

THE DISEASE CALLED VIOLENCE

Public health depends on consciousness, social justice

Sarah Clark

Our system is one of detachment: to keep silenced people from asking questions, to keep the judged from judging, to keep solitary people from joining together, and the soul from putting together its pieces.

—Eduardo Galeano

To be human is to engage in relationships with others and the world.

—Paulo Freire

The 20th century was one of the most violent periods in human history. According to the World Health Organization's, World Report on Violence and Health (2000), an estimated 191 million lost their lives directly or indirectly as a result of conflict—and well over half of them were civilians. Although violence has been a seemingly inextricable aspect of human existence, it is becoming increasingly clear that it has now become a threat to life on a global scale. Gro Harlem Brundtland, Director General of the WHO stated in the introduction to the 2000 Report, "We must challenge the notions that acts of violence are simply matters of family privacy, individual choice, or inevitable facets of human life. Violence is a complex problem related to patterns of thought and behavior that are shaped by a multitude of forces within our families and communities, forces that can also transcend national borders" (p. ii). Only a shift in human understanding, a movement to a higher and more integrated level of meaning, can help us be more effective in slowing down the epidemic of the disease we call "violence". A healing and transformative approach to violence therefore, requires thinking broadly and comprehensively, and most importantly, from the point of view of prevention—focusing simultaneously on the individual and the social causes of violence.

Violence is a disease because it is not inherent to the human condition, and both its causes and its effects are highly contagious—they spread from person to person, from family to family, from nation to nation, even across generations. The causes of violence are multiple and interconnected: they are simultaneously social, environmental, psychological, individual, systemic, philosophical, political, and spiritual (Bloom, 2004).

Most human suffering seems to be a consequence of "structural violence", the physical and psychological harm to the individual that results from exploitative and unjust social, political, and economic systems (Levy, 2000).

Indeed, structural violence has been shown to be far more deadly than violence caused by armed conflict. A worldwide study carried out by Kohler and Alcock in 1976 found that 14 to 18 million people die every year from the effects of poverty (a form of structural violence), while about 100,000 die from armed conflict (Bloom, 2004).

Rethinking Violence

The knowledge we are gaining about the effects of violence in all its forms challenges the deeply ingrained system of structural violence that forms the bedrock of our civilization. At the end of the eighteenth century, Immanuel Kant declared that "The peoples of the earth have thus entered in varying degrees into a universal community, and it has developed to the point where a violation of rights in one part of the world is felt everywhere" (Bloom, 2004). Unfortunately, our current paradigm is still one of separation, and therefore one of suffering; we simply assume that violence, oppression, and exploitation are unavoidable and normative, and as Sandra Bloom states, "we move into the future inevitably re-enacting a traumatic past" (2004).

The remedy against all forms of violence begins within the individual. It is necessary to cultivate within ourselves and others the ability to change the way we think about ourselves and the world we live in. To stop the infection of violence we must understand another's suffering as our own and commit ourselves wholeheartedly to changing social structures that condone violence.

Abraham Maslow created a hierarchic "Human Needs Theory" in which the most basic are the physical needs for food, water, clothing, and shelter. Once these "lower order"

needs are satisfied, people are able to devote their efforts to satisfying nonmaterial, or "higher order" types of needs such as security, autonomy, respect, bonding, and finally, the ability to make progress toward one's full potential—for fulfilling or actualizing one's true self (Chetkow-Yanoov, 1997). Generally, each of these needs must be satisfied in order to become a fulfilled person. If the most basic human needs are not satisfied, personal and social problems, such as an increased susceptibility towards conflict and violence, tend to develop (Chetkow-Yanoov, 1997).

Critical Consciousness

Mahatma Gandhi possessed a deep understanding of this social dynamic and developed the Constructive Program in order to address the physical needs of the

Violence is a disease because it is not inherent to the human condition, and both its causes and its effects are highly contagious.

Indian people in addition to cultivating their inner life. Arne Naess, in *Gandhi and Group Conflict: an Exploration of Satyagraha*, states, “One may say that Gandhi’s strategy included as a preliminary step the lifting up of people from the status of nonentities to a level where self-realization was conceivable as an aim” (p.109)...where a life without violence was a conceivable aim. The Constructive Program was designed to build India from the bottom up, and address both individual and national problems simultaneously. According to the Mahatma, “Complete Independence through Truth and Nonviolence means the independence of every unit, be it the humblest of the nation, without distinction of race, color or creed” (Gandhi, 1941). Gandhi’s great success was to empower in each individual the ability to challenge not only the oppressive British system, but also the individual’s oppressive mental construct. “The English have not taken India; we have given it to them. They are not in India because of their strength, but because we keep them” (Gandhi, 1938).

The field of public health is beginning to learn from Gandhi’s two-fold approach:

to gain a deeper understanding of individual and societal factors contributing to violence, in addition to addressing larger social constructs and systems (i.e. health service delivery, law enforcement, government) which facilitate violence and oppression. In the U.S. today, “crime remains one of our most critical indicators of the state of our personal and collective being” (Weiss, 1996). A recent youth violence prevention program in Los Angeles has integrated a broader understanding of personal and collective violence with the more traditional systems-oriented public health approach. This program demonstrates a public health approach to violence prevention very similar to Gandhi’s Constructive Program in that it required a comprehensive effort from all segments of the community, and began with a focus on the needs of the individual and their education. Social support and community action were also developed—all three efforts striving toward, and in many ways achieving, structural change and an eventual shift away from the idea that violence (both personal and structural) is legitimate.

The Los Angeles Violence Prevention Coalition was formed by the Los Angeles County Department of Health Services in 1991 and consisted of more than 400 members with expertise in various categories of violence and violence prevention (Weiss, 1996). The Coalition was based on a multidisciplinary approach that used the specific talents and skills of its various members’ disciplines—from medicine to business, from the academic community to law enforcement. The Coalition adopted and maintained three goals with specific objectives: (1) To reduce the availability and accessibility of firearms, (2) To change community norms so that violence is not acceptable, (3) To create

and promote alternatives to violence (Weiss, 1996). Goals 1 and 3 address environmental and structural correlates of violence, whereas Goal 2 requires a shift in consciousness. Billie P. Weiss, the Executive Director and cofounder of the Los Angeles Violence Prevention Coalition stated, “We will not solve the problem of violence in our communities by putting 100,000 more police officers on the streets, or by constructing more prison cells, by extending the death penalty to more crimes, or by executing more rapidly those convicted of capital offenses. Solutions to the problem of community violence will be found in the reestablishment of a sense of community ownership of the streets and neighborhoods, such that every resident exercises a positive governing influence, and in rebuilding decayed neighborhoods” (p.206). The Violence Prevention Coalition has continued to gain strength and popularity and has initiated

new programs in recent years such as the Youth Violence Prevention Peace Coalition, a countywide coalition of youth dedicated to working together to find peace solutions to violence in their communities (Weiss, 1996).

Violence is a complex phenomenon, and public health is striving to establish new ways to understand and address that complexity. The public health approach to violence prevention requires a comprehensive effort from all segments of the community, beginning with the individual and involving education, community action, social support, and structural change. However, to achieve lasting peace, there must be an accompanying shift in our collective consciousness. We must reconsider the collective story we tell about violence.

The Most Vital Question

We have the tendency to ignore the obvious, to become fatalistic about what we do not understand, and to accept, because of familiarity, what should not be acceptable. The increasing disparity between rich and poor individuals and nations, the unlimited expansion of arms, the exploitation of earth’s resources, and the frightening volume of interpersonal and collective violence, is not acceptable. A new paradigm is emerging, a different way of viewing human nature, the sources of violence and conflict, and the way to address those issues. The remedy for the disease of violence lies within us. Violence is a failure to understand the interconnected nature of all human experience, and a failure of social responsibility. We have a responsibility to challenge those experiences, beliefs, and values that continue to promote war, violence, and destruction. The question remains: What steps can we take as individuals, as families, within each group, each social service system, each social organization or institution to increase the resistance of the social body to violence in all its forms and to increase the likelihood of peace?

(For full length article and bibliography, see calpeacepower.org.)

To stop the infection of violence we must understand another’s suffering as our own and commit ourselves wholeheartedly to changing social structures that condone violence.

THE DISEASE CALLED VIOLENCE (CONTINUED)

Works Cited

- Bloom, Sandra L. *Violence: A Public Health Approach and a Public Health Menace*. Karnac Books. (2001)
- Chetkow-Yanoov, Benyamin. *Social Work Approaches to Conflict Resolution*. The Haworth Press, Inc. (1997)
- Freire, Paulo. *Education for Critical Consciousness*. NY: The Seabury Press (1973)
- Gandhi, M.K. *Constructive Programme, Its Meaning and Place*. Ahmedabad, India: Navajivan Publishing House. (1941)
- Gandhi, M.K. *Hind Swaraj or Indian Home Rule*. Ahmedabad, India: Navajivan Publishing House (1938)
- Levy, Barry S. and Sidel, Victor W. *War and Public Health*. American Public Health Association. Oxford University Press, Inc. (2000)
- Naess, Arne. "Gandhi and Group Conflict: an exploration of Satyagraha". (1974)
- Weiss, Billie P. Ch 10: "A Public Health Approach to Violence Prevention: The Los Angeles Coalition". From *Preventing Violence in America*. Sage Publications. (1996).
- World Health Organization. *World Report on Violence and Health*. Geneva. (2000)