

HEALING MEMORY

Accountability and forgiveness

Paul Komesaroff

Director, Monash Centre for Ethics in Medicine and Society
Executive Director, Global Reconciliation



‘Often what is needed for an effective healing process is to break out of the vicious cycle, the entrapment, to create a new moral space in which the victim moves from passive recipient of suffering or evil to an active moral subject who sets the terms ... of ethical conduct. In place of the language of “human rights”, of “accountability”, “justice” (whether retributive or restorative) ... we often need to establish a new basis for moral agency based not on abstractions but on concrete decisions and new creative meanings. This is the space of forgivingness, or apology. Where they can be achieved the outcomes are more profound and productive of health, well-being and security.’

I am a physician, working in Melbourne, Australia. I also am associated with Global Reconciliation, an Australian NGO that seeks to promote communication and dialogue across difference and is engaged in a number of countries around the world.

I therefore serve two communities: my patients and those with whom I work elsewhere in the world.

Ethical discussions often focus on abstract concepts and universal principles. However, in our ethical lives we do not proceed from the general to the particular. We do not start with abstract principles and then seek to beat reality into shape. Rather, we proceed from the world as it is, in its imperfection and its impurity, in the context of our personal experiences, values systems and relationships and negotiate a trajectory through the field of values.

This applies with special force in the context of personal responses to injustice, injury, betrayal, moral offence. Abstract formulations relying on traditional binary conceptions of right and wrong, good and evil, perpetrator and victim, guilt and innocence, often lack healing power. In fact, they often perpetuate the cycle of hatred, resentment, bitterness, guilt, shame, retribution and humiliation. They entrap the sufferers and victims in the moral framework of the perceived perpetrators.

Often what is needed for an effective healing process is to break out of the vicious cycle, the entrapment, to create a new moral space in which the victim moves from passive recipient of suffering or evil to an active moral subject who sets the terms, controls the parameters, of ethical conduct. In place of the language of “human rights”,

of “accountability”, “justice” (whether retributive or restorative), abstract suffering and its formal negation, enforced by the exercise of power, we often need to establish a new basis for moral agency based not on abstractions but on concrete decisions and new creative meanings. This is the space of forgivingness, or apology. Where they can be achieved the outcomes are more profound and productive of health, well-being and security.

In many reconciliation contexts the concept of accountability is not helpful. It refers to an abstract concept of justice that often does not contribute to the healing processes, but on the contrary may obstruct it. This applies in both political settings – those in which we may refer to human rights abuses – and in personal settings of pain, suffering, betrayal and transgression that arise in the lives of ordinary individuals.

Mohamed Sahnoun (today) gave a very beautiful speech in which he outlined what to him were the four phases of reconciliation: “openness” (i.e. truth), “responsibility”, “repentance” and “forgiveness”. This schema is useful as an ideal type. However, rarely, if ever are all these conditions met in practice. Rather, the pathway to reconciliation is more usually partial, attenuated, incomplete.

There are two fundamental observations about reconciliation which are relevant here:

- Reconciliation is not an end point, a stage or point to be reached; rather, it is a never ending process, a goal or horizon towards which we are constantly seeking to move.
- There is no formula or algorithm that can take us forward to

reconciliation. There are many pathways to reconciliation, and they are all dependent on the local conditions to which they represent a response.

Some examples from my own personal experience illustrate the points I have just made:

1. A patient who cared for her father during his illness and then was shocked to find that he had omitted her from his will as a result of devious actions of her brother. This led to years during which she carried the pain of betrayal, colouring every moment of her waking life. She has now developed breast cancer. She has to find a way to rediscover her own moral agency.
2. Clarissa: a patient who was subjected to the wrong operation (her ovaries and uterus were removed unnecessarily and against her wishes). She is now suing the doctor, but all she has really wanted is an apology. He has not offered this – and is not allowed to do so as a result of the court process.
3. Katrina: a mother whose daughter had schizophrenia. She warned the doctors that her daughter would be at risk if she left hospital but they let her go home anyway and she committed suicide. After many unsuccessful attempts to bring the doctors to account Katrina now teaches medical students and works with families of people with mental illness.
4. Anton: A young man who was a victim of the massacre at Srebrenica. He was twelve at the time and was taken to be killed with his father. His mother risked her life to wrest him from the soldiers. However, his father was not so lucky: he was never seen again – at least until Anton saw his actual murder when the video kept by the assassination squad came to light. . . Years later, I accompanied him back to Srebrenica to make a film – “Karasevdah” – about the possibility of beauty after the abyss. This is a finely crafted, poetic, subtle, deeply sad film which constitutes an attempt to reconstruct meaning and dialogue out of unfathomable pain.
5. Pimbo Narang: a woman in Thailand infected by husband with HIV. He was a truck driver and concealed from her the nature of his illness until it was too late. At first, she was – understandably – confused and angry but was able to reconcile with him, and he died in her arms. She has spent the last ten years establishing workshops for young people and widows with AIDS. They make small items out of fabric, which are enough to prevent them from starving.

There are many pathways to reconciliation but there is a common theme among all these stories: the recognition of a space outside the binaries of hatred and blame, resentment and the desire for retribution. Resources are sought – and found – within relationships and personal experiences. The outcome is rarely perfect, or complete.

Most often it is partial, inchoate, tentative...

Where are the resources found? In moments of transcendence, in the momentary glimpses that show that things can be different. The inner and outward beauty that is apparent in Caux demonstrates the inextinguishability of hope, compassion and love.

Additional notes from the discussion

Some other examples:

Australian aborigines – the Apology, which has been belied by the continuation of the Intervention

Lara: A 23 year old woman whose partner left her during her pregnancy with his child. She is working to support the baby, and her life – which once seemed full of promise and happiness – is now very hard. He has since contacted her, saying that he wants to see the child. She tries to imagine what it would take for her to be able to forgive him.

Atrocity is not a crime of men. It is the product of groups, growing out of collective actions, colonial histories, passivity of foreign states etc. Individual killers may not be deviant, transgressive or pathological. The perpetrator of atrocity is quite different from the perpetrator of a common crime.

The strategy of criminal law is largely unsuccessful and ineffectual. Strategies of transitional justice, such as lustration, memorialization, symbolization, prosecution are likely to be more effective.

Accountability and abstract justice are more relevant to the consolidation of power by the new regime than they are to the healing process. “Universalised concepts” do not necessarily mean a universal system. Collective responsibility is not the same as collective guilt.

“Dialogue” does not refer to mere “juxtaposition of narratives”. Rather it must entail a deep questioning of the narratives and a mutual, uncompromising deconstruction of their conditions of possibility.

Professor Paul Komesaroff *Australia*

Paul Komesaroff is Professor of Medical Ethics at the Monash Centre for the Study of Ethics in Medicine and Society at Monash University in Australia, and Ethics Convener of the Royal Australasian College of Physicians. He has an international reputation in health care ethics, and has a major impact on the field of clinical ethics in Australia. Paul Komesaroff's work is interdisciplinary: clinical medicine, social research, philosophy and ethical theory, clinical ethics and policy development with respect to ethics and clinical practice. As a physician, his field of specialty is Endocrinology. He is Director of the Clinical Ethics Service at the Alfred Hospital, and the Health Ethics Archive. Paul Komesaroff has authored over 300 peer-reviewed articles and ten books.