General objectives
This course is an introduction to medical peace work. It provides an overview of the role and potential of health workers in preventing violence and building peace; summarizes terminology and concepts; and describes some useful peace skills.
The Medical Peace Work textbook, 2nd edition

Course 1: Health workers, conflict and peace

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Published 2012 in UK by Medact, London.
ISBN 978-0-9571478-8-1
Design: Ianessa Norris
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The Medical Peace Work textbook was first published in 2008 as an integral part of the MPW online course with seven modules. The 2nd edition (2012) consists of seven independent, but interlinked MPW Course e-books.

Suggested citation of textbook lessons:

The Medical Peace Work textbook was funded with support from the European Commission. This publication reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.
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Congratulations!

Glossary Course 1
Chapter 1: Peace and conflict theory

This chapter covers the conceptual background to peace and conflict work. It highlights the different types and levels of peace and violence, and introduces different approaches to peace work.

Intermediate objectives

By the end of this chapter you will be able to:

- describe a holistic understanding of the terms ‘peace’, ‘conflict’, ‘violence’ and ‘peace’
- discuss the range of peace and conflict work.
Lesson 1.1: What is peace?

Author: Klaus Melf

This lesson introduces the concept of peace and peace theory. It will help you to understand the notion of peace on which this course and the subsequent MPW courses are based.

The meaning of ‘peace’

The term ‘peace’ is often used simply to describe the ending or absence of war. In the Western tradition alone, however, it has several other meanings.

For example, the Merriam-Webster Online Dictionary defines peace as

- a state of tranquillity or quiet within a community
- freedom from disquieting or oppressive thoughts or emotions (inner peace, peace of mind)
- harmony in personal relations
- a state or period of mutual concord between governments
- a pact or agreement to end hostilities.

Concepts of peace depend on the historical and cultural context, and the term has many connotations in other languages (Lewer 1992).

For example:

- ‘satyagrahavarda’ (Sanskrit) – the study of physical, mental and spiritual forces which produce individual and social harmony
- ‘shalom’ (Hebrew) or ‘salaam’ (Arabic) – individual wellbeing and spiritual wholeness
- ‘eirene’ (Greek) – an ethical social relationship
- ‘pax’ (Latin) – contains the notions of law, order and mutual duty in a society.

Learning objectives

By the end of this lesson you will be able to:

- be familiar with essential terminology and concepts in peace and conflict studies
- use these terms and concepts in this and subsequent courses
- explain the difference between the mainstream use of the term ‘peace’ and the holistic concept used in these MPW courses.
Peace science

In peace science, which is rooted in the Western tradition, war and its prevention and ending has been the main focus of study. The scope of peace research has changed over time, however, reflecting the widening agenda of peace activism. It now includes not only open warfare, but also other circumstances in which people do not perceive themselves as being in a state of peace.

One such example is the cold war between East and West in the second half of the last century. It was characterized not by open warfare between two superpowers – the USA and the Soviet Union – but by the build-up of a nuclear arsenal capable of destroying the globe many times over. The balance of power was based on the principles of deterrence and mutually assured destruction, while many proxy wars were fought in the developing world.

Other violent conditions that people suffer include occupations and economic sanctions. For instance, the sanctions imposed on Iraq in the 1990s contributed to the deaths of an estimated half a million children under five (Medact 2002).

Peace researchers’ attention to violence to the individual person was influenced by the women’s movement. Feminists argued that there could not be peace unless the ‘war against women’ was addressed – meaning unorganised personal violence, including domestic violence and sexual assaults on millions of women worldwide (Brock-Utne 1997).

Finally, violence against the self and the prevention of self-harm and suicide has come within the scope of holistic peace sciences. Peacefulness as a state of mind (‘inner peace’) has implications at the personal level. There is also a relationship between inner and outer peace; it is increasingly acknowledged that violence on different levels is interlinked and that sustainable peace work needs to influence all these levels.

Peace researcher Johan Galtung, known as the father of peace science, used the field of medicine as a source of concepts and theory-building. He defined not war but violence as the opposite of peace, and compared it with disease as the opposite of health. Just as there are many different kinds of disease, so there are many different kinds of violence (see also Lesson 1.3). The following sections illustrate the parallels between peace thinking and medical thinking.
To deepen this holistic understanding of the concept of peace, we will now look at the three conceptualisations commonly used in peace science: peace in the sense of negation of violence; peace as a state of harmony; and peace as the capacity to handle conflict in a non-violent manner.

1 Peace as the negation of violence

Violence exists in different forms and at all levels of social interaction. Peace as the absence of violence is therefore a relative term. A ceasefire in an armed conflict, for instance, is one type of peace, while the reduction of hatred and anger in society or between two people are entirely different types.

Just like health, peace is also a subjective term. One person’s state of peace may be perceived as violence by another.

The underlying logic of this approach is that there is a peace benefit when the level of violence is reduced (Figure 1).

A peace concept built on the negation of violence would take into account not only different types of violence, but also all the levels at which violence might occur, for example social or interpersonal levels. The reduction or cessation of different types and levels of violence may be called ‘negative peace’, for example the abolition of slavery, divorcing an abusive partner, or reducing the number of nuclear weapons.

Peace is not only the reduction or absence of violence, however, but also a positive notion. Again, medicine has provided inspiration. In the famous World Health Organization (WHO) definition, health is not merely the absence of disease or infirmity, but a state of complete physical, mental and social wellbeing. By including the word ‘complete’, this broad concept of health represents a vision and universal aspiration. Health cannot be achieved for all people at all times, but the best possible state of health for all is a shared goal. The health sector is thereby challenged to provide healthy environments and to promote health-serving behaviours and attitudes.

How could this idea of a positive state be adopted in the field of peace science? Take a moment to reflect on what a positive state of complete peace might look like.
2 Peace as a state of complete harmony

One answer to that question might be that a vision of peace could be a state of complete individual and social harmony. This ‘complete’ state is a shining star directing the way. It cannot be imposed on anyone, but challenges peace workers to provide peaceful structures, and to promote peace-serving behaviours and attitudes.

What does a state of harmony mean? It could include notions of freedom, equality, justice, sustainable development, solidarity, dialogue, and fulfilment of basic human needs. For just such a comprehensive description of a positive state of peace, let us turn to the 1999 UN Declaration on a Culture of Peace (UN General Assembly 1999:2–3).

This describes a culture of peace as a set of values, attitudes, traditions and modes of behaviour, and ways of life based on the following principles, which are to be fostered by an enabling national and international environment conducive to peace:

- respect for life, ending of violence and promotion and practice of non-violence through education, dialogue and cooperation;
- full respect for the principles of sovereignty, territorial integrity and political independence of states and non-intervention in matters which are essentially within the domestic jurisdiction of any state, in accordance with the UN charter and international law;
- full respect for and promotion of all human rights and fundamental freedoms;
- commitment to peaceful settlement of conflicts;
- efforts to meet the developmental and environmental needs of present and future generations;
- respect for and promotion of the right to development;
- respect for and promotion of equal rights and opportunities for women and men;
- respect for and promotion of the right of everyone to freedom of expression, opinion and information;
- adherence to the principles of freedom, justice, democracy, tolerance, solidarity, cooperation, pluralism, cultural diversity, dialogue and understanding at all levels of society and among nations.
We have now discussed peace as a negative concept and as a positive one (Figure 2). Both concepts have a range of meanings attached to them and are, as a result, quite static. When the next conflict begins, however, the state of peace may be abandoned. Is there a more dynamic way of viewing peace? Galtung once again reverts to medicine: health is not only a state of being, but also a ‘capacity of the spirit, the mind, the body and the society to handle pathogens of any kind with insight, creativity, and by healthy means’ (Galtung 2002:9). The characteristics of good health include a strong immune system, and quick recovery after injury or disease. Similarly, peace may be defined as the capacity to handle conflict in a non-violent manner.

3 Peace as the capacity for non-violent handling of conflict

Conflicts, whether at individual or global level, may be handled in many different ways – some constructive, others destructive. Violence and war are very costly strategies to ‘solve’ a problem. They not only kill, injure and maim people, but also leave both perpetrators and victims with deep-seated psychological problems, as demonstrated by the high rates of suicide and psychological disorders among war veterans.

Violence is not a natural or intrinsic state of being for humans, according to the Seville Statement on Violence (UNESCO 1986:2). Written by an international team of specialists for the UN, it argues against theories which suggest that the roots of aggression and war are embedded in human biology. Instead it suggests that just as ‘wars begin in the minds of men’, peace also begins in our minds. The same species that invented war is capable of inventing peace, and the responsibility to do this lies with each of us.

Strategies to handle conflict constructively can be learned. Indeed, this capacity can be developed if peace is ‘a capacity to handle conflicts with empathy, creativity and by non-violent means’ (Galtung 2002:8). How can this peace be developed? All levels of education and training, from kindergarten to continuing professional education, could include knowledge and awareness of how conflicts can be handled non-violently; understanding how to listen empathically to oneself and others; and skills in creating new, peaceful realities.
This capacity can transform a conflict situation to one of cooperation, as shown in the conflict between Ecuador and Peru in the 1990s. The two countries had a long-lasting land dispute over a remote, uninhabited mountain area that lacked any profitable natural resources. For historical reasons, both countries claimed this land, and the subsequent violent conflict caused the deaths of thousands of young soldiers. When both sides agreed to search for a non-violent solution, Galtung suggested that they could own the land jointly. The area is now a natural park under UN control, owned by both countries; the war is over and Ecuador and Peru work together (Galtung 2004).

We can end this lesson by concluding that peace is not merely the absence of different types and levels of violence (‘negative peace’), but also a state of individual and social harmony, and a capacity to handle conflicts with empathy, creativity and by non-violent means. Unlike negative peace, ‘positive peace’ is about constructive handling of conflict, and building peaceful structures and a culture of peace.

References


Galtung J (2002), What is peace studies? In Johansen J, Vambheim V (eds), Three papers by Johan Galtung. Tromsø, Centre for Peace Studies, University of Tromsø.


Lesson 1.2: Conflict theory

Author: Klaus Melf

This lesson is an introduction to conflict theory, and explains the notion of conflict that underlies the Medical Peace Work courses.

What is conflict?

In Lesson 1.1, we saw that one meaning of the word peace was the capacity of people or nations to handle conflict constructively. To grasp this idea fully, it is also necessary to define conflict.

Peace science increasingly acknowledges that conflict is not violent or bad – contrary to the common use of the term – but a normal and essential part of life, social interaction and human development.

Conflicts challenge the status quo and carry the potential for positive change. So conflict could be defined as the real or perceived clash of incompatible goals in a goal-seeking system. This means we face conflicts always and everywhere, at all levels (Galtung 1996).

Levels of conflict

A conflict that occurs within one person (i.e. he or she has two or more incompatible goals) is referred to as an intrapersonal conflict or dilemma. A dispute involving two or more people is an interpersonal conflict. At the other extreme conflicts may involve the whole planet, for example conflicts between countries with nuclear weapons, international trade disputes and disagreements about greenhouse gas emissions.

We can therefore distinguish between different levels of conflict by the number of people facing a clash of incompatible goals:

- intrapersonal
- interpersonal
- intra-group
- intergroup
- national (intra-state)
- international (inter-state)

Learning objectives

By the end of this lesson you will be able to:

- explain the different levels of conflict and how they are linked
- outline the structure and dynamic of a conflict and understand the options for intervention
- differentiate between war and conflict
- explain the different conflict-related terms used in these MPW courses.
A conflict at inter-state level also involves lower levels. The example of greenhouse gas emissions is an international conflict between states that also involves different political parties, nongovernmental organizations (NGOs) and lobby groups advocating one or another policy. There are differences within these groups, and interpersonal conflicts about who is right and who is wrong on specific points. Finally, each of us faces the dilemma about whether to go to work tomorrow by car or by public transport.

The opposite is also true. Individual choices and lifestyles influence the climate and living conditions of people far away, and even of future generations. Conflicts at micro-level are shaping conflicts at macro-level.

**ABC triangle**

Galtung argued that conflict consists not only of the clash of incompatible goals (what he referred to as the ‘content’ or ‘contradiction’ of the conflict), but also the clash of attitudes and assumptions and the behaviour of one or several parties (Galtung 1996). He called this the ABC triangle of conflict (Figure 1).

We can identify these ABC elements – Attitude, Behaviour and Content – in every conflict. All three are interlinked, and together form the conflict. Recognizing all three is important not only for deeper understanding of a conflict, but also for identifying different possibilities for intervention. Peace and conflict workers may concentrate on any of the corners.

Let us illustrate this with a partnership conflict about where to go on holiday. One person would like to go hiking but the other wants to go sailing. They have two incompatible goals (the content or contradiction). If one or both of them value their relationship more than their own travel preferences (attitude), or if they listen empathically to each other’s needs (behaviour), they will easily find a shared strategy to deal with their differences.
Conflict dynamics

As we noted earlier, conflict is not a problem in itself but a normal part of life. It becomes a problem, however, if one or several parties are unable or unwilling to handle the conflict constructively. Imagine that our couple starts to fight about who is right, and in the end one screams: ‘You always want to decide! If you don’t go hiking with me, I will leave you!’. The conflict escalates because of the assumptions (‘I am right, the other person is wrong’) and the behaviour (screaming and threatening) of one or both parties. You can already sense that the conflict is not over, but will go on for some time or recur later.

Mitchell, studying conflict patterns, introduced the idea of conflict stages, although ‘there is nothing deterministic about the[ir] progression’ (Mitchell cited in Large 1997:5–6). He distinguished four stages of conflict, shown in Figure 2.

Similarly, Keltner’s ‘struggle spectrum’ outlines six different conflict stages (difference, disagreement, dispute, campaign, litigation, fight/war). Every stage in a conflict can move in two directions, towards escalation or de-escalation (Keltner 1997).

Conflict escalation means that the parties’ attitude is aggressive, and their behaviour becomes threatening. The content or contradiction is perceived as a win-lose situation. Once violence enters, there is a danger of this becoming a self-reinforcing situation that escalates conflict further.

Concepts from social psychology and anthropology help us recognize some of the attitudes that can lead to conflict escalation (Large 1997:9):

- elective perception or tunnel vision
- stereotyping
- scapegoating
- demonizing
- provoking
- threatening
- coercion
- resource mobilization
- mirror-imaging (for instance, when Saddam Hussein declared the US to be the son of Satan during the Gulf War, George Bush countered with a public show of religiosity)
- self-fulfilling prophecy

Figure 2: Four stages of conflict
Similarly, conflict de-escalation can be defined as the reduction of aggressive attitudes or behaviours. Examples of de-escalating attitudes and behaviour might include:

- depolarization
- humanization
- tolerance
- dignity
- respect
- honesty
- invitation
- dialogue
- active listening
- conflict transformation

**Why war is not the same as conflict**

We have noted that conflict is normal and is determined by attitude and behaviour as well as by its content. This concept of conflict is substantially different from the often arbitrary use of the term in the media and in public as a synonym for war, violence and destruction. Many peace researchers, too, do not clearly differentiate between the terms ‘war’ and ‘conflict’, and thus reinforce a conceptual inconsistency.

As Johansen argues, they can be criticised for not separating the means from the contradiction in a conflict:

“It is crucial not to mix and create confusion about the different components which together make conflict. The sum of A, B and C (Attitudes + Behaviour + Content/Contradiction) is a conflict. And in this model war belongs in the B corner. War in itself is NOT a conflict. Wars are simply a way some actors act in some conflicts” (Johansen 2006).

This distinction is very important because wars can be ended, but conflicts cannot. Viewing war as only one (of many) possibilities to handle a conflict allows us to imagine and search for alternative strategies to deal with it. Furthermore, it means our peace efforts do not necessarily have to focus on a change of behaviour; they can also target attitudes or the contradiction in a conflict.
**Conflict terminology**

In this course we try to separate the terms ‘conflict’ and ‘war’ in order to raise awareness of the different components of a conflict, and to remind ourselves that most conflicts are handled non-violently.

If, however, we want to describe destructive conflicts or war, we can use the terms ‘violent conflict’ or ‘armed conflict’. Violent conflict means the use of physical and psychological violence to ‘solve’ a conflict. It can also include one-sided violence such as self-directed violence, partner abuse, or genocide.

Armed conflict is similar to violent conflict, but denotes conflicts where both parties resort to the use of physical violence and weapons. The term is difficult to define, since it can encompass a continuum of situations ranging from a military overflight or an attack on a civilian by a single soldier to an all-out war with massive casualties.

Another term used regularly in peace research is ‘contemporary conflict’. Remaining consistent with our neutral view of conflict, we can define contemporary conflict as the prevailing pattern of social and political conflicts at the beginning of the 21st century. The term ‘contemporary violent conflicts’ refers to those involving direct violence by at least one side, and ‘contemporary armed conflicts’ refers to those involving the use of weapons on both (or all) sides.

**Conflict prevention reassessed**

The frequently used term ‘conflict prevention’ can also be inconsistent and misleading, even in peace science literature. Remember it is not the conflict that is the problem in itself, but how it is handled. What the term often refers to, and what is mostly needed, is the prevention of handling conflict through violence, for example by warfare.

Does this mean there is no need for conflict prevention, and all conflicts are necessary and welcome? Definitely not! The world’s current levels of violence reveal the enormous lack of capacity to handle conflicts with empathy and creativity, and by non-violent means. Yet it is neither necessary nor possible to prevent or abolish each conflict: rather, the goal should be to prevent conflict from turning violent, and to strengthen the peace capacity of individuals and societies.

Some conflicts may, however, produce a great deal of violence. If we can predict this, it becomes very important to work towards their prevention. For instance, the greenhouse effect is expected to melt the circumpolar ice masses, to raise sea levels, and to flood significant parts of islands and low-lying countries like Bangladesh. This would lead to huge movements of people and conflicts over land and resources. The fight to curb the greenhouse effect might then also be seen as a necessary act of conflict prevention.
References


Lesson 1.3: Types of violence

Author: Klaus Melf

This lesson introduces you to different types and levels of violence, and highlights different ways of preventing and reducing violence. It will give you an understanding of why the MPW courses address so many topics.

What is violence?

Violence can be defined as a use of power that causes harm. Lesson 1.2 showed how it can be used as means to ‘solve’ a conflict, while Lesson 1.1 argued that violence is the opposite of peace.

The WHO World Report on Violence and Health defines violence as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation’ (WHO 2002:5).

A striking feature of this definition is its focus on the intentionality of violent acts, in contrast to accidents. It also clearly argues that even the threat of violence is violence in itself. This definition is already unconventionally broad, but not all-inclusive as it limits violence to violent acts by one person or a group of people.

A more comprehensive definition in peace science states that violence is the ‘unnecessary insult of basic needs’. When this insult is in the form of violent acts, it is called ‘direct violence’ or ‘personal violence’; when it is in the form of political or socioeconomic structures, it is called ‘structural violence (Galtung 1996:197).

Learning objectives

By the end of this lesson you will be able to:

• explain the differences and links between direct, structural and cultural violence
• relate direct, structural and cultural violence to poverty, abuse of human rights and poor health
• identify different types of violence throughout the MPW courses.
**Insult of basic needs may sometimes be necessary**

Insults may be seen as unnecessary when they could have been prevented, and when less harmful strategies were not tried. This implies that the insult of basic needs may be necessary in certain circumstances – for example, self-defence in response to an assault. Another insult is used in mental health care – the use of ‘protective force’ when a person may harm self or others. Similarly, there may be a case for the use of ‘protective force’ in international affairs. The International Commission on Intervention and State Sovereignty examined the conditions in which an external military intervention in a sovereign state may be necessary: when a state fails to protect its citizens and there are signs of genocide (ICISS 2001). However, it said forceful steps should only be taken when all less harmful strategies for social change have been tried.

Even if there are circumstances that may require the insult of basic needs, we should bear in mind that these are extraordinary situations. Violence is not natural for human beings, as we saw in the Seville Statement in Lesson 1.1.

**Identifying basic needs**

What exactly do we mean when we talk about violation of basic needs? Basic needs are at the core of life and wellbeing. Some are universal for all creatures, while others are specifically related to humans. Some are urgent for daily survival, while we can be deprived of others for a while.

Rosenberg’s inventory (2003) identified the following basic human needs:

- autonomy – choosing one’s dreams, goals and values, and having the ability to plan to achieve them;
- celebration – the creation of life and fulfilled dreams, as well as mourning for their loss;
- integrity – in the form of authenticity, creativity, meaning, self-worth;
- interdependence – which includes acceptance, appreciation, closeness, community, contribution to the enrichment of life, emotional safety, empathy, honesty, love, reassurance, respect, support, trust and understanding;
- physical nurturing – food, water, air, shelter, rest, sexual expression, touch, movement, protection from life-threatening diseases or predatory animals;
- play – having fun and laughter;
- spiritual communion – appreciating and experiencing beauty, harmony, inspiration, order and peace

Different, but no less comprehensive, is Galtung’s categorisation of basic needs as survival, wellbeing, identity or freedom needs (Galtung 1996).
Direct violence

Direct violence is what we typically associate with the term ‘violence’ – whether crime, murder, rape, guns, bombs, wars, conducted by perpetrators or suffered by victims. Direct violence or personal violence entails the violation of basic needs through intentional use of physical or psychological power. The WHO definition cited earlier describes direct violence very precisely to include not only acts of commission (force), but also acts of omission (neglect). It ranges from self-directed violence to massive group violence (war).

**Before you continue with this lesson, reflect on this question: why is intentionality an important component of this definition?**

Intentionality

You may have concluded that intentionality distinguishes violence from unintended events, such as unintentional traffic accidents, or behaviour that carries a high risk of which people are unaware.

On the other hand, deliberate use of force is still violence even if the perpetrator did not intend the negative consequences (injuries), and even if the consequences were intended but the perpetrators did not consider the behaviour to be violent (WHO 2002). For example:

- a parent might shake her baby forcefully to stop it crying, but might not have intended the resulting brain damage;
- the disciplinary use of physical punishment is intended to harm, but might not be considered as violence in certain educational traditions;
- ‘collateral damage’ in warfare, when civilians and civilian infrastructure are targeted.

Why should health professionals learn about direct violence?

Direct violence in its various forms and levels has a documented mortality rate of about 1.6 million people a year. Worldwide it is a major cause of death in the 15–44 age group, accounting for 14% of all deaths among males and 7% among females. Such violence has enormous additional human costs: for each person killed many more survive with lifelong physical or psychological scars. Direct violence has many other impacts on societies, economies and the environment, and is an additional burden for the health system.

Nevertheless, the most important messages of the World Report on Violence and Health are that violence can be prevented and that health professionals can play an active part (WHO 2002).
**Structural violence**

Violence is not limited to violent events. People can be killed, psychologically harmed, maldeveloped or deprived through violent socioeconomic or political structures (Galtung 1996).

Structural violence exists at all levels of society. It is intertwined with the abuse of social and economic rights (Farmer 2005). Survival needs, for instance, can be violated by severe exploitation of people in a weaker position, for example by employing them in unsafe and unhealthy working conditions such as sweatshops, or through the imposition of onerous trade taxes on small producers of coffee and other primary goods.

Structural violence built into social and political structures may be called repression: not the open and intentional form of repression that characterises dictatorship and occupation (which is direct violence), but hidden repression. It becomes manifest as social inequality, class and caste stratification, gender discrimination, hierarchy, patriarchy, militarization, skewed research priorities, and unequal access to education, health services, jobs and positions of power. Structural violence leads to poverty and powerlessness, and keeps people living in misery.

Communicable diseases, maternal and perinatal conditions and nutritional deficiency cause the deaths of at least 18 million people a year (WHO 2004). Most of these deaths could easily be avoided through health promotion and health system improvements, as well as through the provision of antibiotics and food. We live in a world of unparalleled wealth, yet the number one killer is still poverty. People are dying unnecessarily due to the unequal distribution of knowledge and resources.

The mortality rate associated with poverty and other forms of structural violence is minor compared with the morbidity rate. Most people exposed to exploitative or repressive structures survive, but their wellbeing, identity and sense of self remain unfulfilled, and they live in inhumane conditions characterized by malnutrition, illiteracy and illness.

**Cultural violence**

A third type of violence can be described as ‘cultural violence’. This does not mean clashes between different cultural groups or outbursts of communal rioting, which fall under the heading of direct violence. Rather, cultural violence denotes ideas in religion, political thought, art, science, language and cosmology that justify and legitimize the use of direct and structural violence. Cultural violence has a special role as it kills and harms through the other two types of violence (Galtung 1996).

Examples of this kind of violence are the use of stereotypes (labels often ending with ‘-ist’, e.g. ‘capitalist’); the dehumanization of the enemy (comparing others with animals or diseases or calling them evil); and the polarization that takes place during a conflict.
(‘you are either with us or against us’). Other examples of cultural violence encompass specific forms of discrimination or power abuse, such as nationalism, militarism, racism, sexism, and even moralism (value-based judgement and criticism of others or imposing one’s own values). Cultural violence or aspects of ‘a culture of violence’ can be found to a greater or lesser degree in all cultures, as well as in cultural expressions such as symbols, rituals and myths.

**Interdependence of all types of violence**

All three types of violence are connected. It has also been suggested that they are mirrored in the ABC triangle of conflict (see Lesson 1.2): violent structures often account for the content or contradiction of a violent conflict (‘root causes’), direct violence for the behaviour, and cultural violence for the attitudes or assumptions. Violence can, however, start in one corner and spread to the other two.

Cultural violence, for instance, can blind us and let us see growing injustice as normal. When direct violence escalates, this in turn raises the level of cultural violence (propaganda) and structural violence (more military spending, discrimination and violation of human rights). All types of violence breed all types of violence. It is therefore necessary to work concurrently on all three corners of the triangle of conflict. We can end direct violence by changing behaviors, structural violence by removing structural injustices and cultural violence by changing attitudes (Galtung 1996).

**Violence and peace on all levels**

The WHO report categorises the different levels of violence as collective, interpersonal and self-induced, while Galtung uses the terms mega, macro, meso, and micro level. The model in Figure 1 simplifies these levels as micro and macro, and brings all types of violence together.

*Figure 1: Model encompassing all forms and levels of violence*
Negative peace refers to the reduction of violence of all types and levels. Peace workers can therefore involve themselves in movements and campaigns that aim to abolish or reduce violence at the macro-level (the outer circle in Figure 1), such as war, militarization and militarism. They can also contribute to processes that seek to end violence at the micro-level (the inner circle), such as domestic abuse and gender discrimination.

We learned earlier that peace can be more than the absence or reduction of violence: it is also a positive concept. Alongside the model in Figure 1 with its different types and levels of violence, we could draw a similar model with different types and levels of ‘positive peace’. Examples of peaceful acts, structures and cultures at the macro-level include non-violent revolutions, building global democracy, and the enshrining human rights in national constitutions. At the micro-level, positive peace can take the form of personal care for a sick child, a social welfare system, or the promotion of tolerance.

References


Lesson 1.4: What is peace work?

Author: Jørgen Johansen

Peace work can be described as the active and peaceful reduction of all forms of violence and the building of good, strong, sustainable relations. Such a broad statement needs discussion: what follows in this lesson are suggestions for what such a discussion could include.

How much engagement?

What is the minimum form of activity required to call yourself a peace worker? Would you be a peace worker if you joined a public demonstration against the war in Afghanistan? Some people are employed full time on peace work; many more do it in their free time. In movements, organizations and networks all over the globe people engage in a wide variety of activities to reduce violence. We should be generous in our definition of a peace worker and respect all who participate, no matter how much time they can allocate to peace work. Much good work is done with little or no recognition and visibility – but everyone can contribute!

What sort of activity?

What sort of activity should be included in a definition of engagement? Would participation in national elections count as peace work, or must it be something more than casting a vote? Many would argue that ordinary elections do not count as peace work, but when Apartheid ended after a long struggle in South Africa and many people had the opportunity to vote for the first time, most saw it as very important peace work. The answer to this question will depend on the context.

Being visible and loud

What is meant by ‘actively and peacefully reducing all forms of violence’? To be active indicates something more than just right thoughts or good intentions. There is a notion of activity in disseminating ideas as well as taking part in different kinds of actions (we will say more about different kinds of nonviolent social action in Lesson 3.2).
All forms of participation in public debate on issues related to reducing violence and building good relationships should be counted as peace work. Writing, giving speeches, teaching, sending letters, and talking to friends and neighbours are good traditional ways of ‘sending the message’. Mainstream media do not have a monopoly on keeping people informed. The possibilities are endless in today’s world of electronic communication, using social networks like Facebook, Twitter, e-mail, mobile phones, and many other relatively cheap and easy forms of communication. They can be used to inform people and enable them to take part in discussions as well as mobilize, teach and organize people. Our imagination is the only limit.

A just war?

It is probably impossible to end all forms of violence, just as it is not possible to eradicate all disease, but violence reduction is not only possible but ongoing. Whether we are tackling direct, structural or cultural violence (see Lesson 1.3), there is plenty for everyone who wants to reduce these intolerable and inhuman conditions to do.

What means are to be used is a central question. There are two main categories: violent means and nonviolent. Ever since the concept of a sovereign state was first established in the Treaty of Westphalia in 1648, the state as an actor has monopolized the legal use of violence. Armed forces have often been used to handle conflicts between states, sometimes justified by arguments that ‘the army is our largest peace movement’ – that a just war will solve conflicts and create peace.

Some argue that a peace worker who is armed is like a doctor using a surgical instrument. Others will say that the means used will influence the outcomes. The tools of war are more similar to a medical doctor using chain-saw than a surgical instrument. All military weaponry is designed to kill people, not to build good relationships.

The theory of the ‘just war’ has long been a source of major debate. World War II is often used as an example of the necessity of having armed forces to create peace. Many different non-violent actions were taken against Nazi Germany, however, some with enormous success (Johansen 2010). Another fact often
ignored is that it took Germany no more than a generation of reconciliation to rebuild good relations with the 18 countries it had occupied. Others argue that the institutions of war, as today’s means of maintaining slavery, imperialism and patriarchy, are inhumane and should be abolished.

**Peaceful means**

Civil society actors have a different toolbox of non-violent methods for engaging in the struggle against violence. Here we will explore some of the main tools.

We are all familiar with strikes and public demonstrations. There have been several large-scale peaceful revolutions in authoritarian societies in recent years, the best known being the fall of the Berlin Wall (Johansen 2009, pp 69–124).

Almost all social movements use some or all of the following six types of peaceful means:

- **Non-violent protest and persuasion**, such as a picket line or a peaceful demonstration. These means are used to highlight a problem or injustices; to make them more visible and create awareness.

- **Social non-cooperation**, such as students on strike. This is a more powerful tool to show disagreement or protest.

- **Economic non-cooperation I** including disinvestment, sanctions and boycotts, such as the boycotts of South Africa during the last decades of apartheid. These tools were removing some of the pillars that the apartheid was based on.

- **Economic non-cooperation II**, such as workers taking strike action.

- **Political non-cooperation**, such as Gandhi’s call on civil servants in the British administration of India to stop working.

- **Non-violent intervention**, such as the Freedom Flotilla that took medical equipment, food, building material, and other necessities to Gaza in May 2010.

For more examples see Sharp’s study of the politics of non-violent action, which categorized hundreds of non-violent actions (Sharp 1973).

**Good intentions are not enough!**

Engagement in such activities, when they aim to reduce violence, are good examples of peace work, but some of them may be used for other purposes. As with any tool there is potential for misuse: a knife is an excellent tool to cut a slice of bread, but it can also be used as a murder weapon. This is why the peace worker needs to combine the right intention with good skills. The use of practical tools in must be guided by good understanding of the problem and good theories. Good intentions have often proven to be inadequate.
Lesson 1.4: What is peace work?

Actors
Who are the actors using these tools? Anyone can be a peace worker and help to reduce suffering. Armed forces recruit only the physically fittest people, but the peace worker can do a good job regardless of gender, age, disabilities, class, religion or social position. The list of prominent peace workers includes Nelson Mandela, who for most of his life was a prisoner; the spiritual leader the Dalai Lama; the brave civil rights activist Rosa Park; the electrician Lech Wałęsa, who led the Solidarity movement against the communist dictatorship in Poland; and the indigenous Maya Rigoberta Menchú, whose work for human rights in Guatemala won her the Nobel Peace Prize. They were all ordinary citizens who became world-famous. Most people will never get such attention, but that does not limit their impact or importance. The largely anonymous millions working for a better world are also heroes.

Peace-building
Most of the activities discussed above focus on reducing violence and suffering by protesting, arguing and directly intervening. Another growing branch on the peace worker’s tree is to start building a peaceful future here and now. Even though the enormous forces of violence in the world seem too much to take on, we can start building small islands of peace, even in ongoing armed conflict, after a ceasefire, or amid structural violence. These then may flourish, multiply and result in an archipelago showing how we want the whole world to be in the future.

Many successful movements combine different forms of protest with building peaceful alternatives.

Peace-building is focused on what people want rather than what they oppose. It says ‘yes’ to the positive rather than ‘no’ to oppression, violence, exploitation and injustice. Recent changes in the environmental movement illustrate this shift of emphasis. In addition to protests against nuclear power, pollution and
other threats to the ecosystem, environmental activists now build their own windmills, buy environmentally friendly products and local organically grown food, and travel on ecologically sound transport systems. This may be a form of peace-building with nature.

In his last years Mahatma Gandhi regretted that he had not put more emphasis on this type of work, rather than on the civil disobedience campaigns he led in the struggle for India’s independence.

His ‘yes’ strategy was the Constructive Programme, of which the Khadi campaign was part. Its aim was that Indians would make their own clothes through spinning for two hours a day, so they could stop buying cotton clothes imported from Britain and hence realize parts of the Swaraj (independence) long before the official declaration in 1947. The spinning wheel is still found on the Indian flag.

![India’s Swaraj flag 1923–1947](image)

![The present flag](image)

**Reconstruction, reconciliation, resolution**

Peace-building can take many shapes and forms. In societies that have experienced violent conflict there will be a need for Reconstruction, Reconciliation and Resolution (the three Rs) as part of peace-building.

Peace-building for reconstruction is very practical work to rebuild the infrastructure of destroyed societies, including housing, health centres, power stations and sewage systems. This provides many opportunities for parties previously in conflict to work together. For reconciliation, people and social structures need healing and repair, looking forward despite the inner wounds – not a question of forgetting what happened, but being able to move on with some dignity. Compensation, apologies, ceremonies, truth commissions and dialogue are important ingredients in such processes. Resolution is peace-building through finding a sustainable and acceptable resolution of the causes of the conflict.

These three Rs are related to the three corners of the ABC triangle discussed in Lesson 1.2. Reconciliation is a question of attitudes (the A corner), reconstruction is about how to behave (B corner), and the content or contradiction of the conflict (C corner) corresponds with resolution.
How is peace work related to conflict?

The obvious response is that peace is the opposite of conflict, but closer study reveals that this is not so (see Lesson 1.1). Many peace work activities are even cases of escalation of conflict. In the segregated South of the USA, people had to use different toilets, restaurants, schools etc, and the front seats on the buses were reserved for people with white skin. When African-American Rosa Parks decided to sit at the front of the segregated bus, she knew it would create a reaction and escalate the conflict. She did it to expose inequality and injustice and bring it to public attention; she wanted to make more people take a stand. In communist Poland, Lech Walesa led strikes and occupations of the Gdansk shipyard because he knew it would escalate the conflicts with the government.

Many examples of peace activities are cases of conflict escalation, but with peaceful means. That is a crucial difference from what is meant by escalation in most textbooks about conflict, where it is usually understood as escalation of violence. This is due to a common misunderstanding of some basic concepts.

Firstly, not all conflicts are not necessarily bad. Almost all development of individuals and societies includes conflicts. Problems arise when one or more actors take up violent means. The most successful cases of conflicts solved with nonviolent means i.e. the most peaceful ones, are often underreported, invisible and undocumented. The media and academia tend not to recognize conflict unless it is very violent, at both individual and societal levels. When a couple has a quarrel it is only heeded if there is physical violence, and even this is often ignored or even condoned, especially violence against women. When countries are internally divided or in conflict with others, interest focuses on the disasters – for instance, much more attention was paid to the violent break-up of the former Yugoslavia than to the peaceful division of Czechoslovakia.

One sad consequence is that we hear much more about how not to act in conflicts than about interesting examples of peace work. Many conflicts are handled wisely and peacefully, but they are rarely acknowledged.

A better definition of peace work?

Based on these arguments, the most valuable definition of peace work should be based on the following definition of peace (see also Lesson 1.1): ‘a capacity to handle conflicts with empathy, creativity and by non-violent means’ (Galtung 2002:8).

Using skills and knowledge to act with empathy, creativity and nonviolence for the good of humanity in conflict is peace work.

Peace work can be even more than this. There is also work that reduces structural violence, improves the conditions for our vulnerable nature and environment, reduces the suffering of all living creatures, creates respect for human rights, and builds the foundations of a deeper understanding of human diversity.
Lesson 1.4: What is peace work?

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Chapter 2: Medical Peace Work – a response to violent conflict

This chapter introduces the Medical Peace Work rationale and framework. It outlines how health workers can prevent violence and promote peace.

Intermediate objectives
By the end of this chapter you will be able to:

- describe and evaluate the Medical Peace Work rationale and framework
- outline how health professionals can prevent violence and promote peace
- discuss critical aspects of health professionals’ engagement in peace work.
Lesson 2.1: Health professionals’ involvement in peace work

**Author: Klaus Melf**

This lesson gives an overview of the links between peace and health. It explains why health professionals deal with peace issues, and supports the need for violence prevention and peace promotion.

The linkages between peace and health

As outlined in Lesson 1.1, the concepts of peace and health can both be defined either as the absence of anything negative, or as a positive condition, and even as a capacity of individuals and societies. When defined holistically, these two concepts have much in common. Both are related to wellbeing, basic needs, human security and human rights. Professionals in both fields work towards the prevention or reduction of harm, suffering and trauma (Figure 1).

As many aspects of the concepts of peace and health overlap, health professionals inevitably do some peace work in their regular health work. In this lesson we call this ‘implicit medical peace work’ (Figure 2). It can be distinguished from ‘explicit medical peace work’ (Figure 3), when health professionals engage explicitly in violence prevention and peace promotion in order to improve health. Let’s explore this a little further.

Learning objectives

By the end of this lesson you will be able to:

- describe the major links between peace and health
- discuss how peace work is a form of health work, and vice versa
- recognise the health impact of direct and structural violence
- highlight the risk of health workers committing or concealing violence
- explain the possible unintended negative effects of health assistance in conflict settings.

Figure 1: The commonalities between peace and health
Health work is peace work

In some situations, ill health can lead people to harm themselves or others (direct violence), for example in terminal illness, psychosis or drug addiction. These conditions can therefore endanger peace on different levels. Moreover, it can be seen as a form of violence when illness and disease are inflicted or could easily have been prevented. Unhealthy working conditions and the absence of health services and life-saving drugs kill and harm millions of people. We earlier identified such health deficits as structural violence (see Lesson 1.3). When health professionals treat mental disorders, build health services for all, or make research on poverty-related diseases a priority, they are not only performing health work. Their efforts and commitment also have the potential to reduce direct and structural violence. Furthermore, health professionals can also strengthen positive peace when improving the right to health, meeting basic human needs for health and empathic care, and promoting life-enriching structures and values such as health equity and respect for life. Good health practice has the power to increase peace (Figure 2).

Even if the word ‘peace’ is not mentioned, peace-related outcomes are implicit in the practice of many health disciplines, including social medicine, public health, psychiatry, disaster medicine, international health and medical ethics. Health work is thus a form of peace work.

Peace work is health work

The health sector has also increasingly addressed peace issues explicitly in recent decades. In 1981 the World Health Assembly supported the idea that the preservation and promotion of peace is ‘the most significant factor for the attainment of health for all’ (Resolution 34.38). Peace was described as a major prerequisite for health in the Ottawa Charter for Health Promotion (WHO 1986) (Box 1).
Box 1: The prerequisites for health

Improvement in health requires a secure foundation in the following fundamental conditions and resources:

- peace
- shelter
- education
- food
- income
- a stable ecosystem
- sustainable resources
- social justice and equity

*Source: Ottawa Charter for Health Promotion (WHO 1986)*

Peace work can therefore be seen as a form of indirect health work (Figure 3):

![Figure 3: Explicit medical peace work](image)

As health and peace work have so much in common, it is no surprise that health professionals have certain skills, knowledge and values, as well as tools and opportunities, that make them particularly well equipped for peace work. These include skills in sensitive communication; knowledge about the health effects of different weapons; respect for confidentiality; compassion; international networks; and access to people in conflict settings.
Lesson 2.1: Health Professionals’ Involvement in Peace Work

The Medical Peace Work courses focus primarily on explicit peace work – the role of health professionals in violence prevention and sustainable peace-building. The underlying rationale is not only that health workers have unique possibilities to improve health through peace work, but also that they have a specific responsibility to learn about and engage in peace issues.

Why do you think health professionals deal with peace issues?

There are at least three reasons:

- Violence in its different forms (direct, structural and cultural) severely and often irreversibly affects the health of individuals and communities.
- Health professionals can easily become perpetrators of violence or part of a violent structure.
- Health work can unintentionally worsen a conflict situation.

Let us look at these in more detail.

1 Violence as a serious public health problem

Direct violence

Until fairly recently direct violence was mainly seen as a personal, criminal juridical, political or military issue. Clinical and public health practitioners paid little attention to violence as a health problem, except some health activist groups that focused on issues of war, weapons or human rights. This changed after the World Health Assembly in 1996 declared violence to be a ‘leading worldwide public health problem’, and requested the WHO Director-General to tackle it. WHO responded with its World report on violence and health, which showed that direct violence in its different forms caused the deaths of about 1.6 million people a year worldwide (Krug et al. 2002) (Table 1).

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide</td>
<td>520 000</td>
</tr>
<tr>
<td>Suicide</td>
<td>815 000</td>
</tr>
<tr>
<td>War-related</td>
<td>310 000</td>
</tr>
<tr>
<td>Total</td>
<td>1 659 000</td>
</tr>
</tbody>
</table>

Table 1: Estimated global violence-related deaths in year 2000 (Krug et al. 2002:10)
Direct violence was a major cause of death in the 15–44 age group, accounting for 14% of deaths among males and 7% among females (Krug et al. 2002). Mortality is, however, only the tip of the iceberg. Violence has enormous additional human costs: for each person killed, many more survive with lifelong physical or psychological scars. For example, for every homicide among young people there are 20–40 non-fatal cases that require hospital care (Butchart et al. 2004).

Direct violence also has different impacts on societies, economies and the environment, and creates an additional burden on the health system. You will find a more detailed account of the health effects of war and types of weapon in Course 3, and of direct violence at the micro-level in Course 7.

**Structural violence**

Structural violence has an even greater impact on health indicators. Communicable diseases, maternal and perinatal conditions, and nutritional deficiency cause the deaths of over 18 million people a year (WHO 2004). Most of these deaths could easily be avoided through health promotion, better health systems, and providing antibiotics and food. We live in a world of unparalleled riches and the number one killer is poverty: people are dying unnecessarily due to the unequal distribution of knowledge and resources.

The mortality rate associated with poverty and other expressions of structural violence is minor compared with the morbidity rate. Most people who are exposed to exploitative or repressive structures survive. Their basic wellbeing, identity and freedom needs remain unfulfilled, however, and they live in inhuman conditions characterized by malnutrition, illness and illiteracy.

**Prevention more important than treatment**

The classical role of health work in conflict situations was the symptomatic treatment of health effects after violence occurred. This is of course very important for those exposed to violence. Despite the advances of modern medicine, however, violence leaves millions of people with lifelong mental and physical disabilities and pain. It destroys lives, disrupts families, and shatters societies. Medical treatment does not bring back lost lives, and often cannot heal the physical or mental trauma caused by war and other forms of violence.

In all health problems in which complete recovery is impossible, prevention of a harmful event is more important than using a sticking plaster to alleviate its symptoms. This principle is reflected in global public health campaigns, such as those to prevent HIV and abolish smoking.
One of the most important messages of the World report on violence and health is that direct violence can be prevented and health professionals can play an active part. ‘Public health officials can do much to establish national plans and policies to prevent violence, building important partnerships between sectors and ensuring a proper allocation of resources to prevention efforts,’ it said (Krug et al. 2002:19).

2 Professionals at risk of committing violence

A second reason why health workers are and should be concerned about peace issues is the risk of the health professions contributing to violence. Health workers are often highly educated, have access to knowledge and power, and hold senior social and professional positions. They enjoy confidence and credibility in most societies. Their qualities, tools and opportunities are not always used in the service of humanity, however. Health professionals can become perpetrators or collaborators in human rights violations, militarization and even genocide.

Nazi doctors provided a chilling example of health professionals failing to uphold professional ethics. The medical establishment in Germany played a crucial role in giving Nazi ideology a scientific aura (‘racial hygiene’), and some doctors conducted deadly experiments on prisoners in concentration camps in the name of medical progress. Health professionals were actively involved in developing the mechanics of killing, the selection of patients and prisoners, and murders in the gas chambers (Lifton 1986).

Sadly, we do not even need to go back in history for further examples. Health professionals are now and have recently been at risk of committing or concealing different forms of violence and human rights violations, for example in Abu Ghraib prison in Iraq and at the US prison camp at Guantanamo Bay (Miles 2004). Some medical specialities are at particular risk because of dual loyalty and/or working in violent environments, for instance war medicine, prison medicine and psychiatry. (See also Course 2 and Course 5, Chapter 1).

Much more common, but not necessarily less tragic and painful for the individual, is the violation of human needs and dignity in daily encounters between patients and health workers. In Lesson 3.3 you will learn how labels and judgements, violent thinking, orders and interpersonal conflicts can hurt, and how they can be transformed through empathic speaking and listening (Rosenberg 2003).
3 Health work can worsen a conflict situation

A third rationale for medical peace work is its commitment to reducing the risk of unintended, negative side effects when working as a health professional in a conflict context.

A key ethical principle for health workers, as expressed in the ancient Hippocratic oath, is ‘primum non nocere’ [first, do no harm]. Despite good intentions, health workers can be exploited in violent systems or structures, and unwillingly contribute to harm. If the violent conflict situation is not taken into account, trying to make rapid rather than long-term improvements in health can be counter-productive. It is increasingly recognised that health work and other aid work in conflict areas can unintentionally contribute to conflict escalation.

For instance, can international health assistance of a corrupt government legitimize the people in power, or even give the impression that corruption is ethically accepted? Learning lessons from earlier mistakes, the Do No Harm project has documented the negative impacts of aid in conflict situations through the transfer of resources and implicit ethical messages (Anderson 1999).

It has become good practice for aid agencies and donors to conduct a conflict impact assessment. ‘Do no harm’ is the minimalist principle – ‘do some good’ is the goal. Humanitarian workers are increasingly required to know the basics of peace and conflict analysis tools and impact assessment (see Lesson 3.1 and Course 5, Lesson 2.2).

Conclusion

Health professionals work for peace in a variety of ways and at different social levels. Their contribution is implicit, as it forms part of conventional health work, and explicit, through an active focus on violence prevention and sustainable peace-building. As violence is a serious public health concern, and health workers are at risk of doing violence or escalating a conflict, raising awareness and building their capacity for peace work is greatly needed.

References


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Lesson 2.2: A public health approach to violence and war

Author: Klaus Melf

The different types and levels of violence have been recognised as serious public health concerns (see also Lesson 2.1). This lesson will show you how the discipline of public health deals with such problems, and how different phases of prevention can be used in the cycle of violence.

Identifying violence as a public health problem

Historically, the role of health professionals in relation to violence and war has been defined as taking care of the victims and alleviating their physical and mental suffering. Treating symptoms without dealing with the underlying causes is unsatisfactory for many health workers, however, and even presents them with an ethical dilemma. How often should a battered partner return to the hospital emergency department, or wounded soldiers be carried off the battlefield, before the causes of their health problems are addressed?

The health sector has many different functions. The primary goal of public health is not to treat an individual’s health problems, but to prevent them at a societal level. The characteristics of public health are that it is population-centred, evidence-based and multidisciplinary, and focuses on prevention. The public health practitioner’s most important tool is epidemiology – the study of patterns and causes of diseases and injuries in human populations (Day 1995).

There is nothing new in the public health approach. What is new in the Medical Peace Work framework is its application to direct violence, and in particular to all levels of direct violence, from suicide to nuclear holocaust.

The World report on violence and health is a major step in this direction as it recognises different forms and levels of violence as public health challenges.
(Krug et al. 2002). Only by identifying a health problem can it be addressed properly: ‘until a health problem is named and adequately described, the problem itself does not exist – at least in a professional or public sense’ (Mann 1997:3).

Applying the public health approach

A public health approach to direct violence includes the definition, classification and measurement, the identification of risk and protective factors, the development and evaluation of interventions, and the implementation of effective interventions at population level. By using rigorous scientific methods, public health moves from problem identification to effective response (Figure 1).

Figure 1: A public health approach to a problem
(Adapted from: Mercy et al. 1993)

Surveillance

Health professionals and scientists try to understand the nature, scope, magnitude and pattern of direct violence and its health impact at community level through systematic data collection. Information to be collected includes questions of ‘who, when, where, what and how’. Typical sources of data are individual patients, clinical records, agency or institutional accounts, community and

Let us have a closer look at the different steps in the public health approach.
government files, population-based and other surveys, and special studies. Descriptive epidemiology produces knowledge about different forms and levels of violence, frequencies and circumstances, mortality and morbidity rates, specific health outcomes, endangered population groups and the economic burdens on the health sector and society.

**Identification of risk factors**

Health practitioners need to understand why violence is happening in order to treat not only symptoms but also causes. Analytical epidemiological studies help us to identify the factors that increase or decrease the risk of a violent event, and can be influenced. Direct violence is not caused by a single variable, but is the result of a complex interplay of risk and protective factors on many levels. The ecological model in Figure 2 visualizes four such levels: individual, relationship, community and societal (Krug et al. 2002).

There is a strong linkage between different forms and levels of violence, and they share many risk factors. Reducing risk factors therefore has a positive impact on the general level of direct violence. Table 1 highlights some risk factors common to different violent events (Krug et al. 2002).

| **Societal** | rapid social change, economic inequality, gender inequality, policies that increase inequalities, poverty, weak economic safety nets, poor rule of law, high firearm availability, war/ post-war situation, cultural violence |
| **Community** | poverty, high crime levels, high residential mobility, high unemployment, local illicit drug trade, weak institutional policies, inadequate victim care |
| **Relationship** | poor parenting, marital discord, low socioeconomic household, violent friends |
| **Individual** | victim of child maltreatment, personality disorder, alcohol/substance abuse, history of violent behaviour |

*Figure 2: An ecological model – four levels*

*Table 1: Shared risk factors for different levels of direct violence*
Intervention and evaluation

The most important forms of public health intervention are modification of risk factors and strengthening of protective factors. To increase the likelihood of positive health outcomes, interventions need careful design and implementation, as well as rigorous evaluation. The health sector has a strong tradition of observational studies, such as case-control and longitudinal studies, and intervention studies, such as randomised controlled trials and quasi-experimental studies. Such analytic study designs have frequently been used to assess micro-level violence (see Course 7), but there is still little knowledge or evidence of what lessens or eliminates macro-level violence such as war.

Outcomes that are studied include changes in the incidence of violent events and their mortality and morbidity, and changes in knowledge, behaviour and attitudes of individuals and societies. As well as outcomes, it is also important to document the process of an intervention, no matter whether it was successful. It will only be possible to ascertain when to intervene, and how, through comprehensive documentation and research.

Implementation

Once effective or highly promising interventions are found, they need to be implemented on a broad scale. Public health uses a variety of strategies for this. They range from health promotion in schools to the formation of partnerships and alliances, from public media campaigns to advocacy for policy change. In the implementation stage, it is just as crucial to evaluate the interventions carefully. Why is this so?

Evidence is often found in a clinical trial or an academic study. There is no guarantee that the findings can be generalized to community conditions, or transferred to broad populations and different geographic and cultural contexts. In addition, programmes have to be evaluated for cost-effectiveness: public health specialists and policy-makers want to know how many lives have been saved or how many health problems have been prevented, and at what cost. On the basis of experience with other major health problems, violence-preventive measures are probably much more cost-effective than the treatment and rehabilitation of individuals and communities after violent events.
Timing of preventive interventions

Public health distinguishes between the primary, secondary and tertiary prevention phases of health work (Last 2006) (Table 2).

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Primary prevention</strong></td>
<td>Includes interventions that attempt to stop a health problem from occurring in the first place. Infectious diseases, for example, may be prevented through better hygiene and vaccination.</td>
</tr>
<tr>
<td><strong>Secondary prevention</strong></td>
<td>Describes interventions where a health problem already exists. It focuses on preventing further deterioration. An example is screening for cancer.</td>
</tr>
<tr>
<td><strong>Tertiary prevention</strong></td>
<td>Describes interventions, when acute health problems are under control, that can contribute towards preventing and mitigating the long-term negative effects. An example is physical therapy after a bone fracture.</td>
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This terminology can also be applied to violence as a health problem. Before we explore what this means for violence prevention, let us examine the cycle of violence.

Direct violence, whether at an interpersonal, intergroup or any other level, has a tendency to breed further violence. Even if one side in a conflict ‘wins’ a violent struggle, or if both parties end up exhausted in a stalemate, there will not be a peaceful relationship as long as the underlying conflict has not been transformed. There is a great risk that the conflict will enter a new cycle of violence (Figure 3) (Arya 2003).

![Figure 3: The cycle of violence](image-url)
As mentioned earlier, interventions in public health can be differentiated by their timing. If we now apply the different phases of prevention to the cycle of violence, we end up with Figure 4.

![Figure 4: Prevention phases in a cycle of violence](image)

**Primary prevention of violence** means reducing identified risk factors for violent attitudes, behaviours or structures, and strengthening factors that have protective effects.

**Secondary prevention of violence** emphasises early warning of existing violence through screening and the detection of its physical, mental and social symptoms. Even the de-escalation of a violent conflict and constructive conflict handling might be considered as secondary preventive approaches.

**Tertiary prevention of violence** includes measures that work towards psychosocial rehabilitation after violence has happened. It also entails preventing re-entry into a new cycle of violence through reconstruction, reconciliation and the transformation of the conflict.

In the next lesson we will further develop this concept of the timing of violence-preventive interventions, and discuss what it means for medical peace work.

**References**

Lesson 2.3: The health sector contribution to peace

Author: Klaus Melf

This lesson gives an overview of the health professional’s potential for peace work. It builds on the knowledge about peace and peace work gained in Chapter 1, and applies the public health approach to violence.

Health professionals’ assets for peace work

We saw in Lesson 2.1 that the concepts of peace and health have much in common when both are defined holistically. It should be no surprise that health workers have professional assets that can be exploited for peace work – whether skills, knowledge and values, or tools and opportunities that other professions might not have, or not to the same degree.

We discussed the public health approach to violence in Lesson 2.2. It showed us how health sector expertise in identifying threats to large populations, epidemiology, research, evaluation, educating the public and advocating policy can all be assets for peace work.

Other relevant skills, knowledge and values of the health professional might include competence in improving access to health care and rebuilding the health sector; healing physical and mental trauma; empathy and sensitive communication; respecting confidentiality and acting impartially; and commitment to health and wellbeing, human dignity, social responsibility, and worldwide solidarity with fellow professionals.

Some tools and opportunities for peace work are specific to the health sector. These include access to people and communities in need, close professional contact.

Take a moment now to reflect on what health professional assets you consider might be useful in peace work.

Learning objectives

By the end of this lesson you will be able to:

- recognize the different assets and mechanisms of medical peace work
- depict the framework of medical peace work
- describe the principles of violence prevention in a cycle of violence.
(with perpetrators, victims and decision-makers), health as an overarching goal, professional ethics and codes, reliable information, public trust and social status, and huge international networks with their own resources and infrastructure.

**What is medical peace work?**

Using a holistic concept of peace, we can conclude that peace work is not only making or building peace in armed conflicts. It also encompasses all measures that aim to prevent or reduce direct, structural or cultural violence at all levels; that try to build up harmonious behaviour, attitudes and relations; and that use and strengthen the capacity to handle conflicts with empathy, creativity and by non-violent means (Lesson 1.4).

These MPW courses describe peace work performed by all health workers as ‘medical peace work’. In Lesson 2.1 we distinguished between implicit and explicit medical peace work.

The former depicts peace outcomes (often not considered as such) achieved through regular health work. The latter (and most relevant for these courses) refers to the intentional use of health professionals’ qualities, tools and opportunities for improving health through violence reduction and peace promotion.

**Mechanisms of medical peace work**

The Peace-through-Health working group at McMaster University, Canada, identified 10 mechanisms that describe how health workers perform peace work (Box 1) (MacQueen et al. 1997; Santa Barbara and MacQueen 2004).

**Box 1: Mechanisms of medical peace work**

- Redefinition of the situation
- Superordinate goals
- Mediation and conflict transformation
- Dissent and non-cooperation
- Discovery and dissemination of knowledge
- Rebuilding the fabric of society
- Solidarity and support
- Social healing
- Evocation and extension of altruism
- Limiting the destructiveness of war
Lesson 2.2 discussed three phases of prevention in a cycle of violence. All these mechanisms can be applied before, during and after violent events (Arya 2004). But what do these 10 mechanisms entail?

A redefinition of the situation occurs when health professionals make it clear that war is not a political or military game, but a human disaster; or when they define domestic violence not as a family concern, but as a public health problem.

Superordinate goals are highly esteemed values, needs and visions that are shared among conflicting parties, and are conceived as more important than the contended positions, interests or wishes. Examples include health, wellbeing and survival (in particular of children), that have the potential to stop violence, build relations, and transcend a conflict.

Mediation and conflict transformation are common health professional activities in mental health care. However, as previously mentioned health workers have unique access to people in conflict situations. This can bring them in positions to facilitate in interpersonal, intergroup, and even macro-level conflicts as well, and to contribute to their transformation.

Peace work is not always about relationship-building and collaboration. Dissent and non-cooperation are necessary in some situations. Health workers have spoken out and refused to collaborate during many unjust wars and human rights violations. Redefining a situation is also about dissenting from habitual rules and traditional interpretations.

Discovery and dissemination of knowledge represents the work of health professionals in diagnosing past or present violence and documenting its health consequences. In a public health approach to violence the data collection, analysis and exploration of these facts are the foundation of violence prevention measures.

A well-functioning and equally accessible health care service helps to meet some basic human needs. Rebuilding the fabric of society through health system improvements in a manner sensitive to culture and conflict can not only reduce grievances and the underlying causes of conflict, but also contribute to trust, human security, tolerance, development and shared civic identity.

Solidarity and support of those in greatest need is standard health practice. In situations of direct, structural or cultural violence it might require enormous courage to follow professional ethical standards and break with habitual rules of obedience and loyalty to the powerful. For the sufferers, physical, mental and social health support can mean survival, and at least gives them hope that they are not forgotten. Taking sides in a conflict with huge power imbalances means health workers and organisations cannot act as facilitators.
Physical or mental rehabilitation is not sufficient to produce the best health outcomes in many illnesses – social factors are also crucial. In violent conflicts those most involved (and bystanders) can be traumatized, and social bonds are often disrupted at individual and group levels. By delivering social healing as well as addressing mental health problems and normal reactions to psychological trauma, health workers can contribute to relationship-building, reconciliation and the transformation of conflict.

Health professions’ ethical codes and guidelines make no distinction between friend and enemy, humans with and without dignity, or good and evil. Health workers adopting these ethics serve everyone in need regardless of their affiliation with another social group. The evocation and extension of altruism confirms that all humans are equal in a polarized situation.

The last mechanism, limiting the destructiveness of war, points to the endless work of individuals and health organizations to reduce the means of warfare, human rights violations and even micro-level violence. The strategic goals of such health initiatives include the prohibition of certain types of weapons, wars and military behaviour, and the specific protection of non-combatants, civilians and vulnerable groups.

Is health work always peace work?

If health workers possess so many assets for peace work, you may wonder whether they are contributing to peace all the time: but they do not. We saw in Lesson 2.1 that health workers sometimes intentionally or unwillingly contribute to war, violence, and conflict escalation.

Where there is no intentionality in using their peace assets, health workers’ activities would not fall under the term medical peace work – even if they accidentally contribute to peace.

There is a pitfall here, however: the popular understanding of peace work as either a diplomatic endeavour in war zones or an activist practice limits health workers’ awareness of their own peace work. They may recognize that they intentionally work for harm prevention and for equal access to health care; some may realize that they intentionally seek to promote human rights and justice, reduce poverty and social inequality, protect the environment, or strengthen tolerance and human dignity. They will not usually consider this as peace work – but all these aspirations count as medical peace work according to the holistic peace concept used here.

The advantage of this conceptualization is that health practitioners may easily become aware of peace possibilities in their daily work. They may be able to seize new intervention opportunities, gain an understanding of their
own limitations and missing peace assets, identify relevant partners and complementary expertise, and consciously avoid political appropriation and unintended negative effects of their practice in a conflict context.

Peace education and raising awareness of health workers’ peace potential is therefore necessary in the health sector if its full contribution to peace is to be understood and exploited. It is true that some (mainly humanitarian) organizations and health practitioners deliberately avoid using the term ‘peace work’, as they do not want to compromise their access to war zones. They might, however, agree off the record that what they do could be defined as peace work. The distinction between the military, developmental, humanitarian and peace roles of health professionals in violent conflict is somewhat artificial, as health professionals can engage in peace work in all roles (Buhmann et al. 2010). We will discuss the risks and limitations of medical peace work further in the next lesson.

Now look at Figure 1. You might recognize the cycle of violence and the three phases of prevention: primary, secondary and tertiary (Melf 2004:30).

**Figure 1: Direct health work and medical peace work during the cycle of violence**
In this model, the distinction made between ‘direct health work’ and ‘medical peace work’, highlights that there is no automatic link between health work and peace work. While the first term is used for ‘classical’ health initiatives that aim to prevent the negative health effects of violence (for example, vaccination of soldiers against possible biological agents), the second term describes health initiatives that aim to improve health through the prevention of violence itself (for example, by tackling the root causes of conflict). The former is embedded in the cycle of violence; the latter intends to interrupt the cycle. A clear distinction is not always possible, however, as peace and health work overlap; as both forms of health work are strongly connected, classical health work is often the entry point for medical peace work.

How does medical peace work look in practice? Table 1 gives an overview of examples. Many of these will be explored in the other six MPW courses. Figure 1 depicts different possibilities for medical peace work, and can serve as a thread through the different topics covered in Courses 2–7.

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Table 1: Timing, principles and examples of medical peace work
Limitations of the cycle of violence model

This model is mainly used to understand violent behaviour (direct violence), and is less suitable for depicting violent attitudes and processes. There is therefore a risk that structural and cultural violence are ignored when it is used to discuss direct violence. In reality, violent attitudes and processes can be present in all three conflict phases and are, in particular, underlying factors for violent behaviour. Structural and cultural violence can and should be addressed at all times.

References


Lesson 2.4: Risks and limitations of medical peace work

Authors: Neil Arya and Klaus Melf

In this lesson we will discuss the possible risks and limitations of involvement in different forms of medical peace work, whether in war zones, your own regional or local peace organization, or at your local health facilities or workplace. In this context the phrase ‘risks and limitations’ implies a significant chance that the venture may be ineffective, counterproductive or even dangerous for ourselves or the populations we are trying to serve. We will present three aspects of the risks and limitations of medical peace work, discuss the dangers posed by these risks, and explore how to manage them effectively.

Three aspects of risks and limitations of medical peace work

We will begin by looking at three factors that can inhibit the effectiveness of medical peace work: people’s (mis)perceptions of the role of health workers or of peace work in general; health professionals’ lack of relevant peace and conflict skills; and the limitations on trying to achieve positive peace.

1 Perceptions of health professionals engaging in peace work

Both, health and peace are basic human needs, and working for their fulfilment is broadly regarded as noble and desirable. Peace work can connect health workers to people who value their involvement and integrity and therefore begin to trust them. However, peace work can also have the opposite effect, and may create divisions, even or perhaps particularly when health professionals do it.

Learning objectives
By the end of this lesson you will be able to:

• explain why medical peace work may exacerbate conflict
• give examples of the negative side effects of medical peace work
• describe some risks and limitations of medical peace work, including specific dangers to patients and health workers
• describe how to address some skill deficits of health workers.
Lesson 2.4: Risks and Limitations of Medical Peace Work

Peace practitioners often work in politically sensitive areas, aiming for a change in the situation and directly or indirectly challenging power structures. For example, they may choose to engage in solidarity activities; mobilize public opinion against their government’s lack of action to limit weapons; disseminate facts about the health effects of military interventions; bear witness to human rights violations; or blow the whistle on the corruption of their employer, whether in industry, government or the armed forces.

Patients, employers, funders and power brokers may expect health workers to do classical health work (i.e. work that is mainly curative and symptom-focused), and to remain neutral and apolitical. Engaging in medical peace work can mean addressing underlying causes of violence and ill health, ending the abuse of power, and advocating policy change. It therefore puts the worker at risk of being labelled as ideological, extreme, divisive or confrontational. People may say that peace work is not your business, or that activism distracts you from your mission of saving lives and improving health. They may view you with hostility, actively limit your access and even threaten you and your partners’ lives, liberty, careers, and freedom of movement and action.

At an individual level, doing peace work may create animosity between the health worker and the patient – compromising the professional-patient relationship – and between health workers and their employers or funders. In certain conflict situations, even the use of the term ‘peace’ and related terms like ‘human rights’, ‘justice’ and ‘conflict mediation’ can be problematic when powerful interest groups or power brokers like the military have different values or interests.

Box 1: An example of challenging power

International Physicians for the Prevention of Nuclear War (IPPNW) was awarded the Nobel Peace Prize in 1985 for its efforts to inform the public and decision-makers on the health disaster of nuclear weapons. It also acted to bridge the East-West divide, involving doctors from both sides of the Iron Curtain. Helmut Kohl, then chancellor of the German Federal Republic, actively opposed the award and tried to reverse it by discrediting IPPNW as a ‘communist’ organization. A Nobel Committee member responded that such an intervention had been tried before by another head of state, again from Germany: Adolf Hitler tried to stop the award of the 1935 Nobel Peace Prize to Carl von Ossietzky, who was imprisoned in a German concentration camp (Wittner 2009).

Please think of examples from your own work, or situations you have read about, where peace work has acted as a divider (a divisive force) and alienated people from the actors of peace work.
Perpetrators of violence, people in positions of power whom you challenge, and even the people you wish to serve may not welcome your peace work if it is a threat, or perceived as a threat. They may try to stop your work, discredit you and your collaborators, and take other measures against local staff and the people you are trying to serve.

Pause now for a few moments and try to identify a specific example of when peace work was dangerous for the actor. Then reflect on the example in Box 2.

Box 2: When peace work became dangerous in Sri Lanka

Mahinda Rajapaksha, who became president in 2005, actively opposed the existing Norwegian-mediated ceasefire with the Tamil Tigers and announced a military solution. Violence was increasing and the Tigers were weak and divided. Peaceful solution of the conflict was less actively promoted in public, and any contact or negotiation with the rebels was denounced as a betrayal of the country. This resulted in the end of the Norwegian peace-broker role, and death threats to national and international peace advocates. Some famous peace figures were even killed, for instance Kethiswaran Loganathan, the deputy secretary general of the Secretariat for Coordinating the Peace Process (ReliefWeb 2006).

In Lesson 2.1, which looked at why health professionals are involved in peace work, we discussed the unintended difficulties of the allocation of resources, and the negative implicit ethical messages that aid workers often bring into a conflict area. The concept and practice of ‘Do No Harm’ is also discussed in Course 5, Lesson 2.2.

Health workers entering conflicts or social contexts as outsiders may be perceived as biased or neo-colonial, especially when they fail to appreciate the possibility of such perceptions. Such problems may be exacerbated when international health workers choose to employ security forces, or cooperate with the armed forces or police.

There are differences in the role and peace potential of health professionals who work in different organizations (e.g. military, humanitarian, development) and those who do explicit peace work. It is essential to be aware of the different values, perspectives, potential and limitations to acting effectively as a peace worker (Buhmann 2010).
2 Deficits in skills, knowledge and attitudes

Health professionals are not usually trained to do explicit peace work, and may therefore lack some of the necessary skills, knowledge and attitudes.

Health workers may require certain peace capacities that are not usually taught at medical or nursing schools when they act like professional diplomats (who may better understand the geopolitical implications of action), like peace practitioners (who have tools to analyze conflict), or like marketing and lobbying professionals (who understand the effect of persuasion and mobilization).

Health professionals must balance their responsibilities to their patients, to the institutions to which they belong and to society at large. These divided loyalties may lead them to violate international norms and conventions (Arya 2007). The attitudes deficits become obvious when health workers ignore their professional obligations for individual gain or for what they see as a greater good, and/or become accomplices in inhuman acts such as human experimentation and collaborating with torture. Sometimes health workers may try to define their work as pure health – apolitical, without peace and justice goals – to minimize opposition from hostile employers and other organs of power. When peace goals are only implicit, and peace objectives not clearly delineated, it makes it harder to evaluate effectiveness explicitly.

Health workers, in particular doctors, may be less effective and sometimes fail in their health and peace objectives if they assume that because they are generally appreciated by the public and their opinions are highly valued, they are natural leaders who have no reason to consult, engage with or defer to others. The zeal with which such ‘do-gooders’ approach conflict may in itself be harmful, alienating the populations they are trying to help.

When you try to engage in peace work, what do you think the limitations of your professional training are? Compare your findings with Box 3.

Box 3: Some important peace qualities

The **skills** include the ability to monitor events and undertake continuous political analysis; use nonviolent communication; act in a culturally sensitive manner; and conduct conflict resolution, negotiation and mediation.

The **knowledge** includes concepts of peace, conflict, nonviolence and reconciliation; and international human rights and humanitarian law.

The **attitudes** should be based on values that underpin peace work. Such values include respect for life, do no harm, empathy, solidarity, and nonviolence.
Lesson 2.4: Risks and Limitations of Medical Peace Work

3 Peace work may not result in quick and easy solutions

Donors and politicians often ask for quick results from health interventions. People’s lives must be saved, and illness prevented. Financial supporters of health workers engaged in peace work may require quick evidence of health benefit of their work.

Lesson 1.3 outlined the concepts of negative and positive peace. Negative peace – the absence or reduction of violent events, structures and attitudes – is generally easier to understand and perhaps to measure. Decreasing rates of homicide and of maternal and child mortality are examples of measurable outcomes. Positive peace, with longer-term outputs and more remote goals in structures, attitudes and behaviour, may be more difficult to measure with current tools. Of course this limitation is also true of many other public health interventions that aim at positive changes, such as health promotion.

Many people want to work ‘below the politics’ at a micro level on ‘contact’ projects, for example in the Middle East, but getting conflicting sides together to eat falafel may not in itself promote peace (see Box 4). Course 5, Lesson 2.1 on building bridges describes the limitations of such work more fully.

Box 4: Can’t we all just get along?
The Canada International Scientific Exchange Program develops collaborative health projects and academic exchanges in Israel, Palestine and Jordan in the fields of ENT and paediatric oncology (Skinner 2005). They bring participants together in Toronto, however seek to be ‘below the politics’ and inhibit discussions about politics and living conditions. Yet the approach has been criticized for failing to consider historical context or current issues of inequity and justice . (Jabbour 2005)

Now take a minute to reflect on the possible limitations on your effectiveness when you actively engage in peace work, in your current work context. Can you recognize some of the limitations that were highlighted here, or identify others?

Managing the risks and limitations

It is important to appreciate and accept your limitations. Taking courses such as this one may improve your peace and conflict competencies. There are many other peace-related courses offered to or open to health professionals. A list of available courses can be found in the teaching resource database on the Medical Peace Work web site.
Interprofessional collaboration with those possessing appropriate skill sets is critical. Inform yourself about any conflict, especially when you enter from outside.

You need to be careful when using the term ‘peace’ or related terms. Even if you understand peace work as part of health work, you may sometimes choose to hide your peace goals, and describe the initiatives as purely health-focused. If you do this you should still explicitly understand your peace goals, outputs and outcomes, and the measures you are going to use to be more effective.

It is essential to understand our personal motivations, background and experiences. An attitude of humility and sensitivity to the population you are serving is equally important. Seeking support from other professionals but also from family, friends and your social network is important to help you withstand pressure from power structures.

Such approaches may help you to improve your health outcomes as well as your peace outcomes.

References and resources


This chapter presents some peace skills to help health workers become more effective peace agents. These are not usually learned in their professional training.

**Intermediate objectives**

By the end of this chapter you will be able to:

- apply different conflict analysis tools
- describe strategies of social movements
- overcome hurting aspects in the way we speak and relate to each others.
Lesson 3.1: Conflict analysis

Author: Nick Lewer

Why analyse conflict?
The many armed conflicts that plague the world today, because of their complexity and resistance to resolution, have been described as intractable conflicts, terrorist situations, protracted social conflicts, dirty wars, shadow wars and complex political emergencies (CPEs).

This lesson asks you to imagine that you are in the middle of a CPE. Typically the roots of the conflict are mainly political and involve competition for power and scarce resources. They are multidimensional crises that result in profound human suffering.

One dimension is that the state is contested, collapsed (failed) or weak. CPEs are mainly intra-state, although there are often inter-state dimensions, also referred to as regional conflict complexes. The roots of many CPEs lie in relations between enduring identity groups which do not necessarily correspond with existing state boundaries and feed on religious, tribal, political or ethnic loyalties, such as enmity between Muslims and Orthodox Christians in Serbia, the Tutsi and Hutu in Rwanda, the Naga people and the government of India, and the Protestant and Catholic communities in Northern Ireland.

It is often difficult to distinguish between combatants and civilians in such conflicts, and armed forces may deliberately involve civilians in order to blur the boundaries between them. This may also lead to violence targeted at civilians and structures that have cultural and economic significance for particular groups of people.

Violent conflicts may be protracted and dynamic, moving in and out of phases of violence and instability interspersed with periods of peace and stability. They also involve many actors at local, national and international levels. Predatory groups and conflict entrepreneurs form war economies (Pugh and Cooper, 2004). For example, armed groups at checkpoints may extort payment to permit passage; in Rwanda, military companies used prisoners for labour in coltan mines in return for a reduction in sentences. Both state and non-state military units smuggle drugs and people. Benign civil society may often have broken down, or be under severe threat.

Learning objectives
By the end of this lesson you will be able to:
• explain what is meant by conflict analysis
• explain why it is important to analyse a conflict situation before intervening
• describe some analysis tools
• apply these tools to a conflict situation.
These violent conflicts can involve many actors; they function at different levels; they are caused by structural and immediate factors; they usually involve the denial of political, economic, social and human rights; and they are characterized by acts of extreme cruelty and violence. If conflict interveners do not fully understand such situations before entering a conflict, they may do more harm than good (Anderson 1999).

Good intentions and motivations – a ‘good heart’ – are not enough; it is also vital to have a good mind and to understand and analyse a situation to ensure careful planning before an intervention. Before outsiders intervene in an armed conflict they must clearly understand the actors and their relationships, the conflict dynamics and processes, the issues and drivers underpinning the conflict, and the linkages between the different levels and elements of the conflict.

A conflict analysis will not necessarily provide a simple explanation for the conflict, or reveal an immediate conflict resolution process. But it enables us to construct a detailed picture of the situation and identify the factors that can contribute to peace, so that we can design our peace interventions more carefully.

There are many approaches to analysing conflict, and a number of tools. The tools described here have been selected to help you discover who the key conflict actors are and how they relate to each other; where and when the conflict has occurred or is occurring; why it is taking place; the key causes and issues (including the various positions, needs and interests

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**Box 1: Guidance on using conflict analysis tools (Consortium of Humanitarian Agencies 2004)**

- It is essential to use tools that match the skills of the users.
- The context in which conflict analysis is used must be considered. For example, a verbal narrative method might be more appropriate than a written method.
- The process of conflict analysis could hurt or offend certain parties, so it is important to take a cautious and open approach when conducting the analysis.
- It is important to ensure that data collected on the conflict are unbiased and as complete as possible, so that a full analysis can be made.
- Emotions play a significant role in conflict situations, so it is important to acknowledge them and bring them into the process of analysis, to ensure that both rational and emotional elements are analysed.
- The analysts must maintain impartiality. This may be difficult if they are also involved in the conflict.
of those involved) that keep the conflict going; and possible intervention points. The tools were developed by peace practitioners in the field and used in many situations. As you use each one you will deepen your understanding of a situation. They are best used together rather than in isolation.

We will describe just a few of the available tools here, and encourage you to investigate other approaches to conflict analysis. The Consortium of Humanitarian Agencies (2004) gives some helpful guidance on using conflict analysis tools (Box 1).

Experience has shown that time spent on analysis is time well spent. One more piece of advice: remember that in conflicts the situation is not static but constantly changing, so you must repeat your analysis regularly during your peace project.

Conflict analysis tools

We will now look at six conflict analysis tools, which you should understand before completing the e-learning case.

1 Conflict history tool – the conflict timeline

This tool can help you to review and unravel key historical events in chronological order, and identify different phases of the conflict. Remember, people may understand the history and causes of a conflict differently, and highlight or deny particular events and interpretations. Allowing people to tell their stories is a powerful way of appreciating their perceptions and understanding of their history.

Method

You will need a large piece of paper and different coloured pens. Plot the historical events along a vertical line which lists dates (years, months, days) in chronological order.

This can be done from your own analysis of key events, and also by the parties to the conflict. When placed side by side, these timelines show how the different parties interpret and emphasise different events that are important to them. It can form the basis of a rich discussion.

A further vertical line could be added with details about previous peace initiatives.
Lesson 3.1: Conflict analysis

2 Conflict mapping tool

After you have described the main historical events and phases of the conflict, the mapping tool helps you to identify the key actors and their relationships.

Examining the type of relationship between the main parties in the conflict will help you to identify which peace intervention is most appropriate. When used in a problem-solving setting it provides a forum for representatives from different groups to discuss the nature of the various parties and their relationships. This is important because people have different perceptions of these factors. A map is useful for all types of conflicts, from interpersonal and family disputes to international conflicts.

To construct a map you must ask the following questions.

- Who are the main parties involved?
- Who are the other interested parties – those not directly involved?
- What is the relationship between them?
- What is the relative power of each of the parties?
- What are the key issues between the identified parties?
- What is your relationship to each of the parties identified on the map?

Method

You will need a large piece of paper and different coloured pens.

First decide exactly what you want to map and what phase of the conflict it is. Remember that the map is a snapshot of a conflict at a particular time in a conflict. It needs to be repeated regularly to keep it up to date.

You may want to identify a particular element of a conflict. Trying to map an entire conflict sometimes becomes too complex and confusing.

Your task

Construct a timeline of a conflict of your choice (this can range from an interpersonal to an international conflict). Identify events on the timeline which each party might understand or interpret differently. Remember that the purpose of a timeline is not to construct a ‘correct’ version of the conflict history, but to allow conflict parties to identify the events important to them. It is vital that each side sees the conflict through the others’ eyes as well as through their own.
List all the actors involved in the conflict to be mapped.

Identify each actor by a circle. The size of each circle should relate to their ‘power’ in relation to other actors in the conflict.

Link the circles by different types of line depending on the type of relationship (for example, conflict relationship, close relationship, alliance, informal relationship, indirect relationship, and so on). These are illustrated in Figure 1 (Fisher et al 2000). You can also devise your own symbols to connect the various actors.

Any key issue between the actors can be identified and put in a box.

Give each map a date, adding the names of the ‘mappers’ and where the analysis was undertaken. A list explaining the various symbols and linkages uses must also be provided.

Your task

Construct a map of a conflict of your choice (this can range from an interpersonal to an international conflict). What are the strengths and weaknesses of this type of analysis? What problems did you encounter when constructing the map?
3 Levels of analysis – pyramid tool

This tool helps you to classify the parties to the conflict you have already identified, using a pyramid diagram (Lederach 1997). Lederach divides them into levels, which he calls top, middle, and grass-roots levels, depending on their perceived ‘influence’ and activity in the conflict.

Method

You will need a large piece of paper and different coloured pens.

Refer back to the conflict map where you identified the actors.

Place each of the key actors/parties in one of the three levels.

Think about the linkages between the parties, both within each level (horizontal) and between the levels (vertical).

![Pyramid tool diagram]

Your task

Think of a conflict (this can range from an interpersonal to an international conflict). Allocate each of the parties to one of the three levels described by Lederach.

Did you find it easy to allocate the conflict parties? Did you need to identify other level(s), not identified by Lederach, in which to put them? Can you identify people or organizations in the conflict situation who might be able to work at all levels, or link the levels? Is there a role for third parties to help with these linkages?
4 Identifying issues – pillars tool

So far we have described the history of the conflict, identified the actors and their relationships, and decided where they are located in the conflict context. The ‘pillars’ tool developed in the Responding to Conflict programme provides a systematic approach to asking questions about the key issues and factors that are causing conflict, helping us to identify and prioritize issues we can tackle as conflict interveners (see Figure 2) (Fisher et al. 2000). It identifies issues or ‘pillars’ which ‘hold up’ unstable conflict situations, which can then be removed or their influence minimized, enabling us to move towards settlement or resolution of the conflict. (You will learn more about the pillars tool in Lesson 3.2.)

Method

Identify the conflict and represent it as an inverted triangle, so that it stands on one point at the apex.

Identify the issues/pillars that are key causes of the conflict, and show them as ‘supporting pillars’ on both sides of the inverted triangle.

Think about how you might deal with each pillar so that it can be weakened or removed. You might decide that some lie beyond your resources and experience, so you may have to identify others who could tackle them.

Think about a strategy for removing the pillars.

Figure 3: Pillars analysis tool

Your task

Construct a pillars diagram for a conflict of your choice (this can range from an interpersonal to an international conflict).

Prioritize issues that you think might be easiest to start with.

What ‘level’ of actor might be appropriate to work on the various issues? (You might use the same conflict that you used for Tool 3, Lederach’s pyramid diagram.)
5 Positions, needs and interests – onion tool

Conflicts are driven by each conflict actor’s positions, needs and interests. The ‘onion’ tool can help us differentiate and explain what these are, and how they differ and are perceived by those engaged in the conflict. It is important to understand each element to facilitate effective communication between the parties. The layers of an onion can represent their different positions, needs and interests. In times of conflict parties may not reveal their core needs, since this could weaken their negotiating power. They will tend to talk more from a ‘position’ and make statements about ‘interests’.

The outer layer of the onion represents positions or things we say publicly that we want. The next layer represents interests, or those things we actually want. Needs are at the core of the onion – things that we must have.

We can also explain the differences between these conflict elements by imagining a dispute over an orange. As can be seen below in Box 1, in the initial, seemingly contradictory statements of position of the parties in conflict, both state that they have to have the orange; but as their needs are revealed a resolution to the conflict becomes apparent.

**Box 1: From dispute to resolution**

**Party A**
Position: I want that orange  
Interest: To make juice from the flesh  
Need: The flesh of the orange

**Party B**
Position: I want that orange  
Interest: To make marmalade from the peel  
Need: The peel of the orange

**Method**

Identify the conflict.  
Analyse the positions, needs and interests from the perceptions of both parties.  
Identify any elements that might be negotiable.

**Your task**
Refer back to your conflict map. Identify one conflict relationship between two actors, and assess the positions, interests and needs of each.  
Was it easy to differentiate between these elements?
6 ABC Triangle

In Lesson 1.2 you identified three components of conflict – context, behaviour and attitudes. Each of the three factors influences the other.

The relationship between these components has been explained as follows (Fisher et al. 2000). ‘A context that ignores the demands of one group is likely to lead to an attitude of frustration, which in turn may result in protests. This behaviour might then lead to a context of a further denial of rights, contributing to greater frustration, perhaps even anger, which could erupt into violence. Work that is done to change the context (by making sure that demands are acknowledged), to reduce the level of frustration (by helping people to focus on the long term nature of their struggle), or to provide outlets for behaviours that are non-violent will all contribute to reducing the levels of tension.’

Method

Make an ABC triangle for each party engaged in the conflict.

Write in each triangle the main issues related to context, behaviour and attitudes from the viewpoint of that party.

Place what you think are the important needs and fears of the party in the middle of each triangle.

Compare the triangles.
Conclusion
You have now finished this lesson. In the first problem-based e-learning case you will apply these tools to a given conflict scenario.

References


Lesson 3.2: Nonviolent social change

Author: Jørgen Johansen

Throughout human history, people have struggled for what they regarded as just demands; opposed cruelty, war and exploitation; and demanded changes in their societies. Armed uprisings are well known – such as Nicaragua in 1979 – but many of the most successful movements have used nonviolent means and are not so well documented or known. We will look at some of these movements, and discuss how nonviolent strategies can succeed against powerful opponents.

Successful historical movements

Think back to some historical examples of successful social movements. One of the earliest on record is in Aristophanes’ play Lysistrata from 411 BCE, in which his heroine convinced the women of ancient Greece to withhold sexual privileges from their husbands and lovers as a way of forcing them to negotiate peace. That is an early example of a social movement taking up nonviolent means against aggression.

Abolitionism

The rationalist thinkers of the 18th-century Age of Enlightenment developed the concept of human rights. This prompted the Quakers and other religious groups to view slavery as the extreme violation of human rights, and they started a social movement in Europe and America to end the slave trade and abolish slavery. The economic elite and most politicians opposed abolitionism, but after many decades the movement succeeded in bringing about social change. Denmark, which had been active in the slave trade, was the first country to ban it through legislation in 1792, and the United Kingdom banned the slave trade (but not slavery itself) in 1807. Today slavery is illegal in all countries.

Learning objectives

By the end of this lesson you will be able to:

• explain why there are social movements
• give an account of the history of the nonviolent social movement
• give examples of how these movements are working
• describe waves of nonviolent revolutions in the last 30 years
• reflect on the future of social movements.
Lesson 3.2: Nonviolent social change

Freedom of speech
The ongoing struggle for the freedom of speech is a movement with a long history. Authoritarian regimes introduced censorship to control discussion and dissent. Such conflict escalated when the printing of books became widespread. Authors, printers, publishers and booksellers challenged and opposed what they saw as unjust censorship. The ensuing court cases, cruel punishments and public debates created popular movements to defend those who challenged censorship, and the resulting political pressure brought about liberalization of the laws. Step by step, with occasional backlashes, censorship has declined and there is more freedom of speech, though in many countries these movements still face major obstacles.

Universal suffrage
A little more than 100 years ago most men in power still argued that women should not have the right to vote. Women were not allowed a say in who should govern them, and social movements in country after country fought for universal suffrage. There were a few cases of violence but the struggle was mostly nonviolent. Many women were arrested when they went on the streets to demonstrate for their rights. In 1906 Finnish women became the first in the world to have unrestricted rights to vote and to stand for parliament. Today, there are still countries where women are denied the right to vote.

Anti-war movements
Nonviolent social movements have protested against specific wars. The best known is probably the movement against the US war in Vietnam. It is widely accepted that the United States did not lose that war on the battlefield but because of opposition at home and in other countries. The political opposition was too strong for the US government to justify continuing or escalating the war; although it had the military capacity, the moral and political costs were too heavy.

Opposing weapon systems
The anti-nuclear movement started as a reaction to the deaths of over 100,000 Japanese citizens in Hiroshima and Nagasaki in 1945 (see Course 3, Lesson 1.1 on nuclear weapons). Opposition in the late 1970s and early 1980s to the neutron bomb, a type of nuclear bomb causing less material destruction but more deadly radiation, eventually led to the dismantling of such weapons after a decision by US President George Bush in 1992.
The photo (figure 1) shows the first draft of the symbol for nuclear disarmament, based on the two letters N(uclear) and D(isarmament) in semaphore, from the planning of a demonstration against nuclear weapons in London, 1958. This later became one of the best-known symbols in history.

Landmines were invented by the Norwegian Nils Waltersen Aasen more than 100 years ago. They continue to kill and maim people and animals years after a ceasefire (see Course 3, Lesson 2.1 on landmines and cluster ammunition). The so-called Ottawa Process that led to the signing of the Mine Ban Treaty in 1997 was historic, unorthodox and unprecedented. Over 1800 nongovernmental organizations (NGOs) joined the International Campaign to Ban Landmines and pushed the issue up the global political agenda. Through protests, demonstrations, lobbying and spectacular actions, the campaign created a global movement to demand an end to landmine production, storage and use. The treaty was the product of an unusually cohesive and strategic partnership between NGOs, international organizations, United Nations agencies and governments. (You can learn more about the health sector contribution to this campaign in Course 3, E-case 3.2 on primacy to primary prevention).

**Protecting the environment**

The modern environmental movement is an excellent example of a successful nonviolent social movement. Through nonviolent blockades, boycotts, protests, demonstrations, civil disobedience, spectacular street theatre and other means, campaigners have raised awareness and interest. Through provocative but peaceful actions, they are challenging weak regulation of pollution and clearing forests, and raising awareness of global warming, threats to biodiversity and a number of other issues of crucial importance for humanity.
Nonviolent revolutions

Since the early 1980s there have been many nonviolent social movements aiming to remove authoritarian regimes and challenge fraudulent elections. From Poland in 1980 to the Czech Republic in 2009, there have been over 30 unarmed uprisings where ordinary citizens forced their political leaders to step down, as shown in Box 1.

Box 1: Nonviolent revolutions and protests

| Wave one: | Poland, Bolivia, Uruguay and the Philippines |
| Wave two: | Czechoslovakia, German Democratic Republic, Hungary, Bulgaria, Moldova, Latvia, Estonia, Lithuania, Russia, Tajikistan, Azerbaijan, Belarus |
| Wave three: | Sub-Saharan Africa: Benin, Burkina Faso, Guinea, Senegal, Mali, Malawi, Madagascar |
| Wave four: | Serbia, Georgia, Ukraine, Kyrgyzstan, Lebanon |
| Wave five: | Iceland, Latvia, Hungary, Czech Republic |

The first wave all occurred in Catholic countries and the Catholic church played an important role. The next wave followed the collapse of the Soviet Union. The third wave was former French colonies. Wave four was the so-called coloured revolutions (e.g. the Orange Revolution in Ukraine), and the fifth is a consequence of the global financial crisis.

Each case is unique and must be understood in its own context, but they share many common factors. All saw a massive mobilization of people in public places who used a wide range of nonviolent means and stayed calm even when opposed by armed police or the military (Sharp 2005, Johansen 2009).

What strategies are used?

When we see peaceful activists meet police or soldiers, it seems unlikely that they have any chance of winning. The liberation of India helps us to understand the power of nonviolence. Mohandas Gandhi realized that political power depended on cooperation from below; no government can in the long run stay in power without support and cooperation from ordinary citizens. Like a Greek temple, as we see in Figure 2, the structure is based on pillars supporting it from below.

If we imagine that the pillars represent different kinds of support, we can see it is possible to withdraw support. For example, a strike is withdrawal of support as a producer, and a boycott is withdrawal of support as a consumer; the factories cannot produce goods without producers and no company can stay in business without consumers.
The power structure collapses when pillars are weakened or removed. Gandhi made salt production and the high taxes on salt a target for one of his first huge campaigns, undermining the British authorities when he persuaded Indians to refuse to pay the salt tax. Thanks to people in the bureaucracy refusing to do their work, British control over India was no longer possible. When the Polish trade union Solidarity called for strikes in 1980 it targeted the pillar of work; the strikes were crucial for the removal of the Communist regime. In the Philippines, Marcos knew his days were coming to an end when the military changed sides in 1986 and supported the opposition leader Corazon Aquino. When security forces refused to follow orders given by Slobodan Milošević in Belgrade, Serbia on 5 October 2000, the people demonstrating for his removal knew they had won. Massive civil disobedience ended the East German regime and the Berlin wall was pulled down. There are many more such examples of pillars of support for political power being weakened or removed.

Of course such movements are often met with violence, for example in Sharpville, South Africa in 1960, and Tienanmen Square in Beijing, China in 1989. Such violence can backfire when it cannot be justified and the perpetrators lose their legitimacy, which can be a turning point in the struggle. The question is then no longer if but when those behind atrocities will lose power (Martin 2007).

Based on this broad strategic thinking, non-cooperation movements have developed many techniques: Sharp gives examples of 198 different kinds of action (Sharp 1973). War Resisters’ International has also produced a useful handbook of nonviolent actions (Clark et al. 2009).
New techniques developed for social movements may be combined and used in campaigns for a specific political goal. They include peaceful violations of unjust laws, and civil disobedience. The idea is to raise awareness to mobilize a movement that makes the ruling power change its policy. The actions fulfil four criteria:

- violation of law or norm
- without violence
- in public and face the consequences
- with a moral or conscience.

These forms of ‘criminal’ activity, which break international law, have a long history. The term ‘civil disobedience’ was first used by the American Henry David Thoreau to advocate moral opposition to an unjust state (Thoreau 1849). He refused to pay taxes because of his opposition to the Mexican-American War and slavery. The term is now widely used and civil disobedience is a powerful tool in many nonviolent social movements.

How to take action

One example of a nonviolent action that used humour comes from Norway. In 1983, a small group of total objectors to war in the group Campaign against Conscription (KMV in Norwegian) were refusing both military service and the alternative service demanded of conscientious objectors. They wanted to create public debate to change the law that gave them 16 months in prison. The state refused to call this ‘prison’, instead labelling it ‘serve their service in an institution under the administration of the prison authorities’. To avoid having political prisoners, there were officially no trials, no prisoners and no punishment. The objectors’ cases went through the courts only to identify the objectors, and the result was always the same, 16 months in prison. Sometimes the prosecutor did not appear because the result was a foregone conclusion, so KMV exploited this in one of their actions.

In court, an activist impersonated the prosecutor and demanded a longer sentence for the objector because of his profession as a lawyer. No one noticed anything wrong during the court procedure despite the false prosecutor’s exaggerations. A week later KMV sent its secret video recording of the case to the media, which made most of the Norwegian public laugh.

This example illustrates the power of turning things upside down. A friend of the accused playing the prosecutor, and demanding a stronger punishment than the law can give, is a parody of the court. In this action, KMV activists satirized the absurdity of the court case and succeeded in gaining the attention of the media and the public. The parody of the court also exposed the contradiction between what the Norwegian state said and what it did. If the politicians called Norway
a democracy, and claimed it had no political prisoners, why were people being imprisoned for their beliefs? And why was imprisonment not called a prison sentence, but ‘alternative service’? By dramatizing the issues using comedy, KMV could cut through rational explanations and show that it did not make sense. Soon after the action, Parliament passed new legislation to reduce imprisonment from 16 months to just a few weeks.

**Conclusion**

This lesson has highlighted people’s struggles for justice using nonviolent means. It shows that nonviolent strategies can succeed against powerful opponents.

**References**


Lesson 3.3: Nonviolent communication

Authors: Klaus Melf and Pascale Molho

Nonviolent Communication (NVC) is a philosophical and educational tool for human connection. Also known as ‘empathic communication’ and ‘compassionate communication’, it puts empathy at the centre of thinking and communicating. But how can empathy be learned and lived? We will consider in this lesson how NVC can raise awareness and strengthen people’s capacity to speak and listen with empathy.

Communication that causes pain

You probably do not consider yourself to be a violent person, so you may be wondering about what you can gain from a lesson on Nonviolent Communication.

Reflect briefly on whether you can remember any unpleasant moments when another person’s words caused you pain, or when you would have liked to express yourself differently.

As you probably concluded, words can hurt, worsen our relationships and escalate conflicts. They can also stimulate feelings of guilt, shame, depression and fear. Using the broad definition from Chapter 1, ‘violence as an unnecessary insult to basic human needs’, we can infer that some forms of habitual communication neglect human needs such as respect, trust, understanding and the need to choose one’s own values. Painful communication does not necessarily involve shouting or telling someone off – it can, for instance, be marked by language that labels, criticises or demands (Table 1).

Learning objectives

By the end of this lesson you will be able to:

- identify violent forms of communication and thought in everyday life
- outline principles that can help create peaceful and life-enriching connections between people
- describe non-violent ways of speaking and listening
- highlight the use of Nonviolent Communication in the health sector.
Lesson 3.3: Nonviolent communication

<table>
<thead>
<tr>
<th>Nature of communication</th>
<th>Typical expressions that can cause pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgement, diagnosis, labelling, stereotyping, dehumanization</td>
<td>You are selfish / stupid. She is ugly. He is a terrorist. They are evil.</td>
</tr>
<tr>
<td>Moralizing, critique, generalizing</td>
<td>This is right / wrong, good / bad, correct / incorrect. You are too ... You are never/always ...</td>
</tr>
<tr>
<td>Denial of our own responsibility</td>
<td>We have no choice. It has always been so. I feel ..., because you did ...</td>
</tr>
<tr>
<td>Blaming</td>
<td>It is your fault that...</td>
</tr>
<tr>
<td>Demand, order, threat</td>
<td>You must / should / have to ... Never do this again! If you do ..., I will ...</td>
</tr>
</tbody>
</table>

Table 1: Forms of communication that can cause pain

Communication that hurts is not always in spoken words; it can also be nonverbal, in the form of body language or of implicit messages in people’s actions (or inaction). If we want to change it, it is not enough to avoid the expressions in Table 1 or to perform certain communication steps. We need to reconsider our actions and lifestyles, and even our thinking and mindsets.

The purpose of NVC

The opposite of hurtful communication is peaceful communication: words, thoughts and actions that fulfil basic needs. The American psychologist Marshall Rosenberg developed NVC to learn and practise this way of communicating (Rosenberg 2003). He was influenced by humanistic psychology and Carl Rogers’ studies of healing relationships.

Rosenberg observed that most if not all people experience sincere joy in contributing to life and wellbeing, as long as they do it willingly and without any form of pressure or expectation. He noticed that some people stayed connected to this joy of giving and contributing, even in difficult times. Despite raging violence, destruction or hatred they were able to relate to each other in a caring manner. Such ‘giving from the heart’ reflected the humanness in each of us – the true nature of human beings (Rosenberg 2005:16–17).
The purpose of NVC is therefore to enable the quality of connection so that ‘giving from the heart’ can take place. Hence it is a process not only of speaking, but also of thinking and relating to each other. It can be seen as a form of applied peace philosophy.

**NVC as compassionate attitude**

NVC promotes a simple but challenging understanding of human nature in order to stay focused on the humanness in every person. Some basic assumptions include the ideas that:

1. all human beings have similar basic needs
2. everything that we do has the purpose of meeting some of our needs
3. one of our strongest needs is to contribute to the life and wellbeing of others
4. our feelings depend on whether or not our needs are met
5. everybody is responsible for their own feelings and needs.

Let us explore these five assumptions more deeply.

1 **Basic human needs**

All human beings have some physical needs, for example for food, water, warmth and rest. Denial of these needs leads to ill health and death. We also have mental, social and spiritual needs that we need to meet if we want to live our lives in a fulfilling way. In **Lesson 1.3** we discussed such needs as trust, fun, support, harmony and meaning in life.

2 **The purposes of our actions**

Rosenberg says everyone has the same human needs, but there are thousands of strategies (or satisfiers) that enable us to meet them (Fisher undated). Some of our chosen strategies seem to other people to be stupid, ineffective or even horrible. Violence can of course be a strategy (although a costly one) used to fulfil some of these underlying needs; whatever the strategy, we are trying our best to meet a need. We are not always aware of the needs underlying our actions, because we have not learned to articulate them, we are not used to
reflecting on them and we have developed traditions, rituals and habits which mean we do not have to think about them. NVC emphasises identifying why we are doing what we are doing. What are the underlying needs we are trying to fulfil? One of the NVC challenges, therefore, is learning to distinguish between strategies and needs, and developing a needs vocabulary (Rosenberg 2003).

3 Our need to contribute

It is easier to connect empathically with another person when we can see a good reason for their action, whether or not we like their chosen strategy. When we can see that a fellow human is struggling to get some universal basic need met, there is no reason to consider or call them ‘evil’, ‘an idiot’ or ‘an enemy’. ‘Empathic connection is an understanding of the heart in which we see the beauty in the other person, the divine energy in the other person, the life that’s alive in them. We connect with it’ (Rosenberg 2005:80).

If we used as a starting point the idea that we have a strong need to contribute to life and wellbeing, we would not give to others in a ‘selfless’ or ‘altruistic’ way; we would just try to fulfil one of our human needs. It would be satisfying and joyful for us to give and share, instead of doing things out of obligation, guilt or expectations. And the other way round: we would not like to receive anything from others as a result of duty or demand, but only if it was ‘given from the heart’. In a peaceful world everybody gives and receives in a spirit of joy (Rosenberg 2005).

4 Feelings depend on needs

Feelings are often stimulated by circumstances. The same stimulus might make us happy on one day, upset on another – for example, a crying baby. The stimulus is not responsible for our feelings; rather, there is a process going on in ourselves. Our needs come in again here. If our needs are met we might be happy, satisfied or inspired. If, however, some important needs are not met, we might be frustrated, uncomfortable or angry.

5. Our own responsibility

It is up to each of us to identify our underlying needs, and look for strategies to get them fulfilled. We ourselves are responsible for our own feelings and needs, not other people. We can, of course, invite people to contribute to the fulfilment of our needs, as long as they do it willingly and with joy (Rosenberg 2003).
NVC as a communication method

How can we enact this compassionate philosophy in a peaceful way of communicating? Four elements of honest speaking and empathic listening have been identified: observations, feelings, needs and requests (Figure 1).

A. Observations

It is not easy for us to stay at the observation level, because we are trained to transform observations immediately into evaluations. The Indian philosopher Krishnamurti even argued that the highest form of human intelligence is the ability to observe without evaluating (Rosenberg 2003).

Try this now on your own, using a real example from your own life. All you need is a piece of paper and a pen.

Write down now what one person did or said that made life less wonderful for you.

Now, check whether what you have written contains any form of judgement, criticism, labelling etc. (review Table 1). A pure observation would contain only what one person did or said, for instance: ‘He wrote a prescription and gave it to me,’ or ‘he said that I had to stop smoking.’

B. Feelings

The second element of honest speaking and empathic listening is feelings. What is going on inside you?

Continue to reflect on your own experience of a difficult situation, and write down how you felt when someone did or said something that was unpleasant. How do you feel now, when you connect with what still remains with you from that situation?

Let’s see! Have you really expressed a feeling? The pitfall here is that we use the term ‘feeling’ to express our thoughts as well. ‘I feel that he is wrong’ is not a real feeling; we might instead call it a pseudo-feeling or a thought. Feelings are usually positive or negative, for example, ‘I feel glad’ or ‘I am frustrated’. Another problem is that we might use certain expressions for feelings that contain a judgement or criticism, for instance ‘I feel manipulated’ or ‘I feel misunderstood’.

A good way to connect with our feelings is to pay attention to our body sensations. Do I feel destabilized, repressed, squashed or tense, or do I have a tight feeling in my chest? When I feel scared, how does the fear manifest in my body? Paying attention to our body sensations helps us to be more present in any situation, and more connected to ourselves and therefore others.
As noted earlier, we are responsible for our own feelings. Making another person’s action responsible for the way we feel (for instance in expressions like: ‘I feel ... because you did...’) ignores an important assumption of NVC. It is easily perceived by others as criticism and is a way of disempowering ourselves. In an NVC way of thinking, the actions of others are merely a stimulus that can trigger our emotions. It is, however, possible to identify a met or unmet need behind every feeling. That is the next element.

**C. Needs**

What need of yours was not being met when you observed someone doing or saying something to you that was unpleasant? Write it down again now.

The greatest challenge here is to come down to the needs level, and not to mix up strategies and needs. Remember, there are thousands of strategies to fulfil the same need (or wish, dream or value). Examples of needs are appreciation, support and understanding. Strategies, on the other hand, are indicated by sentences like ‘He/she has to do ...’, ‘I need him/her to do this...’, or ‘I need his/her ...’.

We can listen to our feelings and body sensations, and the needs may naturally pop up. It is an intuitive process, not a rational one. For instance, if we feel bound, we need freedom. If we feel oppressed, we may need to be assertive, or to be treated with consideration.

Our body will tell us when we have identified our most important need in the present moment. We will experience a release of tension, a feeling of relief and inner peace, even though the situation is not yet resolved.

NVC involves communicating honestly to the other person how we feel and what we need NOW, in relation to what happened in the past.

**D. Requests**

The NVC model’s last element of honest speaking and empathic listening is request. This means we suggest a strategy to fulfil our need.

Try again with your own example and formulate a request to the other person which would improve your life.

Making our request as specific as possible, containing a positive and doable action, increases our chance of success. For example, say ‘Are you willing to come to the next meeting on time?’ rather than ‘Don’t ever come late again!’. If we do not give the other person an actual choice, it is a demand, not a request. When speaking, a request cannot be distinguished from a hidden demand. It depends
on the attitude behind the request. The proof is our reaction to a negative answer to our request: will we be happy with an honest ‘No!’? A request is an invitation to another person to contribute to our wellbeing. We hope that the reason the other person will do what we ask is joy and ‘giving from the heart’, not fear of punishment, hope of reward, or a feeling of guilt, shame or obligation.

![Diagram of Nonviolent Communication](https://www.cnvc.org)

**Figure 1: Model of NVC (adapted from: www.cnvc.org)**

**Honestly expressing**

You have now heard about the four NVC elements of speaking and listening. If you combine them, honestly expressing what is important for yourself might sound something like the following sentence (if we go strictly by the book): ‘When I see you arriving late again, I feel frustrated, because I need order and concentration. Would you be willing to come to the next meeting on time?’

**Empathically listening**

You can use the same four elements for listening with empathy to what another person (or even yourself – ‘self-empathy’) has said or done. For instance, ‘When you said I should never arrive late again, were you fed up because your need for respect was not being met? Would you like me to phone next time I am delayed?’

This communication model is not a rigid scheme; it is a learning model, as well as a crutch if you are stuck in a difficult conversation. It might help you to take care of your own feelings and needs and, at the same time, to listen to the feelings and needs of others. You will not necessarily use all four elements in the natural course of speaking, and you will develop your individual cultural- and context-specific vocabulary for articulating feelings and needs.
NVC in practice
The process of NVC is used in a range of settings, from personal awareness-raising to social change. It is a tool for self-empowerment, parenting and education, counselling, coaching, trauma healing, and conflict and reconciliation work.

NVC is an instrument for relationship-building, whether intra- or interpersonally, in family life or partnership, in a working environment or other social settings. NVC principles are used in kindergartens and schools, and to help transform justice systems from punitive to restorative justice. Street gang members and prisoners have been trained in the NVC process as alternatives to aggression and violence. It has also played a role in mediation and conflict transformation at micro- and macro-levels (Hart and Hodson 2004; Rosenberg 2004; Rosenberg 2005; D’Ansembourg 2007).

NVC in the health sector
It is often a challenge for health workers to respond empathically to people who have life-threatening illnesses or other problems that cause them to act aggressively and angrily, or become fearful and depressed. NVC can be used in many health care situations in communication with patients and families, health professionals and students, managers, business people, politicians and the media (Dawes 2006). Other NVC applications include resolving team conflicts and building cohesive teams, transforming resistance into cooperation, requesting necessary support, preventing burn-out, remaining humane in competitive, coercive and dehumanizing structures, and evaluating performance in a constructive and inspiring way (Rosenberg and Molho 1998).

Communication skills and empathy are crucial for health workers’ effectiveness, sense of meaning and enjoyment of their work, as well as patients’ healing, compliance with treatment, and service satisfaction. Yet the training and education of health workers pays little attention to these skills (Halpern 2007).

A new paradigm is evolving that might fill this gap, however. Relationship-centred care (RCC), which has evolved from patient-centred care, acknowledges the significance of the quality and character of the interaction between clinician and patient, clinician and clinician (including clinician-self), and clinician and community. The personhood of all participants, their affects and emotions, and their reciprocal influence are important dimensions of RCC (Beach et al. 2006; Safran et al. 2006). As a tool for building relationship and developing empathy, NVC may also serve as a powerful way of learning and practising RCC.
Conclusion

In the problem-based e-learning case on NVC you will explore how to use honest speaking and empathic listening in situations in which health workers typically find themselves.

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Rosenberg M (2005), Speak peace in a world of conflict: what you say next will change your world. Encinitas, CA, Puddle Dancer Press.

Congratulations!

You have now reached the end of Chapter 3, which is also the end of Course 1. We encourage you now to take another MPW course that goes into more detail on one of the areas we have touched on in this introductory course. If you particularly want to learn about other peace skills, look at the list in Table 2.

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Table 2: Other peace skills covered in courses 3, 5 and 6

### Course 3
- **Lesson 3.1:** Educating the public
- **Lesson 3.3:** Data-to-policy work
- **Lesson 3.4:** Health professionals working in coalition with larger movements

### Course 5:
- **Lesson 2.1:** Building bridges
- **Lesson 2.2:** Do no harm – aid impact assessment
- **Lesson 2.3:** Humanitarian agencies – protecting civilians during armed conflict
- **Lesson 2.4:** Conflict resolution and mediation for health professionals
- **Lesson 3.1:** Trauma healing – reconciliation

### Course 6:
- **Lesson 3.2:** Holistic care and cultural competence
- **Lesson 4.2:** Caring for the carer
- **Lesson 4.3:** Health workers as advocates
Glossary Course 1

**Altruism:**
Unselfish concern for the welfare of others.

**Armed conflict:**
Similar to violent conflict, but denoting conflicts where parties on both sides resort to the use of physical violence and weapons.

**Assets:**
Tangible and intangible goods, states of being and relationships on which people depend for survival.

**Civil society:**
The United Nations defines civil society as “associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector)”. Civil society might therefore include labour unions, faith-based groups, business and professional associations, academic and research institutions, human rights networks, consumer rights coalitions, social movements, social and sports clubs, philanthropic foundations, and other forms of ‘associational life’.

**Codes of conduct:**
The moral principles that are implicit or explicit in (inter-) national codes and which reflect good clinical practice.

**Conflict:**
Perception of incompatible goals in a goal-seeking system. Conflict is not necessarily violent. In fact, parties who have incompatible goals may deal with them in productive and non-violent ways.

**Contemporary conflict:**
The prevailing pattern of social and political conflicts at the beginning of the 21st century.

**Cultural violence:**
Cultural violence refers to those parts of religion, ideology, language, art, science, or cosmology which justify and legitimise the use of direct or structural violence (J. Galtung).

**Democracy:**
Form of government characterised by elections, majority rule, representation in parliamentary bodies, the rule of law.

**Development:**
Alan Thomas says that the term development is commonly used in three ways: as a vision of how we would like the world to be; to describe a process of historical change; and to mean the actual interventions of governments, international agencies and others make to bring development about.

**Direct violence:**
A deliberate act or omission, acute or chronic, causing a reduction in the physical, mental or social potential of beings (J. Galtung).

**Health:**
The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.
Health system:
The World Health Organisation defines a health system as “all the activities whose primary purpose is to promote, restore or maintain health”. The functions of a health system has been defined in a more detailed way by Maureen Mackintosh and Meri Koivusalo. At the core are health services, but these are complemented by public health functions (surveillance, prevention, cross-sectoral action and emergency preparedness); systems for training the people needed to staff the system (medical and nursing schools etc); and policy, ethical and regulatory decision-making bodies which direct the health systems and the people in them.

Humanitarian aid:
Aid which is concerned with or seeking to promote human welfare.

Impartial:
In the context of humanitarian aid, this refers to assistance that is ‘guided solely’ by the needs of individuals.

Independence:
In the context of humanitarian aid this has been defined by Joanna Macrae as the ‘endeavour not to act as instruments of government foreign policy’.

Inequality:
Inequalities represent disparities in income, health, education, ownership of land, access to power and so on. Some inequalities are unavoidable: not all of us have the genetic make-up that will help us run the 100 metres as fast as Olympic sprinters. But many inequalities, such as those listed above, can be avoided. These avoidable inequalities are sometimes called inequities.

Inequity:
Inequities are inequalities that can be avoided through directed human action, most notably the application of government policy.

Landmine:
Landmines are conventional weapons used in wars to stop military opponents from encroaching into territory. There are between 600 and 700 different types of landmines that are produced in 60 countries. Examples include blast mines and fragmentation mines.

In terms of their effects two types of landmines can be distinguished. Anti-personnel mines are directed against persons and are activated by contact, proximity or presence of a victim. Anti-vehicle-mines, on the other hand, are directed against any kind of vehicle.

Morbidity:
Morbidity means illness or disease. Measures of morbidity such as the prevalence of chronic diseases can be used, among other measures, to help understand the health of a population.

Mortality:
Mortality means death. Measures of rates of mortality such as life expectancy and infant mortality can be used, among other measures, to help understand the health of a population.

Negative peace:
The absence of direct, structural and cultural violence (J. Galtung).
Non-governmental organisation (NGO):
The United Nations defines non-governmental organisations as “All organisations [...] that are not central governments and were not created by intergovernmental decision, including associations of businesses, parliamentarians and local authorities”.

In the context of medical peace work you will encounter NGOs such as Médecins Sans Frontières and the International Committee of the Red Cross, as well as Oxfam, Save the Children and a host of nationally-based humanitarian and development NGOs.

Nonviolent Communication (NVC):
A philosophical and pedagogical tool that encourages human connection and strengthens people’s capacity to speak and listen with empathy.

Nuclear weapons:
A weapon whose explosive power results from a nuclear reaction. This reaction results in the release of an immense amount of energy in the form of an explosion, many times greater than that of conventional explosives.

Peace:
Not merely the absence of violence, but a state of mutual beneficial relationships, fair structures, and a culture of peace. Peace is also a capacity to handle conflicts with empathy, creativity and by non-violent means (J. Galtung).

Positive peace:
Not merely the absence of violence (negative peace), but constructive handling of conflict, the building up of peaceful structures and a culture of peace (J. Galtung).

Reconciliation:
Repair of broken relationships and the restoration of peaceful relationships.

Refugee:
A person who, owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.

Right to health:
The right to health or – more precisely – the right to the highest attainable standard of physical and mental health is established in Article 12 of the International Covenant on Economic, Social and Cultural Rights. Measures states should take to fulfil the right are laid down in Article 12 and have been further elaborated in General Comments by the treaty’s monitoring committee. The right to health is subject to the principle of progressive realisation outlined in the Covenant.

Second world war:
Armed conflict beginning in September 1939 with the invasion of Poland by Nazi Germany (although Japan had invaded China in 1937). It became a ‘world war’ in a truer sense in 1941 after the bombardment of Pearl Harbour by the Japanese and the consequent declaration of war by the US on Japan and Germany. Although in terms of the percentage of soldiers killed it was a less bloody war than the first world war, the total sum of the dead – approximately 40 million – was devastating. For the first time in history in a major war the civilian dead outnumbered those within the fighting forces. The war is also infamous for Nazi Germany’s medical experiments on human beings, and its sterilisation and so-called ‘euthanasia’ programmes.
Self-directed violence:
Self-directed violence includes acts of self-abuse (such as self-mutilation) and suicidal behaviour (thoughts and attempts).

Structural violence:
Structural violence refers to socio-economic and political processes which violate basic human needs (J. Galtung).

United Nations General Assembly:
From the UN website: established in 1945 under the Charter of the United Nations, the General Assembly occupies a central position as the chief deliberative, policy-making and representative organ of the United Nations. Comprising all 192 Members of the United Nations, it provides a forum for multilateral discussion of the full spectrum of international issues covered by the Charter. It also plays a significant role in the process of standard-setting and the codification of international law. The Assembly meets in regular session intensively from September to December each year, and thereafter as required.

Vietnam war:
The Vietnam war might best be seen as part of the cold war and anti-colonial battles which convulsed south-east Asia in the period after second world war. After the defeat of Vietnam’s French colonisers by the Viet Minh forces at the battle of Dien Bien Phu in 1954, the country was split into a communist-ruled North and a capitalist south. The south was supported by the United States. The Americans feared that – in the wake of the Chinese revolution – the fall of south Vietnam would lead to a communist takeover of all countries in south-east Asia (the ‘domino theory’).

American interference in Vietnam led to armed conflict with the communist-ruled North throughout the 1960s and 1970s. The war extended to neighbouring countries. The war ended in 1975 when American troops were expelled from the southern Vietnamese city of Saigon. Around 50,000 American soldiers had died; Vietnamese dead are estimated at one million.

Violence:
Unnecessary insult of basic human needs (J. Galtung).

Violent conflict:
The use of physical and psychological force or power to ‘solve’ a conflict.

War:
Extreme form of violence. Used as a means to solve conflicts between nation states, or between groups within a nation state (civil war).