arrived at Ellma’s compound early in the morning. Sitting on the veranda, she combed her thin wet hair and slowly drank her morning coffee. We joined her and were told that her younger *nusja* and three of her grandchildren would join us on our trip. Yet, before we could leave, a father arrived carrying his sobbing daughter into the yard. Ellma walked toward them, touched the girl’s foot and mumbled, “It’s twisted. Sit down on this rock over there while I get some oil for the massage.” Squatting in front of the girl, she calmed her down before starting to massage, pull, push and twist the foot. After ten minutes, she announced, “Its back in place”, wrapped a scarf tightly around the ankle and signalled to the father that he could leave. No money or gifts were exchanged.

Ellma, her *nusja* and her three grandchildren squeezed into the back of our car and together we drove down the rugged road toward the main street. We passed farmers who lined the streets selling grapes and water melons for low prices, children herding cows, men drinking *raki* and coffee on the terraces of small village cafes, tractors pulling out of the fields, three-wheelers overloaded with cartons filled with grapes and horses and wagons carrying people and goods. We turned into a winding mountain street leaving the commotion behind us. The dry red soil was covered with small fruit trees, bushes, thistles and light brown

grass. Ellma pointed out pastures which used to belong to her family, “Many years ago my father sold them when he moved with my brothers to Gjakova. Together we used to work the land, collect fire wood and herd the cows all around here.” She sighed, “But, unfortunately, my childhood was very short as they married me off when I was only fifteen years.”

After twenty minutes we arrived at her birthplace, the village of Zatrish which is located in a valley alongside the mountain. In the centre men were gathered around a fountain filling plastic bottles with water while their cows grazed alongside the road. We followed a rugged dirt road until we reached the last compound at the margins of the village. Ellma ordered us to drive into the yard where we met old acquaintances of her family. Although they had not seen each other in more than ten years, they knew about her husband’s death and the fate her son had suffered in Serbian prisons during the war. Solemnly they offered their condolences and invited us to drop by on our way back.

Shouldering the picnic basket and large baking tray of *flia*, we walked slowly up the hill over pastures lined with blackberry bushes and fruit trees loaded with plums, Mirabelle plums and elderberries. After about twenty minutes we reached the *tyrbe*, a small grey roofless building which looked more like a ruin than a holy place. We stashed our lunch in the shade of a bush to line up behind Ellma and commence the ritual. One after the other we made a wish and placed three kisses on the right and left entrance walls before following her three times around the building. Ellma prayed aloud for her family, Violanda and me, and only interrupted her singsong when kissing the entrance walls while passing by. After completing the last round, we entered the building taking a seat on the flat rocks which lay scattered among dirty shirts, old bread and cobs of corn.

Unlike most *tyrbe*, this one did not shelter a grave as it was built “on the blood of a soldier who was killed on this very spot during the Second World War.” It is said that several men witnessed how his body flew across the Dungagjini valley toward a village located close to Gjakova. There, his body was buried and sheltered by a similar building. “The *tyrbe* looks exactly like this one. The only difference is that it has a grave inside.” Three times the villagers tried to

cover the *tyrbe* with a roof, but it collapsed each time during the night. “Finally, a villager had a dream in which he was told that the solider preferred not to be covered.” Ellma reached into her bra and extracted her *nezer*, a coin that she had “prepared” the day before. Holding it up to her forehead, she whispered a short prayer and placed it carefully in the corner behind her. After a moment of silence, she told us, “Until not long ago, a woman used to come up here to care for the *tyrbe* and collect whatever people left. But, since she died it is the cow herders who stop by and take the money and, sometimes, shirts. It is good to help them a little with our small gifts.”

We followed Ellma outside to share the food that her *nusja* had prepared for us. The atmosphere was joyful and she began to tell stories of popular wisdom. Pointing at the bush behind me, she explained that people used to cut small branches off it to place them on their children’s foreheads and, thereby, protecting them from evil eye. “They had chosen this particular bush, because lots of juice runs through its branches. But people have forgotten about this tradition and found other ways to protect their children.” Jokingly, she reached for the basket, placed it on her head and laughed, “When I was young, we used to carry pots and other heavy stuff on our heads without having to secure it with our hands.” She proved that she could still do it wiggling her head from side to side. “Now, we don’t do this anymore. It’s a different time and people have changed.” According to her, not only people, but, also nature has changed over the recent decades, “When I was a child it rained more and this place was covered with long flowers and green grass.” She reasoned, “When people changed, God decided to change nature as well.”

After we had stacked the dishes into the basket, Ellma asked us to start walking without her as she wanted to pray a little bit longer. When I turned around, I could see her circling around the *tyrbe* praying out loud. We waited for her to catch up with us and, then, tried to find the way to Sharranice. The view over the Dungagjini valley was breathtaking. Once in a while Ellma stopped to point out paths that she used to take with her husband and children. “I used to do a lot of walking, carrying my children on my back and a basket on my head. I was

thin and strong – hard to imagine when you look at me now” she laughed. Yet, despite her experience, we got lost and were unable to find the rock. Ellma was disappointed and promised to return with me in two years on August 9. Heading back, we had a wonderful view over Zatrish. Crying silently, she said, “Life was better here. It’s a shame that I don’t come more often. Now everything is different and I wake up worrying for my sons who went illegally to Switzerland. *Cka me bo.*”

Tired we entered the compound and were invited for coffee by the old woman, her son and her visiting daughter. After exchanging greetings and inquiring about family members, the conversation shifted to war memories.

The son said bitterly, “My father was killed during the massacre in Pastasel. They had fled there thinking that Pastasel would be safe.”

“Safe? Well, it wasn’t safe at all!” Ellma exclaimed.

“No it wasn’t, but that’s what everybody thought.”

“That’s right. I remember it as though it were yesterday. I remember how we fled with the children into the mountains and how my sons suffered when they heard about their father’s death. You can’t imagine how much they cried. Four men survived the massacre while all the others died. A little later, my son was kidnapped while we were having lunch. He still had a spoon in his hand when they took him!”

The daughter jumped up shouting, “My goodness, now I recognise you! We waited for the prisoners in Prishtina together! You were waiting for your son while I was waiting for my brother-in-law. Both had been in the prison in Nis.” The women hugged each other and started laughing about the coincidence.

This ethnographic example shows how popular wisdom, legends of previous wars and fighters, memories of the recent-war and related grief, and worship and healing rituals are connected in complex ways and can only be understood in the social context in which they are told and/or enacted. It is through such practices that women’s expressions of illness are transformed into powerful narratives communicating their war and post-war hardships, economic problems and interpersonal conflicts. At the same time, these practices turn bodies

and illness experiences into sites through which health care professionals, traditional healers and religious leaders remember the war and related atrocities; and bear witness to- and act on those stories.

Conclusion

Creating and Transforming History through Collective Memory and Bodily Expressions of Distress

I conclude with a puzzle and a question to connect the four parts of my dissertation: history, collective memory, traumatic memory and modes of expressing distress, and health-seeking and healing practices. While both villages, Krusha e Madhe and Pastasel were exposed to large scale massacres, expulsion and destruction during the war, village women were confronted with different challenges in the post-war period due to differences in international and national humanitarian assistance, opportunities to earn a living and the liberty in decision-making and action. Women in Krusha e Madhe were supported by numerous international and national humanitarian organizations which provided economic and (mental) health support. Consequently, many women were actively engaged in development projects, generated their own income, organized themselves in groups to gain additional resources, were exposed to different healing and relaxation techniques, and received plenty of media attention. In contrast, women in Pastasel were largely left to their own devices as humanitarian organizations left shortly after providing first aid in the immediate aftermath of the war. Therefore, women did not participate in development projects, could not generate additional income, were often not allowed to leave their compound unaccompanied and were constrained from leaving the village without male protection. However, although the lives of women in the two villages differed significantly, their illness narratives pertaining to (mental) health problems and health-seeking behaviour which I elicited with the McGill Illness Narrative Interview (MINI) were very similar.

This raises the question how it is possible that women with such different social support networks and ways of life can exhibit the same kinds of health problems and employ the same health-seeking strategies. Two answers spring to

mind. First, (mental) health care and humanitarian intervention are of little consequence as they do not improve the women's wellbeing. And second, women in Krusha e Madhe fake their symptoms in order to gain material benefits and attention. Although both answers are plausible, I argue that they are too simplistic and, most likely, inaccurate. Women are not passive recipients of aid, but actors who sample and select from different support programmes choosing the ones that promise to be the most lucrative while avoiding others that are perceived as ineffective or even harmful. In their search for humanitarian aid, many women use their symptoms to prove their need and eligibility for participation in humanitarian aid programs and donation. Yet, this should not be confused with malingering as the women's suffering, symptoms and related pain are real.

Instead, I argue that two different kinds of memories are at play which, on the one hand, generate and, on the other hand, justify women's health problems: the first concerns "traumatic memory" as it is understood by psychiatrists and psychologists, while the second refers to what social scientists and historians call "collective memory". Although different in nature, the two types of memory do not exist separately from each other, but depend on and mutually reinforce one another and are only distinguishable with regard to the specific social context in which they are voiced and enacted.

Traumatic Memory

Women in the villages Krusha e Madhe and Pastasel expressed distressing thoughts, grief and anger through certain idioms of distress including *nervoz* [nervousness], *mërzitna* [worried, sad, bored], *mzysh* [evil eye] and *t'bone* [spell]. My findings correspond with the anthropological and transcultural psychiatric literature which argues that such idioms communicate a wide range of personal and social concerns (Green, 2003) due to their polysemous and idiosyncratic character (Foss, 2002; Davis & Joakimsen, 1997; Lock, 1993; Low, 1994). As such, "[they] are not simple manifestations of a subjacent biological reality, but also metaphors that reflect and represent a variety of meanings that serve many

social and psychological purposes” (Pedersen, Kienzler, & Gamarra, 2010, p. 282; see also Browner & Sargent, 2007; Loewenthal, 2007).

I discovered that the idioms of distress alluded to powerful emotions capable of causing a wide range of psychological and psychosomatic symptoms and organic problems. Although the ten most frequently mentioned symptoms corresponded to those compiled by epidemiologists, my semi-structured interview schedule allowed women to list freely their health problems including those which are not strictly related to traumatic memories, but to illness sequelae, the side-effects of medication, economic problems and interpersonal conflicts. Interestingly, however, idioms of distress could not be distinguished according to distinct symptom combinations, but were, instead, based on the emotions involved, the social context in which they manifested and, related to this, the etiologies to which they were attributed.

According to the women, the onset of *nervoz* and *mërzitna* corresponded with one or more traumatic events experienced during the war such as witnessing how other people were tortured and killed, their flight to the mountains and surrounding villages, their experience as refugees, the sight of their homes and entire village destroyed, and the notice that the bodily remains of their husbands and sons had been identified and had arrived for burial in the graveyards for martyrs. They explained that symptoms and pain increased when they remembered the war or specific events related to the war and visited places where they or others had had traumatic experiences. However, the women also stated that they experienced the same symptoms when they were under a lot of stress due to their difficult economic situation and conflicts with family members or neighbours based on jealousy, lies, gossip and corruption. Unlike traumatic events, socioeconomic problems were not understood as incidents or episodes of events, but as processes most likely to extend into the future. The symptoms related to the dire economic situation and interpersonal conflicts were perceived as worse than those associated with memories of war.

As I explained, the women established a link between symptoms experienced during the war and those experienced due to socioeconomic stressors

in that the latter were perceived as only having existed since the war and after women had symptoms related to memories of traumatic experiences. Yet, my analysis of *msysh* and *t'bone* revealed that some of them had suffered from psychic and psychosomatic symptoms also before the war due to evil eye and spells transmitted from envious or hateful sisters-in-law, mother-brothers and neighbours. That is, although women might have been unaware of terms such as trauma, posttraumatic stress and depression before the war, they were able to think along the same lines in that they were familiar with the idea that external etiological events may directly or indirectly affect their psychological and physical wellbeing. Taking these complexities into account, it becomes clear that relying on the epidemiological model of PTSD is not enough to explain the women's health problems. Instead, I agree with transcultural psychiatrists who acknowledge that different psychological conditions may manifest themselves with similar mental symptoms not all of which can be reduced to disorder or psychopathology (Almedom & Summerfield, 2004; de Jong, 2004; Lemelson, Kirmayer, & Barad, 2007).

In order to seek help for their respective health-problems women in Krusha e Madhe and Pastasel consulted different medical traditions and experts within them simultaneously. For example, to come to terms with symptoms related to *nervoz* and *mërzitna*, women resorted to home remedies; employed relaxation techniques like handicraft, walking outside and doing housework; visited general practitioners, psychiatrists and psychologists to receive additional medication and recommendations; and frequented *hoxhenicas*, *shehs* and holy places. Interestingly, traditional healers were not perceived as competent to deal with *nervoz* and *mërzitna* when related to war-trauma and/or socioeconomic stressors *per se*. Instead, women mostly consulted traditional healers as well as *shehs*, *hoxhenicas* and holy places to learn about their own and their children's future, to avert *msysh* and to break *t'bone*. My findings confirm that women negotiated and creatively combined different and seemingly contradictory healing practices (Cant & Sharma, 2003) seeking to cover as many aspects of their suffering as possible. Yet, such decision-making processes and actions were less

rational than they appeared at first sight. I observed, for example, that women often praised remedies such as herbs, certain medications and amulets as effective in curing physical pain and feelings of *nervoz* and *mërzitna*, in solving interpersonal conflicts, breaking spells and alleviating effects of evil eye while complaining about the persistence of their (health) problems at the same time. Women did not seem to perceive this discrepancy as a contradiction, but rather as a challenge which they had to live with and rise to.

Biomedical practitioners such as family doctors, psychiatrists and psychologists argued that trauma- and stress-related health problems had dramatically increased since the war. In order to deal with the sudden burden of trauma-induced mental illness, local practitioners received support from international mental health NGOs and university programs. Collaborations between local and international NGOs and universities led to the remodelling of the overtly centralized and hospital-based Kosovar mental health system into one with a focus on community mental health care. Moreover, local health professionals and students received intensive training in diagnostic and psychosocial treatment strategies, especially in relation to PTSD. More specifically, they received training in how to assess traumatic events with checklists consisting of possible war and non-war related types of traumatic events and symptom criteria which covered intrusive recollections, avoidant and numbing symptoms and hyper arousal symptoms.

Although a seemingly straightforward process, the assessment of trauma-related health problems proved to be more complicated in practice. Firstly, doctors were confronted with a wide range of symptoms which were not part of the ready-made checklists and, secondly, the majority of their patients were reluctant to disclose the traumatic events which they had experienced during the war. As I pointed out, most practitioners stated that their patients did not understand or refused to admit that their health problems were connected to war-related events due to the fear of “shame and stigma”, their “ignorance”, their “low education” and their “primitive mentality”. Interestingly, however, all practitioners could refer to examples in which women had broken the silence and confided in them.

That is, I observed that doctors oscillated between claiming that women were unable or reluctant to speak about traumatic events, providing me with case examples which clearly illustrated that some women had referred directly or indirectly to such events, and emphasizing that the women generally preferred to remain silent.

On the other hand, my conversations with women revealed that they did not necessarily believe that their health problems were of a purely biological nature. Instead, the women were well aware that most of their symptoms were caused by psychological stressors such as memories of war experiences, post-war hardship, economic difficulty, widowhood, the restrictions on leaving the in-laws' compound and interpersonal conflicts. The reasons for not revealing the causes of their suffering were not only related to shame and stigma. Especially in the case of interpersonal conflicts, women were unsure whether they could trust the doctors' discretion fearing that if their problems were publicly revealed, they would suffer the consequences of gossip and rumours in their communities.

However, this does not mean that doctors failed to pay attention to socioeconomic problems when providing their female patients with a diagnosis. On the contrary, such difficulties were conceptualized as "additional stressors", "alternative outlets" through which women could safely express traumatic stress, or "layers of trauma" which intensified and prolonged trauma-related symptoms. In order to capture the wide range of psychosomatic symptoms, the silence and the diverse socioeconomic problems exhibited by women, medical practitioners came up with their own diagnostic frameworks. I outlined that these frameworks were based on screening organic and non-organic health problems; the analysis of the structure of their respective patients' personality; and/or identifying and analyzing the interconnection between sleeping, eating and sexual problems. Yet, although practitioners were aware of the ambiguous and complex nature of the health problems of their female patients, the diagnosis provided did not reflect this and included predominantly standardized diagnoses such as PTSD, depression, anxiety, conversion disorder and neuroses.

The diagnoses had practical consequences for women in that they provided the women with a fixed label for their suffering and subjected them to certain psychiatric treatment procedures. Treatments offered to the women included predominantly analgesics, psychiatric medication, individual psychotherapy, group therapy, meditation and/or placebos. Medical practitioners evaluated the treatments as effective although they acknowledged that the majority of their patients were reluctant or outright refused to be treated with psychiatric and psychological procedures, claiming that “nothing was wrong with them” and that they were not “crazy”. On the other hand, women were highly sceptical of the effectiveness of the treatments claiming that they “help and don’t help” that is, ameliorate symptoms for a short period of time until they reappear with full force.

In order to better understand these multiple discrepancies in perception and interpretation between women and practitioners, it is crucial to recognize that “therapy management” is not a straightforward process. Instead, it is a matter of “transactions that are at once influenced by cultural values, social roles and institutions, power relations, and economic circumstances that influence the ways in which illness is responded to in context over time” (Nichter 2002, p. 82). Emanating from this understanding, several medical anthropologists and transcultural psychiatrists criticize the medicalization of trauma and the related symptoms arguing that it depoliticizes the actions of survivors by turning them into victims and patients (Das & Kleinman, 2000; Jones, 2004; Kleinman & Kleinman, 1997; Pupavac, 2001, 2004; Summerfield, 1998, 2000). Especially “mass-scale trauma healing programs” are evaluated critically as they are believed to pathologize individuals and entire populations (Abramowitz, 2009; Malkki, 1995; Pupavac, 2004) and deny them the status of active agents capable of rebuilding the social fabrics and material environment destroyed by war (Nordstrom, 1998; Zarowski, 2001).

It is also argued that mainstream psychiatry should not be the method of preferred treatment and that humanitarian aid programs should acknowledge resilience by strengthening those local capabilities that are aligned with local priorities (Summerfield, 1998, 2000; Lopez & Guarnaccia, 2000). In this context,

local healing strategies are accredited with particular effectiveness as they are considered culturally appropriate mechanisms of self-renewal taking social, material and psychological aspects into account (Honwana, 1997; Finnstroem, 2001; Gibbs, 1994; Last, 2000). For example, the “Psychosocial Notebook” (2000) presents a selection of papers given at the first “International Seminar on Psychosocial and Trauma Response in Kosovo” by Kosovar and international experts to foster “adequate community-based support that will assist the population with the long-term rehabilitation and resolution of many of the traumas of the recent past” (p.5). Special attention is paid to the issue of “traditional healing strategies” and “traditional healers”. Yet, as no adequate information was available on the Kosovar context, researchers like Bracken and Eisenbruch referred to their experiences in Uganda and Cambodia arguing that also Kosovar traditional healers could possibly be effective “media” through which patients suffering from trauma-related health problems might be helped.

However, just as psychiatric practice cannot simply be imported and implemented in non-western contexts without adjustment to the local circumstances, the benefits of traditional healing practices for the treatment of trauma should not be universalised either. As I was able to show, the women did not usually consult traditional healers for trauma-related health problems preferring the treatment and advice of biomedical practitioners and religious leaders and the calming effect of holy places. Moreover, western psychiatric intervention strategies have, in fact, filled a vacuum in Kosova: the country “inherited” a large, centralized and hierarchical health care system from Yugoslavia, which was treatment-, hospital- and doctor-oriented (Buwa & Vuori, 2006) and had insufficient long-term institutional resources, community based mental health structures and other support services for people suffering from mental illness (Agani, 2001). Thus, although much of the anthropological and transcultural psychiatric critique which argues that it is crucial to incorporate and work with different norms, values and traditions is legitimate, it is important to look at the specifics of the local context as each post-conflict situation is unique and must be interpreted individually (Shuey, Qosaj, Schouten, & Zwi, 2002).

Thus, I argue that biomedicine not only plays, but should play an important role in the provision of mental health care in Kosova. Of course, this does not mean that it is without limitations. On the contrary, biomedical practitioners are mostly trained to deal with symptoms reflecting traumatic memories that are “carved on the bodies and brains” of individuals and often pay insufficient attention to the fact that memory systems also affect the social and political processes that regulate public and private recollection (Lemelson, Kirmayer, & Barad, 2007). More specifically, Kirmayer and Young (1998) explain that somatic symptoms suffered by individuals from different cultural backgrounds can be seen as an index of multiple meanings including: 1. index of disease or disorder, 2. symbolic expression of intrapsychic conflict, 3. indication of specific psychopathology, 4. idiomatic expression of distress, 5. metaphor for experience, 6. act of positioning within a local world, and 7. form of social commentary or protest. Although the meanings seem to be mutually exclusive at first sight, they coexist in accounts while the dominant aspect varies among patients, families, clinicians and researchers.

I would like to add an additional component to the list of meanings which is that of “collective memory”. Throughout my fieldwork, I realised that women expressed psychosomatic symptoms along with symbolic interactions, narratives, performances and rituals in order to construct the past of their communities and give meaning to their everyday lives. Based on these observations, I argue that it is through a combination of collective memories and bodily expressions of distress that women in Krusha e Madhe and Pastasel draw attention to what it means to live with memories of war, terror, flight, exile and destruction, and how such memories influence the processes involved in restoring their own wellbeing, their family networks and the social and political organization of their respective villages in a time characterized by political and economic upheaval and insecurity.

Collective Memory

In Krusha e Madhe and Pastasel, the creation of collective memories was a highly gendered process which revealed different ways of commemorating as well

as the uneven distribution of opportunities and resources to speak out and act in public. As I was able to show, it was mostly men and not women who were engaged in the creation of collective memories in the public arena during political and cultural events, anniversaries and interviews with journalists. Their points of reference were mostly attached to 'sites of memory' (Nora, 1996) including cemeteries for martyrs, memorials for fallen soldiers, city halls and historical battle grounds where they transformed their personal and communal memories and values into cultural heritage through speeches, demonstrations, music and dance. The events were usually powerful enough to attract a number of journalists, photographers, politicians, human rights activists and local historians to record the narratives and rituals as evidence of the atrocities committed by Serbian forces before and during the recent war. In this context, I found that places imbued with national history and myths were powerful sites in which to hold public gatherings and ceremonies as they facilitated the cohering of memories, the shaping of national identity, and the production of social relations and practices (Bal, 1999; Brockmeier, 2002; Hayden, 1997; Winter, 2008).

Although these practices appeared consensual, this was not necessarily the case as they were also processes of contestation (Gillis, 1994) through which it became apparent that people have unequal means by which to generate powerful historical narratives (Hutton, 1993). For example, during public events women's voices were notoriously marginalised and disqualified (Foucault, 2003) in that their individual and collective memories were usually omitted in accounts published by local and international historians and journalists who portray Kosovar Albanian women as bystanders, survivors and sufferers who engender political events with pathos (Del Zotto, 2002; Krasniqi, 2007). It is, thus, important to ask what kind of social spaces are available to women to remember and commemorate.

Though women's memories of the war were silenced during public gatherings and their voices were deliberately excluded from political debates, this does not mean that they were not obliged to remember and commemorate. On the contrary, women were not merely dominated by, but actively participated in the

process of reproducing and modifying collective memories of the war and post-war hardship. My research investigated one such way in particular, namely, the exhibition of psychosomatic symptoms in the context of different social spaces. I observed that women expressed illness symptoms while or shortly after talking about their war experiences and current socioeconomic difficulties to each other, family members, friends and neighbours; to providers of humanitarian aid such as local and international NGOs; to journalists; and to human rights activists. Similar symptoms were also experienced after visiting places with which the women often had deeply troubled and unresolved relations such as graveyards for martyrs, locations where atrocities had been committed and memorials for fallen KLA fighters. The women usually visited these places in small groups to grieve for, silently communicate with and honour their brutally murdered or disappeared husbands, sons and other close family members. Upon returning home, they often exhibited symptoms such as headaches, high blood pressure, undefined pain, worries and nervousness to intimate circles of family members, friends and, sometimes, neighbours. Yet, on certain occasions such as the anniversaries of the massacres and during demonstrations for the missing family members, the women demonstrated their grief and physical pain publicly through emotional and physical breakdowns at grave sites or while holding the pictures of their loved ones. Captured and published by journalists, broadcasters and film crews, the images of “the grieving and suffering Kosovar village woman” receive “a certain visibility, a collective resonance, and publicness” (Feldman, 2003, p. 62) through which they are engrained into the collective memory of a wider national and international community of remembrance.

In such moments, individual, interpersonal, communal and structural societal influences come together and turn the women’s bodies into places of agency, communication and negotiation (Moore, 1994). That is, through the expression of illness symptoms, individual women or groups of women signal to others that they are still remembering and commemorating the losses of family members and the destruction of property, are aware of their social status as widows and mothers of killed or disappeared children, and show that their plight

extends into the present in the form of economic insecurity or outright poverty. Bodily features are, thus, generated partly through social practices and can only be understood within the context “of their dialectical relations with determining material, epistemic, institutional, and ideological structures which they both reproduce and transform” (Sangari, 1992, p. 2-3).

In the case that the expressed illness symptoms became unbearable for the women, they consulted doctors in their private clinics, *ambulantas* or hospitals. As I was able to show, doctors’ visits were more than just medical encounters. Several women from Krusha e Madhe and Pastasel stated that consulting doctors in the nearby cities such as Rahovec, Prizren and Gjakova was one of the few legitimate reasons and opportunities for them to leave their village, go shopping, meet friends for coffee or enjoy a meal at a restaurant without having to fear gossip and criticism from their respective communities. In the doctor’s clinics, the waiting rooms were spaces in which women socialised with other patients regardless of whether they were relatives, friends or strangers. I observed that women exchanged the latest news and gossip about weddings and divorces, births and deaths, the price of agricultural equipment and produce, and economic problems. Moreover, they openly discussed their war experiences such as their flight to refuge, the conditions in refugee camps, the shock of returning to their destroyed villages, and post-war hardship. Back home, these encounters and stories were embellished with additional details and shared with family members and neighbours during evening get-togethers.

The patient-practitioner interactions themselves appeared to be more difficult and frustrating, at times. As I outlined above, the women expressed and discussed their symptoms openly with doctors, but were reluctant to speak about the underlying causes, especially when they were related to sexual abuse during the war, domestic violence and interpersonal conflicts. Although doctors could not be entirely sure that the women’s health problems were in fact related to war experiences, they assumed a direct interconnection between a traumatic event and the respective combination of psychosomatic symptoms. Yet, my interviews with clinicians and women showed that medical encounters included more than the

psychologization of assumed traumatic experiences: when doctors described how women talked about their psychosomatic symptoms to them, they often interrupted their accounts to tell me about their own experiences during the war of oppression, their exclusion from the hospitals and clinics, unemployment, working under dangerous conditions, hiding in the basements of their houses for protection from bombs and gunfire, the flight to surrounding villages or abroad, their return from exile, and the exhumation of mass graves. They embedded and justified their accounts by relating them, on the one hand, to parallel events about which they had read or heard such as large-scale killings, massacres, rape, torture, the destruction of whole villages and mass deportations and, on the other hand, to the oppression of and armed conflicts against the Albanian population throughout history. Thus, the women's bodies and expressions of distress not merely symbolised individual experiences of violence and hardship, but served as an "exemplary site for the coming together of political [and historical] forces" (Feldman, 2003, p. 62) in that they were illustrative of the timeless suffering of the Albanian nation, the grief and traumatic memories of the general population today, and the current hostile social environment they live in.

Interestingly, however, the diagnostic and treatment procedures which practitioners offered to their female patients did not reflect these wider processes of remembrance and politicization. On the contrary, a loop was created which transformed the women's bodies into sites of collective memories which provided clinicians with the opportunity to remember their own experiences during the war and reflect them in relation to their country's long and belligerent history. However, instead of engaging women in conversations about how their health problems could be related to these wider historical, political and social processes, clinicians reduced them to war-trauma and trauma-related disorders.

As I pointed out in the previous chapters, women were often unsatisfied with the diagnoses and treatments provided by doctors and felt that most of the health professionals were incapable of distinguishing between the multiple etiologies which led to their psychosomatic symptoms, incompetent to treat their pain in the long-term, and humiliated them by talking to them "like children". At

the beginning, I was puzzled by the simultaneity of the women's high expectations of health professionals, their unwillingness to discuss the etiologies with doctors, and their inaction with regard to demanding a more holistic approach to healing.

Interestingly, it was through my work with traditional healers and *shehs* and my visits to holy places that I better understood these discrepancies: the women visited healers, *shehs* and holy places to seek help for a combination of psychosomatic and social problems. That is, they suffered from headaches, stomach pain, paralysis, undefined pain, rashes and nervousness as well as poverty, marriage problems, unfaithful husbands, domestic violence, family conflicts and childlessness. The women expected healers and *shehs* to, in exchange for money, explain the causes of their suffering, disclose the evil doers who had cast the spells, advise how to confront and deal with people who wished them harm, treat their symptoms and provide amulets for further protection. Similarly, the women offered gifts to "the poor" at *tyrbes* in the hope of receiving healing which affects simultaneously the psychological, social and economic facets of their wellbeing in return.

It became apparent that healers and *shehs* sought the malign influences on the women's health outside their psyche and bodies that is, in their social environment. Emanating from this, they provided the women with tools to directly or indirectly affect their social relationships and economic difficulties. In other words, tools such as amulets and counter-spells enabled the women to keep evil doers and jealous people at bay and/or provided them with a means of defence. Through such practices, oppressed and mistreated women were given a sense or the illusion of power over their dismal situations as well as hope that their spoiled social relationships would eventually change for the better. In contrast, the women explained that *tyrbes* affected their overall wellbeing positively as they provided them with a sense of calm and detachment from the disturbances of everyday life. In addition, the places were believed to be capable of ameliorating psychological problems, physical pain, social relations and economic hardship through a combination of God's energy and religious symbols, national history and myths.

Considering these expectations and experiences of healing, I believe that I understand to a certain degree why women were often disappointed after visiting doctors and psychologists for their health problems: similarly to their visits to healers, *shehs* and *tyrbes*, the women paid health professionals in exchange for consultation and treatment. Yet, the “gift in return” was often considered unsatisfactory as it consisted of “only” low dosages of “calming pills” and therapeutic conversations. Women often felt exploited in that they were asked to pay for basically treating themselves by reflecting on and talking about their symptoms, the events that might have triggered them and the ways in which the symptoms influence their social relationships with family and friends. A woman summarized pointedly, “Why do they work? We talk about the war and the missing family members among ourselves all the time and know that it doesn’t help. It’s wrong to take money without giving anything in exchange.”

So, the question is: what else is needed “in exchange” besides low dosages of medication and talking? As I described throughout my dissertation, subjective experiences, expressions of distress and treatment procedures are intertwined with history, culture and social relations which are, in turn, influenced by geographical location, ethnicity, class and gender divisions. Thus, making sense of life, especially when one is ill, occurs in reference to multiple systems which can be viewed as both sources of constraint and sources of support (Bibeau, 2010). Kosovar Albanian women living in villages like Krusha e Madhe and Pastasel face various constraints due to discrimination through deliberate marginalization by their communities. At the same time, the communities expect them to express their memories of the war openly and organize their lives around them. Since women rarely have the opportunity to speak about the war, their traumatic experiences and their post-war hardship in public, the cultural spaces for expression are limited. Yet, they do exist and include – besides networks of families, friends, fellow widows and neighbours – also the interactions with health professionals, religious leaders and traditional healers as well as holy places such as *tyrbes*, *teqes* and split rocks. Just like other places of memory, these locations provide spaces where traumatic memories and stories of socioeconomic hardship

can be “assembled, reconstructed, and displayed with a tacit assumption of validity” (Kirmayer, 1996, p. 190).

However, although such ways of commemorating appear to be governed by implicitly accepted rules, are of ritual and symbolic nature and seem consensual, they are, in fact, processes of contestation, struggle and annihilation (Gillis, 1994). In other words, commemorating in such contexts is far from evident as it occurs in connection with trauma-related health problems. Thus, expressions of distress are ambiguous entities which may be painful psychosomatic symptoms and expressions of collective remembrance at the same time. Health practitioners who treat these symptoms with medication and psychotherapy tend to abstract the individual and a moment of her life from wider societal discourses and the cultural environment and, thus, ameliorate the immediate physical pain and provide short-term calming effects for the mind while having limited or no effect on the self-destructive ways in which women express their collective memories.

How can this realization be translated into practice? To answer this question, at least partially, it is crucial to recognise that the social environment in which stories based on traumatic memories and socioeconomic hardship are told and re-told is important to the features of memory itself. According to Kirmayer (1996), such environments should provide individuals with the opportunity to “build up a landscape of local coherence” (p. 182) in which it is safe to express and share memories of hardship with others. In the context of Kosova, health practitioners form a vital part of this landscape despite the fact that many of them perceive themselves to be only indirectly related to their patients’ experiences through their medical mandate. Nevertheless, some of them are acutely aware that their interaction with patients is also an act of bearing witness. Therefore, I would like to argue that, as witnesses, they could provide a social space for women in which they could deal with their life experiences and related memories by articulating their “empathetic attention” and, even more importantly, evoking “the tacit dimension of shared (or public) history” (p. 187).

I have described how elements of such “empathetic attention” and “shared history” are already part of patient-practitioner interactions as the women’s expressions of distress triggered the health practitioners’ own imagination and personal memories of the war and atrocities in relation to collective memories of their country’s history. However, since these relations do not play a central role in therapy, they need to be made explicit and theorised more closely so that they can be incorporated as therapeutic tools. Thus, it is crucial to keep in mind that while health practitioners could be witnesses to and advocates for the women’s memories, their role should not entail the appropriation of these stories as this would, once again, lead to the oppression and silencing of the voices and agency of women. Instead, the patient-practitioner interaction should be perceived as an opportunity to build ethical relationships which go beyond the relatively narrow medical mandate by providing women with “tools” to create social spaces in which they can live and commemorate in a healthy way. In other words, like traditional healers, health practitioners should support women in their struggle to change their social environment in a way that would spare their bodies and allow them to create their own safe (public) place in which they could remember and commemorate the war, the atrocities and the losses.

Epilogue

I returned to Kosova in the summer of 2009 in order to investigate how structural and economic changes at the national level affect women's everyday lives, mental health, social status and participation in society. My curiosity had been piqued by the newspaper headlines that followed the publication of the Gallup poll in 2009: "An independent Kosovo is apparently a more positive Kosovo" and "Kosovo again among the most optimistic countries in the world". I was surprised to read that Kosovars have more positive attitudes toward their government, their city, their local and national economies and their own lives than before independence. According to the poll, a majority (58 percent) said their national economy was getting better, up from 39 percent in 2007. Far fewer respondents said that the national economy was the same, down to 14 percent from 33 percent, while about one in four continued to say it was getting worse. The optimism of Kosovars about the future of their economy stands out in the Balkan region, which is interesting considering that their economic reality is bleak. In 2009, estimates of the GDP per capita were \$2,300 ranking the country as the poorest in Europe. Equally surprising was that Kosovars' sense of wellbeing had improved considerably. The Gallup Poll asked respondents to evaluate their lives by imagining a "ladder" with steps numbered from 0 to 10. For Kosova, the percentage of residents who could be classified as "thriving" improved from 19 percent to 29 percent.

I was uncertain how to align these findings to my own and was unsatisfied with simply attributing the differences to methods of data collection. Thus, I interviewed the research manager of Index Kosova, Shemsi Krasniqi, who had been responsible for eliciting the data for the Gallup Poll. According to him, the estimation of "optimism" was based on mainly three questions in the survey including: So far as you are concerned, do you think that 2009 will be better, or worse than 2008? Compared with this year, in your opinion, will next year be a year of economic prosperity, economic difficulty or remain the same? And, in the next 12 months do you expect unemployment in Kosova to increase a lot, to increase slightly, remain the same, fall slightly or fall a lot? Krasniqi was not sure

what to make of “this optimism” and wondered, “I asked myself what ‘optimism’ means in this context and how such optimism and the terrible reality that we are facing fit together.” According to him, three explanations are possible: First, the current economic situation and unemployment rates are so disastrous that people feel as though “it can’t get worse than this” and, therefore, resort to “a sense of hope for a better future.” Second, the reason why individuals rather check off boxes on a questionnaire that read “better”, “prosperity” and “increase a lot” instead of “worse”, “difficulty” and “fall a lot” may be linked to a “cultural and traditional way of thinking.” In other words, it is a “magical way of thinking” and most likely related to the proverb “*thuj mirë bohet mire*” [say good and it will be good] which reflects attempts to “force optimism into being by avoiding talking about the dark sides of life.” And third, Kosova is a post-war society in which each adult remembers a time characterized by discrimination, brutality and loss, and, therefore, values “freedom” as the greatest good. “Compared to the period before the war and the war itself, our lives have improved considerably even though not in a way that we had hoped for or expected. Nevertheless, freedom has a great value and is essential for the health of each individual.”

However, despite these driving forces of optimism, Krasniqi was certain that “reality will catch up with the people” resulting in a “decrease in optimism and the realization that the new state status won’t resolve all problems.” I decided to follow this up by interviewing mental health and general practitioners, village representatives, elders and women whom I had interviewed previously in 2007 and 2008. In so doing, I aimed to elicit their perceptions of political, economic and health related changes in Kosovar society one year after the country’s declaration of independence. Moreover, I included questions pertaining to ways in which such changes affected especially women’s everyday lives, mental health, social status and participation in the respective communities of Krusha e Madhe and Pastasel.

All healthcare practitioners whom I interviewed stated that they had not perceived any major change for the better in Kosova since independence. Common answers were, “What can I say... No, nothing has changed” and “I don’t

see any changes taking place in society.” Instead, they pointed out that the situation is worsening due to an increase in corruption, trafficking of women, prostitution, suicide, drug use, unemployment and lack of perspective. Dr. Rushiti stated, for example, “I think that things have changed for the worse. This concerns especially the freedom of speech, state control of the media and corruption in government institutions and civil society.” Similarly, Dr. Agani said, “Institutional corruption has risen to a worrying degree. I also see a significant increase in the trafficking of women, the voluntary prostitution of Albanian women, and rising numbers of suicide and suicide attempts.” Moreover, all practitioners agreed that nothing had changed in the health care system in recent years and that working conditions remain catastrophic especially with regard to education and training of personnel, access to treatment and medication, salaries and insurance. A psychiatrist summarized, with frustration in her voice, “The structure of our health system has changed since the war while the situation kind of remained the same. The performance of doctors, salaries and health insurance hasn’t improved over the years. Imagine, it is now ten years since the war and we still don’t have a health insurance system in place.” Another psychiatrist complained, “Nothing has changed for us, absolutely nothing! We were supposed to have a reform throughout the past two years, but nothing happened and we are left with rumours that conditions will improve, that doctors will receive proper equipment and that we will be supplied with medication. But these promises turned out to be empty.” Especially doctors working for the health house in Rahovec and *ambulantas* in Drenoc and Krusha e Madhe complained that the lack of staff, medication, salaries, water and electricity kept them from providing proper diagnoses and treatment to their patients. Dr. Gashi summarized the grim situation that the *ambulanta* in Drenoc faces as follows:

I often have to request medication as we are not sufficiently equipped and the water situation is a disaster. We receive water from private houses for free. Citizens simply share their water without receiving compensation for it. However, when they don’t have enough water for their own needs, we don’t receive water at

all. For example, a few weeks ago we didn't have water for two whole weeks. To work hygienically under these circumstances is close to impossible. We also don't have enough electricity and depend on a generator to cool the vaccines and keep the sterilizer working. It's a catastrophe!

While health practitioners clearly shared negative attitudes toward the current political, economic and healthcare situation in Kosova, village representatives and elders in Krusha e Madhe and Pastasel had more diverse opinions ranging from positive to very negative. In Krusha e Madhe, the village representative and elders argued that their country's independence was in itself a positive development indicating that the suffering of the population throughout the past decades had not been for nothing. An elder stated, "First of all, we became a state – something for which we had been hoping for many years. It is the state of Kosova for which people sacrificed their lives, especially here in Krusha." In connection to this, it was argued that state-building efforts and governance were progressing steadily with positive influence on domains such as education, science, economics and industry. Moreover, these developments were perceived to directly influence the lives of the village population allowing them to live "freer" and "under better conditions". Kadri, the village representative, stated for instance, "Families here in Krusha are freer and breathe freer. They realize that their sacrifices during the war were not in vain. They know that the time of oppression is, once and for all, over and that we won't be killed, beaten, burned and suppressed by our enemies." Together with his political party and elders, he had been able to secure funds from the government and the municipality of Rahovec to pave parts of the main road, build a sidewalk leading to the primary school and install street lights in the village centre. Due to their success, they plan to apply for additional money to build sidewalks all the way to the village of Nagavc so that the children's way to school is safe, erect a fence around the school to protect students from traffic and build a small football stadium for the youth of the village and community events.

In Pastasel, on the other hand, village leaders believed that nothing had changed in their country and community since independence except for developments in infrastructure and national symbols. Typical answers were, “Everything remained the same except for some progress in infrastructure”; “From my point of view, I can’t see changes around here” and “The only positive changes are that we have our own state, a flag and proper Kosovar passports.” The leaders were especially frustrated that their village did not profit from the promises made by politicians during election campaigns. “Since the elections we have been struggling with the exact same problems as before” Mehmet said angrily. Similarly, Neki, the village representative stated, “Nothing has changed in my village and nothing has been invested in this place. Our main problems remain related to electricity, drinking water and canalization.” Moreover, village leaders felt that the state does not acknowledge and honour the sacrifices made by their KLA fighters and civilians during the war while favouring other villages like Krusha e Madhe and Drenoc which have successfully drawn attention to their “plight”, received regular media attention and were provided with large amounts of national and international donations and support: “It is not recognized that 106 of our people died during the massacre. Therefore, we don’t receive as much aid as other villages, especially Krusha e Madhe” a neighbourhood representative said. Similarly, an elder stated, “Although only three heroes died in Drenoc, they received a big monument from the municipality. In addition, they were provided with an extra road and now a water system. I am convinced that the reason behind this is that their leaders belong to the political party in power and can make their voices heard much more easily.” Several men expected that due to such neglect and disrespect, many villagers would boycott the upcoming elections. “What can the state expect from us as voters? We aren’t optimistic and know that about 50 percent of the men in Pastasel aren’t going to vote this year. This is the reality after independence in Kosova for you!” a group of unemployed men told me.

Similar to the village leaders, women in Krusha e Madhe and Pastasel varied in their perception of changes for the better in their country. Women in Krusha e Madhe stressed that they and their children felt freer and were able to

obtain Kosovar passports. Also, they mentioned that they had observed changes in infrastructure such as renovated hospitals, asphalted roads and reopened factories. A typical answer was: “A lot has changed since independence. First of all, we have a free and independent state. Our children can go to school freely and without fear. I also like that the roads are asphalted and hospitals are being gradually renovated.” Women in Pastasel, on the other hand, voiced their disappointment stating that they had not observed any changes in their country since independence. “I was hoping that after independence things would change for the better and be easier. But nothing has changed” and “Nothing has changed for us. People just work for themselves and don’t share with others” were common answers. However, when I asked whether they observed if anything had changed for the worse in their country since independence, women from both villages felt uneasy and preferred not to answer the question. Most of them began their answer with, “I don’t know... I don’t know what to say”; “I don’t know of anything that changed for the worse” or “I kind of feel bad saying that something changed for the worse.” When I probed further, they reluctantly referred to the high rate of unemployment, increased corruption on government as well as NGO levels, lost solidarity between villagers and the fact that the state does not invest sufficient resources in finding and identifying missing people. For instance, after contemplating how to answer my question, Teuta said, “I don’t know what to say... Well, it happens that people misuse the aid provided by humanitarian organizations. Also, politicians usually line their own pockets forgetting about the rest of the population.” Other women tried to distance themselves from their answer by referring to news reports on TV. Valbona stated, “I don’t know what to say with regard to this. On TV we hear that things have changed for the worse. But since I am not a politician it is not up to me to solve these problems.”

Women in Krusha e Madhe were divided when asked how their economic situation has changed over the past one or two years. Half of the women claimed that their economic situation had changed for the better due to the fact that they manage to sell more of their home produce such as pickled peppers, were supported by humanitarian organizations, their sons were now old enough to

contribute to the family income, and that their husbands have better paying jobs. On the other hand, women who felt that their economic situation had changed for the worse, complained about the steadily rising cost of living, that they could not afford their children's education or pay for healthcare, and that their welfare had been cut once their first son reached the age of majority. Interestingly, however, all of the women had plans for the future, including increasing their agricultural production, renovating and furnishing their homes, educating their children and sending their sons abroad to earn an extra income. In Pastasel, on the other hand, most women were more ambivalent, listing positive and negative changes. Since women were uneducated and most were not allowed to earn an income, they considered it a great relief that their adolescents sons increasingly contributed to the family earnings and that their husbands and adult sons found work abroad. Complaints concerned the difficulty in earning an income during the winter months and the fact that it was becoming more and more difficult to obtain working visas for countries like Germany, Switzerland and Italy. Unlike in Krusha, the women did not mention plans for the future except for one whose sons had started to build their own houses on the compound.

Women from both villages complained about the catastrophic situation of health care in Kosova. According to them, medication and doctors' visits were too expensive, doctors were more interested in earning a high salary than aiding the population, and corruption and unequal access to care was the norm in the public health sector. Shkurta exclaimed, "It is very expensive to go to the doctor! Ten pills for my stomach cost 12 euros. Only ten pills! But, since they help me I have to buy them." Valbona revealed, on the other hand, "If you go to the hospital in Prizren it is important that you have connections. If you have connections you get treated, if not, well... you wait forever even if suffering from a difficult problem." Many women stated that they can only afford to send their children to the doctor while turning to home remedies for their own needs. Fitore said through bitter tears, "Maybe it's a shame to say this, but I don't take care of myself. I can't afford to go to the doctor although I was told to have a check-up not long ago. Instead, I just take a paracetamol and send my children if they are really sick."

Similarly, Mimoza said, “Since the war, I can only afford to send my children to the doctor. I only go when I am very, very sick and can’t help myself with whatever I have in the house.” Obviously, the health care situation is perceived to be inadequate by all women notwithstanding their economic situation.

In order to find out what might have inspired the majority of Kosovars to provide optimistic responses with regard to the Gallup Poll question “So far as you are concerned, do you think that 2009 will be better, or worse than 2008?” I included a similar question asking, “If you got a questionnaire from an organization which included the question: ‘in your opinion will 2010 be better or worse than 2009?’ Would you choose better, same, or worse?” All respondents chose “better” despite the fact that they were aware of their country’s dire economic and political situation and the global economic meltdown. The motivation for choosing “better” differed between village leaders and women. While Neki, the village representative of Pastasel, stated that he would choose “better” as “it can’t get worse”, Kadri explained that although he is convinced that “on the state level things are getting worse”, he believes that it is appropriate to choose an optimistic response:

In our culture we tend to have this subconscious hope that each year will be better than the next one. When we meet at New Years and raise our glasses, we wish each other a happy New Year and good health hoping that we will be able to realize our plans. This is why I choose ‘better’.

Most women said, on the other hand, that they “hoped” or “wanted” the following year to be better. Common answers were, “I would say: I hope that it will be better”; “*Inshallah* it will be better and our lives will be better” or “I would choose better. I want it to be better, but things are and will be difficult. We are freer, but we don’t have the material means. Things will be better, if I keep hoping.” Women who were engaged in agricultural production and sold home produce also stressed that hoping alone will not lead to prosperity and emphasized the importance of work. Learta pointed out, “If you work, God will help you” while Teuta revealed, “Only if we work hard, our businesses are going to grow so

that we might have a big enterprise one of these days.” Other women claimed that it was important to “say that it will be better” fearing that if they considered otherwise, the situation will, in fact, become worse. Edona’s response illustrates this well: “Of course, I’d choose better! I don’t wish anybody bad things, not even my enemies! One wants things to turn better.”

The women’s responses resembled their explanations concerning the proverb “*thuj mirë bohet mire*” [say good and it will be good]. Everyone except for two women “believed” in the proverb stating that it is “true” and could provide examples which illustrated that there exists a direct link between ‘saying good things’ and ‘receiving good things in return’. Fitore said, “The saying is true. When you have problems, you have to talk to yourself saying, ‘it will be better, it will be better’ since it will be better. That is, good thoughts bring good things.” However, talking the positive into being is not an end in itself. Women asserted that saying good things also increased their hope for a better future and raised their motivation to work harder. “Hope keeps a person going”; “hope is the key for economic improvement” and “when you say good things, you actually develop the motivation to do good things” were typical explanations. To illustrate the interconnection between hope and material wealth, Lorida referred to her sister’s success. “Take my sister: For many years she wasn’t doing well and could hardly afford the education of her children. Now things have changed and she has a mountain with snow. That’s how we say it as a mountain is not a mountain without snow. The good things come slowly, but they come if you don’t lose your hope.”

Other women emphasized the role played by God arguing that simply “saying good” is insufficient as the goodness has to be granted by Him. “When you say that something is good, God will bring the goodness” several women reasoned. Ellma exemplified this when telling me that her late husband was not only uneducated, but incapable of handling money: “When I sent him to Rahovec with money, he spent it all as he didn’t know the difference between the coins.” Thus, she prayed intensely asking God, “Please let my sons be smarter than him so that they can save us.” She was convinced that her prayers were answered.

Some women also believed that suggestion played a big role, especially in relation to health. Both Shkurta and Mimoza argued that it is crucial to say that one is doing well even though one might, in fact, be sick. “When I have a headache and someone tells me that I will feel better and that I shouldn’t be so upset, then I will feel much better” one of them said while the other asserted “Even if you aren’t feeling well you should say that you are fine. Once you say it you give yourself hope that things will be better.” They referred to a sister-in-law who had been very sick and since relatives kept telling her how sick she really was, she had to be transferred to a hospital in Skopje, Macedonia. “There, she almost died” said Shkurta when Mimoza interrupted her saying, “We started to lie telling her that she was doing much better and that she felt much better. Consequently she felt much better.” Shkurta summarized, “So when you say things will be better, things will be better. But, if you start saying that things are bad or will be worse, they will be worse.” Obviously, there also exists a link between saying “bad” or “worse” and inviting trouble. According to several women “bad things” materialize fast and may be invoked through complaint. Lorida said, “When you keep saying ‘*s’komje, s’komje*’ [not having, not having], then it will be exactly as you say: you won’t have anything.” Fitore reasoned, on the other hand, that one’s situation becomes unfavourable as one is losing hope. “When you say that your situation will be bad, it will probably turn out that way as you have lost hope for your future.”

Although tempting, I do not want to suggest that the Gallup Survey simply elicited opinions based on or influenced by a proverb which establishes a direct link between positive thinking and favourable outcomes. Instead, I believe that there is more to the results even if relating them to “optimism”, the people’s confidence in their future, is incorrect. Instead, the data reveals a combination of hope that is, a feeling of expectation and desire for something to happen as well as fatalism, the belief that events are predetermined and inevitable. Such attitudes may possibly constitute coping mechanisms and ways of being resilient in times of grief, hardship and uncertainty in that they encourage the women to remain hopeful for a better future and motivated to achieve crucial goals in their lives

such as better living conditions, higher education for their children, better business deals and improved healthcare. Future research should investigate issues pertaining to psychological resilience and coping skills by focusing on what kind of factors promote resilience, the lived experience of individuals and groups and ways in which ill health, resilience and coping skills are interrelated.

Moreover, my follow-up investigation reveals that further research is needed which aims to fill the gap between psychiatric practice, research and policy, to unravel the tensions between the clinical, public-health and lay perspectives of trauma, and to focus on the collaboration of the different groups involved (local health-care personnel, local researchers, the Ministry of Health, NGOs, patient associations, foreign relief organizations and donors) in maintaining and developing the mental health system in Kosova. So far, no qualitative or quantitative research exists which focuses on the expertise and resources that contribute to the alleviation of the various problems that hinder the delivery of health care services – of an acceptable standard – to Kosovars.

APPENDIX A:
Map of Kosova

Map of Kosova

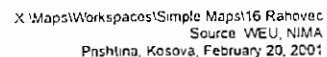


Retrieved from the CIA “The World Fact Book”

<https://www.cia.gov/library/publications/the-world-factbook/geos/kv.html>

APPENDIX B:
Map of Rahovec

Kilometers



APPENDIX C:
Victims of the Massacre in Pastasel

EMRI.	MEIEMRI.	VITI I LINDJES.	VENDI I LINDJES.	PROFESIONI.	TE IDEN;
1. JEMIF. A. KRASNIQI.	1920.	PASTASEL.	BUJK.	—	
2. SHABAN. A. KRASNIQI.	1925.	PASTASEL.	BUJK.	—	
3. SAHIF. M. KRASNIQI.	1933.	PASTASEL.	BUJK.	—	
4. PAJAZIT. D. KRASNIQI.	1945.	PASTASEL.	BUJK.	+	
5. FLATZ. KRASNI.	1944.	KRASOR.	MEKANIK.	—	
6. HAMDI. I. KRASNIQI.	1930.	PASTASEL.	BUJK.	+	
7. AVDI. S. KRASNIQI.	1929.	PASTASEL.	BUJK.	+	
8. ALI. S. KRASNIQI.	1934.	PASTASEL.	BUJK.	+	
9. VEHPIN. I. KRASNIQI.	1939.	PASTASEL.	BUJK.	+	
10. HYDAJET. C. KRASNIQI.	1940.	PASTASEL.	BUJK.	+	
11. SHAPAR. C. KRASNIQI.	1927.	PASTASEL.	BUJK.	—	
12. SELIM. B. KRASNIQI.	1929.	PASTASEL.	BUJK.	—	
13. PABIL. S. KRASNIQI.	1963.	PASTASEL.	BUJK.	+	
14. MUHAMM. F. KRASNIQI.	1932.	PASTASEL.	BUJK.	—	
15. ABAS. B. KRASNIQI.	1942.	PASTASEL.	MUDATOR.	+	
16. ALI. S. KRASNIQI.	1932.	PASTASEL.	BUJK.	+	
17. HAZILU. GJ. KRASNIQI.	1955.	PASTASEL.	BUJK.	+	
18. ALI. A. SH. KRASNIQI.	1935.	PASTASEL.	BUJK.	+	
19. PAJRAM. SH. KRASNIQI.	1939.	PASTASEL.	BUJK.	+	
20. FEJZULLAH. SH. KRASNIQI.	1938.	PASTASEL.	BUJK.	+	
21. MAHMUT. S. KRASNIQI.	1945.	PASTASEL.	BUJK.	+	
22. RESIM. E. KRASNIQI.	1930.	PASTASEL.	BUJK.	—	
23. AVDYL. S. KRASNIQI.	1944.	PASTASEL.	BUJK.	—	
24. REGJEP. D. KRASNIQI.	1954.	PASTASEL.	BUJK.	—	
25. HAMDI. D. KRASNIQI.	1937.	PASTASEL.	BUJK.	—	
26. MEHMET. J. KRASNIQI.	1929.	PASTASEL.	BUJK.	—	
27. VESEL. I. KRASNIQI.	1946.	PASTASEL.	BUJK.	+	
28. SADIK. P. KRASNIQI.	1936.	PASTASEL.	BUJK.	—	
29. SHABAN. P. KRASNIQI.	1944.	PASTASEL.	BUJK.	—	
30. ALI. S. KRASNIQI.	1939.	PASTASEL.	BUJK.	+	
31. MUSLI. H. KRASNIQI.	1932.	PASTASEL.	BUJK.	+	
32. MUHAMM. M. KRASNIQI.	1934.	PASTASEL.	BUJK.	+	
33. UKE. S. GASHI.	1944.	SVERK.	BUJK.	—	
34. ISMET. M. MAZREKU.	1935.	PASTASEL.	BUJK.	+	
35. ZEQ. M. KRASNIQI.	1919.	PASTASEL.	BUJK.	+	
36. ALI. S. MAZREKU.	1936.	PASTASEL.	BUJK.	+	
37. UKE. A. MAZREKU.	1942.	PASTASEL.	BUJK.	—	
38. MUHAMM. D. KRASNIQI.	1946.	PASTASEL.	BUJK.	+	
39. BEHLUL. D. KRASNIQI.	1949.	PASTASEL;	BUJK.	+	
40. SHABAN. A. KRASNIQI.	1958.	PASTASEL.	ARSIMTAR.	+	
41. BRAHIM. U. KRASNIQI.	1938.	PASTASEL.	BUJK.	+	
42. MUSTAF. U. KRASNIQI.	1943.	PASTASEL.	BUJK.	—	

43. SALIH. S. KRASNIQI.	1956.	SENOG.	PASTASEH.	BUJK.	—
44. JAKUP. B. RRACAJ.	1945.		JELLOC KLIN.	BUJK.	—
45. OSMAN. H. MERLAKU.	1947.		GRENNIK.	DEPOIST,	—
46. NIMON. KULAJ.	1948.		JASHANIC KLIN.	BUJK.	—
47. HAJZER, HAJRIZI.	1935.		KOPILIQ I EFERN.	BUJK.	—
48. MURSEL. KOJA.	1939		KERNIC KLIN.	BUJK.	—
49. VARR HASIV KUFONIA TE KARBONIZUARA TE PA IDENTIFIKUARA.					
50. RAMADAN. J. DULI.	1945.		POLLUZHE	SHOFER.	+
51. VELI. N. BERISHA.	1936.		POLLUZHE	BUJK.	+
52. GJAFER. Z. BERISHA.	1928.		POLLUZHE.	BUJK.	+
53. ZAIM. MORINA.	1981.		POLLUZHE.	MXENES	—
54. NESIM. FEJZA.	1949.		POLLUZHE.	BUJK.	—
55. HAGJI. KAJA.	1926.		GURI I KUQ.	BUJK.	—
56. HAGJI. IBISHI.	1918.		GURII KUQ.	BUJK.	—
57. BLEERIM. FETAHU.	1985.		GURI I KUQ.	MXENES	—
58. ADEM. QERIMI.	1933.		GURI I KUQ.	BUJK.	—
59. HAGJI. ARIFI.	1933.		GURI I KUQ;	BUJK.	—
60. JEMIN. DANA.	1924.		GURI I KUQ.	BUJK.	—
61. TAF. SHERIFI.	1947.		GURI I KUQ.	BUJK.	—
62. RAM. ZYMERI,	1920.		GURI I KUQ.	BUJK.	—
63. SALIH. RAMA.	1947.		GURI I KUQ.	BUJK.	—
64. VESEL. ZENEVI.	1928.		GURI I KUQ.	BUJK.	—
65. HASAN. DESTANI.	1931.		GURI I KUQ.	BUJK.	—
66. HAGJI. AVDYLAJ.	1933.		GURI I KUQ;	BUJK.	+
67. SALIH. FETAHU.	1920.		GURI I KUQ.	BUJK.	—
68. RESIM. KERMENDI.	1930.		KRAMOVIK.	BUJK.	+
69. AVDULLAH. KERMENDI.	1937.		KRAMOVIK.	BUJK.	+
70. TAHIR. KOLLUDRA.	1925.		GRENNIK.	BUJK.	—
71. MUSTAF. BERISHA.	1936.		ZATRIQ.	BUJK.	+
72. BRAHIM. BERISHA.	1941.		ZATRIQ.	BUJK.	+
73. RAMADAN. VESELI.	1932.		ZATRIQ.	BUJK.	+
74. HAJRUSH. VESELI.	1942.		ZATRIQ.	BUJK.	+
75. MUSTAF. GANIA.	1929.		ZATRIQ.	BUJK.	+
76. GJELADIN. VEBIHU.	1928.		ZATRIQ.	BUJK.	+
77. HAMEZ. ISLANI.	1949.		ZATRIQ.	BUJK,	+
78. BAJRAM. DEMA.	1927.		ZATRIQ.	BUJK.	+
79. SAMEDIN. JEMINI.	1938.		ZATRIQ.	BUJK.	+
80. ISUF. NUSHI.	1935.		ZATRIQ.	BUJK.	+
81. MURAT. AVDIU.	1942.		ZATRIQ.	BUJK.	+
82. JAHIR. NUSHI.	1923.		ZATRIQ.	BUJK.	+
83. JAFUZ. MYRTA.	1930.		ZATRIQ.	BUJK.	+
84. HAGJI. JEMINI.	1924		GRENNIK.	BUJK.	+
85. BINAK. GASHI.	1983.		SVERK.	MXENES.	—

87. AVDI. NEBIHU.	1945.	KAZNIK.	BUJK.	-
88. SAHIT. ISAKAJ.	1945.	KAZNIK.	BUJK.	+
89. HAGJI. CENA.	1937.	PATOK.	BUJK.	+
90. DIN. SELMANAJ.	1947.	KAZNIK.	BUJK.	+
91. KADRI. BAJRAJ.	1940.	KAZNIK.	BUJK.	+
92. HASAN. BAJRA.	1937.	KAZNIK.	BUJK.	+
93. BESLIM. FEJZA.	1957.	PATOK.	BUJK.	+
94. HIM. R. ISAKAJ.	1963.	KAZNIK.	BUJK.	+
95. SOKOL. ISAKAJ.	1956.	KAZNIK.	BUJK.	-
96. BINAK. THAQI.	1952.	LLAPQEV.	BUJK.	+
97. ILAZ. GASHI.	1955.	MLEQAN.	PROFESOR.	-
98. VELI. RRUSTA.	1939.	QIFLLAK.	BUJK.	+
99. ASLLAN. DESTANI.	1930.	GURI I KUQ.	BUJK.	-
100. ALI. UKA.	1927.	GURI I KUQ.	BUJK.	-
101. ARMEND. MERLAKU.	1982.	GRENNIK. FLIN.	MXENES.	-
102. ZYMER. ISUFI.	1965.	ZATRIQ.	BUJK.	-

VIKTIMAT E OFENZIVES SE SHTATORIT TE DATES 3DERIS. SHTATOR 1998. NE PASTASEL

1. HIM. E. KRASNIQI.	1967.	PASTASEL.	BUJK.	+
2. ISMET. E. KRASNIQI.	1933.	PASTASEL.	BUJK.	+
3. BEQ. B. KRASNIQI.	1920.	PASTASEL.	BUJK.	+
4. UKE. S. KRASNIQI.	1967.	PASTASEL.	BUJK. VRAR ME. 7.5.99.	+

DESHMITARET E GJALL TE SHPETUAR NGA MASAKRA E FSHATIT PASTASEL.

1. GANI. S. KRASNIQI.	PASTASEL.
2. TAHIR. L. KRASNIQI.	PASTASEL.
3. BERHAN. S. KRASNIQI.	PASTASEL.
4. SEFEDIN. M. KRASNIQI.	PASTASEL.
5. BEQIR. D. KRASNIQI.	PASTASEL.
6. HAGJI. D. KRASNIQI.	PASTASEL.
7. MURTEZAN. I. KRASNIQI.	PASTASEL.
8. AVDYLL. A. MAZREKU.	PASTASEL.
9. BAJRAM. S. MAZREKU.	PASTASEL.
10. SAHIT. M. MAZREKU.	PASTASEL.
11. SHAQ. SHABANI.	GURI I KUQ.
12. ISLAM. SYLEJMANI.	GURI I KUQ.
13. SEFER. ZENELI.	GURI I KUQ.
14. RAM. S. KRASNIQI.	SENOCC.

APPENDIX D:
Eyewitness Reports of the Atrocities Committed in
the Municipality of Rahovec

CONCENTRATION AND MOVEMENT OF SERB ARMED FORCES IN THE SUBURB OF RAHOVEC, DURING THE PERIOD OF NATO BOMBING CAMPAIGN

On the morning of 25.03.1999, the town of Rahovec with the villages situated in the southeast of the municipality, like: Bellacerke, Krusha e Madhe, Celine, Nagavc, Hoqe e Vogel, Brestovc, Reti, Reti e Poshtme, Opterushe, Zoqishte were completely surrounded by Serb armed forces.

A big number of Serb forces with big military arsenal came from the direction of Prizren and Gjakova.

A good deal of them, after going across the crossroad of Xerxe, passed near Bellacerka and entered Rahovec. These forces, with around 30 tanks, entered the village of Bellacerke at 3,00 a.m, through the main road Xerxe-Rahovec. At around 5,00 a.m, more Serb forces entered this village, and after being concentrated on some of the mountains nearby: like Kodra e Fshatit, Kodra e Bernjakes and Kodra e Bellajes, started to shell the village and shoot with all kinds of weapon. After that the infantry entered the village and started massively to burn the houses. The village defenseless population left the houses in panic and got sheltered in-groups, especially in the stream channel of the village. After burning the village completely, Serb forces detained the civilian population, separated the men from the women and children. Women and children were ordered to go to Albania, whereas men were ill treated in different ways, and at the end were shot in-groups. A number of villagers were executed in their houses.

So, on 25.03.1999, Serb armed forces executed around 60 civilians of the village Bellacerke, while the village was completely destroyed and burned.

On the same day, many Serb forces, in tens of tanks, armored vehicles and other military vehicles, entered early in the morning the villages of Celine and Krusha e Madhe. These forces came from the direction of Prizren. They started to attack these two villages by shooting with all kinds of weapon.

The defenseless and confused population left their houses in panic and went to the north where they thought was safer.

We have to mention that these two villages had many refugees who were getting shelter there, since their villages were burned and destroyed by Serb armed forces before, like the villages Opterushe, Zoqishte, Reti etc.

The population of the village Celine, abandoned the village and got shelter in the mountains to the north of the village, named "Malet e Pisjakes". Serb forces entered this village on 25.03.1999 and burned it completely. Burning and destruction continued on 26, 27 and 28 March.

On March 28, these forces surrounded the mountain of Pisjaka and caught the population as hostages.

On that occasion, they separated men from women and children, robbed and ill treated them in different ways. Within those four days, Serb forces killed around 80 innocent and unarmed civilians in this village. There are a couple of women and children among these victims.

On March 28, the entire village population was ordered to walk to Albania. On the way to Albania, the population was ill treated and harassed by being forced to raise three fingers and shout Serb slogans, like "Long live Serbia", "Kosova is Serbia" etc. In particular were ill treated those civilians that had white Albanian caps on. There were some cases when some civilians were separated from the crowd and were executed in front of the others. This went on until they reached Krusha e Vogel, where Serbs got men on the trucks and women on the buses and sent them to Albania.

Serb armed forces entered the village of Krusha e Madhe in the morning of 25 March. The population ran away to the north and gathered in groups on the fields and mountains at "Izbishti" and "Leska" situated between the villages of Krusha e Madhe, Randobrava, Retia and Nagavci. On the same day, the population of the villages Brestovc, Hoqe e Vogel and Nagavc gathered at the same place, 15.000 people in total.

Serb forces entered these sites on 26 March, surrounded and caught the population, separated the men from the women and children, robbed their money and valuable belongings, and shot many of them. The killing and execution of civilians was committed in the houses, basements, mosque, fields, and mountains. Only in the village of Krusha e Madhe, over 100 civilians were killed whereas over 120 other civilians are missing.

The population of Krusha e Madhe, was forced to leave to Albania on 27, 28, and 29 March.

On 25 March, early in the morning the attack was launched against villages Brestovc, Hoqe e Vogel, Nagavc, Opterushe, Zogishte, Reti and Reti e Ulet. These villages were attacked from the direction of Rahovec. The village of Brestovc was entirely burned. Within the date 25 and 26 March, over 60 civilians were killed in this village, among them many women and children too. They were killed in their houses, basements, fields, and mountains around the village while trying to escape the macabre killings. Tens of other civilians were seriously and slightly injured.

The village of Hoqe e Vogel, got totally burned. Over 40 civilians were killed in this village in two days.

On March 26, the population which was sheltered in the mountains of Izbishti, after heavy ill treatments, a number of them were forced to go to Albania and the rest left to the direction of Nagavc, that wasn't burned yet. For a couple of days continuously, Serb Police and paramilitaries entered this village, mainly from the direction of Rahovec, robbed and ill treated civilians in different ways, by even killing some of them. The population of some villages, stuck in Nagavc, was not allowed to leave the village until April 2nd when the village was bombed and thus tens of civilians got killed and hundreds of others were injured. Precisely, on April 2nd the population of this village was forced to leave to Albania. A large convoy with 10.000 people was formed, who got on trucks, tractors, cars and some of them walking, and continued their way to Albania with a lot of suffer and pain. Thus definitely on 02.04.1999 all the villages in southeast of Rahovec municipality were deserted. According to statistics, these villages had over 20.000 inhabitants. The only village that survived until then in this region, was the village of Xerxe.

Precisely, on 04.05.1999, armed Serb forces entered the village of Xerxe and forced the villagers to go to Albania.

Serb Police, paramilitaries, and Serb regular army took part in massacres committed against the population of these villages. Many local Serbs were engaged in police and paramilitary units. According to many eye witnesses, most of the crimes in this region were committed or ordered by local Serbs, dressed in police, military or paramilitary uniforms.

In these macabre deeds also foreign mercenaries, like Russian, Bulgarian and Greek, took part.

After emptying these villages, now burned and destroyed, KLA fighters started to act in this region from the territory of Rahovec. KLA in the beginning started to control the villages Brestovc, Hoqe e Vogel, Nagavc, Celine, Opterushe and Reti. Meanwhile Serb armed forces were stationed in the village of Bellacerke and round the village, in the city and around it, as well as in the village of Hoqe e Madhe.

From time to time they moved in and out in the village of Krushe e Madhe and Celine. Many fights took place between KLA and Serb forces, especially in Celine, Krushe e Madhe and Opterushe as well as along the main road Rahovec – Xerxe – Prizren and Rahovec – Suhareka.

The heaviest fights between KLA and Serb forces took place on 27 and 28.05.1999. Serb forces undertook a wide offensive and attacked the KLA positions from all sides, especially in the villages of Brestovc, Hoqe e Vogel, Nagavc, Celine, Opterushe and Reti. On these occasions there were losses from both sides. The above villages were burned and destroyed again by Serb forces. After withdrawing for a couple of days, KLA returned to this region again, when they entered the town of Rahovec during the nights between 13 and 14.06.1999. So, on 14.06.1999 the KLA troops entered some of the town neighborhoods as a liberation army, while during afternoon hours KFOR troops entered the town too.

Therefore, the date 14.06.1999, was a day when the population that remained in the town, finally could breath freely and without fear.

As far as the north-west part of Rahovec municipality is concerned, which covers the region from Drenoc and Zatriqi in the north, Gexhe in the south and up to Kramavik in the west, the movement and concentration of Serb armed forces during the period of NATO strikes was developed in the following manner:

On Sunday 28 March, 1999, in the afternoon hours, many Serb armed forces came from the direction of Gjakova and Klina and entered the village of Kramavik. The village was burned and destroyed one year ago, during the last year offensive and was abandoned by its population.

These forces contained tens of tanks, military armored vehicles, and civilian vehicles.

On 29 March these forces shelled the village of Petkoviq (Guri i Kuq) and approached the village. The population abandoned the village and escaped to the mountains nearby as well as in the direction of Pastasella village.

On March 30, these forces entered the village Guri i Kuq, and totally burned it. Then the village of Koznik was attacked and shelled. The population of this village withdrew in the direction of Pastasella village.

On 31st March, Serb forces entered the village Koznik and burned everything around. The same forces entered the village Polluzhe too. A good deal of the village population surrendered themselves while the rest went to the mountains above the village.

On the same day, in the afternoon hours, Serb forces attacked the village of Zatriq from the direction of Malisheva by shelling it with tanks and mortars. The village population left in panic by going down the mountain and taking shelter in Pastasella.

In the afternoon hours, many Serb armed forces entered also the village of Pastasella, coming from two directions: Kozniku and Polluzha.

Thousands of civilians were gathered in Pastasella, men, women and children, from different villages around, who came to gather to a valley, at the center of this village. This population did not come only from the villages of Rahovec municipality, but also from some villages of Klina municipality that had been attacked by Serb forces those days.

Serb forces were shelling first the village of Pastasella and after that entered the village in tanks and other military vehicles, and infantry surrounded the population. They separated men from women and children. The men were ill treated in the most brutal way. Later on, at least 120 (hundred and twenty) men were separated from the crowd, whereas the rest of the men together with women and children were ordered to go to Albania. The crowd of 120 men were lined up for the execution, whereas at least 106 (one hundred and six) were killed and 13, though seriously injured, managed to survive this massacre. Out of these victims, 88 people came from the villages of Rahovec

municipality, and the rest from Klina. The survived witnesses testify that the execution was carried in four groups, 30 men each, and were taken near the valley stream of Pastasella village.

This massacre, which is known as "PASTASELLA MASSACRE", was committed by Serb armed forces with automatic guns. They were dressed in military multi-colored uniforms, and "POLICIA" was written on their back. Some local Serbs and Romas were among them.

After committing the above massacre, these Serb forces continued their way and went to the village of Senovc, where they burned the remaining 15 houses, the houses that survived during the offensive of September 1998. The population had left the village a couple of days before. In the evening hours, these Serb forces withdrew from the village of Senoc and Pastasella and went to the direction of Koznik and Polluzhe.

On 03.04.1999, a big number of these forces withdrew from these villages and left in the direction of Gjakova and Klina.

On 05.04.1999, again a big number of Serb military and paramilitary units came from the direction of Gjakova and Klina whereas they got stationed in many villages of this region, where they stayed till the end of the war. After that they left to Serbia.

Only in the village of Pastasella, were stationed around 50-60 military vehicles, among them many tanks. On the same day, other Serb forces were stationed in the village of Kramavik, Guri i Kuq, Koznik, and Dejne.

On 09.04.1999, Serb forces were concentrated in the village of Drenoc and Potoqan i Eperm.

Serb forces were stationed in the village of Potoqan i Poshtem on April 12th. These forces came in tanks and armored vehicles from the direction of Potoqani i Eperm. On this occasion they killed three young civilians from this village and some others got injured.

On 18.04.1999, Serb forces got stationed in the village of Ratkoc, where they stayed till the end.

Many Serb forces were also concentrated in the village of Gexhe and the mountain Gradish nearby the village. The village Sopniq and its surrounding had also a lot of Serb forces located there with their military arsenal. During three months of their staying in these villages, these forces mainly moved in small vehicles and with infantry, while heavy military vehicles, like cannons, tanks, armored vehicles etc, they masked and hid in the yards, fields, by covering them with house items and grass. A part of the population was forced in the beginning to leave to Albania, while later the population was told to stay in the village. Thus the remaining population got totally isolated and in direct or indirect way served as the live shield to these Serb forces, that were exposed to NATO bombs everyday.

In this region, tens of innocent villagers were killed in cold blood by Serb forces and tens of others are still missing. The villagers were robbed in different ways, ill treated in the most brutal ways, and a couple of sexual assault took place too.

These ill famed forces, that came to this region only to violate and torture the defenseless Albanian population, withdrew on 12, 13 and 14 June, leaving burned and totally destroyed villages behind.

Fortunately, the population of this region got relaxed and started to breath freely after KFOR troops got deployed there on June 14th.

FEHMI CENA
Rahovec, November 1999

NJOFTIM PËR KRIMIN NDAJ FAMILJES SË ALI SHARKUT

Njoftoj krimin (masakrën) në shtëpinë e Ali (Husein) Sharku në rrugën “7 Korriku” numër 31 në Rahovec, të ndodhur më datën 9 Maj 1999 dita e Dielë.

Viktimat e këtij krimi janë: ALI (Husein) SHARKU i lindur më 24. 02. 1941 në Rahovec me banim në rrugën “7 Korriku” numër 31 Rahovec, shoqja e Alisë TAIBE (Jonuz) SHARKU e lindur më 20. 07. 1941 në Rahovec me banim në adresë të njëjtë, bija e Alisë AZEMINE (Ali) ÇMEGA e lindur më 02. 01. 1963 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec, mbesa e Alisë EGZONA (Haxhi) SHARKU e lindur më 31. 12. 1991 në Rahovec me banim në rrugën “7 Korriku” numër 31 Rahovec, biri i Azeminës VISAR (Nasim) ÇMEGA i lindur më 29. 07. 1986 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec, bija e Azeminës AZRA (Nasim) ÇMEGA e lindur më 10. 06. 1988 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec, biri i Azeminës VENHAR (Nasim) ÇMEGA i lindur më 12. 05. 1992 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec.

Personi i fundit që ka ndejur me këtë familje deri sa ata ishin të gjallë deri kah ora 19^h të ditës së Shtunë më 8 Maj 1999 ka qenë motra e Taibës XHILIJE DURGUTI. FETIE (Ali) ISKA e bija e Ali Sharkut e lindur më 06. 04. 1965 në Rahovec, ka qenë e para që ka hyrë në shtëpi kah ora 11^h të datës 9 Maj 1999 bashkë me djalë e vet Benjaminin 7 vjeçar. Rrugës ka blerë 5 kinder vezë ëmbëlsira për fëmijë. Fetia ka vërejtë se dera e hyrjes ishte e hapur, çka e çuditi, e rëndomt dera e hyrjes qëndronte e mbyllur për shkak të situatës lufte që mbizotëronte në ato ditë.

Gjithashtu dera e korridorit dhe ajo e dhomës ishin të hapura. Ajo kujtoj se kanë dalur diku afër dhe ka menduar se kanë haruar të mbyllnin. Në oborin e shtëpisë ishte qetësi, Benjaminin me vrap shkoji i jepte këto ëmbëlsira. Fëmiju i vogël Benjaminin hyri i pari dhe i tha nënës së vet Fetijës, nanë ata ala po flejkan! Fetija tha se nuk është e mundur të flejnë deri kaq vonë, pra ora ishte 11^h. Me të hyrë në dhomë që gjendet në katin përdhësë, Fetia ka vërejtur 4 fëmijë, është afruar te Visarin, Visari nuk lëvizte, pastaj është afruar te Venhari as ai nuk lëvizte. Pastaj është afruar te Egzona, ajo ishte e shtrirë në tepih me fytyrë përplot me gjakë. Pastaj është afruar te Azra, ajo e kishte gjuhën të qitur jashtë me gjakë. Fetija mendonte se kjo nuk është e mundur të ndodhë atë që sheh.

Fetija ka vërejtur te Visari: Në anën e djathtë të kokës kishte një plumbë, një plumbë në zemër dhe një plumbë në anën e djathtë të gjoksit.

Te Venhari ka vërejtë: Një plumbë në anën e majtë të kokës dhe një në pjesën e epërme të kokës në tru. Venhari i ka pasë sytë të mbyllura si të gjithë të tjerët, pra Venhari ka pas edhe një plumbë në gjoksë.

Te Egzona ka vërejtë: një plumbë në mes të ballit dhe krejtë fytyrën të mbuluar me gjakë. Kishte edhe dy plumba në gjoksë. Edhe Egzona i ka pas sytë të mbyllur, ishte e veshur.

Te Azra ka vërejtur: Një plumbë në mes të kokës (në tru) dhe dy plumba në gjoksë. Ishte e mbledhur në një qosh të kauqit.

Fetia ka dalë nga dhoma duke qarë dhe bërtitur duke haruar fëmijun e vet në dhomë. Pastaj ka dalë nga shtëpia dhe ka shkuar te halla e vet Qelebie Durguti, që banon afër kësaj shtëpie. Bashkë me hallën janë kthyer përsëri në shtëpi dhe kanë parë edhe një herë viktimat. Për prindërit ka menduar se i kanë marrë me vete bashkë me Azeminën. Pastaj kanë dalë në rrugë duke qarë, në atë momentë kalon një patrullë të policisë serbe. Fetia e njohton patrullën për këtë rastë. Njëri prej tyre kishte emrin Lulzim nga Prizreni, e tjetri është punëtor në organizatë bujqësore ORVIN të Rahovecit i uniformuar në uniformë policore. Bashkë kanë shkuar përsëri në dhomë ku ishin kufomat e 4 fëmijve. Policët e kanë pyetur se a ka patur edhe dikush në atë shtëpi. Fetia është përgjigjur se kanë qenë edhe prindërit e saj Aliu dhe Taiba si dhe motra e saj Azemina. Policët e kanë pyetur se a ka qenë në katin e parë. Fetia nuk kishte qenë në katin e parë. Pastaj shkuan bashkë në katin katin e parë ku panë Aliun dhe Azeminën afër njëri tjetrit, ndërsa Taiba ka qenë në dhomën tjetër.

Aliu ka pas një plumbë në kokë dhe dy në gjoksë. Njëjtë edhe Azemina ka pas një plumbë në kokë dhe dy në gjoksë.

Ndërsa Taiba, në anën e majtë të fytyrës kishte shenja rrahjes dhe dhëmbët i kishte të thyera. Edhe Taiba ka pas një plumbë në kokë dhe dy në gjoksë.

Është me rëndësi të ceki, se dy herë më herët ka qenë në këtë shtëpi DEJAN MICIQ punëtor i policisë në Rahovec së bashku me shokët e tij për të kërkuar veturën e Haxhi Sharkut dhe të Manefi Sharkut.

Në vendin e ngjarjes për të hetuar kanë qenë: LUBISHA GOGIQ mjekë, AGIM ISAKU inspektor i policisë, RANKO MOJSIQ inspektor i policisë, ILIJA MOJSIQ gjykatsi hetues dhe GORDANA VITOSHEVIQ procesmbajtësja. Gjithashtu gjatë hetimit kanë marrë pjesë: MIFTEREM ÇMEGA, RIVIJE ÇMEGA, NASIM ÇMEGA, SAFIJE ÇMEGA, ALUSH HAMZA, IBRAHIM ÇMEGA etj, këta të fundit po të njëjtën ditë 9 Maj 1999 kah ora 14^h i kanë varrosur në varrezat e qytetit të Rahovecit, afër një shtëpize. Ku policët serbë i urdhëruan t'i varrosin. Duhet të përmendim se gjatë varrimit policët serbë kanë shtënë me armë automatike pa ndërpre, kështu që të pranishmit gjatë varrimit e kanë patur në rrezikë edhe jetën e vetë. Duam të cekim se më 13 Maj 1999 inspektori i sigurimit shtetrorë Serbë IVICA GRKOVIQ ka qenë në shtëpinë e Fetijes për hetim. Më 16 Maj 1999 inspektorët të policisë serbe RANKO MOJSIQ dhe AGIM ISAKU kanë urdhëruar të hapet shtëpia e Ali Sharkut dhe me antë instrumentit detektues i kanë kërkuar të gjitha gëzhhojat të plumbave dhe i kanë marrë me vete, këtë e ka kryer inspektori për krim teknikë me emrin DRAGAN.

Ju lutemi ta kuptoni sinqeritetin tonë, shpresojmë që e vërteta të delë në sheshë duke Ju falëmendëruar organeve Tuaja në të cilat shumë Ju besojmë dhe Ju jemi mirënjohës.

ME RESPEKTË TË VEÇANTË: NASIM (Mifterem) ÇMEGA
FETIJE (Ali) ISKA

Tel. 029 76 595 dhe 76 200.



ALI (Husein) SHARKU
24. 02. 1941 – 9. 05. 1999



TAIBE (Jonuz) SHARKU
20. 07. 1941 – 9. 05. 1999



AZEMINE (Ali) ÇMEGA
2. 01. 1963 – 9. 05. 1999



VENHAR (Nasim) ÇMEGA
12. 05. 1992 – 9. 05. 1999



EGZONA (Haxhi) SHARKU

REPORT ON OPERATIONS OF SERB ARMED FORCES IN THE AREA OF RAHOVEC MUNICIPALITY, DURING MARCH - JUNE 1999

The first Serb armed forces to arrive in Rahovec, were the Serb police units, which came from Serbia via direction of Prizren. They came by some civil buses with the number plate of Leskovc, Panqeve, Kraleva, Prokuple, Vranja etc. Policemen were well armed and in blue uniforms. At first there were only 300 of them and got located in hotel "PARK" of the town as well as within the objects of the factory "TECHNOREMONT" at Pallatice.

These troops had arrived during May 1998 and stayed until 14.06.1999 when they definitely left to Serbia. The policemen substitution was done every two weeks, one group left and the other came, and they all had their meal at the canteen of hotel "PARK" in the center of the town. Since the first day they patrolled days and nights over the streets of the town in groups of 8-12.

Serb police formed check points in "Aliaga" crossroad, in the southern part of the town, as well as in the eastern crossroad, named "tek Mella", while mobile check points existed in Bernjake, Xerxe, Gradish, the village of Krusha e Madhe and Hoge e Madhe. A permanent checkpoint existed at the village of Kramovik, on the road Gjakove -Peja.

Special Police was concentrated on these checkpoints, including some local Serb policemen. They stopped and legitimated the casual pedestrians and drivers, who've often been ill-treated in different ways, without any reasons at all. They were robbed, abducted, and even killed. Thus, on 25.01.1999, at Kramoviku checkpoint, Serb police massacred and killed five Albanian civilians who were getting back from the field work on a tractor., whereas at the checkpoint near Rrasat, the police massacred and killed 3 (three) sons of Ahmet Shabandula while they were going to work on the field in the morning of 25.03.1999.

We have to mention the checkpoint on Vrajstina rock, where the Serb police got located since July 1998. They built an object for a permanent location there, where the entire town of Rahovec was clearly seen, including a great part of the field.

A big number of Serb military troops with hundreds of vehicles, including tanks, armored vehicles, and anti-aircraft weapons entered the town of Rahovec in mid July 1998. This army came from the direction of Prizren. Despite the VJ soldiers from Serbia, many paramilitary groups came to Rahovec too.

All these groups either together or separately killed or massacred over 150 armless and defenseless Albanians in Rahovec, including many women and children. Only during July, these barbarian troops burned over 200 houses in Rahovec.

Serb army, police and paramilitaries, after committing many crimes in the town and suburb, withdraw from this region (except a big number of the police troops) during October and November, aspecially after OSCE observers arrived into this region in 1998.

Since February 1999, in the territory of Rahovec started to deal the so-called Serb "Dora e Zeze" (the Black Hand). Only during February 98' this terrorist Organization kidnapped at least 5 Albanians, who were found brutally killed a couple of days later.

The survived witness from Rahovec, a young man named Ibrahim DINA who was also kidnapped by this Organization and who fortunately survived the worst, states that the criminals were on cars, in blue uniforms and black gloves and they spoke Serbian.

People think and believe that these criminals had their collaborators among local Serbs from Rahovec as well as Hoqe e Madhe. These people were seen coming from Prizren and having food in the ill-famed restaurant of a Serb named Lubisha Simiq from Rahovec. Many Serbs that came from Serbia, ate in this restaurant, including Voislav Sheshel, vice president of the Serbian Government, known for his chauvinistic and anti-Albanian declarations. OSCE observers were also informed about these cases. They were located in Rahovec at that time and had a close cooperation with the Council for the Protection of Human Rights and Freedoms in that area.

On Wednesday, 24.03.1999, at around 20:30, NATO strikes were launched against Yugoslavia. On 22, 23 and 24 March. many special Serb police units entered the town of Rahovec via direction of Prizren. They were wearing blue police uniforms with anti-bullet vests and equipped with automatic guns. Some of the groups had military uniforms on, and the rest black uniforms. They came on buses and armored vehicles. Also, via Prizren many VJ soldiers entered the town on the same day. These forces went to the village of Hoqa e Madhe during the day, while the other group of these military forces went to the direction of Malisheva. Both these forces came back at late hours overnight, from two different directions.

Few days before NATO strikes began, many local Serbs were seen in police or military uniforms and equipped with automatic guns. They could be seen everywhere in the street or town cafeterias. Therefore during those days, the streets were full of Serb armed police and VJ soldiers who came from Serbia as well as local Serbs from Rahovec and the suburb. The population had an impression that every local Serb adult, was recruited and dressed either in police or military uniform and equipped with automatic and machine guns. Some trucks with different kinds of weapons were seen entering the neighborhoods and buildings where local Serbs were residing. Many weapons and military vehicles entered Hoqa, a village populated only by the Serb community.

These armed forces, going across the streets of the town, raised three fingers, sang Serb chauvinistic songs and used the slogans like: "Kosova is Serbia", "Long live Serbia", as well as addressing to Albanian civilians, casual pedestrians like "you asked for NATO, here is your NATO" showing the arms and their military vehicles. Local Serbs often threatened Albanian population by saying that "if we get attacked by NATO, you gone pay for that". These threats spread fear and insecurity among the defenseless Albanians in that region which was then abandoned by OSCE observers as well. Due to this, a number of Albanian population flee to Macedonia. Unfortunately these threats became reality only few days later

Early on 25.03.1999, many Serb military troops entered Rahovec via Xerxe. Thousands of VJ soldiers and military vehicles came from Prizren and Gjakova. These forces passed along the main street and arrived at the crossroad "te Mella". A number of troops continued their way along the road that leads to Suhareka up to the villages of Zoqishte, Opterushe and Reti,

when they started to shell them. The other group of these forces went to the direction of Brestovc, using two field roads.

In the village of Brestovc, as well as in other villages, like Bellacerke, Celine, Krushe e Madhe, Hoqe e Vogel etc. These Serb armed troops, on 25, 26, 27 March committed the most horrible crimes the history of mankind has ever met. They had massacred and killed in cold blood many civilians, including many children, women, elderly people as well as intellectuals.

The witnesses that survived this "terror" state that many local Serbs from Rahovec and the suburb took part in these massacres.

In the village of Brestovc, armed Serb forces met a strong resistance by KLA, which lasted only a couple of hours. Whereas in the village of Opterushe, the fighting between Serb armed forces and KLA continued throughout the day, and only the next day, on 26 March, Serb forces could enter this village completely abandoned by the local population since August 1998. Therefore, in August 1998, Serb armed forces, during the offensive taken in this region, completely burned the villages of Opterushe, Zoqishte and Reti, while the population of these villages were forced to flee their homes and take shelter in the villages nearby.

We can conclude that Serb army from the Prizreni garrison operated in Rahovec municipality, as well as the Corps from Kraleva, Leskovc and Panqeva. They stayed all day in the objects of the Health Center in the town. Apart from the Health Center, Serb army was located in elementary schools "Isa Boletini", "Mihal Grameno", at the objects of the old Wine Cellar in the town, in the factory called "18 Nentori", in "Jaha Petrol" and in the houses of SHEHU family. The last one was concentrated by the command of Serb army that was operating in Rahovec during March, April, May and June.

Serb army and police were located in many Albanian houses, first in the suburb neighborhoods and then within the town, when they forced these families to leave their houses and go to Albania.

The first families that were forced to leave, were those living in the suburb.

On March, 29, Serb police and army entered the houses of SHEHU suburb and forced the 40 members of the family to leave to Albania. Many other families of this suburb were also forced to leave the same day.

From that day on, a long convoy of people was formed and forced by Serb police and army to leave every day. Such a forced displacement was experienced also by (my) CENA family. On May, 5, about 10 Serb policemen and soldiers (including many local Serbs as well) entered the yard unexpectedly and forced us to leave the houses in 30 minutes and go to Albania. The 10 houses of my family with about 80 members in total, got ready in 2 hours (always being forced) and in a convoy left to Albania. The way to Albania was very dangerous. Many other Rahoveci families were forced to leave the same day too. Jemin ABAZIBRA's family with its 5 members was stopped by armed Serbs, in the middle of the way between Pirana and Landovica villages. The 5 members of that family were killed and mutilated. It is suspected that the local Serbs of Rahoveci took part in this crime.

Forced displacement of Rahoveci citizens continued until May, 7. Then the Serb forces did not allow people to leave any more. Meanwhile, the crimes that were caused by these forces continued, but with less intensity. It is suspected that the Serbs took such a decision with the one aim, not to have the town totally deserted by Albanian population. Since a great number

CONCENTRATION AND MOVEMENT OF SERB ARMED FORCES IN THE SUBURB OF RAHOVEC, DURING THE PERIOD OF NATO BOMBING CAMPAIGN

On the morning of 25.03.1999, the town of Rahovec with the villages situated in the southeast of the municipality, like: Bellacerke, Krusha e Madhe, Celine, Nagavc, Hoqe e Vogel, Brestovc, Reti, Reti e Poshtme, Opterushe, Zoqishte were completely surrounded by Serb armed forces.

A big number of Serb forces with big military arsenal came from the direction of Prizren and Gjakova.

A good deal of them, after going across the crossroad of Xerxe, passed near Bellacerka and entered Rahovec. These forces, with around 30 tanks, entered the village of Bellacerke at 3,00 a.m, through the main road Xerxe-Rahovec. At around 5,00 a.m, more Serb forces entered this village, and after being concentrated on some of the mountains nearby: like Kodra e Fshatit, Kodra e Bernjakes and Kodra e Bellajes, started to shell the village and shoot with all kinds of weapon. After that the infantry entered the village and started massively to burn the houses. The village defenseless population left the houses in panic and got sheltered in-groups, especially in the stream channel of the village. After burning the village completely, Serb forces detained the civilian population, separated the men from the women and children. Women and children were ordered to go to Albania, whereas men were ill treated in different ways, and at the end were shot in-groups. A number of villagers were executed in their houses.

So, on 25.03.1999, Serb armed forces executed around 60 civilians of the village Bellacerke, while the village was completely destroyed and burned.

On the same day, many Serb forces, in tens of tanks, armored vehicles and other military vehicles, entered early in the morning the villages of Celine and Krusha e Madhe. These forces came from the direction of Prizren. They started to attack these two villages by shooting with all kinds of weapon.

The defenseless and confused population left their houses in panic and went to the north where they thought was safer.

We have to mention that these two villages had many refugees who were getting shelter there, since their villages were burned and destroyed by Serb armed forces before, like the villages Opterushe, Zoqishte, Reti etc.

The population of the village Celine, abandoned the village and got shelter in the mountains to the north of the village, named "Malet e Pisjakes". Serb forces entered this village on 25.03.1999 and burned it completely. Burning and destruction continued on 26, 27 and 28 March.

On March 28, these forces surrounded the mountain of Pisjaka and caught the population as hostages.

On that occasion, they separated men from women and children, robbed and ill treated them in different ways. Within those four days, Serb forces killed around 80 innocent and unarmed civilians in this village. There are a couple of women and children among these victims.

On March 28, the entire village population was ordered to walk to Albania. On the way to Albania, the population was ill treated and harassed by being forced to raise three fingers and shout Serb slogans, like "Long live Serbia", "Kosova is Serbia" etc. In particular were ill treated those civilians that had white Albanian caps on. There were some cases when some civilians were separated from the crowd and were executed in front of the others. This went on until they reached Krusha e Vogel, where Serbs got men on the trucks and women on the buses and sent them to Albania.

Serb armed forces entered the village of Krusha e Madhe in the morning of 25 March. The population ran away to the north and gathered in groups on the fields and mountains at "Izbishti" and "Leska" situated between the villages of Krusha e Madhe, Randobrava, Retia and Nagavci. On the same day, the population of the villages Brestovc, Hoqe e Vogel and Nagavc gathered at the same place, 15.000 people in total.

Serb forces entered these sites on 26 March, surrounded and caught the population, separated the men from the women and children, robbed their money and valuable belongings, and shot many of them. The killing and execution of civilians was committed in the houses, basements, mosque, fields, and mountains. Only in the village of Krusha e Madhe, over 100 civilians were killed whereas over 120 other civilians are missing.

The population of Krusha e Madhe, was forced to leave to Albania on 27, 28, and 29 March.

On 25 March, early in the morning the attack was launched against villages Brestovc, Hoqe e Vogel, Nagavc, Opterushe, Zogishte, Reti and Reti e Ulet. These villages were attacked from the direction of Rahovec. The village of Brestovc was entirely burned. Within the date 25 and 26 March, over 60 civilians were killed in this village, among them many women and children too. They were killed in their houses, basements, fields, and mountains around the village while trying to escape the macabre killings. Tens of other civilians were seriously and slightly injured.

The village of Hoqe e Vogel, got totally burned. Over 40 civilians were killed in this village in two days.

On March 26, the population which was sheltered in the mountains of Izbishti, after heavy ill treatments, a number of them were forced to go to Albania and the rest left to the direction of Nagavc, that wasn't burned yet. For a couple of days continuously, Serb Police and paramilitaries entered this village, mainly from the direction of Rahovec, robbed and ill treated civilians in different ways, by even killing some of them. The population of some villages, stuck in Nagavc, was not allowed to leave the village until April 2nd when the village was bombed and thus tens of civilians got killed and hundreds of others were injured. Precisely, on April 2nd the population of this village was forced to leave to Albania. A large convoy with 10.000 people was formed, who got on trucks, tractors, cars and some of them walking, and continued their way to Albania with a lot of suffer and pain. Thus definitely on 02.04.1999 all the villages in southeast of Rahovec municipality were deserted. According to statistics, these villages had over 20.000 inhabitants. The only village that survived until then in this region, was the village of Xerxe.

Precisely, on 04.05.1999, armed Serb forces entered the village of Xerxe and forced the villagers to go to Albania.

Serb Police, paramilitaries, and Serb regular army took part in massacres committed against the population of these villages. Many local Serbs were engaged in police and paramilitary units. According to many eye witnesses, most of the crimes in this region were committed or ordered by local Serbs, dressed in police, military or paramilitary uniforms.

In these macabre deeds also foreign mercenaries, like Russian, Bulgarian and Greek, took part.

After emptying these villages, now burned and destroyed, KLA fighters started to act in this region from the territory of Rahovec. KLA in the beginning started to control the villages Brestovc, Hoqe e Vogel, Nagavc, Celine, Opterushe and Reti. Meanwhile Serb armed forces were stationed in the village of Bellacerke and round the village, in the city and around it, as well as in the village of Hoqe e Madhe.

From time to time they moved in and out in the village of Krushe e Madhe and Celine. Many fights took place between KLA and Serb forces, especially in Celine, Krushe e Madhe and Opterushe as well as along the main road Rahovec – Xerxe – Prizren and Rahovec – Suhareka.

The heaviest fights between KLA and Serb forces took place on 27 and 28.05.1999. Serb forces undertook a wide offensive and attacked the KLA positions from all sides, especially in the villages of Brestovc, Hoqe e Vogel, Nagavc, Celine, Opterushe and Reti. On these occasions there were losses from both sides. The above villages were burned and destroyed again by Serb forces. After withdrawing for a couple of days, KLA returned to this region again, when they entered the town of Rahovec during the nights between 13 and 14.06.1999. So, on 14.06.1999 the KLA troops entered some of the town neighborhoods as a liberation army, while during afternoon hours KFOR troops entered the town too.

Therefore, the date 14.06.1999, was a day when the population that remained in the town, finally could breath freely and without fear.

As far as the north-west part of Rahovec municipality is concerned, which covers the region from Drenoc and Zatriqi in the north, Gexhe in the south and up to Kramavik in the west, the movement and concentration of Serb armed forces during the period of NATO strikes was developed in the following manner:

On Sunday 28 March, 1999, in the afternoon hours, many Serb armed forces came from the direction of Gjakova and Klina and entered the village of Kramavik. The village was burned and destroyed one year ago, during the last year offensive and was abandoned by its population.

These forces contained tens of tanks, military armored vehicles, and civilian vehicles.

On 29 March these forces shelled the village of Petkoviq (Guri i Kuq) and approached the village. The population abandoned the village and escaped to the mountains nearby as well as in the direction of Pastasella village.

On March 30, these forces entered the village Guri i Kuq, and totally burned it. Then the village of Koznik was attacked and shelled. The population of this village withdrew in the direction of Pastasella village.

On 31st March, Serb forces entered the village Koznik and burned everything around. The same forces entered the village Polluzhe too. A good deal of the village population surrendered themselves while the rest went to the mountains above the village.

On the same day, in the afternoon hours, Serb forces attacked the village of Zatriq from the direction of Malisheva by shelling it with tanks and mortars. The village population left in panic by going down the mountain and taking shelter in Pastasella.

In the afternoon hours, many Serb armed forces entered also the village of Pastasella, coming from two directions: Kozniku and Polluzha.

Thousands of civilians were gathered in Pastasella, men, women and children, from different villages around, who came to gather to a valley, at the center of this village. This population did not come only from the villages of Rahovec municipality, but also from some villages of Klina municipality that had been attacked by Serb forces those days.

Serb forces were shelling first the village of Pastasella and after that entered the village in tanks and other military vehicles, and infantry surrounded the population. They separated men from women and children. The men were ill treated in the most brutal way. Later on, at least 120 (hundred and twenty) men were separated from the crowd, whereas the rest of the men together with women and children were ordered to go to Albania. The crowd of 120 men were lined up for the execution, whereas at least 106 (one hundred and six) were killed and 13, though seriously injured, managed to survive this massacre. Out of these victims, 88 people came from the villages of Rahovec

municipality, and the rest from Klina. The survived witnesses testify that the execution was carried in four groups, 30 men each, and were taken near the valley stream of Pastasella village.

This massacre, which is known as "PASTASELLA MASSACRE", was committed by Serb armed forces with automatic guns. They were dressed in military multi-colored uniforms, and "POLICIA" was written on their back. Some local Serbs and Romas were among them.

After committing the above massacre, these Serb forces continued their way and went to the village of Senovc, where they burned the remaining 15 houses, the houses that survived during the offensive of September 1998. The population had left the village a couple of days before. In the evening hours, these Serb forces withdrew from the village of Senoc and Pastasella and went to the direction of Koznik and Polluzhe.

On 03.04.1999, a big number of these forces withdrew from these villages and left in the direction of Gjakova and Klina.

On 05.04.1999, again a big number of Serb military and paramilitary units came from the direction of Gjakova and Klina whereas they got stationed in many villages of this region, where they stayed till the end of the war. After that they left to Serbia.

Only in the village of Pastasella, were stationed around 50-60 military vehicles, among them many tanks. On the same day, other Serb forces were stationed in the village of Kramavik, Guri i Kuq, Koznik, and Dejne.

On 09.04.1999, Serb forces were concentrated in the village of Drenoc and Potoqan i Eperm.

Serb forces were stationed in the village of Potoqan i Poshtem on April 12th. These forces came in tanks and armored vehicles from the direction of Potoqani i Eperm. On this occasion they killed three young civilians from this village and some others got injured.

On 18.04.1999, Serb forces got stationed in the village of Ratkoc, where they stayed till the end.

Many Serb forces were also concentrated in the village of Gexhe and the mountain Gradish nearby the village. The village Sopniq and its surrounding had also a lot of Serb forces located there with their military arsenal. During three months of their staying in these villages, these forces mainly moved in small vehicles and with infantry, while heavy military vehicles, like cannons, tanks, armored vehicles etc, they masked and hid in the yards, fields, by covering them with house items and grass. A part of the population was forced in the beginning to leave to Albania, while later the population was told to stay in the village. Thus the remaining population got totally isolated and in direct or indirect way served as the live shield to these Serb forces, that were exposed to NATO bombs everyday.

In this region, tens of innocent villagers were killed in cold blood by Serb forces and tens of others are still missing. The villagers were robbed in different ways, ill treated in the most brutal ways, and a couple of sexual assault took place too.

These ill famed forces, that came to this region only to violate and torture the defenseless Albanian population, withdrew on 12, 13 and 14 June, leaving burned and totally destroyed villages behind.

Fortunately, the population of this region got relaxed and started to breath freely after KFOR troops got deployed there on June 14th.

FEHMI CENA
Rahovec, November 1999

NJOFTIM PËR KRIMIN NDAJ FAMILJES SË ALI SHARKUT

Njoftoj krimin (masakrën) në shtëpinë e Ali (Husein) Sharku në rrugën “7 Korriku” numër 31 në Rahovec, të ndodhur më datën 9 Maj 1999 dita e Dielë.

Viktimat e këtij krimi janë: ALI (Husein) SHARKU i lindur më 24. 02. 1941 në Rahovec me banim në rrugën “7 Korriku” numër 31 Rahovec, shoqja e Alisë TAIBE (Jonuz) SHARKU e lindur më 20. 07. 1941 në Rahovec me banim në adresë të njëjtë, bija e Alisë AZEMINE (Ali) ÇMEGA e lindur më 02. 01. 1963 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec, mbesa e Alisë EGZONA (Haxhi) SHARKU e lindur më 31. 12. 1991 në Rahovec me banim në rrugën “7 Korriku” numër 31 Rahovec, biri i Azeminës VISAR (Nasim) ÇMEGA i lindur më 29. 07. 1986 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec, bija e Azeminës AZRA (Nasim) ÇMEGA e lindur më 10. 06. 1988 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec, biri i Azeminës VENHAR (Nasim) ÇMEGA i lindur më 12. 05. 1992 në Rahovec me banim në rrugën “Zenel Ajdini” numër 23 Rahovec.

Personi i fundit që ka ndejur me këtë familje deri sa ata ishin të gjallë deri kah ora 19^h të ditës së Shtunë më 8 Maj 1999 ka qenë motra e Taibës XHILIJE DURGUTI. FETIE (Ali) ISKA e bija e Ali Sharkut e lindur më 06. 04. 1965 në Rahovec, ka qenë e para që ka hyrë në shtëpi kah ora 11^h të datës 9 Maj 1999 bashkë me djalin e vet Benjaminin 7 vjeçar. Rrugës ka blerë 5 kinder vezë ëmbëlsira për fëmijë. Fetia ka vërejtë se dera e hyrjes ishte e hapur, çka e çuditi, e rëndomt dera e hyrjes qëndronte e mbyllur për shkak të situatës lufte që mbizotëronte në ato ditë.

Gjithashtu dera e korridorit dhe ajo e dhomës ishin të hapura. Ajo kujtoj se kanë dalur diku afër dhe ka menduar se kanë haruar të mbyllnin. Në oborin e shtëpisë ishte qetësi, Benjaminin me vrap shkoji i jepte këto ëmbëlsira. Fëmiu i vogël Benjaminin hyri i pari dhe i tha nënës së vet Fetijës, nanë ata ala po flejkan! Fetija tha se nuk është e mundur të flejnë deri kaq vonë, pra ora ishte 11^h. Me të hyrë në dhomë që gjendet në katin përdhësë, Fetia ka vërejtur 4 fëmijë, është afruar te Visarin, Visari nuk lëvizte, pastaj është afruar te Venhari as ai nuk lëvizte. Pastaj është afruar te Egzona, ajo ishte e shtrirë në tepih me fytyrë përplot me gjakë. Pastaj është afruar te Azra, ajo e kishte gjuhën të qitur jashtë me gjakë. Fetija mendonte se kjo nuk është e mundur të ndodhë ate që sheh.

Fetija ka vërejtur te Visari: Në anën e djathtë të kokës kishte një plumbë, një plumbë në zemër dhe një plumbë në anën e djathtë të gjoksit.

Te Venhari ka vërejtë: Një plumbë në anën e majtë të kokës dhe një në pjesën e epërme të kokës në tru. Venhari i ka pasë sytë të mbyllura si të gjithë të tjerët, pra Venhari ka pas edhe një plumbë në gjoksë.

Te Egzona ka vërejtë: një plumbë në mes të ballit dhe krejtë fytyrën të mbuluar me gjakë. Kishte edhe dy plumba në gjoksë. Edhe Egzona i ka pas sytë të mbyllur, ishte e veshur.

Te Azra ka vërejtur: Një plumbë në mes të kokës (në tru) dhe dy plumba në gjoksë. Ishte e mbledhur në një qosh të kauqit.

Fetia ka dalë nga dhoma duke qarë dhe bërtitur duke haruar fëmijun e vet në dhomë. Pastaj ka dalë nga shtëpia dhe ka shkuar te halla e vet Qelebie Durguti, që banon afër kësaj shtëpie. Bashkë me hallën janë kthyer përsëri në shtëpi dhe kanë parë edhe një herë viktimat. Për prindërit ka menduar se i kanë marrë me vete bashkë me Azeminën. Pastaj kanë dalë në rrugë duke qarë, në atë momentë kalon një patrullë të policisë serbe. Fetia e njohton patrullën për këtë rastë. Njëri prej tyre kishte emrin Lulzim nga Prizreni, e tjetri është punëtor në organizatë bujqësore ORVIN të Rahovecit i uniformuar në uniformë policore. Bashkë kanë shkuar përsëri në dhomë ku ishin kufomat e 4 fëmijve. Policët e kanë pyetur se a ka patur edhe dikush në atë shtëpi. Fetia është përgjigjur se kanë qenë edhe prindërit e saj Aliu dhe Taiba si dhe motra e saj Azemina. Policët e kanë pyetur se a ka qenë në katin e parë. Fetia nuk kishte qenë në katin e parë. Pastaj shkuan bashkë në katin katin e parë ku panë Aliun dhe Azeminën afër njëri tjetrit, ndërsa Taiba ka qenë në dhomën tjetër.

Aliu ka pas një plumbë në kokë dhe dy në gjoksë. Njëjtë edhe Azemina ka pas një plumbë në kokë dhe dy në gjoksë.

Ndërsa Taiba, në anën e majtë të fytyrës kishte shenja rrahjes dhe dhëmbët i kishte të thyera. Edhe Taiba ka pas një plumbë në kokë dhe dy në gjoksë.

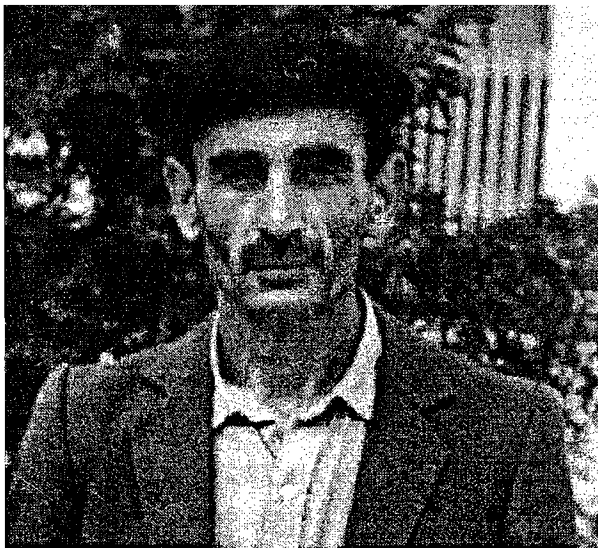
Është me rëndësi të ceki, se dy herë më herët ka qenë në këtë shtëpi DEJAN MICIQ punëtor i policisë në Rahovec së bashku me shokët e tij për të kërkuar veturën e Haxhi Sharkut dhe të Manefi Sharkut.

Në vendin e ngjarjes për të hetuar kanë qenë: LUBISHA GOGIQ mjekë, AGIM ISAKU inspektor i policisë, RANKO MOJSIQ inspektor i policisë, ILIJA MOJSIQ gjykatsi hetues dhe GORDANA VITOSHEVIQ procesmbajtësja. Gjithashtu gjatë hetimit kanë marrë pjesë: MIFTEREM ÇMEGA, RIVIJE ÇMEGA, NASIM ÇMEGA, SAFIJE ÇMEGA, ALUSH HAMZA, IBRAHIM ÇMEGA etj, këta të fundit po të njëjtën ditë 9 Maj 1999 kah ora 14^h i kanë varrosur në varrezat e qytetit të Rahovecit, afër një shtëpize. Ku policët serbë i urdhëruan t'i varrosin. Duhet të përmendim se gjatë varrimit policët serbë kanë shtënë me armë automatike pa ndërpre, kështu që të pranishmit gjatë varrimit e kanë patur në rrezikë edhe jetën e vetë. Duam të cekim se më 13 Maj 1999 inspektori i sigurimit shtetrorë Serbë IVICA GRKOVIQ ka qenë në shtëpinë e Fetijes për hetim. Më 16 Maj 1999 inspektorët të policisë serbe RANKO MOJSIQ dhe AGIM ISAKU kanë urdhëruar të hapet shtëpia e Ali Sharkut dhe me antë instrumentit detektues i kanë kërkuar të gjitha gëzhhojat të plumbave dhe i kanë marrë me vete, këtë e ka kryer inspektori për krim teknikë me emrin DRAGAN.

Ju lutemi ta kuptoni sinjeritetin tonë, shpresojmë që e vërteta të delë në sheshë duke Ju falëmendëruar organeve Tuaja në të cilat shumë Ju besojmë dhe Ju jemi mirënjohës.

ME RESPEKTË TË VEÇANTË: NASIM (Mifterem) ÇMEGA
FETIJE (Ali) ISKA

Tel. 029 76 595 dhe 76 200.



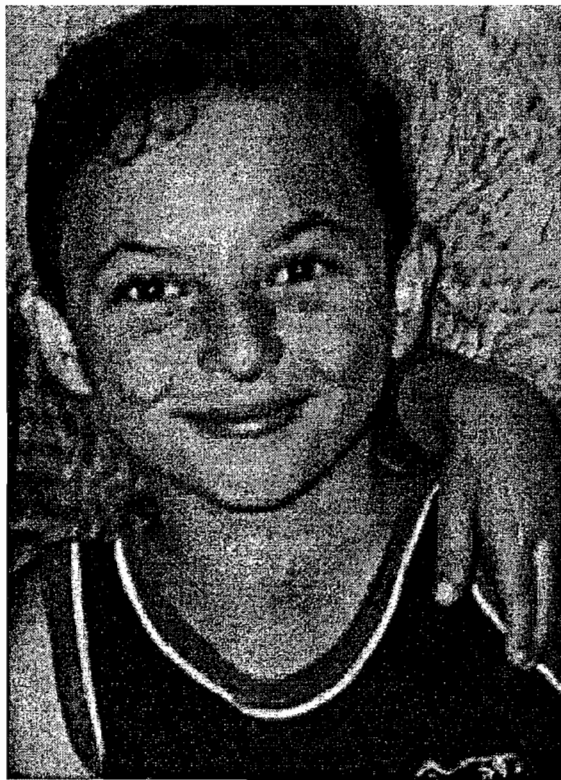
ALI (Husein) SHARKU
24. 02. 1941 – 9. 05. 1999



TAIBE (Jonuz) SHARKU
20. 07. 1941 – 9. 05. 1999



AZEMINE (Ali) ÇMEGA
2. 01. 1963 – 9. 05. 1999



VISAR (Nasim) ÇMEGA
29. 07. 1986 – 9. 05. 1999



AZRA (Nasim) ÇMEGA
10. 06. 1988 – 9. 05. 1999



VENHAR (Nasim) ÇMEGA
12. 05. 1992 – 9. 05. 1999



EGZONA (Haxhi) SHARKU

REPORT ON OPERATIONS OF SERB ARMED FORCES IN THE AREA OF RAHOVEC MUNICIPALITY, DURING MARCH - JUNE 1999

The first Serb armed forces to arrive in Rahovec, were the Serb police units, which came from Serbia via direction of Prizren. They came by some civil buses with the number plate of Leskovc, Panqeve, Kraleva, Prokuple, Vranja etc. Policemen were well armed and in blue uniforms. At first there were only 300 of them and got located in hotel "PARK" of the town as well as within the objects of the factory "TECHNOREMONT" at Pallatice.

These troops had arrived during May 1998 and stayed until 14.06.1999 when they definitely left to Serbia. The policemen substitution was done every two weeks, one group left and the other came, and they all had their meal at the canteen of hotel "PARK" in the center of the town. Since the first day they patrolled days and nights over the streets of the town in groups of 8-12.

Serb police formed check points in "Aliaga" crossroad, in the southern part of the town, as well as in the eastern crossroad, named "tek Mella", while mobile check points existed in Bernjake, Xerxe, Gradish, the village of Krusha e Madhe and Hoge e Madhe. A permanent checkpoint existed at the village of Kramovik, on the road Gjakove -Peja.

Special Police was concentrated on these checkpoints, including some local Serb policemen. They stopped and legitimated the casual pedestrians and drivers, who've often been ill-treated in different ways, without any reasons at all. They were robbed, abducted, and even killed. Thus, on 25.01.1999, at Kramoviku checkpoint, Serb police massacred and killed five Albanian civilians who were getting back from the field work on a tractor., whereas at the checkpoint near Rrasat, the police massacred and killed 3 (three) sons of Ahmet Shabandula while they were going to work on the field in the morning of 25.03.1999.

We have to mention the checkpoint on Vrajstina rock, where the Serb police got located since July 1998. They built an object for a permanent location there, where the entire town of Rahovec was clearly seen, including a great part of the field.

A big number of Serb military troops with hundreds of vehicles, including tanks, armored vehicles, and anti-aircraft weapons entered the town of Rahovec in mid July 1998. This army came from the direction of Prizren. Despite the VJ soldiers from Serbia, many paramilitary groups came to Rahovec too.

All these groups either together or separately killed or massacred over 150 armless and defenseless Albanians in Rahovec, including many women and children. Only during July, these barbarian troops burned over 200 houses in Rahovec.

Serb army, police and paramilitaries, after committing many crimes in the town and suburb, withdraw from this region (except a big number of the police troops) during October and November, aspecially after OSCE observers arrived into this region in 1998.

Since February 1999, in the territory of Rahovec started to deal the so-called Serb "Dora e Zeze" (the Black Hand). Only during February 98' this terrorist Organization kidnapped at least 5 Albanians, who were found brutally killed a couple of days later.

The survived witness from Rahovec, a young man named Ibrahim DINA who was also kidnapped by this Organization and who fortunately survived the worst, states that the criminals were on cars, in blue uniforms and black gloves and they spoke Serbian.

People think and believe that these criminals had their collaborators among local Serbs from Rahovec as well as Hoqe e Madhe. These people were seen coming from Prizren and having food in the ill-famed restaurant of a Serb named Lubisha Simiq from Rahovec. Many Serbs that came from Serbia, ate in this restaurant, including Voislav Sheshel, vice president of the Serbian Government, known for his chauvinistic and anti-Albanian declarations. OSCE observers were also informed about these cases. They were located in Rahovec at that time and had a close cooperation with the Council for the Protection of Human Rights and Freedoms in that area.

On Wednesday, 24.03.1999, at around 20:30, NATO strikes were launched against Yugoslavia. On 22, 23 and 24 March. many special Serb police units entered the town of Rahovec via direction of Prizren. They were wearing blue police uniforms with anti-bullet vests and equipped with automatic guns. Some of the groups had military uniforms on, and the rest black uniforms. They came on buses and armored vehicles. Also, via Prizren many VJ soldiers entered the town on the same day. These forces went to the village of Hoqa e Madhe during the day, while the other group of these military forces went to the direction of Malisheva. Both these forces came back at late hours overnight, from two different directions.

Few days before NATO strikes began, many local Serbs were seen in police or military uniforms and equipped with automatic guns. They could be seen everywhere in the street or town cafeterias. Therefore during those days, the streets were full of Serb armed police and VJ soldiers who came from Serbia as well as local Serbs from Rahovec and the suburb. The population had an impression that every local Serb adult, was recruited and dressed either in police or military uniform and equipped with automatic and machine guns. Some trucks with different kinds of weapons were seen entering the neighborhoods and buildings where local Serbs were residing. Many weapons and military vehicles entered Hoqa, a village populated only by the Serb community.

These armed forces, going across the streets of the town, raised three fingers, sang Serb chauvinistic songs and used the slogans like: "Kosova is Serbia", "Long live Serbia", as well as addressing to Albanian civilians, casual pedestrians like "you asked for NATO, here is your NATO" showing the arms and their military vehicles. Local Serbs often threatened Albanian population by saying that "if we get attacked by NATO, you gone pay for that". These threats spread fear and insecurity among the defenseless Albanians in that region which was then abandoned by OSCE observers as well. Due to this, a number of Albanian population flee to Macedonia. Unfortunately these threats became reality only few days later

Early on 25.03.1999, many Serb military troops entered Rahovec via Xerxe. Thousands of VJ soldiers and military vehicles came from Prizren and Gjakova. These forces passed along the main street and arrived at the crossroad "te Mella". A number of troops continued their way along the road that leads to Suhareka up to the villages of Zoqishte, Opterushe and Reti,

when they started to shell them. The other group of these forces went to the direction of Brestovc, using two field roads.

In the village of Brestovc, as well as in other villages, like Bellacerke, Celine, Krushe e Madhe, Hoqe e Vogel etc. These Serb armed troops, on 25, 26, 27 March committed the most horrible crimes the history of mankind has ever met. They had massacred and killed in cold blood many civilians, including many children, women, elderly people as well as intellectuals.

The witnesses that survived this "terror" state that many local Serbs from Rahovec and the suburb took part in these massacres.

In the village of Brestovc, armed Serb forces met a strong resistance by KLA, which lasted only a couple of hours. Whereas in the village of Opterushe, the fighting between Serb armed forces and KLA continued throughout the day, and only the next day, on 26 March, Serb forces could enter this village completely abandoned by the local population since August 1998. Therefore, in August 1998, Serb armed forces, during the offensive taken in this region, completely burned the villages of Opterushe, Zoqishte and Reti, while the population of these villages were forced to flee their homes and take shelter in the villages nearby.

We can conclude that Serb army from the Prizreni garrison operated in Rahovec municipality, as well as the Corps from Kraleva, Leskovc and Panqeva. They stayed all day in the objects of the Health Center in the town. Apart from the Health Center, Serb army was located in elementary schools "Isa Boletini", "Mihal Grameno", at the objects of the old Wine Cellar in the town, in the factory called "18 Nentori", in "Jaha Petrol" and in the houses of SHEHU family. The last one was concentrated by the command of Serb army that was operating in Rahovec during March, April, May and June.

Serb army and police were located in many Albanian houses, first in the suburb neighborhoods and then within the town, when they forced these families to leave their houses and go to Albania.

The first families that were forced to leave, were those living in the suburb.

On March, 29, Serb police and army entered the houses of SHEHU suburb and forced the 40 members of the family to leave to Albania. Many other families of this suburb were also forced to leave the same day.

From that day on, a long convoy of people was formed and forced by Serb police and army to leave every day. Such a forced displacement was experienced also by (my) CENA family. On May, 5, about 10 Serb policemen and soldiers (including many local Serbs as well) entered the yard unexpectedly and forced us to leave the houses in 30 minutes and go to Albania. The 10 houses of my family with about 80 members in total, got ready in 2 hours (always being forced) and in a convoy left to Albania. The way to Albania was very dangerous. Many other Rahoveci families were forced to leave the same day too. Jemin ABAZIBRA's family with its 5 members was stopped by armed Serbs, in the middle of the way between Pirana and Landovica villages. The 5 members of that family were killed and mutilated. It is suspected that the local Serbs of Rahoveci took part in this crime.

Forced displacement of Rahoveci citizens continued until May, 7. Then the Serb forces did not allow people to leave any more. Meanwhile, the crimes that were caused by these forces continued, but with less intensity. It is suspected that the Serbs took such a decision with the one aim, not to have the town totally deserted by Albanian population. Since a great number

of Serbs still remained in the town, and in case they would be left alone without any Albanians, so it was sure that NATO's bombing on this town would become a reality and only Serbs would be killed. So the remained Albanian population that was about 30% (70% was displaced) was sure that the displacement was stopped with only one aim, to serve as a live shield for the NATO bombing against the Serb forces.

Serb forces that were located in MELLA suburb, from the first day of their concentration (25.03.1999), entered its houses, robbed and abused the inhabitants. The frightened inhabitants escaped in panic and took shelter to their relatives in the centre of the town. During the same day, Serb forces wounded some Albanians of that suburb, burned 8 houses and a windmill, full of flour.

Serb forces used the remaining houses as their accommodation and hiding places.

After three days, the same forces killed 3 old Albanians from the same suburb.

On 25.03.1999, many armed Serb forces were located in the buildings of PIRO and PALLATICE enterprises. A lot of military arsenal was located in these buildings. These places were used as a base where the Serb army was located until their complete withdrawal. These forces moved toward Rahoveci and Xerxe direction and vice versa, every day.

The same day (25.03.1999), in the evening, many Serb Army forces entered and were located in the suburb called "TE RRASAT".

The inhabitants of this suburb witnessed that many armed Serb soldiers and policemen, including many local Serbs, suddenly entered their houses, ill-treated them, robbed their money, jewellery and the livestock. In some cases, the livestock was killed. Many army vehicles, including the tanks, entered the yards and were masked with green coloured things. After being robbed and ill-treated in different ways, the population of this suburb was forced to leave their houses with the pretext that "the houses are needed to the Army now". These people took shelter to their relatives, in the centre of the town. These Serb forces burned 3 houses of this suburb after 3 days. The other houses will serve as accommodation and protection of these forces until their complete withdrawal (on 14.06.1999) from Rahoveci region.

On April, 12, 1999, new Serb police forces were located in the suburb "TUMBA". This is an important strategic point, because a good part of the town and its fields can be watched from that position. Many foreign mercenaries as Russian, Bulgarian and Greek and other ones, were located in this suburb in the beginning of May.

The Albanian inhabitants of this suburb witnessed that these mercenaries were located into 4 Albanian houses and stayed there until 12.06.1999, when they escaped together with the other armed forces. On the day of their withdrawal, they burned the four houses that they were using continuously for two months.

During the time the mercenaries stayed here, they robbed many houses and forced the inhabitants to give them alcoholic drinks mostly. These mercenaries dressed in army uniforms, masks and armed to their teeth, by driving armoured vehicles went to unknown directions. They usually came back late in the afternoon. There were some cases when they told the regional people that "they had a wonderful day by robbing and killing "the terrorists" in the field.

The local armed Serbs visited and accompanied very often these foreign mercenaries.

The inhabitants of this suburb witnessed that on the last day before they left, these foreign mercenaries installed mines in the surrounding area they used to stay.

Unfortunately, on 13.06.1999, Jonuz Z. HOXHA, the 14 years old child from the same suburb stepped on a mine and was killed. Jonuz has gone to that place to gather some flowers and make a present for KFOR soldiers that were entering Rahovec as liberators.

It is said that the first KFOR's tank that entered the town about 00:14, on 14.06.1999, looked like a hill full of different flowers. But, the flowers gathered by Jonuz never reached the place he wanted to. Instead, they were put on his fresh grave.

PARAMILITARY FORCES

Serb paramilitaries came to Rahovec municipality since July, 1999. It seems that some of their groups stayed there until June, 1999. Some other new groups of Serb paramilitaries arrived just some days before 24.03.1999. Their main base was Hoqa e Madhe village. The paramilitary forces were recognised by some emblems on their clothes and by the weapons they possessed. They usually had scarfs around their heads or necks. Some of them had painted faces and some others with black masks. They had some "ribbons" on their arms. The ribbons were red, white or yellow. They usually used machine-guns (gun) and knives.

Among the paramilitaries, there were seen many local Serbs who were recognized by civil Albanians that were the victims of Serb barbarism. We have many eye-witnesses that have seen a great number of local Serbs (always dressed with police-army uniforms and armed to their teeth) who have done monstrous crimes in front of their eyes.

In most cases, especially in the town, the crimes were committed by persons that were in black masks. It is suspected that these masked persons were local Serbs who did not want to be recognized.

We succeeded to gather many facts that prove the presence of local Serbs belonging to paramilitary groups. We possess their names and surnames and sometimes the photos that prove their crimes.

MPB - The Ministry of Internal Affairs (MUP)

The regular Serb police units also took part in the crimes committed against Albanian population during this period. We possess many names of Serb policemen, who were regular ones or traffic policemen that made crimes upon the natives. These units were reinforced by others from Prizreni, Gjakova, Klina and other places. Some of the regular policemen also joined the Serb paramilitary units.

Among the local Serbs that worked in MPB, there were some who gave orders for the crimes that were done.

COOPERATION AMONG DIFFERENT FORCES

According to what had happened in Rahoveci region, during this period, the way the crimes were done and also to what was seen and experienced by the Albanian population itself, we can conclude that: All Serb armed forces, such as regular army, MBP- forces and paramilitaries cooperated closely in their activities. We suppose that they did not have a common command, but they were a separate commanding chain with a close cooperation.

The same thing can be said for the fourth group of armed Serb forces that acted in Rahoveci region and they were the foreign mercenaries as Russians, Greeks, Bulgarians etc.

THE COMMON PARTICIPATION IN BARBARISM

All armed Serb forces did crimes in Rahoveci region. In most cases they acted together, but sometimes they acted separately.

THE WAY THE CRIMES TOOK PLACE

The action was always done without any previous warning. The local population was never announced to go away, (except some individual threatens made by local Serbs to their Albanian neighbours that: "If NATO bombing acts against us, you're going to pay for that". This made us aware of the Serbs' revengeful plan against defenseless Albanians a long time ago.

There was not any reason for the natives to leave, because NATO bombing didn't risk the civilians. Also, the KLA forces that were located in some villages around the town, did not have any attack against Serb forces since some months before now. So, Serb forces wouldn't find any reason for their reaction. KLA forces completely respected the cease-fire agreement reached with the OSCE representatives who dealt and continuously observed the situation in Rahoveci region.

During all the time NATO bombing took part, armed Serb forces shot and often shelled the region with tromblons (kinds of grenades used for firing). The region was mostly shelled during the nights. Apart from the material damages caused by these grenades, there were many victims among local Albanian civilians. The main objective of these attacks in the town probably was the creating of fear and panic among the unprotected Albanian civilians, so they would move out of Rahovec and even of Kosova. This was proved every day when a many families were forced by Serb police and army to leave to Albania.

It was a real nightmare according to shelling and flames caused by armed Serb forces and it's impossible to describe it.

The destruction and firing of the houses was an aimed and organised action. Serb police, army, and paramilitaries, as well as Russians, Greeks, Bulgarians and others that were fighting along the Serb side took part in these crimes too.

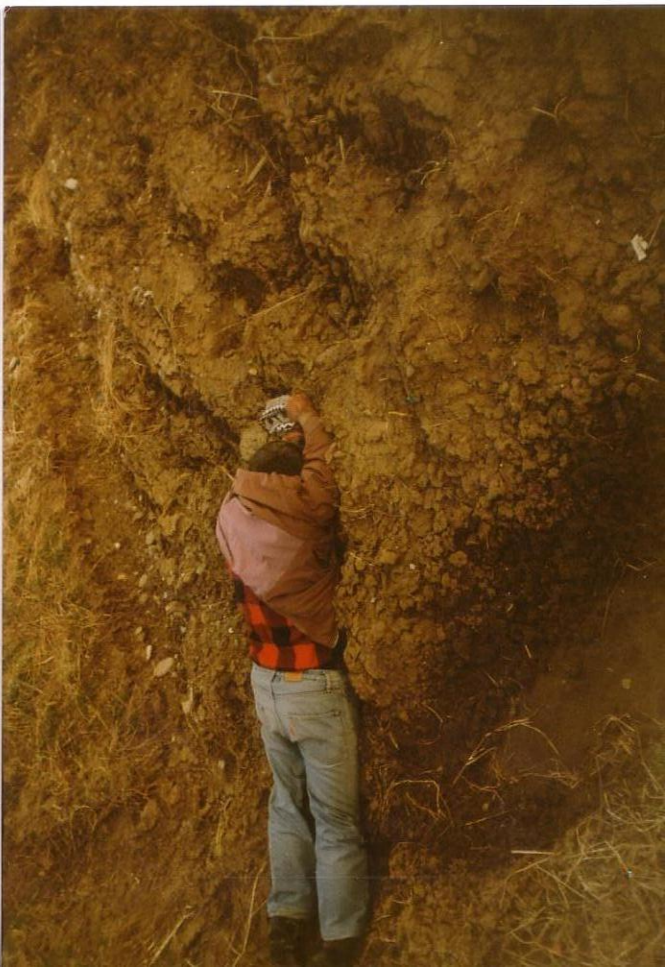
Fehmi Cera

APPENDIX E:
Photographs Documenting the Atrocities
Committed in the in the Municipality of Rahovec

(All of the pictures were taken by Dr. Cena in 1999. I obtained permission from
him to include them in my dissertation)













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