

Background paper for the 4th National Dialogue Conference and the session on *Reconciliation, Psychosocial support and Dialogue*

Addressing psychosocial needs: An essential part of pursuing reconciliation

This paper builds on the discussion and background material of a session titled '*Reconciliation as Part of National Dialogue Processes*' held at the National Dialogue Conference in 2015. It approaches reconciliation from relational, behavioral and socio-emotional perspectives and highlights the need to acknowledge the role that the provision of psychosocial support plays in enabling and disabling people's engagement in the reconciliation journey.

The mental health and psychosocial wellbeing of individuals and communities is often overlooked when assessing progress towards reconciliation. Research shows that mental health and psychosocial wellbeing impacts the extent to which people are willing and able to participate in peacebuilding and reconciliation processes aimed at building and promoting harmonious coexistence.¹ Genuine reconciliation requires personal transformation, which can consequently bring about a positive effect at several levels - the individual, family, communal and societal - all of which contribute to rebuilding the social fabric of a country affected by conflict.²

Arie Nadler suggests that reconciliation can be viewed from a *structural, relational and socio-emotional perspective* [2]. The structural perspective refers to reconciliation that is achieved by creating new social, political and legal structures that make previously unequal relationships more equal. The relational perspective points to reconciliation that is achieved through dialogue and other forms of contact that replace distrust and negative feelings and perceptions with greater trust and more positive feelings and perceptions. From a socio-emotional perspective, to which we refer here as the psychosocial perspective, reconciliation is achieved when threats to the identities (or self-concepts) of the different parties involved are removed and people are able to deal with their traumatic experiences. Nadler and other scholars and practitioners insist that reconciliation efforts should include the provision of psychosocial support that contributes to reconciliation in a socio-emotional sense.

This prompts two key questions: (1) What approach should be used to attain reconciliation (looking at the past and at the future) and (2) how to sequence reconciliation efforts and MHPSS alongside political processes such as negotiations and the signing of peace accords?

¹ See, Mendeloff 2009; Vinck, Pham, Stover, and Weinstein, 2007.

² For many years, the Stichting Coalition for Work with Psychotrauma and Peace (CWWPP) (2010) has worked on linking peacebuilding and, what they call 'psychotrauma'. They conclude that to achieve sustainable peace, it is essential to address the psychosocial needs of individuals including youth, families and communities. According to them, conflict transformation and social reconstruction is only possible when residual psychotrauma and psychosocial needs are addressed. Reconstruction of identity is an essential part in this process. See CWWPP 2010.

The desire to end violence can be a powerful uniting force. One type of reconciliation results from the signing of peace agreements and enables the end of political and direct physical violence. However, as far as true and long-lasting reconciliation is concerned, this initial and mostly political phase marks the beginning of a long-term process. To transform a conflict and nurture positive peace, a more expansive and preventative dimension of reconciliation is required. This requires building trust in political institutions (“civic trust”) and the rebuilding or, in some cases building of social relationships at an intra and inter level (“social coexistence”).[3] In other words, reconciliation implies coping with traumatic experiences and memories which in turn results in the possibility of building or rebuilding relationships damaged by violent conflict, not only between people and groups in society (horizontal reconciliation) but also between people and institutions (vertical reconciliation)[4] with the aim of building fair, democratic, stable and inclusive societies.

The background material prepared by Jeff Seul for the 2015 National Dialogue Conference acknowledges that both structural and relational reconciliation may take place already during the conflict and negotiation/dialogue process. However, it has been questioned whether it is possible to achieve reconciliation at a psychosocial level until more concrete gains such as political agreements, institutional reforms and transitional justice mechanisms have been made. Seul points out that admissions of guilt and other steps towards achieving reconciliation will be viewed as insincere unless enough trust exists and until some practical and relational gains have been made. [5] Therefore, the building or rebuilding of relationships of trust tends to come later on the road to a political arrangement/peace agreement. Sometimes it is argued that postponing and sometimes even compromising human rights as well as relational and psychosocial aspects of reconciliation at the negotiation stage is necessary to gain results in negotiations that lead to political agreement and the cessation of violence. However, the fact remains that the shared will critical to the successful pursuit of an end to violence often evaporates once the agreement is achieved. Social agency for peace can decrease as different stakeholders in society develop divergent (although not necessarily contradictory) post-conflict visions, needs and expectations, and become ‘distracted’ from the urgent need to continue building the peace and reconciliation of which political agreements were just the foundation [6].

This background paper argues that to be sustainable, reconciliation processes should focus on and integrate relational and psychosocial interventions from the beginning of any peace process rather than postponing them to the post-conflict phase or ignoring them altogether, as is often the case.

Mental health and psychosocial support (MHPSS) is defined in the Inter-Agency Standing Committee Guidelines for MHPSS in Emergency Settings as “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder”. The term ‘psychosocial’ emphasizes the dynamic relationship between the psychological aspects of our experience and behavior, and our relationships within a specific context. From this perspective, mental health can be understood as “a dimension of relations between persons and groups more than as an individual state”³. Psychosocial approaches address mental health and mental illness which can be caused or enhanced through conflict. The composite term ‘MHPSS’ emphasizes that interventions work both on approaches to heal trauma and addressing the psychosocial needs of people including daily stressors and other conflict-related challenges.

³ See Hamber and Gallagher, 2015, p. 3.

Dialogue is a common and foundational tool used by MHPSS practitioners and those working towards reconciliation and is used across disciplines to acknowledge, mourn and address the events that have created traumatic memory and division. It ensures that the coming together of two or more people is voluntary, implies the acknowledgement of an event having taken place and having had a (mostly negative) impact on an individual and is restorative or reparative in nature in that it seeks to mend a damaged relationship.

Research shows that post-traumatic stress disorder and major depression in conflict affected societies is more than double the mean prevalence estimated by the Global Burden of Disease Study. It further shows that 'wounded' individuals / families / communities who have not processed their responses to trauma are less likely to be able to resist the political, economic, cultural and social pressures resulting in further cycles of violence. This underscores the importance of launching holistic and carefully planned reconciliation and recovering processes that target all sectors of society in a post-conflict country. Interventions around challenges of such magnitude cannot erase the harmful events, but they can reduce the impact and contribute to breaking further cycles of violence.

Traumatization effects interaction in several negative ways. Participants in an ongoing study in northern Uganda which the South African Institute for Justice and Reconciliation (IJR) is involved in, expressed that due to their traumatic experiences during the conflict with the Lord's Resistance Army (LRA), they were unable to have good relationships in their families and communities. Once they had participated in group counselling, provided by the NGO TPO Uganda, they began to recognize the relationship between their feelings and behavior and their traumatic experiences. By sharing experiences and finding ways to cope with traumatic experiences, participants regained trust and the possibility to interact and connect with other people. Only after this process they were able to improve their economic situation and reduce conflicts within their communities. This example shows that MHPSS addresses people's needs on several levels at the same time: at the individual level in terms of coping with the mental and emotional effects of traumatic experiences; at the family level to reduce domestic violence, at the community level in reconnecting meaningfully with loved ones and community members, and at the economic level to work together to improve their economic situation and, finally, at the societal level to become involved in and/or gain trust in institutions.

Integrating MHPSS into the reconciliation agendas through peacebuilding and (national) dialogue interventions at an early stage ensures that people are more likely to draw and act on linkages between human rights, stigma related to mental health problems and judicial issues. For example, community-level conflict mediation interventions, by local practitioners trained by TPO Uganda, address domestic violence and land disputes and work closely with the courts, local government and traditional and religious leaders. By doing this, people regain trust in their leaders and institutions. MHPSS includes inter-disciplinary interventions that are led by a broad spectrum of professionals such as social workers trained in MHPSS, teachers, physiotherapists and counsellors to address the diverse needs of women, men, girls and boys of different ages and in different contexts. MHPSS interventions are context specific and diverse in nature and should align with the peacebuilding field, given that both disciplines contribute to reconciliation processes at all "levels" (structural, relational, socio-emotional).

The underlying assumptions behind the efforts of bringing MHPSS to the peacebuilding field is that societies can change, and that psychosocial support may have a transformative capacity when combined with community-based frameworks. [7] Research currently underway at the IJR points to the need for integration of MHPSS and peacebuilding to begin within and between organizations working to support conflict-affected communities. According to Bubenzer et al. (2018), research suggests that integrating MHPSS and peacebuilding through dialogue and other tools able to bring together previously divided groups and individuals, has the capacity to restore trust and rebuild intercommunal relationships necessary for the recovery of social fiber.

Felm commissioned a baseline report titled *In the End, No Winners No Losers: Psychosocial Support in Peacebuilding and Reconciliation for Conflict Affected Societies*⁴ and convened a roundtable discussion on MHPSS and peacebuilding with IJR in 2018. The report features case studies from Nepal, Syria and Colombia. Approximately 8 million civilians have been affected by the conflict in Colombia and an estimated 3 million need psychological support of some kind. Also, many former guerrillas need MHPSS. The peace agreement between the government of Colombia and FARC has specific psychosocial rehabilitation clauses that mandates the Colombian Government to secure access to mental health services of former FARC members and civilian victims. However, reconciliation and rehabilitation processes have not yet begun in earnest. Even though provisions for MHPSS are made in the peace agreement, a positive step, psychosocial support has not been a priority of peacebuilding efforts. In Colombia, mistrust between the government and FARC has been present since the beginning of the negotiation process because of the government not being perceived to have worked sufficiently on trust building before or during the negotiations. Indeed, Colombia illustrates what is likely to happen when psychosocial support is ignored and/ or not integrated from the initial stages of a peace process. In this case the omission has increased mistrust, which in turn, risks undermining the next step of the peace process.

In 2017 the IJR and the War Trauma Foundation conducted a mapping study of global practice where 92% of respondents (representing 62 organizations in 25 countries) agreed that interventions aimed at building sustainable peace would benefit from linking peacebuilding and MHPSS. [7] While noting and acknowledging important differences between MHPSS and peacebuilding, this mapping exercise clearly illustrates that most respondents agree with the statement that the two fields need to be integrated if sustainable peace is to be achieved. One of the key findings is a gap between MHPSS and peacebuilding that is based on mutual lack of knowledge and opportunities for engagement with the other field. To overcome this gap, both fields need to work closely together, demystify their aims and objectives to one another, and define relevant overlapping concepts in a way that works for both disciplines.

More research and practice are needed to provide evidence for how best to integrate psychosocial interventions including practical MHPSS tools and methods into reconciliation efforts, political peace processes, and the implementation of peace agreements.

⁴ Angi and Kubai forthcoming 2019.

[1] See, Kofi Annan Foundation and Interpeace (2018): *Challenging the Conventional: Making Post-Violence Reconciliation Succeed*

[2] Arie Nadler, *Reconciliation: Definitions and Processes*, Presentation at the University of Massachusetts Amherst (2000), available at <https://www.umass.edu/peacepsychology/sites/default/files/Nadler@2010%20conference.pdf> (last accessed on 2 May, 2019).

[3] Kofi Annan Foundation and Interpeace (2018): *Challenging the Conventional: Making Post-Violence Reconciliation Succeed*

[4] Ibid

[5] See Jeff Seul (2015), *Reconciliation as part of national dialogue processes*. Background material for the NDC 2015. Arie Nadler and Nurit Schnabel, "Instrumental and Socioemotional Paths to Intergroup Reconciliation and the Needs-Based Model of Socioemotional Reconciliation," in Arie Nadler, Thomas Malloy, and Jeffrey D. Fisher (eds.), *The Social Psychology of Intergroup Reconciliation* at p. 45 (2008).

[6] See Kofi Annan Foundation and Interpeace (2018): *Challenging the Conventional: Making Post-Violence Reconciliation Succeed*. Geneva: Kofi Annan Foundation

[7] Bubenzer, F., Van der Walt, S., & Tankink, M. (2017). *Mapping global practice: Healing communities, transforming society, mental health, psychosocial support and peacebuilding*. Cape Town: IJR & War Trauma Foundation. Retrieved from: <https://www.ijr.org.za/portfolio-items/mapping-global-practice-healing-communities-transforming-society/>.

References:

Angi, K. and Kubai, A. (forthcoming 2019). *In the End, No Winners No Losers: Psychosocial Support in Peacebuilding and Reconciliation for Conflict Affected Societies*. Helsinki: Felm

Bubenzer, F., Van der Walt, S., & Tankink, M. (2017). *Mapping global practice: Healing communities, transforming society, mental health, psychosocial support and peacebuilding*. Cape Town: IJR & War Trauma Foundation. Retrieved from: <https://www.ijr.org.za/portfolio-items/mapping-global-practice-healing-communities-transforming-society/>.

Global Burden of Disease Study 2013 Collaborators (2015). Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, 386, 743–800.

Hamber, B., & Gallagher, E. (Eds.). (2015). *Psychosocial perspectives on peacebuilding*. Peace psychology book series. New York, NY, US: Springer Science + Business Media.

Kofi Annan Foundation and Interpeace (2018): *Challenging the Conventional: Making Post-Violence Reconciliation Succeed*. Geneva: Kofi Annan Foundation.

Mendeloff, D. (2009). Trauma and vengeance: Assessing the psychological and emotional effects of post-conflict justice. *Human Rights Quarterly*, 31(3), 592–623.

Nadler, A. and Schnabel, N. (2008) "Instrumental and Socioemotional Paths to Intergroup Reconciliation and the Needs-Based Model of Socioemotional Reconciliation," in Arie Nadler, Thomas Malloy, and Jeffrey D. Fisher (eds.), *The Social Psychology of Intergroup Reconciliation* at p. 45 (2008). Oxford University Press.

Nadler, A. (2000) *Reconciliation: Definitions and Processes*, Presentation at the University of Massachusetts Amherst, available at <https://www.umass.edu/peacepsychology/sites/default/files/Nadler@2010%20conference.pdf> (last accessed on 2 May, 2019).

Seul, J. (2015), *Reconciliation as part of national dialogue processes*. Background material for the NDC 2015

Stichting Coalition for Work with Psychotrauma and Peace (CWWPP). (2010). *Social reconstruction and health towards the future. Lessons learned from eastern Croatia, 1995-2010*. Nieuwe Pekela: CWWPP.

Vinck, P., Pham, P., Stover, E., & Weinstein, H. (2007). Exposure to war crimes and implications for peacebuilding in northern Uganda. *JAMA*, 289(5), 543–554.