

Chapter 7

Community Interventions in Conflict Settings



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Oppression manipulates facts in people's minds, leading people to believe that whoever seeks truth is sinful, that whoever abandons his rights is obedient, that the one who cries out [against oppression] is mischievous, that the perceptive and intelligent are godless, and that the useless one is upright. It transforms genuine advice into intrusiveness, caring for others into enmity, magnanimity into transgression, enthusiasm/zeal into foolishness, mercy into illness, just as it considers hypocrisy to be a policy, manipulation to be civility, and pettiness/villainy to be kindness. – Abd al-Rahman al-Kawakibi, Syrian Intellectual (1855–1902), *The Nature of Despotism* (al-Kawakibi, 2013)

Psychosocial Programmes in the Context of Injustice

International consensus on priorities for addressing the psychosocial consequences of conflict and displacement has highlighted the need to attend to the provision of basic needs, community and family supports, as well as providing skilled professional support (IASC, 2007). An increased focus on community consultation in the field has aimed to promote programmes that address the identified needs of community members (Semrau et al., 2012) and attend to cultural adaptation of therapeutic

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approaches (Bolton & Tang, 2004; Murray et al., 2014). A wealth of literature has demonstrated the deleterious effect of the physical, social and emotional costs of conflict on well-being, including heightened risk of post-traumatic stress disorder (PTSD), depression and distress (Steel et al., 2009). While an array of individual therapies has demonstrated efficacy in improving symptoms, identification of individual level distress may not assist in identification of the best way for communities to recover from the psychosocial burdens and costs of conflict. Our review of psychosocial needs among Syrian refugees in Jordan (Wells, Steel, Abo-Hilal, Hassan, & Lawsin, 2016) highlighted many prominent causes of distress (lack of basic needs, rights and employment; disrupted roles; social isolation; family violence), which cannot be effectively addressed by a focus on individual symptom impairment. We would like to present a framework for practice from a Syrian psychologist (OSY) whose deep engagement with displaced Syrian communities in Jordan, Turkey and Syria has led to an important insight. Psychological symptoms are a manifestation of suffering. The root of this suffering is injustice. Psychosocial programmes must respond to this social phenomenon of injustice.

Many psychological treatment models for people who have experienced potentially traumatic events are focused on helping individuals modify emotional (Foa & Kozak, 1986) and cognitive processing (Ehlers & Clark, 2000; Resick & Schnicke, 1992) and are based on evidence of disruption to brain functioning (Shin et al., 2004). While this work has contributed to our ability to support many people with post-traumatic stress disorder, human responses to war and displacement cannot be viewed as individual patterns of thinking, feeling and behaving independent of their political and social context. Otherwise, any work carried out in the service of affected refugees and displaced people will be ineffective, and, at best, its impact will be temporary and unsustainable. Mental health symptoms, in addition to somatic signs of a psychological origin (classified in hospitals and clinics as ‘medically unexplained symptoms’), are the form in which human suffering—the root of the problem—manifests. The root of suffering among people displaced by conflict is indeed the oppression of human beings and of communities which demand freedom and dignity. This is exacerbated by a lack of social justice where justice may be a key component of well-being (Barber et al., 2014). Metaphorically speaking, in the events of conflict and war, when programmes and psychosocial interventions are adopted that neglect the root of suffering, it is like a patch on a worn-out gown. It is a cosmetic solution to a deep-seated problem.

In light of a renewed focus on ecological approaches to global mental health (Hoshmand, 2007; Kohrt et al., 2010; Miller & Rasmussen, 2017; Silove, 2013; Tol, Jordans, Reis, & de Jong, 2008; Wells et al., 2018), we would like to highlight the importance of attending to sociocultural and political contexts in the provision of clinical care, and the designing of appropriate systems to administer care. We argue that interventions which attend only to individual symptoms risk providing treatment approaches without considering the root of the problem. The injustice occurring to members of societies in conflict through their ongoing displacement, discrimination, lack of access to justice mechanisms, the unfolding of violence, war in their country of origin and oppression is the root of suffering, causing mental

health symptoms. That is, these symptoms, and the complaints expressed by these individuals, are manifestations of their deeper pain.

The Crisis in Syria

To understand the current situation in Syria, we must consider the history of the past 100 years. After the fall of the Ottoman Empire, Syria passed to French occupation (1920–1946), followed by a period of intense coups until the rule of Hafez Al-Assad (1970), and then his son Bashar Al-Assad (2000). The tyranny practised by Assad led to an authoritarian structure of society, which supported his ongoing influence through the media, education system and economic policy, and penetrated through various sectors of society (social strata, work environments, religion, family) (Van Dam, 2011). In 2011, people in Syria protested corruption and injustice as part of the broader Arab Spring movement in the Middle East and North Africa. In Dara'a, a group of children were tortured and murdered by the government for painting slogans on a wall (Yazbek, 2012). Many protested the murder of these children and the government's violent response against these protests escalated tensions to armed conflict (Yassin-Kassab & Al-Shami, 2016). Decades of systematic and cumulative propaganda engineered to erode civic life (Wedeen, 2015), combined with international military intervention, led to full-scale war. The people of Syria called out for global justice, but the world refused to hear. The role of international groups so far has been akin to letting a fire burn until it has run its course, only to then add fuel to sustain it rather than douse it with water. It is estimated that over 500,000 people have lost their lives (SOHR, 2018), over 5 million refugees have left the country and 6 million people have been internally displaced (UNHCR, 2018). Atrocities such as the use of chemical weapons (Organisation for the Prohibition of Chemical Weapons (OPCW), 2018), barrel bombs (Heisler, Baker, & McKay, 2015) and deliberate targeting of health facilities (Elamein et al., 2017) and the widespread use of torture and extrajudicial killings continue unabated and have expanded to state and non-state actors within the conflict.

Our Aims in Writing This Chapter

We are psychosocial activists who believe we must work to ensure that the psychosocial impacts of these injustices are not obscured by the psychologised discourses of the Global North. Rather we must continue to engage with the complexities that arise from human conflict and human rights abuses.

The central argument of this chapter arises from the praxis of the first author, Omar Said Yousef, who graduated from the Department of Psychological Counseling Faculty of Education, Damascus University, Syria. He has worked in the mental health field throughout this crisis to promote well-being and help those affected

(individuals and groups) to use their strengths and resilience towards recovery. He is a community leader who has trained countless fellow Syrians to use psychosocial skills to support their own communities. His reasons for writing are as follows:

Human behavior is centered on looking for safety in the society in which we live. This feeling gives us comfort, the ability to think calmly and effectively, to interact with others with confidence and find the reassurance which strengthens our sense of belonging. Safety is the feeling that results from situations founded on human rights in a loving, supportive, and compassionate environment. The society that is ruled by a dictatorial regime suppresses liberties and destroys any action which does not favor the regime. People in such a society are afraid, most of the time, to exercise their freedom. The practice of political violence is reflected in all fields of life. When dictators rule, justice does not exist due to the absence of an independent judiciary. All State institutions must be under the control of dictatorship, which makes aggression the dominant expression among members of society. Those who do not exercise aggression will not succeed. This situation contributes to making anger and hatred prominent feelings. Behind these cruel feelings, the feeling of love is absent, as well as forgiveness. You can imagine how society and its members will be in this situation.

This is the society in which I live.

The remaining authors have contributed their expertise to support and amplify Omar's voice. AA is a Syrian intellectual and activist living in Turkey. ZS is an Australian psychologist and researcher who specialises in the impacts of trauma, global mental health and cultural psychiatry. SS is an Australian gender and cultural studies researcher who specialises in the discursive force of military service and its entanglement with democratic institutions to produce and reproduce nationhood. RW is an Australian psychologist who seeks to work together with members of the Syrian refugee community to understand how psychological therapies can be adapted to be useful to Syrians who are living in displacement. This chapter also draws on data collected by RW in interviews with Syrian and Jordanian psychologists working with Syrian refugees in Jordan between 2013 and 2016. Twenty-eight key informants were interviewed regarding how members of the Syrian refugee community understood and explained mental health concerns and how they accessed services. The study was approved by the Sydney University Human Research Ethics Committee (Project No. HREC 2013/803 & HREC 2015/148). Thematic analysis with key techniques from grounded theory (Charmaz, 2014; Strauss & Corbin, 1998) was conducted. (See Wells et al., 2018 for detailed description of the methods and their limitations).

Getting to the Root of the Problem

For people exposed to conflict and displacement, the root of suffering is injustice: to lose loved ones; to lose the support structures of home, work, education and family; to lose the ability to make life plans and follow through with them; to lose access to rights and resources; to lose your social status; and to be moved around by violence and conflict. These are all injustices contributing to suffering. Some will be more resilient to these challenges and some will already carry mental health concerns that

these injustices compound. If we seek to intervene to alleviate suffering without a sufficient understanding of the full range of causal factors, we will fail in our efforts to assist individuals and communities to recover from the effects of war and displacement. We must look at how these factors interact. Syrian psychologists we interviewed in Jordan described the impact of the crisis as a spring of suffering, pouring forth pressures, which render their efforts to reduce client distress ineffective.

Actually this has a similarity, it's like when you go to the spring of the water, so this is the main source of the water... If you solve the problem in the filter it's not for the whole problem, it's a part of the problem. But if you go to the spring itself, the source, so this is like mental health. – Male Syrian Psychologist

As a result of this, some Syrian psychosocial activists we interviewed had to give up their work due to burnout:

Because at the beginning, we stand until it's finished. We all said, maybe one month, maybe two months, maybe 1 year, maybe more... And sometimes when a patient comes to us, we start to work with him... after 4 or 5 sessions, he will be better and go back to his life. Then he comes to us in relapse because his home is bombed in Syria or his sister killed or his neighbour. Because the crisis is continuous, it doesn't stop. For this reason, you can't make a good job in treatment if the crisis is continuous. For this reason, I work for 6 months in the clinic and then I stopped because I will burn out. – Female Syrian Psychologist

This leads us to ask, what is the purpose of psychosocial intervention in the context of human rights violations? Imagine there is a group of people standing on a mountain who are pushing others off a cliff. There would be little use in rushing to help people when they have already fallen to the ground; we would need to prevent people from being pushed from the top. We do not know exactly how psychosocial intervention in human rights violations can help us to respond to this problem, but it makes sense that understanding, acknowledging and responding to the social processes involved in this injustice is a necessary component of any answer.

Food for the Soul

The current crisis in Syria emerges from decades of authoritarian government. The inability of the individual or the community to secure existential protections and basic needs deepens suffering. This inability is not merely about survival, it is the striving of the individual and community to achieve dignity, goals, personal role and the meaning of presence in life. Hunger is more than a lack of food in the body:

I don't need bread, I need food for my soul. – Male Syrian Psychologist

Derrick Silove developed the ADAPT mode (Silove, 2013) to provide a framework for psychosocial intervention in post-conflict settings, which can be more responsive to this need. He proposed five adaptive systems, of which one is the safety system, which may be directly undermined by conflict and displacement and encapsulates a range of the concepts considered in a threat-based model of PTSD. In

addition, he makes the case that there are additional adaptive systems that are affected by displacement. These include the following:

- Personal bonds and affiliations, which may be lost through separation, death or destruction of human trust, resulting from interpersonal violence and abuse
- Justice which is impacted by experience of human rights violations, transgression of moral systems and betrayal
- Roles and identities which may be challenged by loss of access to work or one's place in the family or social system
- Existential meaning which may be shattered or shaken by the above experiences and valued religious or philosophical understandings may be questioned

This focus on a range of adaptive systems may help to broaden the focus of individual therapy formulations to include socio-political factors that impact on how suffering is experienced. For example, anger may be a justified emotional response to the ongoing human rights abuses and disregard for human dignity associated with the conflict in Syria, a matter identified in other post-traumatic settings (Gray, Nash, & Litz, 2017). A focus on the intra-psychic experience of anger may not identify the causal mechanisms related to the manifestations of uncontrollable anger, limiting the efficacy of therapeutic work and invalidating the true origins of debilitating anger. An individual therapy approach, which employs theories of anger attacks as failed emotion regulation (Gardner & Moore, 2008) or as simply a result of stable individual traits (Fulwiler, King, & Zhang, 2012) without considering the social conditions which lead to anger, fails to acknowledge the impact of injustice. An alternative response may be to direct this energy into symbolic or material ways to seek justice. For example, testimony therapy (Cienfuegos & Monelli, 1983) emerged from social justice movements in response to rights violations by dictatorial regimes in Latin America in the 1970–1980s. Individuals provided detailed accounts of their experience of rights violations, such as torture. Their de-identified stories were used as evidence to demonstrate human rights violations to the international community. The detailed recounting of traumatic events and their connection to socio-political issues is now an important component of narrative exposure therapy (Neuner et al., 2008; Onyut et al., 2005). Drawing attention to these ecological factors need not detract from employing established therapeutic techniques, such as cognitive behavioural therapy (CBT), where they are appropriate. Rather, foregrounding these issues may help to ensure that individual therapy techniques are not employed in ways that could pathologise or injure people by failing to consider their social context.

Human Rights Violations Are Different to Disasters

Thinking about injuries resulting from conflict between humans is very different from the injuries resulting from natural disasters. In situations of conflict, deliberate human rights violations can have mental health consequences, which reach beyond

those captured in the category of PTSD. Deliberate harm, as in the case of torture, is specifically designed to demoralise, fragment and destroy interpersonal connections, at the level of the individual and society. It is a highly effective form of social control, as the enduring harm it causes serves as a warning to others (Gorman, 2001). Traumatic reactions are the result of a complicated array of interpretations of the meaning of a potentially traumatic event and the individual's role in it (Ajdukovic et al., 2013). These interpretations are shaped by culture and individual coping patterns as people find a way to cope with what has happened (Gorman, 2001). In addition, the nature of interpersonal violence in conflict can lead to a sense of injustice, leading to anger (Brooks, Silove, Steel, Steel, & Rees, 2011; Quosh, Eloul, & Ajlani, 2013), and moral injury (Litz et al., 2009; Shay, 2012) leading to guilt and shame. In order to survive in violent contexts, people may be forced to act in ways which contradict their values. What is understandable behaviour in such a context may be difficult to integrate into a coherent identity as life goes on.

Hilbrink, Berle and Steel (2016) have sought to broaden clinical conceptions of PTSD to take into account alternative pathways to PTSD symptomatology other than through threat responses. They argue that experiences of horror, shock, injustice, guilt and shame can give rise to shock, disgust, disempowerment and anger. In such cases, it is one's moral system which is mortally threatened. This can seriously undermine the ability to function in the future. Moral injury may occur from moral pollution (e.g. witnessing horrific scenes), moral betrayal (when trusted social systems fail to protect) and moral compromise (when extreme situations force one to act in ways that contravene one's own moral code). The Syrian conflict is unparalleled in recent times in the scale and brutality of war crimes and thus the potential for moral injury. Long-term sieges of areas, such as Eastern Ghouta, have seen ongoing bombardment of civilians. One day, in February 2018, saw over 200 bombardments and 110 mostly civilian casualties, along with denied access to food, healthcare and humanitarian supplies (Jabbour et al., 2018). The deliberate bombardment of health facilities in Northern Syria (Elamein et al., 2017) and the arrest, torture and murder of medical staff (Heisler et al., 2015) are other stark examples of atrocities, which can seriously challenge one's existential view of the world. It is impossible to know what one may do to survive in such a situation.

The Arabic word *fitra* alludes to a natural human instinct, which includes a sense of equity, dignity, freedom and curiosity. These qualities resist oppression yet they are undermined by the rigid structures of the regime, which reach all levels of society. As the Internet increased the unrestricted flow of information into Syria, people began to question more openly the unspoken rules of despotism, helping *fitra* to flourish, especially for younger people. As people broke unspoken rules imposed by the regime, they experienced harsh and unexpected blowback from the government and other (sometimes trusted) authority figures. This created an environment for moral injury, as people began to wonder whether the system in which they live has the potential to create justice. That is, injustice does not only exist in the official structures of the regime, rather they are encoded in social systems and re-enacted every day.

This is what distinguishes repressive governments in dealing with citizens: freedom of opinion and expression is forbidden, freedom of thought is punished. Such a climate produces an invalidating environment, leading to shame because of victimisation (Brooker, Albert, Young, & Steel, 2017). Human relationships are damaged. How will a society develop when feelings of grief, oppression, hatred and revenge prevail over the souls that form that society? Dictatorial regimes create these conditions through violence and the threat of violence, preventing people from claiming their rights, expressing their opinion or defending the vulnerable.

No dictatorship can sustain itself without instilling terror among citizens, without spreading informants among those who campaign for a system of government based on freedom, dignity and human rights. One of the tactics of the Assad regime has been to infiltrate activist networks by taking advantage of the intimacy and trust necessary to work together, building romantic relationships based on false pretences to extract information and then publicly expose these relationships as 'illicit'. It is cruel, merciless and immoral to destroy the heart of the people by exploiting their needs for intimacy, forcing them to live in fear of love and romantic relationships. Even the most private corners have become part of the political battleground.

The Political Situation Carries Personal Meaning

Whether or not people support the uprising, the collective decision to gather and oppose decades of systematic silencing of meaningful civil discourse (Cooke, 2007) has impacted the cultural, social, familial and individual lives of every Syrian. The very structure of the Syrian autocratic regime is one which is designed to generate sectarian division and prevent collective action (Van Dam, 2011). This carries forward the deliberately sectarian policies of the French colonisers, following the fall of the Ottoman Empire (Provence, 2005; Van Dam, 2011). In an ancient civilisation, one of the leading centres of Arab thought and culture (Shannon, 2006), the long arm of the Syrian regime reaches into the homes and personal lives of Syrians, shaping discourse and influencing what can and cannot be said among trusted loved ones (Wedeen, 2015). The impacts of colonisation are still felt through their enactment in institutions and everyday discourse (Said, 1978). The work of Black feminists in the United States offers us an articulation of the kind of systems of oppression that Syrians face as 'manifold', 'interlocking' and 'simultaneous', and a deepened understanding of the political as lived experience (Combahee River Collective, 1983) where everyday actions can carry huge weight.

Consider life under ongoing threat of arrest and torture, for yourself and your loved ones. Consider the reality that no matter the level of love and trust, no one can be expected to withhold information under torture. Consider what inner thoughts and desires you would consider sharing with those you wish to protect, and the traditional saying, *Even if you have blood in your mouth, swallow it*, begins to make sense. As Jesuit priest from El Salvador Martin-Baro identified, it is under such

conditions of totalitarianism that social capital and trust between citizens and groups within a civic space are eroded and destroyed (Martín-Baró, 1994). His ideas echo those of Al-Kawakibi, Syrian dissident and intellectual under the Ottoman Empire, who argued that despotism transforms society so that mercy towards others is seen as an illness. Both colonisation and totalitarianism operate in the social, political and cultural spheres to shape us at an individual level, such that our thoughts, emotions and actions are occupied with the concerns of those who stand to benefit from such oppressive systems (Lorde, 2007: 113), to the deleterious effect on our family and peer relationships, and any groups and coalitions we might try to form in response. Arthur Kleinman argued that embodied suffering is constructed through both transpersonal (social) and subjective experience. A biomedical focus on subjective meaning-making out of unmentionable horrors belies the social and embodied nature of those horrors—and the fact that certain kinds of bodies are designated to endure them (Kleinman, 1997). Any attempt to address social suffering flowing from such a situation must seek to understand what it means to Syrians that people stood up and protested. It is thus imperative that psychosocial programmes recognise and address the socio-political context, to ensure that they address the lived experience of Syrian community members and that international service providers can guard against the recapitulation of colonial power dynamics by unquestioningly importing foreign therapeutic models.

Psychologists we interviewed in Jordan working with Syrian refugees spoke about the significance of political protest in questioning oppression and the impact this has had on established social systems. Elsewhere, we have described an ecological model of adaptation to displacement among displaced populations (Wells et al., 2018). Taking Syrian refugees in Jordan as a specific case, we discuss how an ecological approach involves examining how individual and collective behaviours perform adaptive functions within the new displacement environment. We use this framework to examine how a change in environment has modified the adaptive function of social practices at the levels of the individual, family/peers, social and cultural layers. We explore how the Syrian concept of *karama* (dignity) is moderated by gender and other identity markers. Importantly, psychologists described how the uprising provided an example of questioning authority and how this process may be echoed within families as women take up opportunities to challenge gender roles.

She now is strong, OK? I like that. The woman can talk. Can put her things in the right way. No one can now impact on women's thinking. For example, a lady told me, 'I want individual counselling sessions'. I said 'Please, I want permission from your husband because you are a lady and I am a young man, ok, we are in a society where we are not allowed to be in the same room'. She laughed. 'You speak about that?' [laughs]. She raised her mobile, called her husband and put the speaker on. 'Hi, Hi, me and Mr [name] are doing individual counselling. Don't ask me why, don't ask me. After one hour I will come, thank you.' I asked her. 'Before the crisis, you could speak like this?' She said 'No! Why now? Because me and my husband and all Syrian refugees, we have the same problems. We are equal now. He's out of work, but I work hand crafts. OK? I take care of our sons. He can't take care of our sons because he's male. So, I am better than him'.

– Male Syrian Psychologist

So now [men] think that 'My dignity becomes better because now I'm able to talk about whatever I want, to do whatever I want. But also, I lost dignity because now my role becomes less'...It's really funny that when someone applies some rigid rules, like the political issues for the system in Syria, they don't allow men to do specific things. The men also do not allow their wives to do specific things. Also, women themselves will not allow each other to talk freely about things themselves. So, this is displacement of the authority... So if you want to see what is changed, now they have the ability to say no to authority... Women and children, they have the ability to do what was taboo.

– Female Jordanian Psychologist

Another way to think about this 'displacement of the authority' is to draw on ongoing feminist concerns over whose accounts and what knowledge count as legitimate or authoritative according to various and often overlapping identity markers and histories (Haraway, 1988; Harding, 2004; Moreton-Robinson, 2013). Feminist concerns over what knowledge *counts*, combined with feminist work that deepens our understanding of how the political is entangled with lived experience, provide us with more tools than is currently available in the field of clinical psychology to think through and conceptualise the socio-political context of Syrian community members. Feminist standpoint theory, for instance, emphasises the authority and legitimacy of everyday knowledge practices, allowing us to see the partiality of practices that assume universality and as a result dismiss socio-political context or relegate it to the margins (Moreton-Robinson, 2013: 332). The linkages between these disciplines can help us to centre the accounts and cultural concepts (such as *karama*) of the marginalised.

An Ecological Approach to Mental Health Programmes in Conflict Settings

An ecological perspective recognises the interdependence of individual and environmental factors (Kelly, 1966) by defining mental health concerns as a product of 'a lack of fit' between an individual's adaptive resources and the environment they are in (Miller & Rasco, 2004). Adaptation is a dynamic, reciprocal process, which changes over time. This includes responses to environmental challenges before, during and after displacement (Drozdek, 2015; Ryan, Dooley, & Benson, 2008). This approach can help to focus clinicians on the importance of understanding explanatory models of distress and how these relate to the circumstances of displacement. An ecological approach can give us pause when approaching therapy with people who have lived through human rights violations. Though there is a long tradition of cultural psychiatry that calls on therapists to discover and respond to the possible cultural meanings of behaviours (Hinton, Rivera, Hofmann, Barlow, & Otto, 2012; Kirmayer, 2006; Kleinman, 2008), an ecological approach explicitly asks us to take this a step further and look at the relationship between the individual and the world around them, bringing power relations into focus.

Humans are social beings whose basic needs are met within the framework created by the reciprocal relations in society and the availability of resources. Therefore, their psychological needs are met within the context of meaningful relations. The fact that the suffering of refugees and displaced people has complex psychosocial roots is not an excuse for the absence of holistic methodological approaches. This makes it necessary to establish community service centres based on this holistic concept to provide a service to support displaced people in building or restoring their ability to preserve their dignity and the dignity of their loved ones until the environment in which they belong is established on a system of justice. Attention should be paid here to advocacy campaigns that help people claim their rights and express their suffering. Psychosocial support interventions and psychological programmes should aim to help the suffering people to build resilience in their new environment. This will involve focusing on the kinds of relationships they can build, as well as helping them to build skills to live with a dangerous reality towards taking up new opportunities and living with *karama* (dignity). While psychologists can focus on helping people to deal with internal pain (including specialised services for trauma sequelae), there should be a focus on empathy and compassion and seeking culturally congruent ways to mourn loss. In order to achieve sustainable, effective programmes, there is a need to avoid the language of ‘big numbers’ of beneficiaries and, instead, adopt quality standards and ensure that local workers are provided with appropriate training and supervision. This means staying away from fast food, fly-in-fly-out training and adopting continuous training to enhance staff skills and support professional development according to arising needs. This can also help to promote staff care for staff who often live with the same realities as the people they seek to help.

Conclusion

In conflict and post-conflict settings, injustice lies at the centre of suffering, especially following decades of authoritarian government. In such contexts, the sources of social suffering are manifold and ongoing. Human rights violations are different than disasters because of the way that deliberate violence can challenge people’s moral systems. In response, we must work to support dignity and resilience. This means focusing on relationships, identity, moral understandings and meaning, as well as symptoms. As psychologists and allies, we cannot provide a lasting solution to injustice. While we recognise both the potential futility of rushing to help people once they have already fallen from the mountain, we are not sure how to rush to the top and prevent them from falling. However, as clinicians, researchers, thinkers and members of our own communities, we can ensure that injustice is not compounded by ignoring, silencing or explaining away its existence. We can recognise human dignity by acknowledging where injustice has occurred and supporting communities to find adaptive ways to respond. We can also do this by examining how our own practices may contribute to the social processes which support injustice.

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