

the search for post-conflict well-being at the communal level.

Jason Lee describes the enormous commitment evidenced by the 2014–16 Aboriginal and Torres Strait Islander Reconciliation Action Plan developed by our psychiatrist colleagues in Australia and New Zealand. They have taken seriously the responsibility of the community of psychiatrists to contribute to the wider community of citizens. I have seen for myself the disproportionately poor physical and mental health, and inequity of opportunity, of the Australian Aboriginal community. What struck me was that the expenditure of huge resources and the genuine commitment and investment in legal and political changes and social policies and projects have seen limited measurable improvement and indeed in some cases the situation is worse (Alderdice, 2014).

Initiatives by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and others in Australia are most commendable and not just in working harder at the problem. There are also questions that require psychosocial exploration. Why is the situation of the Maori people in New Zealand so different? Of course there is no easy simple answer; however, the fact that they do not see themselves as a defeated people, and the ways in which New Zealanders as a whole seem to have integrated their historic identities into a shared culture, seem crucial.³ I have been struck

3. I am grateful to Professor Stuart Twemlow for drawing this contrast to my attention and I was subsequently able to observe and confirm these cultural developments in New Zealand.

by how some of those who are most enthusiastic to help Aboriginal people want to conserve an approach to life that may doom Aboriginal people to continuing misery and untimely deaths. It seems to me that not just resources but a process of psychosocial engagement is required with a preparedness to change perspectives on both sides, if the long-term problems of the historically disturbed relationships between the Indigenous peoples and the majority community in Australia are to result in reconciliation, and the RANZCP clearly has the understanding and commitment to make a major contribution.

It seems appropriate to end with Lee's quotation from Pitjantjatjara elder Nganyinytja, 'Reconciliation means bringing two cultures together: *maru munu piranpa tjun-gurin-ganyi*, Black and White coming together.' These wise words of an Aboriginal elder seem to urge us beyond conservation of the past, and on to change our separate communal ways of 'being-in-the world', if we are to build 'reconciliation' together.

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THEMATIC
PAPER

Reconciliation and conflict resolution

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The three thematic papers in this issue, and the guest editorial by John, Lord Alderdice, speak for themselves and pointedly and poignantly show how psychiatrists cannot abdicate from the challenge of reconciliation and conflict resolution, whether this is within families, across ethnic or political divides or in the aftermath of war. The understanding of group dynamics, the mechanisms of projective identification, the splitting/scapegoating of the unfamiliar 'other', as well as the known vagaries of the unconscious are pertinent to any serious attempts to resolve conflict. These understandings, when combined with humanitarian energy and a vision for peace, can bring about positive change and reconciliation, whether in South Africa, Australia, Northern Ireland, or elsewhere in the world.

For example, the World Psychiatric Association, at its best, can not only speak out against the political abuse of psychiatry, but also bring together

psychiatrists and their professional organisations on opposite sides of conflict. Members of the Royal College of Psychiatrists may also reconsider establishing a special interest group on conflict resolution, or reinstate the core experience of group work, or explore the extent to which religious belief may cause conflict as well as bring comfort to victims of oppression.

This writer is reminded of the sheer persistence of Nathaniel Minton, who worked tirelessly for understanding and resolution of the Palestine–Israel conflict (see Klein, 2013), and of the dogged determinism of Alex Poteliakhoff, who, with other colleagues, founded the Medical Association for Prevention of War in 1981 and, aged 97, is working on a plan for tackling global disharmony through an international Truth and Reconciliation Commission brokered by the United Nations (Watts, 2015). I am also reminded of the imaginative and

innovative writings of my brother Murray Cox (forensic psychotherapist and Shakespeare scholar), whose edited book *Remorse and Reparation* was published posthumously (Cox, 1999). It included a discussion of Shakespearean language about guilt and remorse, an analysis of Kierkegaard's psychological and theological thinking, and chapters on novel aspects of forensic psychiatry.

The three thematic papers that follow shine a ray of hope on what is otherwise a gloomy political landscape at present. This writer recalls celebrating Victory in Europe (VE) day in 1945 – but, at the time, none of us knew of the ethnic cleansing of thousands of German-speaking civilians that would occur in Eastern Europe as a consequence of the post-war agreements between the Western powers and Stalin (de Zayas, 1977: pp. xxv, 54).

These papers and these people will remind the reader that psychiatry and medicine as a whole is

an interpersonal discipline that is *sans frontières*. Benjamin Britten used the poetry of Wilfred Owen for his *War Requiem* (1962), including Owen's 'Strange meeting', written in 1918, which features the line:

I am the enemy you killed, my friend.

The music does not shirk the dark shadows and can enlighten us, as well as promote reconciliation.

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Committing to reconciling our differences: development of the Royal Australian and New Zealand College of Psychiatrists' Reconciliation Action Plan

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Aboriginal and Torres Strait Islander Australians continue to experience disproportionately poor physical and mental health, and inequity of opportunity. Australia's Reconciliation Action Plan programme provides a framework and support for organisations to demonstrate leadership through public commitment to actions. The Royal Australian and New Zealand College of Psychiatrists developed its own Reconciliation Action Plan through a consultative process, and hopes to lead and promote reconciliation as a peak medical body.

Background

Aboriginal and Torres Strait Islander people are the Indigenous populations of Australia. Archaeological evidence suggests that human colonisation of the continent dates as far back as 68000 years (Thorne *et al*, 1999). Indigenous Australians were hunter-gatherer societies, deeply spiritual, whose wisdom and cultural knowledge were transmitted through stories and rituals involving songs, dance and art. Prior to colonial settlement in 1788, the population, an estimated 750000 people, spoke several hundred different languages (Australian Bureau of Statistics, 2008).

The impact of European settlement was rapid and devastating. War, disease and dispossession

changed living conditions and caused a rapid decline in population, to a low of 93000 in 1900 (Australian Bureau of Statistics, 2002). Longitudinally, the sequelae and continuing impact of historical and trans-generational trauma have resulted in many Indigenous youths engaging in dysfunctional behaviours, from crime and violent behaviours through to substance misuse and self-harm (Atkinson, 2002). This maelstrom of cumulative trauma contextualises the sub-optimal social and emotional well-being, and indeed the mental ill-health, experienced by many Aboriginal and Torres Strait Islander people.

Social, economic and environmental factors have a pivotal role in cumulatively increasing the lifetime risk of an individual experiencing physical and mental ill-health. Indigenous Australians experience higher rates of incarceration, unemployment, household overcrowding and domestic violence. Their life expectancy is 10.6 and 9.5 years less than male and female non-Indigenous Australians (Australian Government, 2015). Addressing these disadvantages requires engagement from individuals, communities and all levels of government, with multi-sectorial and multi-systemic interventions. Australia's journey of reconciliation with its Indigenous people has been slow to gain momentum, with the most significant milestones arguably being the 1967 referendum (to include Indigenous Australians in the census and