Forgiveness: Psychodynamic Considerations and Their Implications

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Abstract

Forgiveness, its presence or absence, its significance for individuals, communities, justice and international relations, is central to conflict management, resolution and recovery discourse. It comes sharply into focus for communities emerging from armed conflict and civil strife in seeking to ensure people's homes and communities become places where there can be reasonable expectation of safety, trustworthiness and personal development. The relationship between forgiveness, mental health and well-being is complex not least because of the difficulty of definition and applications of the concept across a variety of fields involved with mental health, sociology, anthropology, theology and politics. This paper explores key psychodynamic issues to highlight confusions that arise and discusses their implications for the personal experience of those who have been victims. The place of maturational/reparative processes and a facilitating environment are described and explored. Conceptualisations of forgiveness that implicitly or explicitly place an emphasis on 'choosing to forgive' are challenged and the possibility of these compounding victims' difficulties discussed.

Evidence from different social, cultural and national contexts has been presented to support the existence of a relationship between forgiveness and improved physical and mental health (e.g. Ovuga *et al.* 2011; Toussaint *et al.* 2014; Gangdev 2009; Luskin 2010). Some authors have argued that the relationship is one of correlation, others explicitly or implicitly suggest a linear/causal relationship, e.g. 'forgiveness is not only a virtue and a moral act, but it also has therapeutic potential' (Gangdev 2009); 'a lack of forgiveness may be an important predictor of psychiatric risk among survivors of human rights abuses' (Kaminer *et al.* 2001:377); 'Attainment of Positive Mental Health Through Forgiveness in Northern Uganda' (Ovuga *et al.* 2011). Some see it as a specific focus for psychological therapy, e.g. Google Scholar search of 'Forgiveness Therapy' produced 828 hits and a simple Google search, 27,100 (8th June 2015); others see it as an outcome of successful therapy rather than a focus (Smith 2008). Forgiveness has been a major topic in post-conflict northern Uganda following 20 years of insurgency and civil war combined with the consequences of prior political conflict. It has given rise to locally-based interdisciplinary work from a moral, cultural and political perspective involving international collaborations such as the Forgiveness Project (ENRECA 2012).

My own work as a Child and Family Psychiatrist and Psychotherapist in England across four decades has involved the clinical exploration of emotional, physical and sexual abuse, its

causes, impact and consequences. Increasingly the direct and indirect consequences of violence for Displaced People arriving here as refugees and asylum seekers has also featured. Since 2011 I have been visiting Gulu University Medical School and Gulu Regional Referral Hospital as a member of an educational collaboration; this has included working with mental health staff whose patients include some who have suffered extreme violence and some who have perpetrated these acts. Working with the victims of profound transgressions, whether in the context of their intimate relationships, community, regional or international events, has directed me to thinking more deeply about the significance of forgiveness and un-forgivingness at an individual, interpersonal and societal level. This article explores the relationship between forgiveness and mental health from a psychodynamic perspective using clinical observations derived from my work in both the UK and northern Uganda.

Forgiveness—Well-defined or Elusive?

The lexicon of forgiveness discourse is complex. The Oxford English Dictionary's (OED 1971) defines 'forgive' as 'Pardon (an offence); *cease* to resent or claim requital for; *give up* resentment against a person' [author's italics]. The italicised words emphasise a central conundrum when considering the dynamics of emotional life and relationships. If something ceases, it simply stops; there are no implications regarding causation or agency. To 'give up' does imply agency. However, Smith (2008: 7) describes how there has been '[an historical] trend toward viewing forgiveness as a passive process or description of something that is not felt'. The OED further describes forgiveness as: 'The action of forgiving; the state of being forgiven.' The former indicates a process or event in which a victim is the source, the latter a consequence for an offender.

In the arena of mental health Gangdev (2009) confidently defines forgiveness as the 'releasing or foregoing of bitterness and vengeance by a victim toward the perpetrator of an offence, while acknowledging the seriousness of the wrong.' Toussaint *et al.* (2014: 2) cite Enright and colleagues' (1998) definition: 'the release of negative—and the potential enhancement of positive—feelings, emotions, and behaviors toward an offender.' How one defines 'positive/negative feelings' is debatable in terms of what may be considered virtuous, justifiable, socially desirable or ego-syntonic (see below).

In this article I will argue that fundamentally different approaches arise from whether one understands the processes of forgiveness as active, passive or emergent from a complex admixture of these. Further consideration will also be given to distinguishing *personal* experiences of the emergence of 'forgiveness' and *events* in the interpersonal, community or societal arena in seeking to create a better state for the majority of people.

The Psychodynamic Framework

Psychoanalysis and applied psychodynamics are founded on conceptualisations of:

- A personal 'internal world'
- in which there are conscious and unconscious processes,
- whose mechanisms and dynamics are manifest at the personal, interpersonal and societal level
- and influenced directly and indirectly by internal and external events.

Freud's original description was of developmental phases shaped by personal, physical, social and cultural experiences, which, in turn, influence subsequent development. This does not imply development along 'genetically predetermined' pathways. Rather, the theory describes the emergence of identifiable common constellations given an ordinary range of genetic endowment and a sufficient level of physical and relational provision. This is more succinctly described by Winnicott's (1963) phrase: 'The maturational processes and the facilitating environment'.

Psychoanalytic theory is consistent with the newer field of Complexity Theory (see e.g. Johnson 2002), which describes how recognisable, consistent patterns arise through the 'Participative emergence of form [which is] the process by which the various constituents of a complex system contribute to the maintenance or change of that system (...) The resultant form may or may not be that which was intended.' (Tan, Sutton & Dornan 2010: 5). An individual's inner world and external environment are agents, agencies and products of a complex system in which the magnitude of effects cannot necessarily be predicted from the magnitude of the elements relative to each other. The movement from childhood to adulthood in stages is an example of the participative emergence of form. The expectation of patterns of recovery after injury (whether physical or psychological) or in therapy can be seen as analogous and encapsulated as 'the *reparative* processes and the facilitating environment' to resonate with Winnicott's term.

A key element for Ovuga *et al.* (2011: 77) is the experience of a sense of control and agency: 'our participants mostly attributed their decision to forgive to their own intrinsic agency.' Agency and autonomy are interlinked but personal autonomy is not simply a matter of the ability to act (autonomy of action). It can be subdivided into two further aspects—autonomy of will and autonomy of thought (Gillon 1985). Hence, a sense of autonomy and being able to act cannot be directly equated. Psychoanalysis emphasises how people may act without knowing why; even after careful consideration they may not be able to account for their actions. Thoughts and feelings may also come into conflict or a person may experience 'having mixed feelings' but still be left in no doubt about his own agency in any actions that follow.

Mental states in which the sense of agency is disrupted can be deeply disturbing. They may occur in the course of everyday interactions as well as in major mental disorders. Psychoananalysis describes how events in intimate and wider relationships may be governed by unconscious processes in which the thoughts, feelings and actions of one person are fundamentally influenced by the emotional and mental state in another person (countertransference and projective mechanisms). Most often the recipient of these *projections* does not consciously register what is happening but finds himself with feelings and thoughts, or acting in ways, which do not feel congruent with his sense of himself; he may even think 'what's got into me?' Actions carried out in this context are therefore 'under the influence' of the relationship but the person will still be held accountable for them.

The discourse of forgiveness is often couched in terms of free will with its corollary, 'free won't', e.g 'To hold someone or something in the heart meant to be blocked by resentment and anger, *fixed on* something in the past (...)' [authors' italics] (Ovuga *et al.* 2011: 77). A psychoanalytic re-formulation might say: 'To hold someone or something in the heart meant to be blocked by resentment and anger, *fixed by* something in the past (...)'. Similarly, 'the memories of past wrongs *had been held* in their hearts' [author's italics] (ibid.: 77) can be changed to 'lodged in their hearts'. The implications in terms of accountability or culpability are very different. If someone does not feel forgiving and does not experience 'well-being' is she failing through an act of will and to blame for her state of lesser well-being? But if something

has her in its grasp, preventing her from achieving this state-to-be-aspired-to, then it can be seen as another, possibly inevitable, consequence of the acts committed against her.

Smith (2008), a psychoanalyst, discussing forgiveness, summarises the complexity: '(...) if we take an ambiguous term that refers to a conscious endeavor and try to explain its unconscious roots, it would seem we might be asking for trouble.' However, not to engage with this complexity can have dire consequences for individuals and their communities. In psychoanalytic terms believing in one's agency and control can be a powerful defence against and support through profoundly disturbing feelings of powerlessness—even if the belief is an illusion.

These preliminary points give rise to four key questions that will be examined in this paper:

- Is 'Forgiveness' a *driver* of change, a *target* to be aimed at to attain mental health/well-being or is its presence a *marker* of healthy change?
- Does 'Forgiveness' result from acts of will or does it emerge when a variety of processes interact?
- What is necessary and sufficient to attain a state of forgiveness?
- What is the relationship between individual experiences of 'Forgiveness' and wider societal and relational processes that promote 'Forgiveness'?

Forgiveness in the Clinical Context

What is healthy or unhealthy?

Clinical example 1

> *A clinical paper presented at a conference included a family therapy session attended by a father who had sexually abused his daughter. He was not allowed to live with his family but the rehabilitation was being considered and family reunification appeared to be the therapists' aim. Crucial for this was that father apologised and 'took responsibility'. A video-clip was shown in which he apologised directly to his daughter. Alongside this the child's wishes were to be taken into account in deciding whether father could return home: could she/would she accept his apology and forgive him? The video showed father asking for forgiveness. There was then a period of silence awaiting her response.*
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> *I was incensed by what I believed was an anti-therapeutic process. A child was in effect being asked to take responsibility for the whole family. Father was presented as having 'discharged his responsibility' by apologising. But this did not truly establish whether he could 'fulfil his obligations' to his daughter and behave responsibly in her continuing care and protection. Although her safety was the stated aim, the decisive factor was to be her ability or inability to be forgiving—a heavy burden for someone of any age. Adults were abdicating responsibility for making decisions about her safety and welfare, placing this judgement on inexperienced, vulnerable shoulders. I was able to voice my indignation and the reasons for it to the principal author during the plenary and afterwards. My points were accepted as totally valid and central to practice.*

Clinical example 2

> *I was consulting to social workers caring for six siblings who had been present at the killing of their mother by their father. Father was in prison pending his trial and great care was being taken in establishing a safe home for the children and supporting them in their schools and nurseries. One of the older children, Sandi, was very vocal in repeatedly stating her father had been punished enough and should be let out. She wanted to see him. The social workers and I decided that we would take the older children to visit father in prison if we felt they could cope. In the next few months we made a number of visits.*
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> *Father's trial finally took place after nearly a year; he was found guilty and received a life sentence. We were then able to state to the children unequivocally that he would be in prison throughout their childhoods. In the subsequent child psychiatry consultation, Sandi told us that she did not want to see her father again. She was able to explain that she had not felt able to say this before because she was afraid of what her father might say or do if he knew she did not want to see him. We told her that we would not arrange any further meetings and that we would tell him this was the decision of the professionals responsible for her care and protection.*

These examples illustrate the circumspection that is required in terms of seeking an expression of forgiveness or accepting an apparent statement of forgiveness as 'positive' in terms of the best interests of a vulnerable person.

The next clinical example illustrates the problem of a particular form of wishing to forgive that may lead to the continuation of a disturbed state of mental ill health.

Further positives and negatives of forgiveness

Clinical Example 3

> *Mrs T. was attending the child psychiatry clinic with her young daughter. In the course of individual sessions over a number of years, Mrs T. disclosed that she had suffered from a major eating disorder in adolescence with some persisting symptoms and continuing obsessive compulsive disorder. She also disclosed mistreatment by her parents in childhood which was continuing into adulthood. Despite this she continued to seek a better relationship with them, hoping they and she might gain a sense of well-being together.*
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> *At various times I found myself thinking, 'If she could simply hate them, maybe she would be able to get on with her life without them; her symptoms would reduce and she would suffer less.' She wanted them to be the parents she had needed and still wanted, and was prepared to tolerate and/or forgive an enormous amount. She did not deny her anger or resentment. What appeared most destructive was that she would so readily 'forgive' continuing offences without ensuring her own physical and psychological safety and well-being. Her need for her parents and an altruistic wish to help them be better parents was paramount.*
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> *A combination of conscious and unconscious 'splitting off' of vulnerability served to protect something in Mrs T. that persisted in believing that they could be the trustworthy, not-in-need-of-forgiveness people whom she had longed for, loved and, at times, experienced. However her wish for them to be different, stemming from an*

unconscious belief that she could create them as the parents she needed, had only ever led to further disappointment and trauma.[11]

So 'positive feelings' can have adverse outcomes. Being able 'simply' to hate without acting towards anyone with ill will could be seen as a healthier outcome. This contrasts with Tourraint and colleagues' (2004) summary: 'Forgiveness has been conceptualized as an emotion-focused coping process or style that can help people manage negative psychological and emotional experiences (i.e. unforgiveness) evoked by interpersonal conflict and stress (...) it has been proposed as one of the more healthy options for dealing with adversity.' For Mrs T., counterbalancing hatred with forgivingness maintained her in a dangerous position, which in turn perpetuated her psychiatric symptoms. Ultimately, Mrs T. needed to mourn the loss of the wished-for parents and forgive her parents for not being these people; forgiving them for their continued behaviour would be a step beyond this.

To be driven by wishing to be forgiving can be considered pathological in a mental health sense if it is not based in adequate judgments about personal safety and the trustworthiness of others: 'Fool me once, shame on you. Fool me twice, shame on me'. Becoming fixed in such a position makes the individual avoidably vulnerable to further adverse events at the hands of others.[12]

The next clinical example further emphasises the danger of potentially over-simplifying what constitute 'positive' and 'negative' in terms of psychological experience.

Clinical example 4

Joe was ten years old when referred for aggressive outbursts. His history was of severe abuse and neglect. He had learning difficulties and was not usually able to express himself very readily or clearly. Through the course of a consultation he became more able to communicate and articulate what was important to him. His anger became more apparent and he was able to link this with specific historical and current events in relationships and the care he received. This was in contrast to the reports of him being emotionally restricted and verbally inhibited. I commented on how angry he sounded and felt. He simply said: 'If I haven't got my anger, what have I got.'

Joe's anger and outrage manifested a very healthy aspect of him, in touch with the reality of his mistreatment, past and present, ensuring that he survived with a sense of physical and psychological integrity. An accepting relationship in which to talk about this enhanced his ability to use his verbal abilities and relationships. Behaviour considered undesirable in his everyday care was actually a manifestation of healthy anger. Winnicott (1956) refers to such processes as the 'Antisocial Tendency', a manifestation of the preservation of a 'True Self' to contrast with the development of a 'False Self', which lives life as if failing care and protection is actually the care required.

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[11] Further clinical material can be found in Sutton 2013: 71-75.

[12] However, for some people, at certain times, it may be that there is a 'fate worse than death' such that the idea of a different way of being is intolerable. Although this paper presents an atheous consideration of forgiveness, it is interesting to consider the Biblical account of Christ on the cross that describes him as crying out: 'Father, forgive them; for they know not what they do' (Luke 23:34). Perhaps to die without forgiving or seeking forgiveness for the final actors in his crucifixion would have been a fate worse than death.

These latter two cases counterbalance a formulation of 'anger and resentment [as] potential pathogens' (Ovuga *et al.* 2011: 77) since they represent a wish for and determination to try and ensure the correct thing happens. Assigning psychological experiences as either positive or negative without full reference to their developmental and contextual significance may be harmful. In this context, the ability to hold a position of 'negative culpability' (Sutton 2013: 174 and 221), seeking to understand rather than to assign causation or apportion blame when confronted with uncertainty and anxiety, is essential to guard against precipitate judgements about the desirability or undesirability of different events or outcomes.

Duty and Personal Integrity

Morality, health and unforgivingness

Those who have achieved 'Forgiveness' as a state of equanimity can be inspirational figures: their lives and teachings may be examined and used as exemplars. However, inspiration may derive from and bring with it processes of *idealisation*: reality and fantasy become combined to produce chimeric figures. Desired elements are consciously or unconsciously selected; personal longings are added to them and edifices built which bear some relation to the original figure but obscure essential features. Clark (2013) warns of these processes: 'Many African societies recovering from mass conflict have suffered from their romanticised portrayal as inherently forgiving and reconciliatory. These stereotypes usually come from foreign journalists and academics (…) [and] from some African leaders who prefer quickly moving on from the past to having to address the legacies of violence.' In seeking to build a better future, desperation and aspiration may coalesce to produce fertile ground for the idealisation of 'forgiveness'.

It can take courage to admit to being 'unforgiving'. In 'The Futility of Forgiveness', Richard Wilson (2012) writes about his experience in the aftermath of the killing of his sister in Burundi. It raised profound questions for him. 'Was forgiveness an intellectual decision or an emotional state? Was it simply a psychological process or did it have a more abstract, moral dimension?' Ovuga *et al.* (2011) implicitly address the moral aspect in their review of the forgiveness discourse, citing Heelas's (1981: 3) description of 'indigenous psychologies' as 'contain[ing] advice or injunctions about the ways people should act, should feel (...).' The use of the imperative 'should' demands further examination—is it authoritative and morally defensible or authoritarian and therefore morally indefensible?

In Freud's original Structural Model of the Mind, the Ego is the manifestation of that aspect of the self that 'uses' personal physical and psychological resources to manage the conflicting and competing pressures and demands arising from both the internal world and external world (see Sutton 2013: 16-19). Internal pressures can arise when the 'simple' wishes ('urges') of the Id to experience fulfilment and pleasure come into opposition with forces which are experienced initially as *external* prohibitions; the opposition may actually arise internally but be projected onto the external world. These prohibitions are incorporated into the emerging personality structure and as they become established as internal processes (inhibitions), the Super-ego emerges.

With healthy psychological maturational processes and 'good-enough' experiences, the conflict between internal and external demands decreases, the more draconian, less reality-based forms of prohibition/inhibition decrease, and what was formulated as a 'Superego function' becomes an 'Ego function'. Subsequently, a wish acted upon and fulfilled can be described as

‘ego-syntonic’, if it does not disrupt the person’s general functioning. Although the Super-ego is often equated with the idea of ‘conscience’ and moral agency, this does not mean that what happens is necessarily a ‘good thing’ in a moral sense. Actions can arise without the individual being deemed morally responsible when defining certain states of mind as ‘illness’ such that a person has ‘diminished responsibility’ or does not have ‘mental capacity’. But that does not mean they do not have a Superego.

So does the word ‘should’ have any place in the discourse of mental health, well-being and forgiveness since to use it invokes a view which concatenates agency, thoughts, feelings and actions, placing an imperative to not-have thoughts, feelings and actions which it may not be possible for a person to not-have?

One does not need to invoke a medical or psychodynamic model to challenge a position that presents forgiveness as a *route* to mental health. Richard Wilson (2012) describes meeting Julie Nicholson, a Church of England vicar whose daughter was killed in a terrorist bombing in London. She felt it necessary to resign as a priest because she did not feel forgiving of the terrorists. Wilson describes Nicholson as being far removed from the stereotype of an unforgiving victim in telling him: ‘I don’t want revenge in any way (…). But neither do I believe that what happened is something (…) I should be forgiving. (…).To own an anger, to own real feelings and the immensity of the feelings—I would argue that in many cases it’s healthier than spending a lifetime trying to forgive something that you might do better just to lay to one side.’

Nicholson may encapsulate the second part of the OED definition of a victim: ‘(…) a person harmed as a result of his or her own action in seeking to attain an object, gratify a passion.’ For her to forgive would be *ego-dystonic*; but to be in a not-forgiving state was at variance with what she felt to be a fundamental requirement of the role of a priest. She did not feel she could extol others to be forgiving or be an exemplar so she resigned. She did not find ‘find happiness and success in life’ (Heelas 1981: 3) by the standards that she might previously have held (or others might have held in judging these), but she did achieve a state of moral and psychological integrity. Her position may also contradict that of Tourraint and colleagues (2014); for Nicholson accepting her ‘unforgivingness’ indicated health in terms of accepting her emotions and finding a place of ‘better-being’ if not ‘well-being’.

The Facilitating Environment and the possibilities of forgiveness

So, is there no place for injunctions urging people to find it in them to forgive?

Actions may have personal *developmental* consequences. Constellations arise in which an action may lead to an increased likelihood of its recurrence. This is analogous to the process of autocatalysis in chemistry. Usually in chemical reactions involving a catalyst, the catalytic substance is neither an agent nor a product of the reaction. However, in autocatalysis, the product acts as a catalyst causing increased reactivity and an increase in its own production. In mental life an experience can become ‘cathected’: the process becomes embedded and ‘takes on a life of its own’ in the developing personality and gratification of expressed impulses is the catalyst for their further expression. Internal and external processes that increase life-enhancing and prevent life-diminishing outcomes of autocatalytic processes can therefore have advantage for personal and social development and recovery from trauma.

Inhibiting the urge to harm others unless for self-protection seems reasonable and desirable. This requires a realistic expectation of present and/or future safety unless there is an

ego-syntonic acceptance of being the recipient of harm.[13] If an individual's healthy inhibitory processes are permanently or temporarily impaired, the protection of others may lead to external restraints (metaphorical or literal) being placed on him and he may benefit from being prevented from doing something he might subsequently regret.

Psychoanalytic theory emphasises the operation of unconscious elements but does not dismiss the idea of conscious choice. But as Smith (2008) describes, it is difficult to develop a language to communicate about how conscious choices and internal currents can limit or facilitate the creation of opportunities to deliberate upon and decide between different courses of action. One needs to juxtapose 'forgiveness is just one of several approaches that individuals can use to cope' (Tourraint *et al.* 2014) with 'forgiveness is just one of several emergent states that individuals experience'. Neither does conceptualising a dimension or simple opposition of 'forgiveness/unforgiveness' address the complexity. Such forms of conflict and ambivalence can be a consequence of the dynamic 'love/hate' perhaps tempered by 'kindness' as described by Philips and Taylor (2009), where awareness of the similarities between self and other guides behaviour towards minimising harm and maximising benefit for all. In a culture that exhorts forgiveness, a spontaneous expression of kindness could unwittingly be negated, making it apparently a consequence of obedience to authority rather than an expression of love for fellow humans. An authentic experience of forgivingness can be 'stolen' from its originator and set as an external imposition—an ego-syntonic action potentially put in opposition to an archaic superego injunction—a heartfelt act of love undermined or even destroyed by dutiful obedience.

The 'Facilitating Environment' in this sense will be one operating through the concrete and abstract expression of 'healthy authority' (as opposed to authoritarianism) manifest by consistent demonstrable trustworthiness and respect for basic human needs and rights. This will be recognisable in the culture and actions of individuals in their intimate relationships, wider family and community and in the justice systems and wider moral framework (whether humanistic, secular or religious). From a psychodynamic perspective, I would argue that of the five principles of sentencing—deterrence, rehabilitation, protection of the public, retribution, and symbolic denunciation—the latter two have least justification in terms of promoting mental health. Retribution may serve to fuel developmentally harmful aggressive impulses/patterns and model an acceptance of seeking to cause harm rather than promote safety. Symbolic denunciation may theoretically have unintended consequences by inducing further violence in some vulnerable perpetrators (see below).

Forgiveness and Post-conflict States

In taking a psychodynamic approach to forgiveness in the aftermath of civil war and insurgency one is examining the juxtaposition of an individual's internal conflicts and the reality of danger from the acts of others being reduced even if not entirely eradicated. Despite the external world being relatively safe, the events of past external conflict remain alive because 'If there is no certainty of safety from the perpetrator, living with fear means that inside (…) the attacks continue simply because they remain a possibility' (Sutton 2008: 51). A state of hypervigilance may result. Defence mechanisms orientated towards the outside world but defending against internal states may be fragile in the face of objective or idiosyncratic external cues associated with the traumatic events.

[13] For a summary of the psychodynamics of safety see Sutton 2013: 86-89.

One constellation which may arise is the occurrence of flashbacks or intrusive thoughts and memories; these may be accompanied by temporary breakdown of reality testing in which the past is experienced and acted upon as being the present and the constellation constituting Posttraumatic Stress Disorder (PTSD) becomes manifest. This is a particularly important focus for mental health services in conflict and post-conflict zones. Since there is never any absolute guarantee of safety, recovery from PTSD requires a degree of reasonable confidence of judging safety and danger, which is a function of an individual's mental apparatus and processes. In terms of intrapsychic dynamics, 'post-traumatic' requires the 'internal reality' of things being in the past and is not governed only by external events. If the experiences are re-awakened to a degree that is greater than the tolerance of the individual's mental apparatus, states that are experienced in apparently safe situations may be traumatising. Hence what might be described psychiatrically as PTSD is better understood psychodynamically as 'Compounded/Continuation Traumatic Stress Disorder'.

To translate the implications of this into practice, consider the following hypothetical situation.

> *A woman is re-settled in her home village having escaped the LRA on more than one occasion. She witnessed the events during which all her family and many others in her community were killed, others disappeared and her home, possessions and crops were destroyed. Soon after her return, another villager, a grown man, returns. As a child he had been abducted by the LRA and forced to be a child soldier. He had been one of those who had killed members of the community and destroyed homes on subsequent attacks and had been witnessed in some of this by the woman.*

What might be the possibilities for each of these people?

The woman may be fortunate. The combination of her own maturational/reparative processes and a facilitating environment may have helped her reach a state of healthy-enough functioning. She can feel safe-enough in and with the presence of the victim-perpetrator and able to function in an ordinarily sufficient state of vigilance, confident in her own ability to notice potentially adverse change and register if the trustworthiness of the man was compromised. She may even have attained that state of equanimity that includes 'forgiveness' and feels able to act 'positively' towards him, and not simply tolerate his presence over which she has no control.

Or might she be less fortunate, held *in* and *by* the grip of past events, continually reminded by her surroundings and by the sight and sound of one of those who committed the acts? Or simply plagued by the possibility that she might see or hear him if she goes out into the community—plagued by the past even without going out? She may object to his presence, which some in the community view as a vengeful act and this leads her into dispute with those promoting re-integration. In not having been able to lay the past to rest, might she then be seen as setting herself against the process of recovery because although the community 'has offered a form of symbolic forgiveness' she '[does] not fully rejoin the forgiving community' (Luskin 2010: 5). Could this result inadvertently or deliberately in social exclusion in order to promote a policy of social inclusion through re-integration of offenders? Will she be seen as wilfully 'harbouring' grievance rather than being someone who continues to be held in the grip of the traumatic experiences and their sequelae?

And what of the victim-perpetrator? What do re-integration, rehabilitation and recovery mean for him? What if the necessary and sufficient facilitating environment is not available to match his maturational and reparative needs? My colleague, Dr. Grace Akello, a medical

anthropologist who has studied ex-child-soldiers in Gulu, has questioned the rehabilitative and therapeutic viability of re-integration (personal communication). The events that led him to his current situation will have been traumatic and may have been psychologically traumatising, causing developmental disruption and psychiatric symptoms. He may have equivalent difficulties to the fellow-villager since the situation acts continuously as a stimulus to stress, compounding disorder. Two psychodynamic processes are of particular relevance in this situation—*identification with the aggressor* and the consequences of shame.

Identification with the aggressor (A. Freud 1936) is a defence constellation that results from the experience of having been the victim of violence. As with all such processes it is unconsciously determined, not consciously chosen, but results in behaviour that can give perverse pleasure in causing others to suffer in the way the person governed by the process did; there may be conscious espousing of the aims of the aggressor as well as the actions. Making such processes cease is complicated. It requires the avoidance of situations in which potentially vulnerable others are present in the immediate life of the person or at least the provision of external constraints on enactment of any associated impulses. Returning to a healthier emotional and relational developmental trajectory will present the person with his original vulnerability plus the shame that often accompanies such states. He may also feel shame about his past actions. No matter how vulnerable he was, he cannot be other than the person who carried out the actions. To truly know and own these aspects of self and integrate them consciously can be intensely distressing and can have catastrophic consequences. Gilligan (2000) has highlighted the potential for explosive violence when acute shame occurs in people whose management of violent impulses is compromised. Intertwined with this is what has been called 'self-forgiveness'—'the willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself' (Enright 1996, cited in Gangdev 2009). [I would wish to substitute 'ability' for 'willingness' in this context.]

Forgiveness as 'the action of forgiving; the state of being forgiven' (OED 1971) is not straightforward for either of our hypothetical victims. The outcome will be mediated by their internal processes, founded on their earliest experiences and responses to their needs, in conjunction with their community's resources. Social, economic and political pressures may lead to practices and procedures that could have unintended adverse consequences for them. Unless they are to be simply written off as suffering or even causing unavoidable 'collateral damage' such policies will need to be responsive, open to modification and remediation in their development and implementation if the aim is humane rehabilitation and reconstruction.

Conclusions: The Emergence of Forgiveness

In the introduction I posed four questions as central from a psychodynamic perspective:

- Is 'Forgiveness' a *driver* of change, a *target* to be aimed at to attain mental health/well-being or is its presence a *marker* that healthy change has occurred '?
- Is 'Forgiveness' a state arising from acts of will or does it emerge when a variety of processes interact?
- What is necessary and sufficient to attain and maintain a state of forgiveness?
- What is the relationship between individual experiences of 'Forgiveness' and the wider societal and relational processes that promote 'Forgiveness'?

Implicit in consideration of these has been that they are inextricably linked and intermingled so I have returned to basic principles to provide reliable reference points: carefully differentiating *events* and *processes*; distinguishing causes, correlations and contributions; appreciating what is *necessary* as opposed to *sufficient*; aspiring to practice consistent with the injunction 'First do no harm' whilst accepting the likelihood of only achieving the greatest good combined with the least harm; ensuring that clinical judgement is not confused with moral judgement.

My contention is that 'Forgiveness' should not be viewed primarily as a mechanism for achieving 'well-being' but conceptualised as one facet of a state of relative equanimity arrived at in some people. To place it as the driver of change or a target to achieve is to misunderstand its nature as an emergent state of being. Its presence is a *marker* of the attainment of a desirable state of equanimity in which the person concerned is no longer victim to the consequences of having been a victim of events for which other people should be, have been or are held responsible. I do not accept that a case for 'attainment of positive mental health *through* forgiveness' has been proven. Processes and events involving personal, interpersonal and community approaches to forgiveness can all make a significant contribution to facilitating and promoting a state of 'better-being' across populations. However, someone who feels forgiving or forgiven may still suffer and a person who feels unforgiving may still attain a state of 'better-being'.

My argument seeks to protect victims from influences that are brought to bear which might ultimately and inadvertently place responsibility, implicitly or explicitly, on victims for having a duty to achieve a state of forgiveness. This would be to further victimise them. Seeking to find it in oneself to forgive may be something that gives a sense if not an actuality of agency in the face of victimhood. It thereby influences a person positively pending other processes occurring, better states of mind emerging and the state which is best called 'forgiveness' crystallising. It is perhaps one of those illusions that makes for a better life in the same way as 'Transitional Objects' (Winnicott 1951) and their continuing cultural manifestations contribute to greater well-being.

Corollary: Duty and the Destruction of Love

Dare we question whether it is morally justifiable to ask for forgiveness?

People who find forgiveness in themselves are in possession of something of great worth. Such people may find it in themselves to offer forgiveness to the offender, particularly if an unqualified apology has been offered. Finding themselves forgiven, offenders may find themselves feeling better.

A request for forgiveness may arise sincerely from a wish for victims to have good health and well-being. However, is asking for forgiveness without knowing the state of the victim and how well-prepared they are to respond, at best enlightened self-interest? It may be a further example of responsibility being placed on a victim—this time for the sake of the offender. More respectful of fundamental experience and personhood would be the offender's statement accepting responsibility for their part in what happened accompanied by an expression of the wish that the victim can have a satisfactory life despite these events and subsequent demonstration of their lack of risk of harming.

Being with people who have recovered from severe trauma can be a profoundly enriching experience, and even more so when they have demonstrably found forgiveness in themselves.

But to turn their gift of and for forgiveness into a *duty* may serve only to decrease the opportunities for them to have their own authentic experiences.

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