ARTÍCULO DE INVESTIGACIÓN

# Relationships between war, mental health, and disability: caught in the crossfire

## Las relaciones entre guerra, salud mental y discapacidad: entre fuegos cruzados

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## Abstract

Based on the academic literature published on the subject, the present article compares two opposing thesis on the possible interactions between mental health and psychosocial /mental disability in war contexts. A follow-up on the theoretical-conceptual explanations of both theses is carried out in terms of their historical development, from ancient times to the present. From that comparison, the implications of these interactions in public health, as well as the effects of these conceptual categories and their treatment, are analyzed, recognizing a focused interest in psychosocial disability as a consequence of war. It is concluded that the historical correlates of intrapsychic mental disorders due to war are not yet exhausted, but that they coexist and clash with narratives of mental disorders associated with war in the relational sphere. The interaction between war, mental health, and disability is under crossfire, which does not undermine individual and communal dignity but offers opportunities to visualize and empower historically marginalized people.

**Key words:** Armed Conflict, Public Health, Mental Health, Disability, Psychosocial.

## Resumen

El presente artículo contrasta a partir de la literatura académica publicada sobre el tema dos tesis contrapuestas alrededor de las interacciones posibles entre la salud mental y la discapacidad psicosocial/mental en contextos de

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guerra. Se realiza un seguimiento a las explicaciones teórico–conceptuales de ambas tesis en relación a sus desarrollos históricos, desde la época antigua hasta la actualidad. A partir de ese contraste se analizan las implicaciones de esta relación en la salud pública, los efectos de estas categorías conceptuales y su tratamiento, reconociendo un interés focalizado en la discapacidad psicosocial como una consecuencia de la guerra. Se concluye que los correlatos históricos de afectación mental intrapsíquica a causa de la guerra no están agotados en la actualidad, coexisten y entran en pugna con los relatos relacionados con la afectación mental provocada por la guerra en lo relacional. La interacción entre guerra, salud mental y discapacidad está entre fuegos cruzados, esto no socava la dignidad individual y comunitaria, sino que brinda oportunidades para visibilizar y empoderar a personas históricamente marginadas.

**Palabras clave:**Conflictos Armados, Salud Pública, Salud Mental, Discapacidad, Psicosocial.

## Introduction

Although mental health and disability as concepts have historically evolved around different theoretical models, at present, the Pan American Health Organization and the World Health Organization (WHO) have opted for the psychosocial approach, which addresses biological, individual, and social perspectives. In this sense, persons with disabilities (PwD) "include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2007). The concept of mental health from the very perspective of WHO is understood as:

> *"A state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able make a contribution to his or her community"* (World Health Organization, 2018).

In this context, psychosocial disability results from the interaction between people with mental health impairment and environmental barriers that prevent them from participating fully and effectively in society (Resolución 113, 2020).

The relationship between mental health, mental illness and psychosocial impairment is complex and they are separate concepts, although other potential interactions between them do exist. Within the framework of armed conflicts, mental health, both individual and collective, there is a high risk of suffering alterations in the medium and long term due to the lack of care, the difficulties for granting vital aid, and the minimal protection provided to the population (Moreno-Murcia, Gómez, & Bustos Marín, 2021). Throughout history, it has been well-documented that the mental health of all conflict actors, whether active (military) or passive (civilian), is compromised, and that such compromise may take the form of a mental disorder or other forms of suffering. Moreover, the potential disability resulting from mental health disorders affects both individuals in their daily lives and populations as a whole (Barnes, 1998).

In this regard, the availability of various approaches to mental health and psychosocial/mental disability in connection with the Colombian armed conflict is perceived as a problematic issue that could cause difficulties at the time of establishing clear guidelines in the field of public health. Therefore, the aim of this paper was to compare two opposing theses on the possible interactions between mental health and psychosocial/mental disability in war contexts, based on the literature published on the subject. The first hypothesis proposes that war-related disorders occur at the intrapsychic level and are associated with conceptualization correlates of disability that view them as an individual failure based on a single biomedical approach to mental health. In contrast, the second suggests that the alterations caused by war are found at the relationship level and in the variety of behaviors resulting from the highly abnormal context generated by armed conflicts from a systemic mental health point of view. This comparison is of interest to public health because it allows establishing contextualized perspectives on the relationship between war, mental health, and disability. Thus, it is possible to identify the historical information available, recognize the latest trends, and place the issue in an updated context of development in Latin America.

Three sections are presented below. The first one addresses the thesis related to mental disorder as an intrapsychic problem; the second one focuses on war as an altered social state that is reflected in abnormal individual functioning; and finally, the third section presents the necessary evidence to compare the two proposed theses and make an analysis of the impact of the identified conceptual categories and their contributions to Colombian public health.

## Mental health affected by war as an intrapsychic problem and altered functionality as a personal deficit

***Colonization, military training, and persons with disabilities.*** Stances on intrapsychic alterations and deficits can be used to better comprehend disability. The definition of disability associated with the impact of war has been revised over time. In some ancient societies, military training was essential to colonize new lands, and physical and intellectual fitness was a priority. Therefore, PwD had no rights and were not recognized as "citizens". In this same context, children considered "weak and crippled" were left to die in Sparta and Athens, giving rise to the model of disregarding disability (Valencia, 2018). Disability was seen as an individual problem requiring radical solutions that did not hinder the development of nations. Moreover, as a consequence of the crusades in the Middle East, the war against the Arab kingdoms, and the Nordic invasions during the Middle Ages, the number of PwD increased and institutions for the treatment of the so-called "insane" emerged (Valencia, 2018). In this regard, disability began to be understood as an outcome of armed conflict, leading to the need to hospitalize all the people who were unable to continue fighting.

During the Middle Ages, from the fifth to the tenth centuries, and following wars of conquest such as the War of the Two Roses, the Hundred Years' War, and attacks on the Norman, Saracen, Hungarian, and Slavic peoples, many European societies adopted the concept of social responsibility toward PwD. At this time, PwD were referred to as "helpless, weak and physically defective," or "incapable" of taking care of themselves (Olaechea, 2008). At this point, social responsibility was given as a way of recognizing work for society.

***Degenerationism and mental impairment due to the war.*** In order to draw attention to the mental health problems caused by war, it is necessary to talk about degenerationism. The Franco-Prussian war, which occurred in the second half of the 19th century, stimulated scientific research around the interactions between war and mental health. This increase in scientific production coincided with the rise of the psychiatric theory of degenerationism formulated by Morel and later reformulated by Magnan and Legrain (Plumed & Rey, 2002). Such theory fueled eugenics, which sought to improve the human gene pool in an observable manner (Benedict, 1957). Eugenics aimed at modifying the constitution and structure of individuals, without considering that this would undermine their dignity, which is now considered a clear violation of human rights.

Several strands of degenerationism were evidenced around the interactions between war and mental health. The first view argued that war, with its stressors and rigors, caused mental alterations in civilians that were inherited and led to mental degeneration of the individual (Campos, Martínez & Huertas, 2001). The second view was mainly found in papers by non-French-speaking physicians, who explained that war could not be considered as the cause of mental illness, but that mental illness appeared in "previously defective or degenerate" people, who, in any case, would have become ill later on for reasons other than war (Beer, 1996). In this sense, the developments of eugenics were intended to regulate and homogenize large human populations. However, in the relationship between mental health and war, the views discussed give an account of different reasons for the onset of the disease, which makes it possible to focus either on war as a cause or on war as an external factor.

Furthermore, for Schuele, a 19th century German degenerationist, there was a third view that combined the two views on causality mentioned above. He divided the mental illnesses that could arise during armed conflicts into two groups: the first group was made up of the sick with degenerated or invalid brains, and the second group consisted of the sick born with healthy brains who later acquired diseases of the mind as a result of war (Hotchkis, 1917). From this perspective, it is clear how mental illness was linked to organic and individual factors, whe-

reby brain involvement results in a decrease in mental functionality.

***Psychoanalysis, neurosis, disability, and World War***. During World War I and in the postwar period until 1920, the term war neurosis was used in psychoanalytic papers that were written by psychoanalysts such as Ferenczi, Abraham, Jones, Tausk, Simmel, and Freud. These authors explained war neurosis on the basis of the status of psychoanalytic theory at the time. For this reason, as its paradigm evolved, the term had diverse conceptual and clinical effects, such as the treatment of military psychiatrists using patriotic disciplinary methods, the description of two types of war neurosis (conversion hysteria and hysterical anguish), concomitant paranoia and melancholia, war neurosis as the destruction of human adaptation in times of peace, among others (Ramírez, 2010).

Since World War I, efforts of dynamic psychotherapy to understand and treat neurosis have been evident. Freud, one of its main representatives, analyzed hysteria and understood it as the result of emotions and experiences. He stated that when demands surpass the individual, a neurosis occurs and, from his considerations, proposed the existence of war hysteria (Freud, 1930). Consequently, therapies began to focus on transferring memories to the surface of awareness to make catharsis and achieve a good mental health. At this point in history, the mental health of the individuals who had been affected by war and required individualized psychotherapy to handle their emotions, drives, and traumas was still being explored and treated. In addition, and from a biological perspective for understanding mental disorders, the term 'shell shock' was coined to refer to "emotional and neurological disorders caused by constant exposure to combat," denoting directly the disorders produced after experiencing physical and traumatic damage to the central nervous system (Sánchez, 2017). After the conception of this term, works that promoted the idea that post-traumatic symptoms were related to the cowardice and weakness of the soldier were developed, so therapy focused on the use of threats, shaming and punishments for "weak soldiers" (Yealland, 1918). On the other hand, in the American military field, the terms 'war neurosis', 'battle fatigue' and 'broke emotionally' were used instead of the term shell shock (Sánchez, 2017). In all these cases, the effects of combat exposure were of a biological nature and resulted in an impairment of mental health and the "normal" functioning of the individual.

As for the name given to disability following World War I, it was found that the physical and psychological sequelae gave rise to the so-called "invalids" and consolidated the medical rehabilitation model of disability (Hotchkis, 1917). Furthermore, the nascent Soviet Workers State, following the 1918-1921 Russian Civil War, sought ways to deal with the so-called "handicapped, needy, or unemployed" (Valencia, 2018), demonstrating that rehabilitation was a method of allowing the individual to be employed and continue to contribute to the State, which was in need of manpower and economic development at that moment.

***From lack of moral fiber and defective persons to disability, impairment, and postwar mental hygiene.*** During World War II and the Spanish Civil War, senior army commanders introduced the term 'Lack of Moral Fibre' (LMF) as a counterpart to shell shock, but the more accepted term was war neurosis, as it referred to the disorder resulting from exposure to armed confrontations (Sánchez, 2017). The latter term continued to strengthen the idea that the impact of war on mental health resulted from intrapsychic conflict, and it became a key clinical construct for later developments in psychoanalysis. For this reason, terms such as psychosis (Eitinger, 1960); neurosis (Miller, 1940); nervous and mental disabilities (Farrar, 1940); mental disorder (Dillon, 1939); psychogenic psychosis and reaction psychosis (Pires, 1943); insanity and neurotic illness (Lewis, 1943); war psychoneurosis (Henderson & Merril, 1944); and psychiatric disability (Kirman, 1946) were coined in mental health research.

Regarding the treatment of disability during this period, the Nazi created the Law for the Prevention of Genetically Diseased Offspring that enforced the sterilization of "defective" people (Carrizosa, 2014). Such laws were no longer accepted after World War II because eugenics was criticized, so its practice was put to an end with the Universal Declaration of Human Rights (Carrizosa, 2014). With the advent of the welfare state, the concept of "disability" began to be used as a synonym for "incapacity for work" and in 1955 the International Labour Organization issued a recommendation

on "rehabilitation and employment of the disabled" to adapt disabled persons for work during the post-war economic recovery. At this time, a person with a disability was considered "handicapped," "insufficient," "disabled," and "useless" to the economic well-being of the community (Valencia, 2018). Later on, in the World Programme of Action concerning Disabled Persons, published in 1982, the concept of "Disabled Person" was introduced and the other concepts mentioned above were no longer utilized (UN, 1982). This concept was used in connection with individuality and self-identity, in the sense that the noun "person" is attributed with the characteristic "disabled ."

It was also found that studies on mental health and hygiene in armed conflict scenarios proposed childcare (Baruch, 1943), civil defense (Woods, 1957), and state community mental health care (Felix, 1957) programs. Although these programs targeted the general population, they were always focused on the treatment of the mentally ill as an individual that directly affected a population.

***Emergence of war trauma in the Anglo-Saxon world.*** In the Anglo-Saxon world, after observing the military and already involving civilians, the term Post Traumatic Stress Disorder (PTSD) was used to refer to any post-traumatic mental change caused by exposure to war (Sanchez, 2017). In 1941, during World War II, Kardiner described the symptoms associated with PTSD and began to develop treatments to integrate traumatic experiences. Following this, the diagnosis "gross stress reaction" was included in the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952, but in the second edition of 1968, the diagnosis was renamed as "adjustment reaction of adult life" (Cazabat, 2002). However, both diagnoses were still related to a set of individual signs and behavioral patterns that guided clinical action.

Then, during the Vietnam War, drugs started to be used to tolerate war events and continue fighting. Also, a group of psychiatrists, based on Anglo-Saxon psychiatric phenomenology, began to describe the psychological wounds caused by it with the term 'Vietnam Syndrome' (Sánchez, 2017). Then, from 1960 and onward, documents account for the Vietnam and Afghanistan Wars with a polysemous use of concepts referring to mental disorders due to war, and the most common term used was PTSD (Sánchez, 2017).

Finally, after the publication of the third edition of the DSM in 1980 and with the addition of the PTSD diagnosis, a definitive step was taken towards the currently dominant clinical conceptualization of the impact of war on mental health (Freud, 1930; Sanchez, 2017). This conceptualization was based on the diagnostic code of PTSD and was described strictly under individual parameters of mental impairment. Subsequent editions of the DSM have modified and included clinical diagnostic parameters without a change in the main term.

***Colombian contributions to the debate on the effects of the armed conflict as an intrapsychic problem associated with deficit.*** In order to identify the relevant conceptual contributions with regard to the individual and the intrapsychic approach to the relationship between mental health, disability and war, a review of these contributions aimed at the construction of decisions in the field of mental health, armed conflict and disability intersection in Colombia was carried out. Molina (2017) highlighted several viewpoints observed in the process of conceptual and public policy construction regarding mental disability and armed conflict. Three of those viewpoints stand out as they have a direct association with the correlates of disability conceptualization as an individual issue and as an individual failure: firstly, the magical-religious view that is still perceived today in the Colombian social periphery; secondly, the eugenic perspective promoted by the Colombian immigration laws and that had the scientific support of two renowned psychiatrists: Miguel Jiménez López and Luis López de Mesa (Carrizosa, 2014); and thirdly, the rehabilitation medicine approach focused on the disease (Molina, 2017).

It was also found that the rationale of the 1998 National Mental Health Policy was based on the use of academic and epidemiological evidence (Molina, 2017) that followed a conventional public health approach and the medical-psychiatrist perspective. This relationship between public policy development and the academic field is limited and is based on disability as an indicator of burden of disease and risk management. There is not a specific policy on mental disability or, much less, an association with the Colombian armed conflict (Molina, 2017). The foregoing resulted from the fact that the po-

licy was based on the individual biomedical model, which emphasizes the idea of disorders and diseases.

Other contributions on the subject refer to stigma and psychosocial disability connected with the armed conflict. In this regard, Gonzáles *et al.* explain that victims look for reassurance that their well-being will be restored, but they stress that interventions prioritize individualized medical care and psychoeducation to reduce stigma (Gonzáles, *et al.*, 2019). Another document elaborated by Montoya, Castro and Vargas analyzes the legal approach to victims of the conflict and PwD, stating that disability has its origin in a "disorder affecting physical or mental faculties" (Montoya, Castro & Vargas, 2016). Likewise, there were other documents that showed intrapsychic views of disability in relation to war, as well as a review of mental disorders among ex-combatants (Jiménez, 2009), and a case-control study establishing the mental health status of victims of violence (Londoño, *et al.,* 2005). These works include quantitative assessments that seek to measure disability or find personalized treatments for victims of the armed conflict with mental health problems.

**War as an altered social state that is reflected in abnormal or adjusted personal behaviors**

Contraryto the previous thesis, there is evidence of conceptual developments on the relationship between war, mental health and disability from a social perspective. Before 1920, following analysesconcerning the survivors of the Franco-Prussian wars, several papers claimed that war and its "agitation of emotions" were responsible for causing "a certain amount of mental disorders in the civilian population." Smith focused his work on civilians because he found abundant scientific production regarding mental disorders among soldiers during the war and took as his main reference for observation the cases treated in his psychological medicine practice (Smith, 1917). In his considerations, Smith recognizes that the general population suffers from the anguish and cruelty of war, so research on civilians is necessary to move from the individual to the social impacts of war.

Then, between 1920 and 1960, new conceptual changes about the effects of war on the human mind occurred. In 1938, following the performance of a statistical analysis of the incidence of mental disorders, it was concluded that it did not increase during wartime or during the economic depression of 1929-1932 (Landis & Page, 1938). Therefore, there was a shift in the understanding of the effects of war on mental health, which was generated from a perspective different from that of the theory of degeneration.

***New psychosocial stances in Latin America.*** The conflicts that took place in Central America during the 1980s also reflected new *psychosocial stances in Latin America*, such as those of Ignacio Martín-Baró in El Salvador who, in 1986, strove to promote social psychology and contribute to 'de-ideologizing' reality. Martín-Baró stated that it cannot be assumed that war has a homogeneous effect on the population and that mental health "is a dimension of the relationships between people and groups rather than an individual state" (Martín-Baró, 1990). Therefore, the mental health of individuals may be affected by abnormal reactions to normal situations or by normal reactions to abnormal situations (Martín-Baró, 1990). He also proposed the psychology of liberation based on a dialectical theory of psychosocial aspects, which should account for social reality without dissociating the individual, be comprehensive, and have a historical nature (Martín Baró, 1990).

Based on Martín-Baró's proposal in Central America, other Latin American authors worked on the psychology of liberation and carried out various psychological and sociopolitical analyses of the social realities faced by Latin American countries when they are immersed in conflict. For example, in Chile and Argentina, psychology was developed to provide support to victims of human rights violations and political conflicts; this approach shows how psychosocial work contributes to truth, justice and reparation, in addition to acknowledging memory as a duty and a right (Bastidas-Beltrán & Urrego-Mendoza, 2021). In Guatemala, conceptual contributions were made to the Ethics of Liberation, which focuses its principles on life, renounces individualism, and encourages encounters with the other to empower and vindicate the victims (Burton, 2004). In Venezuela, there were developments in community social psychology, which studies the psychosocial factors that allow individuals to have control and power over their environment and achieve changes in the social structure (Rozas, 2003). In Mexico, social psychology reflected on

the concept of ''mental society,'' in which society uses language to communicate, understand reality, establish agreements, and resolve conflicts (Hernández-Ramírez, 2005). Finally, in El Salvador, research on war and dehumanization from a psychosocial perspective calls for a comprehensive humanization, involving a civilized end to war and a basic level of humanism in as many citizens as possible (Martín Baró, 1990).

In general, these conceptual aspects, resulting from the new psychosocial approaches, allow establishing a relationship between disability and mental health given their pertinence to the clarification of truth, justice, reparation of victims of the armed conflict, and changes in the social structure after the disruption of human relations during the conflict. Mental health is then located in the historical context of each individual, who shapes and fulfills their existence within the context of social relations. With this is mind, according to Martín-Baró, mental health is not about the successful functioning of the individual, but "a basic character of human relations that defines possibilities of humanization that open up for the members of each society and group" (Martín Baró, 1990). Therefore, mental health and disability "constitute a dimension of the relations between people and groups, rather than an individual state" (Martín Baró, 1990) since they cannot be separated from the social order, violence, and conflict.

As a consequence, psychosocial disability, from a relational point of view, assumes that altered social relations between people and population groups have an impact on mental health, since there is no homogeneous effect that accounts for the alteration in all individuals. Instead, context determines the development and perpetuation of a psychosocial disability, which is the result of a normal reaction to an abnormal social context triggered by war and armed conflict. Given this situation, it is not possible to achieve a harmonious relational restructuring in the medium term, especially due to the preservation of the abnormal conditions of the context, which exclude or oppress the affected individuals.

***Colombian contributions from a relational perspective on the effects of the armed conflict and the resulting diversity of behaviors: psychosocial approaches.*** In Colombia, some thematic developments stand out regarding the effects of the armed conflict on family life and subjectivity (Estrada, Ibarra & Sarmiento, 2003); the relationship between social psychology and reparation to victims of the conflict (Bastidas-Beltrán & Urrego-Mendoza, 2021); the psychosocial approach in victim support processes (Villa, Londoño, Gallego, Arango & Rosso, 2016); distress associated with the armed conflict and the ethics of listening (Aranguren, 2016); the way of referring to the impact on mental health (Cabeza, 2021); and the experience of qualitative research on mental health within the context of the armed conflict (Arias-López 2014).

Concerning the perspectives of the conception and public policy construction of mental disability and the armed conflict in Colombia, Molina (2017) describes several views, which he calls "*miradas*" (perspectives): the human rights perspective, which adheres to international conventions (Escudero & Molina, 2011); the social perspective, which transcends the psychiatric approach and implies a social change in intersubjective diversity as an interaction between people and the environment in which they live (WHO, 2001); the biopsychosocial perspective, in which there is an interaction between the biomedical and the social model (Resolution 113, 2020); and the divergent abilities perspective, which questions the development of public policy focused on rehabilitation (Cazabat, 2002) and advocates for dignity while respecting the diversity of the human being (Romañach & Lobato, 2005). These perspectives represent, in the first place, a different alternative to the intrapsychic perspectives of disability in relation to war, such as the magical-religious view, eugenics, and the rehabilitative-medical approach. Moreover, these ideas incorporate the social dimension into their conception of disability, as well as their strategy to implementing public health plans and policies.

Based on international contributions on the issue of comprehensive care through the psychosocial approach, in Colombia comprehensive care is recognized as a right of PwD and victims of the armed conflict, who are regarded as vulnerable populations of special protection. As a result, progress has been made in public policy concerning social responsibility and comprehensive care for victims of the armed conflict. In light of these accomplishments in Colombian public policy, the psychosocial approach is viewed as a guide for em-

powering communities and their support networks. In other words, the psychosocial actions proposed in the psychosocial approach generate "personal and collective empowerment, emotional recovery, subjective transformations, experiences of reconstruction of life projects and social fabric, and redignification of victims of the armed conflict in Colombia" (Villa, Londoño, Gallego, Arango, & Rosso, 2016). In this process, community social psychology becomes intertwined in social contexts of exclusion and vulnerability, contributing to the development of the psychosocial approach through elements such as subjectivity and intersubjectivity, community and accompaniment, listening ethics, social representations, and social transformation (Bastidas- Beltrán & Urrego-Mendoza, 2021).

## Discussion

The relationship between war, mental health and disability is complex and multifaceted. Regarding the practical implications, it is essential that state, community, humanitarian aid and post-conflict reconstruction efforts value the efforts of the various positions in order to join forces in the restoration of rights and comprehensive reparation. This entails different approaches that can ultimately complement each other.

On one hand, the location of the impact of war on the intrapsychic level and addressed from the rehabilitative medical model possesses implications such as immediate medical and psychological attention for conflict victims; the development of care protocols during conflict; the identification of specific medical needs following the experience of conflict; diagnosis, treatment, and rehabilitation of individuals who access care; contribution to the certification process of a disability resulting from such armed conflicts; and contribution to research and data resulting from individual actions in health.

On the other hand, and in relation to the thesis that conceives the alteration caused by war in relational terms, community interventions and social knowledge allow questioning of official reparation and justice processes, with a view to the reconstruction of participatory policies; the visibility of voices that have historically been silenced by official reparation processes; promotion of approaches to justice that go beyond individual reparations and aim to transform structures and systems that gave rise to the conflict; challenging official historical memory and promoting a more critical understanding of the past; and encouraging citizen participation in reparation and justice processes, which contributes to greater legitimacy and sustainability of public policies.

Likewise, these implications must be relevant when generating effective policies and practices. It is about recognizing the possibilities of different approaches to nourish current actions in public health for people who have experienced armed conflict. This is how different reports and research have recognized different ways of working with conflict victims. The United Nations High Commissioner for Refugees (UNHCR) in its report on the mental health and well-being of refugees reiterates two important points, one related to humanitarian assistance with individual medical care and another related to "durable solutions" focused on reparations, repatriation, and resettlement (UN, 2021). Similarly, the World Health Organization (WHO) study on mental health and disability in emergency situations explores social problems (poverty, discrimination, family separation, insecurity, loss of livelihood, among others) and intrapsychic problems related to conflict situations (mental disorders, grief, substance abuse, post-traumatic stress disorder, etc.) (WHO, 2022).

This study's primary limitation lies in its difficulty in comprehensively addressing the intricate Colombian context, characterized by multiple armed actors and protracted conflicts. Future research directions should prioritize investigations that explore the interplay between war, mental health, and disability, and factors such as socioeconomic inequality, poverty, and social exclusion. Furthermore, research should focus on the experiences of diverse populations, including children, youth, women, and ethnic communities. Ultimately, studies that examine the supportive roles of community and family in alleviating the impacts of war on individuals are essential.

In real-life armed conflict situations, the approaches identified in this study provide crucial contributions at different intervention stages, given their diverse focuses and objectives. For example, individualized medico-psychiatric intervention allows for immediate treatment of mental disorders affecting individuals; however, it may overlook underlying conflict causes and actual needs of

those living through conflict. Respectively, community-centered intervention enables collaborative work, social cohesion, and justice, potentially offering genuine options for comprehensive reparation in the future.

In line with the preceding discussion and addressing the importance of combining pro-population approaches, authors Kohrt & Song (2018) highlight the importance of considering individual and contextual needs when designing psychosocial support interventions; furthermore, they expose the necessity to account for structural and social barriers that hinder access to psychosocial care, as well as to the importance of involving local communities in the design and implementation of interventions. This aims to ensure the effectiveness of psychosocial support interventions in a rigorous and culturally sensitive manner (Kohrt & Song, 2018).

When contrasting conceptual approaches in relation to psychosocial disability, various types of views or models can be seen: magical-religious, eugenics, rehabilitative-medical, social, rights-based approach, biopsychosocial, and functional diversity. Each of these models is associated with authors and actors who come from various fields and account for the various perspectives on the relationships between war, mental health, and disability.

Likewise, it is possible to see a difference between the amount of theoretical information found about disability as an individual failure and on developments aimed at discussing disability as diversity in context. The disparity in the reception and development of ideas is even more noticeable because contributions to the many behaviors brought on by abnormal contexts are concentrated in authors such as Martín-Baró, whereas developments in intrapsychic conflicts have historically been more prevalent and have not had a single representative. This has transpired as a consequence of the depathologization of the issue, which explores what normality is in the first place, and makes it the best defense against the rigorous division between normal and abnormal established by pathologization. In other words, depathologization aims to "recover the subject as a complete agent; a subject located beyond pathology, beyond normal and abnormal" (De Vos, 2013).

From a historical perspective, the analysis of implicit and explicit viewpoints in the medical literature regarding the impact of armed conflict on the mental health of the exposed population demonstrates how socio-political development processes at any given time have repercussions on the conceptual categories established. In that sense, there are implications regarding the way how the adjustment of mental functionality is perceived. The aforementioned observation can be explained if it is considered that, on the one hand, the first historical developments that were published responded to an intrapsychic perspective on the proposed relationship, and, on the other hand, the most recent developments concentrate on critical perspectives and propose major changes from their epistemological foundation until their implementation. Therefore, given that the practical foundation of the conceptual theories related to the individual level are much more developed, all of this accounts for the theoretical evolution of the relationship between war, mental health and disability and encourages us to think about the most effective way to implement critical models currently developed with a social approach.

This analysis allows identifying two opposing theses, each of which is linked to a specific body of knowledge within the field of research on the health of individuals and human communities. The first thesis, which places the impacts of war at the intrapsychic level, is tied to conventional public health knowledge, hegemonic psychiatry and psychology, and the definition of disability as an individual disease. These arguments are connected to the philosophical-theoretical premise of illness and death in order to explain health, and are founded on clinical medicine knowledge and positivist methodologies (Frenk, 1992). On the other hand, there is a thesis that puts the impact of war at the relationship level, which is closely linked to the scientific field of social medicine and collective health in Latin America, critical currents of psychology and psychoanalysis, and a social and diversity-based interpretation of disability. These explanations articulate a broader range of disciplines, knowledge and practices in the field of health, stressing the need for understanding health in the context of human vital processes in a historical and contextualized framework. All of this is related to the goals of Latin American social medicine and community health, which attempt to address socioeconomic inequities, assess health knowledge production methods, and incor-

porate qualitative methodologies from social sciences (Liborio, 2013).

The conceptual distinctions mentioned above allude to the polysemy typical of the field of public health and are regarded as contributions that, instead of being a problem, transcend their differences and add value to the reformulation of new health knowledge and practices. It is understood that, in order to create and apply public health models with structural, technical, comprehensive, and political approaches, biological sciences and social sciences must converge to achieve the objective of health and well-being of the population. Therefore, with respect to advances in psychosocial disability, Colombia has focused its efforts on the development of the Social Determinants of Health, derived from Anglo-Saxon social epidemiology and developed by the Pan American Health Organization (PAHO) and the World Health Organization (WHO) (PAHO & WHO, 2020).

Therefore, the political reality of public health in Colombia is determined by a proposal framed in the dynamics of global hegemonic knowledge markets, which means that only epistemological and methodological approaches to studies that are useful to knowledge societies and profitable are supported by institutions. Implications for the design of programs and the conceptual construction of public health policies for disability, mental health, and armed conflict are also evident, especially considering that, besides the two previously identified theses, Colombia has two distinct types of interventions to address mental health care in the context of war. On the one hand, there is a biomedical intervention focused on mental disorders with personalized care through Health Care Provider Entities, whose current political reasoning is linked to epidemiological developments that justify interventions in public health from an individualized medical, psychiatric, and psychological perspective, which is also decontextualized. On the other hand, there is a relational/social intervention implemented through Territorial Health Entities from a systemic approach based, generally, on social determinants of health and present in the psychosocial approach, which implies considering non-pathologizing or medicalized approaches.

It is noteworthy that, specifically with regard to disability, public policy has limited contact with the academia, so plans are developed around disability as an element of the burden of disease and risk management. This results in a greater emphasis on public policies from perspectives that show disability as an individual failure, in spite of following WHO guidelines and adherence to international conventions, which have a conceptual basis that encompasses biological, psychological, and social levels. Moreover, the participatory construction and articulation of public policies and public health plans for addressing psychosocial disability associated with the armed conflict is necessary and relevant when dealing with state documentation, given that participatory discussion allows for the appropriation of public policy interventions by the general population, particularly the victims of the armed conflict with disabilities.

Thus, although much of the research findings have to do with conventional public health, hegemonic psychiatry and psychology, and the conceptualization of disability in relation to an individual disease, the work developed in Latin America has focused on more critical positions for the development of social medicine and collective health, psychosocial perspectives, and the conceptualization of disability that incorporates a social and diversity component. One important consideration has to do with the need to promote cooperative rather than competitive work between universities and schools of thought, promoting research activities that bring together social, biomedical, and other health sciences.

In conclusion, the historical correlates of intrapsychic mental disorders caused by war are not yet exhausted, but coexist and clash with the narratives of mental disorderscaused by war in the relational sphere. For this reason, the interaction between war, mental health and disability is in the crossfire, but this does not mean that community and individual dignity is being undermined. On the contrary, better opportunities are opened up for people who have been historically neglected and made invisible by society.

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