Building sustainable peace through an integrated approach to peacebuilding and mental health and psychosocial support: a literature review

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The contribution of the fields of mental health and psychosocial support and peacebuilding is critical to the repair of societies affected by war and violent conflict. Despite some advances in bringing the two fields closer together, the evidence base for the outcomes and impact of an integrated approach included both mental health and psychosocial support and peacebuilding is still very thin. The hypothesis for this literature review was that a combined approach would enhance the knowledge base and, therefore, foster the prospect of sustainable peace. The literature reviewed 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 mental health and psychosocial support into peacebuilding interventions (and vice versa), this is not yet practiced in a way that is fully integrated from the outset or is holistic on a systemic level. This study highlights the need for the development of a theoretical model that bridges both fields as a foundation for future research and practice.

Keywords: conflict, mental health, peacebuilding, post conflict, psychosocial support, sustainable peace, violence

Introduction

It is well documented that war and conflict have drastic, long lasting effects on communities. Further, in the aftermath of war and conflict, the causes of interpersonal conflict might still exist and may have even worsened as a result of violence during the conflict. A

Key implications for practice

- The literature shows that integrating the fields of peacebuilding and mental health and psychosocial support is currently only done piecemeal
- Knowledge and tools in both fields should be integrated
- There is a need for a theoretical model that bridges peacebuilding and mental health and psychosocial support to inform and guide future research and practice

return of the violence is also often likely to occur in post conflict countries where people have witnessed and experienced large scale violence, destruction, displacement and personal loss. A cursory overview of the last 35 years shows that approximately 80% of the countries globally that have emerged from conflict return to violence in the years after. Most of these countries have not implemented holistic nor sustainable justice and reconciliation processes, which address the root causes and impact of violence.[1]
Anecdotal evidence shows that organisations and institutions working towards post conflict social transformation – be they in the realm of peacebuilding (PB) or mental health and psychosocial support (MHPSS) –

do not yet fully recognise this need, nor do they structure their programmes in a way that contributes to the long term psychosocial welfare of the affected community or wider social context (Bubenzer, van der Walt, & Tankink, 2017).

To get a clear picture of developments relating to solidifying the relationship between PB and MHPSS in (post) conflict settings, the Institute of Justice and Reconciliation in Cape Town and War Trauma Foundation in Amsterdam conducted a literature review in search of evidence that integrating MHPSS and PB approaches contributes to building sustainable peace. While the authors realise that when implementing interventions, it is difficult to predict sustainability, the authors believe that further research on the lasting effects of implementing an integrated approach (evidence based) might generate more *'proven tools'*.

To develop such comprehensive and sustainable interventions and strategic partnerships, those working in both fields have to learn from existing research and practitioners working within post war contexts. As such, this literature review addresses the following question: *what are the defining characteristics of the documented approaches which integrate MHPSS and PB?* In asking this question, there was also an interest to know if in the underlying theoretical foundations that underpin existing work in this realm and in the answer, do the fields of PB and MHPSS benefit from such integration? This paper contains the most important findings in response (for more details see Tankink, Bubenzer, & van der Walt, 2017).

Methodology

From August 2016 to March 2017, the authors and two research assistants conducted a systematic review of international literature describing interventions or theoretical reasoning on integrated MHPSS and PB approaches. The hypothesis was that a combined approach would enhance the prospect of sustainable peace. The systematic literature review was supplemented with additional literature found and received literature suggested by colleagues. The review of academic journal based sources was supplemented with knowledge produced by practitioners and nongovernmental organisations (NGOs), and solicited *'grey literature'* (NGO reports, policy briefs and other documents); all of which met the inclusion criteria, detailed below.

The inclusion criteria for the review were: that both concepts MHPSS and PB were referenced; that the articles contributed to the overall research question underlying the literature review; that the articles were published in the last 24 years (since the 1992 Agenda for Peace[2]); and written in the English language. For the purpose of this review, only articles were included, neither books nor theses were incorporated, although the authors acknowledge that there are important books and theses that address this topic.

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, World Health Organization's (WHO's) Institutional Repository for Information Sharing, Social Science Research Network (SSRN), United Nations Bibliographic Information System (UNBISNET), COMPASS Knowledge BASE (opsic), and Google scholar.

For the grey literature search, the authors conducted searches with the relevant

Table 1. Search terminology used

Key search term	1. MHPSS/ community	2. PB/Justice	3. Approaches	4. Context
Symptoms	1.1 MHPSS, mental health, psychosocial	2.1 Peacebuilding	3.1 Intervention, support, program	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 interventions	2.4 Forgiveness		4.4 War-affected population, gender, groups, age groups
	1.5 Local capacity 1.6. (Intergenerational) trauma			

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 both fields.

The search strategy used to find these concepts (see Table 1) and the variations was through 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)

Screening and selection
The search identified a total of 1373 items, with 341 duplicates, that represented a body of literature of 1032 articles (see Figure 1). Abstracts of all 1032 articles and 19 additional articles were reviewed for relevance by one or more of the reviewers, which identified 104 papers as possibly meeting the inclusion criteria. The selected articles were then 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 paper. Full versions of these articles were obtained, the detailed review of which led to 73 (marked with * in the reference list) of the studies being confirmed as meeting the inclusion criteria. The additional articles were not included in the original search, but were suggested by colleagues as very relevant (marked with ˇ).

Additionally, a total of 79 'grey' documents (marked with °) were identified, which had the same inclusion criteria as the scientific literature. The body of the literature that provides the basis for this review, therefore, was comprised of a total of 108 documents, 45 identified through formal bibliographic search (and 26 additional journals), and 36 identified through recommended websites of the relevant NGOs in MHPSS and PB. The complete list of articles and grey documents reviewed for this study can be found at www.ijr.org.za/.

Findings
Underlying theoretical foundations
Although a number of theoretical foundations were identified from the literature reviewed, several articles do not overtly refer to a theoretical framework. The frameworks that were found can almost all be grouped under a holistic or socio-ecological paradigm. The socio-ecological framework is based on the notion that violence and
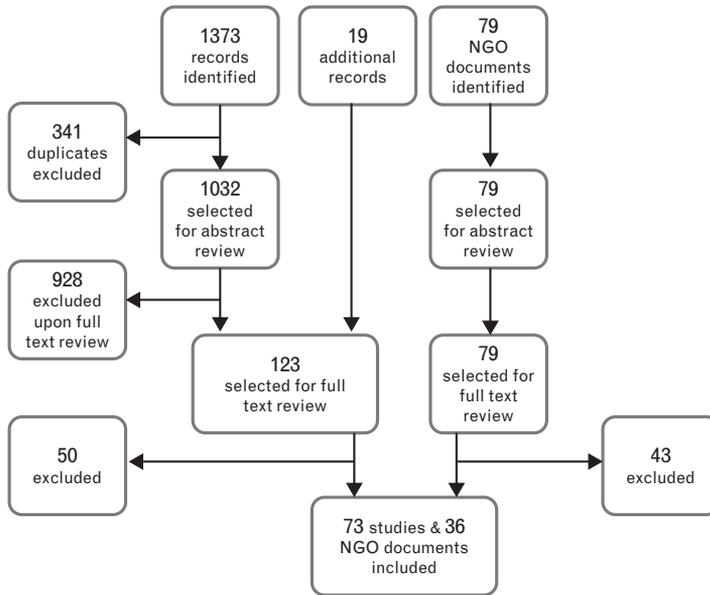
Figure 1: Overview of selection of papers during review process.

conflict are explained as the cause and outcome of multiple factors that interact at four different levels: the individual level, the relational level, the community level and the societal level or, in more general terms, the micro-, meso-, exo- and macro levels (Bronfenbrenner, 2005)

All authors recognised that an individual is situated within social, political, economic, historical, spiritual and cultural contexts and that this broader environment, in which individuals operate and interact, should be taken into account when working towards enhancing the psychosocial wellbeing of individuals and communities, and towards sustainable peace. Almost all frameworks used are community based and emphasise the interpersonal and social linkages between individual health and wellbeing and community wellbeing and rehabilitation. Their entry point is at the level of community, with a focus on individuals and families within that community. Adopting this ecological model enables a more

holistic, socio-ecological approach that supports an investment on how different levels, dimensions and systems of temporal trajectories influence each other to produce an interactive, dynamic (dys)functional whole (King, 2014; Somasundaram & Sivayokan, 2013) According to the literature reviewed, a holistic approach, which integrates MHPSS and PB, needs to be utilised from the very beginning of an intervention, in order to bring about sustainable change and to accommodate the multiplicity and complexity of factors that are in constant flux with one another in society.

Very few articles and only one NGO combined MHPSS and PB aims into a singular approach (Anckerman, Dominguez, Kjaerulf, & Mikkelsen, 2005; Berliner, Dominguez, Kjaerulf, & Mikkelsen, 2006; De Jong, 2010; Gutlove & Thompson, 2004; Hart, 2012; Hart & Colo, 2014; International Association for Human Values (IAHV), 2016a, 2016b, 2016c; Sliep & Gilbert, 2006; Spitzer & Twikirize, 2014). The vast majority

of papers used their own field as a starting point and tried to add elements from the other field, e.g. in the MHPSS field elements of reconciliation and transformative justice were often mentioned, and in the PB field trauma healing was a frequent reference.

It is beyond the scope of this paper to outline all approaches found in the literature. However, so that this might be useful as a resource for further reading, the articles found that are connected with specific methodologies are mentioned below. While recognising that articles or interventions can be positioned under more than one approach, the main approaches and frameworks in the articles were: the Psychosocial Community Based approaches (Gutlove & Thompson, 2004; Mendeloff, 2009; Nqweni, 2002; Richters, Rutayisire, Sewimfura, & Ngendahayo, 2010; Spitzer & Twikirize, 2014; Staub, 2013; Staub, Pearlman, Gubin, & Hagengimana, 2005; Sveaass & Castillo, 2000); Community Based Restorative Transitional Justice (Cilliers, Dube, & Siddiqi, 2016; Martín-Beristain, Páez, Rimé, & Kanyangara, 2010; Park, 2010); Constructivist Self Development Theory (Pearlman, 2013); the Community Psychology Framework (Lykes, Terre Blanche, & Hamber, 2003); Arts Based Community Frameworks (Sliep & Meyer-Weitz, 2003; Zelizer, 2003); Psychosocial Peacebuilding Theory (Hart & Colo, 2014; King, 2014; Weder, García-Nieto, & Canneti-Nisim, 2010); the Personal Transformation Model (Hamber & Gallagher, 2014); the Therapeutic Justice Model (Pupavac, 2004); the work of the Liberation Psychology Movement (Laplante, 2007); the Transpersonal Resilience model (Machinga & Friedman, 2013; Park, 2010); the Conceptual Framework of Health and Transitional Justice (Mendeloff, 2009; Pham, Weinstein, & Longman, 2004); the Social Capital Theory (Lee, Rondon, & McCullough, 2006; Somasundaram & Sivayokan, 2013); the Public Health Approach (de Jong, 2010; Christensen & Edward, 2015); and the Adaptation and Development After Persecution and Trauma Framework (ADAPT framework) (Le Touze, Silove, & Zwi, 2005).

Characteristics of approaches integrating MHPSS and PB

At the very heart of the work done by MHPSS workers and those working on PB 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 lead productive and peaceful lives (Christensen & Edward, 2015; Gutlove & Thompson, 2004). Most authors concluded that PB and MHPSS must be brought together to ensure effective social change and transformation. This requires an in-depth, structured analysis process. The basis is that reconciliation and trust building is dependent upon the building of relationships between parties that were involved in the conflict. Like many others, Solomon and Lavi (2005) argue that there is a complex relationship between political violence, posttraumatic stress disorder (PTSD) and attitudes towards peace. They suggest combining mental health and peace education interventions to break the often, overlooked cycle of violence and traumatisation. Important common elements that were found in the literature are presented below.

Defining peace and violence How key concepts, such as peace and violence, are defined fundamentally shapes the way PB and MHPSS projects are developed and implemented. Chopra (2013, p. 4) 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'*. Recognising that the indirect

effects of violence can be psychosocial, defines violence through not only its cause, but also its effects.

Within the grey literature, it was evident that the definition of peace, violence and conflict affected the implementation of NGO's practices and approaches. Acknowledging that peace is more than simply the cessation of hostilities, the complex nature of violence and conflict requires PB approaches to be grounded in multidisciplinary practices that include psychosocial principles, political and institutional, and community initiatives (Alliance for Peacebuilding, 2012; Care International UK, 2012; Chopra, 2013; Fischer, 2004; International Alert, 2013, 2016; International Association for Human Values (IAHV), 2016c; Oxfam, 2015; Sonpar, 2008; War Child Holland, 2007a, 2007b; Women Peace Building Initiative, 2015).

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 within communities. However, given resource constraints, as well as 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.

The growing concept of human security provides a framework within which to organise post conflict humanitarian interventions. Gutlove and Thompson (2004: p.142) explain that *'the need for safety underlies all other aspects of the healing process.'* Sighting 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.

The centrality of narrative in MH and PB approaches The literature reviewed refers to a wide variety of narrative approaches that are used for multiple purposes, such as to legitimatise sources of knowledge, understanding, truth telling and for therapeutic uses. Therapeutic uses of narrative approaches include: emotional catharsis; the creation of linguistic representation; habituating anxiety through exposure; empathic witnessing of injustice; developing explanatory accounts; and identifying the value or purpose of narrative in adversity (Cole, 2010, p. 652). As Cole (2010, p.651) states: *'it is through stories that we form ourselves in the aftermath of life-altering experiences'.* Narrative is used to tell the experience of an event in terms of the emotional and existential sense making (ibid). However, Mendeloff (2009) and Cilliers et al. (2016) found that the relationship between truth telling, psychological healing and PB is dubious. hile the truth and reconciliation commission model is based on the assumption that positive effects are generated for people participating in truth telling processes, for many people the effects are negative in that they have the potential of opening psychological wounds that can result in increased depression, anxiety, or PTSD. Cilliers et al. (2016, p. 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 fundamental to building long-term peace and reconciliation.

Peacebuilding and psychosocial support interventions in conflict affected communities aim to reconstruct social networks and rebuild trusting relationships over and above advocating for the physical requirements of survival. The Alliance for Peacebuilding (2012) adds spirituality as a social, cognitive and emotional resource necessary for overcoming trauma, fear and bigotry. Spirituality teaches empathy, compassion and promotes the synergy of connecting mind and heart. The organisation states that empathy maximises social-emotional intelligence, helping people feel a greater sense of connection and promoting social ties that support peace. The cornerstone of IAHV's peace work is formed out of multiple dimensions that includes the personal, which specifically targets mindsets, attitudes, behaviours, as well as the wellbeing of communities and individuals. Their work is implemented at multiple societal levels, including the physical, existential and cognitive. (IAHV, 2016a; 2016b).

Health as societal and ecological rather than individual and medical
Anckerman et al. (2005, p.144) expand on the WHO (2014) definition of health by stating that it constitutes *a good level of functioning in the actual context, including being recognised and accepted as a member of the community*. Writing about the PB and reconciliation dividends of integrated health services in Burundi, Christensen and Edward (2015, p. 41) site a number of interview extracts conducted with conflict affected individuals who participated in their study, one of which clearly points to the need to see 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'*. Berliner et al. explain that *'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' (2006, p.3).

It is important to acknowledge the nature of, and difference between, individual and collective experiences of trauma. A number of approaches sited 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 or severe mental disorders) 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.

Zelizer (2008, p. 3) states that 'statistics related to PTSD should 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, p.2) who explains that *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*. He adds that *the trauma paradigm decontextualises 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 proposes a localised, reflective process aimed developing a holistic conceptualisation of psychosocial wellbeing that centres on risk, resilience and protective factors, and that highlight the importance of community mobilisation, culture, social ecologies and social justice.

Health as an entry point to social and political transformation Traditionally, health has been seen as a means to increase the health conditions of community members and has not been linked to social and

political transformation by the political elite and leaders. However, using health as the entry point for interventions holds comparative advantages, such as health not being perceived as a political discipline, it can effectively be used as a conduit to addressing social and political issues within the community. 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 health care and creating bridges for community reconstruction and social reconciliation.

Berliner et al. (2006) and Anckerman et al. (2005, p.144) state that for their projects *'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 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'* (2006, p.3).

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 MHPSS and PB. This might be a result of the search terms used for this study. Most literature on gender focused 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, p. 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, changes which tend to be experienced by women 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 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, p.63). Dijkman, Bijleveld, & Verwimp (2014) explain that in Burundi, sexual violence has not decreased after the war. The authors assume that this is 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.

Currently, more attention is paid to masculinity and the position of men. Slegh, Barker and Levtov (2014), found 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 perpetrating intimate partner violence. By analysing men's responses to stress and trauma, they found that strategies for coping with loss and trauma are gendered; men tend to cope with stress through violent behaviour or substance abuse as a way of redressing their sense of emasculation, victimisation and vulnerability.

Discussion

Rebuilding a society after war and violent conflict is complex and many (often unforeseen) factors are at play at different levels, at different periods of time and with different groups or populations, in different sectors of society. Given the nascence of this field, working with an approach that addresses everything is unrealistic. However, an in-depth assessment of a given

situation should give an overall view and it should be clear how a piecemeal approach fits in this whole and is related to other approaches.

Also, is important to acknowledge that the recognition that MHPSS and PB should be linked, or even integrated with one another for both disciplines to jointly achieve sustainable social transformation goals in post conflict societies, is a relatively new one. The reviewed literature 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 practiced in a way that is fully integrative from the outset or that is holistic at a systemic level. It is not yet clear what the best way to do this would be and current research does not provide clear direction.

While the majority of articles reviewed for this study do 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 a nuanced social, political, economic, spiritual, cultural and psychological context, the evidence base for the outcomes and impact of an integrated approach of MHPSS and PB is limited. The vast majority of articles reviewed are integrative only in a piecemeal way, appending or inserting useful elements from the other discipline at one or maybe two specific points in the project cycle, rather than throughout.

Few of the studies contain a model, which integrates both disciplines completely from the outset and in both a vertical and horizontal way, so that fundamental values, goals and objectives of MHPSS and PB are interwoven. Such a model is needed for coordination and linking different players in the field, to guide integrated implementation of interventions and to develop a body of evidence that proves enhanced impact and reduces risk factors for sustainability.

The centrality of narrative was found to be common to MHPSS and PB approaches; many authors referenced 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 was a further cross cutting theme identified as fundamental to longterm peace and reconciliation. It was remarkable that only IAHV paid attention to nonverbal interventions, such as nonverbal stress management exercises, although increased attention to the positive effects of the concept of mindfulness was visible in the literature reviewed.

Another important finding of this study that is relevant for workers in the field of PB, 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, advanced by the peacebuilding field which, in turn, emphasises the many synergies that support 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: p.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 neighbour is sick all the time, people can say their neighbour 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 within a new framework and model.

Limitations: missing topics in the reviewed literature

A few topics were identified by the authors as missing from the literature reviewed for this article. These topics were identified, in part, as a result of anecdotal evidence emerging from contemporary discussions the authors have been part of throughout this project and as a result of feedback gathered during an experts meeting held in Cape Town in May 2017, where the preliminary findings of this study were presented for verification and feedback. These topics are briefly discussed below.

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 paying attention to this. It might be a result of the search terms used in this literature review. Richters (2015) and Creary and Byrne (2014) found that the transmission of trauma and its impact on the role of identity 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. Therefore, they 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 across generations, internalising these, often, negative narrative 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, & Brenick (2009) did 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 due to the negative intrinsic consequences affecting another person (ibid, p.182). The pervasive violence in Colombia has negatively affected children's moral development. Extremely stressful conditions influence how children there evaluate moral transgressions and how they view provocation and retaliation. The other novel and more encouraging findings were that almost all children, whether displaced or not 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 thoughts, our behaviour is largely driven by emotions (Burrell & Barsalou, 2015; Fitzduff, 2016). Unconscious processes are the engines for emotions, especially fear, and are largely regulated by the amygdala, a part in our brain that also deals with emotions and memories. Pitman, Shin, & Rauch (2001) show changes in the amygdala (part of the brain) 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 coping with past exposure to political violence and 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) discovered significant brainwave abnormalities in 72% of patients (in western countries) with a history of early trauma. At the endocrinological level, it has been noticed that trauma and severe stress cause high levels of the hormone cortisol, that is related to PTSD, and this negatively influences other hormones such as oxytocin that 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 or groups that we consider to be *'others', 'our brain often switches off the empathic neurons and actively resists any emotional contact with the perceived group'* (ibid, p.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 peoples' brains also need to be included.

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 peoples' traumatic experiences influence and change the gene structure of their children and grandchildren, is not yet clear.[3] Walters, Mohammed, Evans-Campbell, Beltrán, Chae, & Duran (2011) state that historical trauma is embodied in the next generations. Kellerman (2011, p.7) explains that children have to carry the load of their parents, but that children also seem to have the possibility

to *'better control of [their] inner "switch board"'.* They might be able to choose to switch off the terrible history of their parents. If so, this might give a more positive view to the epigenetic burden.

Other limitations of the study

Several other limitations must also be noted. The study began as a systematic review. However, despite the broad range of search terms used, we soon noticed that some important articles had been excluded. Extending the range of terms would have generated a number of hits that would have been beyond our capacity to review. For example, with the research term *'intergenerational trauma'*, we might have found more articles if we searched for *'intergenerational transmission of trauma'*.

To remedy this, and since the objective was to generate a solid overview, we included suggestions of relevant articles passed on to us by colleagues. This review does not cover the full published body of literature. This was also due to language restrictions (only English articles were reviewed) and because books and theses were excluded due to capacity and resource constraints.

Conclusion

The hypothesis for this literature review was that a combined approach of PB and MHPSS would enhance sustainable peace. The literature illustrates 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 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 practiced in a way that is fully integrative from the outset or that is holistic at a systemic level.

Using health as the entry point for interventions holds comparative advantages; as health is not perceived as a politically sensitive discipline it can effectively be used as a first step towards addressing social and political issues in a community. At the same time authors caution against a limitation of mental health to a *'trauma paradigm'*, its problematic western assumptions and foci on pathology, symptoms and curative, therapeutic processes. Using this 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-historic 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 (both for women and men), the transmission of intergenerational trauma and considering that human security underlies all other aspects of psychosocial peace building (PSPB) processes. PSPB is the new approach to PB which integrates, from the outset, an understanding and a responsiveness to the psychosocial impact of conflict on individuals, communities and society at large.

Despite some advances in bringing the two fields closer together, the evidence base for the outcomes and impact of an integrated approach of MHPSS and PB is small, and more research needs to be done to explore new ways of bringing the two disciplines closer together. The study highlights the need for the development of a theoretical model that bridges MHPSS and PB as a foundation for future research and practice.

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(* = selected articles, ˇ = suggested articles and ° = 'grey' documents)

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[1] Personal communication with a board member of the Institute for Justice and Reconciliation.

[2] Peacebuilding first started becoming a familiar concept following United Nations Secretary General Boutros Boutros-Ghali's 1992 report Agenda for Peace (United Nations [UN], 1992) which defined PB as an *'action to identify and support structures which will strengthen and solidify peace and avoid relapse into conflict'.*

[3] See *'The Ghosts in our Genes'*, a Science Documentary hosted by Barbara Flynn and published by the BBC, broadcast as part of BBC Horizon series in 2005.

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