

REVIEW

Reconstructing theory in mental health and psychosocial support and peacebuilding: Towards an integrated model for psychosocial peacebuilding

Eric Frasco  | Lorraine Sherr  | Rochelle A. Burgess 

Institute for Global Health (IGH), University College London (UCL), London, UK

Correspondence

Eric Frasco, Institute for Global Health (IGH),
University College London (UCL), London, UK.
Email: ucfuesf@ucl.ac.uk

Abstract

Despite wide agreement among practitioners on the need for integration, mental health and peacebuilding practice remain siloed in conflict-affected contexts. Yet before the integration of these two fields should occur, a reevaluation of existing practice is needed. Within the field of mental health and psychosocial support (MHPSS), critics have long questioned dominant assumptions and treatment models, raising concerns about top-down implementation, Western-centric approaches, and a lack of community leadership. These criticisms are largely echoed within peacebuilding literature. Furthermore, both fields underappreciate the overlap between their practices. For example, the relationship between the structural drivers of poor mental health or the social-psychological drivers underpinning peacebuilding. Accordingly, this article seeks to contribute to the development of a novel, integrated approach to MHPSS and peacebuilding—or ‘psychosocial peacebuilding’. In doing so, we address dominant critiques of both fields, before discussing the relevance of critical (community) psychology as an ideal means in which to bridge a theoretical and practical gap between fields. Using quality peace as a guiding

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normative theory, we will also reinforce the argument that working to address mental health concerns is *essential* to creating peace in post-conflict contexts. It concludes by exploring potential avenues for further research. Please refer to the Supplementary Material section to find this article's [Community and Social Impact Statement](#).

KEYWORDS

conflict-affected, critical community psychology, global mental health, liberation psychology, mental health and psychosocial support, MHPSS, participatory action research, peacebuilding, psychosocial peacebuilding

1 | INTRODUCTION: THE NEED FOR PSYCHOSOCIAL PEACEBUILDING

In conflict-affected contexts, mental health needs remain high. Among the over 60 million people impacted by conflict, there is a 22.1% prevalence rate of mental health issues (Charlson et al., 2019). To address this need, the intervention paradigm of mental health and psychosocial support (MHPSS) was developed under the global humanitarian infrastructure. Constituting a diverse set of interventions, MHPSS is defined as local or international support that promotes psychosocial well-being and aids in the prevention and treatment of mental disorders (IASC, 2007). While clinical services remain essential for severe or specific needs, the Inter-Agency Standing Committee (IASC) guidelines for MHPSS predominately promote basic service provision and non-specialised community-based support (Haroz et al., 2020). This is organised within a scaled 'intervention pyramid', with approaches as diverse as structured user-guided Self-Help Plus (Acarturk et al., 2022), music therapy (Cikuru et al., 2021), and Community-based Sociotherapy (Dekker, 2018).

In this context, the psychosocial is conceptualised as one's psychological development nested within, and in interaction with, the social environment (Glass, 2000). Therefore, MHPSS efforts are grounded in the assumption that individual and collective well-being are not only codependent, but dependent on the state of the social environment. For example, environmental factors negatively impacting mental health range from poverty, food insecurity, to the erosion of inter- and intra-group relationships (Miller & Rasmussen, 2010; Pedersen, 2002). However, in conflict-affected contexts, structural and social issues most often fall under the remit of peacebuilding, thus receiving less attention from mental health actors. Conversely, peacebuilding practice often ignores violence's influence on mental health, as well as poor mental health's negative impact on peaceful inter- and intra-group relations and behaviour (Miller & Rasmussen, 2010; Pedersen, Kienzler, & Guzder, 2015).

Yet as stated by the War Trauma Foundation and Institute for Justice and Reconciliation (2017, p. 32), 'the recognition that MHPSS and PB [peacebuilding] should be integrated with one another in order for both disciplines to jointly achieve sustainable social transformation goals in post-conflict societies is relatively new[...]this is not yet practiced in a way that is fully integrative from the outset and that is holistic at a systemic level'. Therefore, this seemingly intrinsic link between MHPSS and wider peacebuilding practice remains unexplored, despite a study of 62 international non-governmental organisations finding that 92% of practitioners believe interventions should be integrated (Bubenzer, Van der Walt, & Tankink, 2017).

As a result, MHPSS and peacebuilding practice often remain siloed. However, with integration into wider peacebuilding practice, MHPSS may capitalise on opportunities to better address the structural determinants of mental health issues, alongside addressing the individual psychological impact of conflict (Bubenzer & Tankink, 2015). This is particularly relevant for quality peace, a theory which will remain central to this article. Quality

peace is defined by Wallensteen (2015) as a relational culture marked by a social condition of mutual respect. It goes beyond the concept of negative peace, which is the absence of physical violence. It also goes beyond Galtung's (1969) conception of positive peace, defined as the absence of structural violence and presence of social justice. While a utopian ideal, the goal of quality peace reorientates peacebuilding practice towards a psychosocial, relational, and dialogical perspective.

Yet before the integration of these two fields should occur, a reevaluation of practice must be taken. Within the field of MHPSS, critics have long questioned the impacts of dominant assumptions and treatment models of interventions, including top-down implementation and Western-centric, biomedical approaches (Bracken & Petty, 1998; Summerfield, 1999, 2001). This is compounded by a general lack of consensus on MHPSS best practices (Bangpan, Dickson, Felix, & Chiumento, 2017), including the means in which to promote longer-term social change (Ager, 2021). For example, even evidence-based interventions such as Self-Help Plus (Tol et al., 2020) have been questioned for their lack of cross-cultural applicability, top-down implementation, and perceived propensity to desocialise mental distress (Torre, 2020). This is compounded by similar critiques of peacebuilding, including calls for an increased focus on the social and structural determinants of violent conflict, as well more local ownership (Mac Ginty, 2008).

As a result, interventions are becoming more expansive. For example, a growing number of interventions draw on participatory or arts-based approaches (Ley & Barrio, 2011; Lykes & Crosby, 2014). Interventions and guidelines have also begun to link MHPSS and peacebuilding, often combining community-based mental health programmes with community dialogue or livelihood development (Hertog, 2017; Lambourne & Gitau, 2013; Paphitis et al., 2023). This is reflected in the humanitarian architecture, such as through IOM's (2022) 'Manual on community-based MHPSS', which integrates peacebuilding into their community-based psychosocial programming, including the use of arts-based interventions (Schininà, 2020). UNDP (2022) has also issued guidelines attempting to link these spheres, particularly at the organisational level. However, while current work is necessary, it is not yet sufficient. To the knowledge of the authors, there are no interventions currently taking a participatory, bottom-up approach to psychosocial peacebuilding, nor has a fully integrated theory been developed to guide a holistic practice.

Accordingly, this article contributes to these efforts by exploring ways in which a novel, integrated approach can mitigate existing conceptual and practical issues in both MHPSS and peacebuilding. In doing so, it will explore three core critiques within MHPSS: (i) continued contestation of the cross-cultural validity of interventions, (ii) desocialisation and medicalisation of structural violence, (iii) and top-down implementation of interventions. Similarly, it will explore the following issues in peacebuilding: (i) top-down approaches and lack of attention to structural issues, (ii) lack of community involvement or ownership in peace processes, and (iii) lack of attention to social and cultural variables. In addressing these issues, the authors also argue for an approach utilising critical psychology and Participatory Action Research (PAR) as an ideal means to respond to critiques facing both fields, as well as bridge a theoretical gap between MHPSS and peacebuilding. Using quality peace as a guiding normative theory, we will also argue that working with issues of mental health is *essential* to creating peace in conflict-affected contexts. It concludes by exploring potential means in which to apply this new approach in practice, as well as avenues for further research.

2 | UNPACKING CRITIQUES FACING CURRENT MHPSS PRACTICE

2.1 | Contested cross-cultural validity

The cross-cultural validity of interventions remains contested within MHPSS, particularly in relation to the biomedical understandings that underlie many interventions, such as psychiatric classifications of common mental disorders (WHO, 2017). The psychiatric model follows a Western understanding of the psy-disciplines as clinical biomedicine, rooted in traditions of positivism, whereby truth is an objective reality that can be discovered through logical and

empirical methods (Braude, 2013). Accordingly, it may pathologise the emotional, spiritual, or otherwise irrational (Bracken, Giller, & Summerfield, 1995, p. 1074). Classifications are assumed to be universal, despite acknowledgement that existing diagnostic criteria have evolved alongside socio-cultural norms, even within Western contexts (Young, 1995). For example, the DSM-III (APA, 1980) included homosexuality as a mental disorder, a notion that would now be rejected as prejudice in Western cultures. While the psychiatric community has long moved on from this perspective, it highlights the fluid nature of diagnostic categories in light of social change. Therefore, to assume another culture would carry the same understanding is both ahistorical and Western-centric (Valsiner, 2014).

For example, when the criteria for post-traumatic stress disorder (PTSD) is applied in other contexts, it fails to capture cultural idioms of illness, understanding, or context, particularly in situations of ongoing distress or violence (Patel & Hall, 2021). This is related to what Kleinman (1977) terms a category fallacy, where local categories are deemed culture-bound syndromes, while Western classifications are often superimposed as if free of culture. Similarly, biomedical interventions often assume that suffering and recovery are within the individual, ignoring that healing processes can occur at the social level or that recovery is also culturally mediated (Haroz et al., 2017; Ventevogel, Jordans, Reis, & de Jong, 2013). However, while the experience of mental distress is culturally mediated, the impact of painful and overwhelming events still results in intense suffering. Traumatization or the development of mental disorders may present in other cultures (or may not at all), but not necessarily in the clinical understanding (Patel & Hall, 2021). Therefore, ongoing efforts to culturally adapt interventions have fallen short (Kidron & Kirmayer, 2018, p. 232).

Granted, within the more clinical understanding, there is a burgeoning evidence base for short-term, structured non-pharmacological interventions (Bangpan et al., 2024; Purgato et al., 2018). For example, structured school-based support that incorporates play-based or creative methods with cognitive behavioural approaches (Ager et al., 2011; Eiling, Van Diggele-Holtland, Van Yperen, & Boer, 2014; El-Khodary & Samara, 2020; Tol et al., 2012). However, as shown in a systematic review by Pedersen et al. (2015), while most interventions look towards the psychosocial, they typically remain based on Western therapeutic approaches. Often, practitioners aim to develop local measurement tools or conduct qualitative research on intervention acceptability (Ager et al., 2011; Gupta & Zimmer, 2008). However, the adaptations rarely engage with the underlying constructs of an intervention; they do not shift foundational assumptions, but rather shift the approach in which pre-developed interventions are delivered to better suite the context (Ventevogel & Whitney, 2022). Therefore, while current efforts to reorient practice are necessary, they remain insufficient.

2.2 | The desocialisation and medicalisation of distress

Furthermore, there is insufficient attention given to socio-structural and socio-political variables. For example, Galtung's (1969) work on *structural violence*: an indirect form of violence towards a group of people in the social order which manifests materially through poverty, unemployment, or conflict itself; variables often ignored for their contributions to mental health outcomes in violent contexts (Burgess & Fonseca, 2020). While many MHPSS actors go to great lengths to consider these structural issues, it is not enough to recognise structural determinants and work within them; we must also act to address their origins and promote mental health-enabling environments (Pathare, Burgess, & Collins, 2021).

This is not to say practitioners should not take individual impact into account. The experience of conflict is personal and influences the onset of psychological issues (Hamber et al., 2015; Tankink, Slied, & Bubenzer, 2021). Even so, individual impact influences broader social processes (Dobrić, Purić, & Vukčević, 2014; International Medical Corps (IMC), 2015). For example, by increasing the prevalence of negative intergroup emotions like fear, anger, or distrust, which facilitate the erosion of sociability and interpersonal relationships (Blanco, Blanco, & Diaz, 2016). This would ultimately manifest in creating room for practice and interventions that respond to both the individual

experience of suffering, alongside providing pathways that address the structural and political networks that drive this suffering (Burgess, 2023).

Furthermore, it is essential to problematise a focus on diagnosis and it is potential to medicalise structural violence. Or rather, how we may psychologise it; moving the effects of structural violence into the mind of the individual to be treated (Mills, 2015; Pupavac, 2002, 2004). For example, in relation to trauma, some studies go so far as to claim entire countries are traumatised (Derluyn, Broekaert, Schuyten, & De Temmerman, 2004; Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004), which risks turning the experience of survivors into a trauma portfolio that pathologises adverse experience, potentially strips survivors of agency, or subjects them to further stigmatisation (Fassin, 2008; GIZ, 2018; James, 2010). While most people in conflict-affected areas may experience traumatic events, not everyone is traumatised, particularly if they obtain a healthy way of coping (Almedom & Glandon, 2007; Sheikh, 2008; Tedeschi & Calhoun, 2004; Zraly & Nyiranzinyoye, 2010). In any respect, practitioners must be acutely aware of risk for further harm.

2.3 | The top-down implementation of MHPSS interventions

Despite MHPSS guidelines' focus on community-based interventions, there remains a lack of *community-led* interventions. Pedersen et al.'s (2015, p. 14) systematic review of interventions included only six which were 'developed from the ground up by local experts or the involvement of religious leaders, traditional healers, and the wider community'. The rest were said to be adapted to local contexts but provided no further information—they remained external interventions, with varying degrees of participation and few signs of community leadership. It appears that where community engagement is applied, *community-based* is in relation to intervention setting or principally includes the training of lay health workers or volunteers to carry out mental health support (Kakuma et al., 2011; Patel et al., 2011). Often, this constitutes subsuming the community into an externally defined approach (Campbell & Burgess, 2012). As Wessells (2023, p. 72) highlights, power sharing with local people, co-learning, and critical reflection remain ongoing priorities. And while the IASC guidelines were developed with a strong focus on inclusivity, power asymmetries and an 'expert-driven approach' remain strong despite growing changes in practice (Wessells, 2023, pp. 73 and 44).

There are also issues at the level of funding (Ember, 2022). Money flows from high-income countries to low and middle-income countries (LMICs) and is often filtered through multiple international and government organisations. This not only begs the question of how donor expectations influence interventions but highlights how difficult it is for LMIC organisations to secure funding directly. The ability to gain longer-term funding is also limited by the natural disaster model of humanitarian response, which constitutes immediate and short-term action to relieve the acute impact of emergencies (Pedersen, 2002), with related interventions such as psychological first aid (Hobfoll et al., 2007; World Health Organization (WHO), War Trauma Foundation and World Vision, 2011) demonstrating mixed and inconclusive evidence supporting effectiveness (Dieltjens, Moonens, van Praet, de Buck, & Vandekerckhove, 2014; Figueroa et al., 2022; Hermosilla et al., 2023). Additionally, existing guidelines and training manuals for staff largely ignore cultural considerations or topics related to conflict settings (Ni, Lundblad, Dykeman, Bolante, & Łabuński, 2023), remaining divorced from context. As such, there is a need for MHPSS interventions that foster long-term change and grapple directly with the realities of conflict (Ager, 2021).

3 | UNPACKING COMPLEXITIES IN CURRENT PEACEBUILDING PRACTICE

The above sections highlight the many questions which remain regarding MHPSS practice. Peacebuilding practice includes similar and interrelated critiques, which must also be addressed. Namely, these are: (i) the ubiquity of top-

down approaches and unaddressed structural issues, (ii) lack of community involvement or ownership in peace processes, and (iii) lack of attention to social and cultural variables.

3.1 | Top-down peacebuilding

Post-Cold War, combined political and economic liberalism was often viewed as a magic bullet for the promotion of peace. Within the broader context of liberal triumphalism (Fukuyama, 1992), UN or Western government interventions assumed ‘all goods things go together’ (Paris, 2010, p. 341). This is often described as the *liberal peace*, which is the ‘concept, condition and practice whereby leading states, international organisations and international financial institutions promote their version of peace through statebuilding, control of international financial architecture, support for state sovereignty and the international status quo’ (Mac Ginty, 2008, p. 143). Historically, the implementation of a peace agreement has been the dominant means of conceptualising peace (Kreutz, 2010; Quinn, Mason, & Gurses, 2007; Stedman, Rothchild, & Cousens, 2002). However, peace agreements are typically tenuous and leave out key concerns at the community level (Joshi & Quinn, 2017). Additionally, more realist approaches follow a form of interventionism where the ‘spoilers’ of peace are located and eliminated (Stedman, 1997). This is conceptually antithetical to peace, as it is focused on eliminating the enemy by force. In other words, it is conflict.

The crisis of the liberal peace—the waning confidence in the ability of the approach to deliver on its promises—derives from costly and lengthy peacebuilding missions producing poor results, particularly in terms of social justice, within countries as wide ranging as Cambodia, Rwanda, Angola, South Sudan, and Tajikistan (Mac Ginty & Richmond, 2013; Paris, 2002). In response to criticism, international peacebuilding efforts have ‘no exit without strategy’ (UNSG, 2001) and maintain a focus on post-conflict statebuilding. At the core of this approach is what Keen (2008) terms *the deal*, which he critiques on the grounds that elite-driven peace processes: (i) leave grievances of conflict parties unaddressed, (ii) shut out civil society, and (iii) increase the incentive to use violence to get a seat at the table. In this way, it is impossible to guarantee a quality peace, as structural violence becomes reified. This is evident in Bosnia's 2005 Dayton Accords, which prescribed quick elections and reinforced social fractures via ethnicity-based parties. Often, amnesty was given to human rights offenders who found themselves either at the negotiating table or in power following the peace deal, a controversial approach that while at times politically successfully, often leaves out local perspectives and concerns (Chandler, 1999; Kaldor, 2016). While prominent actors often maintain these practices (Ateng & Musah, 2022), community-based organisations and academics have largely shifted away from the Liberal paradigm and related approaches, as explored in the following section.

3.2 | Lack of community ownership: Insights from ‘The Local Turn’

Calls in favour of higher community involvement and leadership largely derive from the local turn in Peace Studies. Paffenholz (2015) argues there are two local turns—the work of Lederach's Conflict Transformation (CT) school and the work of Richmond, Mac Ginty, and co-authors. In both cases, they maintain a focus on peace as societal reconciliation and relational healing, viewing local people as agents for peace. In the first instance, this is accomplished by rebuilding destroyed relationships within societies, going beyond the focus on peace deals and governance. In this case, the role of outsiders is to support local leaders in diplomacy (Lederach, 1997; Paffenholz, 2015). These ideas connect within Lederach's theory of reconciliation as four interrelated spheres: truth, mercy, justice, and peace. As he explains,

Truth is the longing for acknowledgment of wrong and the validation of painful loss and experiences, but it is coupled with **Mercy**, which articulates the need for acceptance, letting go[...] **Justice** represents the search for individual and group rights, for social restructuring[...]but it is linked with **Peace**,

which underscores the need for interdependence, well-being, and security[...]**Reconciliation**, I am suggesting, involves the creation of the social space where both truth and forgiveness are validated and joined together (Lederach, 1997, p. 29, emphasis added).

Therefore, reconciliation is not just a practical goal, but a *space* where these variables meet in both the metaphorical and literal sense. CT thus operates through open spaces where individuals meet and focus on rebuilding relationships. Conceptually, it also bridges gaps in peacebuilding that appear opposed, such as how:

Reconciliation promotes an encounter between the open expression of the painful past, on the one hand, and the search for the articulation of a long-term, interdependent future, on the other hand. Second, reconciliation provides a place for truth and mercy to meet, where concerns for exposing what has happened and for letting go in favour of renewed relationship are validated and embraced. Third, reconciliation recognizes the need to give time and place to both justice and peace, where redressing the wrong is held together with the envisioning of a common, connected future (Lederach, 1997, p. 31).

However, the role of the international as a supportive actor is open to critique. As argued by Paffenholz (2014), such approaches do not consider that local actors may be co-opted into international narratives and power structures. It also overlooks power within the local, particularly as it targets organisations and leaders, rather than marginalised groups. Similarly, it takes an uncritical view of the local as benign and supportive of peace, where they may otherwise reject it (Paffenholz, 2010).

Within the second local turn, authors like Mac Ginty (2008) and Richmond and Mitchell (2011) conceptualise the local as an everyday resistance against hegemonic approaches. Instead, it rejects universalist ideas and takes a heavily context-specific approach (Paffenholz, 2015, p. 861). For example, Mac Ginty's (2014, p. 549) concept of *everyday peace* as the daily, routinised practices individuals and collectives use to navigate grudging coexistence in divided societies. This includes passive coping mechanisms like avoidance, but also active resistance. It rests on three premises: (i) that the social world is fluid and peace unstable, (ii) that the collective or local is diverse, and (iii) that the environment in which everyday peace occurs is crucial to its outcomes, whether the visible barriers of the Belfast peace walls or the social barriers of gender norms (Mac Ginty, 2014).

However, all scholars of the local turn hold that legitimacy (of the government, of the international, and of the peace) in the eyes of civil society is essential (Kaldor, 2012; Kostovicova & Bojicic-Dzelilovic, 2009). This is clear in Mac Ginty's (2010, 2011) concept of hybrid peace, where local actors take elements of liberal peace and subvert it or use it tactically. Often, norms are in contention. For example, in Timor-Leste, although most of the population recognises the state, they prefer to use justice mechanisms more 'close to home' both literally and in their sensitivity to local context. In traditional Timorese collective justice, families are responsible for handling disputes with local leaders as mediators, while settlements are often comprised of payments or social sanctions, which is at odds with punitive and individualistic justice. However, citizens celebrated the increased rights they held under the new government (Wallis, 2012).

Therefore, peace must go beyond political resolutions, even if they are successful in ending conflict-related violence or providing a foundation for quality governance (UNGA, 2012). However, outcomes of peace agreements must also go beyond a negative peace, that is, the absence of physical violence, which is typically associated with UN interventions (UNSG, 1992). Instead, peace actors should aim for a quality peace, which is defined as a culture of peace marked by a social condition of trust and mutual respect that builds on Galtung's (1969) work (Wallensteen, 2015). While both negative (cessation of direct violence) and positive peace (e.g., dismantling of structural violence or systemic oppression) are a component of quality peace, this concept introduces issues of legitimacy and trust, with peacebuilding entailing the reconfiguration of relationships between conflict parties, civil society, and the state. This is to say that, while deep structural change must also be carried out through the 'institutionalization

of the [peace] accord' (Darby & Mac Ginty, 2018, p. 4), peace is not only an issue of governance and state-civil society relations. Peacebuilding must also address the deep, root causes of violence that may be at once psychological, historical, or otherwise. This entails prioritising reconciliation, justice, and civil society actors throughout (Joshi & Wallensteen, 2018), as well as looking towards the intra-societal, alongside state-civil society relationships (Bloomfield, 2003).

3.3 | The social and political psychology of peacebuilding: Trauma, memory, and justice

In practice, the creation of Lederach's shared space often takes the form of Transitional Justice (TJ) or more broadly *dealing with the past*. TJ has a long history (see Teitel, 2000) with theories and approaches hotly contested, debated, and contextual. However, it can be loosely defined as 'the conception of justice associated with periods of political change characterized by legal responses to confront the wrongdoings of repressive predecessor regimes' (Teitel, 2003, p. 69), or as 'anything that a society devises to deal with a legacy of conflict and/or widespread human rights violations' (Roht-Arriaza & Mariezcurrena, 2006, p. 2). Among the most common elements are prosecution of offenders, truth-seeking, and reparations (Schell-Faucon & Kayser-Whande, 2008, p. 14).

When examining TJ in relation to mental health, the potential interlinkages become clear, particularly when framing TJ through the lens of quality peace. This is especially so for approaches that focus on cooperation and forgiveness. However, past approaches to TJ have often been criticised as being based on a universalist, individualistic, or broadly Western justice (Mani, 2002). This is particularly true for Truth & Reconciliation Commissions, which focus on public truth-telling and stand parallel to issues present in psychiatric interventions, where victims profess heavily disturbing repressed emotions linked to painful memories or experiences. In some cases, these methods are alien to host countries (Theidon, 2006; Theidon & del Pino, 1997) or otherwise result in re-traumatisation (Barsalou, 2005). They also risk creating a common narrative of the past, forgoing the creation of a space accommodating different narratives and truths (Hayner, 2001). Just as MHPSS may conceptualise trauma through Western eyes, TJ can follow a similar path if not embedded into local understandings.

However, some practitioners of TJ offer a broader conceptualisation of trauma, in that it may manifest as both collective and intergenerational, going beyond the individual and traumatic event. Collective trauma, in this sense, is when the whole of social life is damaged and social bonds are disrupted. The impact can move slowly through society at large, eliminating community-based means of understanding and coping with violence, particularly in contexts where your neighbours and friends become enemies (Theidon, 2006). Additionally, as Volkan (1999, 2001) states, collective trauma causes profound psychosocial changes not only in the current society, but in future generations if the trauma's impact (and *origins*) is carried through *transgenerational transmission*. Similarly, Hirsch (2001, 160) outlines the impact of *post-memory*, where younger generations internalise stories of the past so powerful, they 'constitute memories in their own right'. As such, trauma and violence are transmitted and reinforced across generations when issues of peace are left unaddressed. To address these issues, the shared space for reconciliation must go further, aiming to transform horizontal group inequalities that underline conflicts from the bottom-up (Mani, 2005; Stewart, 2008). The next section will explore how disciplines of critical psychology can aid in this process.

4 | CRITICAL (COMMUNITY) PSYCHOLOGY: TOWARDS A PSYCHOSOCIAL PEACEBUILDING

4.1 | Critical psychology: Conscientisation and praxis

While critical psychology encompasses a range of critical orientations within social psychology, the socially embedded approaches of critical community psychology (CCP) and liberation psychology (LP) are particularly relevant to

enabling an integrated paradigm which strives towards quality peace. CCP emerges from the perceived need to anchor responses to mental distress within the social world. Furthermore, it is post-positivist and maintains that knowledge is culturally relative and heavily influenced by context. Therefore, there is a strong rejection of universalisation and objectivism, viewing the spiritual and emotional as legitimate sources of knowledge (Orford, 2008, p. xii). It also maintains that social exclusion is the key determinant of widespread health issues in marginalised communities. Health is thus a political struggle, with the empowerment of communities to facilitate health improvement through social change as a central goal (Campbell & Jovchelovitch, 2000).

LP argues that the shared space for reconciliation should be located at the grassroots. It aligns closely with the post-development movement, as well as with liberation theology and broader liberatory social movements in Latin America. As articulated by Escobar (1995), social movements re-politicise the rights of the marginalised, creating an alternative to dominant concepts of development and rejecting the top-down, technocratic solutions that fail to challenge structural inequalities and injustices. This coincides with LP's broad critique of mainstream psy-disciplines, arguing for psychologists to move away from knowledge systems dominated by the Global North and move towards 'the reconstruction of psychology itself from the standpoint of the excluded majorities' (Burton, 2004, p. 584). Accordingly, Martín-Baró (1996, p. 28) outlined an epistemology focused on a 'new perspective and truth emerging from below', as well as a new praxis 'that transforms reality, allowing us to know it not just in what it is but in what it is not, so thereby we can try to shift it towards what it should be'.

This praxis is centred on what Freire (1972) terms conscientisation, the process of creating critical consciousness through the dynamic relationship between critical thought and critical action, facilitated by the ability to think holistically and critically about one's conditions. This takes place through dialogue and a gradual decoding of the social world, where the creation of knowledge becomes the basis for social action (Martín-Baró, 1996). Here communities are brought into collective debate, where alternatives are envisioned and action can be planned (Freire, 1972). Within this process is *de-ideologisation*, where communities 'peel off the layers of ideology that individualise and naturalise social phenomena' (Burton, 2013, p. 253). As such, thought and action are mutually reinforcing. It is where individual psychology and the socio-political meet and, 'manifest the historical dialectic between knowing and doing, between individual growth and community organisation, between personal liberation and social transformation' (Martín-Baró, 1994, p. 18).

4.2 | Critical community psychology and communicative action

The broader field of CCP contributes to these concepts and goals, exploring themes of social transformation through dialogue, recognition, social representations, and the creation of receptive social environments (Campbell, Cornish, Gibbs, & Scott, 2010). Sharing LP's focus on empowerment and conscientisation at the micro level, CCP argues that while community-based projects are typically successful in building the voice of the marginalised, they are often less successful in building receptive social environments, as they assume marginalised people will be able to persuade the powerful to listen to their needs or otherwise shift power dynamics (Campbell et al., 2010, p. 964). To this end, Campbell et al. (2010) emphasise that grassroots movements are often unable to bring systemic social change without the support of actors holding political and economic power. This also aligns with the local turn, as well as to what Spivak (1988) refers to as strategic alliances; however, it is important to emphasise that while partnerships present an important means by which to share power and knowledge, outside practitioners must work *for* people to help create the space to facilitate dialogue (Jovchelovitch & Aveling, 2014; Vaughan, 2010, 2014).

These spaces align with Habermas' (1981) concept of communicative action. This is where communication between two or more groups aims at mutual understanding and knowledge sharing. This takes place through the changing of *social representations*, as first articulated by Moscovici (2000). This theory holds that as societies become more diverse and fragmented, so too do representations of knowledge and truth. For example, the boundaries between lay or expert knowledge, or between the self and other. Therefore, the social representations of competing

knowledge systems must be examined on their own terms and in context, in order for knowledge to be co-created and recognition of opposing ontological frameworks realised (Howarth, Foster, & Dorrer, 2004). Open dialogue can be used to work through these intractable differences, particularly in contexts where critical consciousness is being developed and understanding of the social environment is being fostered (Jovchelovitch, 2007). This has particular relevance to the issues of collective trauma, as it enables communities to collectively address the past and work dialogically to rebuild social cohesion in divided, conflict-affected societies.

These spaces of communicative action are also used to create social capital. CCP views social capital in line with Bourdieu's (1986) critical and power-centred understanding (as opposed to Putnam's (1993) framework), as an unequally distributed economic, political, and cultural resource associated with people's participation in certain social networks. It may bring positive or negative change; for example, elites can also generate social capital to reinforce social hierarchies. The types of social capital are: (i) bonding social capital, or the networks of trust and cooperation within and between groups, (ii) bridging social capital, such as networks between groups, and (iii) linking social capital, which connects the marginalised with more powerful actors (Szreter & Woolcock, 2004). In contexts where social relations have broken down, the promotion of social capital has been linked to improved mental health outcomes (Brune & Bossert, 2009; Pronyk et al., 2008; Verduin, Smid, Wind, & Scholte, 2014). Accordingly, the fostering of social capital amongst the marginalised can become an important measure of effectiveness for CCP interventions.

5 | DISCUSSION: TOWARDS A THEORY OF PSYCHOSOCIAL PEACEBUILDING

Utilising a critical psychology approach, we can work towards a new framework for psychosocial peacebuilding by responding to the dominant critiques facing both fields. As outlined previously, central issues within MHPSS include the (i) continued contestation to the cross-cultural validity of foundational premises of interventions, (ii) desocialisation and medicalisation of structural violence linked to conflict, (iii) and top-down implementation of interventions. Parallel issues in peacebuilding include the (iv) prevalence of top-down approaches and unaddressed structural issues, (v) limited community involvement or ownership in peace processes, and (vi) lack of attention to social and cultural variables. These criticisms in relation to key areas of concern can be seen in Table 1. In this section, we interrogate these issues, highlighting the possibilities for integration in each.

Critical psychology approaches forego dominant biomedical discourse by taking contextual and socially embedded perspectives as a starting point for interventions and research in mental health. A community-centred approach, it allows for decisively *local* knowledge, in all its complexity, to design and shape interventions to context. This approach can also be paired with existing IASC (2007) guidelines to address 'bottom of the pyramid' needs, while still allowing for referral to more specialised care, whether clinical or otherwise. The approach also aligns with the 'community mobilisation and support' area of the guidelines, such as 'facilitate conditions for community mobilisation, ownership, and control of emergency response' and 'facilitate community self-help and social support'

TABLE 1 Criticisms of practice.

Areas of concern	MHPSS criticisms	Peacebuilding criticisms
Cultural relevance	Contested cross-cultural validity/application	Lack of attention to social, psychological and cultural variables
Socio-political and socio-structural variables	Desocialisation and medicalisation of structural violence	Unaddressed horizontal inequalities
Involvement and ownership of community actors	Top-down implementation and lack of community leadership	Top-down implementation and lack of community leadership

Abbreviation: MHPSS, mental health and psychosocial support.

(IASC, 2007, pp. 93–110). Through its participatory approach to evaluation, it also addresses concerns within ‘assessment, monitoring and evaluation’ guidelines (IASC, 2007, pp. 38–46).

Critical psychology also provides a long-term approach which can be led by communities. It is bottom-up by design and moves away from the disaster model explored previously. However, this also requires a shift in current funding models to ensure ownership is held by local actors within the international space, as opposed to the loose partnership models that currently dominate. For example, by giving funds to local organisations directly, rather than filtering them through international organisations. Funders could also be more responsive to local organisations’ needs, opening doors to more two-way communication and funding flexibility (Ember, 2022).

Critical psychology also creates pathways to re-socialise and re-politicise MHPSS, in relation to point (ii) above. This is accomplished, firstly, through the creation of critical consciousness via communicative action. Paired with the development of strategic partnerships, international actors can carry the political issues raised within these shared spaces to scale, re-routing the pathologisation of communities into action. Similarly, it can also assist in communicating funding needs. It therefore addresses issues (i), (ii), (iii), (iv), and (vi) listed above. It also addresses point (v) through the development of social capital, as the dialogical approach allows for a positive change in social representations. In other words, as mutual recognition and dialogue are established, communities can begin to build trust within and between groups. In this process, it is particularly important to address transgenerational issues and work across age groups, given the intergenerational and collective nature of mental health issues in conflict-affected contexts. Therefore, critical psychology presents an ideal means in which to facilitate the *mercy* and *peace* aspects of Lederach’s (1997) reconciliation, as outlined previously. Furthermore, the potential for individual healing can facilitate positive changes within and between communities, as individuals feel better suited to contribute to peacebuilding efforts as symptoms of ill-health subside and they are better able to exercise control over their lives (Hamber & Gallagher, 2014). In this case, they may also be more willing to engage in joint economic or political activities that help rebuild community infrastructure, for example.

5.1 | Critical psychology in practice: Participatory action research

PAR can operationalise critical psychology theory for the development of psychosocial peacebuilding interventions in an applied research context. This approach doubles as both a research methodology and intervention, which involves collaborative effort between the researcher and the community to identify areas of concern or priority, facilitate dialogue and knowledge creation on those issues, then carry out a plan of action (Estacio & Marks, 2012:239). Embedded in these methods is a *belief praxis* on the inseparability of knowledge and action: action builds on knowledge, and knowledge is created through action (Orford, 2008, p. xiv). Critical psychology views knowledge, particularly in the case of the biomedical model, as unable to escape the historical, social, and cultural values of the context in which it was created (Burgess, 2012).

Relatedly, a central tenant of PAR is to be cautious of power relationships, prioritising power-sharing instead of viewing participants as *subjects* (Baum, MacDougall, & Smith, 2006, p. 854). Accordingly, the goal is not necessarily to identify causality, but foster learning and action through an exploratory approach. The role of the researcher is to support participant action and facilitate conscientisation. As such, it aligns closely with LP theory (Fals-Borda & Rahman, 1991). It has also been used effectively in other conflict-affected contexts, albeit not with a psychosocial peacebuilding focus (Ley & Barrio, 2011; Life & Peace Institute, 2016; Espinoza et al., 2015).

In line with the belief praxis, PAR structures underlying methods for data collection and analysis within PAR cycles, or phases. While approaches vary drastically, most PAR starts with a scoping phase, which is conducted to understand participant needs and perceptions. Then, a planning phase creates action plans or theories of change with participants. Later, action cycles facilitate change, before rolling into reflection cycles. Here participants collect and analyse data, then determine action. This action is then reflected on and improved through a ‘corkscrew process’ of reflection and change (Baum et al., 2006, p. 854). Adaptations are made throughout the process. Evaluation

methods can also be mixed into reflection cycles to monitor progress on participant goals, as well as general intervention effectiveness.

There are a multitude of methods and approaches available, as PAR is a methodology (rather than a specific method) designed to adapt to context, tailored to the specific needs of the group. For example, methods of creative arts and expression (e.g., music, dance, and storytelling) such as the participatory theatre approaches of Augusto Boal (2008), who developed Freirean theatre techniques to allow participants to reclaim their agency through creativity, self-discovery, collective action, and conscientisation (Cohen-Cruz & Schutzman, 2005; Shapiro, 2020). Another example is the use of indigenous artistic and cultural practices to share stories and develop large-scale artworks for Mayan women in Guatemala (Paz & Lopez, 2011). An iterative, community-led and intergenerational process, this long-term project enabled the community to work through traumatic memory, rebuild community, and build critical consciousness (Bragin, *in press*). As Jeffery (2023, p. 15) notes, art allows for the ‘uncovering and making explicit the destruction of social systems and working towards their recovery’, and that ‘works of art may help to reimagine

TABLE 2 Elements of a psychosocial peacebuilding approach.

Approach	Focus	Methods	Result	Role of external practitioners
Communicative action	(1) Addressing personal distress, (2) addressing intergenerational and inter/intra-communal relationships, and (3) addressing collective distress and/or traumatisation, including dealing with the past.	(1) Dialogue-based methods, (2) creative methods, and (3) creation of ‘shared spaces’.	(1) Changing of social representations within and between groups, (2) building of social capital within and between groups, and (3) support for individual well-being.	<ol style="list-style-type: none"> 1. Create safe spaces for dialogue. 2. Facilitate community ownership over the intervention process. 3. Being aware of contested power dynamics within and between communities, to ensure full participation and safety.
Conscientisation	(1) Re-politicising and re-socialising MHPSS and peacebuilding in context, (2) addressing intergenerational and inter/intra-communal relationships, (3) addressing collective distress and/or traumatisation, including dealing with the past.	Applied participatory action research	(1) understanding of social, cultural, and structural barriers and facilitators to change for both communities and external practitioners, (2) confronting past and present grievances. Creating visions for the future.	<ol style="list-style-type: none"> 4. Streamlining approaches to funding. 5. Facilitate and support the building of strategic partnerships.
Community leadership and ownership	Embedding interventions within conflict-affected contexts via community leadership and ownership.	(1) Moving beyond a loose partnership model, to strategic partnerships with national and international organisations, (2) communities lead intervention development, implementation, and evaluation.	(1) Building voice of affected communities to advocate for their needs and build partnerships, (2) community ownership of interventions, and (3) interventions fully adapted to context.	<ol style="list-style-type: none"> 6. Linking psychosocial peacebuilding into broader humanitarian support.

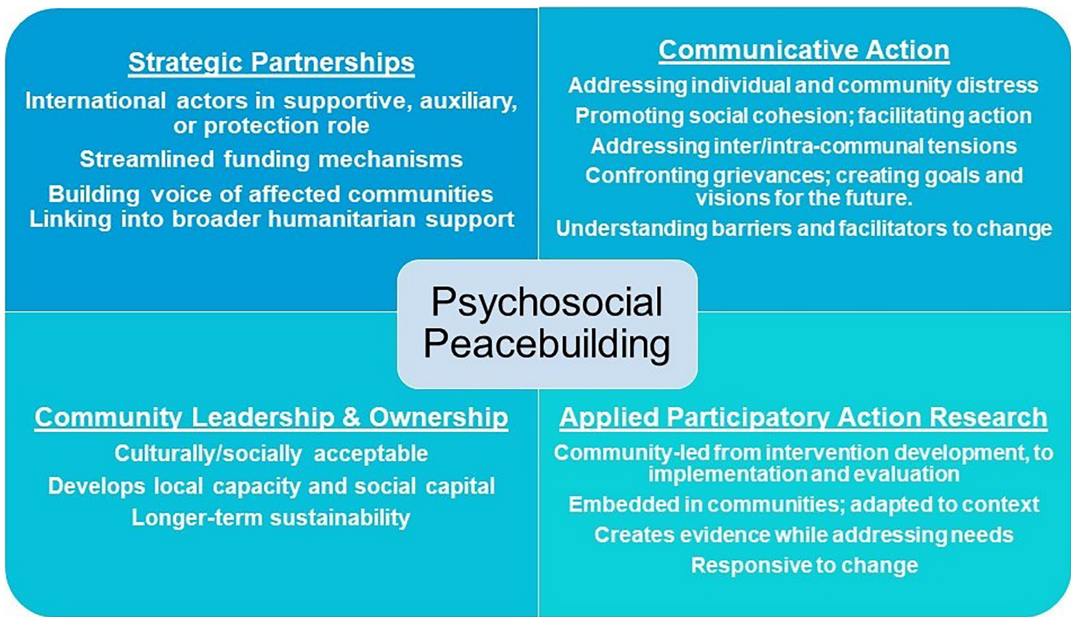


FIGURE 1 Towards a model for psychosocial peacebuilding.

individual and collective futures', as well as 'humanize the other, reduce differences and antagonism, foster empathy and reduce the incidence and impact of negative intergroup emotions'. The exploration of different methods within a PAR structure, such as those centred on the arts and creativity, is one avenue for future research in the development of psychosocial peacebuilding interventions.

Another example aligning with our approach is that of the STARS-C project, which seeks to develop mental health strengthening interventions within conflict-affected communities in Colombia using PAR cycles. It is organised around transformative co-production principles, which align with tenants of communicative action through attention to meaningful partnerships at the local organisational level, as well as devolution of key decision-making to community members (Burgess et al., 2022). Building from STARS-C, the first author is also undergoing arts-based PAR in Colombia to apply the approach outlined here in an effort to build evidence for psychosocial peacebuilding. See Table 2 and Figure 1 for a visualisation of the beginnings of a psychosocial peacebuilding model, as presented in this article.

6 | CONCLUSION

This article has examined the primary criticisms of both MHPSS and peacebuilding practice. In doing so, it has argued for critical psychology approaches as a potential means in which to rectify critiques and bridge a theoretical gap between MHPSS and peacebuilding, using PAR as a vehicle. Using quality peace as a normative guide, we also argue that addressing mental health needs is *essential* to creating peace in conflict-affected contexts.

Taking insights from the local turn in peace studies, we further argue that this process must be both community-led and transformative in approach; not just restoring an idealised pre-conflict society but working towards structural change at the roots of conflict. In combination with the applied research approach of PAR, critical psychology has the potential to build off critiques of both fields while integrating them in both theory and practice. However, we do not advocate for a one-size-fits-all intervention. Rather, this article argues for an *approach* which can be used to build

interventions from the bottom-up, tailored to local context in all its complexity. Similarly, it offers a theoretical underpinning for the reorientation of practice towards a supportive role; providing assistance to local communities to formulate and lead the interventions that they need.

Many issues were unable to be addressed here. For example, this article does not focus on the logistical, funding, or coordination-related issues that limit integration. However, these issues continue to be addressed elsewhere, particularly by international bodies such as UN agencies and the IASC. It also cannot attest to the messy, inherently political nature of community-based research and action, nor the potential pitfalls of the approach in context. For example, it is important to consider that indigenous knowledge and social movements are not benign, monolithic, or immune to criticisms (Kapoor, 2008). Rather they are—as are all forms of knowledge—inherently political and power-laden (Clammer, 2012). In the same sense, social capital building can be exclusionary and reify self/other distinctions that reinforce hierarchies or conflict (Wakefield & Poland, 2006). Practitioners must be acutely aware of these dynamics and be cautious as to whose knowledge counts and who is being excluded, remaining self-reflexive in their practice.

However, before significant progress can or *should* be made towards integration, a re-evaluation of theory and practice must be made within MHPSS and peacebuilding, lest the same mistakes be repeated, and effectiveness remain limited. We hope that this article may stimulate further debate and evidence-building in this area.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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Data sharing not applicable—no new data generated, or the article describes entirely theoretical research. Data sharing not applicable to this article as no data sets were generated or analysed during the current study. This article includes a portion of an MSc thesis completed in 2019 by the first author at the London School of Economics & Political Science.

ORCID

Eric Frasco  <https://orcid.org/0000-0001-5513-5744>

Lorraine Sherr  <https://orcid.org/0000-0002-5902-8011>

Rochelle A. Burgess  <https://orcid.org/0000-0001-9749-7065>

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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