



ACHIEVING SUSTAINABLE PEACE THROUGH AN INTEGRATED APPROACH TO

PEACEBUILDING AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

A review of current theory and practice

December 2017

A report by the the Institute for Justice and Reconciliation and the
War Trauma Foundation

Marian Tankink, Friederike Bubenzer and Sarah van der Walt

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ACRONYMS AND ABBREVIATIONS

ADAPT	adaptation and development after persecution and trauma (ADAPT) framework
CRTJ	community-based restorative transitional justice
IAHV	International Association for Human Values
IASC	Inter-Agency Standing Committee
IJR	Institute for Justice and Reconciliation
INGO	international non-governmental organisation
MH	mental health
MHPSS	mental health and psychosocial support
NGO	non-governmental organisation
ODHAG	Human Rights Office of the Archbishop of Guatemala
PB	peacebuilding
PSPB	psychosocial peacebuilding
PTSD	post-traumatic stress disorder
RCT	Rehabilitation and Research Centre for Torture Victims
TRC	truth and reconciliation commission
WarTrauma	War Trauma Foundation
WHO	World Health Organisation

EXECUTIVE SUMMARY

The 2015 conference 'Healing Communities, Transforming Society: Exploring the Interconnectedness Between Psychosocial Needs, Practice and Peacebuilding', organised by the Institute for Justice and Reconciliation (IJR) and the War Trauma Foundation (WarTrauma) (Bubbenzer & Tankink, 2015), illustrated that the fields of mental health and psychosocial support (MHPSS) and Peacebuilding (PB) overlap in their transformative intentions of building healthy, peaceful and stable societies. Taking into consideration the recommendations that emerged from the conference, the two organisations jointly conducted a systematic literature review in search of theoretical models and evidence that integrate MHPSS and PB approaches with the aim of building sustainable peace.

The following questions guided the literature review:

1. Which theoretical models underpin existing interventions that integrate MHPSS and PB?
2. Which examples of an integrated approach to MHPSS and PB are described in the literature?
3. What are the defining characteristics of the documented approaches, which integrate MHPSS and PB?

A summary of the findings of the literature

Not surprisingly, all articles reviewed for the purpose of this study are founded on the underlying assumption that societies can change and that successful transformation is based on a holistic, socio-ecological approach, meaning that the individual is located in a social, political, economic, historical, spiritual and cultural context and that the broader environment in which individuals operate and interact should be taken into account when working towards enhancing the psychosocial well-being of individuals and communities with the aim of achieving sustainable peace. The way that this can be reached varies, and is related to the level of intervention (individual, community, institutional, special groups, etc.). Only a few articles combine MHPSS and PB aims in a singular and integrated approach. The vast majority of the papers use their own field as a starting point and try to add elements from the other field; for example, in the MHPSS field, elements of reconciliation and transformative justice are often mentioned and, in the PB field, trauma healing is a frequent reference.

Theoretical models underpinning existing interventions that integrate MHPSS and PB

Although several theoretical frameworks were found in the literature reviewed for the purpose of this study, almost all can be grouped in a holistic or socio-ecological paradigm. All frameworks recognise that the individual is situated in a broader environment, which should be taken into account when working towards enhancing the psychosocial well-being of individuals and communities and sustainable peace.

The community-based psychosocial frameworks stress the social linkages between individual health and well-being and community well-being and rehabilitation. Their entry point is on the level of the community, with a focus on individuals and families in that community. They acknowledge social, political, historical, cultural and economic transformation and development, and try to address the roots of the conflict. Cultural and local knowledge are key elements. Most approaches in this study fit broadly into this framework. The approaches highlighted in this report are: the community-based sociotherapy approach used in Rwanda; community-based restorative transitional justice; constructivist self-development theory; the community psychology framework; arts-based community frameworks; psychosocial peacebuilding theory; the personal transformation model; the therapeutic justice model; the work of the liberation psychology movement; the transpersonal resilience model; and the conceptual framework of health and transitional justice. Social capital theory, the public health approach and the adaptation and development after persecution and trauma (ADAPT) framework are also briefly explored.

Some examples of an integrated approach to MHPSS and PB

Examples are presented of integrated models, which pay more or less equal attention to MHPSS and to PB on several levels of the socio-ecological model. This includes the conceptual framework of Spitzer and Twikirize (2014), which is aimed at building respect for cultural knowledge systems. Hart's (2012) peacebuilding wheel is a framework that is intended to be used as a template in identifying the needs for a sustainable peaceful society, and which stresses the intersectionality of PB initiatives. The socio-ecological model developed by the NGO International Association for Human Values, which works towards transforming mind-sets, attitudes, well-being and behaviours of individuals and communities needed for sustainable PB and development, is also included. The public health framework promotes a matrix that combines primary, secondary and tertiary interventions with their implementation at the levels of society at large, the community, the family and the individual. In the framework, attention is paid to the risk and protective factors, translated into multi-sectoral, multi-modal and multi-level preventive interventions involving different sectors: the economy,

governance, diplomacy, the military, human rights, agriculture, health and education. Similarly, the peace through health approach points to the 'prevention, termination, or mitigation' of war as an obvious concept for health providers to advocate. It is based on the conviction that health professionals play a central role in healing communities; in working with affected individuals and communities, as well as building healthcare infrastructure, integrating the two fields is critical. Consideration is given, also, to the community development approach, which aims to address, at the individual, family and community level, the need for physical and psychosocial treatment, empowerment, reconciliation and development.

Defining characteristics of the documented approaches that integrate MHPSS and PB

Important common elements were found spanning the literature. Central to this is the recognition that how key concepts, such as peace and violence, are defined fundamentally shapes the way PB and MHPSS projects are developed and implemented. In understanding the foundational aims of each discipline, the review identified a key commonality: that both MHPSS and PB are required to restore and develop healthy human relationships, and that both fields have the same overarching goal – to enable people affected by conflict to realise their full potential and to be able to live productive and peaceful lives.

The centrality of narrative was found to be common to MHPSS and PB; many authors reference narrative-based approaches (individual and collective) as essential for addressing the psychosocial impact of conflict in post-conflict societies. Restoring trust and rebuilding intercommunal relationships is a further cross-cutting theme identified as fundamental to long-term peace and reconciliation.

A further recurring theme that stands out is the use of health as an entry point to social and political transformation. Traditionally, health is seen as a means to improve the health conditions of community members and not as being linked to social and political transformation. However, using health as the entry point for interventions holds comparative advantages; since health is not perceived to be a politically dangerous discipline, it can be used effectively as a first step towards addressing social and political issues in a community. The literature also often refers to the importance of the distinction between health as societal and ecological and health as merely individual and medical. (Mental) health is inherently societal and ecological, both in terms of what factors influence people's mental health and how the mental health condition of an individual impacts on families, communities and society at large. Mental health is not limited to the absence of mental disorders, and is highly connected with contextual factors.

The need to distinguish between individual and collective experiences of trauma is often cited. Conflict and violence generate psychosocial impacts that are felt at the individual, family and community level. Most conflicts have an effect on entire communities, which means that large groups of people are affected. Thus, conflict is not a private experience, and the suffering it engenders needs to be resolved within the interpersonal and social context.

Frequent reference is also made for the need to develop context-specific and localised language and practice to adequately address the nuances of local needs. Authors caution against the limitations of the 'trauma paradigm' – its problematic Western assumptions and focus on pathology, symptoms and curative, therapeutic processes. Using that paradigm runs the risk of decontextualising human suffering by reducing it to individual terms, when many of the greatest sources of suffering are collective and are grounded in a socio-historical context of human rights violations.

Finally, reference is made to the need to take into account gender issues and the transmission of intergenerational trauma, as well as considering human security (given that the need for safety underlies all other aspects of the healing process).

INTRODUCTION

In 2015, the Institute for Justice and Reconciliation (IJR) and the War Trauma Foundation (WarTrauma) jointly hosted an international conference attended by 50 mental health and peacebuilding academics and practitioners from 17 countries titled 'Healing Communities, Transforming Society: Exploring the Interconnectedness Between Psychosocial Needs, Practice and Peacebuilding' (Bubenzer & Tankink, 2015). An in-depth report was compiled, which summarises the key themes and findings from this conference. At the conference, the general consensus was that post-conflict interventions that link mental health and psychosocial support (MHPSS) and peacebuilding (PB) are more sustainable than those that do not. One of the key recommendations that emerged from the report is the need to conduct further research and analysis in the form of a review of international literature describing theoretical models and interventions implemented in post-conflict contexts, which link MHPSS with PB with a view towards developing, in the long term, an integrated and practical model bridging both disciplines.

BACKGROUND

War and conflict weaken the social fabric that governs relationships and the capacity for recovery. In the aftermath, the causes of interpersonal conflict might still exist, and may even have worsened as a result of violence during the conflict. The ability of individuals and societies to cope with such extraordinarily painful experiences, and with the developed mistrust and fear, is often impressive but also limited, and the breakdown of coping strategies is frequently related to psychosocial trauma. Due to the conflict, the natural ties, rules and bonds between people and within communities that strengthen coping and resilience are often destroyed. Restoring the social fabric that binds and supports people within their own communities is vital for those who have experienced serious traumatic events; recreating the feeling of connectedness to other people is essential for building sustainable peace.

In order to assist conflict-affected societies in coming to terms with the legacy of large-scale human rights violations, various processes and mechanisms have been developed by academics and practitioners from a range of disciplines. As each post-conflict context is unique, the mechanisms used to restore the social and political fibre of society must be context-specific and adapted to the needs of each particular society.

Given that conflict tends to adversely affect people's mental health, and that high levels of poor mental health affect the ability of individuals, communities and societies to function peacefully and effectively during and after conflict, the authors of this report contend that post-conflict justice and reconciliation mechanisms must necessarily integrate MHPSS structures into their toolkits and ways of thinking, and vice versa. Implementers of MHPSS programmes should analyse and be aware of the impact of their work on the peaceful and effective functioning of the community and society, and link up with organisations working in the field of PB, justice and reconciliation. Indeed, much of the literature referred to below suggests that sustainable post-conflict peace and development hinge on the formulation and implementation of holistic, intersectoral and interdisciplinary humanitarian interventions.

Tracing the relationship between peacebuilding and mental health

Traditionally, the field of PB has not regarded mental health as a fundamental component of its work. PB first started becoming a familiar concept following United Nations Secretary-General Boutros Boutros-Ghali's 1992 report Agenda for Peace (UN, 1992), which defined PB as 'action to identify and support structures which will strengthen and solidify peace and avoid relapse into conflict'. In 1998, 'Health as a Bridge for Peace' was developed by the World Health Organisation (WHO) as a multidimensional policy and planning framework that would support health workers in delivering health programmes in conflict and post-conflict situations and, at the same time, contribute to PB. 'Health as a Bridge for Peace' was formally accepted by the 51st World Health Assembly in May 1998 as a feature of the 'Health for All in the 21st Century' strategy. While it defines itself as multidimensional, the framework does not make overt reference to mental health. Rather, it is premised on the imperative that PB strategies be adopted to ensure lasting health gains in the context of social instability and complex emergencies. In 2000, the report of the Panel on United Nations Peace Operations, also known as the Brahimi Report (UN, 2000), defined PB as 'activities undertaken on the far side of conflict to reassemble the foundations of peace and provide the tools for building on those foundations something that is more than just the absence of war'. Seven years later, the UN Secretary General's Policy Committee elaborated on previous definitions by adding that PB:

involves a range of measures targeted to reduce the risk of lapsing or relapsing into conflict by strengthening national capacities at all levels for conflict management, and to lay the foundations for sustainable peace and development. Peacebuilding strategies must be coherent and tailored to the specific needs of the country concerned, based on national ownership, and should comprise a carefully prioritized, sequenced, and therefore relatively narrow set of activities aimed at achieving the above objectives.

In the same year, the Inter-Agency Standing Committee (IASC) Task Force on Mental Health and Psychosocial Support in Emergency Settings issued a set of guidelines (IASC, 2007) to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency. While the guidelines inherently imply that mental health should be a central feature of emergency-related reconstruction efforts, they do not make reference to long-term post-conflict mental health provisions, nor do they frame the need for in-emergency mental health work as critical for long-term sustainable peace in the aftermath of conflict. Although the MHPSS sector often adds a systems approach – i.e. builds a system in which all structures and institutions needed for healthcare are available, including referral possibilities – no or little attention is paid to the impact of not having these other structures and institutions available.

While these and other definitions advanced by PB role-players reference various important specificities that are relevant to sustainable PB, understanding and acknowledging how conflict affects the psychosocial well-being of individuals and societies is notably absent. Equally absent is the recognition by mental healthcare practitioners that if they want to improve the well-being of people, attention needs to be paid to the broader society and context in which individuals exist.

The status quo is, by and large, that addressing post-conflict mental health needs within PB infrastructure is not yet regarded by practitioners as fundamental to sustainable peace. This is underscored by the fact that the above-mentioned policy documents that relate to PB (as well as others that have been perused for the purpose of this review) make no specific mention of the role mental health plays in post-conflict contexts. While there is ample acknowledgement and understanding of the need to rebuild infrastructure, PB and post-conflict reconstruction will not be sustainable without first or simultaneously paying attention to the psychosocial well-being of individuals and rebuilding the social connectedness in and between individuals and communities. If, indeed, a chain is only as strong as its weakest link, then the individual (within relationships, families and communities) must be regarded as the starting point of post-conflict repair. While psychosocial interventions differ significantly in methodology, notably with regard to whether to work with individuals on a one-on-one basis, thereby applying a Western-centric framework, or to employ a more communal methodology, which corresponds with more traditional conflict-resolution approaches, there is increasing acknowledgement that restoring lost agency and control to individuals in the aftermath of trauma is critical. As the review of existing studies below suggests, integrated, holistic and interdisciplinary approaches are more likely to be sustainable, thereby contributing to what Norwegian sociologist and founder of the discipline of peace and conflict studies, Johan Galtung (1969) calls 'positive peace'. Lambourne and Gitau (2013: 26) define this Galtungian term as 'the ability of an individual to meet their somatic potential, which translates in practice into the promotion of social justice through equitable access to services such as health, education and employment', adding that 'psychosocial interventions offer the opportunity to focus specifically on the individual psychological as well as relational aspects of micro-level PB'.

Conflict-affected countries across Africa, in particular, demonstrate the negative effects that conflict has on societies: high levels of social fragmentation, lack of social cohesion, broken families and warring communities, high levels of violence and aggression, high levels of gender-based violence, negative economic productivity trends, alcohol and drug abuse and, in more isolated cases, high levels of depression and suicide. Research shows that the duration and nature of the exposure to trauma impacts on how survivors themselves perceive peace and reconciliation processes and how willing (or not) they are to engage with them (Vinck, Pham, Stover & Weinstein, 2007).

War and conflict fragment societies and weaken the social fabric that governs relationships and the capacity for recovery. In the aftermath, the causes of interpersonal conflict might still exist and may even have worsened as a result of violence during the conflict. A return of the conflict is often very likely to occur in post-conflict countries where people have witnessed and experienced large-scale violence, destruction, displacement and personal loss, and where these traumatic memories have not been addressed. The negative effects of conflict in post-conflict contexts affect not only the people who experienced the conflict directly, but also future generations, as the memory of trauma and violence is transmitted across generations.

Hirsch (2001) coined the term 'postmemory' to describe the relationship that descendants of survivors of collective trauma have with their parents' traumatic experiences. Postmemory experiences are those that the younger generation 'remember' from the images and stories with which they grew up, 'but that are so powerful, so monumental, as to constitute memories in their own right' (Hirsch 2001: 16). Children tend to develop identity problems due to the continued presence of the effects of the memory of the violence and trauma. This is particularly prevalent in communities whose collective identity has been shaped by centuries-old postmemory of slavery, colonialism, oppression and war. Postmemory is perpetuated when there is a lack of open conversation between perpetrators and victims about traumatic events and injustices that have occurred in the past. Thus, in developing PB and MHPSS interventions, it is important to be aware of past traumatic events and narratives and to be sensitive as to how these affect the second and third generation in securing the long-term well-being and peace of the community in which they exist.

While some attention has been paid to addressing the above-mentioned challenges in the field of MHPSS, the challenge remains to creatively link individual-, family- and community-based interventions into a larger PB approach in society. Efforts aimed at reducing fear and creating trust between people in a community are more likely to be successful and sustainable if strong institutions are in place and are functioning well and in an integrated manner, and when a fair and inclusive economic system and a trustworthy government are in place. Given the current positioning of MHPSS within PB (and vice versa), one of the intended outcomes of this study is to develop, on the basis of existing best practice, a practical framing of the two fields that positions them as interdependent practices within the broader ambition of post-conflict reconstruction.

Making the case for integrating MHPSS and PB

A 2017 mapping study of 62 international NGOs working on MHPSS and PB around the world found that 92 per cent of MHPSS and PB practitioners think that interventions aimed at building sustainable peace would benefit from an approach that connects PB and mental health (Bubbenzer, Van der Walt & Tankink, 2017). Both disciplines add vital elements to countries rebuilding their social, economic and political structures after violent conflict. The effects of conflict and violence in a society are complex and multifaceted; therefore, post-conflict rebuilding must take place in an interdisciplinary and intersectoral way, incorporating the psychological, social, political, historical, cultural and economic nuances that define each society. Psychosocial elements and societal reconstruction must be incorporated simultaneously to adequately address social suffering and enable individual and interpersonal healing. Based on this premise, societal healing becomes a process of social transformation, which, as defined by Meintjes, Pillay and Turshen (2001), occurs in transforming political and economic conditions and structures, as well as internal processes of consciousness and social relationships.

Gutlove and Thompson (2004: 138) argue that health professionals:

have a special role to play in healing violence ravaged communities. They have an intimate association with people who have suffered mentally and physically, are often well educated, have public stature and have access throughout a community. They can create a 'bridge of peace' between conflicting communities, whereby delivery of healthcare can become a common objective and a binding commitment for continued co-operation. Finally, they can assist reconciliation after the trauma of war, through a healing process that restores relationships at individual and community levels.

This ties in with Field and Chhim (2008), who, in reflecting on research conducted in Northern Ireland and Rwanda, and regarding the Khmer Rouge Tribunal in Cambodia, posit that the more trauma people experience or witness, and the extent to which such trauma has been experienced cumulatively, is indicative of how forgiving they tend to be and how open they might be to the idea and practice of reconciliation. The authors go further and point out that "there is emerging evidence that desire for revenge and other indices of an unforgiving orientation in response to large-scale collective victimisation are associated with poorer psychological adjustment" (Field & Chhim, 2008: 354).

In their article on the effect of youth violence on the peace dividend in Northern Ireland, Creary and Byrne (2014) explain that low self-esteem, low self-imaging and disrupted communities are among the factors that fuel youth violence. They argue that unaddressed psychosocial legacies of violence are far bigger contributing factors to the deep social disorganisation and fractures evident in a country than are major continued economic hardships. It is in contexts such as these that psychosocial interventions offer the opportunity to focus specifically on the individual psychological and relational aspects of micro-level PB. Combining this inner and relational transformation with macro-level political, economic and legal structural transformation provides the foundation for transformative PB (Lambourne & Gitau, 2013).

Finally, Gutlove and Thompson (2004: 142) argue that:

Trauma healing is closely related to peace-building efforts; both are ultimately about developing or restoring healthy human relationships. Trauma healing implies the decrease of loneliness, mood improvement, a sense of inner peace, a decrease in isolation, anger and bitterness, and a decrease in feelings of fear and/or animosity and hatred toward others. This can only take place in the context of relationships. Healing cannot occur in isolation because it is necessary to heal the psychological faculties that were damaged by the trauma, and this healing can only occur in connection with other people.

MHPSS and PB overlap in their intentions, in that both disciplines aim to build healthy, peaceful and stable communities. Integrating MHPSS and PB would enable peace efforts to be inclusive and multidimensional in transforming societies to end social suffering. Psychosocial and structural elements that are often interrelated and can provoke the continuation of violence and conflict are better addressed by combining MHPSS and PB. As such, it is important to develop an interdisciplinary multi-modality approach (see, for example, De Jong, 2010).

METHODOLOGY

To critically assess and evaluate the current levels of integration and intersection of the fields of MHPSS and PB in post-conflict contexts, the authors began (from August 2016 to March 2017) with a systematic review of the international literature, and subsequently added other literature from outside of this structure. The authors searched for academic research and theoretical frameworks, as well as interventions implemented in post-conflict contexts, that link MHPSS with PB. One of the foundational aims of the literature review was to find evidence that proves that when MHPSS and PB approaches are integrated, the likelihood of them contributing to sustainable peace is enhanced. A further aim of the study was to understand how approaches that do integrate the two fields are implemented and how these practices might be developed further into a model that can be fine-tuned to different contexts. Finally, the study sought to ascertain whether there is as yet any evidence from current practice showing that an integrated approach contributes to more sustainable peace in post-conflict contexts.

The research questions for the literature review were:

1. Which theoretical models underpin existing interventions that integrate MHPSS and PB?
2. Which examples of an integrated approach to MHPSS and PB are described in the literature?
3. What are the defining characteristics of the documented approaches that integrate MHPSS and PB?

Inclusion criteria for the review were that both MHPSS and PB were referenced, that the articles contributed to the overall research questions underlying the literature review, that the articles were published within the past 25 years (since the 1992 Agenda for Peace) and were written in the English language. For the purpose of this review, only articles were included; books and theses were excluded. Although there are books and theses that address the topic, the difficulty in accessing these resources and the timeframe of the project did not allow for their inclusion. To supplement the review of academic, journal-based sources with knowledge being produced by practitioners and NGOs, solicited 'grey literature' (NGO reports, policy briefs and other documents) was sourced. The Cochrane guidelines were followed for the review.

Relevant scientific literature was identified by searching structured bibliographic sources, including PsycInfo (Ovid), Ovid Medline, Evidence Based Medicine Reviews Full Text Multifile Database Guide (Ovid), ACP Journal Club (ACP), Cochrane Central Register of Controlled Trials (CCTR), Cochrane Database of Systematic Reviews (COCH), Cochrane Methodology Register Database (CMR), Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database (HTA), National Health Service Economic Evaluation Database (NHSEED), PILOTS: Published International Literature On Traumatic Stress, WHO's Institutional Repository for Information Sharing, Social Science Research Network (SSRN), UNBISNET, COMPASS Knowledge BASE (opsic), and Google scholar.

For the grey literature search, the authors conducted searches using the relevant concepts through relevant humanitarian networks and Google, and directly visited the websites and downloaded documents of NGOs known to the team and suggested by other researchers and practitioners in this field.

The search strategy used to find these concepts and the variations employed the following structure: (1.1 OR 1.2 OR 1.3 OR 1.4 OR 1.5 OR 1.6) AND (2.1 OR 2.2 OR 2.3 OR 2.4) AND (3.1 OR 3.2 OR 3.3) AND (4.1 OR 4.2 OR 4.3 OR 4.4). Annex 1 contains the complete search terminology used in the academic review by core theme.

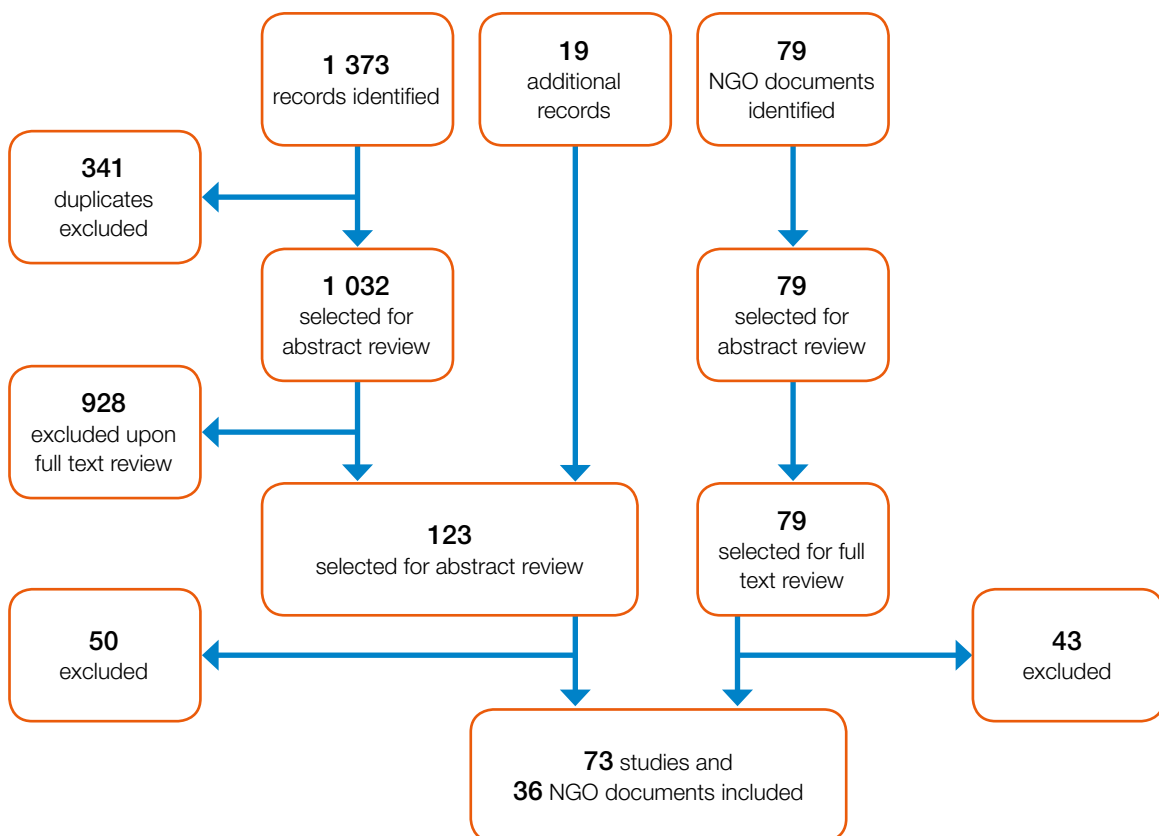
The search identified a total of 1 373 items, with 341 duplicates, amounting to a body of literature of 1 032 articles. The systematic literature review was supplemented with 19 additional articles suggested by colleagues. Abstracts of all 1 032 articles and the 19 additional articles were reviewed for relevance by one or more of the reviewers, which identified 123 papers as possibly meeting the inclusion criteria. The selected articles were reviewed by another member of the team. In cases where discussion ensued about the applicability of an article to the study, the authors jointly decided to include or exclude the article. Full versions of these articles were obtained, a detailed review of which led to 73 of the studies being confirmed as meeting the inclusion criteria.

Additionally, a total of 79 'grey' documents were identified of which 36 were selected for the study. For the grey literature, the same inclusion criteria were used as for the scientific literature. The body of literature that provides the basis for this review, thus, is comprised of a total of 109 documents, 73 identified through formal bibliographical search and 36 identified through recommended websites of NGOs involved in MHPSS and PB.

Table 1: Search terminology used

Key search term	1. MHPSS/Community	2. PB/Justice	3. Approaches	4. Context
Synonyms	1.1 MHPSS, mental health, psychosocial	2.1 Peacebuilding	3.1 Intervention, support programme	4.1 Conflict, organised violence
	1.2 Communities, families	2.2 Restorative justice, human rights	3.2 Effectiveness	4.2 Genocide
	1.3 Resilience, coping	2.3 Social change	3.3 Evidence (evaluation, reviews, trials, etc.)	4.3 Peace phase
	1.4 Arts-based forms of intervention	2.4 Forgiveness		4.4 War-affected population, gender, groups, age groups
	1.5 Local capacity			
	1.6. (Intergenerational) trauma			

Figure 1: Overview of selection of papers during review process



THEORETICAL FRAMEWORKS AND INTERVENTION METHODS USED IN THE EXISTING LITERATURE

Although rarely mentioned, in most papers, circular linkages were described that underpin the commonly accepted notion of a 'theory of change'. A theory of change is a pathway of change, a model and theory for action. It is a practical and essential part of any successful socio-ecological transformation effort that seeks to prevent cycles of violence and to mitigate the consequences of violence at the individual, family, community and societal levels. When interventions are directed at the individual level, one has to realise that a person interacts with long-term collective and social processes of healing and peacebuilding within families, as well as wider social change, including community norm change (Hamber, Gallagher, & Ventevogel, 2014). The influence is circular; and the interactions between individuals, families, communities and larger society is a continuum.

Although several different theoretical frameworks were found in the literature reviewed for the purpose of this study, almost all can be grouped under a holistic or socio-ecological paradigm. These frameworks recognise that the individual is situated in a social, political, economic, historical, spiritual and cultural context and that this broader environment, in which individuals operate and interact, should be taken into account when working towards enhancing the psychosocial well-being of individuals and communities and sustainable peace. The ways in which this can be reached vary. The theoretical frameworks described below illustrate the interconnectedness of MHPSS and PB. However, it is important to note that some studies do not specify the theoretical frameworks employed, and that the authors of this review have grouped these according to their own interpretation. It should be added that many of the described frameworks and/or approaches overlap. The sections that follow briefly describe the frameworks used – the overall, holistic framework, the ecological paradigm and the frameworks that are derived therefrom.

The ecological framework

The ecological framework is based on the notion that in order to accommodate the multiplicity and complexity of factors that are in constant flux with one another in society, a holistic approach needs to be taken to bring about any form of change (Bronfenbrenner, 2005). This comprehensive approach recognises the importance of the individual, while placing significant emphasis on both the social context and the broader environment in which individuals operate: in settings of armed conflict, violent social environments are primary determinants of mental health problems and psychosocial distress, as people are exposed to risks at the micro-, meso- and macro-levels of society (family, community, society). This is based on the premise that the individual is shaped by four different yet overlapping environmental systems: the microsystem, the mesosystem, the exosystem and the macrosystem. Bronfenbrenner (2005) argues that all of these systems overlap and intersect to form the individual. The ecological model emphasises that these different levels interact in a cyclical nature and are intertwined in outcomes. Only two papers refer directly to the ecological model to understand and explain how PB and MHPSS interact with one another in processes such as intergroup dialogue, healing, trust building, resilience and behaviour (see Somasundaram & Sivayokan, 2013; King, 2014). All other papers endorse, often implicitly, the ecological paradigm but describe their theory in relation to the core of their approach or level of the intervention. Adopting this method emphasises a more holistic approach to investigating how the different levels, dimensions and systems of temporal trajectories influence each other to produce an interactive, dynamic (dys)functional whole (Somasundaram & Sivayokan, 2013: 6).

Community-based psychosocial frameworks

Psychosocial community-based frameworks use the ecological paradigm as their foundation and emphasise the social and communal linkages between individual well-being and health, and community well-being and rehabilitation. Like most authors in this review, Gutlove and Thompson (2004: 136) acknowledge that the complexity of rebuilding a society after war requires an approach that incorporates political and structural rebuilding of institutions and political processes, as well as psychological healing, empowerment of survivors and social reconstruction. Community-based psychosocial interventions intend to enhance the development of peaceful societies by including trauma healing, psychosocial support and conflict management, thereby acknowledging the importance of the community in social, political, historical, cultural and economic transformation and development. Gutlove and Thompson (2004: 142) note that without working on psychosocial needs, the root causes of the conflict are not addressed; relationships are the entry to bringing healing and

peace into a society. The community is the setting, target, agent and resource, while the individual is located in the community; individuals are in constant interaction with the community and vice versa. Safety underpins all of these approaches and is positioned as the foundation to enabling relationship building.

Sveaass and Castillo (2000: 113) state that community-oriented psychosocial work that emphasises both social reconstruction and reconciliation should be utilised to address the post-traumatic responses and socio-political changes in a post-conflict society. Cultural and local knowledge are considered to be key elements of this theoretical approach, as they build on and reactivate existing traditions and support systems. Also, an ecological perspective is fundamental to this approach as it aims to better understand traumatic stress and, therefore, to intervene more effectively. Psychosocial and community-based approaches reiterate the importance of a multidimensional and multilayered approach to healing and social transformation.

Psychosocial and community-based approaches in post-conflict societies have a strong focus on both the individual and the collective traumatic experiences of the population (Spitzer & Twikirize, 2014), and connect trauma healing with community healing. In some transitional justice contexts, trauma-healing approaches are used, often unsuccessfully, to reduce vengeance by reconciling the tensions between victims and perpetrators (Mendeloff, 2009). A signal characteristic of holistic, ecological approaches is that they address the different groups and levels in the field and the different elements that are important for both MHPSS and PB. It is, therefore, difficult to categorise them as representing a specific model. The following section describes the different aspects of the community-based framework, which authors pointed out as important.

The importance of addressing social relations is reiterated by Richters, Rutayisire, Sewimfura and Ngendahayo (2010). Community-based sociotherapy in Rwanda recognises as one of its principles the idea of 'inter-est'. The concept of inter-est, as developed by the philosopher Hannah Arendt (1958), refers to the space between us as human beings, or the web of human relationships, a web that is often damaged by war and political violence. Participants in community-based sociotherapy, as implemented in Rwanda from 2005 onwards, frequently express that they have experienced such damage as a loss of their humanity. They confirm that the most devastating effects of violence 'are not on individuals per se but on the fields of interrelationships that constitute their lifeworlds' (Jackson 2006: 39, building on the work of Hannah Arendt). Repairing these relationships through individual healing and reconciliation is essential for overcoming the negative effects of war. Often, such as in the context of sociotherapy, healing and reconciliation are intricately interconnected. There seems to be no unilateral causal relationship one way or the other. What is achieved within groups in terms of healing and reconciliation has its spin-off within the living environment of a group of participants. Addressing social relations as a psychosocial peacebuilding approach contributes to overturning the negative effects at the personal, family and community level that result from conflict – including delayed and disturbed socio-economic development, which can foster the continuation of violence. This approach is closely related to restorative justice.

Community-based restorative transitional justice (CRTJ) is the effort of peace consolidation to maximise access to justice and to facilitate reconciliation that takes place at the community level through cross-community PB. CRTJ has been identified as a tool that best guides the process of implementing peace that incorporates both justice and restoration in a post-conflict society (Park, 2010). CRTJ draws upon local practices and cultural and contextual resources, which must be utilised to ensure peace in a post-conflict society. Park (2010) states that reconciliation is oriented at a community level, in line with restorative principles. Martín-Beristain, Páez, Rimé & Kanyangara (2010) find that participation in trials and truth and reconciliation commissions (TRCs) increases negative emotions and symptoms of mental health problems such as fear, anxiety, stress and depression. This is echoed by Cilliers, Dube and Siddiqi (2016: 788) who warn that TRCs 'evoke painful war memories without allowing for gradual habituation or desensitisation'. In the literature reviewed there are several examples of interventions based on the CRTJ approach (see, for example, Park, 2010; Weder, García-Nieto, & Canneti-Nisim, 2010; Martín-Beristain et al., 2010).

Another element, the therapeutic part of justice, is a combination of the therapeutic, intrapersonal paradigm that focuses on a person's emotional well-being within the public domain, and is based on the premise that emotional security changes personal relationships and cultural patterns, both of which are essential for social justice and reconciliation (Pupavac, 2004).

Storytelling and truth-telling can be a psychological approach that gives individuals and communities the opportunity to talk about their experiences and to understand their responses to violence (Lykes, Terre Blanche & Hamber, 2003). It is an acknowledgement of the importance of including community psychology in post-conflict settings to 'offer crisis intervention strategies and psychosocial services to survivors and their families' (Lykes et al., 2003: 79). One way of offering these services is through talking and truth-telling as a mechanism of healing and ending the symptoms of trauma. These processes can be used to support reconciliation and resistance to unjust political, economic and cultural situations, and to emphasise collective identity and representational practices while challenging the power dynamics that have been cemented in society due to violence and conflict. The underlying goal of story- and truth-telling is to give voice to and empower communities, since the intended outcome of community psychology approaches is to influence representational politics (Lykes et al., 2003).

Community-based reconciliation and healing interventions reiterate the importance of including social, psychological and cultural understandings and processes in peace work (Staub, Pearlman, Gubin & Hagengimana, 2005:304-306). This is applied to understand the social and cultural reasons for war and genocide, the traumatic experiences of violence, the relationship between psychological needs and the continuation of violence and, finally, the sharing of painful experiences in an empathic context (Staub et al., 2005; Richters et al., 2010). Staub et al. (2005) have shaped the pursuit of reconciliation and healing in their work in communities around particular frameworks. They emphasise those areas of the self that can be disrupted by violence and victimisation. Some articles adopt the constructivist self-development theory (CSDT) (Pearlman, 2013: 113). CSDT describes such areas of the self that can be disrupted:

These realms include self-capacities (abilities that enhance self-regulation), ego resources (skills to manage the interpersonal world), psychological needs (such as security, trust, esteem, intimacy, and control) and related cognitive schemas, frame of reference (including identity, worldview, and spirituality), and body and brain.

An individual's self-development is shaped in a particular social/cultural context in which trauma responses take place. It shapes the expression of trauma bereavement and the recovery process. The wounds in these realms of the self give rise to culturally shaped symptoms and other problematic adaptations that recovery must address (Pearlman, 2013). In other words, attention is placed on the wide range of normal consequences of violence, such as psychological, behavioural, somatic and spiritual responses.

Arts-based community approaches are mentioned in few articles, despite their being an increasingly essential component of PB (Zelizer, 2003) and social healing work (Sliep & Meyer-Weitz, 2003; Bhadra, 2012) in societies experiencing violent conflicts. Community-based arts processes can be an especially effective tool to bring together identity groups through sharing common cultural experiences, raising awareness about past suffering and engaging communities in creative projects. Arts-based approaches described in the literature are dance and musical performance (Christensen & Edward., 2015: 46), photovoice (Lykes et al., 2003), play-back theatre and storytelling (Bhadra, 2012; Dunphy, Elton & Jordan, 2014). Art-based forms of expression (such as fine art, clay modelling, creative writing, street art, theatre, play-back and narrative theatre, music and song) are used globally to lobby for social justice and equality, and are particularly powerful in contexts that are politically raw or where people are too traumatised to express their concerns verbally (Bhadra, 2012). Art is a form of communication that is underpinned by freedom of expression as a fundamental human right but which can be interpreted and used to either support or oppose conflict and violence. The most successful arts-based PB efforts are those that are community based and interactive (Bhadra, 2012).

Experiences of movement (such as dance and yoga) can also lessen the tension in a person's body caused by violence and trauma. Dunphy et al. (2014) state that it affects attitudes related to peace and healing, such as empathy, energy and self-awareness, and that movement should be included in PB or trauma work to facilitate physical and emotional healing.

Narrative theatre is another art-based method that can be used in support of mental health and well-being. 'Narrative Theatre is directed at both the individual and the social environment, with specific interest in strengthening social fabric through a process of critical consciousness and reflexivity' (Sliep & Meyer-Weitz, 2003: 45). The underlying components, especially bonding and bridging, are derived from social capital theory (Putnam, 2000). The dynamic methodology of narrative theatre stimulates critical consciousness, a condition for promoting a sense of social responsibility and action. Stories of overwhelmed and helpless communities change to stories of communities standing together and taking action against prevailing problems (Sliep & Meyer-Weitz, 2003).

Hart and Colo (2014) combine the essence of their work in a new concept – psychosocial peacebuilding (PSPB). This emphasises a process that encourages social and relational change to help people from groups that are fighting with each other to move towards reconciliation and social action. PSPB practitioners employ activities such as listening, storytelling and sharing information with the intention of building trust and self-confidence, which, in turn, leads to social action and self-efficacy. Inter-group dialogue (IGD) is dialogue between members of opposing groups within a structured setting with the objective of working towards psychosocial healing and social justice (King, 2014). What becomes the focus point of interventions are the social and communal linkages between individual and community rehabilitation (King, 2014). IGD positions the individual within the surrounding interrelated social environment of the community's cognitive, physical and emotional behaviours. This approach allows the individual and the community to be in a constant flux of exchanging meaning and identity. Weder et al. (2010) find that some attitudes (e.g. positivity towards peace, being hopeful about the future, and the ability to forgive the opposing group) can be considered protective factors. Furthermore, the group members of the intervention provide others with social support and a strong sense of mutual commitment and responsibility, facilitating their grieving process and emotional well-being.

According to Hamber and Gallagher (2014: 45), personal transformation is another core element. In a study of young people in Northern Ireland, they show that the many challenges these young people experience 'concern the interrelationship between the past and the poor socioeconomic context of the present'. The development of self-esteem, confidence and

interpersonal skills, together with a change in attitude about 'the other', is considered vital to being emotionally healthy. Hamber and Gallagher (2014) assert that social transformation and PB are likely to arise from such changes.

Liberation psychology is based on the work of Spanish-Salvadorian Jesuit priest and psychologist, Ignacio Martin-Baró (Laplante, 2007). The focus here is on raising consciousness and renewing people's dignity and sense of self-worth through empowerment. It gives control to people to reconstruct their environment and addresses the disempowering experience of political violence. According to Laplante (2007), this approach places the struggle for social justice at the centre of the challenge of promoting human well-being. Social relations and society's institutional functions have become dysfunctional as a result of political violence, terrorism and repression. Recovery is a process of reconciliation in which 'others' are integrated into the social and political fabric, with polarisation, mistrust, fear and aggression as the primary obstacles. In this movement, participation and empowerment are used to improve people's self-esteem, which is directly related to living conditions that underlie improved mental health. This perspective recognises that mental health is not an element isolated from other social, cultural and economic processes, and that women play a central protagonist role in building peace in the aftermath of conflict.

Nqweni (2002) stresses the ethno-psychotherapy approach, which uses family support and network systems to increase group cohesion. Political violence has an adverse impact on families. Disintegration at the family level has a ripple effect on relations at the community level. Therefore, it is extremely important to consider the level of the family, which is rarely the focus of interventions. Nqweni also states that in non-western societies religion and rituals are important coping mechanisms and sources of resilience.

Machinga and Friedman (2013) stress the importance of combining psychological and spiritual interventions aimed at individual and community healing. They call this transpersonal resilience. The authors integrate religious traditions with psychology to understand the human condition in the aftermath of political violence. Although Park (2010) does not overtly discuss the relationship between mental health and transitional justice, he stresses the importance of religious traditional rituals for the integration of ex-combatants in their communities. By using these rituals the acceptance of returning ex-combatants into the community is higher, resulting in a better (health) situation for the ex-combatants during and after their return.

Pham, Vinck and Weinstein (2010) emphasise the relationship between health and transitional justice. The indirect and direct relationship between transitional justice and health is based on three pillars: trauma exposure, health and participation in, and attitudes towards, transitional justice mechanisms. These three pillars acknowledge the effect of violence on the health of individuals and communities and how traumatic experiences shape the ability of individuals and groups to respond to transitional justice mechanisms (Pham et al., 2010). It combines health and transitional justice through a conceptual framework that acknowledges the importance of a combined approach to ensure that societies and individuals are able to recover from the multiple effects of violence and conflict. The well-being of individuals and communities is vital to ensuring that post-conflict societies are able to contribute to institutional reform and social reconstruction (Pham et al., 2010). This requires collaboration between multiple stakeholders, such as health professionals, government officials and diplomats, and different scientific approaches, such as anthropology and political science. Mendeloff (2009: 593) explains that:

truth-telling in post-conflict societies is encouraged in two ways: 1) through political and institutional effects – democratization, increased human rights protection, enhanced rule of law, and elimination of impunity; and 2) psychological and emotional effects – creating a sense of justice for victims, healing emotional and psychological trauma, dampening the desire for vengeance, encouraging greater willingness for reconciliation, and instilling a fear of punishment and shame in potential perpetrators, thereby deterring violent spoilers in the commission of future crimes.

According to these community-based frameworks, efforts to consolidate peace, to achieve access to justice and to facilitate reconciliation at all levels should start with the community and respect local wisdom. Most community-based approaches, especially those that are aimed at psychosocial well-being, are not programmatically aimed at the level of justice or politics.

Aside from community-based ecological models, the authors came across a few other frameworks, such as: social capital theory; the public health approach; the adaptation and development after persecution and trauma (ADAPT) framework; and early child development. These are explained briefly below.

Social capital theory

Somasundaram and Sivayokan (2013) consider the psychosocial risks and protective factors in families and communities in Sri Lanka and their efforts to rebuild strength, coping strategies and resilience. They combine the ecological model with social capital theory (Putnam, 2000), which looks at existing resources and how these can be strengthened (Sleip, 2014).

Communities with higher social capital are considered healthier and better functioning than communities with lower social capital. Important elements in post-conflict situations include: mutual trust; shared norms and values; co-operation with other groups in the local networks; and links with decision-making government bodies.

Social capital theory contains the notions of 'bonding and bridging'. Bonding social capital refers to intra-community networks (linking individuals together along horizontal lines) that bring integration and cohesion through trust, reciprocal support and a positive identity. Bridging social capital integrates the level and nature of contact and engagement between different social groups or communities. Social capital is a way of conceptualising the world; social networks are valuable and are the basis for social cohesion, support and collaboration. In these networks, trust is central and people may create shared values, behaviours and expectations. Social capital acts as a protective factor in respect of the mental health and well-being of a community. Helping communities requires social capital to be rebuilt in a way that enables them to empower and to help themselves (Somasingh & Sivayokan, 2013). Lee, Rondon and McCullough (2006) also regard the theory of social capital as a means to help individuals and communities to collectively acknowledge the past, to mourn and confess, and by doing so, to take the next step in restoring broken relationships.

The public health approach

The aim of public health in relation to PB is promoting and protecting individual and societal physical, mental and social well-being by focusing on prevention. The entry point is not the community but healthcare workers. The idea is that healthcare should contribute to social and political transformation, which leads to sustainable peace (Christiansen & Edward, 2015; Berliner, Dominguez, Kjaerulf & Mikkelsen, 2006; De Jong, 2010; Pham et al., 2010). Gutlove et al. (2004) state that health professionals have a special role to play in communities affected by conflict, because they are in contact with people who have suffered mentally and physically, are often well educated, have public stature and have access to a community. They can be a 'bridge of peace' between conflicting communities and can facilitate reconciliation after war and conflict, by supporting the reestablishment of relationships at the individual and community level. Berliner et al. (2006) explain that health can be used as an entry point for psychosocial and physical interventions in communities deeply affected by organised violence and torture. Berliner et al. (2006: 3) go on to state that:

the programme's aim of increasing the overall functioning capacities of the participants in the community links the significance of 'health' to social and political transformation, meaning that the need for physical and psychosocial treatment may well be addressed through the engagement in processes of reconciliation, empowerment, and development.

Adaptation and development after persecution and trauma (ADAPT) framework

Using Silove's ADAPT framework, Le Touze, Silove and Zwi (2005) examine the role of justice in understanding the psychosocial consequences of mass conflict. In this framework, justice is one of the five pillars that are essential for the functioning of a stable society. The other four are: 1) systems that support conditions of security and safety; 2) the integrity of family and community bonds; 3) the capacity to pursue roles and identities; and 4) the ability to engage in practices that confer existential meaning (political, religious, spiritual, social, cultural) (see Silove, 2013).

Le Touze et al. (2005) cite Summerfield (2002) to the effect that community and individual anger is very common and should be regarded as normative and understandable and not as pathological. However, at the same time, anger can contribute to interpersonal and domestic violence.

At the wider level, social and political remedies for the pervasive sense of injustice felt by survivors remain elusive. There is tension between the desire to build peace and leave the past behind, and the need to establish the truth and achieve justice in relation to past human rights violations. There is also the concern that a process will open up old divisions and, hence, risk precipitating further political instability. A key lesson that can be derived is that all TRC processes are limited by structural constraints and that it is inevitable that some participants will feel angry and frustrated about the perceived inadequacy of the process in delivering justice to all survivors.

Early childhood development

The United Nations Children's Fund (UNICEF) advises practitioners and policy-makers working in conflict-affected, fragile and post-conflict settings, who are interested in extending PB, to use early childhood development (ECD) theory, an ecological approach focused on children and caregivers, which uses collaboration, deliberation and the development of social networks across different groups to promote social cohesion (Chopra, 2013). The ECD ecological perspective is grounded in human development change theory, psychological and emotional change theory, and the root cause and justice theory. 'The confluence of these three theories of change in early childhood can mitigate different forms of violence' (Chopra, 2013). ECD holds the potential to address different forms of violence through education. This framework is based on the premise that many pro-social behaviours – those intended to help, or at least not to harm, another person or group – begin developing in the early years. Thus, the foundations for PB are laid in early childhood.

A MULTILAYERED, INTEGRATED APPROACH: SOME EXAMPLES FROM THE LITERATURE REFERENCES

This section provides some examples of approaches documented in the current literature of projects and programmes implemented in post-conflict contexts, which integrate mental health and PB at different levels – not only at the community level, but also, for instance, in government and other institutions. The examples mentioned in the previous section might also be multi-layered, but the ones mentioned here give a clear overview of the different levels, which can be helpful for linking both fields. While an attempt has been made to categorise and differentiate these projects and programmes according to their entry point, there is significant overlap between the different categories outlined below and their broad aims and objectives. To fully illustrate the depth and complexity of some of the approaches addressed here, portions of original text have been inserted without detailed references.

The conceptual framework of Spitzer and Twikirize

Spitzer and Twikirize (2014) conducted research on ethical issues in social work with regard to the urgent demands and complex challenges in Northern Uganda and Burundi, and state that respecting and working with relevant cultural knowledge systems should become a guiding principle. They developed a conceptual framework that includes the following six elements:

1. *Culture-specific social work with particular reference to African ethics*
They quote Doe (2009: 8) stressing the importance of ‘the process of enabling people to reflect upon their own practices, identify their own resources, and cultivate their own sources of power to heal themselves, reconcile their society, and build new institutions or transform old ones so that they respond to their new challenges and needs’.
2. *A social development approach in social work*
This combines elements of direct social work practice on a micro-level with macro-social work interventions, aiming to bring about tangible and significant improvements in the lives of individuals, families and communities living in conditions of poverty. By mobilising human and social capital, facilitating the creation of employment and self-employment opportunities and promoting income generation and asset accumulation, important contributions are made to bring about change and transformation in situations of economic breakdown.
3. *Peace-building and reconciliation*
Important interventions here revolve around the rehabilitation of social harmony and social cohesion at different levels of society, conflict resolution and problem solving within communities, the reintegration of refugees and ex-combatants, as well as the pervasive challenges of reconciliation, forgiveness and redress. Such interventions require a constant awareness of inequality and social mechanisms of discrimination and exclusion. Ideally, all interventions should be linked to existing community structures and should be rooted in locally relevant cultural values and ethical principles.
4. *Psychosocial work and trauma healing*
People suffer from long-lasting psychosocial effects attributed to traumatic experiences, loss of livelihoods and experiences of personal humiliation and abuse. The focus should be on both the individual and the collective traumatic experiences of the population. MHPSS practitioners have to reflect on both the political and cultural dimensions of trauma.
5. *Gender equality*
Given the relatively low socio-economic status of women in many (post-) conflict areas, coupled with the scope of domestic, sexual and structural gender-based violence, it is imperative to regard gender equality as a cross-cutting issue in all interventions.
6. *Political activism*
The above elements should be supplemented by intervention strategies of political activism in order to contribute to the realisation of human rights, social justice and political order. In many post-conflict settings the political systems demonstrate features of top-down reconstruction, authoritarianism and political oppression.

Prevention as an approach – Staub

Similarly, Staub (2013) describes an integrated approach based on prevention and the creation of a peaceful society. His focus is on active bystanders. Creating a world without mass violence requires psychological changes in individuals and groups, and everyone's participation in effecting changes in culture and institutions. These changes are intertwined and reinforce each other. In Staub's view, 'structural arrangements can limit contact between members of different groups or promote deep contact' (Staub, 2013: 185). In dealing with group violence, he argues for early and late preventive measures that are 'applied and adapted to particular circumstances, so that practices will vary depending on the specifics of culture, current social conditions, and the history of group relations'. Ideally, prevention occurs early on 'in response to conditions that indicate the probability of violence. Processes of early prevention, as well as reconciliation can shape values, culture and institutions' (Staub, 2013: 185).

Active bystanders are crucial in inhibiting violence and creating institutions that prevent violence and maintain peace. In order for people to become 'active bystanders', psychological changes are needed (for example, a more positive attitude toward the 'other', and changes in values). For conflict to be peacefully resolved, destructive leadership needs to be resisted through the generation of constructive social processes. This requires internal (psychological) and external (material) actors. Staub (2013) mentions several conditions that are important to the prevention of extreme violence:

- constructive responses to difficult life conditions and conflict;
- addressing cultural characteristics and responding to evolving social processes;
- developing a more positive orientation to the 'other'
 - addressing authority (e.g. via public education through radio drama),
 - creating constructive ideologies and groups,
 - promoting healing (psychological recovery),
 - understanding the origins of violence, the impact of violence, and avenues to prevention and reconciliation,
 - awareness of group processes and active bystandership,
 - building institutions,
 - the evolution of the values of a peaceful society; and
- socialisation, caring and positive bystandership.

Hart's PB wheel

Hart (2012: 8) explains that 'violence manifesting in physical destruction, identity and worldview threat, psychological and spiritual distress requires theoretical and practical counterweights to help transform it and allow for peace processes to emerge and take root'. The PB wheel should be considered a 'model that shows various tangible and intangible factors as necessary elements of a process for building and sustaining peace after large-scale violence'. In order to help transform complex and violent conflicts:

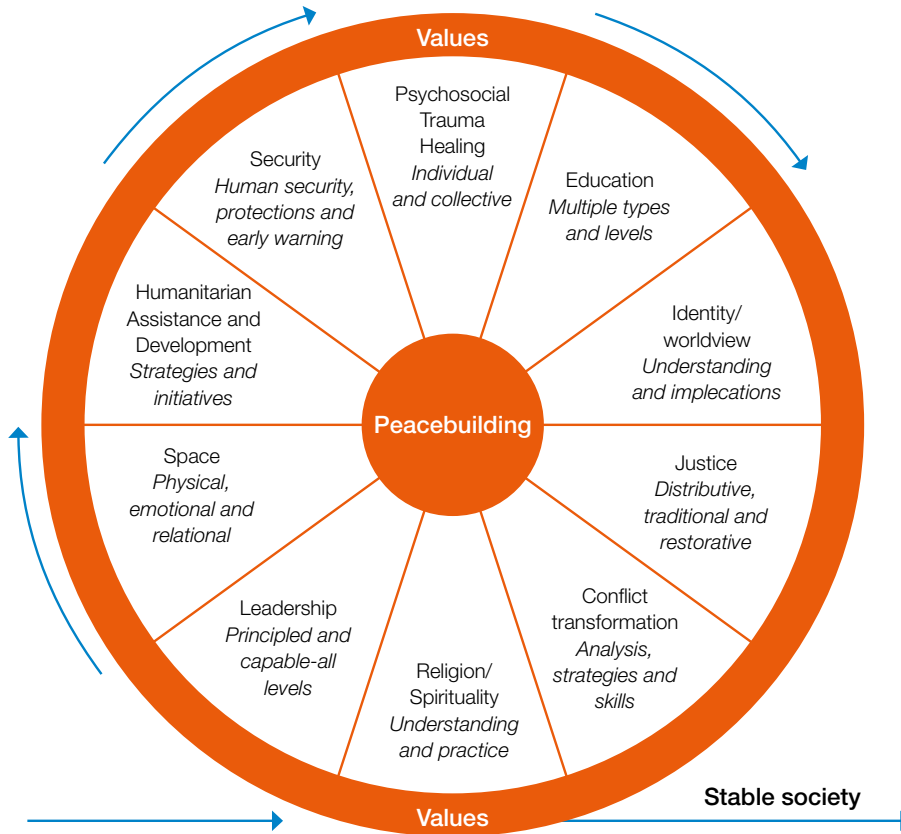
both tangible and intangible factors of conflict must be defined, addressed and integrated in theoretical and practical terms.... Additionally, it is important to acknowledge that at times it is difficult to fully determine what the tangible or intangible factors in these conflicts are. Tangible socioeconomic factors can have intangible influence on identity perceptions. (Hart, 2012: 3)

Hart (2012) cites the example of Liberia, where Americo-Liberians, who constituted only 4 per cent of the population before the conflict, had held political and economic power as well as control over social structural conditions in the country (and its resources) for 133 years. This impacted on the non-elite majority and their perceptions of themselves and the power arrangements in the country.

The PB wheel is a framework that stresses the intersectionality of PB initiatives (Hart, 2008). The PB wheel is comprised of psychosocial trauma and well-being, education, identity/worldview, justice, conflict transformation, religion/spirituality, leadership, space, humanitarian assistance and development and security (Hart, 2008). Combining these different elements of PB creates a stable society based on positive peace. Stable societies within the framework of PB can be established by strengthening and transforming economic, political, social and cultural structures and practices that reflect the well-being of individuals and the collective. Incorporating the psychological, social, relational and structural factors at play in a society is vital to this process. Each of the wheel's segments can be used as an entry point.

An important aim is that the instability (created by the conflict) stops and that the highly stressed identities, changed worldviews and psychological trauma are addressed. Reconciliation is not included, but is considered an underlying value, a means of building peace as well as a potential outcome. This wheel is meant as a template to be used in identifying what is needed for sustainable peace. The awareness leads to coalition building, an essential part of stabilising societies, but which is often missing.

Figure 2: The PB wheel



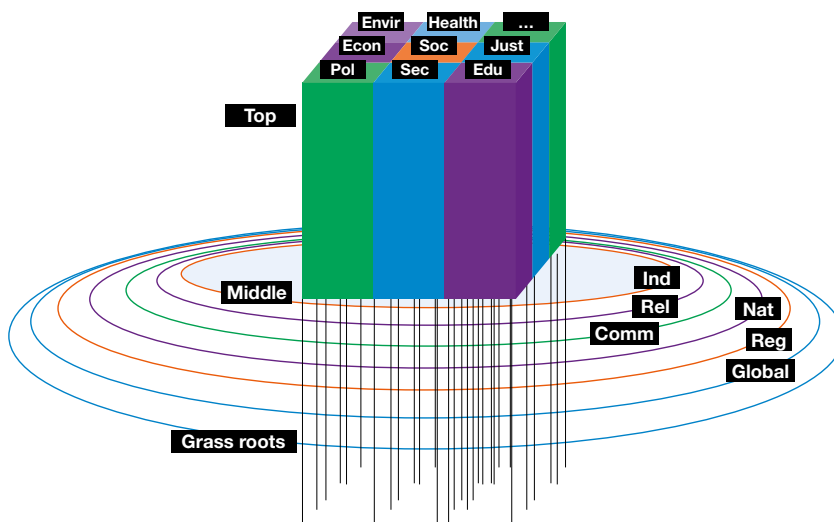
Source (Hart, 2012)

The IAHV: from personal transformation to peacebuilding impact

The International Association for Human Values (IAHV) is an NGO that has a PB programme aiming to 'increase the impact of PB and development efforts by effectively transforming mind-sets, attitudes, well-being and behaviours of individuals and communities engaged in or affected by conflict'. The model highlights four dimensions of PB (IAHV, 2016a, 2016b):

1. Sectors/spheres of human life: Traditionally these include security, politics, economy and justice. Since we view all spheres of human life as contributing to PB, we uphold a broader understanding of PB sectors, including education/science, culture/religion, health and environment.
2. Levels: Sustainable PB involves the local or grassroots level, the middle range and the top level of societies.
3. Layers: PB relates to the individual as well as to the community, society, state, international and global systems.
4. Soft and intangible aspects: These permeate all spheres, levels and layers.

Figure 3: The IAHV's holistic 4D model



Source: Hertog (personal communication)

The IAHV considers the three dimensions of sectors, levels and layers as familiar elements of mainstream PB, while emphasising that the four-dimensionality is essential to sustainable PB. How to go about it effectively, however, remains an unresolved question (Hertog, 2010). The 'soft and intangible' (psychological, interpersonal, spiritual and sociocultural) aspects help people to internalise peace. As long as old conflicts affect people's minds and hearts, democracy or economic systems will be influenced negatively.

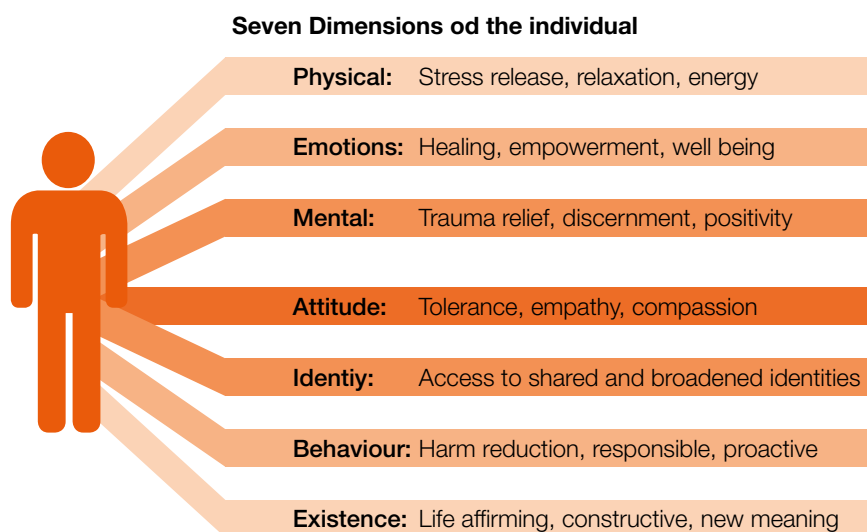
At the same time, political, economic, security and judicial institutions and structures can support peace processes.

As such, integral and structural aspects are interdependent, interacting and mutually reinforcing components for PB. More attention should be given within the larger framework of PB to the necessities, opportunities and ways of enhancing sustainable peace through the various softer dimensions. We also need a better understanding as to the specific contribution of the integral aspects to the PB process and to their specific way of interacting with, influencing, reinforcing or inhibiting the other respective areas of PB. Infusing the integral dimensions of PB in an integrative way into the peace architecture, we will really be able to speak about 'the art and soul' of building peace. (Hertog, 2010: 54–59)

The IAHV identifies seven dimensions on a personal level that should be examined (see Figure 4); and if there are problems in one or more areas, these problems need to be addressed. According to Hertog (2010: 54):

The soft aspects are needed to bring the hard aspects to life and to make them function in the way they are designed. For example, judicial instruments alone cannot restore moral order without supporting psychological, cultural, social and spiritual processes. Similarly, political systems cannot be changed effectively without accompanying affective and cognitive changes among the population.

Figure 4: Peace – a new existence (7 dimensions of the individual)



Having paid attention to the personal issues and having being healed and empowered, people can contribute to positive peace in their communities, institutions and all sectors of their society, including leadership, transparent governance, ethical business, humane prisons and holistic education.

The key principles of IAHV's 4D model are:

1. The programmes are rooted in local knowledge and in ancient universal knowledge of the human mind, emotions and behaviour.
2. The IAHV focuses on changing the inner lives of human beings as a core locus of conflict, violence and peace dynamics, and believes that personal transformation is fundamental to the manifestation of social peace and long-lasting change.
3. Psychosocial work is often practiced on a one-to-one basis or in small groups, which is often insufficient to address the needs of millions of people in conflict and war zones. The IAHV's programmes allow for working with large groups while still effectuating deeply personal change at the individual level.
4. The IAHV believes that global peace will not be attained as long as one individual on the planet remains deprived of the knowledge and skills to deal with negative emotions and violent tendencies. From this global vision, the IAHV works with all people, both victims and perpetrators of violence, from the slums to the hubs of world power, regardless of ethnic, cultural, religious or social background.

5. The IAHV's programmes focus on the human dimension of PB and are rooted in universal human values, care for humanity and the human dignity of every person.
6. The IAHV works with a worldwide pool of trainers.

Ownership and empowerment is at the core of the programmes, fostering self-sustaining change driven by people themselves. (IAHV, 2016c: 3)

The public health framework

De Jong's (2010) framework promotes a matrix that combines primary, secondary and tertiary interventions with implementation at the level of society-at-large, the community, the family and the individual. In the framework, attention is paid to the risk and protective factors, which are translated into multi-sectoral, multi-modal and multi-level preventive interventions involving the economy, governance, diplomacy, the military, human rights, agriculture, health and education. De Jong's (2010: 73) perspective is on the level of interventions that should be applied in:

an integrative form by international agencies, governments and nongovernmental organizations, and moulded to meet the requirements of the historic, political-economic and socio-cultural context. The framework maps the complementary fit among the different actors while engaging themselves in preventive, rehabilitative and reconstructive interventions. The framework shows how the economic, diplomatic, political, criminal justice, human rights, military, health and rural development sectors can collaborate to promote peace or prevent the aggravation or continuation of violence.

It requires a deep understanding of the risk and protective factors and how they are related with country-specific and culture-specific factors leading to political violence. De Jong also pleads for an early-warning system to establish a preventive, pragmatic response to the first signals of conflict escalation. The framework distinguishes between primary, secondary and tertiary prevention strategies. Below are the elements that De Jong (2010) outlines as important at each level and which should be considered when designing an intervention.

Primary prevention in the society-at-large

- international laws;
- defining and condemning human rights violations;
- research into the prevalence of events and their consequences;
- setting standards for interventions and training;
- reinforcing peace initiatives and conflict resolution;
- arms and landmine control;
- prevention of the re-emergence of violence;
- transnational collaborative projects, such as educational, cultural and scientific exchange;
- war tribunals and the prosecution of perpetrators;
- peace-keeping forces; and
- indicated preventive interventions at the level of society-at-large human rights advocacy.

Primary prevention at the community level

- universal and selective primary prevention at the community level;
- rural development and food production;
- community empowerment;
- decreasing dependency;
- public health and education;
- peace education and conflict resolution in schools;
- public education; and
- security measures.

Secondary prevention in society at large

- humanitarian relief operations;
- reparation and compensation;
- voluntary repatriation; and
- (co-occurring) natural disasters – quality standards.

Secondary prevention at the community level

- conflict prevention and resolution;
- crisis intervention; and
- vocational skills.

Secondary prevention at the level of the family and the individual

- prevention of recruitment of child soldiers;
- reparation and compensation;
- public (mental) health and disease control; and
- crisis intervention.

Tertiary prevention in society at large (including interventions to avert a conflict from becoming chronic, to prevent the conflict from recurring and to contribute to rehabilitation and reconstruction)

- peace-keeping and peace-enforcing troops; and
- peace agreements.

Tertiary prevention at the community level

- reconciliation and mediation skills between groups;
- primary prevention at the level of the family and the individual;
- universal and selective primary prevention at family level – include women and children in the distribution of economic growth;
- family reunion/family tracing;
- family/network building;
- improvement of physical aspects; and
- public health and education.

Peace through health

Peace through health proponents point to the ‘prevention, termination, or mitigation’ of war as an obvious concept for health providers to advocate (Christensen & Edward 2015: 35).

The Health Bridges for Peace project was founded in 1996 by the USA-based Institute for Resource and Security Studies to promote the integration of healthcare with social reconstruction and conflict management. Writing about the Medical Network for Social Reconstruction in the former Yugoslavia, Gutlove and Thompson (2004: 138) explain that:

the project utilizes a shared concern for the restoration of public health as a vehicle to convene, engage, and train health-care professionals in conflict management and community-reconciliation techniques, and to assist them in designing and implementing inter-communal activities that integrate community-reconciliation and conflict prevention strategies into health-care delivery.

Based on the conviction that health professionals play a central role in healing communities by working with affected individuals and groups, as well as building healthcare infrastructure, the authors argue that integrating the two fields is critical and that ‘the more local professionals learned about the essence of trauma healing, the more they appreciated the psychosocial component’ (Gutlove & Thompson 2004: 146).

Gutlove and Thompson describe in detail how Medical Network members and associates have implemented a range of programmes to promote psychosocial healing:

- *Integration of marginalised groups, such as refugees, into a community in a manner that strengthens the overall social fabric of that community.* Integration is achieved through local-level psychosocial projects that empower members and help them adapt to new environments. The accent is on women and children, because these groups provide indirect access to others in the community, knowing that men are harder to reach.
- *Volunteer action as a strategy to train and empower individuals to support post-conflict reconstruction.* Volunteers can help combat the effects of poverty, unemployment, social inequities, disintegration of families, corruption and problems with public institutions. Particularly if volunteers are chosen from diverse backgrounds, their joint activities may create a sense of ‘togetherness’ between two otherwise opposing sides, building trust and helping to reconcile communities. Moreover, volunteer activities can be an excellent training ground for developing social responsibility and leadership skills.
- *Training, and training of trainers.* Post-conflict social reconstruction requires the identification, empowerment and activation of cadres of health professionals and volunteers trained to meet the unique psychosocial needs of the post-conflict community.

They learned that building a community-based psychosocial-assistance programme often opens the way for the growth of the non-governmental sector, the long-term impact of which on democratisation and the development of civil society will only be fully appreciated in the future.

Gutlove and Thompson (2004: 147) then go on to define the development of a process whereby these methods can be applied to psychosocial healing in a particular community setting:

- The setting can vary in scale from a small village or a group of refugees to a province or even an entire country. In any setting, the process would proceed through successive cycles that reach progressively larger numbers of people.
- Each community setting will have some unique aspects, but there will be many common features between settings, and many transferable lessons.

General Lessons that could be useful in other post-conflict settings:

1. A programme should be guided by a broadly representative group of indigenous personnel. Only local people can identify the crucial health needs of their communities.
2. International assistance is best offered in the spirit of partnership rather than patronage.
3. The greater the ownership local groups have of any programme, the greater is the likelihood that they will find ways to use and sustain it.
4. In order to have long-term impact, it must be embedded in a structure that has the potential for long-term sustainability. Thus, the development of local NGOs can be crucial.
5. Trauma healing is an essential but often overlooked aspect of social reconstruction. A community-based psychosocial-support programme can provide the foundation for social reconstruction and improvement in quality of life.
6. Setting up channels for ongoing communication and information exchange among a range of parties is essential.
7. A social-reconstruction programme is only effective if it links with other actors, including water and sanitation, education and internal security.
8. Ongoing programme evaluation and willingness to change goals and methods in response to the findings are essential to the efficiency and sustainability of any programme.
9. A programme must be able to adapt to a changing political landscape.
10. It is most efficient and effective to utilise and build upon existing initiatives if possible.
11. Some minimum level of stability, security and external support is required for any programme.

The activities vary depending on the needs of the community and the capacities within it, and can include planting gardens, repairing public buildings, hospital or school assistance, restoring public spaces, day-care assistance, assistance to the elderly and suicide hotlines.

Similarly, Christensen and Edward (2015: 52) conclude that the key variables in the attainment of these outcomes are 'the high degree of perceived community ownership', and the fact that the approach is integrated and includes food security, education and economic programmes.

The community development approach

In Guatemala, survivors of organised violence such as torture, massacres, disappearances, displacements and violent suppression have been participating in a community-based support programme led by the Human Rights Office of the Archbishop of Guatemala (ODHAG) and the Rehabilitation and Research Centre for Torture Victims (RCT) since 1997. Describing the work done in Guatemala, Berliner et al. (2006) and Anckerman, Dominguez, Soto, Kjaerulf, Berliner and Mikkelsen (2005) examine how a political and human rights informed vision of social transformation has been implemented through a community-level psychosocial intervention programme. The ODHAG programme aims at addressing, at the individual, family and community level, the need for physical and psychosocial treatment, empowerment, reconciliation and development. Given the long-term nature of the conflict and the resulting deeply embedded social fragmentation, the programme is committed to a long-term presence in the community: 'the wounds of 36 years of civil war require sustained efforts to be healed' (Anckerman et al., 2005: 138).

Using community reflection groups as a methodology, participants become co-constructors of the discourses, narratives, negotiations and actions pertinent to their particular community. This is based on the inherent assumption that people are capable of changing their life situations if they have access to resources and space for manoeuvre. The community development approach works at the following levels: Health-related support (where health is defined in a wide and positive way as the dimension of relationships between persons and groups and not only as an individual condition of absence of diseases) and community healing (which is understood as the improvement of the social relationships among those who are part of a community), which create the basis for empowerment through social organisation and political consciousness, a precondition for reconciliation, and community development, in terms of increased economic activity and improved standard of living and welfare.

Inter-relational reflexivity

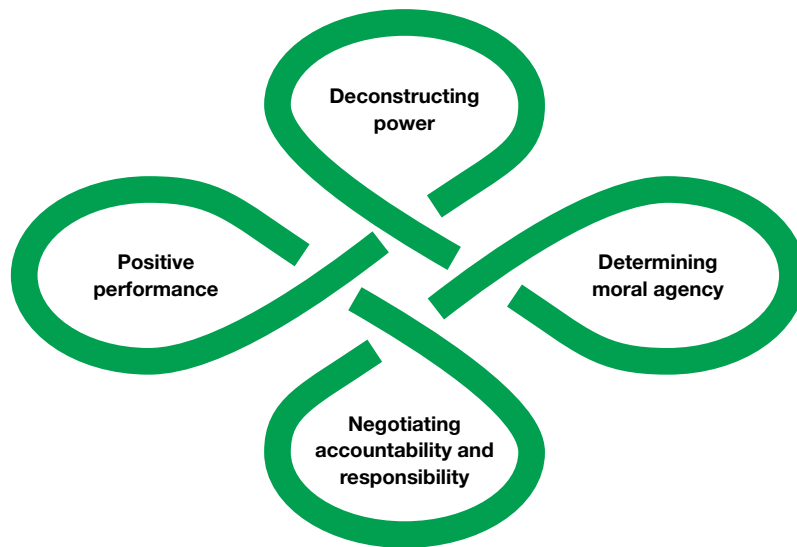
Sliep and Gilbert (2006) introduce the term inter-relational reflexivity for psychosocial community workers. Their theory is based on social capital theory: the norms and networks that enable people to act collectively and bridge divisions. Connection with groups that have different social, economic and ethnic backgrounds (such as broad-based social movements and human rights organisations) can further foster social capital. It is important be aware of the dominant ideology, which is comprised of beliefs and practices that frame how people make sense of their experience and live their

lives.¹ It manages to reproduce itself with minimal opposition in unequal societies when it works well. Thus, it convinces people that it is in their best interest to go along with the dominant discourse and to actually perpetuate these inequalities themselves.

The first loop of inter-relational reflexivity entails:

- Understanding power: Who has the power? Why do they have it and how is it being used?
- Moral positioning: What will be good for all of us as opposed to only some of us? Where do we want to get to?
- Account-ability and response-ability, which is named, clarified and negotiated (rights come with responsibilities). What will this look like in practice?
- Performance (walking the talk), where actions (or lack thereof) are transparent and followed up. How can preferred actions be enhanced and appreciated?

Figure 5: Four inter-relational reflexive loops



Unpacking power relations and seeing how power can be repressive and negative, but also positive and productive, is an important aspect. Power should be considered in terms of how it is negotiated between people, how power circulates and creates individuals who experience and exercise power, rather than acting as inanimate objects or victims in micro-practices of power.

1 The information used under this heading is partly copied from a PowerPoint presentation by Sliep (n.d.).

CHARACTERISTICS OF APPROACHES INTEGRATING MHPSS AND PB

This section outlines common themes and assumptions that arose from the scientific and grey literature from both fields. Given that these themes, concepts and assumptions feature prominently in the literature from both fields, they will probably form the core foundation of a possible future bridging model.

Defining peace and violence

How violence is defined affects the way conflict is transformed, how peace is built and how the drivers of conflict are identified and addressed. PB and mental health approaches to violence and conflict are both concerned with the origins and effects of violence and conflict on the individual and society. Chopra (2013) notes that violence can be both direct and indirect. Direct violence is the physical or psychological harm caused by individuals, while indirect violence refers 'to the systemic social injustices, oppression and discrimination through existing legal, political, cultural, social and economic structures'. The drivers of violence include 'psychosocial distress, isolation and marginalisation'. Furthermore, recognising that the indirect effects of violence can be psychosocial, violence is defined in terms of not only its actions but also its effects (Chopra, 2013). To address these drivers of violence, physical, social and structural initiatives need to be included in post-conflict efforts. A multidimensional approach that includes the social, political, psychological and economic causes and effects of violence must be adopted to best prevent the continuation or return of violence (Fischer, 2004).

Taylor (2016), who conducted quantitative research in Colombia on civic participation and PB, found mixed effects of violence in the past. Exposure to political violence positively predicted not only depression but also civic participation. Social trust was positively related to greater engagement in civic life. A remarkable finding was that antisocial community behaviour was also positively related to civic participation and did not significantly relate to depression, which the author expected. Taylor concludes that support for mental health in these processes is important, because depressive symptoms negatively influence the ability to cope with past exposure to political violence and breaches of social trust.

In the grey literature it was evident that the definition of peace, violence and conflict affected the implementation of NGO's practices and approaches. To better understand how mental health and PB intersect in NGOs, the conceptualisation of peace and violence was interrogated. Acknowledging that peace is more than the cessation of hostilities, the complex nature of violence and conflict requires PB approaches to be grounded in multidisciplinary practices that include psychosocial principles and political, institutional and community initiatives (Alliance for Peacebuilding, 2012, 2016; Chopra, 2013, Care International UK, 2012; Fischer, 2004; International Alert, 2013, 2016a, 2016b, 2016c; Rayale, Pomfret & Wright, 2015; Sonpar, 2008; USAID, 2015b).

Social, economic and political factors feed into a macro contextual system that contributes to a cycle of violence and mental health disorders (Sonpar, 2008). It is, therefore, vital to include psychosocial interventions that can address how violence and conflict continue to shape a society and community in subtle and direct ways. This can often be identified by trauma symptoms and mental health disorders. International Alert's (2013) work in challenging cycles of violence is based upon the principles of peace education, building supportive social networks, psychosocial resilience and well-being, intercultural understanding and respect for diversity, alternatives to violence, nonviolent community activism and protection of the marginalised. The Alliance for Peacebuilding (2012) considers ending cycles of violence to be the aim of PB. Combining psychosocial and mental health approaches and PB practices is vital to ending cycles of violence that can be entrenched in communities exposed to conflict for short or long periods of time.

IAHV believes that sustainable peace is built with a psychosocial approach that allows for 'other peace and development efforts to take root, turning personal transformation into greater PB impact'. This approach to peace offers a unique perspective on how the psychosocial transformation of an individual and community supports the development. IAHV is not alone in this conceptualisation of peace. The Dutch NGO, War Child Holland has adopted a multidimensional definition of peace that is centred on Galtung's theory of positive and negative peace as outlined above. Following this comprehensive definition of peace, PB is the effort to transform contexts, attitudes and behaviour in a direction conducive to addressing the root causes of violent conflicts, enhancing the capacity of individuals, groups and institutions to deal with emerging conflicts non-violently and constructively (War Child Holland, 2007a, 2007b).

MHPSS and PB for healthy human relationships

At the very heart of the work done by MHPSS workers and those working on building peace in post-conflict communities is the same overarching goal: to enable people affected by conflict to realise their full potential and to be able to live productive and peaceful lives (Christensen & Edward, 2015; Gutlove & Thompson, 2004). Most authors conclude that PB and psychosocial responses and practices must be brought together to ensure effective social change and transformation. This requires an in-depth structured analysis process, which 'includes listening to, and learning from, a cross section of people within post war contexts, and becomes the basis for the development of comprehensive intervention plans, as well as strategic on-the-ground partnerships' (Hart & Colo, 2014: 86). Gutlove and Thompson (2004: 141) refer to Volkan (1999) who states "that societal trauma can cause profound psychosocial changes not only in the current society, but also in future societies if the trauma or its effects are transferred from one generation to another through "transgenerational transmission".'

Reconciliation and trust-building are dependent upon the building of relationships between parties involved in the conflict. Solomon and Lavi (2005) state that there is a complex relationship between political violence, post-traumatic stress disorder (PTSD) and attitudes towards peace. Therefore, there is a need to combine mental health and peace education interventions to break the often overlooked cycle of violence and traumatising.

Activities targeting key stakeholders at the socio-political level are increasingly included in the realm of the psychological/social 'deficit' of societies. For example, the activities implemented by War Child Holland (2007a) can be seen as potentially contributing towards peace by way of combining the effects of psychological and social construction. War Child Holland's psychosocial support intervention 'I DEAL' supports children (aged 11–15 years) in managing better with the aftermath of armed conflict by strengthening their social and emotional coping skills (Eiling, Van Diggele-Holland, Van Yperen & Boer, 2014; War Child Holland, 2007a). The intervention, implemented in South Sudan and Colombia, addresses the themes of identity, dealing with emotions, relationships with peers and adults, conflict and peace, and the future. However, the interplay between 'strategies' and 'levels of intervention' in the work of War Child Holland highlights the complexity of peace work, and warrants a 'humble' claim for the NGO's impact (Wiling et al., 2014; War Child Holland, 2007a).

Identifying how mental health and PB tools and processes support and achieve peace emphasises the importance of further integrating these two fields. Dialogue between people is used as a tool to acknowledge, mourn and address the events that have created traumatic memory in individuals and communities. In both fields, this dialogue consists of some basic common features: the coming together of two or more people is voluntary, it implies the acknowledgement of an event having taken place and having had a (mostly negative) impact on an individual and it is restorative or reparative in nature in that it seeks to mend a damaged relationship.

The centrality of narrative in MHPSS and PB approaches

Narrative approaches can be employed for multiple functions, such as to legitimise sources of knowledge, understanding, truth-telling and therapeutic purposes. Cole (2010: 652) cites Kaminer (2006), who identifies six primary therapeutic uses for narrative:

1. emotional catharsis;
2. creation of linguistic representation;
3. habituating anxiety through exposure;
4. empathic witnessing of injustice;
5. developing an explanatory account; and
6. identification of value or purpose in adversity.

Narrative is used to relate the experience of an event in terms of emotional and existential sense making (Cole 2010). However, it is important to note that when narrative approaches are used in therapeutic cases, what is communicated is a private matter between the individual and the therapist. Shifting from a personalised exchange to the use of narrative in the public sphere, such as in the case of truth commissions, the influence of political and social structures that can hinder the healing process that narrative approaches can offer must be acknowledged. Analysing the potentialities and problems of a narrative-based approach for organising institutions in post-conflict contexts, Cole (2010: 651) explains that 'the ameliorative effects of personal narratives are increasingly called upon to provide personal healing and public reconciliation in post-conflict societies'. Central here are transitional justice tools such as truth-telling bodies (commissions, community truth-telling initiatives and some amnesty processes) where victims and perpetrators are given the opportunity to narrate their experiences with the aim of establishing the truth about past wrongdoings. As Cole (2010: 651) notes, 'narratives repair emotional and psychic damage and it is through stories that we form ourselves in the aftermath of life-altering experiences'; hence, the testimony of one individual 'provides a sobering accounting and more qualified endorsement of their employment by a post-conflict institution tasked with truth-seeking and reconciliation'.

Sliep and Gilbert (2006: 301) show that by using narrative theatre, individual stories help the community to make a new story and give collective meaning to experiences. By doing this, people have the opportunity of interacting differently with others in everyday life.

Mendeloff (2009) and Cilliers et al. (2016) found that the relationship between truth-telling, psychological healing and PB is dubious. For some people, participating in truth-telling processes has positive effects; for others, the effects are negative in that they have the potential of opening psychological wounds that can result in increased depression, anxiety or PTSD. Truth-telling, they argue, has no significant impact on the sense of justice, feelings of revenge, violence and retribution and improvement in the psychological effects of trauma. Cilliers et al. (2016: 787) 'suggest that policy-makers need to restructure reconciliation processes in ways that reduce their negative psychological costs while retaining their positive societal benefits'.

Restoring trust and rebuilding intercommunal relationships

Rebuilding trust between victims, perpetrators and bystanders after conflict is an immense challenge but one that is fundamental to long-term peace and reconciliation. Bloomfield (2003: 20) asserts that it:

requires that each party, both the victim and the offender, gains renewed confidence in himself or herself and in each other. It also entails believing that humanity is present in every man and woman: an acknowledgement of the humanity of others is the basis of mutual trust and opens the door for the gradual arrival of a sustainable culture of nonviolence...For trust and confidence to truly develop, a post-conflict society has to put in place a minimum of functioning institutions – a non-partisan judiciary, an effective civil service and an appropriate legislative structure. It is this condition that links a reconciliation policy to the many other tasks of a transition from violent conflict to durable peace.

Rehabilitation of a conflict-affected community aims at reconstructing social networks and rebuilding trusting relationships towards harmony and peace beyond the physical requirements for survival. Pathways for peace must include social, cognitive and emotional aspects. The Alliance for Peacebuilding (2012) introduces spirituality as a social, cognitive and emotional resource to include in overcoming trauma, fear and bigotry. This is taken further by acknowledging that building resilience to trauma must take place at a personal and social level that introduces spirituality as a tool for building peace and promoting mental health. Spirituality also teaches empathy and compassion, and promotes the synergy of connecting mind and heart. The Alliance for Peacebuilding (2012) states that empathy maximises social-emotional intelligence, helping people to feel a greater sense of connection and promoting social ties that support peace. Further, the cornerstone of IAHV's peace work is formed out of multiple dimensions, which include the personal, and which specifically targets mindsets, attitudes and behaviours, as well as the well-being of communities and individuals. This definition is implemented at multiple societal levels, including the physical, existential and cognitive. Peace requires a holistic human-based perspective that can be segmented into multiple approaches such as development, transitional justice and political transformation (IAHV, 2016a, 2016b, 2016c).

NGOs and INGOs are attentive to the multiple effects of violence; however, throughout the literature, the psychosocial impacts of conflict, psychological impact of traumatic experiences and psychological health were emphasised.

Guiding peace by psychosocial well-being allows for a human approach to post-conflict development. To successfully centre social justice in peace, psychologically based principles must guide policy development (Sonpar, 2008). To achieve the objective of peace, it is important to overcome the trauma caused by conflict and to protect survivors of violence. (USAID, 2015b)

Health as an entry point to social and political transformation

Traditionally, health interventions are seen merely as a means to improve the health status of community members and not as being linked to social and political transformation. However, using health as the entry point for broader interventions holds comparative advantages; as health is not perceived to be a politically dangerous discipline, it can be used effectively as a first step towards addressing social and political issues in the community.

Berliner et al. (2006: 3) explain that in the community reflection group model developed by the ODHAG and the RCT from Denmark, 'health is understood in a wide and positive way as the dimension of relationships between individuals and groups, and not only as an individual condition of absence of disease'. Anckerman et al. (2005 and Berliner et al. (2006: 3) state that for this project, 'health is used as the entry point for psychosocial and physical attention to communities highly affected by organised violence and torture'. Berliner et al. go on to note that:

the programme's aim of increasing the overall functioning capacities of the participants in the community links the significance of 'health' to social and political transformation, meaning that the need for

physical and psychosocial treatment may well be addressed through the engagement in processes of reconciliation, empowerment and development.

Health as societal and ecological rather than individual and medical

Anckerman et al. (2005: 144) describe health as 'a good level of functioning in the actual context, including being recognised and accepted as a member of the community'. Several of the articles reviewed for this paper make reference to the WHO (2014) definition of mental health – 'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. These definitions challenge limited traditional notions of health and point to mental health as being inherently societal and ecological both in terms of what factors influence people's mental health and how an individual's mental health condition impacts on families, communities and society at large. Similarly, mental health is not limited to the absence of mental disorders and is highly connected with contextual factors. Examples of possible contextual factors given by the IASC are:

1. already existing problems before the conflict started (e.g. extreme poverty, belonging to a group that is discriminated against or marginalised, political oppression, existing psychological problems);
2. conflict-induced social problems (e.g. family separation, disruption of social networks, destruction of community structures, resources and trust, increased gender-based violence); and
3. humanitarian aid-induced social problems (e.g. undermining of community structures or traditional support mechanisms). (IASC, 2007; Bubenzer & Tankink, 2015: 7)

The health community has a unique and crucial role to play in promoting a healthy society, not only by mending the physical and psychological wounds of individuals but also by rebuilding structures for public healthcare and creating bridges for community reconstruction and social reconciliation. Writing about the PB and reconciliation dividends of integrated health services in Burundi in a qualitative study, Christensen and Edward (2015: 41) cite a number of extracts from interviews, one of which clearly points to the benefit of seeing health as societal and ecological: 'If you are healthy, you can focus on other things...your children, your work, making a good home, being a good neighbour' and 'when children are sick, they are crying, yelling, uncomfortable. And the family has no way to have a conversation at home. It becomes hardship.'

Acknowledging the nature of and difference between individual and collective experiences of trauma

Conflict and violence generate psychosocial impacts that are felt at the individual, family and community level. Most conflicts have an impact on entire communities, which means that large groups of people are affected. In order to pitch interventions aimed at restoring or rebuilding post-conflict communities at the right level, MHPPS practitioners must begin by seeking to fully understand the nature of and the extent to which each of the three levels of society has been affected. A number of approaches cited in the literature reviewed in this study target their work at individuals and communities alike, acknowledging that those who are particularly affected (and are experiencing advanced PTSD symptoms) require one-on-one work, while the majority of people will benefit from approaches that aim to rebuild intra-group relations through trust-building, recreating a sense of belonging and storytelling. Erikson (1978, in Abramovitz, 2005: 2013) defines collective trauma as:

a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with 'trauma.' [It is] a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared. As people begin to emerge hesitantly from the protective shells into which they have withdrawn, they learn that they are isolated and alone, wholly dependent upon their own individual resources.

Using this understanding of the effects of violence is critical for the development and implementation of sustainable post-conflict mental health and PB interventions. Collective trauma becomes central to understanding how community and individual social transformation is characterised by isolation, division and lack of trust.

Defining language and developing practice on our terms, with our language

Writing on the need for trauma-sensitive PB, Zelizer (2008: 3) cites trauma expert Derek Summerfield:

Current concepts of trauma are in line with the tradition in Western biomedicine and psychology to regard the singular human being as the basic unit of study and to prescribe technical solutions. But it is not a private experience and the suffering it engenders is resolved in a social context.

Zelizer (2008: 3) adds that:

Statistics related to PTSD should, however, be taken with a significant degree of caution. It is difficult to obtain baseline data, and Western-imposed instruments and frameworks may not adequately capture the diverse range of individual and community responses that can result from exposure to trauma.

This is echoed by Wessels (2008: 2):

the limits of the trauma paradigm have become increasingly conspicuous. Withering conceptual assaults have identified numerous limits of a medical model and its problematic western assumptions and foci on pathology, symptoms, and curative, therapeutic processes...the trauma paradigm decontextualizes human suffering by reducing it to individual terms, when many of the greatest sources of suffering are collective and are grounded in a socio-historic context of human rights violations.

Wessels (2008) proposes a localised, reflective process aimed at developing a holistic conceptualisation of psychosocial well-being that centres around risk, resilience and protective factors, and which highlights the importance of community mobilisation, culture, social ecologies and social justice.

Human security

In the aftermath of conflict, meeting people's basic physiological and psychological needs ought to be a priority. Perceived and real threats of violence, created during and after conflict, generate suspicion and deepen mistrust and may continue to exist in the undercurrents between individuals and communities. However, given resource constraints and the uncoordinated and imbalanced rush to provide services to war-ravaged communities, the sequencing and prioritisation of the provision of basic services tends to be skewed away from mental health support to the provision of immediate basic humanitarian services.

The growing concept of human security provides a framework within which to organise post-conflict humanitarian interventions. Gutlove and Thompson (2004: 142) explain that 'the need for safety underlies all other aspects of the healing process'. Citing a study evaluating psychosocial assistance programmes during and after the Croatian and Bosnian wars in former Yugoslavia, they note that:

the most important benefit these programmes could provide was a safe space, psychologically and physically, in which people could rebuild their previous social contacts and make new contacts. The safe space was more important than any particular type of psychological intervention or therapy.

Not prioritising human security means that people continue to experience perceived and real fear.

MISSING TOPICS IN THE REVIEWED LITERATURE

The reviewed literature contains almost no articles addressing the relationship between MHPSS, PB and gender, MHPSS, PB and children, MHPSS, PB and the intergenerational transmission of trauma, or how new areas of study such as neuroscience and epigenetics are impacting on our understanding of MHPSS and PB. Since we consider these topics to be very important elements with regard to the nexus between MHPSS and PB, we will address them briefly.

Gender

Several authors stress the importance of taking gender issues into account, but few documents overtly link gender and gender relations in post-conflict settings to both MHPSS and PB. Furthermore, most literature on gender focuses on women, their social position and violence perpetrated against them.

Conflict often changes the role and position of women in society (Pankhurst, 2003). In many conflict settings where women and girls are forced to 'serve' the troops (Theidon, 2009: 19), and in post-conflict settings where sexual violence is common, social roles have become militarised. As men join the war effort, women take over the role of men; such changes tend to be experienced as moments of liberation from old social orders and restrictions. Research conducted in post-conflict countries indicates that sexual violence after peace agreements continues or even worsens. The economic, cultural and geopolitical changes resulting from conflict, 'as well as gender inequalities in education, social and economic domains as a result of the conflict have evidently disempowered women and girls with a profound impact on their sexual and reproductive health/rights' (John-Langba, John-Langba & Rogers, 2013: 63). Dijkman, Bijleveld and Verwimp (2014) explain that in Burundi, sexual violence has not decreased after the war. In 2012, numbers were still very high and perpetrators included neighbours, strangers, (ex-)combatants, (ex-)husbands and other relatives. The authors assume that this is as a result of the degradation of moral standards and values and the normalisation of violence, often in combination with poverty, lack of schooling or employment, vengeance in neighbourhoods, psychological problems and challenges with the integration of ex-combatants.

Theidon (2009: 33–34) states that:

Addressing violent masculinities should be a key concern when 'adding gender' to interventions. A focus on masculinities in turn brings into focus the daily forms of violence that escape the limited time frame of a 'transition' and extend our scope of concern to the forms of violence that fall outside what is narrowly defined as 'political'.

Carpente (2006) argues for the importance of acknowledging that men experience gender-based violence (including sexual violence, forced conscription and sex-selective massacres). Men need protection against these abuses in their own right; moreover, addressing gender-based violence against women and girls in conflict situations is inseparable from addressing the specific forms of violence to which civilian men are vulnerable. Slegh, Barker and Levtov (2014), find that in the Democratic Republic of Congo, a deeply patriarchal society with a high degree of gender inequality, exposure to conflict and conflict-related stress were key drivers of men's use of intimate partner violence. In analysing men's responses to stress and trauma, they find that strategies for coping with loss and trauma are gendered, in the sense that men tend to cope with stress through violent behaviour or substance abuse as a way of redressing their sense of emasculation and victimisation, and of hiding their vulnerability (e.g. Promundo, n.d.).

Intergenerational transmission of violence and trauma

The reviewed literature pays little attention to the intergenerational transmission of violence and trauma, although we know that a growing amount of literature is attending to the topic. The relative lack of attention might be a result of the search terms used in this literature review. Richters (2015) and Creary and Byrne (2014) find that the transmission of trauma and its impact on identity formation from one generation to the next are important elements that contribute to the establishment of peace. The authors see a link between psychological factors and conflict and peace and, therefore, express the importance of incorporating attention to psychosocial elements in peace efforts. Marginalised and victimised communities tend to cling to narratives that have been passed down through generations, internalising these, often negative, historical traumas as a form of seeking belonging and a shared identity.

Children

'Children' was not a search term included at the outset of this study. As a result, references to children and how they feature vis-à-vis MHPSS and PB was mostly absent in the literature (except in reports by NGOs with a focus on children). Ardila-Rey, Killen and Brenick (2009) conducted research on how violence influences the way children in Colombia resolve conflicts and disagreements. Usually, children from different cultures evaluate moral transgressions, such as hitting and the denial of resources, as wrong because of the intrinsically negative consequences affecting another person (Ardila-Rey et al. 2009). The pervasive violence in Colombia has negatively affected children's moral development. Extremely stressful conditions influence how children evaluate moral transgressions and how they view provocation and retaliation. A more encouraging finding was that almost all children, displaced or non-displaced, considered reconciliation possible.

New developments: neuroscience, endocrinology and epigenetics

Neuroscience is a promising and rapidly growing interdisciplinary scientific field that provides insight into brain activity and human behaviour. Fitzduff (2016) addresses the question – What does neuroscience have to offer peacebuilders? Only in recent years have scientists been able to show the effect of violence on people's brain processes in relation to experience and behaviour. Although most of our approaches and interventions are based on rational thought, our behaviour is driven largely by emotions (Burrell & Barsalou, 2015; Fitzduff, 2016). Unconscious processes are the engines for emotions, especially fear, and are regulated mainly by the amygdala, a part of our brain that deals with emotions and memories. Pitman, Shin & Rauch (2001) show changes in the amygdala among people who have experienced violence.

Taylor (2016) concludes that support for mental health in these processes is important, because depressive symptoms negatively influence the ability to cope with past exposure to political violence and damaged social trust. Social, economic and political factors feed into a macro-contextual system that contributes to a cycle of violence and mental health disorders (Sonpar, 2008).

The brain development of children is hampered by experiences of violence (Perry, 2003). Teicher (2000, 2002) reports significant brainwave abnormalities in 72 per cent of patients (in Western countries) with a history of early trauma. At the endocrinological level, it is noticed that trauma and severe stress cause high levels of the hormone cortisol, which is related to PTSD, and this negatively influences other hormones, such as oxytocin, which is needed for a sense of belonging and connectedness to a group: it is the 'glue' between people (Fitzduff, 2016). Furthermore, it seems that when we encounter people from groups that we consider as 'others', 'our brain often switches off the empathic neurons and actively resists any emotional contact with the perceived group' (Fitzduff, 2016: 3). People are unaware that their brains have automatic systems that influence behaviour such as prejudice, stereotyping and dehumanisation (Burrell & Barsalou, 2015). Thus, for sustainable change, the emotional and rational part of people's brains need to be worked with.

Another new development is the field of epigenetics, the study of inheritable changes in gene expression. Here scientists have discovered that although one's DNA structure may remain the same, the environment in which people operate influences the activity of the genes, selectively turning them on or off. These active or passive genes are passed on to the next generation. How people's traumatic experiences influence and change the gene structure of their children and grandchildren is not yet clear. Walters et al. (2011) state that historical trauma is embodied in subsequent generations. Kellerman (2011: 7) explains that children have to carry the load of their parents, but that children also seem to have the possibility of 'better control of [their] inner "switch board"'. They might be able to choose to switch off the painful histories of their parents. If so, this might offer a more positive view of the epigenetic burden.

CONCLUSION

As is the case in most professions, MHPSS and PB practitioners thus far have clung to the idiosyncrasies of their respective disciplines. The recognition that MHPSS and PB should be integrated with one another in order for both disciplines to jointly achieve sustainable social transformation goals in post-conflict societies is relatively new. While the majority of articles reviewed for the purpose of this study share an underlying assumption that societies can change and that successful transformation is based on a holistic, socio-ecological approach, which recognises that individuals exist in nuanced social, political, economic, spiritual, cultural and psychological contexts, the evidence base for the outcomes and impact of an integrated approach of MHPSS and PB is still very thin. The reviewed literature also indicates that while there is an increasing awareness of the need to bring some of the knowledge and tools traditionally belonging to the field of MHPSS into PB interventions (and vice versa), this is not yet practised in a way that is fully integrative from the outset and that is holistic at a systemic level. The vast majority of case studies reviewed are integrative only in a piecemeal way, appending or inserting useful elements from the other discipline at specific points in the project cycle.

At the same time, authors caution against the limitation of MHPSS to a 'trauma paradigm', and its problematic Western assumptions and focus on pathology, symptoms and curative, therapeutic processes. Using that paradigm runs the risk of decontextualising human suffering by reducing it to individual terms, when many of the greatest sources of suffering are collective and are grounded in a socio-historical context of human rights violations. It is important to recognise the need to develop a context-specific and localised language and practice to adequately address the nuances of local needs, taking into account gender issues (attention to women and men) and the transmission of intergenerational trauma, as well as considering that human security underlies all other aspects of the PSPB process.

A recent mapping report (Bubenzer et al., 2017) points to capacity and resource constraints in organisations as an obvious challenge. Most respondents indicated a need for more knowledge and information on how to practically integrate MHPSS and PB, for staff training and for new partnerships and collaboration opportunities with organisations from either field.

What is central to much of the literature reviewed in this study is that health is considered to be more than just the absence of disease. Rather, it is a state of being in which one's physical, emotional and contextual existence are of such a quality that a healthy, productive and socially engaged life can be lived. This is synonymous with the notion of positive peace, which, in turn, emphasises the many synergies that underpin the aims of MHPSS and PB practitioners. The concentric nature of peace and health is aptly expressed by one key informant interviewee cited by Christensen & Edward (2015: 39):

When there is no health in the household first, there won't be peace, everybody will be stressed out and worried, you won't be able to work, you won't be able to eat, and then that will create tension...

In the community it is the same thing: if a neighbor is sick all the time, people can say their neighbor poisoned them and there can be jealousies and blame...

It is the same thing for the country: if there is no health, there is no production, and there is stress between people...It is just what I see every day.

What this literature study highlights is that existing research needs to be consolidated – with a particular focus on developing a sound theoretical framework and implementation model – before an evidence base is built that is grounded on a new framework and model.

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SEARCH TERMINOLOGY USED IN ACADEMIC REVIEW BY CORE THEME

Key search term Synonyms	Mental health	Peacebuilding	Intervention	Conflict
	<p>1) (emotional or mental) adj (health or "positive psychology" or promotion) adj2 (health or Psycho-education* or psychoeducation or psychological) adj2 (aid or well-being or wellbeing or Psychosocial or MHPSS).</p> <p>2) (community) adj2 (build* or develop* or empower* or engagement or healing or involve* or network* or mental-health or communities or community* or parent* or social) adj2 (support or "relationship building" or "religion leader?" or school) adj2 (intervention or communit* or social) adj2 (develop* or intervention? or psycholog* or support)</p> <p>3 (coping) adj2 (strateg* or skill? or behavior?r or empower* or "life skills education" or resilient* or cultural) adj2 (development or education*) adj2 (need?)</p> <p>4) (arts-based or "expressive arts" or music* or sport* or storytelling*).</p> <p>5) (livelihood or "local capacity").</p> <p>6) (inter-generation* or intergeneration* or trans-generation* or transgeneration*) adj2 (trauma* or Second or third) adj (generation or trauma or post-traumatic or posttraumatic)</p> <p>7) combine 1 or 2 or 3 or 4 or 5 or 6</p>	<p>8) (Peace-building or Peacebuilding or Peace*) adj (agreement* or Building or promoti* or forgive* or reconsil* or accord* or activis* or educat* or making or negotiat* or practi* or scholar* or research* or co-habitation or cohabitation or co-existence or coexistence or sustainable or process*) or (conflict? adj2 (prevent* or reduction or reducing or reduce or resolution or resolv* or reconcil* or transform*)) or ((rebuild* or Restor*) adj2 (societ* or communit*)) or "rehabilitation phase?" or (promotion adj2 safety)).</p> <p>9) (human-rights adj2 (advoca* or educat*)) or justice).</p> <p>10) Social or societal) adj2 (change or transformation or restoration)) or (intergroup adj2 (contact* or dialogue)).</p> <p>11) (apolog* or reparation or forgiveness or "Deal* with the past" or reconciliation).ti,ab.</p> <p>12) combine 8 or 9 or 10 or 11</p>	<p>13) (curricul* or Intervention* or program* or Project* or "structured activities" or Support or therap* or Training or approach* or counsel*).ti,ab.</p> <p>14) (effectiveness or evaluation*).ti,ab.</p> <p>15) (review or meta-analysis or "evaluation stud**" or "evaluation program**" or "program evaluation**" or "effect stud**").ti,ab.</p> <p>16 ((random* and (controlled or control or versus or vs or group or groups or comparison or compared or arm or arms or crossover or cross-over) and (trial or study)) or ((single or double or triple) and (masked or blind**)).ti,ab.</p> <p>17) combine 13 or 14 or 15 or 16</p>	<p>18) (communal or mass or organized or political) adj2 violence) or (armed or induced or temporary or inter-group or intergroup or inter-community or intercommunity or lengthy or political or zone*) adj2 conflict?) or conflict-induced or conflictinduced).ti,ab.</p> <p>19) ("ethnic strife" or genocid*).ti,ab. ("onset of peace" or Post-accord or Postaccord or post-conflict or postconflict or post-war or postwar).ti,ab.</p> <p>20) (war-affected or waraffected or conflict-affected or conflictaffected or (survivor? or victim* or exposed or exposure) adj2 (violence or War* or conflict)) or ("divided societies" or "ethnically diverse" or "gender" conflicting communities").ti,ab.</p> <p>22) combine 18 or 19 or 20 or 21</p>

Note: Both British and American spelling variations were used

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