

Reconciliation and psychosocial understanding

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'Reconciliation' generally means the development of good relations where they have never truly existed before. This paper refers principally to the example of Northern Ireland and the Irish peace process. Psychiatrists should examine what really contributes to 'large group' reconciliation, as the absence of the psychiatric perspective would be a serious loss in the search for post-conflict well-being at the communal level.

In struggling with the concept of 'reconciliation' I am reminded of Aubrey Lewis on hysteria. It is hard to define, and one may even be sceptical about its existence, but 'it is unlikely to be killed so long as [we] find it useful, if not indispensable' (Lewis, 1975). Similarly, despite objective and reasonable scepticism about the role of psychiatry or even the possibility of achieving reconciliation between communities long caught in historic feuds, and without even a clear definition of exactly what we mean, as Lewis said of hysteria, so it is true of reconciliation, whatever the critique: 'It tends to outlive its obituarists'.

In individual relationships 'reconciliation' is sometimes defined as 'the restoration of friendly relations'; however, when applied to communal relationships, it generally means the development of good relations where they have never truly existed before – South Africa, Australia and Northern Ireland are the three examples addressed in the thematic papers in this issue.

Some have suggested that the word 'conciliation' is more accurate but more important than the etymological problem is the challenge of finding a definition that is truly satisfactory. How does one set down criteria that define when reconciliation has occurred? We know when reconciliation has not occurred and, as with hysteria, most people have a sense that they would recognise reconciliation if they saw it, but setting down the criteria for reconciliation and how it may be achieved is very challenging, because it is about the complexity of relationships between communities, or 'large groups'.

Let me use the example I know best, that of Northern Ireland and the Irish peace process, which has been ongoing in recent decades.

When the civil rights marches of the late 1960s broke down into serious rioting, it was not only because of the problems of anti-Catholic discrimination in Northern Ireland at the time, but came out of a long history of unhappy relations between Britain and Ireland since at least the Anglo-Norman invasion of 1169. Britain hoped

it had sorted the problem with the 1922 partition settlement, but the substantial Catholic minority in Northern Ireland felt isolated and alienated, and in the absence of reconciliation the relative tranquillity broke down in the late 1960s. During the ensuing 30-year conflict, out of a population of 1.5 million, more than 3500 were killed, over 100 000 suffered physical injury, and there were hundreds of thousands of other victims too.

A unionist/nationalist power-sharing initiative in 1973 collapsed after only 6 months and – despite efforts by civil society, the women's peace movement, high levels of security intervention and regular political initiatives – the violence continued to wreak havoc for a generation.

The United Kingdom and the Republic of Ireland joined the European Economic Community on the same day in 1973. From that time, government ministers and officials met regularly, cooperation developed, respect grew and the resulting 1985 Anglo-Irish Agreement led to unprecedented cooperation and improved relations between the two governments. But the IRA campaign continued and loyalist paramilitaries, feeling betrayed by Britain, took revenge through sectarian killings. After 6 more years of diplomatic activity, political representatives of the two sides in Northern Ireland came round the table, but it took another 5 years and two ceasefires to bring the parties associated with the paramilitaries into the talks.

The painstaking procedural discussion of the pre-negotiation period ('talks about talks') slowly edged the partisans towards the table, not by addressing the substantive issues, but by exploring the problems of three sets of disturbed relationships – between Protestant unionists and Catholic nationalists within Northern Ireland; between Northern Ireland and the Republic of Ireland; and between Britain and Ireland. The process was constructed in three strands addressing these three sets of relationships. This focus on 'relationships between large groups' was a major step forward in international thinking about resolving violent political conflict.

The wider international community, particularly the USA and the European Union (EU), provided economic assistance, encouragement and, in the case of the USA, expertise and mediation. Northern Ireland politicians visited other peace processes, most notably in South Africa, and aid was targeted to enable the divided community to take shared responsibility for its own governance and economy.

Senator George Mitchell, the chairman of the multi-party talks that led to the 1998 Belfast

Agreement (also known as the Good Friday Agreement), was conscientiously therapeutic in his approach, listening patiently to everyone involved and developing trust over many months. The gradual building of respectful behaviour, finding devices to break through deadlock, the imaginative use of different formats and careful deadlines were just a few of the skills he demonstrated. The EU provided a model of post-war conflict resolution with its cross-border cooperation mirrored in the Ministerial Council that now brings ministers together from Northern Ireland and the Republic of Ireland on agriculture, economic development, environment, tourism and transport. The British and Irish governments continue to meet regularly and the protection of human rights central to the EU is a fundamental feature of the Belfast Agreement.

All these components – the critical part played by influential external relationships, a preparatory period of pre-negotiation engagement, the difficult but necessary inclusion of all elements of the relationships, patient, imaginative and skilful engagement with the conflicts, the sustained commitment over a long period of time, an element of creativity in the context of an embedded commitment to the rights and freedoms of all elements of those involved – reflect vital aspects of a psychotherapeutic approach to internal conflicts with individuals as well as conflict resolution in a divided community, but they are not themselves sufficient for success.

Until people in any conflict begin to turn away from violence as a means of solving problems they will not be prepared to accept the price of peace. Only a community weary of war is prepared to accept an outcome which is less than their ideal. Rebuilding 'the rule of law', with demilitarisation, decommissioning of illegal weapons, resettlement of paramilitary prisoners and reform of policing and the criminal justice system, was both difficult and contentious.

There were also the challenges of addressing rights, responsibilities, and respect for minorities at the core of the conflict. More than merely accepting international legal norms, this required specific political protections and involved negotiating mutual vetoes and complex formulae with guarantees for both sides in the new Northern Ireland Assembly.

One might imagine that having achieved such an all-encompassing agreement approved by overwhelming majorities in referendums on both sides of the Irish border, reconciliation would be merely a matter of time and implementation. The upcoming generation do not wake up to daily news of the bombings and shootings that destroyed lives, property and relationships; our political structures are based on principles of power-sharing and parity of esteem; the police are more representative and accountable; robust protections are in place for human rights; and Britain and Ireland have new sets of political relationships. However, 17 years on from the Good Friday Agreement, disagreements

on flags, parades and how to deal with the painful legacy of the past, as well as the problems elected leaders have in finding workable compromises on current socioeconomic questions, show that there is 'unfinished business', particularly in respect of reconciliation, however undefined.

While good relationships need the stability of structures and boundaries, reconciled communities require more than the observance of rules and laws. There must also be a spirit of generosity and respect. Rules and rights can provide the context for a conflict to be stopped, but only a culture of mutual respect can truly put it to the past. What is preventing reconciliation in Northern Ireland?

Committed, as I am, to applying psychological understandings from work with individuals in my psychotherapy clinic to the problems of a community in conflict that I faced as leader of the Alliance Party, I appreciate that there is not a simple read-across from individual psychology to what Vamik Volkan (2013) calls 'large-group psychology' and that good relations between individuals (unless they have special communal representative roles) do not overcome communal conflict. However, I have found that at the different systemic levels there are common fundamentals of the human condition and, as I have described elsewhere (Alderdice, 2010), understanding them was central to my work in the Irish peace process and other long-standing violent political conflicts.

A huge package of political and socioeconomic measures have been agreed and implemented in Northern Ireland, but still there has not been reconciliation. Could a kind of community 'psychotherapy assessment' help us understand the remaining obstacles to reconciliation? We brought together a representative group of leading members of political parties, paramilitaries, police, religious figures, civil society and victims in Northern Ireland, for an exploration facilitated by some colleagues who work at applying the principles of individual and group psychology to political processes.¹ What emerged?

As individuals, our personality is made up of our genetic structure and those experiences which continue to affect us even when our situation changes. People brought up without enough food learn to eat as much as possible any time they have the chance. If life changes and they have food and to spare, they often continue to eat according to the old pattern, resulting in overweight and poor health. The same behaviour that helped them survive comes to threaten their well-being, and they continue with it even when the external

1. I was joined for the residential session at Corrymeela in Northern Ireland in June 2013 by colleagues from the International Dialogue Initiative (IDI; <http://www.internationaldialogueinitiative.com>): Vamik Volkan (President of the IDI), Robi Friedman (President of the International Group Analytic Society), Jerry Fromm (President of the International Society for the Psychoanalytic Study of Organizations) and Ford Rowan (Chairman of the US National Center for Critical Incident Analysis).

circumstances change and it becomes harmful. I have seen this particular problem with Aboriginal people in Australia, where a whole community has stuck with old ways of thinking and 'being' when their world has changed, and the result has been disastrous for their physical and mental health.

Our new structures in Northern Ireland came about by negotiation and the people voted for a future based on fairness and parity of esteem, but although the structures have changed, communities still see things in the old ways. Listening in our 'diagnostic group' to the different communal representatives speak, it seemed to us that an element of the identity or culture of the Protestant/unionist/loyalist community still involves a sense of 'dominance' – a disposition to think and act as though they ought still to be in charge, so there is no sense of a need to negotiate accommodations with nationalists over flags and parades. There is a fear that if they are not dominant, their circumstances will reverse and they will be dominated by the Catholic/nationalist/republican community; however, the underlying problem seems more to do with this dominance element of their identity/culture not changing to accommodate the new reality. If the Protestant/unionist/loyalist identity is to incorporate parity of esteem and develop a sense of self-confidence there needs to be a change in their culture. Flags and traditional parades are indications of culture, but 'culture' itself is the way of 'being-in-the world' of that group.

In the Catholic/nationalist/republican community, generations of being dominated created an identity, or way of 'being-in-the-world', characterised by a sense of victimhood. Despite parity of esteem in political, legal, social and economic opportunities, that community still looks through the lens of victimhood, rather than realising they are joint authors of a shared destiny.

This analysis of residual cultures/identities of 'anxious dominance' and a 'sense of victimhood' implies that the 'unfinished business' of reconciliation will not be resolved by more political deals, economic development, action plans or the mere passage of time. The shadow of the past hangs heavy, and it will require a change in the way-of-being of the groups. If it is difficult for us as individuals to change our way-of-being, it is no less a challenge for large groups.

I am now engaged with colleagues in Northern Ireland in developing psychosocially informed community interventions to help our divided community engage with the process of necessary change,² including the initiative by Sinn Fein to engage in what they have called 'uncomfortable conversations' with unionists/loyalists and those within their own nationalist/republican community (Alderdice, 2015). The implication is that we need to address the 'unfinished business' by

2. This has required the establishment of the Centre for Democracy and Peace Building (<http://www.democracyandpeace.org>) to provide an institutional base for the work.

finding new ways of relating and being that we could recognise as 'reconciliation', challenging the traditional narratives and attitudes within our own communities and moving away from elements of our current cultures and identities to new shared ways of 'being-in-community'.

Many liberally minded people inside and outside government have tried in the past to reassure communities that they do not have to change their culture and that all cultures can be celebrated, and should be; indeed, it enriches a community when the symbols and artefacts of different backgrounds, traditions and culture can be valued and displayed appropriately. However, if there is not a largely shared way of being-in-the-world (a shared communal culture), then fractures and fissures are inevitable. Culture and identity involve many things we quite properly want to preserve; however, they also emblematised divisive historic attitudes and ways of behaving that we need to leave behind because they are no longer appropriate to the reality of our shared communal lives and can be harmful in the present and for the future. Transforming our identities will not happen without effort, hence the need for these 'uncomfortable conversations' and other community interventions.

How do these experiences in Northern Ireland relate to the work described in the thematic papers on South Africa and Australia, and indeed other conflicts?

Bernard Janse van Rensburg similarly describes 'unfinished business' from the South African Truth and Reconciliation Commission and asks the question whether psychiatrists should be concerned with not only dealing with the consequences of conflicts on individuals in the past (rehabilitation and restoring), but also with preventing future violations. As he says, that would clearly require a significant shift in the traditional scope of psychiatric practice, but if psychiatrists do not contribute, how will such preventive work be informed? Addressing communal memory and trying to achieve communal reconciliation following the trauma, stress and loss of conflicts and human rights abuses requires 'large group' interventions, such as ceremony, ritual and the establishment of facilities like the Freedom Park in Pretoria, with its sacred ceremonial space, garden of remembrance, Wall of Names and what he calls cleansing and healing ceremonies – indeed, he rightly calls these 'strategic interventions in the quest for symbolic reparation of the nation'. Surely it is a form of 'public health psychiatry' to examine and assess interventions such as truth telling, forgiveness, remorse, restitution, justice, remembrance, restorative action and transcendence, which may contribute to reconciliation.

Undoubtedly psychiatrists should not examine what really contributes to large group reconciliation on their own. I have found myself working increasingly with anthropologists, political scientists, theologians and artists, but the absence of the psychiatric perspective would be a serious loss in

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

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

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

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

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

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

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THEMATIC
PAPER

Reconciliation and conflict resolution

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

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

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

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