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Peace Building through a Substance Use Conference

Structured on Peace Psychology Principles

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Authors' Note

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Abstract

In 2005, researchers and policymakers gathered in Istanbul, Turkey for a conference, Delivery Systems for Substance Abuse Treatment, to address the internationally shared problem of substance use disorders. The conference included participants from the United States, Israel, and neighboring Middle Eastern countries and territories and was structured to create conditions that behavioral scientists have identified as key factors in facilitating successful intergroup contact. At the conclusion of the meeting, attendees reported being more likely to work with people from other countries or territories in their region as a result of the conference. Five years later, surveyed attendees reported having engaged in cooperative activities that the participants attributed at least in part to the conference. A number of concrete and verifiable examples of joint efforts between participants from the United States, Israel, and other Middle Eastern countries and territories were provided, suggesting the conference had a meaningful and lasting impact. This occurred despite a generally poor and declining environment for cooperation during this same period. These outcomes suggest that psychological principles can be successfully applied to real-world meetings, and that this may be a useful method for reaching participants who would not otherwise be reached by meetings explicitly promoted as peace-related. Limitations of this study include its descriptive nature and lack of a comparison group, which prevents conclusions regarding causality or magnitude of effect. This is a first step; In the future, controlled studies are needed to provide a stronger test of the effect of such structured meetings on outcomes.

Key words: peace, intergroup, contact theory, middle east, substance use disorders

Introduction

“People from so-called enemy countries. . . now we can see them as human beings, professionals, and share ideas, and help each other. It is the real meaning for me, of peace.”
Israeli participant Moshe Kron, addressing the final session of the Delivery Systems for Substance Abuse Treatment: conference, September 7, 2005

Problems of psychoactive substance use know no borders and damage political stability, social institutions, and health in countries worldwide, but in the Middle East, drugs can take on the additional role of undermining peace building efforts (Rawson, Hasson, Isralowitz, & Afifi, 2002). However, using principles from behavioral science to structure meetings between groups in ways that are known to facilitate successful intergroup contact holds the potential to reduce conflict and promote cooperation and peace-building. This article describes one such effort to assemble individuals from across the Middle East to address the common enemy of substance use disorders.

Background

There have been numerous initiatives to resolve the Israeli-Palestinian conflict through interventions to directly address conflict, and these have produced promising results. Such efforts have included interactive problem solving workshops (Kelman, 1972, 1979 1986, 2002; Kelman & Cohen, 1986), peace education for youth (e.g., Piggot, 1995; Perera, 1996; Mukarubuga, 2002; Solomon, 2004; Biton & Salomon, 2006, Schecther, 2002), and the Reflection and Trust (TRT) Group (Bar-On, 2000, Maoz & Bar-On, 2002; Maoz & Ellis, 2006).

The current project differs from these by taking a less direct approach in that the participants are not explicitly gathered for the purpose of resolving conflicts between their groups. Rather, the groups work together on a separate real world issue (in this case substance

use), and during that process disconfirm stereotypes and build trust with members of the other groups. We believe this approach has advantages over interventions aimed directly at reducing conflict because it can be implemented in a wide range of real-world meetings and would be more likely to reach participants who might not be interested in or able to engage in a “peace” activity. It can even be applied in cases where cooperation with the outgroup is stigmatized or punished by the ingroup, because participation at the meeting is completely justified to address ingroup problems. In this case participants expected to and did receive information that would help them address ingroup substance use problems in their own countries, but while doing so had contact with outgroup members. As organizers, we sought to structure the meeting to facilitate successful contact and thereby promote the reduction of intergroup conflict and improvement of intergroup cooperation. This paper describes the implementation of intergroup principles as well as explores their outcomes.

Origins of the Current Project

The current project has its origins in a unique people-to-people effort known as “Palestinian and Israeli People against Substance Abuse” (PIPASA). The purpose of PIPASA was to link the “war” on drugs with the struggle for peace by building bridges between professionals and academicians from Israeli and Palestinian societies. A brief history of the project is described below.

The idea for PIPASA was based on the premise that physicians have a high degree of social legitimacy and tend to be trusted by the public (MacQueen, McCutcheon, & Santa Barbara, 1997). Recruitment of such participants is important to produce changes and to disseminate positive meeting outcomes to the general public (Kelman, 2002). This motivated the Israel-based Economic Cooperation Foundation (organizers of the Oslo Accords) and the

Palestinian Council of Health to link Palestinian, Israeli, and United States experts for a 1997 workshop in Israel entitled “Palestinian and Israeli People Against Substance Abuse: A cooperative Effort to Address the Problem through Communication, Cooperation, and Coordination.”

During this workshop it became evident that illicit drugs were a source of major tension in Israel and the Palestinian Territories because, for example, Palestinians perceived Israel as encouraging the flow of drugs to Palestinian areas to undermine the moral and social fabric of Palestinian society. One factor contributing to this perception was that drug dealers holding Israeli identification cards who were arrested for selling drugs in Palestinian areas were often transferred from Palestinian to Israeli authorities only to be seen back on the streets shortly thereafter. On the other hand, Israeli authorities believed that the Palestinians did not have sufficient evidence for conviction and were therefore releasing these individuals. The workshop provided a forum for these views to be exchanged, leading to a better understanding of the problem as a lack of legal coordination rather than a malicious conspiracy. Thus the workshop provided a valuable framework to correct misperceptions, and as a result of this meeting, Israelis and Palestinians came to better understand their counterparts and then related their experiences to their family, friends, and colleagues. In this way, the process had a multiplying effect that carried the benefits of the workshops beyond those who participated to reach not just people who were in the “peace camp” but also a wider population that contributed to a broadening of the peace constituency, consistent with the “extended contact effect” (Wright, Aron, McLaughlin-Volpe, & Ropp, 1997). In this way, this initiative contributed in a modest way to creating an infrastructure for peace and building a peace constituency (Sussman, 2002).

Additional workshops and trainings were held in 1998 and 1999 and included

participation of government representatives at a time when government-to-government contacts had otherwise tapered off. Unfortunately after 1999 violence flared in the Middle East, creating a barrier to conducting large meetings of Israelis and Palestinians. Still, cooperation continued through other channels, including smaller meetings in third party locations, correspondence, joint publications, and joint presentations outside of the region. Concrete results were the publication of an article in a major peer reviewed journal (Isralowitz et al., 2001) and the publication of the only book in English describing the substance abuse problem in the region (Isralowitz, Afifi, & Rawson, 2002), which included chapters written by seven Arab, six Israeli, and five U.S. authors (Abu Saad, 2002; Afifi, Al-Zuheiri, Fasheh, & El Soussi, 2002; Al-Krenawi, Graham, & Sehwal, 2002; Babor, 2002; Elisha, Gleser, & Reiter, 2002; Isralowitz, 2002; Isralowitz & Borkin, 2002; Obert, Dajani, Borkin, Rawson, & Aziz Thabet, 2002; Rahav & Teichman, Lev-Wiesel, 2002; Rawson, Hasson, Isralowitz, & Afifi, 2002; Sussman, 2002; Weiler, Saxena, Mohit, & Ball, 2002; Weiss, Sawa, Abdeen, & Yanai, 2002).

The enduring cooperation and positive outcomes resulting from these early events motivated the organizers to pursue funding for a new meeting, with the intention of building on previous efforts and including additional Middle Eastern countries.

Conceptual Model and Implementation

The meeting serves as a basis for this study. We structured it to create conditions that behavioral scientists have identified as keys to promote successful contact that might facilitate peace building. In social psychology, Allport (1954) introduced the most influential theory of intergroup contact in *The Nature of Prejudice*, which led to hundreds of behavioral research and theory developments over the next half century in reducing prejudice and promoting peace among groups in conflict. Allport's conditions have been tested using a variety of methods and in

various situations and have been found to lead to reduction of prejudice (Pettigrew & Tropp, 2006). Building on Allport's original work, Cook (1985) summarized five conditions of contact situations to reduce intergroup hostility: *Equal status* between the groups, *disconfirming stereotypes*, *cooperative interdependence*, *high acquaintance potential*, and the *social norms*. These five conditions and how they were implemented in the design of the conference are described below.

The situation should promote equal status interactions between members of the social groups. Contact is more effective when groups enter the contact situation with *equal status* (Brewer & Kramer, 1985) and maintain it throughout the contact (Moody, 2001). Therefore, conference participants were given equal roles at all times. Seating was not assigned so participants could mingle and change seats freely, and seating was arranged in an auditorium style with a head table used by a continually rotating roster of speakers and co-chairs for each session. Participants from nearly all countries took this lead role temporarily. One example of equal status was a session co-chaired by an Israeli and a Palestinian who shared equal roles and responsibilities. Another came during the closing session when the microphone circulated throughout the room to give every participant the opportunity to address the conference.

The interaction should encourage behaviors that disconfirm stereotypes that the groups hold of each other. Based on the assumption that ignorance promotes prejudice (Stephan & Stephan, 1984), learning new information about outgroup members reduces stereotyping (Pettigrew, 1998; Dovidio et al., 2003), particularly when presenting counterstereotypical information about the outgroup (Armas, 2001; Locksley, Borgida, Brekke, & Hepburn, 1980). Participants from different nations delivered professional presentations and answered questions from the international audience. All participants were experts in their areas

of presentation and had submitted their presentations ahead of time, and were therefore uniformly well prepared. Thus, any stereotypes pertaining to professional or intellectual capacity were quickly disconfirmed. Moreover, as in the previous workshop described above, the conference also provided a successful forum for spelling out misconceptions each nation had about each other regarding the drug problems. This facilitated a more complex and nuanced perception of fellow participants, and tended to disconfirm negative stereotypes.

Cooperative interdependence among members of both groups should be emphasized. *Cooperative interdependence* and specifically succeeding in addressing a common goal is critical in achieving effective intergroup contact (Blanchard, Weigel, & Cook, 1975; Cook, 1985, Chu & Griffey, 1985, Sherif et al., 1961; Urada & Miller, 2000), and has formed the basis of seminal interventions such as the jigsaw classroom (Aronson & Patnoe, 1997) and cooperative learning (Johnson & Johnson, 2000; Slavin, 1985). For the conference, the international, borderless nature of the drug problems was a recurrent theme in the presentations as well as in conversations outside of the meeting. To some degree, all participating countries experience health care, mental health, and criminal justice challenges arising from substance use disorders, and to some degree all share challenges in the allocation of resources to best address these problems. Since ideas that work in one country may be applicable in others, there was a great deal of interest in sharing strategies and outcomes between countries. A concrete goal was sharing epidemiological presentations from each country, based on a standardized template that the planners provided to presenters ahead of time. The establishment of comparable data presentations across communities represented successful achievement of shared goals. In the longer term, achievable goals were set for joint efforts and scientific presentations that were successfully completed following the conference.

The situation must have high acquaintance potential, promoting intimate contact, hence personalization, between participants. Personalization can result from an intimate level of conversation, often involving self-disclosure, which begets trust, familiarity, and empathy (Batson et al., 1997; Miller, 2002). To facilitate personalization, nearly all conference events, lodging, and meals were held in one location, the Orsep Royal Hotel. The hotel was located in an area of Istanbul that was not directly within a tourist area. As a result, participants spent the majority of their time at the hotel. However, understanding that participants would leave the hotel to explore Istanbul at some point, UCLA arranged a short tour for participants to engage in as a single multinational group. This maintained and emphasized the superordinate group while discouraging a fracturing into smaller national groups. The hotel also had only a single restaurant. Therefore participants had no choice but to interact daily over breakfast (which was free to the participants) and at lunch (which was provided during conference breaks). During these meals, it was not unusual to sit down at a table with Israelis and participants from Arab states engaged in a conversation about Arab-Israeli relations. The conversations witnessed by the principal investigator were strikingly sympathetic in tone, with each side lamenting the current state of affairs between their nations and the hardships that it imposed at individual, family, and professional levels. There was also optimism, however, especially when the conversations shifted to detailed exchanges about potential joint efforts on substance use issues in the future.

The social norms in the situation must be perceived as favoring intergroup acceptance. Social norms or support of authorities facilitate intergroup contact (Cook, 1985; Landis, Hope & Day, 1984). A strong norm of intergroup acceptance promoted from the outset. The goals of the conference and of the sponsoring U.S. Institute of Peace were discussed in the opening remarks by the co-principal investigators to set the tone for the meeting, and the

cooperative, scientific structure of the meeting encouraged collegial interaction among all parties.

Methods

United States Institute of Peace Conference in Istanbul, Turkey (2005)

In 2004, the UCLA Integrated Substance Abuse Programs (UCLA ISAP) submitted a grant proposal to the U.S. Institute of Peace entitled “Middle East Peace Building through Cooperative Epidemiology” in which we detailed plans to bring representatives from Middle Eastern countries together to work on the shared problems of substance use. The proposal described the five conditions from Cook (1985), and proposed implementing these conditions as an *a priori* guide to the structure the meeting.

The United States Institute of Peace funded the proposal, and we supplemented this with existing funds from our work with U.S. Agency for International Development Middle East Regional Cooperation program, and eventually co-sponsorships from the United Nations Office on Drugs and Crime, World Health Organization, the U.S. Substance Abuse and Mental Health Services Administration, the U.S. National Institute on Drug Abuse, a donation from a private individual, and non-monetary support from the International Society of Addiction Medicine, and the International Society of Addiction Journal Editors. These additional sources of support allowed expansion of participants to representatives from Africa and Eastern Europe, further legitimizing the meeting for those who would not attend a Middle East “peace” meeting.

It is important to note that this project was funded as a conference, not as a research project. UCLA ISAP staff time was donated, and we were required to budget all resources for the conference, not research. We therefore did not have the ability or resources to pursue a control or comparison group. We did, however, distribute an evaluation form at the conference’s

conclusion and five years afterward (again using donated staff time) in an attempt to obtain information that may guide future efforts of this nature.

UCLA ISAP led the conference planning, but also solicited and received input participants from the Middle East including Israel, Palestinian territory, Egypt, Jordan, Iran, Iraq, Lebanon, and Turkey, as well as from U.S. and European content experts. Conference planning was jointly led by the first author, a social psychologist with a background in intergroup relations (Urada & Miller, 2000; Urada, Miller, & Stenstrom, 2007), and Dr. Rawson, who led U.S. efforts on the earlier PIPASA work and ongoing work with Egypt.

On Sept. 5, 2005, 56 researchers and policymakers from 23 countries and territories gathered in Istanbul, Turkey, for the conference. The meeting concluded on September 7, 2005.

Conference Evaluation

At the conclusion of the final session of the meeting, we distributed a one-page evaluation form. It asked participants to rate presentation quality, opportunities to network with other attendees, relevance of the topics discussed, usefulness of the information received, and printed materials on a Likert scale ranging from 1 (poor) to 7 (excellent). It also asked two key questions: “During this conference did you meet people from within your region (Africa, E. Europe, Middle East, Western Europe/N. America) who you had not met previously?” and “As a result of your attendance at this conference are you more likely to work with someone from another country from within your region on future substance abuse related projects?” Responses were anonymous.

Five-year follow-up Evaluation

In 2010, we distributed an internet-based follow-up survey to assess the long-term effects of the meeting. We sent surveys to 49 conference participants for whom we had current e-mail

addresses. To help participants recall the conference, we provided a group picture of the participants taken during the meeting and a link to the conference website (www.uclaisap.org/dssat2005/), which includes the meeting agenda, PowerPoint presentations, and other information. The introduction to the survey reminded recipients of their participation in the conference and informed them that the survey was intended to document long term outcomes. We then asked participants to answer yes/no questions regarding 1) if they would be interested in attending a follow-up conference, 2) if they were still employed in the substance use or mental health field, 3) if the conference was useful (if so, we asked how?), 4) if they had maintained professional contact with conference participants, 5) if they had worked on any efforts (e.g. follow-up meetings, joint projects, presentations, grant proposals, publications, trainings, etc.) that took place at least in part as a result of the conference (if so, we asked them to describe these), and 6) if they had worked with colleagues from other countries or international organizations during the last 5 years at least in part due to the DSSAT conference (if so, we asked them to list the countries or organizations involved). The last two questions were our primary outcome measures.

Results

All respondents gave high marks to quality of conference presentations (mean 6.4 out of a possible 7.0, $SD = 0.8$), meeting location (5.2, $SD = 1.3$), opportunities to network with other conference attendees (6.2, $SD = 1.0$), relevance of topics discussed to the participant's country (6.2, $SD = 1.0$), usefulness of information on substance abuse treatment (6.2, $SD = 1.0$), printed materials (6.1, $SD = 0.9$), and interest in attending future conferences of this nature (6.7, $SD = 0.5$), suggesting that the experience of meeting and its embedded intergroup conditions were positive. In particular, high ratings of the conference presentations (mostly presented by

outgroup members), the location, and opportunities for networking, served to validate elements of the meeting structure meant to reduce intergroup conflict and facilitate cooperation. Ratings of Middle Eastern participants were nearly identical to those of all participants.

All Middle Eastern participants (n=9) reported that they met people from within their region that they hadn't known previously and all (100%) reported that they were more likely to work with someone from another country. Participants were asked to check a box next to the entities they were more likely to work with as a result of the meeting, and the most common responses were: United States (77.8%), Iran (55.6%), Israel (44.4%), Morocco (44.4%), Austria (33.3%), Egypt (33.3%), Jordan (33.3%), Palestine (33.3%), and the United Kingdom (33.3%).

Following the conference, the planners also received anecdotal positive feedback that confirmed the usefulness of the structure of the meeting. For example, the regional advisor for the Eastern Mediterranean Regional Office of the World Health Organization, in a conversation with Health Ministers, referred to the meeting in Istanbul as the best conference he had ever attended and cited three factors that made it exceptional in his own opinion: (1) The structured country reports, (2) the combination of topics and experts, and (3) the choice of hotels, in which everyone stayed together, ate together, and had, in his opinion, a wonderful opportunity to interact with each other (S. Murthy, personal communication, September 27, 2005).

Five-year follow-up

Among the 49 conference participants that received surveys, 37 (76%) responded. Among these, 36 (97%) continued to work in the substance use field. Among these 36, all expressed interest in attending a follow-up conference and indicated that the 2005 conference was useful.

Perhaps most importantly, most (82%) of the Middle Eastern participants ($n = 11$)

reported working on concrete cooperative efforts with participants in other countries (e.g., follow-up meetings, projects, presentations, publications, trainings, etc.) that took place at least in part as a result of the 2005 conference. This was similar to the percentage among all respondents (81%).

Middle Eastern participants reported working on concrete efforts with an average of 4.2 ($SD = 3.0$) countries and organizations following the conference as a result of it. The most common countries and organizations mentioned, and the percentages of Middle Eastern participants that listed them were: United States (81.8%), Egypt (57.1%), Morocco (40.0%), United Nations (36.4%), Lebanon (30.0%), Jordan (27.3%), Israel (25%), Palestine (20%), World Health Organization (18.2%), and the International Society of Addiction Medicine (18.2%). These percentages were calculated based on the number of countries other than the participant's own. For example, four of the 11 participants reported working with Egypt, but another four were from Egypt themselves. Since participants could not cooperate with their own country, the calculation was based on the percentage of non-Egyptian participants (i.e., 4 out of 7 non-Egyptians, or 57.1%). If participants mentioned more than one U.S. organization (e.g. UCLA ISAP and NIDA), this was counted only once as "United States"

Participants reported that their concrete joint efforts were comprised of a wide range of continuing activities. The most common categories of efforts cited among Middle Eastern participants (as coded by the first author) were joint projects (45.5%), joint papers or presentations (36.4%), and joint funding proposals (18.2%).

Reported examples included: "Translation of [Alcohol, Smoking and Substance Involvement Screening Test] to Arabic language"; "Helped create a knowledge hub for treatment in our region"; "Follow up meetings with the Iraqi Ministry of Health"; "Continue to . . . consult

with the group from Egypt and Iraq”; “Follow-up meetings, joint projects, presentations, grant proposals, publications and trainings”; “I’ve worked on 2 papers with colleagues who I met at [the conference]”; “Several meetings, presentations, and grant submissions with our Palestinian, Israeli, and Egyptian counterparts”; “Work with UNODC team on improving services for addiction in Egypt”; “. . .work with UNODC and also in NGOs . . . presentations . . . training activities for health staff . . . supported by UNODC, and [a] funding proposal to establish a drop-in center.”

Examples of joint presentations that the authors are aware of include Afifi et al. (2006) and Rawson et al. (2006a), both of which were presentations that discussed the conference and therefore can be attributed directly to it. Although many participants reported engaging in joint projects, they were not asked for specifics and few provided them. Due to our involvement, however, we do know that in part due to the conference UCLA ISAP was put in charge of the training and capacity building center for *Treatnet* (the UNODC’s worldwide network of substance abuse resource centers), providing assistance to the Government of Iraq’s Ministry of Health on Drug Demand Reduction, conducting a study on a medication for heroin dependence in Lebanon, and leading a UCLA-Cairo University Training Grant. In addition, since 2005 Dr. Rawson has traveled to the Middle East to deliver over two dozen presentations on substance use.

Finally, participants were also asked to rate their level of need in relation to a list of 21 substance use related categories, plus a write-in option. Among the 11 Middle Eastern respondents, the highest rated priorities on a 5-point scale (with 5 indicating *highest priority*) were: Training (4.6, *SD* = 0.7), co-occurring disorders (4.5, *SD* = 0.8), youth (4.3, *SD* = 1.0), screening and brief interventions (4.1, *SD* = 0.9), and prescription drugs (4.1, *SD* = 0.8).

Discussion

Overall, the conference appears to have met its goals of facilitating cooperation on substance use disorder related activities, as well as promoting cooperation in general.

Because the evaluation distributed at the end of the conference was anonymous, it was not possible to analyze the association between initial responses and 5-year follow-up responses. However, in aggregate form, countries that participants initially reported being more likely to work with generally matched the countries that actually did participate in cooperation over the next five years. The United States, Israel, Morocco, and Egypt were cited as countries that participants were more likely to work with at the end of the conference, and this cooperation became a reality during the 5 years after the conference. This was not true in all cases, however. Notably more than half of Middle Eastern participants indicated that they would be more likely to work with Iran following the meeting, but did not report doing so after 5 years. The reasons for this are unclear.

Limitations

Social desirability and self-selection may have affected the results. We did not have valid e-mail addresses for seven of the 56 original participants for the follow-up survey, and another 12 did not respond. Non-respondents may have had less cooperation to report or less favorable perceptions of the conference than those who responded, biasing responses in a positive direction by self-selection. Still results were fairly strong and consistent among the 76% that did respond.

The relatively small number of Middle Eastern individual participants is also a limitation. Four of the countries were represented by a single individual, making future cooperation between that country and others dependent upon the characteristics and motivations of that individual.

Finally, due to the lack of a comparison group, it is difficult to assess the magnitude of

the effect of conference and it is not possible to determine causality from this study. It is possible, for example, that factors other than the structure of the meeting contributed to the outcomes, such as the characteristics of the participants, all of whom were open enough to international work to attend the meeting. To conclusively determine the causal effect of the meeting structure would likely require a design in which a number of meetings are randomly assigned to either receive the intergroup conflict-reducing structure or to a control group that did not have this structure but was otherwise designed to be equivalent (e.g. time of contact, content of the discussions, etc). Such a design was beyond the reach of the current work and may be difficult to implement with real-world meetings. Future research is also needed to test whether similarly designed meetings result in similar outcomes with different participant populations and meeting content.

It is possible, however, to examine whether there were any broader changes in attitudes in the countries that participated that may provide an alternative explanation as to why Middle Eastern participants reported that the conference made them more likely to work with someone from another country and then did so, particularly with participants from the United States and Israel. Zogby International (Zogby & Zogby, 2010) annually surveyed the general populations of Middle Eastern countries over the same time period, 2005-2010, and reported low and declining ratings of the United States among six countries, three of which participated in the 2005 conference (Egypt, Jordan, and Lebanon). In Egypt, favorable ratings of the United States were only 14% in 2005 and dropped to 10% in 2010. In Jordan, ratings dropped from 33% to 18%. In Lebanon, ratings were 32% in 2005 and 31% in 2010. In the Palestinian territories such survey data is not available but in January 2006 Hamas won the majority of seats in Palestinian parliamentary elections, leading to sharp deterioration in relations between the Palestinian

Territories and both the U.S. and Israel. Macro trends therefore appear to be against cooperation between individuals from these countries and territories on the one hand, and the U.S. or Israel on the other, but despite this participants followed through with such activities.

Conclusion

Further research is needed to more carefully examine the causal relationship between conferences structured like the one described here and changes in cooperation, and to test these in a broader array of settings and populations. We view the current study as a first step. It suggests that structuring meetings to reduce intergroup conflict and facilitate cooperation in international meetings is feasible and can have a lasting impact.

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