

Review

The mutual determinants of individual, community, and societal health and peace

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Health and peace are complex ideologies that share several fundamental elements. In this paper, we begin by defining health and peace to better understand and appreciate their elements and how they can be promoted. Building on this, the paper tackles the determinants of peace and health at various levels: at the individual, community, and societal level by identifying barriers to health and peace promotion. Using this background, mutual determinants of peace and health are analyzed, with the goal of developing an integrated model that covers both facets of well being.

Key words: Health promotion, peace promotion, determinants of health, determinants of peace.

INTRODUCTION

Health and peace are both complex and multifaceted terms that can be viewed from a variety of perspectives. They share many fundamental elements, including social (emotional), mental (psychological), and spiritual dimensions; and, both can be fostered by seeking out and promoting positive factors rather than only addressing deficits and obstacles. Although issues related to health and peace are typically conceptualized and addressed independently of one another, we argue here that these two concepts are inextricably linked and that they need to be addressed in an integrated fashion.

This paper explores the relationship between health (promotion) and peace (promotion) in more detail, and their relationship to one another at the levels of the individual, community, and broader society. By studying the conditions and determinants that can create health (and healthy settings) and peace (and peaceful

environments), we aim to conceptually identify those factors that affect both health *and* peace, and that can contribute to the development of their mutuality and potential synergy.

REVIEWING THE TERMS

Health and health promotion

The World Health Organization (WHO) defined health in a holistic fashion, noting that health is not only the absence of disease and injury but that it also relates to physical, mental and social well-being. This definition has been challenged recently as it does not fully encapsulate the different facets of individual and societal empowerment.

Formerly, public health agencies tended to adopt a pathogenic perspective of health, basing policy on the prevention and treatment of illness and disease. However over the past 30 years, a salutogenic approach has been gaining support (Eriksson and Lindström, 2007). Salutogenesis stresses an understanding of how health is

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Table 1. Examples of three types of peace (from Galtung in Webel and Galtung, 2007).

Type of peace	Direct	Structural	Cultural
Negative	Ceasefire	No exploitation	No justification
Positive	Cooperation	Equity	Culture of peace and dialogue

created and sustained and focuses on activities that seek to maximize the well-being of individuals, communities, and societies in general (Judd et al., 2001). A recent definition by the International Union for Health Promotion and Education states that "health is created when individuals, families, and communities are afforded the income, education, and power to control their lives; and their needs and rights are supported by systems, environments, and policies that are enabling and conducive to better health" (Shilton, 2011).

Much health promotion discourse and practice derives from this broader, more positive view of health. The Ottawa Charter for Health Promotion (1986) notes that "health is a positive concept emphasizing social and personal resources, as well as physical capacities" and defines its promotion as enabling people to improve their quality of life. Health promotion addresses health at multiple levels: the individual, the community, and the broader society. Political, economic, and cultural factors that impact each level are termed the *social determinants* of health (WHO, 2008). Health is a product of their interaction. Consistent with this understanding of the social determinants of health, the Ottawa Charter identifies the following prerequisites for health: "peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice", putting peace first to highlight its preeminent role.

Peace and peace promotion

Galtung (1996) introduced the notion of positive peace, which he defined as the resolution of conflict, the presence of harmonious acts, and restored equitable relationships that promote peace and reduce violence. Later writers shared this view, describing peace as "a state of integration and positive, nurturing, respectful and co-operative relationships" (Arya, 2004) that enables adversaries to search for compromise (Jeong, 2002).

The opposite of positive peace is not conflict (understood as opposing beliefs or ideas), which is sometimes constructive (Arya and Santa Barbara, 2008), but rather violence (Galtung, 1969). Galtung (1996, as cited in Arya and Santa Barbara, 2008) defines violence as "avoidable insults to basic needs that diminish life potential". He distinguishes three categories of violence: *direct*, which involves deliberate actions carried out by one person or group against another, with clear intent to harm; *structural*, which are social structures that erect

obstacles hindering people from fulfilling their potential for a happy life; and *cultural*, which are attitudes, values, and beliefs that underlie direct and structural violence. A more thorough understanding of these terms and concepts will help us explore the relationship between violence and ill-health and identify similarities between health and peace. Table 1 lists some positive and negative examples in each category.

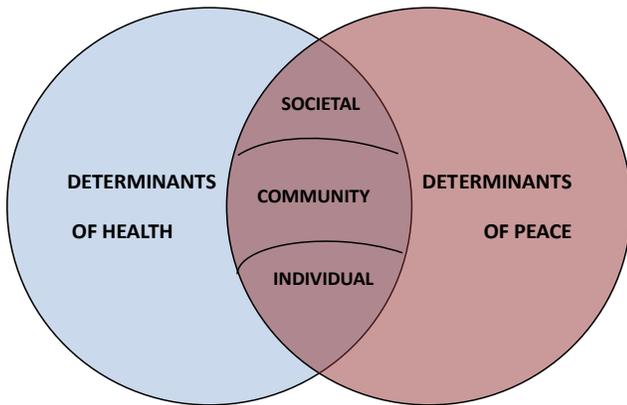
Peace promotion is similar in its goals to health promotion; in fact, Middleton (1987) argues that they are the same thing. Peace-building provides a foundation for social harmony and cooperation, and presumes that long-term security will help ensure a just society (Jeong, 2002). This paper adopts Arya's (2004) definition of peace promotion as a process that "involves systemic change, catalyzing changes at the deepest level of beliefs, assumptions and values as well as behaviour and structures". Like health promotion, peace promotion tries to influence multi-level change at the individual, community, and societal levels. However, it should be noted that societal peace and political peace are not the same. Political peace is marked by the signing of a treaty bringing an end (or a temporary end) to armed conflict and ensuring no one is suffering harm; this is, however, an unstable state that can easily revert to a cycle of violence (Arya and Santa Barbara, 2008). In contrast, societal peace is marked by a culture of peace among individuals at all levels; societal peace acts as a shield against discord and maintains security and stability.

DETERMINANTS OF HEALTH AND PEACE

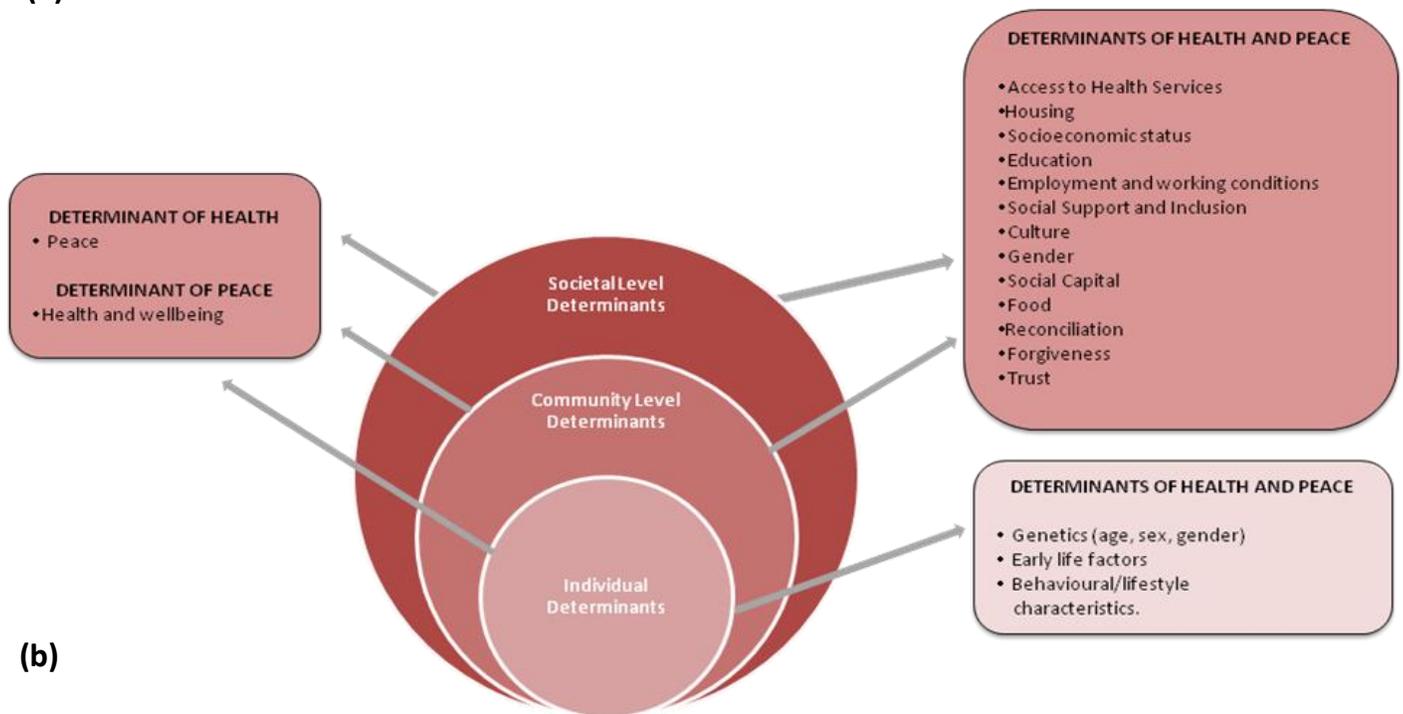
Whether health and peace are assessed at the individual, community, or societal level, their achievement is influenced by a variety of interacting factors or determinants (Figure 1).

Individual level determinants of health and peace

Here, we discuss the key individual level determinants of both health and peace, including: genetics, early life factors, and behavioural/lifestyle characteristics. Although behavioural characteristics such as smoking, eating habits, and exercising are widely accepted as determinants of health and are often the subject of behaviour change programming and health education campaigns (Cannon, 2008), these and other individual



(a)



(b)

Figure 1. (a) The overlap between the individual, community, and societal determinants of health and peace **(b)** the mutual determinants of health and peace.

level determinants should always be understood within the context of the broader community and society which influences each and every individual level determinant.

Biological factors, including age and sex, are known to be basic determinants of health (WHO, 2008). Likewise, genetic make-up may contribute to the presence of violent behavioural characteristics (Meyer-Lindenberg et al., 2008), and may predispose an individual to a certain level of risk of or resilience to disease or illness (Cannon, 2008).

Other factors early in life may also have an impact on future violent behaviour and health outcomes. For example, experiencing a violent act, either as victim or

witness, during childhood has been shown to increase the likelihood of behavioural and mental health problems (Fowler et al., 2009). Additionally, exposures, nutritional status, and other socially determined biological factors also play a huge role in health development (Cannon, 2008).

Lifestyle decisions that directly or indirectly lead to aggressive or violent behaviour can disrupt one's state of personal peace. Lifestyles associated with emotional and psychological distress also make it difficult for the individual to attain peace. When societies in conflict are forced to cooperate without a process of reconciliation and administration of justice, animosity persists for

generations, creating hatred and distorting a people's view of history. Such inbred hatred results in behavioural and lifestyle characteristics that incite violence.

Finally, coping skills are largely formed during the early years; these can strengthen an individual's resilience and act as a shield against violent tendencies. In addition, an upbringing that has a spiritual dimension, whether formally religious or not, may play a beneficial role in the development of protective skills and a calm disposition, both of which can also have positive impacts on individual health and peace (Fulton and Moore, 1995).

Community and societal level determinants of health and peace

Social, economic, and political conditions all influence the health and peace of individuals and communities. Lack of adequate housing and the resultant social exclusion can contribute to "increased stress, morbidity, mortality, social exclusion, physical and mental illness" (Keon and Pépin, 2009). Additionally, overcrowding and poverty, can aggravate stress and can work against health and peace promotion. Thus, education, social support, policies of inclusiveness, and good working conditions can also be considered determinants of health and of peace, in part because they help reduce stress and advance beneficial conditions.

Employment and working conditions have a significant effect on a person's physical and mental health and social well-being. Earned income provides financial security as well as a sense of identity and purpose, social contacts, and opportunities for personal growth. Similarly, social capital, understood as the integration of many of these actors, has also been linked to many positive social outcomes, such as better public health, lower crime rates, and more efficient financial markets (Adler and Kwon, 2002). High levels of social capital have also been shown to be related to indices of psychological well-being, such as self-esteem and satisfaction with life (Bargh and McKenna, 2004; Helliwell and Putnam, 2004).

Moreover, the social environment plays a critical role in the development of undesirable behavioural traits. For example, aggressive children play with war toys more than those who are quietly behaved (Jenvey, 1992). The media present cartoons and science fiction programs that portray gruesome events as mundane, even comical. To recognize something as violent, the individual must experience it as a threat to his or her personal safety or welfare; however, the media do not present it as such (Potter, 2003; Kirsh, 2006). Frequent exposures of this kind gradually create a cyclical pattern in which a person consumes the violence shown in the media and begins to enjoy it, thus encouraging aggressive behaviour. Regrettably, in some areas children are witness to unspeakable atrocities during armed conflict or forced

into military roles as child soldiers.

Additionally, culture and gender are important determinants of both health and peace. Race (racism), ethnicity, and cultural background can affect people's vulnerability to risks, whether associated with illness or violence. Similarly, gender (or more pointedly sexism) influences both health status and the risk of violence. Since society assigns different roles, personality traits, and relative power to males and females - all factors that can affect health and peace - a gender-based approach to health and peace promotion is essential. This type of approach can help to identify the ways in which health risks, experiences, and outcomes differ for men and women.

Finally, concepts that are typically linked to peace-building such as: reconciliation, forgiveness, and trust, can also be understood as health and peace determinants.

Reconciliation

Galtung (1998) identifies three imperative needs that result from acts of violence: reconstruction, reconciliation, and finally resolution of the conflict; or, as he eloquently expressed it, "turning vicious cycles into virtuous cycles". These components are complex and interrelated, and thus difficult to differentiate and study. Reconstruction of the necessary resources and rebuilding the infrastructure are essential to re-establishing a healthy society. Reconciliation is challenging, as it must address issues of guilt, revenge, and justice. Reconciliation does not only aim to restore life as it was during peaceful times, but also aims to reconcile and build relationships between individuals, communities, and institutions (Jeong, 2002). If done well, such work has the potential to bring people closer together than they were prior to the violent conflict. Resolution of the conflict may take generations but it is absolutely necessary in sustaining a peaceful environment.

Forgiveness

Time does not heal all wounds; grievances unforgiven can be passed down generations and harden hostile feelings (Jeong, 2002). According to Montville (1998), true healing can only come through reconciliation in the following sequence: (a) acknowledgement by the oppressor of what has occurred and reassurance that it will not happen again, (b) contrition with oppressors taking responsibility for their actions and requesting forgiveness, and (c) the act of forgiveness itself. Forgiveness is critical in the reconciliation process and to resolving conflict and building peace (Galtung, 2000), however the terms forgiveness and reconciliation are not

interchangeable; forgiveness can be unilateral whereas reconciliation must always be mutual (Appleby, 2000).

Trust

Without trust, one cannot begin to reconcile differences or understand the attitudes and feelings of former or present adversaries. Trust is essential to the growth of relationships, and the building of peaceful communities, support networks, and social capital (Cozzolino, 2011); all of these outcomes have also been linked to positive health (Stephen and Della, 2008).

HEALTH AS A DETERMINANT OF INDIVIDUAL, COMMUNITY AND SOCIETAL PEACE

During and after a conflict, good health is critical to rebuilding a society; in particular, improving birth rates and raising life expectancy while decreasing the incidence of infant mortality and infectious diseases through, for example, provision of clean water and vaccines. Effectively presented, the universal goal of good health can be used to motivate combatants to lay down their arms in a joint initiative in the pursuit of health, recognizing that becoming and staying healthy transcends other needs the parties feel they have (Sara Davies, 2010; Santa Barbara and MacQueen, 2004).

Trauma to a society adds a heavy burden to the process of recovery. While death through sickness or accident may be accepted as part of the natural cycle of birth and death, people often cannot readily come to terms with loss of life through violent and hostile acts. If family members are killed, neither time nor distance can erase the hate and distrust that often result (Galtung, 1998). Post-traumatic disorders require extensive rehabilitation to stop memories of grievance and injustice from lingering for generations and undermining efforts at reconciliation.

PEACE AS A DETERMINANT OF INDIVIDUAL, COMMUNITY AND SOCIETAL HEALTH

War destroys infrastructure, damages natural environments, renders agriculture impossible, displaces people in large numbers, and creates long-lasting physical and psychological problems (Barash, 2000). While visible effects such as damage to buildings, infrastructure are obvious, the indirect effects such as damage to social structure, law, order, and human rights are not always immediately apparent. Without a ceasefire, the lack of such basic health needs as safe drinking water increases the outbreak and spread of infectious diseases and sickness. Additionally, wilful

neglect, discriminatory practices (like red-lining) associated with racism, and other less extreme forms of violence and oppression may also be deeply damaging to infrastructure, environments, people's dignity and survival over time, as evidenced by the levels of privation and violence in many large urban centres in the United States.

Furthermore, already limited health care access and resources drop off sharply during times of conflict. Doctors, hospitals, and clinics are either totally lacking or in short supply. And, they may be targeted for destruction by opposing forces because the symbolism of destroying health institutions is so powerful and destabilizing. Conversely, the symbolic importance of building a clinic in an immediate post-conflict situation is widely understood.

FROM THEORY TO PRACTICE: CONTEXTUALIZING THE LINK BETWEEN HEALTH AND PEACE

Individual level example: Thoughts and experiences from Izzeldin Abuelaish

The 16th of January, 2009, is the day when my three precious daughters and niece were killed by Israeli shells. It is hard to describe the dreadful scene and images of that day - the body parts of those beautiful girls spread over the ceiling and drowning in a pool of blood. I do not want anyone in this world to see what I have seen.

I believe that life is like riding a bicycle: to keep balanced, we must keep moving, and I will keep moving. I know that what I have lost, what was taken from me will never come back. I also know that I need to move forward and be motivated by the spirit of those I lost, and to do them justice. I lost three precious daughters, but I am blessed with five other children and the future.

Most people assume that forgiveness is difficult, but in the long run it is easier to forgive than to live with hatred or be consumed with revenge, with all the medical consequences. I believe that when you forgive someone, you forgive yourself, you value and yourself. Indeed, forgiveness opens the door to a future that will not repeat the old tragedies.

We are all human, and we all make mistakes and commit sins from time to time. Forgiveness is about letting go, completely and permanently, within yourself. Many times I have asked myself: Should the perpetrators ask for my forgiveness? This might achieve some personal satisfaction for me, but in the end it will never achieve the broader goal of inner peace, and of peace among human beings. When the time comes that we no longer have to ask for forgiveness that is the time when there will be understanding and peace among humanity. Sometimes the beauty in forgiveness is to forgive when you do not know whom to forgive, when no one asks you for forgiveness. But whatever the situation, to err is

human but to forgive is truly divine. Forgiveness will help you move forward, away from the pain of the past and to be focused on the future, with all its brightness.

By extending forgiveness to others and by forgiving myself from the destructive hatred and anger; I am stronger, healthier and more determined. I have peace of mind and the means to bring my daughters justice and make a difference in this world. I am not a victim anymore.

Individual, community, and societal level example: The case of South Africa

The case of South Africa is a good example of the link between health and forgiveness, reconciliation, and trust. Nelson Mandela's campaign embraced the need for forgiveness on the political level, after decades of oppression and suffering amongst South Africans under the Apartheid regime. The Truth and Reconciliation Commission (TRC) (1998), led by Archbishop Tutu, allowed personal truths to be uncovered via story-telling at the individual, community, and political level, with the goal of working towards forgiveness, reconciliation, trust, and a brighter and healthier future for South Africa. The TRC has been linked to individual healing processes (De la Rey and Owens, 1998), and to South Africa's transition to a democratic government which prioritized health equity on the social political agenda (McIntyre and Gilson, 2002); thus, these outcomes of the TRC can be linked to health outcomes at the individual, community, and societal level.

AN INTEGRATED APPROACH TO HEALTH AND PEACE

With an understanding of the mutual determinants of health and peace, the next step is to develop strategies that can be implemented to address these determinants simultaneously.

Terms such as Health as a Bridge to Peace, Peace through Health, and Medical Peace Work have been created in exploring the relationships between health and peace. While these approaches have been primarily geared toward those working in healthcare, we propose a multi-sectoral and multi-level "Peace and Health" approach. This approach is one that implies that peace leads to health and health leads to peace, but that there is no specific directionality or specific field or sector in which to apply the approaches and strategies discussed. Our approach is essentially a perspective to be used and adapted according to the context in which it is implemented.

The interrelated and synergistic factors promoting health and peace affect many aspects of human

organization, including the traditional silos of governance and management. In equating health promotion and peace promotion, Middleton (1987) suggests that the means to pursue both is through community participation, inter-sectoral cooperation, and empowerment. Several other innovative strategies that foster autonomy, control, and power-sharing that have been proposed with regards to the development of sustainable health and peace include: adaptive co-management (Armitage et al., 2007), mutual respect paradigms for citizen-government engagement (Redekop and Pare, 2010), and insight-based conflict resolution strategies (Melchin and Picard, 2008).

By understanding the determinants of health and of peace among individuals, communities and societies, we open the door to negotiating conditions to mitigate ill health and violence, and to creating more healthy and peaceful societies. As we move forward with this line of thought, we encourage scholars, politicians, community members, health workers and peace workers alike to view their work through a 'Peace and Health' lens, and to develop strategies and tools that are in line with this approach.

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