

# *Forgiveness: Liberating or Restraining?*

*Exploring the constructions of forgiveness of people living with  
the Human Immunodeficiency Virus (HIV)*



*Everyone says forgiveness is a lovely idea,  
until they have something to forgive.  
(Lewis, as cited in Griffin, 2003, p.40)*

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# **Forgiveness: Liberating or Restraining?**

**Exploring the constructions of forgiveness of people living with  
the Human Immunodeficiency Virus (HIV)**

by

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## **DECLARATION**

I, Corneli van der Walt, hereby declare that this research report is my own work and that this work has not been submitted at any other tertiary institution for any degree.

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Date: 12/12/2005

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## SUMMARY

At the beginning of the 21<sup>st</sup> century, the multidimensional nature of the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic makes it one of humanity's greatest challenges. Although the HIV/AIDS pandemic has an impact not only on health but on all aspects of the lives of people living with HIV/AIDS, forgiveness has not received much attention in the HIV/AIDS context. Despite the fact that forgiveness has been praised for centuries by most societies and cultures as valuable of adoption, using the word does not necessarily imply that people understand its meaning.

The aim of this study is to describe the conceptualisation, meaning for and use of forgiveness of the research participants as people living with HIV. The study draws on social constructionism as a research method. Social constructionism implies that personal constructions regarding forgiveness and unforgiveness are informed by the prevailing social discourses related to forgiveness and HIV/AIDS. For that reason, there are continuous references to social discourses concerning forgiveness and HIV/AIDS that may inform these conceptualisations.

Furthermore, the research report is presented as a conversation between the research participants, the researcher, discourses and literature concerning forgiveness and HIV/AIDS. Therefore, the readers are continuously invited to take part in the conversation. So, the study also aims to provide readers with an opportunity to draw on their existing constructions regarding forgiveness and unforgiveness, and to co-create their own constructions regarding the issues under discussion. These descriptions and co-constructions emerged against the backdrop of South African society.

The findings of the study are presented as "new constructions". These new constructions refer to the conversations that developed between the research participants and the researcher, and the conversations that they elicited with the literature. Finally, the researcher evaluates the legitimacy of the study, makes recommendations for further research, and reflects on how she was influenced by the study.

**Keywords:** conversation, discourse, forgiveness, HIV/AIDS, language, narrative, postmodernism, power, qualitative research, social constructionism, unforgiveness

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## FOREWORD

Life tends to present us with a variety of situations, some delightful and joyous, others hurtful and unpleasant. Situations that hurt and anger us usually vary on a continuum of severity (for example from road rage, hijacking, burglary and emotional betrayal, to everyday clashes between our wishes and those of the people around us). If such situations and feelings are not dealt with effectively, it seems that a less hurtful situation can bring up the old feelings of injustice and resentment when we are hurt or angered. Somehow, we manage to move beyond the hurtful incidents, but sometimes it is hard to let go of a grudge or feelings of injustice. We may become experts in mentally replaying those situations in which we were wronged or misunderstood, quietly plotting ways to get even with those who have hurt us (Murphy, 2003). Nonetheless, there is a general and socially acceptable notion that forgiveness is an integral part of life. Meninger (1996) points out that forgiveness is central to almost every significant religious, philosophical, ethical, psychological and even political construct. He mentions that the behest to forgive is clear, universal and as old as humanity, and that it is not exclusively related to Christianity.

South Africa is a country with a history and legacy of hostility and alienation at both the interpersonal and the socio-cultural levels (Bowman, 2003). South Africans have had their share of ethnic pain, which originated from centuries of hatred and distrust, political tension, and social and domestic violence (Bowman, 2003). In respect of forgiveness the Truth and Reconciliation Commission (TRC) has become a figurehead in the struggle with forgiveness experienced by victims of political trauma. The TRC has familiarised the South African public with the phenomenon of self-forgiveness, and the need for forgiving others.

Using the word forgiveness does not necessarily mean that people understand the meaning of the concept. All too often in general social interaction the word is used casually as in: "Please forgive me for being 10 minutes late" (Enright & Fitzgibbons, 2000, p.51). Similarly, Savard (1997) argues that forgiveness is often only an empty word, because people easily say "I forgive you". Those people may still hold negative feelings in their hearts, although forgiveness has been offered. It may happen that the person who asks for forgiveness and the one that says "I forgive you" both know that neither truly means it – it is only another social verbal game. This may also be true for people living with HIV/AIDS.

## **MAPPING THE STUDY**

This study operates within the framework of social constructionism, and holds that the personal constructions of South Africans in the context of HIV/AIDS concerning forgiveness and unforgiveness are informed by prevailing social discourses regarding HIV/AIDS and forgiveness in the South African context.

The study is presented in four parts. Part I orients the reader on the topics of forgiveness, unforgiveness, HIV/AIDS, social constructionism, and discourses related to HIV/AIDS and forgiveness. Part II introduces the reader to the strategy of the study. Part III attempts to describe the constructions of the conversational partners in the study regarding the phenomena of forgiveness and unforgiveness, while Part IV takes a step back to reflect on the study.

### **Part I**

By means of a literature study, Chapter 1 introduces the reader to the topics of forgiveness, HIV/AIDS and some matters associated with HIV/AIDS that may require forgiveness. Chapter 1 also states the aim of, motivation for, rationale and research questions of the study. Chapter 2 provides the reader with a theoretical point of departure, namely a social constructionist approach. It briefly introduces the reader to the construct of epistemology, contrasts postmodernism and modernism, and speaks about the dynamics of social constructionism, discourses and power. Chapter 3 complements the literature study in Chapter 1. It reviews discourses regarding HIV/AIDS and forgiveness. It is important for the reader to take note of the different discourses that inform the constructions of the conversational partners. These may also be discourses that inform the reader's constructions regarding HIV/AIDS and forgiveness. Therefore, the chapter attempts to cultivate an awareness regarding the working discourses in society concerning forgiveness and HIV/AIDS matters.

## **Part II**

Chapter 4 describes the strategy of the study to the reader. This study arises from the constructions created by the various conversational partners. The main conversational partners, in no particular order, are:

- Camilla, Gerard, Jason, Marlene and Ronel, all people living with HIV<sup>1</sup>;
- the literature and discourses regarding HIV/AIDS, forgiveness, unforgiveness, social constructionism, and other related topics;
- Gerhard V and Ilse as the research supervisors; and
- myself Corneli, as the researcher<sup>2</sup>.

## **Part III**

Chapter 5 and Chapter 6 present the findings of the study regarding the phenomena of forgiveness and unforgiveness. The findings of the study are presented as the “new constructions”. This refers to the “new conversations” that have developed as a result of the constructions that have emerged due to the dialogical exchange (conversations) between the conversational partners and myself, and the conversations the topic has evoked with the literature.

## **Part IV**

Chapter 7 reflects on the credibility, reliability, transferability, strengths and limitations of the study. I also reflect on how I was influenced by the study.

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<sup>1</sup> Camilla, Marlene and Ronel are pseudonyms to protect the identities of the specific conversational partners.

Camilla, a homosexual male, is using his stage name for this study.

<sup>2</sup> The first person is used throughout to refer to the researcher, because the researcher is one of the conversational partners.

## **HIV/AIDS**

The study focuses on the constructions regarding forgiveness and unforgiveness of people living with HIV, excluding people who are in the AIDS phase of the disease. Although HIV and AIDS are different phases of this illness, several of the experiences of a person living with HIV/AIDS are similar. Therefore, to simplify matters, throughout the study, I refer to people living with HIV/AIDS in respect of the demographics, experiences, discourses and literature regarding HIV/AIDS. However, I qualify the conversational partners as people living with HIV where necessary.

## **PART I**

### **PRIMING THE READER**

*Sometimes the best we can do is merely to begin the process.*

*The end of the journey is not its beginning.*

*We must make the first step before we can make the last one.*

*We all know that a journey of a thousand miles begins with one step and that it is  
better to light a single candle than to curse the darkness.*

(Meninger, 1996, pp.18-19)

## Chapter 1

### Orientation

According to several authors, for example Kanz (2000) and Konstam, Marx, Schurer, Harrington, Lombardo and Deveney (2000), there is a current interest in forgiveness that follows years of neglect and avoidance of the topic by research scientists. Despite the fact that forgiveness has been praised for centuries by most societies and cultures as valuable and as a practice worthy of adoption, there has been a general reluctance to study it. Denton and Martin (as cited in Konstam, et al., 2000) explain this hesitance as the result of an association of forgiveness with religion, not with science. However, Freedman and Enright (as cited in Kanz, 2000) point out that although forgiveness was formerly mainly a topic of inquiry for theologians and philosophers, it is now becoming an acceptable topic in counselling and psychology as well. As a result, a growing interest in the psychology of forgiveness has arisen in the past decade, both in the public and scientific domains (Zechmeister & Romero, 2002).

This is also true in South Africa, but a psychological literature survey (Maboea, 2003) on interpersonal forgiveness shows that studies in forgiveness in South Africa is a new field of research. Maboea (2003) indicates that only a few local researchers for example Adonis (1999), Johnston (1999) and Von Krosigk (2000) have contributed to research on forgiveness. So far, most studies undertaken by South African researchers have focused on forgiveness in the context of people who have participated in the Truth and Reconciliation Commission (TRC) (Johnston, 1999; Kaminer, Stein, Mbanga & Zungu-Dirwayi, 2001), within the context of gross human rights violations (Adonis, 1999; Von Krosigk, 2000), and within the domain of psychotherapy (Bowman, 2003; Von Krosigk, 2004).

Haley (as cited in Droll, 1984) mentions that due to the very nature of social interaction, conflict and transgressions in society are predictable. He argues that, despite the fact that revenge has historically been seen as an instinctual, reflexive response to a transgression, forgiveness provides social beings with an alternative response – one that facilitates peaceful conflict resolution and exerts social control (Droll, 1984). Recently, the TRC (1996-1998) has focused on the phenomenon of forgiveness of the self and others when dealing with both

the perpetrators and the victims of human rights crimes in the South African society (Bowman, 2003). Consequently, forgiveness has been simplistically portrayed in the popular media. Murphy (2003, p.37) comments as follows:

There has in recent times been much cheap and shallow chatter about forgiveness and repentance – some of it coming from high political officials and some coming from the kind of psychobabble often found in self-help and recovery books. As a result of this, many people are, I fear, starting to become cynical about both.

Linking to forgiveness portrayed in the media, the film *Yesterday*, supported by the Nelson Mandela Foundation as part of a global HIV/AIDS awareness campaign, is the story of a Zulu woman living with HIV who is determined to live to see her daughter start school. Although she has been infected with HIV by her husband, he assaults her when she tells him the news that she is HIV positive. Regardless of what has happened to her, she has decided to forgive him. Soon after the first screening of the film during the recent 15<sup>th</sup> International AIDS Conference in Bangkok, an objection to the film was raised. Some reviewers felt that the kind of forgiveness portrayed in the film was rather idealistic (A film of AIDS and forgiveness, 2004). Furthermore, the conference participants were asked whether they would forgive their partners if their partners had infected them with HIV. A woman participant from the US said: “Wow, that’s a hard question, I can’t answer that right now. I think the answer will come only when you’re experiencing it” (A film of AIDS and forgiveness, 2004).

Forgiveness may be a more difficult process than that displayed in the popular media – many psychological researchers and philosophers agree that forgiveness tends to be an effortful, yet beneficial, process that takes time (Kanz, 2000; Murphy, 2003; Maltby & Day, 2004).

An overview of the global and South African demographics on HIV/AIDS is given below, with comments on a few ripple effects of the pandemic.

## The HIV/AIDS phenomenon

AIDS is a disease. It is an infection, a syndrome, an illness, a disorder, a condition threatening to human life. It is an epidemic – a social crisis, an economic catastrophe, a political challenge, a human disaster. AIDS is known. It has been analysed assessed assayed tested measured surveyed considered reflected documented depicted exhaustively described. Its virus is primal particular sub-cellular mutant enveloped nitrogenous. Our knowledge of it is clear and precise. But the disease is also unknown. It is guessed estimated projected approximated sketched debated disputed controverted hidden obscured. Still, it is a mere fact: an event, a circumstance, a happening, a reality as present as the ocean or the moon. (Cameron, 2005, p.42)<sup>3</sup>

AIDS is the acronym for the Acquired Immune Deficiency Syndrome, which is caused by a virus called HIV – the Human Immunodeficiency Virus. This implies that AIDS is not inherited, but acquired from the HI-virus that enters the body from an external source (Van Dyk, 2001). AIDS is the end stage of HIV disease, characterised by a progressive failure of the immune system that renders the body vulnerable to opportunistic infections and cancers.

The worldwide number of people living with HIV/AIDS (PLWHAs)<sup>4</sup> has reached its highest level ever – an estimated<sup>5</sup> 39.4 million (35.9 million–44.3 million) people (UNAIDS, 2004). This implies that 4.9 million (4.3 million–6.4 million) people have acquired HIV in 2004, and that the global AIDS epidemic killed 3.1 million (2.8 million–3.5 million) people during 2004.

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<sup>3</sup> There are no commas in the original text.

<sup>4</sup> Although I am using the acronym PLWHAs from this point forward to speak about people living with HIV/AIDS, I do not suggest that people living with HIV/AIDS can be reduced to a construct.

<sup>5</sup> The estimated number varies between the numbers in the brackets.



AIDS was first documented over 20 years ago. In the 1980s it was seen as a disease affecting homosexual men in the United States of America. However, a few years later, it was recognised as a global health problem of enormous importance for all people irrespective of their gender, sexual orientation or ethnicity group (Grove, Kelly & Liu, 1997; Van Dyk, 2001). Although HIV was only documented as a causative agent for AIDS 15 years ago, the epidemic has already spread throughout the world, but at an uneven pace (Shisana & Simbayi, 2002).

During the period from 1994 to 2000, there was an exponential increase in HIV infections in South Africa. The UNAIDS (2004) report sketches a bleak picture of the AIDS epidemic because Southern Africa remains the most affected sub-region in the world, and continues to have the highest number of PLWHAs in the world. At the end of 2003, there were an estimated 5.3 million (4.5 million–6.2 million) PLWHAs in South Africa, of which 2.9 million (2.5 million–3.3 million) were women. Alarming, South Africa, with an estimated population of 42.7 million, has more infected people than any other country in the world (McClure, 2005). It is widely agreed that South Africa faces one of the world's most severe HIV/AIDS epidemics.

The multidimensional nature of the HIV/AIDS pandemic makes it one of humanity's greatest challenges at the beginning of the 21<sup>st</sup> century. Huber (1996, p.34) states: "The AIDS pandemic is unlike any other phenomenon witnessed by modern society". It has been called the greatest public health concern of our era, and has been compared to illnesses such as cancer, polio, syphilis and the plague (Huber, 1996).

Due to its magnitude and nature, the HIV/AIDS pandemic has forced society to re-examine previously sensitive and sometimes ignored or censored subjects, like death, homosexuality and human sexuality in general (Huber, 1996). These are all topics that link up with morality, religion and prejudice. As a result of the reluctance of society to look more closely into these matters, as well as the accompanying stigma, regarding homosexuality, prostitution, drug abuse, and so on, associated with these complex issues, a PLWHA is coerced into a "safe space" of anonymity, both in life and in death. Moreover, as Beaudin and Chambre (1996) stress, AIDS is different from other chronic diseases because of the number of youths living and dying with AIDS. Huber (1996) also mentions that the complex nature of the information associated with HIV/AIDS continues to differentiate the AIDS epidemic from other diseases.

## The interface between forgiveness and HIV/AIDS

Although the HIV/AIDS pandemic constitutes an unparalleled biopsychosocial phenomenon that affects not only PLWHAs health, but all aspects of lives (Temoshok, 1998), forgiveness in the HIV/AIDS context has not yet received much attention. PLWHAs are victimised in many ways: by HIV infection through a spouse or partner, by culturally supported stigma, discrimination and isolation in response to their infection (Van Dyk & Van Dyk, 2003). Areas of life affected because of people's living with HIV include marriage and intimate relations, childbearing and parenthood, work and social functioning, as well as psychological and spiritual well-being (Temoshok & Chandra, 2000). These are issues that may require forgiveness of those affected or involved at some stage. This study focuses on forgiveness in the context of the transmission of HIV through sexual intercourse, both in heterosexual and homosexual relationships.

Temoshok and Chandra (2000) argue that there is a difference between HIV and other potentially terminal diseases (for example cancer), because HIV is an infectious disease, and the key route of transmission is sexual activity and procreation. Cameron (2005) also debates the issue of sexuality and the connections it has with stigma and shame. He hypothesises that our deepest selves most probably tell us that others will think that we have been “caught out” if one contracts a sexually transmitted disease.

The infection leaves a mark, a stain, a print, linking us back to an act so private, so intimate, so sacrosanct, so emotionally and spiritually unguarded – the moment of sexual coupling – that its external manifestation is an illness, its exposure to the world, is deeply embarrassing and therefore shameful.  
(Cameron, 2005, p.71)

In this regard, Temoshok and Chandra (2000, p.42) ask the following question: “How do HIV-infected individuals come to terms with – and forgive – those who infected them, and with God or other spiritual beings who allowed this tragedy to occur?” Similarly, Goldschmidt, Temoshok and Brown (as cited in Temoshok & Chandra, 2000, p.42) ask:

How do HIV-infected (HIV+) women and men come to terms with the natural desires to give life and to see life continue through their children, and the realistic fear that their children may be born infected with HIV, or if spared the fate, may become orphans at a young age?”

These are only two of many questions to be asked regarding issues central to HIV.

As a result of the intense fear and stigma surrounding the transmission of HIV in the most intimate of human connections, Temoshok and Chandra (2000) mention that the multidimensional concept of forgiveness is thrown into the centre stage of those living with HIV. Therefore, against the above outline, it is hypothesised that some people living with HIV would also experience the forgiveness process more difficult than others living with HIV, which may colour their perceptions of forgiveness.

Research (Kanz, 2000) has revealed that forgiveness may be even more challenging for certain groups, such as victims of incest, rape or other interpersonal hurts. McCullough and Worthington (as cited in Kanz, 2000) suggest that the valuation of forgiveness is an important role player regarding forgiveness issues. Concurrently, Rokeach (as cited in Kanz, 2000) mentions that religious individuals may be more forgiving, because most religions generally regard forgiveness as an important virtue.

This inevitably raises more questions regarding forgiveness in the HIV context. Is forgiveness an issue for people living with HIV? If so, what does forgiveness entail in the arena of HIV? Does forgiveness have a more complex character in the face of HIV? What if the “wrongdoer” does not change his or her moral (sexual) behaviour? If a person is bitter about how he or she was infected, is that person at higher risk of infecting others in retaliation? (Institute of Human Virology Studies, 2002). Another interesting question that Affinito (as cited in Lamb, 2002, p.12) raises is this: “Even when the individual forgiver is helped through forgiveness, is the moral community well served in this process?” Furthermore, is it possible that forgiveness can be misused at times? The road of forgiveness (or unforgiveness) is not a road without hurdles. In the words of Affinito (as cited in Lamb, 2002, p.11): “Deciding whether to forgive, and putting the decision into action, requires intensive emotional and cognitive work.”

## The forgiveness landscape

### **Forgiveness: full of twists and turns**

A dilemma surrounding forgiveness is the lack of definition of the term, since the meaning of the word forgiveness varies, depending on the people using the term. For example, philosophers, theologians, psychologists, psychiatrists, counsellors, self-help advisors, authors of testimonial autobiographies, and so on all have their own ways of using the concept (Affinito, 2002). For McKnight (2004, p.36) “forgiveness is a quintessentially moral issue, but the debate over it is bedevilled by clumsy definitions, confusing categories, and contextual dislocations”. He argues that in spite of numerous efforts, some people still confuse forgiveness with reconciliation, with forgetting, with excusing, with condoning, with social acceptance, or with tolerance. Similarly, Enright and Fitzgibbons (2000) warn against common misperceptions regarding forgiveness, like the equation of forgiveness with forgetting, condoning and excusing, and even moral weakness. In this regard, McCullough, Pargament and Thoresen (2000, p.8) write:

It appears that most theorists and researchers now agree with Enright and Coyle (1998) that forgiveness should be differentiated from ‘pardoning’ (which is a legal term), ‘condoning’ (which implies a justification of the offense), ‘excusing’ (which implies that the offender had a good reason for committing the offense), ‘forgetting’ (which implies that the memory of the offense has simply decayed or slipped out of conscious awareness), and ‘denying’ (which implies simply an unwillingness to perceive the harmful injuries that one has incurred). Most also seem to agree that forgiveness is distinct from ‘reconciliation’ (which implies the restoration of a relationship).

Murphy (2003) also brings words and their meaning into the spotlight. He argues that words matter, because clarity in words is a part of clarity in thinking. This is related to the underlying emotional and symbolic weight that some words carry, and he therefore warns us to be careful about the words that we use. Similarly, Ransley and Spy (2004, p.5) utter a note of caution: “Words such as ‘forgiveness’ have different connotations in different languages, cultures and religions – indeed some religions, like Buddhism, have no word at all for

forgiveness”. These authors also emphasise how important it is for researchers and helping professionals to ensure that they define and ascertain the precise meaning of the words used by the people they are in conversations with, because language has power, and takes place in a world where bias is hard to avoid.

### **The paradoxical nature of forgiveness**

Several authors emphasise the paradoxical nature of forgiveness (for example Enright, 2001; Enright & Fitzgibbons, 2000; Ransley, 2004a). The poet Heine (as cited in Neu, 2002, pp.24-25) writes:

Mine is a most peaceable disposition. My wishes are: a humble cottage with a thatched roof, but a good bed, good food, the freshest milk and butter, flowers before my window, and a few fine trees before my door; and if God wants to make my happiness complete, he will grant me the joy of seeing some six or seven of my enemies hanging from those trees. Before their death I shall, moved in my heart, forgive them all the wrong they did me in their lifetime. One must, it is true, forgive one’s enemies — but not before they have been hanged.

For Enright (2001), the process of forgiveness is loaded with paradoxes that might at times sound illogical, but still work. He uses the following statement as an example to explain the paradoxical nature of forgiveness: “It is more blessed to give than to receive” (Enright, 2001, p.26). Enright argues that even though giving means having less, the giver usually comes out of the transaction feeling enriched, while the person who receives feels in some way indebted. Enright’s (2001) argument regarding the paradoxical nature of forgiveness, more specifically the transactional nature thereof and feelings of indebtedness, brings to mind issues of power and moral superiority. This implies that in the context of forgiveness power and moral superiority may have different facets, including societal pressures to forgive, unequal power relations between the forgiver and the receiver of forgiveness, as well as the possibility of pseudo-forgiveness (Enright, 2001; Enright & Fitzgibbons, 2000; Ransley, 2004a).

Ransley (2004a) indicates that Enright and North use the expression “pseudo forgiveness” in a dual descriptive way. First, forgiveness can be used to maintain or gain power; second, it may be the action of a person who feels coerced to forgive from fear or duty: “The motivation for forgiveness, therefore, may be self-interest, social, moral, stem from a strong sense of identification with a group – or a combination of these” (Ransley, 2004a, p.22).

Ransley (2004a, p.18) also asks the following question regarding the paradoxical nature of forgiveness: “If forgiveness does involve a change in heart, abandoning resentment and negative judgement, can you really do this without, at least to some extent, condoning the person’s behaviour?” Hampton (as cited in Ransley, 2004a) comes to the conclusion that it is possible to revise one’s judgement of the wrongdoer, and reach an honest decision regarding his or her moral decency, despite the person’s behaviour. This entails that one does not give up opposition to the wrongdoer’s action or character trait. However, Baumeister, Exline and Sommer (as cited in Lamb, 2002) point out that research has shown that, in actual practice, forgiveness expressed often fails to communicate to an offender this essential promise, that he or she is not excused or that the behaviour is not condoned. Importantly, Affinito (as cited in Lamb, 2002) reminds us that regardless of how frequently advocates of forgiveness say that forgiveness does not mean condoning, it is still difficult for most of us to accept this view.

## **The forgiveness rival**

### **Unforgiveness and its allies<sup>6</sup>**

We cannot think and speak about forgiveness without considering the rival of forgiveness, namely unforgiveness and its allies.

“Human beings appear to have an innate proclivity to reciprocate negative interpersonal behaviour with more negative behaviour” (McCullough & VanOyen Witvliet, 2002, p.446).

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<sup>6</sup> The reader will notice that some of the constructs in this study are externalised and personified. This draws on the principles of externalising conversations (Morgan, 2000) of narrative therapy, which operates within the framework of social constructionism. These constructs are externalised to establish a context where the reader can separate himself or herself from the perceived “problem” (Morgan, 2000). In the context of a conversationalist study, personification invites constructs to become conversational partners.

Black (as cited in McCullough & VanOyen Witvliet, 2002) suggests that the motivation to return harm for harm is quite familiar and that it is part of human culture. In fact it is one of the most rudimentary approaches to dealing with perceived injustice. For Berry and Worthington (2001) unforgiveness is the outflow of an evaluative process concerning interpersonal stressors, culminating in a stress reaction against interpersonal transgressions, betrayals, offenses and wrongs. Worthington and his colleagues (as cited in Worthington & Scherer, 2004, p.386) regard unforgiveness as “a complex combination of delayed negative emotions toward a person who has transgressed personal boundaries. Immediate negative emotions include anger, fear, or both”. Delayed negative emotions may derive from musing about the perceived wrongs. The interaction between these negative emotions (such as resentment, bitterness, hostility, hatred, anger and fear) may end in unforgiveness (Worthington & Scherer, 2004).

Anger is a core concern when we think and speak about unforgiveness. For Hargrave and Sells (as cited in Ransley, 2004a), there are four basic responses in people who feel that their trust and love has been violated. Some people may experience rage and uncontrollable anger towards the wrongdoers, while others may tend towards shame, accusing themselves of being unworthy of love. It seems that these responses move on a continuum between anger and shame, and on another between over-control and chaos.

Vindictive emotions are harsh negative passions, like anger, resentment and even hatred (Murphy, 2003). These emotions are often felt by people toward those who have wronged them. Not surprisingly, “vengeance is the infliction of suffering on a person in order to satisfy vindictive emotions or passions” (Murphy, 2003, p.17). When we look at the emotions associated with unforgiveness and vindictiveness, we become aware of the resemblance between the two. According to Murphy (2003), it is popularly believed about vindictiveness that it will always so dominate a person’s life as to prevent that person’s human flourishing. Karen Horney (as cited in Murphy, 2003, p.23) uses the metaphor of an alcoholic to describe the phenomenon:

There is no more holding back a person driven towards revenge than an alcoholic determined to go on a binge. Any reasoning meets with cold disdain.

Logic no longer prevails. Whether or not the situation is appropriate does not

matter. It overrides prudence. Consequences for himself and others are brushed aside. He is as inaccessible as anybody who is in the grip of a blind passion.

Murphy (2003) points out that according to this popular view, vindictiveness has an extreme and intense character. The person behaves in a way that is irrational and immoral – becomes a self likely to harm others and to undermine social order. However, I endorse Murphy's (2003) argument that we often get even with people by actions that are moderate and proportional,

perhaps involving nothing more than a few well selected (and hopefully hurtful) words or by actions no more extreme than no longer extending lunch invitations or rides to work to them. And rarely have I been dominated by my vindictive feelings. I often let them float harmlessly in the back of my mind until an appropriate occasion for their expression occurs. (p.24)

In a similar view Enright, (2001, p.48) writes that

rather than screaming or lashing out physically at those who have made us angry, some of us learn to lash out verbally, expressing anger through snide comments, cutting humor, or biting criticism. Or we express anger through stony silence, withdrawal, or hostile non-compliance. Although these kinds of anger are more socially acceptable, they are probably even less healthy than a more natural expression of honest anger.

### ***From the researcher's diary<sup>7</sup>...***

It is awkward for me to think about myself as vindictive and revengeful. Usually I prefer to think of vindictiveness and revenge as "something" that belong to others (there is

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<sup>7</sup> "From the researcher's diary" is my personal reflections on the matters under discussion. To distinguish the reflections from the main body of text, another font type is used.



definitely safety in distance) and I also prefer to see it as something that only needs to be taken out of the cupboard, dusted and used in “extreme” cases. However, I have realised that somewhere along the line, most of us (I have anyway) have made use of the impact (and sometimes at a very subtle and sophisticated level) of vindictiveness and revenge...

Therefore, there is no doubt that my interest in the topic of forgiveness is the result of an energetic oscillation between forgiveness and unforgiveness that I have experienced in my own being. It is an interest that has emerged owing to the interplay between those parts of mine that would have enjoyed unforgiveness (at some stage), the experience of knowing how difficult it is to forgive and then that part of mine that has incorporated the values of my Christian upbringing, namely love and forgiveness, and the consequences that unforgiveness may have for me. This interest is also a result of observing the unfortunate consequences of unforgiveness, and seeing the negative effects thereof.

So, at an informal level, this study regarding forgiveness is an attempt to broaden my thinking about forgiveness and unforgiveness, but it is also about the process and dynamics thereof. Hence, it is also an attempt to broaden the thinking of anyone who considers being in interaction with this text, especially those who talk easily about forgiveness or maybe also prefer to look at it from a safe distance.

Although my perceptions of forgiveness are brightly coloured by the teachings of Christianity, this is not an endeavour to argue for or against forgiveness. This is an attempt to inspire thinking regarding forgiveness, and then more specifically forgiveness in the HIV/AIDS context. Due to the limited scope of this study, it can therefore be seen as no more than a glimpse into the forgiveness (or unforgiveness) phenomenon, its associates, dynamics and some of the benefits and costs involved.

### **Aim of the study**

At a formal level, the aim of the study is to explore the conceptualisation, meaning and use of forgiveness and unforgiveness in a specific health status situation – being infected with HIV, the virus that causes AIDS. The purpose of the study is to describe some features of forgiveness and unforgiveness that can be detected in the real life situations of the research

participants, as people living with HIV. These descriptions are gleaned in the South African context. This implies that the study refers to how the South African context may contribute to the constructions of the research participants regarding forgiveness and unforgiveness.

### **Motivation and rationale for the study**

Knowing one's HIV status being positive without any follow-up support services or treatment can be detrimental to a person's mental and physical well-being. According to Macintyre, Brown and Sosler (as cited in Van Dyk & Van Dyk, 2003), feelings of fatalism and depression have been reported by people living with HIV who believed that there is nothing they can do about AIDS, and this fatalism may actually prevent any form of behaviour change or taking care of oneself. Many people with HIV feel alienated from their families, communities and churches because of the intense fear and stigma that is still associated with HIV/AIDS. This sense of alienation is often intensified by feelings of shame or betrayal associated with some of the routes HIV transmission takes. There is also a popular belief that usually the infected person is responsible for his or her infection, whereby such guilt is intensified (Freeman, 2004). These factors combine to place the multidimensional construct of forgiveness in a central role for PLWHAs (New scientific study, 2003).

Hence, an exploration of forgiveness in the context of HIV is particularly meaningful when cognisance is taken of the potential benefits of the outcomes of such a study. According to Konstam et al. (2000), forgiveness is a significant modality for increasing well-being and for improving interpersonal relations. Although the scientific literature is limited, initial studies agree that forgiving is effective in resolving feelings of remorse, guilt, anger, anxiety and fear (Berry & Worthington, 2001; Wade & Worthington, 2003). Benefits of forgiveness have been found among highly diverse populations, such as adolescents, college students, incest survivors, substance abusers and cancer patients (Konstam et al., 2000). Furthermore, Temoshok (as cited in Institute of Human Virology Studies, 2002) indicates that it is

hypothesized that being able to 'forgive and forget', to let go of angry thoughts and feelings, may promote the body's natural ability to return hyper-aroused physiological systems back to more normal levels of homeostasis.

A recent study (New scientific study, 2003) focuses on forgiveness as a factor in reducing the tendency to place others at risk of contracting HIV. The reason for that is that forgiveness is associated with decreased depression and stress, and more religious involvement. Conversely, Temoshok (1998) has found that unforgiving attitudes were tied to a persistence in risky behaviours that increase the risk of further transmission. Against this background, an enhanced understanding how people living with HIV conceptualise, understand and use forgiveness may equip researchers better to develop improved forgiveness interventions, both therapeutically and psycho-educationally. It is important to understand what forgiveness means to those we study and work with, including members of diverse religious, ethnic and cultural groups. Differences in the meaning attached to forgiveness is also important in considering in forgiveness interventions, because groups that define, experience and express forgiveness in special ways may require different types of forgiveness intervention for example, people living with HIV. Researchers can use the information to clarify models of forgiveness and forgiveness interventions, as well as to stimulate new research studies in the area of forgiveness. In addition, psycho-education and therapeutic techniques can be improved by understanding clients' perspectives (Kanz, 2000).

### **Research questions**

Following on the literature, the following research questions were asked:

- Is forgiveness of important to the research participants?
- If so, in what contexts do they use forgiveness? (adapted from Temoshok and Chandra, 2000).
- How do they conceptualise forgiveness?
- What is the meaning of forgiveness for them? (adapted from Bowman, 2003).

Social constructionism provides a framework in this study for understanding the phenomenon of forgiveness. The purpose of the following chapter is to provide you, as the reader, with a theoretical point of departure concerning some of the potential dynamics of forgiveness and unforgiveness.

## Chapter 2

### Social constructionism

*Language seems almost magical. Only through its powers to name we [do] identify our experiences and our persons. There are no social structures that bear upon us beyond this linguistic order. All that exists is within it. If we want to change our lives, we need to change our patterns of discourse. The “language games” constitute what there is to change.*

*Our narrative forms, our metaphors, our ways of communicating do not emerge from nothingness. They are embedded in the foundations of society. Stories and their structural instantiations reverberate against and with each other.*

(Gergen, 2001, p.69)

### **Epistemology, postmodernism, social constructionism, discourse and power**

**[The nature of knowing (epistemology), collective conversations (discourse), and the language of agendas (power)]<sup>8</sup>**

This study about the dynamics of forgiveness and unforgiveness was undertaken from a social constructionist perspective. Very closely “related” to (in my mind inseparable from) social constructionism is the notion of discourse, almost as if there is a symbiotic relationship between the two constructs. For that reason, it is important to mention at the onset that the main focus of the study was constructions of forgiveness and unforgiveness through language as used in the interviews. However, as a result of the symbiotic relationship between social construction and discourse, I continuously refer to and reflect on discourses outside the direct context of the interviews that may have informed these constructions. Hence, Chapter 3 attempts to describe some of the discourses regarding forgiveness and HIV/AIDS that may have informed and continue to inform the social constructions of the research participants regarding the issues under discussion.

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<sup>8</sup> The reader will notice that sometimes a secondary heading is presented. The purpose of the secondary heading is to illuminate the primary heading.

As Hansen (2004) points out, it follows that I must ask myself whether I, as a researcher, can ever gain accurate knowledge of my conversational partners' experiences of forgiveness and unforgiveness. What is the role of language in our and their conversations about forgiveness? Do I have access to truths that are imparted to or by the conversational partners, or do we (as the researcher and conversational partners) co-construct a new narrative about forgiveness?

### **Epistemology: the nature of knowing**

Bateson (as cited in Auerswald, 1985, p.1) defines an epistemology as “a set of immanent rules used in thought by large groups of people to define reality”. This implies that the term epistemology refers to the thoughts of the researcher and the conversational partners about truth and reality. Hence, our epistemology provides the lenses through which we see the world and experience forgiveness (and unforgiveness). According to Bateson (as cited in Keeney, 1982), it is impossible for people to be without an epistemology.

Bateson's idea implies that what we see is always a representation of the world; it is never the real world itself, but is a world constructed through imperfect sense organs. Keeney (1982) indicates that this representational process is recursive – “what one draws, one sees, and what one sees, one draws” (p.157). Therefore, a world follows from how one chooses to see things. These “rules” for ordering our perceptions into a meaningful reality constitute our personal epistemologies. Consequently, all people, including myself as a researcher, understand and behave on the basis of our underlying epistemologies.

### ***From the researcher's diary...***

At a practical level I have come to know that the term epistemology implies that my thoughts about truth and reality will influence the way I do research (and approach life) in general. I have realised the impact thereof on this study about forgiveness (and on any other endeavour), and therefore how critical it is for me as a researcher to be aware of my own ideas about forgiveness, unforgiveness, love, revenge, race, sexual preferences, gender, religion and many more issues embedded in personal epistemologies which may have serious implications for my research practices.

### **The basics: modernism, postmodernism and social constructionism**

Social constructionism has emerged within the ambit of postmodernism. Sey (1999, p.462) defines postmodernism as “a broad term for many different approaches that set themselves up in opposition [to the notion of a] coherence and rationality of the modern world”. Both modernism and postmodernism are broad epistemological stances that make certain opposing assumptions regarding the acquisition of human knowledge and reality (Becvar & Becvar, 1996).

Traditional western modernist approaches to psychology are based on a number of assumptions about people and the world, namely dualistic thinking, a subject-object split, a hierarchical structuring of reality, and the assumption that there is one, objective truth, independent of the observer (Bakker, 1999). Language according to a modernist worldview “is a medium of description or communication. We can describe objects or phenomena; we express ourselves and communicate with others. Language reflects reality” (Wilbraham, 2004, p.495). Freedman and Combs (1996) point out that language in the modernist world is seen as a reliable link between the objective (real) and the subjective (mental) worlds. It implies that that “real” world, “out there”, can be known accurately through the language link. Furthermore, Freedman and Combs (1996) argue that the “objectivity” claim of the modernist world results in ignorance regarding the specific, localised meanings of individual people, and in effect invites individuals into relationships in which they are passive, powerless recipients of knowledge and expertise.

By contrast, it is a general assertion of postmodernism that meanings are created, not discovered by observers (including researchers) (Hansen, 2004). Bakker and Snyders (as cited in Bakker 1999, p.168) indicate that a postmodern world is characterised by “a process of decentring and of a multiplicity of relationships, where each individual forms part of multiple communities and cultures, and where what is considered to be real varies between these contexts”. We shape our stories according to the groups we belong to and our social histories. Therefore it is in the process of narrating that we make sense of our lives (Drewery & Winslade, 1997). Hence, White (as cited in Freedman & Combs, 1996) emphasises the importance of cultural stories as powerful forces that determine the shapes of our individual life narratives. For that reason, a postmodern world is a world where gender, culture and power relations enter the centre stage (Bakker, 1999). This implies that all people are exposed to different realities all the time, and that they move between them continuously. In this

regard, Campbell and Ungar (2004) argue that we have to see the world as unknowable and undetermined, and can only come to know the world in an illusory way.

Freedman and Combs (1996) have adopted four ideas that relate to a postmodern world view, namely that

- realities are socially constructed as people live them;
- realities are constituted through language;
- realities are organised and maintained through narrative; and
- there are no essential truths.

The notion that realities are socially constructed as people live them implies that reality construction takes place in language, through interaction with other people and with the institutions of society. For postmodernists, language has a very important role to play in the world and the everyday life (Freedman & Combs, 1996). In the words of Anderson and Goolishian (as cited in Freedman & Combs, 1996, p.29) “language does not mirror nature; language creates the nature we know”. Thus according to a postmodernist world view, everything exists and happens in language. This has particularly important implications for research practices. If language is the primary “tool” in sense making, it means that meanings can be changed by the way we speak about things. Therefore, “what we say and how we say it, matters” (Drewery & Winslade, 1997, p.34).

This brings us to a core idea of postmodernism, namely that according to a postmodern world view there are no objective realities that can be known, and therefore there are no essential truths. Hence, the knowledge and beliefs that people have come to think of as representing “truths” about life are merely intellectual and cultural constructions of the world (Andrea, 2000). Nichols and Schwartz (as cited in Doan, 1998) also argue that postmodernism is characterised by a view that there are no realities, only points of view, and that it is interested in how different points of view organise people’s lives. For Foucault (Campbell & Ungar, 2004), an individual’s subjectivity is created through relationships with others. Campbell and Ungar (2004) suggest that social interactions define an individual’s personhood. So, to a postmodernist (and, in effect, to a social constructionist) there is no essential self that exists beyond social interactions. This resonates with a self-understanding underpinned by the notion that an individual is “someone in the world”. Within the space of what used to be

considered a single life, an individual in a postmodern society is challenged to live a multiple life with alternative selves (Andrea, 2000). That is why individuals understand that what happens to them in the world and the resulting stories they tell about themselves, including stories of forgiveness and unforgiveness, depend on their participation in collective conversations or discourses (Campbell & Ungar, 2004).

Foucault is one of the main contributors to postmodern thought (Agger, 1991). Discourse is a central concept in Foucault's work. A discourse can be defined as "a set of more or less coherent stories or statements about the way the world should be" (Drewery & Winslade, 1997, p.35). According to Scott (as cited in Weingarten, 1997, p.309) discourse is a "historically, socially, and institutionally specific structure of statements, terms, categories, and beliefs that are embedded in institutions, social relationships, and texts". Ungar (2004, p.489) describes discourses as "collective conversations taking place over time that privileges some descriptions of the world more than others". Similarly, Weingarten (1997) argues that discourses are social practices; they are organised ways of behaving, acting as the frameworks we use to make sense of the world and to structure our relationships with each other.

There are several discourses regarding forgiveness and HIV/AIDS (see Chapter 3). Because constructed meaning is related to a particular context – a religion, a culture and so on (Drewery & Winslade, 1997), words such as "forgiveness" and "HIV/AIDS" do not have meaning in themselves, but derive their meaning from the contexts in which they are produced or constructed. Hence, personal epistemologies regarding forgiveness and unforgiveness are informed by a mixture of unavoidable mainstream discourses for example, on mental health or political or religious discourses. Indeed, as has been mentioned before, what one sees one draws, and what one draws one sees. This implies that the conversational partners and the researcher can only know forgiveness and unforgiveness in ways that their language, co-constructed with others, will allow (Campbell & Ungar, 2004).

Some discourses become dominant and others are marginalized through the operations of these dominant "truths". This is also true on discourses of forgiveness. So, for example, Christian teachings regarding forgiveness and unforgiveness are the dominant truths in a Western religious context (Murphy, 2003). What can be said and who may speak within human communities are issues of power and thus dominance (Freedman & Combs, 1996;



White & Epston, 1990). In practice, those with less power have their worlds defined for them by those with more power, and they are denied the language to express their stories in the ways that are most meaningful to them (Unger, 2004). Hence, Doan (1998) indicates that social constructionism emphasises the power of social interactions in generating meanings that inform the lives of people within particular cultural groups and contexts.

Wadeley (2002) argues that discourses take place within a world of constant social, political and economic change. For Wadeley (2002), there is also a continuous interchange between constructions and the prevailing intellectual atmosphere and mood. Therefore, the interchange results in a partnership that sets the scene in which some ideas can flourish, but others cannot. This results in a constant change in constructions and ways of understanding across time and context.

Social constructionism is thus interested in broader patterns of social meaning regarding forgiveness, as encoded in language (Terre Blanche & Durrheim, 1999). This implies that social constructionism is as concerned with life worlds as it is with the construction of particular phenomena. It focuses on how meanings are generated and on how people construct reality. However, those who claim to have access to universal knowledge and realities are met with suspicion by postmodernists who are devoted to a world that consists of multiple realities.

### **Illuminating power**

According to the dominant understanding of power, power can be defined as “a negative force that restricts, controls, holds back” (Flaskas & Humphreys, 1993, p.40). For Foucault (as cited in Freedman & Combs, 1996, p.37) “language is an instrument of power, and people have power in a society in direct proportion of their ability to participate in the various discourses that shape society”. Foucault argues that there is an inseparable link between knowledge and power; therefore, the discourses concerning HIV/AIDS and forgiveness operating in a society determine what knowledge about HIV/AIDS and forgiveness is held to be true, right, or proper. This implies that those who control the discourse control knowledge (White & Epston, 1990).

According to Foucault’s view of power, those in power have various mechanisms to get their way. Furthermore, Foucault’s view of power is positive in its effects, instead of negative

oppressive and restrictive (Drewery & Winslade, 1997). Foucault uses “positive” and “negative” in a strictly neutral sense and does not differentiate “good” effects of power from “bad” effects of power (Flaskas & Humphreys, 1993). This power is productive in the sense that people’s lives are actually made up at the deepest levels through this form of power. This implies that any efforts to transform power relations in a society must address these practices of power at the local level – in everyday, taken-for-granted social practices (White, 1993).

According to White’s (1993) view of power, the techniques or “tricks” that this power utilises have an underground character, it is rarely a conscious phenomenon. The disguise is necessary because it operates in relation to certain norms or knowledges that are assigned a “truth” status and that will bring about preferred outcomes or descriptions, like fulfilment, liberation, individuation, and so on. These descriptions of these “desired” ways of being are illusory and prescribe people’s lives, relationships and ways of being (White, 1993). However, people do not see these prescriptions as the effects of a powerful discourse, but as the effect of personal needs and wants. This is what Foucault refers to as “technologies of the self” (White, 1993): “These truths are ‘normalising’ in the sense that they construct norms around which persons are encouraged to shape and constitute their lives” (White & Epston, 1990, p.19).

Foucault’s view of the power of discourses has serious implications for us. It implies that we live our lives according to the prescriptions of the dominant knowledges of our culture. This in turn has further implications, for example, for our ideas about the expression of forgiveness, unforgiveness, stigmatisation, homosexuality, gender, race (and many more). Foucault argues that the mechanism of power of discourse subjugates people and recruits them into activities that support the spread of “global” and “unitary” knowledges (Flaskas & Humphreys, 1993; White & Epston, 1990). This brings to mind the link between the techniques of power and the techniques of social control, techniques that “objectify” people.

According to White and Epston (1990), we are all caught up in this web of power/knowledge and it is not possible to escape it. We are simultaneously undergoing the effects of the power of discourses and exercising this power in relation to others. It is clear that power for Foucault is something intensely interactional:

Power cannot be seen as something in itself, but rather [it] ‘shows itself’ through the evidence that can be found in everyday interactions, in institutionalized social practices, in discourses, in the objects that are chosen for study, in the knowledges that come to exist, and in the subjectivities, or the ways we are able to think about ‘the person’. (Flaskas & Humphreys, 1993, p.40)

Hruby (2001) points out that socially constructed meaning is often taken at face value by members of a community as fact, reality, common sense, or otherwise as inarguably foundational. Burr (1998, p.17) argues that social constructionism makes us conscious of the diversity and difference in humanity: “I believe that it rightly cautions us against assuming that ‘we’ (whoever ‘we’ are) can legitimately speak on behalf of ‘them’ (whoever ‘they’ are)”. This implies that when “we” speak on behalf of “them”, we may be taking part in the imposition of collective identities on people which may not be in their interest and which they may wish to resist (Burr, 1998).

### **Conclusion: the researcher as a “discourse”**

The reader may ask: “How is the researcher related to the discourses operating in this study?” and “How does the power of (the researcher’s) discourses function in the research process?” Kiguwa (2004) points out that we attribute meaning to events, based on our experiences and the theoretical resources available to us. Experiences and theoretical resources available to us are intimately connected to life roles, pointing to individuals that are living multiple lives with alternative selves. This suggests that we (as we live our multiple lives with alternative selves) are constantly in interaction with various and changing resources (experiences and theoretical discourses) that inform our experiences, common sense and the diverse knowledge that we hold. These experiences, common sense and diverse knowledge are shaped (or “managed”) by our personal epistemologies (for example our religious, political and cultural views) and experiences. This shaping process is representative of a circular process.

To remind the reader, Weingarten (1997) says that discourses are social practices; they are organised ways of behaving, acting as the frameworks we use to make sense of the world and

to structure our relationships with each other. This brings to mind the idea that in effect an individual becomes a “discourse”, with “a set of more or less coherent stories or statements about the way the world should be” (Foucault as cited in Agger, 1991) that organises and structures his or her life and relationships (Weingarten, 1997). The idea of “an individual as a discourse” suggests that I will tend to present those discourses about forgiveness, unforgiveness and HIV/AIDS that I regard as organising and prescriptive ways of being.

We cannot avoid the effects of discourse and power. So, the question is what are the effects of those discourses (and the power that they exert) that I bring into this research process. Foucault (as cited in Flaskas & Humphreys, 1993) points out that discourses and power are so deeply embedded in the subject (in this case forgiveness and HIV/AIDS) that I have chosen to study and the knowledge that come to exist because they are underpinned by my perceptions about how the world should be. This implies that it is unavoidable for me as researcher not to exert some kind of power in the research study and to “set the tone” of the power dynamics that operated in the research process.

So, following is Chapter 3, the chapter that reviews discourses on the topics of HIV/AIDS and forgiveness. These are the discourses that inform my perceptions regarding HIV/AIDS and forgiveness matters. These discourses may also inform the reader’s perceptions regarding forgiveness and HIV/AIDS matters.

## Chapter 3

### Discourse review

*I carry in me now, a memory like blood, the shock of my own diagnosis,  
the long years of muteness and secrecy, the fears of fleshy failure,  
the allies I harboured and nurtured within of the stigmas and hatred outside.  
I know that I have AIDS. It is not just that I refuse to forget. It's that I cannot.  
Remembering is in me, like blood.*

(Cameron, 2005, p.214)

### **Psychosocial, spiritual and socioeconomic experiences and needs of people living with HIV/AIDS**

Living with HIV is something all the research participants have in common. Below, I look into some of the psychosocial, spiritual and socioeconomic implications and effects of living with HIV, as informed by dominant discourses. Reviewing the literature regarding the implications and effects of living with HIV, I have become aware of the almost endless and ever-growing list of negative effects of this situation. These effects not only reverberate in the life of the person living with HIV, but also in the lives of those who love and care for him or her. I am aware that each person living with HIV will find himself or herself in a unique space and will experience “living with HIV/AIDS” in a very different way, but also at times in very similar way to the ways others experience it. Somewhere between unique and common experiences, Van Dyk (2001) has summarised the following psychosocial, spiritual and socioeconomic experiences and needs of PLWHAs. It is important to note that, depending on personal constructions, living with HIV may include all the dimensions and needs (in different intensities) or just some of them.

#### **Fear**

HIV-infected people may have many fears. The most prevalent of these are fears of isolation, stigmatisation and rejection. Closely associated with these fears, there is uncertainty about the

future, a fear of death and sometimes a lack of knowledge regarding the management of HIV and HIV related problems.

### **Low self-esteem**

The self-esteem of HIV infected people is often severely threatened. Threats to their self-esteem include

- rejection by colleagues, friends and family, which can diminish their self-confidence, resulting in a loss of their social identity;
- an inability to continue in a career or to participate in social, sexual and loving relationships; and
- physical deterioration, like physical wasting and the loss of bodily strength and control.

### **Guilt**

People living with HIV may experience feelings of guilt and self-regret. These feelings of guilt may be a result of self-reproach for having contracted HIV, and for possibly having also infected others. The mere idea of the sadness that the illness is going to inflict upon their children, family or friends may also result in feelings of guilt. Previous unresolved events and conflicts that may have caused others sadness and pain are brought to the surface and may culminate in even greater feelings of guilt and anguish.

### **Denial**

Most HIV-positive people go through a phase of denial, which is an important and protective defense mechanism. The space created by the denial temporarily reduces emotional stress, and therefore provides a “place” to rest and to gather strength. However, if denial causes the individual to embark on destructive behaviour, denial should be confronted.

### **Anger**

HIV-infected people are often very angry with themselves and others. This anger is related to the fact that there is currently no cure for AIDS, as well as their uncertainty about the future. At an interpersonal level they are angry at those who have infected them, and at the societal level they are angry about the hostility and the attitudes of indifference that they frequently encounter.

## **Anxiety**

The chronic uncertainty associated with the progress of an HIV infection often intensifies feelings of anxiety. HIV-infected people often experience anxiety because of the prognosis of the illness, the risk of infection by other diseases, the risk of infecting loved ones with HIV, social, occupational, domestic and sexual hostility and rejection, abandonment, isolation and physical pain, a fear of dying in pain or without dignity, an inability to alter their circumstances and the consequences of the HIV infection, uncertainty about how to keep as healthy as possible in future, fears about the ability of loved ones and family to cope, worries about the availability (or unavailability) of appropriate medical treatment, a loss of privacy and concerns about confidentiality, future social and sexual responsibility, their declining ability to function efficiently, and their loss of physical and financial independence.

## **Depression**

Self-blame and experiences of excessive loss are the roots of depression in people living with HIV. Concurrently, the following factors may also increase the depression: the absence of any cure and the resulting feeling of powerlessness, knowing others who have died of AIDS, as well as the loss of personal control over their lives.

## **Suicidal behaviour and thinking**

Suicidal behaviour and thinking are fuelled by anger that is directed inward. It is understood as a way to avoid pain and discomfort and to lessen of the shame and grief of loved ones, and as a means of obtaining control over one's illness.

## **Obsessive conditions and hypochondria**

Obsessive or hypochondrical behaviour may be present in some HIV-infected individuals as a result of a preoccupation with their health.

## **Spiritual concerns**

Their confrontation with death, loneliness and a loss of control motivates people living with HIV to ask questions about spiritual matters. This may include questions about the concepts of sin, guilt, forgiveness, reconciliation and acceptance.

## **Socioeconomic issues**

Socioeconomic and environmental problems are regarded as important factors contributing to the psychosocial problems that people living with HIV may experience. This includes a loss of their occupation and an income, discrimination, social stigma, relationship changes, and changing requirements for sexual expression. Financial hardships may result in an inability to afford the anti-retroviral therapy that might give them a longer lease on life. Therefore, their perception of the level and adequacy of social support may also become a source of pressure or frustration when such support is most needed.

## **Loss**

The theme of loss touches every aspect of the life of an HIV-infected individual. Such a person may experience a loss of control and of independence, of personal ambitions, physical attractiveness, sexual relationships, status and respect in the community and financial stability. This implies that these persons may fear the loss of the ability to care for themselves and their families, and may also fear losing their jobs, their friends and family.

## **Grief**

Profound feelings of grief may be present due to the losses people living with HIV experience or anticipate. They may grieve at many levels, for example, grieve for their friends who die from AIDS, and grieve with and for their loved ones who must stay behind and try to cope with life without them.

According to Spy (2004), forgiveness links with the typical stages of loss and grief. Once people have struggled through feelings of grief for the wrong they have suffered, they can begin to move on. Kubler-Ross (as cited in Spy, 2004) has identified five stages of grief: denial and isolation, anger, bargaining, depression, and finally acceptance. Although it has been argued that each grieving individual may pass through these stages in different sequences and spend a different amount of time in each stage, psychologists agree that there are several stages which most individuals encounter.

Spy (2004) suggests that forgiveness finds its natural place when depression has passed, therefore implying that it comes before acceptance is achieved.



## Social constructions of HIV/AIDS

Although these are not the main focus of this study, there are several social constructions of HIV/AIDS. As nothing in the world exists in isolation, I assume that the social constructions of HIV have an impact and inform constructions regarding forgiveness and unforgiveness held by the conversational partners. Hence, a brief overview is provided of some social constructions of HIV. The reader will also notice that regardless of the individual psychosocial, spiritual and socioeconomic experiences of people living with HIV, several discourses continue to operate in society. “Discourses, [. . .] have powers, and cannot just be discarded and replaced by other discourses” (Terre Blanche & Durrheim, 1999, p.161).

According to Huber (1996), a host of metaphors and a lot of misinformation arise when HIV/AIDS is discussed. Concerning an item of misinformation in the South African context, Gerhard V (electronic communication, October 20, 2005) comments that he heard on *Special assignment* (an actuality programme on SABC3) that it is a rumour and a myth perpetuated by the media that black men believe that having sex with a virgin would cure them from AIDS.

For Grove, et al. (1997), HIV/AIDS is a socially constructed condition, although HIV is considered to be the etiological factor responsible for AIDS. Campbell, Corea and Treichler (as cited in Grove et al., 1997) point out that definitions of illness are ultimately cultural products, and that their meanings are influenced by social attitudes and cultural stereotypes. In line with this, Misztal and Moss (in Grove et al., 1997) have noticed that the exact definition of AIDS has varied significantly over time and across institutional boundaries.

Beaudin and Chambre (1996, p.685) mention that, many changes in the biological and social constructions of HIV/AIDS have occurred as a result of the following factors:

- a greater understanding of HIV and its associated processes;
- improved capacity to apply existing and new therapeutic interventions to affect the course of HIV infection and AIDS;
- a longer survival time between a diagnosis of being HIV positive and the onset of AIDS, and between a diagnosis of AIDS and death; and
- changes in the social and demographic characteristics of people living with HIV.

AIDS was first known as the “pink plague” when only homosexuals seemed to be vulnerable to the infection, and many viewed the disease “as the modern plague” (Gomez, 2002; Parmet & Jackson, 1997). The sense of safety enjoyed by heterosexual male and the female population were soon proved as an illusion by public health evidence. Concurrently, Grove et al. (1997) point out that the evolving social construction of AIDS resulted in the association of certain risk groups with the disease, because of their sexual orientation, drug use, race or class. Moreover, another process simultaneously developed with the risk group constructions, namely a process of exclusion. This implies that anyone who was not already at risk, according to existing group affiliation, was excluded from the public discourse surrounding AIDS. This process resulted in later stage diagnosis, with severe health consequences, for the excluded groups of people (for example women). It was only during the 1990s, when the virus began to spread principally by heterosexual transmission, that it was admitted that HIV does not distinguish in terms of sex, age, race, social status or sexual preference. It stripped away the false sense of security of those who are far removed from the so-called risk groups, namely homosexuals, sex workers and injecting drug users (Gomez, 2002).

Rosenberg (as cited in Beaudin & Chambre, 1996) mentions initially that “victims” of HIV infection were stigmatised because their illness was perceived to be a consequence of their deviant, immoral or sinful behaviour. Weitz (1991) also indicates that the social construction of HIV as a deserved punishment had cruel consequences for those affected by the disease. As a result, families have rejected their ill relatives, employers have fired their employees, friends have abandoned friends, and so on. Moreover, this social construction has led to depression and self-hatred among those who are living with HIV and who have concluded that they deserve their fate and to bitterness amongst those who feel they did not.

Parmet and Jackson (1997) indicate that a second social construction of HIV disease has begun to take hold. They state:

Now, as the epidemic matures and new ‘miracle treatments’ are heralded the disease is beginning to conjure a very different set of images. Where once AIDS was dreaded as the inexplicable cataclysm of the end of the millennium, now, as the virus appears amenable to treatment, we are beginning to see the disease as something both preventable and controllable, no longer beyond human direction. And, where the

disease was once synonymous with death, disability, and decline, we now witness stories of miracle recoveries and long-term survival. (p.7)

Such a construction of hope emerges from the story of Thobani Ncapai. He grew up in South Africa's Eastern Cape province, and was diagnosed with HIV in 1997. Thobani struggled to come to terms with his HIV status and when he thought about HIV, he pictured the fatally ill who are abandoned by loved ones and are left to fend for themselves (McClure, 2005). However, as he received counselling and met with other HIV-positive people, he eventually accepted his status. He saw that there are many people who are HIV-positive, so he decided not to lose hope: "They told me that if you are HIV-positive, it is not the end of life; it's a part of life" (McClure, 2005). Readers who are interested in reading more about hope in the context of HIV/AIDS, can consult various texts, for example Hall (2002), Oliver (2005) or Rösch (2002).

### ***From the researcher's diary...***

I cannot help but question the progress made regarding the successive social constructions of HIV/AIDS. Although a more hopeful picture has been sketched for people living with HIV, there are still indicators that it might not be the full picture. A local newspaper, (Africa News Service, 2004), quoted Dr Nkosazana Zuma, former Minister of Health, as saying:

We must make a concerted effort to remove stigma... This should start with an acknowledgement and acceptance that anyone can contract HIV – it does not discriminate in terms of gender, geographical location, the length of a relationship with a particular partner, or [the] social status of the partner.

It is not difficult to notice the remarkable similarities between Dr Zuma's remark, and the later versions of the first social construction of HIV/AIDS. *The Africa News Service* (2004) reports that during recent World AIDS Day commemorations, Dr Zuma commented that stigma was fuelled by a poor understanding of the pandemic, by prejudice and sensationalist media reporting, social fears about sexuality, and fears

relating to AIDS-related illness and death. In a way this still reminds us of the first social construction of HIV/AIDS, but at another level. It seems that, although the social construction of HIV/AIDS has changed and has become more hopeful at the physical (biological) level, it still has not changed much on the societal level (stigma and discrimination, construed to be part of the discourse), which implies that it still continues to have a “cruel” and marginalising character. Therefore, perceptions of subsequent social constructions of HIV/AIDS are indeed in the eye of the beholder.

I want to believe that the dominant social constructions (discourses) regarding HIV/AIDS in a specific community are an influencing factor in one’s decision to live openly with HIV or to protect one’s status. It is interesting to note that all the homosexual research participants are living openly with HIV, while the female heterosexual conversational partners prefer to protect their status. Camilla (personal communication, July 12, 2005) has pointed out that there is much more blame in the heterosexual community regarding an HIV-positive status. Therefore, I want to hypothesise that there are still different constructions regarding HIV/AIDS operating in different (homosexual *versus* heterosexual) communities. Furthermore, in this study, the homosexual research participants have on average, a higher educational status than their heterosexual counterparts, which might also expose them to different discourses regarding HIV/AIDS that might influence their decision to reveal their status or not.

Gerhard V (electronic communication, January 16, 2006) comments that due to the local nature of experiences around HIV/AIDS, it would be dangerous to assume that the second wave of social constructions holds true for all people. This new construction then again becomes a powerful discourse that excludes and possibly oppresses people. Gerhard V is also of the opinion that we can never become complacent. He thinks that the second wave is probably based on the observation of a first world (local) context.

## **Social constructions of forgiveness**

### **Forgiveness is in the air**

Forgiveness is in the air – public figures making public apologies, movies depicting loving kindness offered to murderers, and psychotherapy programs promoting

forgiveness in individuals as well as in marital couples. It is a gift, an offering, a blessing, a cleansing event. Professionally speaking, within the field of psychology the literature on forgiveness has arisen with little criticism and developed without the generally accepted process of hypothesis testing in a neutral context. Rather than neutrality, there has been an almost wholesale acceptance of forgiveness as a virtue and, because of this, [there is] little concern about advocating forgiveness in psychotherapy. (Lamb, 2002, p.3)

A brief overview of specific discourses concerning forgiveness is set out below. I have chosen those contextual discourses regarding forgiveness that are most obvious (for me anyway) in their operation in society. The decision to present the discourses under discussion was not only motivated by my own perceptions concerning dominant forgiveness discourses, but also by my noticing (during the work phase with the data) which discourses have informed the constructions of the research participants.

### **The mental health context**

According to Haaken (2002), the literature on forgiveness in the mental health arena is dominated particularly by cognitive approaches that focus on the conscious and intentional processes of the mind. Models fuelled by these approaches assume a contractual approach to resolving conflict, whereby the aggrieved party has the privilege of giving a ruling under the terms of which a guilty party may be released from an emotional debt. Lamb (2002) mentions that many of the goals of forgiveness counselling today have their roots in cognitive-behavioural approaches, such as those based on the methods of Albert Ellis, Albert Bandura, Aaron Beck and Martin Seligman. This refers to the step or stage process toward forgiveness, the encouragement of benevolent attitudes, and the reframing of negative thoughts. Lamb (2002, p.4) provides a critical stance towards the step or stage approaches concerning forgiveness:

Advocates believe that if one changes the way one thinks about one's pain, one's perpetrator, and one's injury a person can forgive and that this act, this change of heart, this new way of thinking about one's injuries can bring about happiness and

contentment. The belief is that a person has the freedom to choose to forgive, to think differently, and to feel differently.

By contrast the psychoanalytic approach directs attention to unconscious processes. So, “the concept of the dynamic unconscious suggests a realm of mind resistive to the demands of external reality, particularly to demands that conflict with infantile fantasies and desires” (Haaken, 2002, p.173). Lamb (2002) points out that the cognitive-behavioural approach originates in a clinical setting and is therefore regarded as a more scientifically based practice. As a result, it sets itself up in opposition to “softer” (less scientifically based) practices, such as psychoanalysis and humanism. Lamb (2002, p.4) also mentions that “cognitive-behavioral theorists like Seligman and Csikszentmihalyi (2000) frequently belittle humanistic psychology in particular, saying it spawned a ‘myriad of self-help movements,’ a psychology of ‘victimology,’ a legacy of ‘crystal healing, aromatherapy,’ and books that help one find one’s inner child”.

Forgiveness that is closely affiliated with reparation and reconciliation operates at the level of group and community life (Haaken, 2002; Murphy, 2003) and is associated with the notion of restorative justice (for victims of crime and in the aftermath of political violence) (Masters, 2004; Moosa, Straker & Eagle, 2004).

Haaken (2002) mentions that, in reviewing the literature, he was struck by the extent to which typologies and categories dominate the discourse. Typologies and categories refer to distinctions between premature, pseudo-, intentional, decision-based and other types of forgiveness, like decisional and emotional forgiveness (Haaken, 2002; Lewis & Adler, 2004). In this regard, Haaken (2002, p.173) argues:

Classification is, of course, a means of ordering and making sense of the world. But classification systems also may serve as a defense against unsettling areas of ambiguity. The social science literature is a fertile ground for generating categories, which may easily be confused with real understanding. Forgiveness, like love, is suggestive of the noble and the good, just as hate, revenge, and violence evoke their opposites.

Moreover, Haaken (2002) argues that when we enter the complex matrix of human encounters, these social scientific categories and their associated moral loadings are not easily cordoned off into specialised functions. Consequently, this culminates in a disturbing uncertainty about how to transform “the bad” into “the good”.

### **The religious context**

A brief overview is given below of some religious discourses that immediately come to mind when I think about the South African context. I am aware that there are several religions in South Africa and therefore as many religious perspectives on forgiveness and unforgiveness as religions. Due both to the limited scope of the study and my limited knowledge regarding the different religious systems, I was almost tempted to only present an overview of the Christian tradition. This was partially motivated by the fact that Christianity is the only religion of which I have more than superficial knowledge, but most of the research participants also come from some Christian background. However, that would have been unfair and untrue to the character of postmodernism that advocates that all people find themselves in a space where there is an ongoing interchange between different realities, and therefore exposure to various inputs (religion, politics, and so on). Hence, I decided to focus on Christianity, Buddhism and Islam due to their level of visibility in contemporary South African society.

#### ***Christianity.***

According to Enright and Fitzgibbons (2000, p. 258),

literature from the ancient world, especially from Hebrew, Christian, Islamic, Hindu, and Buddhist viewpoints, illustrates that forgiveness occurs within the context of moral right and wrong, involving reduced resentment and increased compassion and moral love, culminating in transformation.

Enright and Fitzgibbons (2000) point out that the monotheistic traditions of Jewish, Christian and Islamic faiths unambiguously connect forgiveness from God with human wrong or sin. In this regard forgiveness is seen as one specific response by a holy God to re-establish harmonious relations with people who have done wrong.

Walker and Gorsuch (2004) indicate that the Christian basis for forgiveness is embedded in the redemptive life, death and resurrection of Christ. Meek and McMinn (as cited in Walker & Gorsuch, 2004, p.12) explain that

forgiveness in the Christian Scriptures is much more than religious ritual. It's a progression of healing where people are confronted with the grace and mercy of God, despite their continual failure to deserve it. They learn to proffer the same grace and mercy to others in full awareness of their own fallibility.

In this regard, Gerhard V (electronic communication, October 20, 2005) is of the opinion that in order to forgive, we are asked to be like God, or to be God-like, which he suspects makes it a human impossibility. He points out that his comment links up with the idea expressed in Chapter 1 that we confuse forgiveness with other constructs. One possible reason for that may be our attempts to lighten the incredible weight that a demand for forgiveness places on us as fallible humans. Furthermore, he states that, taking this argument further, one can probably argue that the best we can do as fallible humans is to strive towards forgiveness, knowing that we can never, here on earth, actually achieve it in its pure Godly sense.

As mentioned before, words are important and derive their meaning from a prevalent cultural context and mood. Therefore, Enright and Fitzgibbons (2000) point out that in the Hebrew Bible, the word *salah* refers to God removing sin from the people. *Aphiemi* seems to be the most frequently used ancient Greek word for forgiveness in the Christian Bible. *Aphiemi* implies that God removes sin and re-establishes unity with the people following their repentance and acceptance of Christ's saving act of redemption. A forgiven Jew and Christian are both expected to forgive others:

And even if he sins against you seven times in a day, and turns to you seven times and says, I repent [I am sorry], you must forgive him (give up resentment and consider the offense as recalled and annulled) (Luke 17: 4, *The Amplified Bible*, 1987).

According to Ransley (2004a), a readiness to forgive and to be forgiven is central to Christianity, based on God's love and forgiveness offered to Christians. Therefore, forgiveness becomes a responsibility, a way of being open to and of accepting God's love.



Furthermore, Christian forgiveness functions independently from the repentance of the wrongdoer, as is demonstrated by the last words of Jesus Christ on the cross: “And Jesus prayed, Father, forgive them, for they know not what they do” (Luke 23:34, *The Amplified Bible*, 1987). According to Walker, and Gorsuch (2004), little is offered in the Bible in terms of how to actually complete the forgiveness process. They add that the way in which people actually complete the process of forgiveness has been a matter of speculation, both in the fields of psychology and theology.

### ***Buddhism.***

Buddhism as a philosophical system does not have a specific word for forgiveness, although the word “loving-kindness” usually encompasses forgiveness (Enright & Fitzgibbons, 2000). Buddhists seem to utilise stories to illustrate the virtues of compassion and forgiveness, where these virtues are usually preceded by cruelty. In one such story, “a Buddhist is caught instructing the king’s harem on the fine points of philosophy. The enraged king binds and whips the ascetic, who, even near death, displays no anger but instead wishes the king well” (Enright & Fitzgibbons, 2000, p.259). This implies the Buddhist notion of forbearance (patience and self-control) involves both enduring a wrong and renouncing anger towards someone who has offended you (Ransley, 2004a). Hallisey (in Ransley, 2004a, p.12) links forbearance, compassion and pity to the Buddha’s First Noble Truth that “all this [life] is suffering”. This provides a vehicle for the Buddhist to end suffering, through compassion (the crucial component) and pitying the wrongdoer. The shame that the wrongdoer may feel has the potential to elicit a changed attitude, something that is highly valued by Buddhists. For a Buddhist forgiveness does not depend on the wrongdoer’s repentance or expressing remorse. This is in line with Gerhard V’s (electronic communication, October 20, 2005) previous opinion – he suspects that forgiveness for a Buddhist would be easier the further he or she is on the road to enlightenment, which also implies that the more God-like a Buddhist is, the easier forgiveness becomes.

### ***Islam.***

The Koran is Islam’s primary book of instruction. Allah is seen as all-pardoning and all-forgiving. Forgiveness is reached if a believer has faith, repents, and then does good works. Therefore, a Muslim believer is to follow Allah’s expression of morality (Enright & Fitzgibbons, 2000), because Allah values forgiveness and it helps repair relationships (Rye, Pargament, Beck, Dorff, Hallisey, Narayan & Williams, as cited in Ransley, 2004a).

According to Ransley (2004a), those who forgive instead of retaliate can expect a special blessing from Allah (God). For a Muslim, forgiveness is offered to the extent that individuals desire to be forgiven themselves.

### ***From the researcher's diary...***

As mentioned in the discussions about social constructionism, it is not hard to grasp that discourses inform us about and regulate acceptable social practices, like the appropriateness of forgiveness and the expectation that we need to forgive. Therefore, discourses about forgiveness can be seen as a necessary regulatory yardstick in society. This implies that society would be potentially dangerous and chaotic (it is in any case dangerous and chaotic in many ways) if it was not for phenomena like forgiveness, peace and so on. This is “true” at an individual as well as a societal level.

However, reviewing the literature and becoming aware of how different contexts create different requirements for forgiveness, I wondered about the impact that the different requirements have for the person on the street. The average person on the street is sometimes bombarded by the notion that forgiveness happens in the social and individual spheres, and the ease with what it is sometimes claimed to happen. Simultaneously, people are exposed to individual success stories of forgiveness, forgiveness concerning things that I would have expected to be almost impossible to forgive. However, few people speak about the “in between”: hurt – “in between” – forgiveness (or letting go?). Therefore, I can only hypothesise about the pressures exerted on individuals to forgive in the face of all the success stories. When I am saying this, I do not want to create the impression that I am against any form (individual or public) of forgiveness, but rather I want to intentionally open up a space to think about what the “ease” and “missing parts” communicate. Gerhard V (electronic communication, October 20, 2005) comments that what seems to be a good thing can become either superficial or oppressive.

When I witness some of those success stories or read a “quick guide” to forgiveness, I cannot help asking whether there are also other people who once experienced (or are experiencing) forgiveness as a bit more challenging. This also implies asking questions

about one's own capacity to forgive, and what one knows about the dynamics and implications of forgiveness and unforgiveness.

In addition, I have noticed how little people know about forgiveness, except that they have to forgive, regardless of the fact that forgiveness is portrayed and valued as something important in society. Musing about the issue brought to my attention that prominent institutions in society (such as churches where by implication controlling discourses about forgiveness in the religious context), do not teach much about forgiveness as such, except that one needs to forgive. Therefore, when people struggle to forgive, it is possible that they might experience guilt because of their struggle to do, something that is supposedly easy. This may culminate in some sort of rebellion against forgiveness, leaving it as something reserved for those "more spiritually advanced" or quick fix forgiveness, only to discover later that it never happened.

### **A few closing words**

Much more can be said about the social discourses concerning HIV/AIDS and forgiveness. Due to the limited scope of the study, I only attempted in the preceding session to point to some of the complexities and misconceptions about HIV/AIDS and forgiveness in society.

Although forgiveness has diverse meanings in different contexts, "the meanings" tend to point in the same direction. Therefore, I am using Hallowell's (cited in Lewis & Adler, 2004, n.p.) words to conclude Chapter 3 and Part 1, namely that "the message is the same, whether it's [forgiveness] couched in the language of Christian charity, clinical psychology or the wisdom of Confucius, as quoted by: 'If you devote your life to seeking revenge, first dig two graves'".

## PART II

### MODUS OPERANDI

*The single adequate form for verbally expressing authentic human life is open-minded dialogue. Life by its very nature is dialogic. To live means to participate in dialogue: to ask questions, to heed, to respond, to agree, and so forth. In this dialogue a person participates wholly and throughout his [sic] whole life: with his eyes, lips, hands, soul, spirit, with his whole body and deeds. He invests his entire self in discourse, and this discourse enters into the dialogic fabric of human life, into the world symposium.*

(Bakhtin, as cited in Mkhize, 2004, p.53)

## **Chapter 4**

### **Strategy of the research study**

#### **Introduction**

Social constructionism as a qualitative research strategy provided the researcher and research participants with a platform for co-constructing meanings regarding the dynamics of forgiveness and unforgiveness. Masa (as cited in Mokhoka, 2000) points out that qualitative research designs are investigative methods used to investigate the nature of social phenomena. This has two implications. First, it implies that the research design seeks to gain insight by discovering meanings attached to a given phenomenon, such as forgiveness (Mokhoka, 2000). Second, it suggests that insight will be gained through language (Miles & Huberman as cited in Mokhoka, 2000). At a practical level, this means that researchers study social settings, motives and meanings, actions and reactions, organisations, culture, individual's daily activities and the negotiation of different roles within the contexts of everyday life (Rothe as cited in Mokhoka, 2000) as constructed by language. Thus, a qualitative approach, drawing on social constructionism, has the potential to supplement and rearrange our current ideas about descriptions regarding forgiveness, with the focus on the HIV context.

#### **Research participants as conversational partners**

Conversation is a basic mode of human interaction. Human beings talk with each other – they interact, pose questions, and answer questions. Through conversations we get to know other people, get to learn about their experiences, feelings, and hopes and the world they live in. (Kvale, 1996, p.5)

The term “conversational partners” is used in this study to refer to the research participants. According to Bourdeau (2000), there are structural similarities between qualitative research and therapy, such as interviewing (dialogue/conversation), responsible listening and the

asking of probing questions. This relates to reflective conversations (Halling, Kunz & Rowe, 1994, p.111), which are “discussions between people who are working together and engage in a search for a level of understanding that will be beneficial to the community as well as illuminating in a theoretical sense”. This implies that what is known is a result of the interaction between people (Halling et al., 1994). This suggests that research is a conversational process, and would not be possible without conversational partners.

### **Research design**

This study departed from a point where nothing was known to me as the researcher about the conversational partners, and moved to a point of a co-created context from whence I could describe how the conversational partners have conceptualised, understand and use forgiveness and unforgiveness.

Berger and Luckmann (as cited in Guterman, 1996, p.228) note that

social constructionism holds that it is not possible to determine whether or not knowledge is an objective reflection of the world; instead, it views knowledge as a linguistic creation that is informed in the context of social interchange.

This implies that our co-constructed ideas and thoughts about forgiveness and unforgiveness are linguistic phenomena (rather than objectifications) that are co-created in the context of the relationship between the researcher (conversational partner) and the conversational partners. Therefore, from a social constructionist perspective, I understand that it is not possible to separate myself from what I have been part of, and thereby to attain an objective view. It rather implies that I understand myself as a significant co-creator of the language-determined system we operate in, and therefore as an essential part of the process of creating constructions of forgiveness and unforgiveness, as suggested by Guterman (1996).

Design elements in qualitative research are usually worked out during the course of the study. Therefore, I have decided to rely on Eksteen’s (as cited in Mouton, 2001, p.195) approach, namely of “keeping on target, while hanging loose”. It was necessary to do so to familiarise

myself with the topic and to generate ideas and questions that could be explored later in the research process.

This brings me to the concept of units of analysis, in other words, on what or who I want to draw conclusions (Durrheim, 1999). Durrheim (1999) points out that the unit of analysis plays an important role regarding the selection of the conversational partners, data collection and the type of conclusions that can be drawn from the research.

The unit of analysis in this study can be regarded as the co-constructed knowledge (conversations) regarding forgiveness and unforgiveness between the different conversational partners (researcher-conversational partners and researcher-literature). Understandably, this implies that the co-constructed conversations serve as the data for this study.

### **Selection of the conversational partners**

Stake (2000) indicates that the individual conversational partners

in the collection may or may not be known in advance to manifest some common characteristics. They may be similar or dissimilar, redundancy and variety each important. They are chosen because it is believed that understanding them will lead to better understanding, perhaps better theorizing, about a still larger collection of cases. (p.437)

The use of routine sampling procedures is impractical in a society such as South Africa where people living with HIV are a hidden population. According to Weinberg (as cited in Mouton, 2001), when the parameters of the population cannot be known, neither a random nor a representative sample can be drawn. Because of limited access to people living with HIV, sampling was purposive rather than representative. Recruiting conversational partners on the basis of their availability is referred to as convenience or opportunistic sampling (Lindegger, 1999). However, Denscombe (1998) mentions that in a study like this one, the conversational partners tend to be chosen deliberately, because they have some special contribution to make, have a unique insight or hold a special position. Ockert from Caritas Care reported (personal communication, June 28, 2005) that he selected conversational partners (for more

information see the section on “Introduction to the conversational partners”) to give me the opportunity to study both the phenomena forgiveness and unforgiveness.

The non-random selection of the conversational partners presupposes that the findings cannot be generalized. Durrheim and Wassenaar (1999) argue that constructionist researchers do not seek generalizable findings, but rather transferable research findings. Those transferable findings have the potential of illuminating the phenomenon of forgiveness in the context of HIV.

Noteworthy and equally influential are the other “participants” in this study, namely myself as the researcher, and the academic discourses (literature) available on the topics of forgiveness, HIV and social constructionism that serve as a platform for this endeavour. Inevitably, I had to depend (and still so) on my own blueprint regarding forgiveness and unforgiveness issues. Hence, my own constructions regarding the matter under discussion have to be kept in mind. Therefore, I also reflect on the changes that have occurred in my constructions as a result of the study. At the same time, an array of academic discourses exist regarding forgiveness, HIV and social constructionism. I devoted Chapter 3 to the above topics, selecting those “co-created conversations” (a result of the conversation between myself and the academic discourse) that are relevant for this study.

### **Criteria for the choice of conversational partners**

According to Kelly (1999a), the following criteria are important when participants are expected to describe their personal experiences of a phenomenon, such as forgiveness:

- personal experience of what is being researched, thus living with HIV and attempts at forgiveness or a lack of attempted forgiveness;
- good communicative skills (the ability to describe the experience in detail);
- openness and non-defensiveness; and
- an interest in participating and the perception that it may in some way be of value to participate.

Additional factors that determined the participants’ inclusion in the study were that all the conversational partners chosen have been living with HIV for two years or longer. This was assumed to have allowed these individuals to develop or attempt restorative and forgiving



thoughts and feelings (Von Krosigk, 2000). However, the study was limited to people living with HIV. Therefore, it did not include people in the full-blown AIDS phase. The reason for that decision is that people living with full-blown AIDS may suffer from memory and concentration loss, mental deterioration and confusion (Brouard, Maritz, Van Wyk & Zuberi, 2004), which may influence the trustworthiness of the findings. Freeman (2004) points out that most studies have found an increase in neuropsychological deficits that coincides with the progression of the disease. Delirium has an increased occurrence in late stage HIV, and “AIDS mania” is a well-described phenomenon.

### **The number of conversational partners**

The number of conversational partners to be used in this study was not predetermined. After I met with resistance from several gatekeepers (those who access control to people) regarding the recruitment of conversational partners, I was worried about how I would be able to recruit enough conversational partners for my study. Therefore, I attempted to obtain conversational partners through various existing channels, namely churches, organisations and support groups for people living with HIV, the military and university forums.

As a start, I approached a pastor (Dr A, electronic communication, May 18, 2005) from a congregation in a middle class suburb of Pretoria regarding the possibility of advertising my research invitation in the usual Sunday announcements. His response was swift, and with no fuss, my invitation was placed and announced. Based on this experience, I decided to target other predominantly white Afrikaans-speaking churches in my geographical area, and later in the bigger Pretoria region. I was taken by surprise when my request was refused by many of these churches. In reaction to my request to include a research invitation (see Appendix A) in the Sunday announcements, several churches responded that they do not accommodate requests from outsiders. Another response from a pastor was that his church members are tired of researchers’ approaching them regarding research, and that they are in effect swamped with such requests. In hindsight, I could not help but speculate that many of the proverbial white Afrikaans-speaking gatekeepers of the different churches were scared of the idea that they might have church members that are HIV-positive.

### ***From the researcher's diary...***

Gerhard V (electronic communication, October 20, 2005) suggested that I reflect on the different discourses at work that may have motivated several pastors to refuse my request. Something that came to mind was that the church, notably the Dutch Reformed Church, is in general reluctant to speak out about HIV/AIDS-related matters for various reasons that are not part of the scope of this study. However, thinking particularly about the church's willingness to grant permission for my request reminded me that (aside from my being a member of the church) as a macro church community, the church has made a shift and has adopted a different working approach (body model) in contrast to the traditional approach (a pastor-herd model). According to the traditional model, the pastor is solely responsible for all the church members. However, in line with the body model, the church community is a network with an underlying coherence where every person has an equal contribution to make. Therefore, the network implies an equal level and not a hierarchal structure, requiring community and responsible community members. This entails a shift away from the traditional model where the pastor has to take care of all the community members, to a place of trust and empowerment within the community network. Therefore, my argument is that, within this model, it is natural for the church to regard a researcher from its own corps not as a threat to the church community, but as someone who can make a valuable long-term contribution to the community, even though this is within the framework of a temporary time arrangement.

I decided to consult with Dr A from the church (electronic communication, November 14, 2005) regarding the correctness of my interpretation concerning the shift in approach. As a result, he gave me another (enriching) perspective regarding the matters under discussion that I would like to share with the reader.

According to Dr A (personal communication, November 16, 2005), the body model is thoroughly embedded in Biblical principles (see 1 Corinthians 12 and Romans 12). It operates from the tenet that all the church (community) members (or body parts) have gifts (talents) that can be used to build the church (community) (body). In religious terms, it is Jesus Christ who builds a healthy body – the church (members). Therefore, “health” resembles life and “sickness” resembles deterioration and ultimately death if no healing takes place.

In this regard Dr A used a medical metaphor to describe the phenomenon. He equated the pastor-herd model to emphysema, a sickness of the lungs that prevents the body from exhaling that ultimately results in death. The rationale can be found in the argument that a pastor is only a pastor for his or her own herd (church – church members), therefore the church continues to be exclusive (isolated and scared of difference), and in a way secretive. In effect, the body is poisoning itself, due to the closed system (the recirculation of old air).

However, by contrast, he equated the body model to asthma, also a sickness of the lungs. Although the lungs are not in perfect condition, the body is still able to inhale and exhale, which implies an open system. Therefore, it requires the contemporary church to be open to difference (this is one of the tests of a contemporary church), and to open its arms to the community. As Jesus built the church in an atmosphere of love, so the church's task is to build the community in love. Love in this context aims to facilitate healing in Christ, resulting in sense and meaning making. Therefore, when church members are regarded as responsible church members with gifts, the church is empowered. For that reason the empowered church has the capacity to “exhale” into the community to “give life in abundance”.

However, it is just fair to acknowledge that the same model that has the potential to give life in abundance (positive power), also has the potential to result in death (negative power) if it is not managed with love and insight. In organisational terms, this requires skilful leadership. In my opinion these (pastor-herd and body) models basic operations can be extended to systems in general (for example families, organisations, governments and so on).

### **The number of conversational partners (continued)**

I also approached OUT LGBT Wellbeing, an organisation which provides physical and mental health services to lesbian, gay, bisexual and transgender people, as well as doing both mainstreaming (for example education and training in various contexts) and research work. The spokesperson from OUT, Toni Kruger (personal communication, May 13, 2005) was very accommodating and granted me an interview after our initial telephonic conversation. When I arrived at OUT, I realised that Toni was going to have a formal interview with me. It was the first time that it really dawned on me that I had to impress (“impress” can mean a lot of things, for example I have to present myself as open-minded, be knowledgeable about

HIV/AIDS and so on) the gatekeepers in order to get access to “the people”. She bombarded me with her questions, and those questions helped me to broaden my thinking regarding specific aspects of the study.

### ***From the researcher’s diary...***

I was fortunate to have the OUT experience in the early stages of the research project, because it prepared me in many ways for what was to come. On my way to OUT, I thought about my appearance and surname, in actual fact, my whole personhood, and the effect that it was going to have on my request. I am referring here to my rather conservative appearance and my idea that the Van der Walt surname (clan) has definite connections with the old apartheid era of South Africa (I supposed that apartheid in this context implied apartheid in more than one way, for example in terms of sexual orientation and race).

The spheres (predominantly Afrikaans conservative) in which I had operated until quite recently, had given me little practical exposure to lesbian and gay matters, leaving me with little experience to draw from. As a result of information overload and societal tactics to ease things for ourselves, my drawing on stereotypes was almost unavoidable. Therefore, I was wondering what perceptions an “alternative” organisation like OUT would have regarding such a “conservative person”.

While we were busy with the interview (and definitely afterwards), I was obliged to reflect on my own identity. According to Denscombe (1998), the effect of the researcher’s identity depends on who is being interviewed and the nature of the topic discussed. Therefore, “[i]nterviewees, and interviewers come to that, have their own preferences and prejudices, and these are likely to have some impact on the chances of developing rapport and trust during an interview” (Denscombe, 1998, p.116). Denscombe also mentions that when research deals with religious beliefs, sexual relationships, personal health or any of a host of similar issues, the sex, age and ethnicity of the interviewer in relation to the sex, age and ethnicity of the interviewee is very likely to influence the nature of the data that emerges – in terms of the fullness and honesty of the data.

However, in the end, you can only be yourself. Therefore, Denscombe states:

Our sex, our age, our ethnic origin, our accent, even our occupational status, all are aspects of our 'self' which, for practical purposes, cannot be changed. We can make efforts to be polite and punctual, receptive and neutral, in order to encourage the right climate for an interviewee to feel comfortable and provide honest answers. What we cannot do is change these personal attributes.

(Denscombe, 1998, p.117)

### **The number of conversational partners (continued)**

Although I also tried to approach the military, I had little success there. According to a spokesperson (Colonel Anonymous, personal communication, June 6, 2005) from the military, two routes can be followed regarding research projects in the military. The one is the formal route – a research study has to be registered as a research project, with a registration period of up to twelve months. The other is an informal route, where the recruitment of conversational partners would have been easier, for example, the research invitations would be distributed with the help of a mobile medical sister that serves different points in the geographical area that falls within the boundaries of the military. However, according to the spokesperson, the main reason why it is so difficult to gather HIV/AIDS-related information from the military is the notion that the defence force of the country needs to be healthy. This implies that no member of the military is supposed to have HIV/AIDS. Needless to say, I did not hear from the spokesperson again after a promise to consider the research invitation.

I also met Ockert Pretorius from Caritas Care, a support group for people living with HIV/AIDS, in my comings and goings as a LifeLine counsellor. Almost all the gatekeepers of the various channels I approached wanted to know about the benefits for the potential conversational partners. Ockert was no exception, but, after an initial interview (personal communication, May 23, 2005), he agreed to assist me in recruiting conversational partners for the study. Although Ockert does HIV/AIDS counselling on a daily basis, he indicated that forgiveness is not a topic that commonly takes the front seat in the counselling arena.

As a researcher who values input from various sources, I also decided to approach the University of Pretoria as a last resort to recruit conversational partners. As I am familiar with the operation of large organisations, it did not come as a surprise to me that I ran into the bureaucratic walls of the University. This refers to the laborious route (almost like climbing Mount Everest) that I needed to follow to get access to personnel and students. Bureaucracies consist of hierarchies, red tape needs to be cut, and many pen and paper wars have to be fought before permission could be granted for such a request. The Ethical Committee (Faculty of Humanities) made sure that my request was not an exception to the rule (ethics and quality control are the Committee's task and forté). I decided to end the process of recruiting conversational partners from the university due to sufficient conversational partners from other contexts. It seems possible to climb to the top of Mount Everest (recruiting research participants), but such an attempt will require time, patience and perseverance.

### **Introduction to the conversational partners**

As mentioned before, I did not decide beforehand on the number of conversational partners I wanted to participate in this study. Instead I decided to see who was interested in participating and met the criteria of the study. Three potential conversational partners did not meet the criteria of the study, as a result of their difficulty to describe their experiences in an open and detailed way.

According to Seidman (1991), what constitutes enough conversational partners is different for each study and each researcher. Although the criteria of sufficiency and saturation are useful, practical exigencies (time, money and other resources) play a role. Bertaux (as cited in Seidman, 1991) points out that at some point researchers may recognise that they are not learning anything decidedly new and that the process of interviewing (and transcribing) itself becomes laborious rather than pleasurable. "That is a time to say 'enough'" (Seidman, 1991, p.45). So, I had to trust my sense of "this is enough data" to work with, and decided to limit the research participants to five conversational partners.

I can now introduce the reader to the five conversational partners. They were asked to choose pseudonyms to identify themselves so as to ensure confidentiality.

***Camilla.***

Camilla is a 33-year old Afrikaans-speaking white gay man, who has been living with HIV for almost ten years. He does not know who infected him with HIV, and it is not important for him to know. Camilla has forgiven the partner who infected him with HIV.

***Gerard.***

Gerard is a 42-year old English-speaking white gay man who was infected by a previous partner. He has now lived with HIV for three years. Gerard has forgiven the partner who has infected him with HIV. He has also been a recovered alcoholic for 12 years, and has extensive experience with forgiveness.

***Jason<sup>9</sup>.***

Jason is a 31-year old English-speaking African gay man who was infected by a previous partner. He has now been living with HIV for six years. Jason has forgiven the partner who infected him with HIV.

***Marlene.***

Marlene is a 48-year old Afrikaans-speaking white heterosexual woman who was infected with HIV by her ex-husband, and has now been living HIV-positively for seven years. Marlene has forgiven her ex-husband for infecting her with HIV.

***Ronel.***

Ronel is a 38-year old Afrikaans-speaking white heterosexual woman who was infected with HIV by her husband. She has been living with HIV for six years. Ronel has not attempted forgiveness as yet, and still has a desire for revenge.

### **Informed consent and confidentiality**

One of the essential components of all social research is informed consent from the participants. This condition requires prospective participants to be fully informed about the

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<sup>9</sup> Both Gerard and Jason indicated that they are both openly living with HIV, and that they have no need for pseudonyms.

nature and steps of the research. They must explicitly consent to participate in the research (Lindegger, 1999).

An informed consent form (Appendix B) was signed by all the conversational partners and they were reassured concerning the confidentiality of the information they supplied, as suggested by Durrheim and Wassenaar (1999). However, as the study progressed, it became clear that not all the conversational partners felt a need to protect their identity. This may be ascribed to the process of finding some benefit or constructing some new theory about life and living, as well as developing a new sense of personal identity and roles (Ransley, 2004a). The rationale can be found in the speculation that “developing a new sense of personal identity and roles” facilitates a capacity to present oneself “as is”, including living with HIV. Yalom (as cited in Ransley, 2004b) states that a wrong or loss brings us into a confrontation with the “givens” of our existence, namely death, isolation, finding meaning in life and freedom. Holloway (as cited in Ransley, 2004b, p.61) mentions that

this involves us actively saying yes to the tragic reality of life, including the facts of pain and loss [and] a wise, sometimes rueful awareness that the universe is bigger than us and will get us all in the end.

### **Potential benefits of the study for the conversational partners**

According to Lindegger (1999), participation in research projects is usually underpinned by personal motives and benefits, for example, in the case of medical research, the amelioration of the participants’ condition. This has also implications for research in the social arena.

The conversations about forgiveness or unforgiveness may be beneficial to the conversational partners. Anderson and Goolishian (1998) argue that in conversation nothing remains the same. Therefore, conversations have the potential of loosening and opening up, which may result in a broadening experience or shifting and changing experiences.

However, according to Kelly (1999a), researchers need to be especially cautious in areas of deep personal experience, such as with the forgiveness experiences of people living with HIV. It may happen that the conversational partners disclose thoughts and feelings that they



may not have previously admitted, even to themselves. In such circumstances, researchers need to step back when they realise that they have transgressed the bounds of comfort. Therefore, I explained to the conversational partners that I would be willing to refer them for psychotherapy if such issues arose. I also ensured that the necessary support systems were in place before the study began. The benefits of participating in this study are reported in Chapter Six.

## **Data collection techniques**

### **Interviews**

In this study I used qualitative interviews because of their powerful potential to work with sensitive material. According to Kvale (1996), the use of interviews as a research approach is nothing mysterious, because an interview is a conversation that has a structure and a purpose: “It goes beyond the spontaneous exchange of views as in everyday conversation, and becomes a careful questioning and listening approach with the purpose of obtaining thoroughly (tested) knowledge” (Kvale, 1996, p.6).

For that reason, using interviews has allowed me to become aware of and to explore the complexities of some of the personal experiences and the interpersonal events and sequences of my conversational partners. It also allowed me to convey the meaning or at least some of the meaning of the conversational partners’ experiences regarding forgiveness and unforgiveness.

The individual conversations differed in terms of the length of the descriptions, the detail, the sensitivity of the content, and the time necessary before sufficient trust was built to allow for the disclosure of sensitive information. The duration of the interviews varied from one individual to the next. All the interviews were audiotaped with the permission of the conversational partners concerned.

Although I had followed a semi-structured interview schedule, I decided to begin the interviews with an open question (“Tell me about yourself”). However, most of the conversational partners instinctively knew that they operated within a forgiveness framework and linked other life events with forgiveness. This made me aware that I cannot even try to

link forgiveness exclusively with HIV, because forgiveness operates against the background of a total life experience and therefore an array of other forgiveness events.

### **Observation**

A great deal of what researchers do is to pay attention, to watch and to listen carefully. They use all the senses, noticing what is seen, heard, smelled, tasted or touched (Neuman, 1997). In the forgiveness context scanning the conversational participants' muscular and vascular changes in the face, neck, hands, legs and feet was helpful. These changes are vital in understanding the narrators' feelings at the time when they recall certain parts of the information (Von Krosigk, 2000). Therefore, I also used these signs as guidelines to facilitate the conversational processes, to tell me when to slow down the process and the timing and appropriateness of sensitive questions. When I present the findings, I refer to observational clues to enhance the trustworthiness of the data.

### **The setting**

It was important for me to converse with the conversational partners in a setting that was familiar and comfortable to them. The main reason for that was that I had fairly little time to connect with the conversational partners, and I assumed that a familiar environment would facilitate comfort and therefore enhance the possibility of establishing a trusting relationship.

### **Reflexive journal**

According to Lincoln and Guba (2000, p.183), "Reflexivity is the process of reflecting critically on the self as researcher, the human as instrument". Alcott and Potter (as cited in Lincoln & Guba, 2000) point out that reflexivity forces researchers to come to terms, not only with their choice of research problems and those with whom they engage in the research process, but also with themselves and with the multiple identities that represent the fluid self in the research setting. During the research process they not only bring themselves to the research process, they also create the self in the field of study. Therefore, reflexivity requires researchers to become acutely aware of what feelings, values, and beliefs their own horizons constitute. I therefore cultivated and recorded my self-awareness by using a reflexive journal throughout the research process. Inner conversations from my reflexive journal are presented in the form of the "Researcher's Diary".

### ***From the researcher's diary...***

Every time I was on my way to converse with one of the conversational partners, I was quietly worried about my ability to connect sufficiently in a short time with the particular conversational partner. This worry was born after Toni of OUT (personal communication, May 13, 2005) asked me how I was going to create a context that would facilitate openness in a limited time.

Nevertheless, time after time, I was surprised by the conversational partners' willingness to talk to a complete stranger about their innermost experiences. In this regard, I suspect that the research invitation, Ockert's groundwork (in some cases), as well as the conversational partners' willingness to "let go" played a vital role. For example, when I met with Marlene, she pointed out that she was not a great talker, especially not to strangers. However, after the initial small talk, she started to converse almost non-stop for three hours. Afterwards she once again emphasised that she usually does not speak easily to strangers, but said that she felt comfortable with me and that made it easy for her to share her experiences and ideas. Needless to say, I was exhausted after the three-hour conversation, but I felt privileged and relieved to have her feedback. As a bonus, my confidence in my own ability as a researcher, professional conversationalist (and psychotherapist) got a boost.

### **Social constructionism and discourse constructions as research technologies**

The reader should take note of the following explanations concerning research technologies and discourse constructions. First, the nature of social constructionism requires me to draw on Foucault's (Hook, 2004) notion of "technology" rather than the term "methodology". This suggests that I will speak about research "technology" and not research "methodology", a construct that is traditionally associated more with positivist and quantitative research. The construct "method" is also associated with a rule-bound series of steps of analysis used in research (Hayes, 2004). A useful description of the construct "technology" is Hook's (2004) view of the concept as a discrete set of tactics, knowledges, techniques, procedures and discourses (technical forms of language). Second, it is important to point out that I utilise the term "discourse constructions", rather than "discourse analysis" in the discussion below. As I have mentioned, analysis implies investigating by means of "breaking into parts". In this

study, “discourse constructions” imply that investigation will take place, but through wholes, sets of discourses.

Terre Blanche and Durrheim (1999) describe social constructionist technologies as qualitative, interpretive and concerned with meaning. For Terre Blanche and Kelly (1999) interpretive research relies on the first-hand accounts of the conversational partners, as constructed during the conversations (interviews) through language. This, interpretive research “tries to describe what it sees in rich detail and presents its ‘findings’ in engaging and sometimes evocative language” (Terre Blanche & Kelly, 1999, p.124). Terre Blanche and Durrheim (1999) also point out that constructionist research focuses on language. However, they argue that the technology is not about language *per se* – rather, it focuses on interpreting the social world as a kind of language. The “social world as a kind of language” refers to systems of meaning and practices that construct our daily realities.

Furthermore, the way in which Terre Blanche and Durrheim (1999) understand social constructionist technologies brings to mind the image of a “social construct reservoir filled with different technologies”, and one of these is discourse constructions. As a reminder – individuals’ understanding of what happens to them in the world depends on their participation in collective conversations or discourses (Campbell & Ungar, 2004). This relates to Terre Blanche and Durrheim’s (1999, p.154) idea about discourse constructions as “the act of showing how certain discourses are deployed to achieve particular effects in specific contexts”. For this study, the focus is not so much on the “how” of discourse dynamics, as on promoting an awareness regarding the presence and influence of discourses regarding HIV/AIDS and forgiveness.

White (2004) points out that discourse constructions are underpinned by a social constructionist orientation to knowledge. He argues that at a common-sense level, people construct meaning (concerning forgiveness and unforgiveness issues) through language, always in relation to their lives. “Lives” always take place in relation to “other lives”, but also in relation to a broader society, implying institutions and organisations. Therefore discourse constructions in this context have the ability to illuminate “individual constructions of meaning” in relation to “societal constructions of meaning” (discourses) regarding forgiveness and unforgiveness. For that reason I hold onto White’s (2004, p.8) notion of discourse as “a particular framework of ideas or way of understanding”. Discourse in this

sense can be described as a macro level framework, in this case, regarding matters concerning forgiveness and unforgiveness. This also holds for the social constructions held by the conversational partners – in effect these constructions are also a “framework of ideas” or “ways of understanding”, however, they are representative of a micro level framework. This implies that the discourses and social constructions that operate in society are all “fabricated” (in the engineering sense) – and the core “ingredient” of the fabrications is language systems.

Terre Blanche and Durrheim (1999) indicate that a social constructionist researcher sets out to show how the conversational partners’ understandings and experiences (interpretive research at the micro level) are shaped by “larger” understandings and experiences (societal discourse constructions at the macro level). Simultaneously, social constructionist research is also interested in how the conversational partners’ interpretations (at the micro level) feed into societal discourses (at the macro level). This process is indicative of a circular process, but depending on the point of view, the process constantly changes direction. This then means that social constructionism is about “the way knowledge is constructed, by, for, and between members of a discursively mediated community” (Hruby, 2001, p.49).

In a way this study draws on the notion of strategic eclecticism, implying that there is a need to tailor technologies (interpretive and discourse constructions) to meet the needs of this research project. However, this does not imply a radical tailoring process, because both technologies are thoroughly underpinned by language and find themselves well within the boundaries of social constructionism and postmodernism.

### **Working with and sharing the constructions.**

According to Geertz (as cited in Terre Blanche & Kelly, 1999),

the purpose of interpretive data analysis is to provide a ‘thick description’, by which is meant a thorough description of the characteristics, processes, transactions and contexts that constitute the phenomenon being studied, couched in language not alien to the phenomenon, as well as an account of the researcher’s role in constructing this description. (p.139)

For Miles and Huberman (as cited in Seidman, 1991), the goal of a qualitative researcher is to shape the data into a form in which it can be shared and displayed. According to Denscombe

(1998), qualitative data are the products of a process of interpretation, and they therefore only become data when they are used as such. This requires the researcher to stay close to the data and to “communicate” with it from a position of empathic understanding (Terre Blanche & Kelly, 1999). This relates to Rowan’s (as cited in Seidman, 1991) notion of “dialectical” interaction with the data – the conversational partners “have spoken” and now I (the researcher) am responding to their words. In other words, this required me to be flexible, implying that, although I was (am) in a sense, one of the conversational partners, I had to stand back and reflect after the conversations. For that reason, I had to assume the identity of the researcher. What emerges is a construction based on a synthesis of what the conversational partners have said and how I have responded. This implies that my identity, values and beliefs have played a vital role in my interaction with the data and the product that has emerged. In a way this approach has invited me to “come clean” about my research agenda, and has therefore allowed me to celebrate myself as a crucial resource in this study, as Denscombe (1998) suggests.

### **Strategy**

In Chapter 1, I intentionally

- did not provide existing definitions, theories or models regarding forgiveness;
- mentioned what unforgiveness is; and
- mentioned what forgiveness is not.

This “intentionality” provides the reader (yet another conversational partner) with an opportunity to draw on his or her existing constructions regarding forgiveness and unforgiveness, and to co-create his or her own constructions regarding the matters under discussion. The idea of “the intentionality” under discussion is explained by Viljoen (2004), who describes a lived moment, what I would like to refer to as “In the Glass”, to portray the co-construction of realities:

On a visit to Venice in 1993, I had the privilege of seeing an exhibition by an English expressionist painter, Francis Bacon (1909-1992). The paintings contained a lot of existential angst and I felt initially that they were difficult to access, or to connect with. Looking at Second version of triptych 1944, I noticed that the large paintings were covered in glass – unusual for oil paintings. In the glass I could see my own

reflection as a silhouette framed in the gallery window behind me. In turn this whole image merged with the painting and its boundaries. Whereas I initially felt distanced from the painting, I suddenly became part of it. This fusion with the painting placed me in the centre of the horrific world that Bacon depicts, which resonated with some of my own constructions of the human condition at the time. For a moment I could not separate my image or identity from the image on the canvas and all the texts that it invoked. (Viljoen, 2004, p.268)

The reader should note that the focal point of this study is the conversations regarding forgiveness and unforgiveness as constructed through language during the interviews. However, the study also aims to give the “other” conversational partners (the researcher and the reader) an opportunity to co-construct (new or transformed) “models” of forgiveness and unforgiveness.

In addition, I have assumed that some of the existing discourses regarding forgiveness and HIV/AIDS (Chapter 3) have served as a source of knowledge informing the constructions of all the conversational partners regarding the matters under discussion. Hence, I have used my existing and working constructions (rephrased as specific questions) regarding forgiveness and HIV/AIDS to provide me with a framework to obtain the data for the study.

In interaction with data, Kelly (1999a) cautions us not to collect bits and pieces of “real life”, but rather to place real-life events and phenomena into some kind of perspective. Similarly, Bourdieu (as cited in May, 1997) argues that speech (in this case, about forgiveness and unforgiveness) is not constructed in a hermetically sealed universe. Therefore, the constructions include motivations, reasons, social identities and how these are constructed within the social settings in which the conversational partners live and work (May, 1997). This is linked to the idea of social discourse informing the constructions of the conversational partners regarding the phenomena of forgiveness and unforgiveness.

Seidman (1991, p.101) mentions that

The process of working with excerpts from participants’ interviews, seeking connections among them, and building interpretative categories is demanding and

involves risks. The danger is that the researcher will try to force the excerpts into categories, and the categories into themes that he or she already has in mind, rather than let them develop from the experience of the participants as represented in the interviews.

For that reason, Rowan (as cited in Seidman, 1991) stresses the inappropriateness of force-fitting the words of conversational partners into theories derived from other sources. To prevent a force fit approach, I have drawn on the “notion of natural emergence”, which entails that constructed themes emerge spontaneously during the data work phase. This implies that, rather than first consulting the literature as a framework to “analyse the data”, I have allowed themes to emerge and to guide me to the relevant literature.

To summarise: my initial constructions as a result of the interaction between me and the literature were transformed into questions that then served as a framework to generate the data. Next, I did the interviewing, engaged with the transcripts and mentally lived and wrestled with the ‘data’. Themes emerged and these guided me to the related literature, resulting in changed personal constructions. However, in the course of the process, I had to trust my feeling of rightness and coherence about the process of working with the data. To use Marshall’s words, “it is my contribution as a researcher” (Marshall as cited in Seidman, 1991, p.101).

### **Member checks**

A further step toward the final interpretation was to seek validation from the conversational partners. Ricoeur (as cited in Smith, 1999) indicates that not all researchers advocate a return to participants because the text, once fixed in writing, takes on a life of its own and has meanings and intentions hidden from its original author. However, Mishler (as cited in Smith, 1999) says that when participants are denied the right to comment on the interpretations of their worlds and intentions, they are also denied the right to “name” their world. That view emphasises the asymmetry of power that can exist in research. Addison (as cited in Smith, 1999) also points out that showing the conversational partners of a study the interpretation of their situation helps them to look beyond demoralisation, fatigue and endless demands on their emotional reserves. That allows them to situate their own story in a wider, more hopeful context, which is arguably a beneficial process for the conversational partners. Therefore,



I asked the conversational partners in this study to comment on Chapters Five and Six of the study.

In addition, member checks are a known way of enhancing the validity of a social research study. Therefore, I argue the validity (credibility), reliability (dependability) and generalisability (transferability) of the study in Chapter 7. Feedback regarding the member checks is set out in Chapter 6.

### **Triangulation**

Denzin (as cited in Babbie & Mouton, 2001, p.275) explains “triangulation” or the use of multiple methods, [as] a plan of action that will raise researchers above the personal biases that stem from single methodologies”. Babbie and Mouton (2001) point out that triangulation is generally considered to be one of the best ways to enhance the validity and reliability in qualitative research. This study triangulates the data with the reflexive journal and the member checks. Furthermore, during the research process, it came to my attention that this study also uses the research-supervisor dyad as another form of triangulation.

### **Conclusion: a few words on the strategy of the study**

Holstein and Gubrium (adapted from Holstein and Gubrium as cited in Silverman, 2001, p.97) point out that the goal of the research strategy is

to show how interview responses are produced in the interaction between the researcher and the conversational partner, without losing sight of the meanings produced or the circumstances that condition the meaning-making process. The analytical objective is not merely to describe the situated production of talk, but to show how what is being said relates to the experiences and lives being studied.

So, following is Part III (Chapters Five and Six), the findings of the study. Chapters Five and Six are presented as “new constructions”. This refers to the “new conversations” that have

developed as a result of the constructions that have emerged due to the dialogical exchange (conversations) between the conversational partners (conversational partner-conversational partner (researcher)) and hence, the resulting conversation between myself and the literature as another conversational partner. Furthermore, I want to communicate my awareness regarding the role that my identity construction has played in the development of these “new constructions”.

## PART III

### NEW CONSTRUCTIONS

*This is an exceptionally challenging frontier, filled with thickets, swamps, pitfalls, and surprises. To negotiate this difficult terrain, the adventurer needs to come equipped with the full range of theoretical, methodological, and practical tools. And yet, despite the difficulties, the explorer who enters this frontier [forgiveness and unforgiveness] is likely to encounter some of the most striking vistas that can be found in the human landscape.*

(Pargament, McCullough & Thoresen, 2000, p317)

## Chapter 5

### Unforgiveness-forgiveness

#### **Is forgiveness important to conversational partners living with HIV?**

Jason (personal communication, July 29, 2005) indicates that forgiveness is an important issue for people who are HIV-positive. In his experience of working with people that are HIV-positive, many of those who speak openly about their status have not yet dealt with forgiveness. Jason ascribes this to a lack of knowledge and argues that people just do not know how to forgive. However, he points out that, based on his experience of being bitter and resentful, forgiveness is an important aspect of coming to terms with one's HIV status. Furthermore, he indicates that forgiveness is also an important facet of the decision process of disclosing one's status.

Similarly, Marlene (personal communication, July 16, 2005) states that forgiveness is a crucial aspect of coming to terms with one's HIV-positive status. She emphasises that she would not be able to live with HIV if she was not capable of forgiving. Marlene has emphasised that forgiveness regarding HIV-related issues is interwoven with other life issues that also require forgiveness at some stage. She puts it this way: "A human life is an ongoing story."

However, according to Gerard (personal communication, August 5, 2005), forgiveness is not a burning issue, even though that is important. As a recovered alcoholic, Gerard has learned a lot about forgiveness as part of the 12 Step Recovery Programme of Alcoholics Anonymous. He mentions that if you cannot manage to forgive, negative emotions just "sit there" and sometimes even get worse. This hampers the healing process. Therefore, if you cannot heal, you cannot move on. In his words:

So, that is why it is important and why I said it is not an issue because I have learned that I need to do it, it is kind of a part of my [...] <sup>10</sup> thing. If I have made a mess, ask for forgiveness, if someone has failed me in some way, give them forgiveness and if I have hurt myself, okay, I will not do it again.

The above quotation is what Enright (Murphy, 2003) calls “the forgiveness triad”, namely the forgiveness of others, accepting forgiveness from others, and forgiving oneself.

For Camilla (personal communication, July 12, 2005), forgiveness is an important issue especially because he is living a homosexual lifestyle. In his experience people who are homosexual accept the fact that they are HIV-positive more easily. He pointed out that there is also more tolerance for HIV-positive people in the gay community; however, there are important issues associated with homosexuality that require “more” forgiveness than the mere fact of being HIV-positive.

### **How likely are people living with HIV to raise the issue of forgiveness by themselves?**

It seems that forgiveness is not really something that is raised by people who are HIV-positive. According to a health promoter at the Centre of Study of Aids (CSA) (Anonymous, personal communication, June 9, 2005), there are so many other burning issues that require the attention of a HIV-positive person that it “pushes” forgiveness to the background – it is just not a priority. Ockert (personal communication, May 23, 2005) has confirmed this phenomenon. He points out that, even though he has been in counselling with people living positively with HIV for quite a while, forgiveness has never really surfaced as something of importance.

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<sup>10</sup> To indicate a silence or a pause.

## **Unforgiveness: anger, hate, bitterness, blame and a desire for revenge**

*Unforgiveness is one of the strongest holds that occurs in people's lives.  
It can grow undetected inside, like a cancer eating away at the guts of its victim.  
It is an enemy.*

(Spy, 2004)

Although Ronel has been living with HIV for six years, she is still furious with her husband for infecting her with HIV. She points out that he kept his status from her, and therefore deliberately infected her.

I noticed a similarity between the dynamics of the unforgiveness phenomenon as described by Camilla (personal communication, July 12 2005), Marlene (personal communication, July 16, 2005), Jason (personal communication, July 29, 2005) and Ronel (personal communication, June 22, 2005). However, there is distinct difference between the vividness of the descriptions by Ronel and the descriptions by the other conversational partners. The reader has to bear in mind that the anger, hate and desire to take revenge experienced by Ronel, directed to her husband, cannot be ascribed exclusively to the fact that he infected her with HIV. Ronel has indicated that she and her husband had a stormy relationship in any case; therefore, it can be viewed as “another negative relationship event”, contributing to her negative emotions.

Following is an extract from the conversation with Ronel (personal communication, June 22, 2005). In this regard Seidman (1991) warns about some passages that are told in a striking manner or highlight a dramatic incident. Those passages are attractive because of their style or the sheer drama of the incident. For that reason, it is important to be aware that the dramatic can be confused with the pervasive. Hence, Mostyn (as cited in Seidman, 1991) points out that the responsibility lies with me, as the researcher (but also with you, as the reader), to judge whether the particular dramatic incident is idiosyncratic or characteristic.

## The news

### You are HIV positive

- Corneli: What crossed your mind when you heard that you are HIV-positive?
- Ronel: [Clears throat] Hate [regimented] deep down [voice cracks], you hate the person that has done it to you, how you got it and [clears throat] and [...] you decide I am going to die, you sit down, you do not even worry anymore.
- Ronel: [Clears throat] [sigh] You are very tired, you do not worry, you do not care about life anymore, you wish you could die.

The direct and intense conversation with Ronel settled itself in my mind and body. Her death wish and thus her wish to escape what has come upon her brought to mind the poem written by King David of the Bible (*The Amplified Bible*, 1987) in reaction to Absalom, who was persecuting him. David wanted to escape his enemy like a dove trying to escape a looming storm:

*My heart is grievously pained within me, and the terrors of death have fallen upon me.  
Fear and trembling have come upon me; horror and fright have overwhelmed me.  
And I say, oh, that I had wings like a dove! I would fly away and be at rest.  
Yes, I would wander far away, I would lodge in the wilderness.  
I would hasten to escape and to find a shelter from the stormy wind and tempest.*

Psalm 55: 4-8

(*The Amplified Bible*, 1987, p.639)

## Characteristics and dynamics of unforgiveness

### Negative emotions

- Corneli: How did you decide not to forgive?
- Ronel: It is just the feeling that I have had, [...] because I blame him, and hate him. It must be the feeling that has caused it.

- Corneli: What makes it possible not to forgive?  
Ronel: [...] Just this anger that I have, that is all, it is not easy.  
Corneli: If you can describe the anger to me? How does it look?  
Ronel: Dark [...], the same as [...] it is dark [...], black.

### **The negative emotion collaborators**

- Corneli: What motivates you not to forgive?  
Ronel: [...] Because I am angry with him. If you are angry you cannot forgive. If you hate that person you also cannot forgive [emphasise].  
Corneli: What does the anger and hate do to you?  
Ronel: [...] I will kill him [clears throat], if I can. That is what the anger [emphasise] is doing.

### **Rebellion against God**

- Corneli: Is forgiveness an issue for people who are positive?  
Ronel: I have thought a lot about it, but I will never in my life be able to forgive him. I think many women that are infected by their men would not be able to forgive them.  
Corneli: Uhm.  
Ronel: This is how I feel.  
Corneli: You are allowed to feel that way – it is just what I am interested in.  
Ronel: As my great-grandfather would have said: “Go [emphasise] and ask God what you have to do.” Even if God tells me to forgive him, I will not do it [rebellious]. It is human, it is not wrong, but [...] I, me and him [...], I will never, never, be able to forgive him, not as long as I live.

The following pre-Christian<sup>11</sup> quotation from Homer’s *Iliad* came to mind when I reviewed the conversation with Ronel, especially the finality of her words that she will never be able to forgive her husband. Therefore, the quotation attempts to portray what I have heard in the conversation with Ronel (personal communication, June 22, 2005). She pointed out that she

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<sup>11</sup> Idette (personal communication, December, 9, 2005) pointed out that the quotation from Homer’s *Iliad* was written around the Greek Bronze Age, therefore the pre-Christian era.



is getting even with her husband in many ways for example, with verbal and physical abuse, and being the mere observer of his deteriorating health.

*Not if his gifts outnumbered the sea sands  
or all the dust grains in the world could Agamemnon  
ever appease me — not till he pays me back  
full measure, pain for pain, dishonour for dishonour.*

(as cited in Murphy, 2003, p.17)

### **The struggle**

Corneli: I am wondering about everything that you have learned about forgiveness, but you are still experiencing the “bulge” of unforgiveness. On the one hand you want to, on the other hand you do not ...

Ronel: Look, [clearing throat], there will be a time that I have [emphasise] to forgive him, but [...] I do not really want to do it [saying it quickly]. This is how I feel, revengeful.

[ – ]<sup>12</sup>

Corneli: I am hearing that you are a religious person?

Ronel: Yes, I am.

Corneli: What will happen if you cannot forgive? Because you have said that even if God tells you to forgive, you would not?

Ronel: [Clearing throat] [...], that I am saying I hate him, I will hate him until death [upset], but it is wrong [emphasise], I know it is wrong. How can I forgive? [...]. It is too difficult for me.

### **The benefits of unforgiveness**

Corneli: Who is currently benefiting from unforgiveness?

Ronel: [Pause] I think I am, because it allows me to take out all my anger on him [clears throat].

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<sup>12</sup> To indicate that the texts are not directly following on each other.

### **The costs of unforgiveness**

- Corneli: How does the unforgiveness influence how you feel and behave?
- Ronel: I am furious [...], I will commit suicide if I can do it, [...] I am getting so angry, I have tried it before.
- Corneli: Tell me about it.
- Ronel: I drank ant poison and sleeping pills...
- Corneli: If you think about it, that you wanted to commit suicide, what are you are thoughts now?
- Ronel: [Clears throat] If I had thought properly about it then, I do not believe that I would have done it.
- Corneli: What was your family's reaction to your attempt?
- Ronel: You are a coward that was all that they said.
- Corneli: How did the anger motivate you to attempt suicide?
- Ronel: I could not think, I just did it, I did not think what I was doing [...] and [clearing throat] after a day in the hospital, it came to me what I had done, after my arms started to turn purple, because of all the drips.

[ - ]

- Corneli: How does the unforgiveness influence your energy levels?
- Ronel: It is tiring me.
- Corneli: How do you know that?
- Ronel: I can feel it, your body feels tired, and your spirit feels tired.
- Corneli: How does it feel when your spirit is tired?
- Ronel: You cannot think; it is as if he is lying down, it is stabbing there [pointing to her head]. It feels as if your brain becomes too heavy.

### **For Ronel the decision to forgive lies on the emotional level**

- Corneli: How will you know that you are able to forgive?
- Ronel: It depends on how I am feeling about it. If you feel like I feel [emphasise], depressed when you see him, then you cannot forgive. When your mind is becoming lighter [confused, stumbling over words] then you can forgive.

### ***From the researcher's diary...***

I was caught by surprise by the intensity of Ronel's anger and her wish for revenge. It was a challenge not to revert to my role as a therapist to "work" with the unforgiveness dynamics. On my way home, I felt sad because of the "torturing" and "painful" effects of unforgiveness that I had just witnessed. To have such an "in the face experience" with "unforgiveness" and its allies was an eye-opener, and most probably it "cured" me forever of any ideas regarding any possible long-term benefits of unforgiveness.

Spy (2004) mentions that forgiveness of the self and others entails a mental decision that needs favourable conditions – when self-esteem and confidence are high. This implies that a person needs to reach a point where he or she feels strong enough to forgive. For Neu (2002), the depth of resentment as well as the ease of forgiveness is normally tied to the seriousness of the wrongdoing. However, a lesser offense may still leave room for both resentment and forgiveness. There may even be a sense of forgiveness where an excuse removes all responsibility, and so makes resentment inappropriate.

This brings us to the following question: what if there are wrongs (such as infecting someone with HIV) that are so serious that they cannot be forgiven? Haaken (2002) points out that many people would not expect survivors of genocide, or even survivors of severe childhood abuse to forgive their perpetrators in the sense of relieving them of guilt. Haaken (2002, p.180) suggests a matrix (representing a continuum where the seriousness of the violation inversely relates to the magnitude of the moral claim on the aggrieved party) as a general guideline to grade the seriousness of wrongs or violations:

Extreme violations → Forgiveness unwarranted  
(Forgiveness is pathological)

Minor violations → Forgiveness warranted  
(Failure to forgive is pathological)

According to Haaken (2002), the matrix does not really provide useful clues in the labyrinth of uncertainties that may emerge, because there are many instances when the logic of the

psyche does not conform to such gradients. Furthermore, internal dramas centring on whether or not to forgive a wrong may have little to do with the scales of justice in some objective sense. In this regard all the conversational partners, except Ronel, have agreed that no wrong is so serious (even being infected with HIV) that forgiveness needs to be withheld. After some reflection, Marlene (personal communication, July 16, 2005) hypothesised that she suspects that she will have difficulty forgiving if one of her daughters is harmed (for example murdered) by someone in some way.

### **Constructed themes related to unforgiveness**

**(As described by the conversational partners)**

Jason, Marlene and Camilla also mentioned that they have “moved” through a period of “unforgiveness” and associated “struggle”. Below are four themes that have emerged from the exploration of the “unforgiveness” phenomenon:

#### **Mood constructions**

These include:

- anger, hate, bitterness, blame and a desire for revenge (Camilla, personal communication July 12, 2005; Ronel, personal communication, June 22, 2005; Marlene, personal communication, July 16, 2005; Jason, personal communication, July 29, 2005);
- feelings of shame and guilt for letting oneself and others down (Jason, personal communication, July 29, 2005); and
- depression (Camilla, personal communication July 12, 2005; Marlene, personal communication, July 16, 2005; Jason, personal communication, July 29, 2005).

#### **Cognitive constructions**

These emerged as:

- suicidal thoughts (Marlene, personal communication, July 16, 2005; Ronel, personal communication, June 22, 2005).

#### **Behavioural constructions (coping styles)**

Some of the topics that emerged were the following:

- pretend, that everything is okay (keeping up the façade) (Ronel, personal communication, June 22, 2005; Jason, personal communication, July 29, 2005);
- excessive drinking (Marlene, personal communication, July 16, 2005; Jason, personal communication, July 29, 2005); and
- attempted suicide (Ronel, personal communication, June 22, 2005).

### **Spiritual constructions**

These focused on the following:

- rebellion against and, being angry with God (Camilla, personal communication July 12, 2005; Ronel, personal communication, June 22, 2005; Marlene, personal communication, July 16, 2005); and
- a sense of distance from God (Ronel, personal communication, June 22, 2005; Marlene, personal communication, July 16, 2005).

After the thematic constructions emerged, I was reminded that my conversation with Gerard (personal communication, August 5, 2005) was different. He never really spoke about the unforgiveness dynamics, although I tried more than once to explore them. My conversation with him was also different in the sense that we conversed a lot about being forgiven by others. That is an important aspect of the 12 Step Programme of Alcoholics Anonymous which deals with forgiveness. As someone who has gone through the painful and anxiety-provoking experience of asking various people for forgiveness, it is to be expected that Gerard will have a different perspective on forgiveness and unforgiveness issues, and therefore his focus will be different. Furthermore, Gerard's ongoing experience of teaching other people about forgiveness (his way of giving back to Alcoholics Anonymous and to other recovering alcoholics) also contributes to a changed experience and relationship with forgiveness.

### **Illuminating the constructed themes**

It is important to mention that for most of the constructed themes, there is a vast body of research, although they may be connected to other fields of study. Therefore, the illuminations are a mere glimpse into constructs that seem to be well described in other

bodies of research. However, the limited scope of the study does not allow me to elaborate on the matters under discussion.

Furthermore, when I was doing the literature review, it came to my attention that the dynamics of some constructs are not very well described, for example bitterness or hate, especially in the context of forgiveness. Therefore, I would like to hypothesise that constructs such as bitterness and hate are the “baddies” that “cause” and “necessitate” a construct such as forgiveness, and they are therefore not that fully researched. Current discourses imply that people need to overcome these emotions or feelings as soon as possible. Hence, the following illuminations have a dual task: first, to create curiosity in the reader regarding the different constructs, and second, to highlight the complex and intertwined characteristics of the phenomena of forgiveness and unforgiveness.

### **Anger, hate, bitterness, blame and a desire for revenge**

“Mood can be understood as the amalgam of emotions that a person feels over a period of time. Affect is the way the mood is displayed” (Cutler & Marcus, 1999, p.35). Retzinger (1995) mentions that emotions are particularly difficult to understand for the reason that they are deeply embedded in the moment-by-moment context in which they occur. However, it seems that the effects of mood on a person’s behaviour are complex and widespread. For example, Jason (personal communication, July 29, 2005) states that “when I am angry, I do not love and usually I am very selfish. It is all about me and I am not nice to anybody else.”

For Worthington and Wade (as cited in Konstam, Holmes & Levine, 2003, p.173) “unforgiveness is an emotion characterized by resentment, bitterness, and hatred”. Fuelled by these emotions, the “unforgiving” person is motivated to avoid or retaliate against the transgressor. Murphy (2003) refers to the emotions of anger, resentment and even hatred as the vindictive passions. Those are the emotions that are often in the foreground when one has been deeply wronged by another. It seems that they are also the impetus that may prompt acts of vengeance or revenge, but one can have the emotions without acting on them.

Anger is a core aspect when forgiveness and unforgiveness come to mind:

Anger is an internal state that includes both feelings and thoughts and an external state when expressed verbally and behaviourally. When [a person is] angry, a person experiences physiological arousal and related emotional pain to unfair treatment or frustration. Thoughts include an awareness of the injustice or frustration (which is usually associated with feelings of sadness) and a plan to respond (which is often associated with a sense of pleasure). A person can be angry without awareness, but awareness of the problem that is causing the anger is essential to recovery. (Enright & Fitzgibbons, 2000, p.15)

Various authors (Enright, 2001; Meninger, 1996; Murphy, 2003) acknowledge the proper place of anger. Psychological models in both the academic and western Christian community generally permit or even encourage anger as a part of the forgiveness process (Gassin, 2001). However, Gassin (2001) mentions that western secular models see anger directed at the self in a negative light. Freud, for example, believed that anger turned inward is a main cause of depression.

Aristotle speaks of those who fail to be angry enough (as cited in Neu, 2002, p.21):

For those who are not angry at the things they should be are thought to be fools, and so are those who are not angry in the right way, at the right time, or with the right persons; for such a man is thought not to feel things nor to be pained by them, and, since he does not get angry, he is thought unlikely to defend himself; and to endure being insulted and to put up with insults to one's friends is slavish.

Pargament et al., (2000) point out that we should be open to the potential benefits of the “flip-side” of forgiveness, namely the experience of anger and pain. Pargament et al. (2000) indicate that several theorists argue that forgiveness cannot be completed without grasping the nature of the wrong and the pain it has caused. In this regard, Neu (2002) argues that feeling anger when appropriate may be a condition of self-respect, and so failure to feel

appropriate anger may be a sign of insufficient concern for one's rights and dignity, therefore implying insufficient self-respect.

However, Enright (2001) mentions that in her book *Anger: The Misunderstood Emotion* Tavis presents a strong case against venting anger as the sole means of emotional healing, because it provides the angry person with an excuse to impose his or her anger on others. Meninger (1996) points out that there are people who have taken to heart the notion that anger is wrong. However, he emphasises that anger in itself is not wrong – it is what we do with the anger that may be wrong or not. Meninger (1996, p.67) comes to the conclusion that anger has a place, but he cautions that: “if we do not rule it, it will rule us”. “Anger, like other emotions, must be controlled. Suppressing legitimate anger is unhealthy. Continually venting anger is also unhealthy” (Enright, 2001, p.55).

#### ***Desire and acts of revenge.***

According to Murphy and to Rowe et al. (as cited in Coop Gordon & Baucom, 1998) acts of revenge often occur when an injured person experiences overwhelming anger and rage:

The strong need to punish their partners might again be seen as ways to make the injured partner ‘safe’ again. The goal of punishment is most likely to teach the participating partners that betrayal will have serious negative consequences; injured partners may believe that this realization will cause participating partners to refrain from future betrayals. Furthermore, these acts of punishment allow the injured partners to step out of the role of victim and act in more powerful ways. Thus, these actions [are often] seen as a form of revenge and also attempts to ‘even the score’ that occur in response to the perception of a power imbalance in the relationship. As a result, during this time, injured partners may strike out at the participating partners in unusual ways. If participating partners do not understand the need behind these acts of revenge, they may retaliate and continue the cycle of negative interactions. (p.435)

Both Marlene (personal communication, July 16, 2005) and Ronel (personal communication, June 22, 2005) expressed a desire for revenge. Marlene mentioned that there was a stage



when she had a “desire” to poison her ex husband (now deceased) who infected her with HIV. That would have been a way of “getting back” at him for infecting her with HIV. However, Marlene felt embarrassed (her attitude changed – she glanced in another direction and started to laugh) when we spoke about her “desire” to poison her ex-husband. She also mentioned that there were times during their marriage that she had a desire to “hurt” him with a “cooking pan”, instances that are unrelated to being infected with HIV. This brings to mind the well-known scene of the wife waiting for her husband (usually in the early hours of the morning) with a frying pan (or a rolling pin), ready to teach him a lesson. Nevertheless, she made sure that I understood that it was something that she only had a desire for, and assured me that she is not the “type” of person that would ever do such a thing.

In the context of revenge, Camilla (personal communication, July 12, 2005) indicated that he had had a troubled relationship with his father, due to his “differentness” and the incapacity of his father (and the rather conservative community at that stage) to “deal with it”. As a result of all the conflicting dynamics, Camilla has decided to estrange himself from his family. This happened before he officially announced that he was gay. However, one day in a telephonic conversation with his father, the “moment for revenge was ripe” – Camilla nonchalantly “slipped” that he is gay.

Ronel (personal communication, June 22, 2005) mentioned that as a way to act out her anger and take revenge, there are times when she physically and verbally abuses her husband. She has portrayed him as someone who is rejected by his family and already sick because of his HIV-positive status. Therefore, on a paradoxical level he is at the “mercy of his enemy” – the one who is angry at him, and the one who hates him so much – the one that has to “care” for him at many levels.

Ronel comes from a low socio-economic background and has emphasised their lack of privacy due to an overcrowded household. She has mentioned repeatedly that she thinks that more privacy would contribute positively to her efforts to forgive her husband. A study conducted by Konstam et al. (2003) indicates that higher income levels correlate positively with forgiveness, because people’s income level may play an important role in providing economic security. Individuals may become less defensive, less motivated to seek revenge and more likely to engage in processes associated with forgiving (for example, empathy towards the perpetrator), however, Konstam et al. point out that the relationship between

income and forgiveness does not imply causality. Furthermore, they mention that financial resources may mitigate the abdication of the victim role. However, as for any other factor that is considered to contribute to the unforgiveness phenomenon, the reader needs to take into consideration that income level is intertwined with many other contextual and relational elements.

### ***From the researcher's diary...***

I know that there are a lot of “highly regarded” people (according to societal standards) that would never admit that there was also a moment in time when they wanted to “hurt” someone else (of course, in different ways and for different reasons). Depending on our personal epistemologies, informed by diverse (and forever changing) knowledge systems, we (average “highly regarded” people) have understood (informed by discourse) that we are not supposed to have those feelings and desires, because they are bad, sinful, and definitely not acceptable. Therefore, we rather prefer to sweep them under the carpet and hope that no one notices...

At a meta level, this reflection reminds Gerhard V (electronic communication, October 20, 2005) of what Freud describes as the play between the Id and Super-ego. In his opinion a “highly regarded” person is someone whose Ego is so intact that it can successfully mediate between the desires of the Id and the demands of society.

### **Feelings of shame and guilt**

Jason (personal communication, July 29, 2005) mentioned that he has experienced intense feelings of shame regarding his HIV-positive status, because he knew so much about HIV. In his own words:

I really knew about HIV, I had taught people, I have spoken about it and now it happened to me. The other thing was just that I was thinking people are going to think that I did not use a condom. There was a time that people would ask; I never told them the condom broke, I would never. I believe in talking frankly about sex because it is how you get it; you need to talk about those things, I would never say that the condom

broke, so in most cases, even though I did not feel good about it, I would let people believe what they wanted to believe.

Retzinger (1995) argues that words or expressions such as “resentful”, “bitter”, “spiteful” or “holding a grudge” are usually indicative of a shame-*rage* component, underlined by shame-*anger* emotions. The role of shame and guilt in the process of forgiving has been explored relatively little (Konstam, Chernoff & Deveney, 2001). Haaken (2002) mentions that forgiveness suggests a private negotiation, implying the reconciliation of conflicting internal states. Therefore, forgiveness suggests the presence of guilt or shame, as well as a relational struggle over the conditions of release from its tormenting influence.

Shame may be central to any understanding of forgiveness. At shame’s core is a personal sense of unworthiness, dirtiness, sinfulness and even responsibility (Pargament et al., 2000). Konstam et al. (2001) indicate that when an individual is shamed, the focal concern is with the entire self – a negative behaviour or failure (for example, being infected with HIV) is experienced as a reflection of a more global and enduring defect of the self. “Shame implies the inability to face other people because of one’s actions” (Lester, 1998). People may respond with a range of defenses, from rage to arrogance to the search for perfection, once overwhelmed by a sense of shame (Pargament et al., 2000).

For Konstam et al. (2001), guilt seem to be concerned with behaviour; it is associated with an increased understanding of perspective taking, a trait that strengthens and maintains close relationships and serves an adaptive function. Therefore, guilt implies the internalisation of the moral rules of the society; so, a person with guilt will experience negative emotions regardless of whether other people are present or aware of his or her “transgressions” (Lester, 1998). It seems that guilt is remedied by confession and penance, while shame seeks secrecy (Lester, 1998).

From our conversation it became clear that the shame that Jason (personal communication, 29 July 2005) experienced was the result of the interaction of various factors. It emerged from his own perceptions regarding his professional and public roles as an HIV/AIDS trainer, his feelings of guilt related to his sexual orientation and a sense of shaming the black community. Shame on the black community refers to his perception that his “usual audience” were only

used to white people who are gay or bisexual, and that the latter are well thought-of people. Since contracting HIV, he perceives himself as a stereotypical bad black gay man, being infected with HIV as a result of his life orientation. He also believed that God was punishing him for all his sins related to his life choice.

Moreover, he emphasised that it was important for him to feel respected, because it was something that he had never experienced during his childhood. As a result thereof he has worked hard on his “image” to the outside world, and then, unfortunately, one act shattered the whole “image” that he was building so carefully.

Scheff (in Retzinger, 1995, p.1104) points out that shame involves much more than just a painful internal feeling, because it can be regarded as a core emotion:

Shame is about identity and the self (Lynd, 1958), associated with regulation of social relationships (Retzinger, 1991), the status quo (Scheff, 1988), and social change (Braithwaite, 1988; Lynd, 1958). It has been described not only as a negative emotion but also in a positive light (Schneider, 1977; Goffman, 1967); it is a normal and natural occurrence in everyday human life. It is not enough to look at shame as negative, individual, or internal (Retzinger, 1995, p.1104).

Cooper and Gilbert (2004) mention that shame can be a particularly hurtful experience. An important factor is how the person feels he or she is viewed by the community. Lynd (as cited in Retzinger, 1995) mentions that shame is about the entire self, mutual social involvement and alienation. “Shame tells us that we are both separate and social beings. Self-other involvement suggests the ubiquity of shame in everyday life” (Retzinger, 1995, p.1105). In the case of Jason (personal communication, July 29, 2005), shame is linked to particular discourses regarding being black, gay and HIV-positive in a particular community or culture. Those discourses have heaped shame on him as a result of the prevalent and dominant discourses (at the time) related to the issues of being black, gay and HIV-positive.

## **Depression**

According to Chandra, Ravi, Desai and Subbakrishna (1998), mood disorders have been described in HIV-infected populations by a number of researchers. The following comment has been made:

Depression is one of the most common symptoms reported by HIV-infected individuals. Recent reports indicate that up to two-thirds of HIV-positive individuals meet the diagnostic criteria for major depression, rates that are significantly higher than those reported for other chronic conditions (Moneyham et al., 2005).

This phenomenon is confirmed by Camilla (personal communication, July 12, 2005), Marlene (personal communication, July 16, 2005) and Jason (personal communication, July 29, 2005) who all mentioned going through a stage of depression. Ronel (personal communication, 22 June 2005) also referred to depressive moods.

“Mood disorders are disturbances in emotions that cause subjective discomfort, hinder a person’s ability to function, or both” (Sue, Sue & Sue, 1994, p.359). Sue et al. (1994) summarise the following core characteristics often seen among people with depressive symptoms:

### ***Affective domain.***

Sadness, unhappiness, “blue moods” and apathy fall into this domain.

### ***Cognitive domain.***

The domain includes pessimism, ideas of guilt and self-denigration, a loss of interest and motivation, a decrease in efficiency and concentration and suicidal ideation.

### ***Behavioural domain.***

Neglect of personal appearance, psychomotor retardation, agitation and suicidal gestures are all behavioural symptoms.

### ***Physiological domain.***

In this domain we find a loss of or increase in appetite, weight loss or weight gain, poor sleep, aches and pains and a diminished sex drive.

During our conversation, Camilla (personal communication, July 12, 2005) repeatedly referred to the depressive stage. It became clear that he did not only ascribe it to the fact that he was HIV-positive. According to Leserman (2003), developing depression in HIV may be more a function of having been depressed previously and having conflicting social relationships. In this regard, Camilla (personal communication, July 12, 2005) commented on his conflicting relationship with his family, especially his father, as a result of his “differentness” and his decision to “come out of the closet”. Sue et al. (1994) indicate that several studies have shown that severe psychological stress, such as the death of a loved one, life-threatening medical conditions and the frustration of major life goals, often precede the onset of major depression. This seems to be true for Camilla, who mentioned that his mother, who, according to him, was the only person who really understood him, died during the period when he discovered that he is HIV-positive. Camilla said that at that stage, there were no counselling services available for people living with HIV. It is well-known that social support or resources can act as buffers against depression (Sue et al., 1994). Moneyham et al. (2005) also mention that social support and effective coping responses can act as mediating factors regarding the development of depression.

## **Cognition and behavioural constructions**

### **[Coping techniques]**

According to Lazarus and Folkman (as cited in Fleishman, Sherbourne, Cleary, Wu, Crystal & Hays, 2003, p.187), coping refers to “cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person”. Fleishman et al. (2003) mention that although there is no consensus on the nature or number of coping responses, these responses have been broadly categorised as problem- or emotion-focused. It seems that problem-focused coping (taking direct action, seeking information) attempts to change the source of stress, and emotion-focused coping (venting emotions, accepting the situation, distracting oneself) attempts to regulate stressful emotions. Furthermore, the authors mention that recent research suggests the importance of distinguishing between emotional-approach coping (seeking social support and validating

feelings) and emotional-avoiding coping, which includes dysfunctional responses (such as self-blame, wishful thinking, avoiding people).

Jason (personal communication, July 29, 2005) reported that there was a stage when he pretended that everything was all right. In this regard, Ronel (personal communication, June 22, 2005) mentioned that she also pretended that everything is all right. Both Marlene (personal communication, July 16, 2005) and Jason (personal communication, July 29, 2005) mentioned that they went through a period of excessive drinking to soothe the pain that they experienced. According to Sadock and Sadock (2003), alcohol may be abused to reduce tension, anxiety and psychic pain. It can also lead to a temporary sense of power and increased self-worth. However, in Gerard's opinion (electronic communication, November 15, 2005) it would be more appropriate to speak about a false sense of power and self-worth.

### **Suicide as a coping mechanism**

Ronel (personal communication, June 22, 2005) has attempted suicide more than once. Marlene (personal communication, July 16, 2005) also indicated that she considered suicide when she discovered her HIV status. In our conversation, it became apparent that Marlene had also attempted suicide during her first marriage, motivated by relationship difficulties.

Attempting suicide can be viewed as a way to cope with major distress:

Another traumatic life event associated with suicidality is diagnosis of AIDS or HIV, arguably one of the fastest growing and most overwhelming health concerns in the world today. Several factors including painful death, social stigma associated with homosexuality or drug use, uncertainty about the timing and course of the disease, and the impossibility of cure, mean that suicide is often contemplated as an option for persons who are diagnosed with HIV or AIDS (Range et al., 1997, p. 56).

According to Range et al. (1997), an HIV-positive status and AIDS have been added to the list of medical diseases which increase suicide risk. These authors mention that there are distinct periods of suicide risk in persons with HIV/AIDS, namely near the time of HIV

notification and when a person has an active case of AIDS that involves some type of dementia or delirium.

“Suicide is derived from the Latin word ‘self-murder’” (Sadock & Sadock, 2003, p.913). Sadock and Sadock (2003, p.913) emphasise that there is a difference between thinking about suicide and acting it out: “Some persons have ideas of suicide that they will never act upon, some plan for days, weeks, or even years before acting; and others take their lives seemingly on impulse, without premeditation.”

Sue et al. (1994) indicate that although it is dangerous to assume that depression “causes” suicide, various studies have indicated that the two are very highly correlated. Sue et al. (1994) also mention that findings have consistently revealed that many individuals who commit suicide suffer from a DSM-IV disorder. Range et al. (1997) state that the most common diagnoses other than depression associated with suicide are panic disorder, borderline personality disorder and schizophrenia. Other factors that are associated with suicide are separation and divorce, shame, serious illness, loss of a job, and other life stresses (Sue et al., 1994), factors that may be compounded by the HIV/AIDS phenomenon.

A different view on suicide is that it can occur “when shame is viewed as a psychosocial regulatory process, intimately associated with the constitution of the self” (Mokros, 1995, p.1096). From this perspective, acts of suicide are perceived as solutions to intolerable self-ridicule (pathological shame), and the impossibility of reclaiming or achieving a sense of social place (Mokros, 1995). However, this view is at odds with the place of shame within the currently dominant psychiatric understanding of suicide, where shame is marginalised as a symptom among other symptoms that culminate in a psychiatric disorder.

According to Folkman and Lazarus (in Fleishman et al., 2003), people often use multiple coping responses to deal with distressful situations. Importantly, Fleishman et al. (2003) bring to our attention that coping does not occur in a social vacuum. The social environment and the broader social groups to which one belongs shape coping responses. This relates to social constructionism, more specifically the notion that individuals are “created” through their interaction with others, and within the prevailing contexts. This implies that coping behaviour is informed by the discourses regarding HIV/AIDS, as well as by learned (positive or negative) coping responses.



## Spiritual constructions

Marlene (personal communication, July 16, 2005) has indicated that there was a stage when she was angry with God and experienced distance in her relationship with Him. In the conversation with Ronel (personal communication, June 22, 2005) it became apparent that the unforgiveness was creating distance between herself and God, as well as preventing her from attending services at her church with a receptive mind(set). Ronel has mentioned that she only goes to church for her daughter's sake. During the conversation, she indicated that she has difficulty in listening to the pastor, and that she is leaving her Bible at home.

From a Christian perspective, distance from God opens a door to many dangers. According to Huston (2000), unforgiveness (anger, bitterness, blame and revenge) is a deceiving poison (like many other things) that blinds the heart of people from the knowledge of God. It grows into an obstruction that prevents the development of the fruits of the spirit and therefore spiritual growth:

But the fruit of the [Holy] Spirit (the work which His presence within accomplishes) is love, joy (gladness), peace, patience (an even temper, forbearance), kindness, goodness (benevolence), faithfulness, gentleness (meekness, humility), self-control (self-restraint, continence). Against such things there is no law that can bring a charge (Galatians 5:22-23, *The Amplified Bible*, 1987).

However, Huston (2000) argues that we cannot deny the reality and unfairness of the pain of spiritual wounds. Unfortunately, distance from God and a lack of forgiveness have the potential to imprison Christians. This implies that Christians will find themselves in a spiritual jail, all alone<sup>13</sup> with their “torturers” – the feelings of guilt, bitterness, revenge and possibly a destructive fear. Inevitably, this leads to a deterioration of spiritual, emotional and physical health.

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<sup>13</sup> Idette (personal communication, December 9, 2005) mentioned that “all alone” may imply a chosen aloneness, because God is excluded by them, and not by God Himself.

## **A few closing words**

For Wade and Worthington (2003), unforgiveness and forgiveness are often intimately connected – they cannot be regarded as mere opposites. Although forgiveness of necessity entails reduced unforgiveness, reduced unforgiveness does not imply forgiveness. These authors mention that recent theoretical work has suggested that there is an important conceptual difference between granting forgiveness and merely reducing unforgiveness. Worthington (as cited in Wade & Worthington, 2003) indicates that people may use several methods to reduce their unforgiveness, for example successful revenge, denying the hurt, cognitive reframing that excuses or justifies the offender’s actions, accepting the transgression, seeing legal justice done, receiving fair restitution or forgiving. This implies that unforgiveness can be reduced without forgiveness. This phenomenon can be explained as an attempt to reduce the discomfort caused by unforgiveness and its allies (for example, a combination of the emotions of resentment, hostility, hatred, bitterness, anger and fear).

Furthermore, Worthington and Scherer (2004) point out that Wade and Worthington (1999) have distinguish between anger and unforgiveness. It seems that not everyone who is transgressed against becomes unforgiving. People who ruminate angrily, anxiously and depressively risk developing unforgiveness. It also seems that people try to deal with the unforgiveness, which they experience negatively, by dealing with the transgression to rectify it (leading to a narrowed injustice gap and less unforgiveness) or by dealing with the emotion directly.

### **From the researcher’s diary...**

There are obvious similarities between the experiences (as described by the conversational partners) of “unforgiveness” and some of the psychosocial, spiritual and socioeconomic experiences and needs of people living with HIV (Van Dyk, 2001, pp. 256-259). I have been amazed at what I found when I have explored the literature regarding the emerging constructed themes. My amazement relates to my discovery of the complexity and interrelatedness of the issues under discussion, as well as the overlap between these experiences and the academic discourses I found regarding loss and concurrent bereavement. There are also connections with the experience of

existential pain and therefore the ability to find meaning in life. However, if I think about these connections, they do make sense.

I have also become aware that unforgiveness is not a well described phenomenon. At this stage I wonder whether “stuckness” in the mourning process ultimately culminates in “unforgiveness”. Furthermore, I also wonder whether the themes described by the conversational partners are really unforgiveness themes, or whether they are constructions of the bereavement process. To answer these questions much more research regarding unforgiveness and its characteristics is needed. This still leaves me with the question of what unforgiveness really is.

Following is Chapter Six, the conversations focusing on forgiveness and the forgiveness process, resulting in the “new constructions” about forgiveness.

## Chapter 6

### Reworking forgiveness

*Forgiveness is letting go of all hopes of a better past,*

(“A course in miracles”, as cited in Griffin, 2003, p.45)

for that reason

*forgiveness does not change the past, but it does enlarge the future.*

(Boese, as cited in Griffin, 2003 p.55)

### Conceptualising forgiveness

At the start of the new millennium, Worthington (as cited in McCullough et al., 2000) indicated that there is no consensual definition of forgiveness. Four years later, Maltby and Day (2004) stated that the nature of the process involved in forgiveness is still not well defined in the existing literature. This has resulted in definitions of forgiveness that are devoid of clarity and consistency, which hamper productive research and clinical applications. Nonetheless, there seem to be notable areas of emerging consensus regarding definitions of forgiveness (Konstam, et al., 2000).

Denton and Martin (as cited in Konstam et al., 2000, p. 253) indicate that forgiveness requires two people, of whom one “has received a deep and long-lasting injury that is either psychological, emotional, physical, or moral in nature”. Therefore forgiveness is “an inner process by which the person who has been injured releases himself or herself from the anger, resentment, and fear that are felt and does not wish for revenge”.

Once one has located forgiveness in a basic context in which it functions, it follows logically to ask the conversational partners: “What is forgiveness for you?” Camilla (personal communication, July 12, 2005) regards forgiveness as something flowing from the self to

one's fellow humans, resulting in acceptance and making peace. It requires an act from the forgiver, even though it does not rely on a response (positive or negative) from the person who is being forgiven. Marlene (personal communication, July 16, 2005) indicates that forgiveness is a making peace with and a freeing of oneself from feelings of revenge towards the wrongdoer. Marlene has realised that forgiveness takes place regardless of the knowledge that what has happened was wrong. Gerard (personal communication, August 5, 2005) conceptualises forgiveness as freedom from fear and lies, therefore taking responsibility for everything he does. (The reader has to bear in mind that many of Gerard's ideas about forgiveness are based on his experience of being the receiver of forgiveness.) Broadening the concept of forgiveness, Jason (personal communication, July 29, 2005) states that forgiveness means letting go completely. It does not imply a naïve idea that forgiving is forgetting, because forgetting is not possible. In Jason's striking words: "Forgiveness is about letting go, it is not about keeping the rockets at launch."

So, to summarise the conversational partners' conceptualisations, forgiveness is something that requires an interpersonal act (independent from the hurt and the recipient of forgiveness) that has a cleansing effect. Cleansing entails freeing of oneself of negative emotions, therefore creating space for acceptance and peace to emerge. Ilse (electronic communication, January 16, 2006) mentions that the conversational partners' conceptualisation regarding forgiveness motivates her to think about therapeutic intervention. Therapeutic intervention refers to "cleansing rituals", thereby making the act of cleansing even more explicit. Complementary, I want to point out that in the therapeutic context any form of a "cleansing ritual" needs to be acceptable to, negotiated with and in line with a potential client's worldview.

How does the literature conceptualise forgiveness? Ransley (2004a, p.16) mentions that the literature offers a range of definitions for forgiveness:

- releasing resentment towards an offender; and
- restoring relationships and healing inner emotional wounds.

This links well with North's (as cited in Enright & Fitzgibbons, 2000, p.24) ideas regarding forgiveness, namely that

people, upon rationally determining that they have been unfairly treated, forgive when they wilfully abandon resentment and related responses (to which they have a right), and endeavour to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right).

According to Enright (2001), North's definition emphasises that forgiveness begins with pain and that people have a right to their aversive feelings. Based on North's definition of forgiveness, Enright (2001) writes that the process of forgiveness involves

- acknowledgement that the offense was unfair, and will always continue to be unfair;
- a moral right to be angry; (it is fair to cling to our view that people do not have a right to hurt us and that we have a right to respect); and
- giving up something to which we have a right, namely our anger and resentment.

For those reasons, forgiveness requires an act of mercy towards the wrongdoer – someone who does not necessarily deserve mercy (Enright, 2001).

However, for Ransley and Spy (2004), forgiveness is a process that involves the full participation of two people; it is actively sought and welcomed by both. It entails a choice to give the gift of letting go and redirecting energies away from grudges. The authors point out that forgiveness requires the giving up of resentment to which a person has the right. Paradoxically, the giving up of resentment enables the forgiver to give the gift of compassion to which the offender has no right.

So, generally speaking, forgiveness is portrayed as both a psychological and a social construct. This involves specific changes that take place within the forgiver (intrapersonal), as well as in relation to someone else (interpersonal). However, Ransley (2004a) indicates that the change may take place only in the forgiver. Consequently, it is important to distinguish between forgiveness and reconciliation: "While forgiveness is an internal, psychological response to injury, reconciliation with the other is seen as a behavioural coming together again, often after negotiation has taken place" (Bowman, 2003, p.12). For that reason, it is possible to forgive without reconciliation. Nonetheless, I endorse Bowman's (2003) view on forgiveness that although reconciliation may not take place face-to-face with

the wrongdoer (interpersonally), it implies that psychological reconciliation (intrapersonally) with the wrongdoer can take place.

In the context of forgiveness and reconciliation, Marlene (personal communication, July 16, 2005) forgave and reconciled with her ex-husband, implying that they were on speaking terms after forgiveness had taken place. In addition, Marlene's ex-husband offered her an apology, and asked her forgiveness for infecting her with HIV. By contrast, although Jason (personal communication, July 29, 2005) has communicated his forgiveness explicitly to the partner that infected him, no reconciliation has taken place. Neither Gerard (personal communication, August 5, 2005) nor Camilla (personal communication, July 12, 2005) has explicitly communicated forgiveness to anyone.

### **Matters related to HIV/AIDS that require forgiveness**

The following are the issues that the conversational partners identified as matters requiring forgiveness.

#### **The core issues**

These are forgiveness for

- the self, for getting infected (Camilla, personal communication, July 12, 2005; Gerard, personal communication, August 5, 2005; Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005);
- the person who infected them (Camilla, personal communication, July 12, 2005; Gerard, personal communication, August 5, 2005; Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005, Ronel, personal communication, June 22, 2005);
- a close family member for being angry at the person with HIV (Gerard, personal communication, August 5, 2005); and
- the Minister of Health for saying on national television that HIV does not cause AIDS (Gerard, personal communication, August 5, 2005).

This correlates with the series of contexts that Temoshok and Chandra (2000) have identified that may require forgiveness from PLWHAs, namely

- self-forgiveness, forgiving themselves for getting infected;
- interpersonal forgiveness (family, partners, caregivers, God, a divine being or spiritual forces);
- forgiveness for others who they believe have let them down, have failed to protect them or who have led them into situations that resulted in infection, or caused them other misfortune;
- whether others forgive them for being a burden, an embarrassment, or for having violated their trust; and
- whether God or spiritual forces forgive them.

### **Other matters that may also require forgiveness**

Although the following were not pertinently identified as matters that need forgiveness, these matters were mentioned more than once, and they evoked strong emotions and lengthy discussion from the conversational partners. This may be indicative of a kind of emotional investment concerning these matters. They are related to the contexts that may require forgiveness, as identified by Temoshok and Chandra (2000).

#### ***Micro level forgiveness or interpersonal forgiveness.***

This may be needed for

- rejection and a lack of support from family, such as in-laws (Ronel, personal communication, June 22, 2005); and
- gossip, such as Marlene's ex-husband spreading the news about her HIV-positive status (Marlene, personal communication, July 16, 2005).

#### ***Macro level forgiveness.***

This may be needed for

- rejection by the community for being HIV-positive (Ronel, personal communication, June 22, 2005); and
- judgement from society for being gay, and its association with HIV (Camilla, personal communication, July 12, 2005).



### ***Service delivery.***

The following issues were mentioned:

- inhumaneness of the medical doctor who conveyed the news of his HIV test results (Jason, personal communication, July 29, 2005);
- insensitivity by a medical practitioner during a medical examination (Marlene, personal communication, July 16, 2005); and
- “exploitation” by the suppliers of antiretroviral medication (ARVs) (Marlene, personal communication, July 16, 2005).

## **The constructed themes that require forgiveness**

A brief description is given below of the constructed themes concerning forgiveness that emerged in relation to HIV/AIDS as described by the conversational partners. The themes are self-forgiveness, interpersonal forgiveness, stigmatisation, forgiveness at a societal (governmental) level and aspects of service delivery.

### **Self-forgiveness**

According to Murphy (2003), self-forgiveness is a much-discussed topic these days for three main reasons. First, it is much discussed in both the academic world and in popular psychology. Second, it is highly visible on the shelves of the self-help and recovery sections of chain bookstores. Third, it plays a dominant role in various twelve-step programmes. It seems that self-forgiveness is such a popular topic because of how intricate it is. This is linked to humans’ natural tendency to be harder on themselves than on their worst enemy (Griffin, 2003).

When Gerard (personal communication, August 5, 2005) speaks about self-forgiveness, he states:

I had to first of all forgive myself, because it was bloody stupid, knowing all well, I have lived not with the disease itself, but I have lived with the knowledge of the disease for twenty years, I have known about how to take care of myself. I could not say that I was drunk, I could not say that I was under the influence of drugs or that I

got infected through a blood transfusion, whatever. I got infected because I was careless, and that was what happened, and so first of all I had to forgive myself.

“We cannot forgive ourselves unless we forgive others and we cannot forgive others unless we forgive ourselves” (Rowe, as cited in Spy, 2004, p.46). This description implies interrelatedness between self-forgiveness and interpersonal forgiveness. Camilla (personal communication, July 12, 2005) draws on the galaxy as a metaphor to illustrate the interrelatedness between the two constructs. He states that

forgiveness works like the galaxy, you begin at a central point, for example, the sun and then with the planets and stars that are surrounding it. So you have to begin at the main source thereof, yourself. In other words, if you cannot forgive yourself for something, you cannot forgive other people. If you can do that [forgive yourself], it will be easier for you to forgive other people.

Moreover, resonating with Gerard’s (personal communication, August 5, 2005) experience with self-forgiveness, Spy (2004) indicates that self-forgiveness usually operates at two levels. At one level people have a need to forgive themselves for the ‘if onlys’, and on the other for the impact that bitterness and regret have had on their subsequent lives. For that reason, the first step in self-forgiveness is taking responsibility for actions, facing them and admitting that they were wrong (Spy, 2004).

Bauer, et al. (as cited in Bowman, 2003) mention that when one usually thinks about self-forgiveness, it implies a solitary act, carried out and completed in isolation from others. However, these authors bring to our attention that research has shown that the individual’s experience of self-forgiveness is not a solitary act. It can rather be described as a sociable act, because it takes place within some form of relationship. As a result, it involves a radical shift in one’s way of moving in the world. Therefore, “as self-forgiveness is gradually ‘embodied’, the individual moves toward feeling ‘at home in the world’” (Bauer et al., as cited in Bowman, 2003, p.13). Gerhard V (electronic communication, December 2, 2005) points out that as self-forgiveness is embodied, it collapses the distinction between the interpersonal and intrapersonal forms of forgiveness.

In addition, “the process of self-forgiveness can be distinguished from the unnatural, excessive self-focus of narcissism” (Enright & The Human Development Study Group, 1996, p.117). This implies that self-forgiveness is associated with love (not narcissism, which is centred in vanity) and positive self-esteem. However, although the self-forgiveness process has an outcome similar to self-esteem, the authors point out that the process itself is not the same as the process toward the self-esteem endpoint.

Then again, most undertakings in life usually have an upside and a downside. The direction of the outcome of such an undertaking (for example, self-forgiveness) usually relies on an interaction between contextual and individual givens. On the upside, self-forgiveness entails that the self-forgiver knows that certain behaviours have to change. In the context of change, this implies that change can take place in a space where the acknowledgement of self-worth becomes important. Although the self-forgiver does not turn a blind eye to “objective” failures that need refinement, the process allows enough room for genuine positive change to take place. Not surprisingly, the downside suggests that reasons for not forgiving the self will result in an immobility that will hamper change (Enright & The Human Development Study Group, 1996).

Accordingly, Enright and The Human Development Study Group (1996) warn us that we have to be cautious of pseudo-self-forgiveness, because of its potential to become a new opiate that not only blinds us to our faults, but makes those faults all the more likely to occur without guilt. This view is based on the argument about true self-forgiveness as originating from a position of guilt, remorse and shame. The function of the guilt-remorse-shame triad is thus to lead us directly into pain, before it leads us out of the pain. Similarly, Patton (Pargament, et al., 2000) mentions that the path to forgiveness and health is through pain, not around it.

### **Interpersonal forgiveness**

Thoresen, Harris and Luskin (2000, p.255) regard interpersonal forgiveness

as the decision to reduce negative thoughts, affect and behaviour, such as blame and anger, toward an offender or hurtful situation, and to begin to gain [a] better understanding of the offence and the offender.

When Gerard (personal communication, August 5, 2005) thinks about the forgiveness that he chose to grant, he states:

I then had to forgive whoever it was that I got it from, someone who may or may not have known that they were infected. Then my brother that was so unhappy with me, I had to understand his unhappiness, forgive it, and allowed him the time to get over it.

Bowman (2003) points out that when someone has been wronged or hurt, immediate ideas about forgiveness feature at the interpersonal level. This happens because the relationship with the other (the offender) has come to an abrupt halt, which has caused harm, and therefore has deeply affected the self. However, Gerhard V (electronic communication, December 2, 2005) asks whether it is possible for a relationship to come to a halt. He is of the opinion that it rather changes radically in terms of definitions and organisation; therefore, we are speaking about relationship dynamics in a colloquial sense.

Bowman (2003) offers a helpful way to look at interpersonal forgiveness, by comparing and differentiating it from self-forgiveness. I have decided to draw on her descriptions in order to avoid a reiteration of information. So, according to Halling (in Bowman, 2003) in forgiving the self and others, people living with HIV (or anyone else for that matter) move into a deeper, more reflective connection with their own lives, but also with the lives of others. Ultimately, this implies a move towards selfhood. This move becomes possible because the individual relinquishes the notion and illusion of his or her own innocence and perfection.

Bowman (2003) has also identified the following common themes concerning self-forgiveness and interpersonal forgiveness:

- overcoming unrealistic feelings of shame, guilt, loss, anger and self-blame;
- acceptance of one's own human fallibilities, and the fallibilities of others;
- a recognition that forgiveness (intra or interpersonal) is not an act of the human will;
- an acknowledgement that it is a transformative act and thus a "gift";
- a recognition that it is an arduous, pervasive and ongoing process; and
- a sense that it normally occurs within the context of some variation of a loving relationship with others.

Significantly, research has shown that interpersonal forgiveness is not a prerequisite for self-forgiveness. The connection can rather be found in the discovery in the act of interpersonal forgiveness that self-forgiveness has taken place (Bowman, 2003). According to Halling (as cited in Bowman, 2003, p.14) “both of these experiences partake on the same depth” and “either form of forgiveness implicitly touches upon the other”.

When we speak about differences, Halling (as cited in Bowman, 2003) points out that self-forgiveness is the more challenging form of forgiveness. According to Bowman (2003, p.14),

our feelings about ourselves and our own judgements and actions, infiltrate, influence and pervade our being, our lives and our attitudes. However, our feelings about ourselves and what we do and do not forgive about ourselves, are not implied in what we do and say but are also carefully concealed.

Griffin (2003, p.71) also discusses the complexity of self-forgiveness, since “letting go of old grudges and grievances and long-held beliefs about ourselves is difficult”. Appositely, Halling (as cited in Bowman 2003) states that Freud was accurate in his assertion that human beings have an extraordinary capacity for self-deception and concealment. This is particularly connected to those parts of our selves that we dislike, deny or reject. So, the difference between interpersonal and self-forgiveness can be found in the notion that it is much easier to be “busy” with others (dictating interpersonal forgiveness) than to be “busy” with the self.

Moreover, interpersonal forgiveness sets clear boundaries, implying that there is an injury caused by a specific person that usually follows a specific course of events. By contrast, self-forgiveness does not set clear boundaries. In this regard, Halling (as cited in Bowman, 2003, p.14) comments that “with the issues that gather around self-forgiveness, we operate in murkier territory”. Therefore, Bowman (2003) stresses that the experience of self-forgiveness is very difficult to describe. Kauffman (as cited in Griffin, 2003, p.71) gives a good idea of the complexity of the process:

The supreme act of courage is that of forgiving ourselves. That which I was not but could have been. That which I would have done but did not do. Can I find the

fortitude to remember in truth, to understand, to submit, to forgive and to be free  
to move on in time?

This brings us to another constructed theme, not only in the South African community, but also globally that is to say stigmatisation, particularly in relation to the experience of living with HIV/AIDS.

### **Stigmatisation**

According to Masindi (2004), PLWHAs are left to struggle with emotional devastation, anger, denial, self-blame, withdrawal, and the need for disclosure. However, disclosure is risky, because it may lead to subsequent harassment, rejection and social exclusion at various societal levels. Ronel (personal communication, June 22, 2005) mentioned that her in-laws reject her for being HIV-positive. She emphasised that disclosing her status it is not an option for her, for fear of being rejected and banned from the community. Below, there is an excerpt from the conversation with Ronel (personal communication, June 22, 2005) regarding society's ideas about forgiveness.

Corneli: What are society's ideas about forgiveness?

Ronel: [Sighs softly] A lot of people will tell you: 'Try to forgive and forget' [drawlingly] that is what they usually say. What will I get from the community if they discover that I am HIV-positive? 'We are not going to forgive you for what has happened to you'. They do not forgive – they rather ban you from society.

Corneli: What are your ideas about society's inability to forgive you?

Ronel: They hate people that are HIV-positive; they do not accept you if you are positive.

Corneli: What motivates society to be like that?

Ronel: [Clearing throat] They are staying at home, they do not want to go to church with you. They think you have leprosy. Our neighbours are good people; they understand our situation; they know, but they do not talk about it. You are too scared to talk. There is one woman who will draw up a petition to get us banned from the community.

At the same time, Marlene (personal communication, July 16, 2005) indicates that she is irritated with her most recent ex-husband. She has decided to divorce him. One motivating factor is her fear of infecting him with HIV. When she informed him of her intention to divorce him, he tried to commit suicide. However, when they eventually got divorced, Marlene discovered that he was spreading the news about her HIV-positive status. Spreading the news can be interpreted in many ways, and one interpretation is that he is punishing her for divorcing him. Not surprisingly, Marlene fears that once people discover that she is HIV-positive, they will behave differently towards her.

Masindi (2004) refers to the fear of HIV/AIDS as the creator of a culture of suspicion. Therefore, “all these fears make disclosure of HIV-positive status a difficult choice. This drives the epidemic underground and perpetuates its silent nature, thus undermining preventative strategies and affecting health-seeking behaviour” (Masindi, 2004, p.2). However, by contrast, Marlene (personal communication, July 16, 2005) had an uplifting experience at work when she decided to disclose her status to her employer. Although her employer was very shocked about the news, he hugged (and kissed) Marlene, indicating to her that he accepts her as is. Marlene pointed out that up to date he still treats her in the same way as he treats his other employees.

It seems as if the HIV stigma prevalent earlier in the HIV/AIDS pandemic has lessened, because more people are living openly with HIV/AIDS. This is demonstrated in Gerard’s and Jason’s choice not to employ a pseudonym. Although Camilla decided to use his stage name for this study, he is also openly living with HIV. This suggests that his decision is not fuelled by a need to protect himself against discrimination and any stigma associated with HIV/AIDS. It is worth noting that only the homosexual conversational partners are living openly with their status, which may say something important about the prevailing discourses regarding HIV/AIDS in the gay community.

### **Forgiveness at a societal (governmental) level**

In Gerard’s (personal communication, August 5, 2005) opinion people living with HIV are not impressed when they hear prominent figures in the South African government indicating that HIV does not cause AIDS. When I asked Gerard (personal communication, August 5, 2005) about matters that need to be forgiven in relation to society, he spoke about matters that emerge at a governmental level.

Gerard: Our Minister of Health, she says stupid things, and our President says bloody stupid things, and it is not going to do good to anyone to sit on national television and say stupid things. [Angrily] They just let it go.

Corneli: What are they saying that angers you?

Gerard: Things like HIV does not cause AIDS. I do not know now, but it certainly seemed to me quite obvious that there is a relationship between the two, and then he [the President] said: ‘I do not know anyone who has HIV.’ You know that sort of thing just cannot be true, and one has to say: ‘Well this is silly.’ It is not going to do any good to me to get uptight about it.

Combating HIV/AIDS is South Africa’s largest social and economic challenge, as the disease has already had an impact on the health, welfare and educational systems, as well as the economy (Resources and infrastructure: Health, 2004). President Thabo Mbeki has in recent years been largely absent from the HIV/AIDS debate, following his questioning of whether HIV causes the AIDS syndrome. The President had adopted the view that the AIDS syndrome was not primarily caused by the HIV virus, but ascribed it to poverty, poor diets, and other social ills. As a result of this view was the government’s reluctance to provide antiretroviral medication (ARVs). That placed HIV/AIDS in the centre of the political arena, transforming it into a major political issue, both domestically and internationally (Resources and infrastructure: Health, 2004).

The reader may notice that the President’s view is representative of a powerful discourse regarding HIV/AIDS that was constructed at a high level in the South African society. Not all people are as fortunate as Gerard (personal communication, August 5, 2005) who has a metaperspective on a discourse that was constructed at an influential level of society. This refers to Gerard’s remark that it would not be beneficial for him to get uptight about the whole matter, implying that some investments are not worthwhile. However, although it seems as if the President realises that his stance was mistaken, we all know that it takes time for feelings to calm down.



### ***From the researcher's diary...***

As an intern psychologist based at Itsoseng Clinic, Mamelodi Campus (University of Pretoria), I have met with Ms X for several counselling sessions. Ms X indicated that her husband works far from home, and therefore does not come home regularly. During our sessions it became apparent that she was very concerned about her health (joint pains) and she mentioned casually one day that she is considering swinging (an exchange of sexual partners). Exploration brought to light that there is a general belief in the community that when a woman does not have regular intercourse, she will have joint problems, due to a lack of lubrication. This discourse concerning sexual intercourse has serious implications for the HIV/AIDS pandemic!

The incident with Ms X, reminded me of the conspiracy theories of HIV/AIDS that I have heard about. One conspiracy theory posits that the government of the United States of America (US) produced AIDS to control the black population (Conspiracy theories of HIV/AIDS, 2005). According to a new US study (Conspiracy theories of HIV/AIDS, 2005), there are several African Americans who believe that HIV was produced in a government laboratory, and that there is a cure for HIV/AIDS that is being withheld from the poor. This then raises the question what the possible conspiracy theories regarding HIV/AIDS in the South African context are. Another question is how political figures may unintentionally contribute to the construction of these theories and other disadvantageous discourses regarding HIV/AIDS. As can be expected, the US study (Conspiracy theories of HIV/AIDS, 2005) points out that it is unlikely that men and women who believe that the government has created HIV, will listen to the government's health warnings, come in for testing, or take recommended treatments.

Taking into account only some of the implications of HIV/AIDS, for example, large numbers of people dying of AIDS, misperceptions in the community regarding HIV/AIDS (such as sex with a virgin cures AIDS), missed generations (child-headed families and households), the burden on the economy and so on, I would like to speculate that these factors combined have the potential to reach a point where they collapse into mass anger, blame and vengefulness. This implies that such a collapse may also require societal forgiveness efforts at some stage, as in the case of the TRC (political crimes). For that reason, it leaves me with the question whether HIV/AIDS will also be a political battlefield requiring forgiveness at some stage.

## Service delivery

Temoshok and Chandra (2000) point out the importance of the inclusion of the health care context regarding forgiveness, such as medical and mental health care services. When a person with HIV's contact with the health care system has been negative, it results in difficulty in forgiving health care professionals, as well as an inability to forgive the person in the health care system who first informed the person of his or her HIV status. In this regard, Jason (personal communication, July 29, 2005) emphasised the inhumaneness of the medical doctor who has conveyed the news to him:

Jason: I just got the letter; I took it to my doctor. She was a terrible doctor.

Corneli: Tell me about her.

Jason: She said: 'I have phoned them [blood transfusion services] and they said it was HIV. There is no need for me to do another test.' Those were her exact words. She said: 'Can I write you a letter to go to a general hospital? There is a support group, there is a clinic.' So, I said no thank you and left. She was very cold.

Corneli: Clinical?

Jason: Beyond, she was inhuman, really she was not even sitting down, she just stood there, she said it was HIV, I do not think I have to do another test, because they have confirmed it. Then I said oh, she said: 'Should I write you a letter?', I said no. So, no further information, she did not worry about what happens to me afterwards, she did not worry about can I refer you to a counsellor at least...

Corneli: Did you expect something else from her?

Jason: I think [...] I expected her to be much more compassionate or to speak to me in a [...], maybe that is why I just decided to put on my defensive, protective, independent mode, [uhm], and maybe that is why I dealt with it like that for a year.

Marlene (personal communication, July 16, 2005) also had an unhappy experience with Dr B, after her family doctor emigrated to Australia. Marlene commented on her experience:

Marlene: Arriving there [at Dr B's office], so impersonal, you feel uncomfortable and now you have to tell him. He is typing your name and address on his computer and now you have to, you feel like a worm. He has to examine you, and you

have to tell him where you got it from... He said ‘Really? Was he gay?’ Just there, [indignant]...

Marlene: This cross I have for years, and it has meaning to me [showing me the cross on her necklace]. This is what I believe in, this is who I am, what I hang onto, but he just looked at the cross and asked me: ‘What does it mean to you? Is this what you are or are you just wearing it?’ I wanted to explode [indignant]. I left his office although I had another appointment with him. He phoned me, but I said: ‘Sorry, I am not going back there. I am very sorry.’

Temoshok and Chandra (2000) mention that PLWHAs may have an unforgiving attitude towards those who provide care, but are perceived as inadequate. Marlene (personal communication, July 16, 2005) spoke about her experiences with some suppliers of ARVs as people who are only looking after their own interests. In Marlene’s opinion, those suppliers are only interested in PLWHAs whose immune system has deteriorated to the prescribed level that allows them to go on ARV treatment. So, when a PLWHA’s immune system has deteriorated enough, the suppliers put on their “care” face, because of the mediating function that “care” has for their money-making schemes.

Furthermore, Temoshok and Chandra (2000) suggest that the health care context for forgiveness could also be conceptually widened to include counselling and psychosocial/psychiatric care. In the experience of Chandra (as cited in Temoshok & Chandra, 2000), forgiveness issues often emerge in psychotherapy or counselling when the client is unable to forgive the therapist for not making things better.

On the other hand, it is important to bring to the reader’s attention that despite the negative and insensitive attitudes that PLWHAs sometimes encounter in society, there are also experiences that are positive in relation to health care systems and professionals. Gerard (personal communication, August 5, 2005) commented as follows:

Corneli: What are the medical people’s attitudes towards you during routine tests and treatment?

Gerard: Wonderfully, [uhm], the first time I went to the dentist after my diagnosis I said: ‘I’ve got to tell you that I am HIV-positive’. He said: ‘Perfect, we work from the assumption that everybody is HIV-positive anyway.’ I am very

fortunate, I am treated by a HIV specialist and they have a big team, so there are doctors, nurses, and...

Ilse (electronic communication, November 23, 2005) comments that she is often struck by how insensitive and unknowing the general population can be. This refers especially to those interfacing with PLWHAs such as doctors. Consequently, Ilse poses the question how we can eradicate HIV/AIDS when those working with PLWHAs make it so impossible for sufferers to return to medical institutions for assistance. She justly comments that stigmatisation runs through all socio-economic strata in society, but is perhaps more prevalent among wealthier groups.

Van Dyk (2001, p.248) mentions that the following words of Eastaugh should be kept in mind by all health care professionals who have to share a positive HIV test result with their clients:

Never has a client complained because the health care professional shed a tear with him [or her]; indeed, it seems that clients gain support in dealing with bad news when they perceive their informant is also distressed. It is cold, professional detachment that causes greater offence.

### **The forgiveness process: setting the scene**

I have discovered that, according to current theory, forgiveness is “a process that parallel[s] the general stages believed to occur in recovery from a psychological trauma: (a) impact, (b) a search for meaning, and (c) recovery” (Coop Gordon & Baucom, 1998, p.426). These authors mention that, although the model of recovery from traumatic stress fits the general pattern of forgiveness, there are several aspects that remain unique to forgiveness itself. One of these aspects is the interpersonal characteristics involved in this process.

Accordingly, I have to ask what the link(s) and interface(s) between trauma, loss, suffering and forgiveness, and meaning construction are. What compels us to distinguish between these individually described processes? How do we know which process are we actually busy

with? However, for this study I assume that the losses experienced by PLWHAs inflict suffering that necessitates the forgiveness process. Ultimately, the processes combined (suffering and forgiveness) have the potential to contribute to or facilitate the outcomes (gains) of the process. As a result, the reader has to view the conversations below, concerning loss, suffering, forgiveness and the outcomes of the forgiveness process as process-oriented (loss↔suffering↔forgiveness↔dividends (benefits)↔loss). Therefore, a forgiveness process can never be regarded as a linear process.

### **The co-existence of loss and suffering**

Suffering may occur for various reasons, usually in response to loss. Morse (2001) views losses as the loss of a pain-free existence or the loss of health, the loss of dignity, the loss of movement, the loss of an anticipated future, the loss of another, and the loss of self. Morse's view can be extended to HIV-related losses.

As has been mentioned in Chapter 3, Van Dyk (2001) indicates that the theme of loss touches every aspect of an HIV-infected individual's life. PLWHAs may experience a loss of control, of autonomy, of their ambitions, of physical attractiveness, of sexual relationships, of status and of respect in the community, of financial stability and of independence. This implies that they may fear the loss of their ability to care for themselves and their families, but also the fear of losing their jobs, their friends and family. What is more, Mitchell and Linsk (2004) mention that people living with HIV are forced to confront tasks and issues that are age-discordant. In this case, all the conversational partners were adults in the prime of their lives (their ages varied from 31 to 48 years), and they have to confront the challenges of physical and mental debilitation. Furthermore, the mere idea of premature death has the potential to radically challenge their "typical" future orientation. For many people living with HIV, poses a distressing challenge. These losses combined have the potential to inflict intense suffering.

Cassell (as cited in Strang, Strang, Hultborn & Arnér, 2004, p.242) defines suffering as "a state of severe distress associated with events that threaten[s] the intactness of the person, that is, any aspect of the person – physical, social, psychological or existential". Based on the writings of various authors (Cassell, 1982; Chapman & Gavrin, 1999; Rodgers & Cowles, 1997), Cassell (as cited in Strang et al., 2004) concludes that suffering is experienced by persons, not merely by bodies, and that suffering occurs when impending destruction of a person is perceived for example, when someone is infected with HIV. Frankl (as cited in

Lowen, 2000) believes that a person's attitude toward time (past, present and future) becomes central in such intense circumstances. Therefore, although the impact of the pain (suffering) is in the present, it places the experience of the person living with HIV regarding mourning for and a loss of past, present and future relationships, in the present (Bowman, 2003). Furthermore, Cassell (as cited in Morse, 2001) points out that suffering continues until the threat of destruction has passed or until the integrity of the person can be restored in some other manner. Social scientists have observed for many decades that suffering is experienced as coloured by the meaning that the sufferer ascribes to the "injury" or distressing event (for example being infected with HIV) (Morse, 2001).

Yalom (as cited in Strang, et al., 2004) has summarised four basic domains that result in existential thoughts and suffering that are highly significant for those who face suffering and ultimately death (death is an inescapable certainty):

- Freedom, means that a person must always choose. Every choice implies a responsibility and creates anxiety. Unethical choices made earlier in life may result in existential guilt and in a need for reconciliation.
- The question of meaning and meaninglessness arises, for example, and relationships, spirituality, and even religion may (but do not have to) give meaning.
- Existential isolation, refers to the fact that in certain questions, one can feel alone – even in the company of others – particularly prior to one's own death or in relation to (an absent) God.
- Death, is the source of a universal anxiety, but it also reflects life and makes the remaining life more intense and authentic.

Garrow and Walker (2001) mention that the existential perspective suggests that death and life are interdependent (and in my opinion paradoxical as well). The paradox lies in the notion that although the physicality of death destroys one, the idea of death also has the potential to liberate (to save in the context of Christianity or another form of spirituality, implying life after death). Garrow and Walker (2001) point out that various authors (for example, Tomer, 1992 and Yalom, 1980) agree that the prospect of death motivates individuals to assume responsibility and respond to the opportunities life has to offer. Therefore, Yalom emphasises that accountability (in relation to an individual living with HIV) can be found in a growing awareness of responsibility (Garrow & Walker, 2001). This

awareness of responsibility has the potential to facilitate the “reformulation” of suffering that in any case entails the self, destiny, life, predicaments, and feelings. Importantly, Yalom (as cited in Garrow & Walker, 2001) points out that as long as a person perceives his or her situation as created by external forces, it will be difficult for the person to commit to personal change. Egnew (2005) emphasises that suffering can be transcended by accepting the necessity for suffering, implying moving to a position where it is possible to find meaning in a threatening event. Rightly, Frankl (as cited in Egnew, 2005) states that suffering ceases to be suffering the moment it finds a meaning. Still on the topic of meaning construction, this requires the reconstruction of identity, reforming purpose, and revising life narratives to accept or find meaning, thus transcending suffering. This suggests that as a result people (living with HIV) may experience healing (Egnew, 2005). Morse (2001, p.6) also writes the following:

Gradually, when one has ‘suffered enough’, hope begins to seep in, and possible alternative futures are envisioned, realistic goals are established, and strategies to work toward achieving these goals are made. It is the work of hope that brings the person from despair to the formulated self. Once suffering has been worked through, people report that they revalue their lives; they live life more deeply.

Below, there is a construction of the forgiveness process that emerged as a result of the conversations with the conversational partners. Based on Morse’s (2001) view on suffering and hope, I assume that forgiveness is a strategy that life (God for a Christian) offers us to work towards a differently envisioned future.

### **The forgiveness process**

I do not wish to create the impression that the following descriptions of the forgiveness process try to capture and depict it as “the process”. These descriptions have to be regarded as constructions situated in a timeline that has emerged and has been combined to bring about a process-type of description. After the process emerged, I briefly compared it to the existing literature related to models and processes of forgiveness. The reason for that was to ensure the quality of the findings. Although the constructed process draws parallels with the process

model of forgiveness (Enright & Fitzgibbons, 2000), it is not as well described as the process model. That is to be expected, because the intention of the study was not to provide the reader with in-depth and detailed process models and/or descriptions. However, for the curious reader, there is an array of literature available related to various models and processes of forgiveness, for example, those of Enright and Fitzgibbons (2000); Maboea (2003); Pargament et al. (2000) and Von Krosigk (2004).

### **The basics of the process model of forgiveness**

According to Maboea (2003), the clinical (forgiveness) literature is flooded with stage-based models. Similarly, Ransley (2004a) mentions that a number of models have been developed to describe the process of forgiveness. Ransley (2004a) indicates that almost all these models include

- the development of empathy for the wrongdoer;
- the regaining of a more balanced view;
- letting go of resentment; and
- giving up the right to punish.

Therefore, forgiveness involves changes in motivation, affect and cognition, possibly resulting in changed behaviour. That is why Ransley (2004a) declares that these similarities combined construct forgiveness as a complex process.

At this point, it is important to introduce the reader briefly to the process model of forgiveness. I decided to draw on the process model of Enright and the Human Development Study Group, as presented by Enright and Fitzgibbons (2000). The word “process” implies that it is not a rigid stepwise model that requires one to move in a linear way through the different stages, depending on the completion of the previous stage. Process models draw on the notion of circularity, implying a continuous backward and forward movement (also in a traversal way) between different stages (Enright & Fitzgibbons, 2000; Gerhard V, electronic communication, December 2, 2005).

The model is well described in the literature, and it seems to be a model that is often employed by psychotherapists and counsellors as a strategy or “technique” to facilitate healing. Healing in the forgiveness context entails “the healing of the ‘wounds’ perceived to be caused by others” (Maboea, 2003, p.26).



Enright's model describes twenty psychological and behavioural processes involved in forgiving. Therefore, it focuses on the integration of cognitive, affective and behavioural strategies involved in formulating a moral response (Von Krosigk, 2004). Below, there is an integration of various sources (Enright & Fitzgibbons, 2000; Maboea, 2003; Von Krosigk, 2004) to give the reader a good sense of the model, without going into detailed discussions.

***The uncovering phase: pre-forgiveness.***

The goal of this phase is to gain insight into whether and how the injustice (for example being infected with HIV) and subsequent injury have compromised a person's life. It compromises

- an examination of psychological defenses and the issues involved (Kiel, 1986);
- a confrontation of the anger – the point is to release, not to harbour the anger (Trainer, 1981/1984);
- an admission of shame, when this is appropriate (Patton, 1985);
- an awareness of depleted emotional energy (Droll, 1984);
- an awareness of a cognitive rehearsal of the offense (Droll, 1984);
- a insight that the injured party may be comparing him/herself with the injurer (Kiel, 1986);
- a realisation that the self may be permanently and adversely changed by the injury (Close, 1970); and
- insight into a possibly altered “just world” view (Flanigan, 1987).

***The decision phase: awareness – new solutions may be required.***

The goal of this phase is to gain an accurate understanding of the nature of forgiveness and to make a decision to commit oneself to forgiving on the basis of this understanding. It involves

- a change of heart/conversion/new insights that old resolution strategies are not working (North, 1987);
- a willingness to consider forgiveness as an option (Enright, Freedman & Rique, 1998); and
- a commitment to forgiving the offender (Neblett, 1974).

***The work phase: change – leading to forgiveness.***

The goal of this phase is gaining a cognitive understanding of the offender and beginning to view the offender in a new light, resulting in a positive change in affect about the offender, about the self, and about the relationship. It involves

- an reframing, through role-taking, of who the wrongdoer is by viewing him or her in context (Smith, 1981);
- empathy and compassion toward the offender (Cunningham, 1985; Droll, 1984);
- bearing/accepting the pain (Bergin, 1988); and
- giving a moral gift to the offender (North, 1987).

***The deepening phase: change – leading to increased meaning construction.***

The goal of this phase is finding increasing meaning in the suffering, feeling more connected with others, and experiencing decreased negative affect and, at times, renewed purpose in life. It involves

- finding meaning for the self and others in the suffering and in the forgiveness process (Frankl, 1959);
- a realisation that the self has needed others' forgiveness in the past (Cunningham, 1985);
- insight that one is not alone (universality, support) (Enright et al., 1998);
- a realisation that the self may have a new purpose in life because of the injury (Enright et al., 1998); and
- an awareness of a decreased negative affect, perhaps an increased positive affect, if this begins to emerge, toward the injurer: an awareness of internal, emotional releases (Smedes, 1984).

Although the model consists of grouped processes, the sequence of the processes should not be seen as lacking variation. This suggests that the processes are connected by feedback and feedforward loops, implying a forward and backward movement between the various processes. This implies that the time people spend in each process, as well as the ease or difficulty of the work experienced in each process, differs from one individual to another. Consequently, it is not possible to predict the duration of the forgiveness process (Enright & Fitzgibbons, 2000; Von Krosigk, 2004). I have extended the basic operation of this process model of forgiveness to new constructions of forgiveness.

### **New constructions: the process of forgiveness**

I have drawn on the notion of “natural emergence”, which entails that themes emerge naturally during the data work phase (see Chapter Four). This implies that I have allowed the themes that have transpired to guide me to the relevant literature. For that reason, I have decided not to change the constructed process to fit the processes described in the literature. Hence, the process will remain a new construction.

However, the reader has to regard the following constructions as a simplistic description of a very complex process. To “overcome” the simplicity of the constructions, I decided to construct “a process” in tandem with the conversations “the process” elicited between myself and the literature. For that reason, it is important to state that the constructions that have emerged from the conversations with the conversational partners do not take a back seat in relation to the conversations with the literature. This parallel process is intended to complement and thicken the descriptions of the constructed forgiveness process.

### **The impact: discovering that one has been being infected with HIV**

Jason, Marlene and Ronel were informed by letter that there was something suspicious about the blood that they had donated. For that reason, they were requested to contact their general practitioner or to see their local health professional (Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005; Ronel, personal communication, June 22, 2005). Camilla (personal communication, July 12, 2005) suspected that something concerning his health was not within the usual parameters, and requested a blood test at the hospital where he was working at that stage. Gerard (personal communication, August 5, 2005) requested an HIV test at his medical practitioner’s office, after repeated condom failure during sexual intercourse.

For a more detailed sketch of the impact of the news and some of the concomitant experiences of being HIV-positive, the reader is referred back to Chapter Five of this study. The impact stage of forgiveness as described in this study has similarities with the uncovering phase of Enright’s process model (Enright & Fitzgibbons, 2000). The authors point out that at the end of the uncovering phase, the person may have explored different levels of pain, such as anger, shame, depleted energy, cognitive rehearsal, comparison between the offender and self, possible permanent injury, and an altered world view. The authors mention that the intensity and number of levels of pain vary between different individuals. However, it is

obvious that some of the processes (such as anger, shame, cognitive rehearsal) that constitute the uncovering phase resemble the unforgiveness phenomenon, described in Chapter Five of this study. It is therefore not surprising that the uncovering phase is also referred to as pre-forgiveness (Von Krosigk, 2004).

### **Rummaging around: introspection, realizing and acknowledging one's own human nature**

According to Camilla (personal communication, July 12, 2005) and Marlene (personal communication, July 16, 2005), being able to forgive necessitates a lot of introspection. At the same time, Camilla (personal communication, July 12, 2005) mentioned that forgiveness required an openness and honesty with himself. However, as part of the introspection process it was important to reach a place where the conversational partners realised and acknowledged their own human nature (Jason, personal communication, July 29, 2005; Gerard, personal communication, August 5, 2005; Marlene, personal communication, July 16, 2005). According to Jason (personal communication, July 29, 2005), this implies that it was important to realise and acknowledge that he was capable of doing the very same thing to others, meaning that giving the chance to “kill” (infecting someone with HIV), he would be able to “kill”. Jason (personal communication, July 29, 2005) commented on his human nature as follows:

I think it is the realisation that I could have done the same thing to someone else, the same hurt [...], or that I am capable of doing that. At the time when you get hurt, obviously you are not thinking rationally, you are thinking how could this possibly happen. But realising that [...] you are just as capable as they are to do the same thing, you have remorse and it is humbling. That [emphasise] makes forgiveness so much more possible or easy, and it is not just acknowledging that you are capable of doing that. It is accepting that giving the chance I could kill [emphasise], regardless of the circumstances, giving the chance, I could kill. So, realising that I am capable of that, it is human, you are just another person, it is human. [Uhm], because I think a lot of times it is easy to be irrational and to be self-righteous. There are certain things you cannot do, or you would not do, but I think realising that you can, and that this

person [the wrongdoer] is made of flesh and blood, just as you are, they did this, so can I or even worse [emphasis].

In support, Marlene (personal communication, July 16, 2005) believes that it is important to realise that there is no such a thing as a flawless human being, suggesting that people tend to make mistakes. Gerard (personal communication, August 5, 2005), commenting on the topic of human imperfection, indicated that he had to acknowledge his weaknesses, because he was going through life as if he was perfect. However, to strike a balance introspection required him to learn that he was not that bad after all, therefore getting a bit closer to the “perfect being” he would like to be. This definitely brings to the fore the paradoxical nature of forgiveness.

Patton (as cited in Maboea, 2003) points out that forgiveness is not a simple issue of willpower or merely letting go. It rather entails a process of discovering that “I am more like those who have hurt me than different from them” (Patton, as cited in Maboea, 2003, p.14). However, forgiveness encapsulates another process, namely the discovery of one’s identity beyond the experience of the injury and brokenness. So, “this discovery process seems to encompass a willingness to embrace the shame that is invariably involved in our relational wounds, and wounding” (Hill, as cited in Maboea, 2003, p.14). This dual discovery process calls for empathy towards the self, as well as for others (Maboea, 2003).

Concerning these parallel processes, I would like to think that the stage of rummaging around (introspection) correlates with the work phase of the process model. The cognitive understanding of the resemblance between oneself and the wrongdoer facilitates a positive change towards the self and the wrongdoer (Enright & Fitzgibbons, 2000).

### **The decision: a change of heart**

During our conversation Camilla (personal communication, July 12, 2005) mentioned that he had to acknowledge that HIV had happened to him. For that reason he had to ask himself: “What can I do about it?” For Camilla, one option was to make a decision to forgive the wrongdoer, otherwise he would have been in a constant state of anger.

In support, Jason (personal communication, July 29, 2005) also suggested that there is a decision to be made when we speak about forgiveness:

I always say to friends and my partner: How is your wrong going to do my wrong right? I understand you are angry, but if you are doing me wrong because I wronged you, nothing can be right. If you want the wrong to be wrong, let us just continue, let us get on. If you want to be right, let us be right, and I think it is right for us to forgive.

Enright and Fitzgibbons (2000) argue that the decision in favour of forgiveness is motivated by the pain experienced in the previous phases. Hence, the pain is directly linked to the matters that are constructed as unforgiveness in Chapter Five of this study. Furthermore, the decision is shaped by the discovery and realisation that one is not coping that well in response to the injustice (Enright & Fitzgibbons, 2000). Hence, that necessitates the courage to doubt the functionality of old strategies (coping styles, such as anger, resentment and revenge) and to explore alternatives.

In this regard, Ransley (2004b) writes that to move on, a person has to feel sufficiently powerful to face both the pain and the future. Therefore, the person has to become more than the loss(es), anger and the search for justice. Enright and Fitzgibbons (2000, p.77) point out that

as people ask such a question targeted toward the one who hurt them, they slowly may begin to challenge the pessimistic philosophies that crept into their worldview and sense of identity. If the emotional pain continues and if the pessimistic philosophy is part of this pain, then the philosophy itself may be challenged. At this point, [people] sometimes enter a search for new ways of relating not only to the offender but also to people in general. Some fall back to ways of viewing the world that were effective for them as children or as adults prior to the injustice. If the older way of interpreting the world included much idealism, this way is embraced with a greater subtlety and maturity than before. Sometimes the person develops

entirely new ways of seeing and interpreting the world, including what Yandell (1998) called ‘cosmic perspectives’, including metaphysical or religious beliefs, especially those that make a place for forgiveness and responses other than resentment and revenge.

Nonetheless, Thoresen et al. (2000) point out that the choice to let go of the negative affect, cognitions, and behaviours may commonly occur in the early phases of the forgiveness process. Interestingly, Enright and Fitzgibbons (2000) comment that people tend to forgive in a cognitive sense first, before they move toward affective forgiveness. So, it may happen that the various outcomes of forgiveness, such as reduced anger and blame may not occur for weeks, months, or perhaps years (Thoresen et al., 2000). This comment on the time frame, resonates with what Marlene (personal communication, July 16, 2005) mentioned – it took her three years to be able to “complete” forgiveness.

### ***From the researchers diary...***

During the study I was confronted more than once with the question concerning forgiveness as a choice. After some musing about the matter, I hold the opinion that forgiveness is a choice. Therefore, I was reassured when I discovered that some renowned writers (Enright & Fitzgibbons, 2000; Enright, 2001) on forgiveness also consider forgiveness a choice. So, it does require a decision (implying a choice and different options) to put the process into action. The decision is thoroughly underpinned by the merging of the discourse inputs of various contexts (for example, religious, moral or societal pressure). However, the form, flavour and content of the process do not entail a decision – instead, it has a life of its own, fed by individual dynamics (as informed by societal discourse).

Enright and Fitzgibbons (2000) also point out that decisions in the context of forgiveness also require a decision in relation to commitment. These authors declare that “a commitment to forgive is a decision, a cognitive act” (Enright & Fitzgibbons, 2000, p.78). This commitment can occur while the person is still angry and resentful, implying a decision not to act on the

resentment. This suggests a degree of control over what has happened and how to respond. So, Gerhard V (electronic communication, December 2, 2005) points out that commitment is not a consequence of forgiving, but precedes it. It seems to be the cognitive part of a process that will later move towards the affective and the behavioural.

### **Maintenance and continuation**

Although Camilla (personal communication, July 12, 2005) has forgiven, he mentions that he sometimes feels as if forgiveness has not happened. So, “it is important to persist in what you are doing, therefore it is not giving up, it requires forgiving all the time” (Camilla, personal communication, July 12, 2005). Camilla’s experience of forgiveness is supported by Nelson Mandela’s statement that

forgiveness means letting go of a certain kind of attachment to the perpetrator.

Forgiveness hurts, too, because to forgive means to remember, and that often entails re-experiencing the hurt associated with the past. (as cited in Spy, 2004, p.38)

### ***From the researcher’s diary***

During my interaction with the literature I noted Enright and Fitzgibbons’s (2000) comment that, in their experience, people pondering on unforgiveness sometimes advocate a modern version of the flat-earth theory. So, the unforgiving person

would like to grab the offender by the nape of the neck; march the offender to the farthest reaches of the realm; and drop the offender, listening as he or she picks up speed in the fall. (Enright and Fitzgibbons, 2000, p.80)

This links up with Camilla and Nelson Mandela’s idea that even though one may find oneself in the midst of the forgiveness process, the possibility exists that one may be revisited by unforgiveness and its allies. Such visits may even deliver an invitation to the person to grab the offender by the nape of the neck... Fortunately, if one is aware of the unexpected visits and the temptations thereof, one can choose to stay committed to the decision of forgiveness.



On the positive side, Gerard (personal communication, August 5, 2005) mentions that forgiveness allows people to continue with their lives. So,

if we do not forgive, we will never be able to speak to one another again. Before we know each one of us will be sitting on a pole in the middle of nowhere – isolated and alone. Isolation hinders individuals to grow, and therefore society as a collection of individuals cannot grow.

Below several outcomes of the forgiveness process, as identified by the conversational partners, are set out.

### **Outcomes of the forgiveness process**

I have assumed that the outcomes of the forgiveness process, as identified by the conversational partners, are the result of the combined processes of coexisting suffering and existential pain that have in part required forgiveness. Forgiveness viewed in this way is portrayed as a mediating factor in personal growth and the construction of meaning. Nevertheless, Hargrave and Sells (in Konstam et al., 2000) point out that there is no agreement on whether forgiveness is necessarily a component of personal growth.

The dividends of the forgiveness process are the following:

- being at peace with the self and others (Camilla, personal communication, July 12, 2005; Marlene, personal communication, July 16, 2005);
- being able to love one's enemy (Camilla, personal communication, July 12, 2005; Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005; Ronel, personal communication, June 22, 2005);
- empathy (Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005);
- humour (Camilla, personal communication, July 12, 2005; Gerard, personal communication, August 5, 2005);
- freedom from anger, resentment and bitterness (Jason, personal communication, July 29, 2005);

- humility (Camilla, personal communication, July 12, 2005; Jason, personal communication, July 29, 2005);
- a stronger relationship with God (Marlene, personal communication, July 16, 2005); and
- health benefits (Camilla, personal communication, July 12, 2005; Gerard, personal communication, August 5, 2005; Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005).

### ***From the researcher's diary...***

The outcome of the forgiveness process reminded me of an event during my Standard Five (nowadays Grade Seven) year. I was a Free State country girl, and on the verge of going to a secondary school in a nearby city. My mother had begun the individuation process. She was enthusiastically building my capacity to study on my own. However, she knew that I sometimes liked to take shortcuts and that my attention was much more focused on the tempting activities that the country environment provided. For that reason she thought it was a good idea to do a surprise “check” on my working knowledge of English, considering that I would write the paper the following day. Needless to say, the rest of the day I was in the company of my English books, with my (concerned) mother keeping an eye on my progress.

How does this event link up with the benefits of the forgiveness process? I find the link in my lived experience and what I have witnessed in psychotherapy (group) supervision. We encounter specific situations (usually upsetting in some way) repeatedly, until we are ready to face them and deal with them. Those unsettling situations that we meet in life are almost like an entity keeping an eye on our progress regarding various issues. If there is not much progress or awareness we will encounter these issues again, and again, and again...

Nonetheless, during my conversations with the literature, it came to my attention that what I considered the outcomes of the forgiveness process relate to both the work and the deepening phases of the process model of forgiveness (Enright & Fitzgibbons, 2000). The work phase is regarded as the deep process of forgiveness. Therefore, the words “work” and “deep” point

to a phase that requires difficult work; however, it holds the promise of emotional relief, and even re-established relationships. A complementary benefit is that the deepening phase can be regarded as a continuation of the work phase, and the phase where the benefits are internalised and settled (Enright & Fitzgibbons, 2000). Furthermore, what follows is constructions of life and hope. I have assumed that the different outcomes of the forgiveness process combined contributed to (or facilitated) these constructions of life and hope.

## **The good news**

### **[Constructions of life and hope]**

Enright and Fitzgibbons (2000) regard the constructions of life and hope as linked to the deepening phase of the process model of forgiveness. The deepening phase involves finding of meaning, needing others' forgiveness, knowing that one is not alone, realising a new purpose, and becoming aware of affective transformation.

The transcript below is an extract from a conversation with Marlene (personal communication, July 16, 2005) which gives the reader an indication of constructions of hope and life:

Marlene: After all, I am happy and satisfied with my life. I know I cannot depend on 'over three of four years', I am living now for ten years. In the beginning it was different; I did not think that I would see tomorrow. I did not want to plan anything; I did not even want to plan my holiday ahead. For the first time in my life I am really happy. I know I have my home, I have my children, and I can say I am living fully. I can say I am taking from life what I can... I have peace, I am living a clean life, and I have left behind the baggage...

Corneli: I am hearing that regardless of all the hardship and the [HIV] positive thing that you are carrying in your body, you got a portion of mercy that other people do not have?

Marlene: That is a good description. As I have said, it really feels as if I am seeing things in another light. Everything is not dark and heavy. My child is also strengthened because she has been through so many hardships – her thoughts

have changed and that is positive for me. You know you cannot sit and cry about everything that has happened, rather look for a solution, look for something new. Where one door closes, another one opens; this was how it was for me the previous few years. You are going through difficult times, but I refused to fall into the hole and think there is no future. For me the future has just opened...

Complementary ideas emerged in the extract from the conversation with Jason (personal communication, July 29, 2005) below, which is a continuation of the conversation centring on the meaning of forgiveness to the partner that has infected him:

Corneli: You made a change.

Jason: I made a change to somebody who has killed me [laughing] so to say. [...] I do not think I will change anything about my journey or my life, because of the person I have become. Everything that has happened to me has made me into the person I am today.

Corneli: Who are you today?

Jason: I am Jason [laughing cheerfully], I am self aware, I am confident, I know what I want, I know where I am going, I know I am sensitive, but I am also a tough cookie. I think I have a lot to offer and I am aware of my potential. I am much more focused than I was ever before, so in a nutshell that is me.

Corneli: That is a mouthful.

Jason: It is, that is basically who I think I am, I have become strong, there is very little in life that will break me or that I think have a capacity to break me after everything that I have been through.

It is inspiring when people have the gift (for a Christian it will be a gift received from God) to “convert” a bleak situation into something more hopeful. All the forgiving conversational partners have communicated their capacity to construct “a new life” from a position regarded as “the end of life”. This has happened regardless of all the suffering that is associated with being infected and living with HIV.

According to Victor Frankl (as cited in Enright & Fitzgibbons, 2000), an existential psychologist, healing can only occur if a healing process finds itself a rational meaning in a

life narrative that makes sense to the one who is suffering. This suggests that narratives of meaning in suffering depend strongly on the world views in which people are embedded (Enright & Fitzgibbons, 2000). Interestingly, Von Krosigk (2004) mentions that, to date, there is little scientific evidence for the role played by finding meaning in forgiveness. Positive psychological adjustment is rather ascribed to the capability to find meaning in life, underpinned by unavoidable suffering (Von Krosigk, 2004).

Frankl (as cited in Von Krosigk, 2004) indicates that there are three types of values that allow human beings to find a purpose in life, namely creativity, experience and attitude. Creativity and experience can be depicted on a give-and-take continuum. Thus, creativity refers to the kind of products a person gives to society, whereas experience refers to the products that an individual takes from society. Furthermore, in the face of unchangeable situations, a person's attitude becomes an important role-player. Attitude refers to the kind of stance that a person takes when he or she is faced with difficult and inflexible situations. An enhanced sense of meaning is found in hurtful situations, with the commensurate. This has the potential to result in a positive transformation within the person who has suffered or suffers (Von Krosigk, 2004).

### **The unexpected: desire for euthanasia**

#### **[Assisted suicide]**

During my conversation with Marlene, we unexpectedly stepped onto her desire for euthanasia or assisted suicide. Marlene (personal communication, July 16, 2005) communicated her wish for euthanasia or assisted suicide to be legitimate by the time when she will be facing death. This desire is based on her experience of being the caregiver of her mother who had cancer, and being at her side until the moment of death. Marlene says:

It is my biggest fear that my children will have to go through that part. She spent her last two weeks in a hospice; I do not want them to see that. I know how it has touched my heart; it was not a pleasant experience, and therefore it is my biggest fear.

Furthermore, Marlene stresses the mental and physical deterioration of her ex-husband, as she remembers him on his deathbed. The deathbed experience has brought her face-to-face with her own death, almost like an exclusive preview of a loss of independence and dignity.

A study conducted by Lavery, Boyle, Dickens, Maclean and Singer (2001) indicates that it is not rare for PLWHAs to desire euthanasia or assisted suicide. This desire is a result of disintegration and a loss of community (for example disownment by families, homophobia and stigmatisation) which combine to create a perception of a loss of self. However, Lavery et al. (2001) point out that the precise role of the familial and psychosocial context and avoiding a loss of dignity were not reported in the specific study. Furthermore, according to Lavery et al. the understanding of a loss of self (a metaphysical phenomenon), is essential to understand a desire for euthanasia. “Loss of self is rooted as much in individuals’ perception of their loss of integration and status within a community, as in the more well known results of disease-related disintegration” (Lavery et al., 2001, p.365). Moreover, for Lavery et al. the loss of integrity and a loss of self relate to Antonowski’s (as cited in Lavery et al., 2001) sense of coherence. A sense of coherence refers to an individual’s experience of life as comprehensible, manageable and meaningful. In this regard, Dworkin (as cited in Lavery et al., 2001) points out that for people facing death, a sense of integrity and coherence of life, play a crucial role regarding a decision to continue or end life.

## **Conundrums**

Moving towards the end of the findings discussion, I find it appropriate to address some of the questions that I related to the forgiveness phenomenon.

### **Can forgiveness be misused?**

The conversational partners agree that forgiveness can be misused. So, for example, Jason (personal communication, July 29, 2005) is of the opinion that forgiveness can be misused if the “forgiver” adds conditions to forgiveness:

I mean if somebody says forgive me and you say I have to think about it – it can be used to control and to manipulate. You can manipulate by putting [on] conditions,

and by deciding not to do it sooner. However, when it is misused it is no longer forgiveness; it is based on selfishness and rather manipulation.

Jason (personal communication, July 29, 2005) uses the metaphor of a burial to describe this exploitation:

It is almost as if you are going to bury something. You are burying it if you saying I am forgiving. However, when there is a hand or head sticking out, that is not a burial, that is not letting go...

The metaphor that Jason uses to describe the exploitation contributed to the clarity in my mind regarding the issue. Therefore, I do agree with Jason that the word “exploitation” implies that misusing forgiveness cannot be forgiveness. I am rather of the opinion that when we speak about “exploitation” in the context of forgiveness, we are in the company of unforgiveness and its allies, disguised as forgiveness.

### **Is forgiveness a skill?**

When I first came across the idea of forgiveness as a skill, I was amazed at the oversimplification implied. However, during the conversations with the conversational partners, the idea more than once crossed my mind that it might be possible to think about forgiveness as a skill. In this regard, Gerard (personal communication, August 5, 2005) has pointed out that the more one practices forgiveness, the “easier” it gets. His view is supported by Simon (as cited in Enright & Fitzgibbons, 2000, p.258), who say that “the more practice, the more practical wisdom is developed”.

Enright and Fitzgibbons (2000) argue that forgiveness from a psychological perspective presents itself as a skill, a coping strategy under difficult circumstances, and a commitment to another’s welfare. Therefore, I have to extend commitment from others’ welfare to a commitment to one’s own welfare. For these reasons, it is possible to regard forgiveness as a skill that can be learned, a coping strategy (implying survival and growth) that can be used in difficult circumstances and that involves commitment to the welfare of oneself and others.

However, Enright and Fitzgibbons (2000) caution us that we are in for distortion if we do not assign forgiveness the status of a moral virtue. In their words: “Because a skill is amoral, it

could never capture the richness of forgiveness apart from a moral virtue or a way of living one's life in a good or beneficent way" (Enright & Fitzgibbons, 2000, p.36). So, the term "moral virtue" adds a realm to forgiveness that requires a change in the psychological view thereof. Moral virtues are usually connected to one's character, so, simplistically, forgiveness becomes a quality that is inherently connected to the self. Based on Enright and Fitzgibbons's (2000) psychological view of forgiveness, the act of forgiveness is not immediately part of one's identity. This implies that it will take the forgiver some time to realise that forgiveness is connected to the self. In other words, forgiveness is an act that is "performed", and only then becomes part of the moral self. By contrast, the moral view on forgiveness portrays forgiveness as "a deliberate attempt to transform character and identity in the [person] by expressing goodness toward an offending person [or people]" (Enright & Fitzgibbons, 2000, p.256). This implies that the points of departure of the psychological and moral views concerning forgiveness differ, although they have the same end result. This suggests that the two roads to travel to the "endpoint" have a different time implication. What is more, the psychological road proposes the danger that it may take a long time to reach the endpoint, or even that it is never reached. Based on Enright and Fitzgibbons's (2000) view, the reason for this danger is that the forgiveness act is not immediately part of one's identity, and that the realisation has to take place that forgiveness is connected to the self. This suggests the danger that the person may never realise that forgiveness is connected to the self, implying that forgiveness may be "performed" as a mere skill. Nevertheless, I have to admit that the "relationship" that one prefers to have with forgiveness (amoral *versus* moral) is a matter of choice.

Based on the discussion, I concur with Enright and Fitzgibbons (2000) that forgiveness can be regarded as a "mere" skill. However, the moment you are prepared to add a moral dimension, forgiveness can give you so much more. In my opinion, forgiveness is then transformed to an advanced skill. Then again, advanced skills usually require more work and effort to "develop". For that reason I have to agree with Murphy (2002, p.50), who says that "What the Chicago School has taught us about economics may also be true for forgiveness [counselling]: There is no free lunch".



### **Letting go: a question of forgiveness?**

As has been mentioned before, the word “forgiveness” is tricky and might be deceptive in many ways. The question is whether letting go can be equated with forgiveness or, in other words, whether we are talking about the same thing. In this regard, Ransley (2004b) cautions us about people’s motives to forgive, because the word forgiveness sometimes carries a lot of conflicting emotional baggage (religious and political overtones). Ransley (2004b) points out that in our more secular society, more appropriate words for forgiveness may be “accepting”, “becoming reconciled”, “letting go” and ‘closure’. However, “whatever the word, hurt, anger, regret, and the desire for revenge must be faced” (Ransley, 2004b, p.51)

Ransley’s (2004b) argument directs my attention to the notion that the actual term does not matter that much. If we “disrobe” the construct of its covering (designed according to taste), the underlying process remains, including the complex and paradoxical nature thereof. As Masters (2004) points out, there is no doubt that the term “forgiveness” will remain a controversial issue. However, Yantzi (as cited in Masters, 2004, p.125) argues that “it would be most helpful if we could get rid of the word forgiveness and create a fresh, new term to capture what it meant”. Until then, perhaps the best way to “describe” forgiveness is “not as a process with specific steps, but rather [as something that ‘victims’] look back on and later say, ‘Yes, healing happened’. Some people may label that forgiveness”.

### **A brainteaser**

Even before the study commenced, I was “quietly playing” with the idea of the functionality of “unforgiveness” in “specific circumstances”. The idea can be summarised as a question: “Is forgiveness really the best ‘thing’ to do in all circumstances?” The question can be extended to “What are specific circumstances?”, and “Should we rather be speaking of ‘withholding forgiveness’ instead of ‘unforgiveness?’” For obvious reasons, this kind of reasoning opens up the old debate of the possibility of misusing “forgiveness”, and our human desire for revenge and punishment.

Yet again, I felt a sense of relief when I discovered that there are prominent writers about forgiveness, for example Murphy (2003) and Neu (2002) who ask the same question. I have mentally wrestled with the question, and constructed an opinion (for now). I deliberately decided not to include my opinion in the conundrum section, until Ilse (electronic communication, December 3, 2005) reminded me that it was a question that I had posed in

one of my earlier supervision sessions. She suggested that it might be a good idea to include some thoughts concerning the matter, and I do agree with her.

Therefore, I want to echo Ransley's words:

Like Safer (1999), I believe the reality, for most of us, is that there is a continuum between forgiveness and unforgiveness, between letting go and bitterness, between the desire for revenge and love. What is important is the need to check whether compassion equals compliance, whether moral love equals self-righteousness. This last sentence betrays my continued concern about forgiveness, yet I have a strong belief in the value of human relationships and the need to transcend wrongdoing if we are to avoid tragic cycles of retaliation and revenge. (Ransley, 2004b, p.67)

So, how do we transcend wrongdoing to avoid tragic cycles of retaliation and revenge? I suppose there are many routes to be followed, and one of them is forgiveness (or letting go). Another route may be risking employing "unforgiveness" or "holding back" for a while. The intention of unforgiveness will then be to move the receiver paradoxically to forgiveness. However, employing "unforgiveness" or "holding back" implies risk taking. In return, it may happen that the receiver of "unforgiveness" or "holding back" may "develop" a desire to punish or take revenge. This suggests that taking risks always requires cautionary notes. So, there may be something valuable in Nietzsche's insight (Murphy, 2002, p.50) that "in doing battle with monsters, we must be careful not to become monsters". As a result, in the murkier territory of the paradox, many things can go wrong.

Unfortunately, this still leaves us with the questions posed earlier, and it is clear that there are no easy answers. On the more practical side, I have to remind the reader that this is a social constructionist study, requiring (inspiring, and building capacity) readers to construct their own truths. For that reason I can do nothing but to conclude with Carl Rogers's (as cited in Lamb, 2002, p.5) words: "How could I possibly judge for you what would be best for you to do?"

### ***From the researcher's diary...***

Something that struck me in the early stages of this study is that none of the forgiving conversational partners had a mental health professional or religious worker to facilitate the process(es) of forgiveness for them. This implies a natural occurrence of a self-facilitation process concerning forgiveness for them. This requires me to ask what the role of a mental health professional or religious worker in the forgiveness process is. If there is a role to play, how do they enlighten or cloud the process?

### **Moving towards the end**

Coming to the end of Chapter Six, it naturally follows that I should give the conversational partners an opportunity to communicate the “benefits” that they have experienced as a result of the conversations.

For Ronel, talking about forgiveness and unforgiveness has lightened the burden in her mind (personal communication, June 22, 2005). Marlene’s (personal communication July 16, 2005) participation in the study had a dual purpose. First, it had an altruistic function, because it was a way for her to give something of herself to someone else (the reader). She mentioned that people are not really open to talk about being HIV-positive and the possible forgiveness processes involved. Second, it had a cleansing function for her – the cleansing of the “heart”. Furthermore, Marlene (personal communication, July 16, 2005) indicated that she never had counselling for HIV-related issues and that talking about the forgiveness process and its associated dynamics was beneficial to her.

Jason (personal communication, July 29, 2005) indicated that revisiting the topic of forgiveness was refreshing to him, and that he realised a lot of things in the process. It created a space of reflection for him, and helped him to appreciate where he has come from even more. Furthermore, it provided him with an opportunity to speak about issues that he has never spoken of before.

It provided Gerard (personal communication, August 5, 2005) with an opportunity to teach me (the researcher) about forgiveness, but also to learn more about forgiveness in the process. Gerard realised that his lived experience related to forgiveness has the potential to make a difference to someone else's life, a way of doing some good even if it is only in a small way.

The letter (electronic communication, November 4, 2005) that I received from Marlene four months after our initial conversation, complements this notion. Marlene wrote the letter in response to the request to the conversational partners to comment on the trustworthiness of the findings (member checks). In order to clarify research ethics, Marlene gave her consent for the reproduction of this letter.

Hallo Corneli,

Thank you for including me in your study, I find it interesting and of educational value. I was nervous at the beginning of our conversation, but I think at the end I really spoke a lot. Thank you for your patience! It was good for me to just TALK!

As a lay person it is difficult for me to comment on your study. However, it was good to see other people's opinions and feelings, and to compare them to my own. The emotions that you go through – first, the non-belief, then anger, thoughts about revenge, and eventually acceptance and forgiveness (unforgiveness).

It is really inspiring that somebody studies the matter of forgiveness, especially in the case of people that are living with the disease. I think it is a sensitive point and very important for any person's health and view of life. I do not think the health professionals (medical) have ever taken into account the importance, or the impact thereof on your health. When you have found forgiveness – in God, yourself and the person that has wronged you, you can move on and live every day as if it is the best day of your life. It only makes you a better person. Therefore, I sincerely hope that 'Ronel' will forgive her husband. She has to love him, otherwise she would have divorced him. She knows they need each other now. They have to bow before God, make right, and above all FORGIVE.

Furthermore, what I appreciate is the comments of previous researchers that you have included in your study. It is worthwhile to compare their views with your findings. For me it is an ‘eye opener’ to see in writing how our feelings are exposed, and that you can learn from that. As human beings we do not always understand ourselves, and this is a way to analyse your own feelings. So, to know that there are other people that are also struggling with the same problems has lightened my burden.

I really hope I make sense!

Regards,

Marlene

### **In Memoriam**

Ockert (personal communication, November 21, 2005) informed me that Ronel’s husband has died on the 19<sup>th</sup> November 2005. I received a letter from Ronel (electronic communication, December 9, 2005), where she states that she forgave her husband before he died.

## PART IV

### WRAPPING UP

*You tend to feel sorrow over the circumstances instead of rage, you tend to feel sorry for the person rather than angry with him [or her].*

*You tend to have nothing left to remember to say about it all.*

*You understand the suffering that drove the offence to begin with.*

*You are not waiting for anything. You are not wanting anything.*

*There is no lariat around your ankle stretching from way back there to here.*

*You are free to go.*

*It may not have turned out to be happily ever after, but most certainly there is now a fresh 'Once upon a time' waiting from this day forward.*

(Estes as cited in Griffin, 2003, p.107)

## Chapter 7

### After everything else

*Thought is no longer theoretical. As soon as it functions, it offends or reconciles, attracts or repels, breaks, dissociates, unites or reunites. It cannot help but liberate and enslave. Even before prescribing, suggesting a future, saying what must be done, even before exhorting or merely sounding an alarm, thought, at the very level of its existence, in its very dawning, is in itself an action – a perilous act.*

(Foucault in Collins, 2004, p.1)

### Evaluation of the study

As with all research, the strategies and findings of this study need to be justifiable. On the topic of justification, Denscombe (1998, p.212) states:

Such justification cannot be an assertion or an act of faith, but must rely on demonstrating to the reader the nature of the decisions taken during the research and the grounds on which the decisions can be seen as ‘reasonable’. Equally, the issues of objectivity, reliability and validity are as relevant to qualitative research as to any other approach.

Therefore, it is not extraordinary to hear the question: “Whose meaning is it that an interview, and subsequently a researcher’s report represents?” (adapted from Seidman, 1991). This logically brings us to the issues of validity, reliability and generalizability.

## **The credibility, dependability and transferability of the study**

### **[The validity, reliability and generalizability of the study]**

Viljoen (2004) points to the constructs of validity, reliability and generalizability as the “holy trinity” of research. Similarly, Seidman (1991) points out that for many qualitative researchers these constructs frequently evoke a debate, especially when referring to the underlying epistemology thereof, for example, an objectivity claim. This then results in an argument for a new vocabulary and rhetoric regarding the constructs. So, for example, Lincoln and Guba (as cited in Seidman, 1991) have come to substitute the notion of “trustworthiness” for that of validity, and suggest that qualitative researchers rather have to employ constructs like “credibility”, “transferability”, “dependability” and “confirmability” (as cited in Seidman, 1991).

However, as the researcher of this study I will not argue for new constructs, but rather draw on the ideas that I have encountered in the literature related to the field of qualitative research.

### **Credibility (trustworthiness) of the study**

Denscombe (1998) asserts that in a broad sense, validity means that the findings and the strategies of the study are “right” or, alternatively, as Durrheim and Wassenaar’s (1999) would say, “it has sound findings”. This comes down to the question of whether or not the findings reflect the truth, reality and cover the crucial matters. In terms of the strategies that were used to obtain data and resulted in findings, we need to ask the question: “Are we measuring suitable indicators of the concept and are the findings accurate?” (Denscombe, 1998, p.241). For that reason, the concept of validity hinges on the extent to which the research findings and strategies are deemed accurate, honest and on target.

However, to me as a social constructionist, such an understanding of validity is troublesome (Durrheim & Wassenaar, 1999). In essence, social constructionism rejects the suggestion that research findings can ever try to be an accurate reflection of reality. Therefore, to overcome the “dilemma”, a social constructionist researcher (like other qualitative researchers) rather draws on the idea of credible research findings. This implies findings that are convincing and



believable. Durrheim and Wassenaar (1999) point out that the establishment of the credibility of qualitative research findings can be regarded as something that happens in parallel with the research process. For that reason, this study's credibility was established via the strategy of triangulation, in other words, the use of a reflexive journal, member checks and the metaperspective of the research supervisors (the supervisor-supervisor dyad). In this regard, Kelly (1999b) mentions that triangulation offers a multiple perspective against which to check one's own position. Another significant contributor to the credibility of this study is the literature as a conversational partner. This implies that the credibility can be found in the "scientific" or academic rigour involved in the constructions of the conversations.

With regard to credibility, Silverman (2001) points out that, in conventional language, a major threat to validity (or credibility), is the impact of the researcher on the setting. This refers to the so-called "halo" or Hawthorne effect. However, qualitative research acknowledges that the researcher cannot be meaningfully separated from what is constructed during the research process. Interaction between the researcher and the conversational partners is an inherent part of the nature of interviewing (Seidman, 1991). As stated before, the units of analysis ("data") in this study are the constructions that have emerged as a result of the conversation between the researcher and the conversational partners, and the conversations that it has evoked between the researcher and the literature (as a conversational partner). For that reason, the study makes no claim to objectivity or neutrality, but rather embraces its embeddedness in subjectivity. This allows me as the researcher to communicate my awareness that I have influenced and was (am) influenced by the process of engaging in this study.

So, to give the reader (in however limited a sense) access to the researcher's way of being, I have presented some inner conversations from my reflexive journal in the form of the "Researcher's Diary". The purpose of the reflections was to demonstrate self-awareness, and to give the reader an idea of how my values, identity and experiences may have influenced and seasoned this research study. Lincoln and Guba (as cited in Seidman, 1991, p.16) also point out that, rather than condemning the subjective position of the researcher, one can adopt the stance that "the human interviewer can be a marvellously smart, adaptable, flexible 'instrument' who can respond to situations with skill, tact, and understanding".

### **Dependability of the study**

Reliability is the degree to which the findings of the study can be reproduced (Durrheim & Wassenaar, 1999). According to the metaphor of the researcher as a research instrument (Denscombe, 1998), the issue of reliability can be expressed in the following question: “If someone else did the research, would he or she construct the same themes and arrive at the same findings?” (adapted from Denscombe, 1998, p.213).

A social constructionist researcher does not presume that he or she will have the same findings repeatedly, due to an unstable and ever changing reality (Durrheim & Wassenaar, 1999), and, according to Gerhard V (electronic communication, December 2, 2005), the ongoing re-invention of the self. This suggests that the point of reference continuously shifts (Gerhard V, electronic communication, December 2, 2005). Durrheim and Wassenaar (1999) point out that a changing reality implies changing contexts that require the conversational partners to express different opinions. Consequently, this results in a changed construction that is thoroughly rooted in the context of the moment. Therefore, the findings should rather be dependable: “Dependability refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did” (Durrheim & Wassenaar, 1999, p.64). In this study, the researcher has striven to achieve dependability through the excerpts from the different conversations. However, a hidden purpose of the excerpts was to demonstrate how certain actions and opinions are rooted in and developed out of contextual interaction (Durrheim & Wassenaar, 1999).

### **Transferability of the study**

Generalizability speaks about the extent to which research findings can be applied to contexts outside the research context (Kelly, 1999b). Once again, this study does not claim to be generalizable, due to the contextual restrictions of the research findings, and the small sample of conversational partners. In other words, the findings of the study are not representative of the experiences regarding forgiveness and unforgiveness of PLWHAs in the broader South African community. Instead, this study relies on the notion of transferability, a construct that is embedded in “transferrability validity” as described by Smaling (as cited in Kelly, 1999b). Kelly (1999b) mentions that the purpose of transferability is to allow other researchers to use the findings to make comparisons with their own work.

The transferability of this study can therefore be found, first, in the accurate description of the research process (see Chapter 4); second, the explication of the arguments for the choice of method (see Chapter 4); and third, in the continuous descriptions and reflections (see Chapter 3 and the researcher's diary) on the research situation and context, as suggested by Smaling (as cited in Kelly, 1999b).

### **The challenges: the politics of ethics and power**

The main ethical concern was role boundaries, and the possible blurring thereof. This concern was most prevalent during the data collection phase of the study. During the conversations with the conversational partners, I was careful not to lose sight of my role as researcher, and being tempted to break away from my role as researcher. I have to remind the reader of the structural similarities between qualitative research and therapy (Bourdeau, 2000), therefore implying dual roles, that of researcher and therapist. Consequently, it is important to point out that in this study the therapist role can be regarded as an auxiliary function to the researcher role. As a result, it required calculated moves between the different roles, suggesting flexibility, role boundaries that were often blurred and changed (Lincoln as cited in Ebbs, 1996). The intention thereof was to co-construct ideas about forgiveness and unforgiveness, to attend to the needs of the conversational partners, and to utilise a moment in time and space to contribute to the co-construction of identity, meaning, change and hope. That required me not to be confused by and get lost in the landscape of multiplicity.

This brings us to the issue of research and power. The collaborative nature of this study (co-construction of ideas, the researcher as a conversational partner, conversational partners as co-researchers, member checks) attempts to break down the hierarchy in the research relationship and process. This has a dual implication: first, that I (the researcher) am no longer the ultimate "authority" in this study, and second, that there is a negotiated ownership between me as the researcher and the conversational partners (Ebbs, 1996). As a result, there was no choice but for power to shift between those involved in the research.

## **Some closing words on the study's legitimacy**

Viljoen (2004) provides a useful position in laying out the responsibility of the reader in relation to the legitimacy of the research study. He states that

the researcher provides the reader with enough information about the construction process so that the reader can make up her or his mind about the legitimacy of the inferences drawn from the research process. (Viljoen, 2004, p.95)

In addition, he argues that if the researcher is capable of retracing the choices made in constructing any view of the data, so can the reader. For that reason, the argument of Atkinson and Heath (as cited in Viljoen, 2004, p.96) supports his stance:

Readers will decide the legitimacy of the set of distinctions as they try it out for themselves. Although most readers will apply the same set of general criteria [to] the legitimacy of any particular way of constructing experience, each will apply the criteria uniquely. Criteria of choice influence the decision of the readers rather than dictate the choice to be made.

## **Strengths of the study**

The aim of the study was to explore the conceptualisations, meaning and use of forgiveness and unforgiveness of people living with HIV. Rowe and Halling (in Bowman, 2003) indicate that, despite the increased attention given to the topic of forgiveness, there is still a need to investigate this phenomenon. This is especially relevant for studies that investigate the lived experience of forgiveness that has taken place. The findings constructed in this study may therefore be valuable to those professionals who work with people living with HIV, but also to John or Jane Doe who is living with HIV (Marlene, electronic communication, November 4, 2005). In this regard, it has the potential to be a normalising and learning experience for the Johns and Janes Does who are interested in the topics of forgiveness and unforgiveness.

As an outsider in the worlds of HIV/AIDS, homosexuality and transgender issues and not knowing the conversational partners, made it “easier” for me to ask the questions regarding

the forgiveness and unforgiveness phenomena. This allowed me the freedom to ask questions that would otherwise seem self evident (Hand, 2003), and according to Gerhard V (electronic communication, January 16, 2006) which will reveal aspects that others may take for granted. It also felt at times that the conversational partners felt, they had an opportunity to say things to me as an outsider that they would not say to anyone else. This allowed them to make various contributions to the body of research on forgiveness, and it also resulted in changed experiences for some of them (see Chapter 6). Therefore, it has, at a less visible level, contributed to their constructions of hope and life.

Although this was not the aim of the study, the conversations have provided the conversational partners with an opportunity to tell their life stories. Some of the conversational partners (for example, Jason, personal communication, July 29, 2005; Marlene, personal communication, July 16, 2005) mentioned that they have never had counselling for HIV-related matters or an opportunity to reflect on their lives (in a focused way). Situating the conversations about forgiveness and unforgiveness in the history (personal, social, cultural, political) of their lives allowed me to gain a more complex view on forgiveness and unforgiveness, as experienced in the context of HIV/AIDS.

### **Limitations of the study**

While I was reflecting on Chapters Five and Six, I became aware that, instead of hearing the voices of the conversational partners more clearly, I was in conversation with the literature regarding the conversations that were constructed between the conversational partners and myself during the interviews. This may have happened because of my curiosity regarding the matters under discussion, and the relevance for me (Kelly, 1999b).

Another limitation of qualitative research is that the researcher may tend to construct themes and select “data” that may link with his or her working assumptions and ideas regarding the phenomena under discussion (Kelly, 1999b). This implies that the constructed themes and the conversations that they evoked with the literature are not the only themes to be constructed and or conversations to be evoked. This means that the findings of the study are context bound, and that a different researcher might have constructed completely different findings.

## Suggestions for future research

The following suggestions, in the form of questions, are made to stimulate thoughts regarding future research:

- What are the conceptualisations and understandings regarding forgiveness and unforgiveness of PLWHAs from different cultures (different ethnic and religious groups) in South Africa?
- Are the social discourses regarding HIV/AIDS in the heterosexual, homosexual and lesbian communities different? If so, how does it influence the ability to forgive matters related to HIV/AIDS?
- What is the role of fatalism related to being HIV-positive in the forgiveness process?
- Is forgiveness important to the PLWHAs' family members?
  - If so, in what contexts do the family members use forgiveness?
  - How do the family members contextualise forgiveness?
- Is there a difference in “quality” related to the outcome of forgiveness when it is facilitated by a mental health practitioner, a religious worker or the person himself or herself?
- Does unforgiveness imply “stuckness” in the grieving process?

The researcher's reflections on the study are set out below.

### **The transformation of the researcher**

Those who enter this field of study would do well to assess their own attitudes and values toward this construct before they take it on. Forgiveness cannot be studied with dispassion and complete objectivity. It can, however, be studied fairly if we are willing to recognize our biases and our values, if we are willing to put them to test, and if we are willing to be surprised and learn from whatever the world has to teach us about this enigmatic yet utterly human process (Pargament, et al., 2000, p.317).

At the beginning of the study, I knew that although I had travelled the road of forgiveness before, there were hurts that imposed a much greater challenge in the approach towards forgiveness. It was those challenges that caused conflict in my mind, and generated specific questions. As someone whose way of being is underpinned by curiosity, it was not strange for me to want to know more about forgiveness, and to investigate what was causing the struggle in me. The easiest way to ask those questions was to engage actively in the research process, as a conversational partner. This was my point of departure, and the quest began.

As a stranger to the field HIV/AIDS, I began the study with the preconceived idea that forgiveness in this arena had to be much more difficult in relation to those issues that I was struggling with. I began to recruit conversational partners' in the most "effortless" place (the church), a place where I would find a large assembly of people. However, I quickly realised that I was not going to be able to recruit conversational partners from the church. This realisation encouraged me to broaden my horizons and motivated me to recruit conversational partners from other contexts, contexts that I did not know much about, and this made me feel uncertain (but it tickled my curiosity) in many ways.

So, where did my quest regarding forgiveness and unforgiveness take me? While I was in conversation with Ronel (personal communication, 2005), I was amazed at how much knowledge I had about what she was talking about (the dynamics of unforgiveness). It was quite an experience to speak to a conversational partner struggling with this issue. Therefore, without the conversational partners' being aware of it, they challenged me in various ways. For that reason, the challenges they posed and the contributions they made were valuable to me and my own forgiveness themes. I can only hope that we have "produced" useful constructions regarding the forgiveness and unforgiveness phenomena. I have to agree with Yalom (1989, p.32), who says that

indeed, most of my deeply held beliefs about therapy [life/research], and my areas of keenest psychological interest, have arisen from personal experience. Nietzsche claimed that a philosopher's system of thought always arises from his autobiography, and I believe that to be true for all therapists [people/researchers] – in fact, for anyone who thinks about thought.

However, I have discovered that the conversational partners felt that forgiveness in the field of HIV is not different or more complex from forgiveness in any other setting. It seems that another person's forgiveness always gives the impression of being "more difficult" than the forgiveness that you have to grant. However, this study has brought me to a place where I do agree with conversational partners. Although the contextual nuances and details may differ, there are ample similarities between the dynamics of forgiveness (and unforgiveness) for PLWHAs and people in other circumstances.

The opportunity to conduct the study in the field of HIV/AIDS has brought me various demanding (and exciting) experiences. It stretched and challenged my perceptions and flexibility, as is reflected in my capacity to be open to new experiences, change and greater mobility between different roles. It also required me to let the process unfold in its own way, to enjoy the panorama, and learn from it. This suggests that there was no need for me to guide the process in a specific direction to confirm my preconceived ideas and assumptions.

However, the most exciting discovery of the journey was the knowledge I have gained regarding discourses and power, specifically in the context of forgiveness. As usual, much can be said about power, power relations, how it comes to life in discourse, and the implications thereof for individuals and society. The moment we are able to take an activist stance, and undertake consciousness-raising activities, we are able to "rewrite" power and discourses. Therefore, I support Drewery and Winslade's (1997, p.33) view of power, namely that "power is not the 'possession' of particular persons, nor is it a finite quantity so that the more power is possessed by certain persons, the less there is for others to exert". This depicts power as something positive and productive, rather than as repressive and negative.

This view and understanding helps me to think differently about power and discourse, especially in the context of forgiveness. It gives way to forgiveness as a global discourse, definitely as a positive, transformative power that has the ability (power) to provide a space of healing for people, not only for PLWHAs or in South Africa, but world wide, in various contexts.

Therefore, I would like to conclude with Arendt's (as cited in Mkhize, 2004, p.63) words that although "thinking" may present itself as a solitary journey,



the thinking process...is not, like the thought of pure reasoning, a dialogue between me and myself, but finds itself always and primarily, even if I am quite alone in making up my mind in an anticipated communication with others with whom I must finally come to some agreement.

Then, coming to the end of the study (journey), the knowledge (including the unsaid knowledge) combined allows and inspires me to join the rest of humanity in this utterly enigmatic human process of FORGIVENESS...

### **Closing words**

**(However, never with any finality...)**

I am almost tempted to say more about the forgiveness and unforgiveness phenomena, but one also has to know when “more” becomes excessive. Hopefully, the research findings will not only lead to new avenues regarding future research related to forgiveness and unforgiveness, but will help to negotiate an even more prominent place for forgiveness in the South African society.

Hence,

in the end what matters is not whether letting go of a wrong is a question of forgiveness, it's having the capacity to break out of a destructive cycle, to find our unique path to healing and the courage to face a different future. (Ransley & Spy, 2004, p.172)

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## **APPENDIX A**

### **INVITATION TO RESEARCH PARTICIPATION**

# INVITATION TO RESEARCH PARTICIPATION



## STUDY ON FORGIVENESS AND HIV

*Everyone says forgiveness is a lovely idea, until they have something to forgive.*

I am Corneli van der Walt, a Counselling Psychology masters student at the University of Pretoria. I would like to request your participation in my master's research regarding a study on forgiveness and HIV.

### **Background**

The current interest in forgiveness follows years of neglect and avoidance of the topic by researchers. Despite the fact that forgiveness has been praised for centuries by most societies and cultures as valuable and worthy of adoption, there has been a general reluctance to study it. This can be explained as a result of the association of forgiving with religion, not science. However, although studies in forgiveness were formerly a topic of inquiry for theologians and philosophers, the topic is now becoming acceptable in Counselling and Psychology as well.

Forgiveness has also recently appeared in the popular media, which portrays forgiveness as a simplistic phenomenon. We have seen the Truth and Reconciliation Commission (1996-1998) focus on the phenomenon of forgiveness of the self and others when dealing with both the perpetrators and victims of crimes in our society. Although forgiveness may be a more difficult process than that displayed in the media, many Psychology researchers agree that forgiveness tends to be an effortful yet beneficial process that takes time.

### **Research focus**

I am interested in the understanding of, meaning for and use of forgiveness among people who are living with the human immunodeficiency virus (HIV), the virus that causes acquired immune deficiency syndrome (AIDS). The purpose of this study would be to co-create a context where forgiveness can be explored and described, as expressed by people living with HIV. This information will contribute to the

new and minimally researched area of forgiveness in South Africa, more specifically in the context of HIV. I hope that you feel this is of interest to you, and that you would be willing to assist in this research study.

## Research participant criteria

I am asking the following people to participate:

- people who are eighteen years or older;
- people who have been diagnosed with HIV for one year or longer;
- people who have the ability to express themselves in English or Afrikaans;
- people who have forgiven or have attempted or not attempted forgiveness;
- people who have the ability to describe their experiences in detail;
- people who have an openness and non-defensiveness regarding sensitive issues; and
- people who are interested in participating, with the perception that it may in some way be of value to them to participate.

Participation in this study requires you to have interview(s) with the researcher. The study is subjected to the highest ethical standards and all information will be kept completely confidential. Furthermore, voluntary participation in this study is completely without remuneration, or any direct medical benefits. You may withdraw from the study at any time should you feel the need to do so for any reason.

If you would like to participate or would like to ask questions about the study that may be helpful or otherwise of interest you, you can contact me via e-mail at [cornelivdw@mweb.co.za](mailto:cornelivdw@mweb.co.za) or phone me at 072-239-8214. Responding to this invitation does not obligate you in any way whatsoever.

Thank you for considering my request. I hope to hear from you soon.



June 2005

## **APPENDIX B**

### **CONSENT FORM**

## **FORGIVENESS: LIBERATING OR RESTRAINING?**

### **EXPLORING THE CONSTRUCTIONS OF FORGIVENESS OF PEOPLE LIVING WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

The purpose of the study is to explore and describe the understanding of, meaning for and use of forgiveness by people living with the human immunodeficiency virus (HIV) as experienced in their daily contexts.

The study will be conducted throughout 2005 and is expected to be completed by 31 December 2005. Information will be gathered by means of semi-structured face-to-face interviews (participants will be asked to describe their personal understanding and experiences of forgiveness), and a follow-up interview (during which participants will have an opportunity to correct or elaborate on the information exchanged in the first interview). Each interview will last approximately sixty to ninety minutes, and the interviews will be scheduled for June/July 2005. No known risks or discomfort are associated with this study.

The mere conversations about forgiveness may be beneficial to the participants, because in conversation nothing remains the same. Conversations have the potential of loosening and opening up, which may result in broadening, shifting and changing experiences. Furthermore, the information obtained from the conversations will contribute to the new and minimally researched area of forgiveness in South Africa. It may also assist in making recommendations to clinicians regarding forgiveness in the HIV context.

It may happen that participants disclose thoughts and feelings that they may not have previously admitted, even to themselves. The researcher is willing to refer the participants for psychotherapy if such issues should arise. Participation is voluntary and participants may withdraw from participating in the study at any time and without negative consequences.

A tape recorder will be used to make an accurate record of all discussions, if the participants grant permission for that. Information will be treated as confidential at all times. Should participants choose to remain anonymous, anonymity is assured. In any excerpts from the interviews that are transcribed for publication the participants will be assigned a fictitious name, and information will be disguised more where necessary. Only the participants, the researcher (Ms Corneli van der Walt), and the research supervisors (Dr Gerhard Viljoen and Ms Ilse Ruane) will have access to the information. All information will be destroyed should

a participant withdraw. When the study is completed, all the original research information will be destroyed.

The participants have a right to access the researcher at any time by telephone (072-239-8214) or e-mail (cornelivdw@mweb.co.za) to ask questions about the study that may be helpful or of interest to them, including clarification or if any doubt should arise.

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Research participant

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Participant's signature

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Corneli van der Walt  
(Researcher)

SIGNED AT \_\_\_\_\_ on \_\_\_\_\_