

**Benevolent Dictatorship:
The Formal Logic of Humanitarian Government**

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I recently asked a bright and ambitious seventeen-year-old what she planned on doing after completing secondary school. Without hesitation she responded, “Work for a humanitarian organization abroad.” I did not dare call her aspiration into question. Indeed, how could I? Her youthful enthusiasm, good intentions, and selfless idealism were beyond reproach. At her age I, too, had hoped to save the world, but I had wanted to go into law or politics to defend the poor and the downtrodden, the victims of the iniquities of the capitalist *system*. A generation later, such an overtly political ambition would appear to be opportunistic or anachronistic, i.e., symptomatic of a pre-post-modern faith in social progress and reform, if not revolution. Although my youthful interlocutor would not have articulated it as such, her (a)political engagement reflected the contemporary post-post-modern ethical sensibility whereby the good can reside only in the immediate relief of suffering. Unlike post-modernism’s relativism, if not cynicism, the contemporary humanitarian ethic raises the alleviation of physical suffering into a moral absolute, a transcendent norm of universal *agape*. Humanitarianism, it is by now banal to observe, has become, with its rights and duties to protect, the secular religion of the new millennium.

Just as I did not question my seventeen-year-old Good Samaritan’s ethical position, it is not my intention here to engage in a normative or ideological critique of humanitarianism. Although some humanitarian theorists argue that the immediate concern for the prevention of suffering occupies a minimal moral space beyond the realm of particularistic political contention,¹ any ethical stance implies more or less explicit

value choices always subject to political or ideological debate. In this essay, I am concerned not with the substantive rationality but with the formal rationality of politics in the age of humanitarian intervention. Although I shall focus on international humanitarian interventions, my argument seeks to uncover the particular form of “legitimate” domination that obtains whenever and wherever social agents base their claim to authority over others on the benevolence of their actions to the governed. I begin the essay by drawing an analogy to medical authority in order to understand a perverse but intrinsic concrete effect of humanitarian intervention, namely what I label “iatrogenic violence.” In order to identify the formal logic of this self-destructive form of resistance, I then turn to Max Weber’s tripartite typology of legitimate domination, arguing that a fourth ideal-typical form of domination, which I label scientific or “therapeutic,” is implicit in Weber’s typology. I contend that the logic of humanitarianism’s therapeutic domination corresponds to the “structure of exception” that Giorgio Agamben, drawing on Carl Schmitt, has identified at the centre of the Western metaphysical and political tradition. After briefly exploring a few cases in which the ideal-type of therapeutic domination manifests itself, I conclude that the benevolent dictatorship of humanitarian government based on scientific expertise and relying on the institutional form of the non-governmental organization has become the uncontested and uncontestable radical biopower of our age.

Iatrogenic Violence

The language of international intervention into political, social, and demographic crisis zones draws heavily on medical metaphor. While proponents may, for example, celebrate the scientific precision of “surgical strikes,” critics may attack “band-aid solutions” to profound problems and all may debate the appropriate doses of “shock therapy,” the discourse of intervention commonly constructs the eruptions of violence or the failure of state institutions that elicit outside attention and intervention in terms of pathology, drawing on the organicist logic of structural-functionalist social theory. The pathologizing analogy gathers strength empirically, if not logically, from the apparent symptoms of a “sick” society: death, injury, impoverishment, famine, and actual medical epidemics. As descriptively fitting as it may be, the medical metaphor is of course politically hardly innocent. Medicine responds to illness through intervention, an authoritative form of social action enjoying the double legitimacy of scientific rationality and of traditional shamanistic awe. The apparent political neutrality of the Hippocratic commitment to human life and well-being, moreover, exempts (medical) intervention from ethical critique. Thus providing the ideological cover of humanitarianism, the medical metaphor helps to conceal the political stakes of intervention (not only internationally but domestically with attempts to pass off social policies as technical solutions to social pathologies)—but only as long as the metaphor remains superficially and superstitiously reverential.

Truly conservative critics of intervention can turn the medical metaphor into an argument against virtually any kind of international or domestic political action by simply noting that the placebo and the waiting list constitute the two most successful medical

treatments of all time, followed by hand washing and a good night's rest. Those on the left can also point to public health studies showing that socio-economic equality and spending on public goods such as drinking water, schools, and parks improve health statistics more than does spending on drugs, doctors, and hospitals. Applied metaphorically to the sphere of international military-humanitarian interventions, whose number have risen dramatically since the end of the Cold War, these critiques of medicine raise serious questions about the legitimacy and the efficacy of outside intervention into crisis zones such as those of the Balkans in the 1990s. While the principles and premises of intervention do require debate, I do not propose here to explore alternatives to the practice of military-humanitarian intervention as it has developed over the past 15 years.² Instead, I wish to examine another critical avenue arising from a further medical analogy, namely that of iatrogenic violence.

Iatrogenic (literally: physician-induced) morbidity refers to disease or injury that medical intervention itself produces. With the term iatrogenic violence I designate social disruption and political violence that results from outside intervention (military and/or "humanitarian") intended to stop or to prevent such violence. The most blatant example of iatrogenic violence is of course the aftermath of the American invasion and on-going occupation of Iraq. Carried out by the United States and its "coalition" partners with dubious to non-existent international legal sanction, the intervention in Iraq allegedly aimed, among other vague and shifting goals, to shut down Iraq as a breeding ground for international terrorism and other forms of internal and external belligerence. As a consequence of the invasion, Iraq has indeed become such a breeding ground. The treatment has become the cause of the illness it purported to be curing. Now, the

example of Iraq calls into question the precise meaning of iatrogenics. If we give the Bush administration a huge benefit of the doubt, then we might say that the present violence emanating from and in Iraq is more the result of a misdiagnosis than an inappropriate treatment, though more cynically we might simply dismiss US policy in Iraq as willful malpractice.

Still, *bona fide* cases of iatrogenic illness and epidemics do exist, with patients falling ill from the best intended, state-of-the-art medical interventions. For example, recent fatal outbreaks of infection from *clostridium difficile* can be traced to doctors' perhaps overzealous prescription of antibiotics, which weakens immune systems and generates resistant strains. Although we might also blame drug company profit incentives and patients' magical belief in the power of the prescription pad, the use of antibiotics is nonetheless the medically indicated treatment for bacterial infection even if it ultimately favors more severe infection. Similarly, it is at least ideal-typically imaginable that cases of iatrogenic violence exist in a pure form, i.e. cases when outside intervention occurs exclusively in the best interest of the afflicted society and according to the most appropriate and efficient technical means yet nonetheless generates social disruption and violence. For example, the massive intervention in Kosovo since 1999, largely inspired and informed by the relative failures of intervention in Bosnia and other previous ex-Yugoslav crises, might be seen as a best-case, albeit far from perfect, scenario in which an effective use of armed force was followed by a centrally coordinated, coherent multilateral and multilevel effort at political, economic, social, and ethnic reconstruction nonetheless failed to prevent, or even prompted, large-scale fatal interethnic violence and rioting in March 2004. To be sure, any complex social action such as multilateral

intervention will suffer from shortcomings, inconsistencies and paradoxical consequences, as Annie Lafontaine has shown for the unexpected conflicts arising from the repatriation of refugees in Kosovo.³ I do not intend here, however, to catalogue the practical pitfalls of even the most welcome and well-planned interventions. Instead, the *theoretical* argument that I wish to develop claims that iatrogenic violence is inherent to the *formal* structure of international intervention, regardless of the substantive means, motives, or context of intervention. Drawing for the last time on the anthropomorphic medical metaphor, I mean to argue that this form of iatrogenic illness arises neither from the qualifications and intentions of the treating physician, nor from the treatment and its potential side effects, nor from the particular morphology and possible pathology of the patient, but from the structure of the doctor-patient relationship itself.

Therapeutic Legitimate Domination

Every instance of international intervention is of course *sui generis*, yet whatever the particular causes, contents, and contexts of intervention, we can identify common features of contemporary international interventionism that distinguish it, at least idealtypically, from “good old-fashioned” conquest and colonialism.⁴ These features, each of which could be critically elaborated in depth, include: 1) the request for or consent to outside intervention from some significant population group (typically an ethnic minority or other category of “victim”) or its apparent representatives in order to help resolve a social or natural problem surpassing the capacity or will of local authorities (e.g. epidemic, armed insurrection, ethnic conflict, etc.); 2) the quest for normative or legal approbation for the requested or proposed intervention by a supranational body

recognized as competent by international law or treaty (United Nations, Organization for Security and Cooperation in Europe, or other regional organizations to which the territory of intervention is at least nominally party); and of historical novelty and perhaps of greatest significance 3) the involvement in the intervention, alongside of traditionally state-based actors such as armed forces, of a corps of experts organized within the parallel and cross-cutting hierarchies of multilateral international agencies and formally autonomous non-governmental organizations (NGOs).

Taken together, these features have contributed to the emergence of what Mariella Pandolfi has dubbed “mobile sovereignty.”⁵ This paradoxical formulation captures well the political complexity of the formal structure of contemporary international intervention. Understood traditionally as an attribute of the modern territorial state, sovereignty refers to the highest possible instance of social authority responsible for the maintenance of internal order and its protection from the interference of competing external orders through the exercise of a monopoly of legitimate violence within a delimited territory, according to Max Weber’s classic definition of the state.⁶ Sovereignty is thus spatially bounded yet, at least in theory, absolute. The ideal-typical sovereign state is consequently subject to international legal norms only insofar as it authorizes those norms itself (though only the United States today approaches this ideal-typical status). The expression “mobile sovereignty,” however, not only contradicts the bounded territorial character of the sovereign state but relativizes authority as well: sometimes it’s there, sometimes it’s not. Pandolfi uses the term to describe the authority exercised by the corps of expert interveners who migrate from crisis zone to crisis zone, but its mobility is not only empirically geographical. That is, “mobile sovereignty” also theoretically

describes the authoritative relationship between interveners and local populations in any particular site of intervention, regardless of the cosmopolitan, or for that matter parochial, character of the corps of interveners.

In an ideal-typical site of intervention, we encounter a local population “in need” and a corps of interveners. Although the latter may be a complex amalgam of soldiers, administrators, doctors, and other technical experts subject to the more or less coherent, competing logics and command structures of states, multilateral agencies, and NGOs, the relationship between “locals” and “internationals” always has the same slippery, or “mobile,” authority structure, a peculiar form of “legitimate domination,” which, as we shall see, escapes Max Weber’s well-known tripartite typology.⁷ The “internationals” obviously occupy the position of dominancy, ultimately by virtue of their superior firepower if nothing else. The existence of social domination is not a problem, but a universal. The locals, in their subordinate position, necessarily engage in some form of resistance, again a universal within the sociology of domination and therefore not the source *per se* of iatrogenic violence. Substantively, the sociological categories of domination, subordination and resistance vary almost endlessly in their contents according to the innumerable social inequalities that enter into the play of social interaction, but formally, as Weber’s sociology of domination posits, relations of domination vacillate between the types of claims to *legitimate* domination.

According to Weber’s *Herrschaftssoziologie*, any given social order relies, at the micro-social level, on dominant actors’ particular normative claims to legitimate authority. Weber identifies three “pure,” or ideal-typical, forms such claims can take: the traditional, the charismatic, and the legal rational. Weber’s formal typology, however,

implies a fourth, unnamed form. To explain this fourth form, we must recall that Weber's familiar three modes of legitimation do not describe the normative contents of the claims rulers make to justify obedience to their commands but derive from the formal structure of the relationship between rulers and subordinates. Thus, traditional authority refers to a relationship in which the norm for obedience is inherent to the ruler's person embodying (a) value(s) in a "timeless" regime of continuity, whereas charismatic authority emanates from the person of the ruler in an extraordinary, revolutionary regime of rupture. By contrast, legal-rational authority is literally disembodied in that the ruler appeals to an entirely impersonal norm or procedure necessarily in a regime of continuity, the validity of the norm depending on its personal and temporal decontextualization. This formal typology logically suggests a fourth mode of legitimation, namely one in which a dominant actor makes an impersonal claim to authority in a context of rupture with existing norms.⁸

I have elsewhere associated this fourth form with scientific authority, under which the impersonal procedure of scientific method challenges existing orders of knowledge in a revolutionary process of scientific advancement,⁹ but by metonymic analogy to medical knowledge we can also call this fourth pure form of authority *therapeutic domination*. Under this form, as in the doctor-patient relationship of command, the ruler claims obedience by virtue of the application of a scientifically valid, impersonal procedure—a treatment protocol—in the extraordinary context of crisis. As Vanessa Pupavac has argued, humanitarian interventions have in empirical practice taken on the quite literally medicalized form of what she calls "therapeutic governance," i.e., the application of social and clinical psychological treatments to traumatized or otherwise stressed target

populations.¹⁰ While it encompasses substantive practices of therapeutic governance in Pupavac's sense, the concept of therapeutic domination abstractly describes any relationship of command justified by an appeal to an impersonal rule or procedure in rupture with a previous enduring order. Nonetheless, the formal structure of figuratively therapeutic domination logically suggests that the substantive contents of its normative claims will be literally therapeutic. As with legal-rational claims to authority, therapeutic domination's appeal to impersonal procedure applies to no-body in particular and hence to every-body in general. Paradoxically, and in contrast to legal-rational authority, the apparently disembodied norms of therapeutic authority focus precisely on the human body itself because of this mode of domination's extra-ordinary temporal quality. Intervening in rupture with established practices, therapeutic domination not only depersonalizes but decontextualizes social relationships. Without any reference to culture or history, therapeutic domination reduces social agents to human bodies. Thus, unlike charismatic, traditional or even legal-rational authority, no particular conception of the good life, but only the minimal but absolute value of life itself, can inform therapeutic domination.

Before further exploring the logical and substantive, biopolitical consequences of an impersonal, extraordinary mode of domination, we might ask why Weber did not name, let alone elaborate upon, such a form of legitimate authority implicit in his classic typology. Self-avowedly anti-theoretical in personal character if not practice, Weber claimed to have fit his theoretical apparatus to the empirical objectives of his *Wirklichkeitswissenschaft* (science of reality), and he may therefore not have elaborated a type that no historical example with which he was familiar began to approach.

Alternatively, he may have found it empirically implausible that anyone might in future accept an extraordinary norm that did not have an exemplary personal embodiment. In other words, Weber did not anticipate the possibility, in the absence of clear charismatic leadership, of revolutionary upheavals such as those that occurred in Eastern Europe in the name of the formal procedures of privatization, liberal democratization, and European integration. Finally, on a more philosophical plane, Weber may have wished to avoid the contradictions of the Western metaphysical tradition which he knew all-too-well that Nietzsche had exposed.

These philosophical contradictions inherent to an impersonal but extraordinary mode of legitimation become evident if we associate with each kind of relation of legitimate (i.e. rationalized) domination Weber's four ideal-typical modes of rationality, namely: habit, affectivity, value rationality (*Wertrationalität*), and instrumental rationality (*Zweckrationalität*). We can map these types of rational motives for social action along the two dimensions of their relative motivational strength and of their degree of conscious (intellectual) articulation, with habit (e.g., custom) being a relatively weak and unconscious "reason" for action; affect (e.g., *eros*) being a potentially powerful but not necessarily self-conscious motive; the rationality of ultimate value ends (e.g., salvation) being also very powerful and usually subject to conscious articulation; and finally instrumental rationality (e.g., utility maximization) being absolutely self-conscious in its calculations but relatively weak in its motivational strength precisely because of the fungibility of its ends. In purely abstract terms, then, the quotidian and personalized claims of traditional authority appeal to habit and affect whereas charisma by virtue of its personal and extraordinary quality appeals to affect and value rationality

and legalist proceduralism in its impersonal routine to instrumental rationality and habit. Logically, a simultaneously extraordinary and impersonal claim to authority would have to appeal to both value rationality and instrumental rationality at the same time, i.e. to the substantive rationality of ends and the formal rationality of means, two conscious but contradictory motives for action.

The centrality of an unnamed impersonal but extraordinary mode of legitimation both to intervention and to Western politics as a whole is the thesis—translated into Weberian terms—that the contemporary Italian philosopher Giorgio Agamben advances in his book *Homo Sacer: Sovereign Power and Bare Life*.¹¹ Starting from Carl Schmitt's premise that the power to declare a state of exception defines the sovereign,¹² Agamben tracks the "structure of exception" as the formal paradox at the core of, and permeating, the Western political and metaphysical tradition at least ever since Aristotle excluded "mere (or naked) life" (*zoe*) from the ends of the polis in its self-legislating pursuit of the "good life" (*bios*). Whether it exist between the "good life" and "bare life," civil society and the state of nature, constitutional order and the state of emergency, law and force, or language and being, the structure of exception entails a relationship of "inclusive exclusion" where the existence of the first term both depends on and negates the second. The (state of) exception *proves* the rule (of law)—in both senses of the verb: to confirm and to contest. The most vivid contemporary illustration of the state of exception's political fecundity is no doubt the American detention center in Guantanamo Bay, "Camp Justice" (*sic*): extra-territorial, extra-constitutional, outside of international law, and yet heralded by the Bush administration as a vital instrument in the "war on terror." The example is not an aberration, or an exception itself (or, inasmuch as it is, it is a revelation

of the fundamental structure of American politics), for as Agamben argues (well before September 11), the concentration camp is the “biopolitical paradigm of modernity,” a delocalised space where totalitarian state power reduces politics to control and to extermination of naked life. Less brutal but at least equally biopolitical, modern democratic politics have, more even than Michel Foucault anticipated,¹³ concentrated on the control of bodies and populations (from the birth-right of citizenship to sexuality, stem-cells, “security” and euthanasia).

Totalitarian and democratic biopolitics converged in the *exceptional* political context of former Yugoslavia in the 1990s. As Agamben writes, the Yugoslav civil wars, with their systematic rape and gratuitous slaughter surpassed totalitarian genocide as well as traditionally modern redrawing of ethnic and state boundaries. Subsequent “democratic” intervention, understood and justified as temporary and a *restoration* of political and social order, has become an indefinite state of exception, a permanent transition to.... Under these circumstances, Agamben writes (even before the scale and permanency of intervention became evident):

...what is happening in ex-Yugoslavia and, more generally, what is happening in the process of dissolution of traditional State organisms in Eastern Europe should be viewed not as a reemergence of the natural state of struggle of all against all—which functions as a prelude to new social contracts and new national and State localizations—but rather as the coming to light of the state of exception as the permanent structure of juridico-political de-localization and dis-location. Political organization is not regressing toward outdated forms; rather, premonitory events are, like bloody masses, announcing the new *nomos* of the earth, which (if its grounding principle is not called into question) will soon extend itself over the entire planet.¹⁴

Regardless of whether Agamben’s dystopian biopolitical premonitions come to pass, his analysis of the structure of exception can help us to explicate the more

immediate problem of iatrogenic violence within sites of intervention. Following Weber, we saw that the abstract form of legitimate domination on a site of intervention is neither legal-rational, nor charismatic, nor a hybrid of them (as in party democracy when a leader alternately claims authority by virtue of personal merit or formal electoral approbation), but rather an unnamed extraordinary yet impersonal one simultaneously appealing to the apparently contradictory rationalities of efficient means vs. ultimate ends. The relation between these two rationalities, however, corresponds to Agamben's structure of exception, where one term depends on and negates the other. Specifically, instrumental reason, which is impersonal in that its validity is internal and autonomous of any particular subject engaged in ratiocination, depends on value rationality since its "objective" validity exists only relative to a given end, but it must also negate value rationality, which is extraordinary, or unpredictable, and varies from person to person. In other words (which may appear banal), ordinary, impersonal bureaucracy reposes on extraordinary, personal charisma, just as the rule of law obscures the arbitrary force from which it derives.

Such a "dialectical unity of opposites" derives from the formal logic of their definition, but this binary structure of western thought is not without political consequences especially since it goes through its own historical moments. Thus, different periods have experienced the ideal-typical predominance of one or another form of legitimate domination with its incumbent rationality. Modernity was the age of the instrumental legal rationality of bureaucracy, indispensable to the emergence of industrial capitalism and the democratic state. It would be idealist nonsense, however, to pretend that the march of (instrumental) reason alone gave rise to these (or other) historical

structures. As Weber's historical sociology establishes, the translation of different forms of (ir)rationality into social structures depends on social carriers with material and ideal interests as well as on the technical means at their disposal; it also gives rise to distinctive institutions and modes of violence. To caricature: modern bureaucratic society was carried largely by an intellectual proletariat/petty bourgeoisie of technicians and managers organized in distinctive organizations such as political parties, public sector unions, and public or private national economic enterprises. Whereas traditional societies practiced externalised, ritual forms of violence, modern societies, as Norbert Elias and Michel Foucault have respectively shown, depended on the internalised violence of self-discipline.¹⁵ By contrast, the more ephemeral charismatic social orders and movements have typically flourished with exuberant, externalised violence (looting, pillage, warfare, purges, genocide) and relied on loose institutional structures such as warrior commensality and communism.

The Social Carriers and Institutional Forms of Therapeutic Domination

If, as Agamben suggests, the indefinite extension of states of exception and the exacerbation of bio-power characterize the emergent postmodern socio-political order, then we must ask not only who the social carriers of its arbitrary but efficient rationality and legitimation are but what kinds of institutions, of technical means and of social violence they animate. Concretely, the sites of intervention in the Balkans and in other instances of "permanent transition" around the planet offer an answer. The participation of a migratory corps of experts represents a novel, defining feature of the new international interventionism. Indeed, in the absence of a growing cosmopolitan body of

professionals with expert training and experience as well as material and ideal interests in the perpetuation and proliferation of intervention sites, the phenomenon would not be technically feasible. The social origins and resources of these interveners require closer empirical scrutiny, but clearly most belong to highly educated, mobile, privileged social strata and all derive social prestige, if not always their material livelihood, from an activity distinct from government and business. Thus, the innovative social institution within which they typically function is fittingly the non-profit non-governmental organization devoted to a particular normative cause.

The NGO's negative form of definition clearly signals the shift in rationality away from the legal-rational instrumentalism of the modern state. Just as the explosive economic growth of modern capitalism depended on a shift from a rationality of ends (i.e. wealth) to a rationality of means (productivity), the unprecedented development of the bureaucratic, sovereign state resulted from the western European political dynamic of the pursuit of power as an end in itself, i.e., from the subjection of politics to a purely instrumental rationality. The internal, circular logic of the preservation and aggrandizement of state capacities obscured, as Agamben shows, the inclusive exclusion of political value rationality, which manifested itself in the growing bio-politicization of modern state power. The emergence, since the 1970s, of the NGO has simply completed the backdoor-return of political value rationality. Performing social functions previously associated with the state and doing so largely with funding of state origin, NGOs short-circuit the self-sustaining circular logic of the bureaucratic state's formal, impersonal rationality. More than a neo-liberal privatisation of an allegedly bloated, inefficient and self-serving (but procedurally legitimate) state bureaucracy, NGOs confer the means of

legitimate violence to particular, personal, and passing substantive value rationalities. Feigning a non-political, humanitarian vocation, NGOs, whose missions and methods can change with the prevailing wind, in fact embody a politics of arbitrary life force imposing its values and visions.

Again, the normative violence of NGOs as central actors of the new interventionism does not simply signal an incursion of charismatic authority into contemporary politics, for the particular mode of violence they exercise in sites of intervention differs significantly. Charismatic violence seeks a revolutionary transformation of social order in the image of the value emanating from the leader. By contrast, the extraordinary but impersonal legitimacy of intervention shapes its characteristic mode of violence, which forces conformity not with a substantive value but a formal method. In an inversion of the structure of exception, intervention occurs in the name of an overarching normative principle (health, security, “freedom”) that denies the formal instrumental rationality of state sovereignty only the better to apply its own technical rationality. We can thus characterize its typical mode of violence as “therapeutic” because ostensibly it pursues a value emanating from the object of intervention (a population “in need”) but its actual end is the proficient application of a treatment protocol (captured by the quip “surgery successful, patient dead”). The therapeutic structure of domination also determines the mode of resistance principally as “patient non-compliance”: usually passive aggressive, often self-destructive, and occasionally prone to apparently irrational outbursts directed at “care-givers” as the patient futilely attempts to reappropriate control over his or her body. Thus, paraphrasing

Agamben, we might say that the suicide bomber has become “biopolitical paradigm of our contemporaneity.”

As an ideal-type in the Weberian sense, therapeutic domination is, of course, a utopia; it exists nowhere in pure form. Logically and historically, legitimate domination always takes on hybrid forms, with bureaucratic legal-rationalism, for example, drawing on charismatic renewal or revolutionary regimes routinizing into neo-traditional patrimonialism. Thus, therapeutic NGOs today have not supplanted the bureaucratic state but exist in close symbiosis with states and intergovernmental agencies. Although NGOs enjoyed a relative autonomy from the state during the Cold War, in the heyday of military-humanitarian interventionism in the 1990s, they became financially and organizationally more linked to the state before becoming more subordinated to the new state-centred security agenda after 2001.¹⁶ We can only begin to hint at the hybrid complexity of authority relations between NGO and state actors as expert personnel migrates back and forth between the public, the private, and the non-profit sectors; as states subcontract services to NGOs while the latter articulate public policies; or as charismatic celebrities found and fund NGOs and hobnob with democratically elected leaders and top civil servants at international forums. A few brief examples from current field research, however, can illustrate the analytic fecundity of the concept of therapeutic domination.

As I have already indicated, the Balkan crises and the case of Kosovo in particular initially prompted my articulation of the concepts of iatrogenic violence and of therapeutic domination. Indeed, my colleague and collaborator Mariella Pandolfi's ethnographic research in Kosovo and into the earlier, less-well known case of military

humanitarian intervention in Albania has shown how ostensibly temporary interventions have morphed into an enduring order of “permanent transition.”¹⁷ Initially a response to the breakdown of state authority resulting from economic chaos in the aftermath of pyramid schemes in Albania and resulting from ethnic warfare in Kosovo, international intervention obviously took on a therapeutic character as a host of military and humanitarian organizations of state and non-state origin applied their standard operation procedures and honed their technical proficiency in establishing safe havens, “green zones,” and refugee processing facilities. If these therapeutic responses to social disorder had, as they pretended, quickly restored or established a legal-rational legitimate order, be it an autonomous state or a neo-colonial administration, then the extraordinary but normalized means of intervention could be understood as an exception that ultimately proves the rule of bureaucratic, legal-rational modern social order.

It is, however, precisely the political limbo from which Kosovo and Albania have not yet escaped that demonstrates the peculiar form of social order that therapeutic domination can sustain. Almost a decade after NATO’s bombing campaign, Kosovo remains in a state of exception, with tens of thousands of foreign experts not only maintaining local society but finding their *raison d’être* in unending economic, ethnic, and political crisis. Even when Kosovo unilaterally declared its independence in early 2008, it simply passed from one state of uncertainty to another as an initial wave of recognition failed to clarify the (former) Serbian province’s political status. Tellingly, Serbian violence in Kosovo in response to the albanophone majority’s declaration of independence did not target the new allegedly dominant ethnic group but rather the international agencies and actors who in fact hold (therapeutic) legitimate authority. In

other words, the Serbs' iatrogenic violence in response to the international community's therapeutic domination not only debunked the notion that the eventual new Kosovo state has an ethnic national basis but also reinforced the military-humanitarian intervention corps' claim to be necessary to the pacification of a still-conflict-ridden society.

In the case of Albania, the perpetuation of a therapeutic order of domination is much more insidious since all but a handful of the foreign military personnel and other experts have left the country since surging into it in 1997. Pandolfi's ethnographic research, however, has shown how local elites have internalized the logic of therapeutic domination in a process of self-pathologization that has paralysed the country's politics. The legacy of therapeutic intervention is particularly evident in the proto-democratic public sphere, where different media outlets and forms reflect elite rivalries sown by the international community in the 1990s.¹⁸ Because the common diagnosis of the causes of democratic deficiencies in postcommunist transition societies pointed to the corruption of established elites and to the underdevelopment of civil society, international agencies and NGOs prescribed the massive funding and training of local NGOs to constitute the tissue of organized civil society and to recruit ersatz-elites. In Albania, as elsewhere in the Balkans, the Soros Foundation played a key role in cultivating a new cosmopolitan and media-savvy elite, which still draws its material resources and symbolic legitimacy from its insertion into international networks and from its reproduction of international norms of "good governance," transparency, responsibility etc. In other words, this new cosmopolitan elite has, with the retreat of international interveners, donned the cloak of therapeutic domination. In the process it has encouraged a form of symbolic iatrogenic violence within the Albanian media landscape, where traditional and other, more locally-

based new elites have, in response, adopted populist, nationalist, ethnicizing and sensationalist discourses, which in turn have comforted the cosmopolitan elite's claim to be defenders of civilization against barbarism.

A similar dynamic of local elite appropriation of external therapeutic legitimacy is at work in Liberia, a case that well illustrates the complex hybridization of different modes of domination. Sub-Saharan Africa's first independent state with a long tradition of neopatrimonial rule, Liberia, since 1989, has been the site of two civil wars and of two UN-mandated peacekeeping missions backed up by a host of humanitarian agencies notably devoted to demobilizing, disarming, reintegrating, and reconciling the child-soldiers of brutal warlord armies.¹⁹ On-going field research among demobilized soldiers subject to therapeutic intervention suggests not only that competing warlord regimes drew their legitimacy at least in part from their integration into international networks including humanitarian NGOs as well as foreign resource extraction companies but that remarkable continuities in personnel and organizational actors span the transition from civil war to internationally supervised pacification.²⁰ Perhaps most telling about the integration of therapeutic legitimacy into Liberian politics is the career trajectory of Liberia's current president, Ellen Johnson-Sirleaf. A Harvard-educated member of the Americo-Liberian elite, she participated in the last traditionally neopatrimonial Tolbert government until Samuel Doe's bloody coup in 1980. Subsequently an ally and then opponent of notorious warlord Charles Taylor, Johnson-Sirleaf spent the war years abroad, working for Citibank, the World Bank and the UN Development Program, and returned to Liberia in 2004 to head the "Commission on Good Governance," thus making clear that her bid for the presidency in 2005 rested on her appeal to the therapeutic

legitimacy of her technical expertise and integration into the international aid community and its norms.

A further and final illustration of the empirical relevance of the concept of therapeutic domination is evident in neighbouring Côte-d'Ivoire. There, in the context of civil war, medical anthropologist Vinh-Kim Nguyen has observed the emergence of what he labels a "military-therapeutic complex" within the framework of the US-government-sponsored HIV/AIDS-relief program known as PEPFAR.²¹ Combining resources of the US military, private security and logistic firms, medical NGOs, and pharmaceutical companies, this program has established parallel or substitute authority in large regions of the country where central government control has receded. Beyond the application of established medical, humanitarian, and military logistical "treatment" protocols, this multi-level intervention has become a laboratory not only for trials of new drugs but for developing mechanisms for controlling the population, whose resistance seems to take the iatrogenic forms of refusal of treatment and even wilful promiscuity by HIV-positive subjects. This self-destructive and irresponsible resistance feeds back into the moral absolutism of therapeutic domination through its development of moralizing and individualizing practices of subjectivating "confessional technologies." Therapeutic domination thus produces what Nguyen calls "therapeutic citizenship," a governmentality whereby individuals take charge of their own moral and physical health by adopting best practices, beginning of course with safe sex.

The Benevolent Dictatorship of Humanitarian Government

In sum, from NATO bombing in Kosovo to AIDS-relief in Côte-d'Ivoire, the therapeutic social relation of domination and its concomitant iatrogenic violence has attained its highest form in the military-humanitarian interventions of the past 15 years. Although they still rely on the typically modern legal-rational authority and bureaucratic capacities of sovereign states and international law and institutions, these operations have introduced a new extraordinary, impersonal form of legitimate domination that escapes the bureaucratic rationality of the modern state. As we saw with Agamben, this apparently paradoxical form of authority has more or less latently permeated the western political and metaphysical tradition, expressing itself today in rampant bio-politicisation. Convinced perhaps of the inescapability of the iron cages of the instrumentally rational modern state and capitalism, Weber skirted the naming and theoretical elaboration of this extraordinary, impersonal form logically implied by his typology of legitimate dominations. His typology thus reproduced the "structure of exception" underlying western political and metaphysical thought, suggesting the hidden pervasiveness of a kind of authority that characterizes the purely logical structure of both politics and science.²² Both of these are promethean efforts to lend meaning to a godless, meaningless world, where the creative genius must deny and negate his or her arbitrary power.²³ Intervention reproduces this godless, god-like structure of authority, whence its banal claim to be a matter of life and death.

Thus reduced to the efficient and effective protection of bare life, politics has become the science of survival.²⁴ With the proliferation of threats to the survival of the species, from ethnic conflict to global warming, a permanent state of emergency has

transformed humanitarian government into a dictatorship above and beyond the discussion, debates, and contestations of ordinary politics. To be it sure, it is a benevolent dictatorship, but it is one that suspends or makes obsolete political action in pursuit of a just, equitable or otherwise good social order. This is what I blasphemously wanted to tell my young humanitarian volunteer, but did not dare.

¹ Cf. Michael Walzer, Interpretation and Social Criticism (Cambridge, MA: Harvard University Press, 1987); Thomas Pogge, ed., Freedom from Poverty as a Human Right: Who Owes What to the Very Poor? (Oxford: Oxford University Press, 2007).

² For a critique of military and humanitarian intervention, see Mark Duffield, Global Governance and the New Wars (London: Zed Books, 2001) as well as Development, Security and Unending War (Cambridge: Polity Press, 2007).

³ Annie Lafontaine, “Le rapatriement des réfugiés albanais au Kosovo (1999-2001): Discours, pratiques et effets sociaux,” Ph.D. thesis, Université de Montréal, 2003.

⁴ Duffield, Development, pp. 39-46.

⁵ Mariella Pandolfi, “L’industrie humanitaire: une souveraineté mouvante et supracoloniale. Réflexion sur l’expérience des Balkans,” Multitudes 3 (November 2000), pp. 97-105; “Moral Entrepreneurs, souverainetés mouvantes et barbelés: le bio-politique dans les Balkans post-communistes” Anthropologie et Sociétés 26: 1 (2002), pp. 1-24.

⁶ Max Weber, “Politik als Beruf,” in Max Weber, Gesammelte politische Schriften (Tübingen: Mohr, 1988).

⁷ Max Weber, Economy and Society (Berkeley : University of California Press, 1978).

⁸ I owe the (im)personal/(extra)ordinary typological scheme to Augustin Simard, La loi désarmée (Québec : Presses de l’Université Laval, 2009).

⁹ Laurence McFalls, “The Objectivist Ethic and the ‘Spirit’ of Science,” in Laurence McFalls, ed., Max Weber’s ‘Objectivity’ Reconsidered (Toronto: University of Toronto Press, 2007).

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- ¹⁰ Vanessa Pupavac, “Therapeutic Governance: Psycho-Social Intervention and Trauma Risk Management,” *Disasters* 25 (2001), pp. 358-72; “Human Security and the Rise of Global Therapeutic Governance,” *Conflict, Development and Security* 5: 2 (2005), pp. 161-82.
- ¹¹ Giorgio Agamben, *Homo Sacer : Sovereign Power and Bare Life* (Stanford, CA : Stanford University Press, 1998).
- ¹² Carl Schmitt, *Politische Theologie* (Berlin : Duncker & Humblot, 1922).
- ¹³ For the elaboration of his concept of biopolitics, see Michel Foucault, « *Il faut défendre la société* » (Paris : Gallimard, 1997); *Sécurité, territoire et population* (Paris : Gallimard, 2004); *Naissance de la biopolitique* (Paris : Gallimard, 2004).
- ¹⁴ Agamben, *Homo Sacer*, p. 38.
- ¹⁵ Norbert Elias, *Über den Prozess der Zivilisation* (Frankfurt/M : Suhrkamp 1978); Michel Foucault, *Surveiller et punir* (Paris : Gallimard, 1975).
- ¹⁶ Duffield, *Development*, pp. 32-65.
- ¹⁷ Mariella Pandolfi, “La zone grise des guerres humanitaires,” *Anthropologica*, 48:1 (2006), pp. 43-58; “Industrie humanitaire”; “Moral Entrepreneurs”. Mariella Pandolfi, Annie Lafontaine, Marie-Joëlle Zahar and Laurence McFalls, “Paradoxes et démocratie de l’information en Albanie contemporaine,” *Transitions* 44 : 2 (2005), pp. 11-30. Laurence McFalls and Mariella Pandolfi, “Souveraineté mobile et cosmopolice humanitaire,” in Dietmar Köveker, ed., *Lieux et emprises de la souveraineté* (Québec: Presses de l’Université Laval, forthcoming).
- ¹⁸ Pandolfi et al., “Paradoxes.”
- ¹⁹ On the origins of the Liberian civil wars, see Stephen Ellis, *The Mask of Anarchy: The Destruction of Liberia and the Religious Dimension of an African Civil War* (New York: NYU Press, 2001).
- ²⁰ Mayra Moro Coco, “The Legitimacy of War Lords and their Successors in Liberia,” Ph.D. thesis prospectus, Université de Montréal, 2007.
- ²¹ Vinh-Kim Nguyen, “Antiretroviral Globalism, Biopolitics and Therapeutic Citizenship,” in A. Ong and S. Collier, eds, *Global Assemblages: Technology, Politics and Ethics* (London: Blackwell, 2005); “Uses and Pleasures: Sexual Modernity, HIV/AIDS, and Confessional Technologies in a West African Metropolis,” in V. Adams and S.L. Pigg, eds., *The Moral Object of Sex :*

Science, Development and Sexuality in Global Perspective (Durham : Duke University Press, 2005).

²² See McFalls, “Objectivist Ethic.”

²³ On Max Weber’s heroic self-abnegation as founder of modern social science, see Sheldon Wolin, “Max Weber: Legitimation, Method, and the Politics of Theory,” Political Theory, 9: 3 (1981), pp. 401-424.

²⁴ Marc Abélès, Politique de la survie (Paris : Flammarion, 2006).

Ten years after the formal launch of the "Responsibility to Protect"™ doctrine, we are coming to terms with the idea that, in striving for the good, we will always fall short, and that perfection is always the enemy of this good. Humanitarian interventions are always tragic. This does not mean that they are always a bad idea. Some critics have recently dismissed the whole notion of humanitarian intervention as, in their tart phrase, "a solution from hell." It is too simple to say that those who take this position are wrong. The logic of intervention is universalist. It demands action to stop egregious human rights violations in every case "no matter when or where they happen. But good strategy requires distinguishing between competing demands "opting to do one thing, and rejecting another. McFalls, L. (2010). Benevolent dictatorship: The formal logic of humanitarian government. In D. Fassin & M. Pandolfi (Eds.), *Contemporary states of emergency: The politics of military and humanitarian interventions* (pp. 317-334). New York: Zone Books. Google Scholar. Parker, R. (2002). The global HIV/AIDS pandemic, structural inequalities and the politics of international health. *American Journal of Public Health*, 92(3), 343-347. CrossRef Google Scholar. Patten, S., Mantell, J., & Stein, Z. (2013). Discord and harmony in biomedical HIV prevention technologies: Advancements through advocacy. A benevolent dictatorship is a theoretical form of government in which an authoritarian leader exercises absolute political power over the state but is seen to do so for the benefit of the population as a whole. A benevolent dictator may allow for some democratic decision-making to exist, such as through public referenda or elected representatives with limited power. I had a friend who believed benevolent dictatorship was the best government. He was a social liberal. He grew up in Mussolini's Italy, in a poor family in one of the poorest parts of the country.