

Letting Go: Forgiveness in Counseling

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This article addresses current literature and practice in the application of forgiveness in therapy. The recent emphasis in counseling on this very old concept brings a refreshing dimension to helping people overcome the anger and hurt in their lives. Although no panacea, forgiveness has been demonstrated to positively affect the symptoms that accompany the anguish one experiences in destructive relationships with others.

Imagine therapist Paul Coleman's surprise. He had just completed 40 sessions with a warring couple, who approached him with the proposition of starting over. Their interest in wiping the slate clean and beginning therapy again was based on a small comment that Dr. Coleman made at the 40th session. "You should try to forgive one another," was his advice. The husband and wife let him know that this one word, forgiveness, spoken almost without thought at a session's end, made all the difference in their marriage.

—Enright and Fitzgibbons, 2000, p. 3

Forgiveness has been a word in the vocabulary of most cultures throughout the centuries. Its roots are found in teachings in the major religions around the world. Although interpreted differently by these groups, forgiveness carries a general underlying notion of letting go (Diblasio, 2000) of the past. It is a word and practice that has been until recently, if not absent, conspicuously overlooked in the helping professions. Relatively speaking, forgiveness is a new concept in the helping professions in that the earlier major theorists, such as Freud, James, Adler, Horney, and Frankl, all but ignored the subject. According to McCullough, Pargament, and Thoresen (2000b), there was a period of interest between 1932 and 1980 in writing about forgiveness in the profession. However, it was not until the 1980s that intense interest was expressed, including research activity to document the effect of forgiveness on client recovery.

Recently, there has been a rash of publications and research activity on the subject of forgiveness (see Enright & Fitzgibbons, 2000; McCullough, Pargament, & Thoresen, 2000a). It is interesting to speculate on the reasons for this

interest in the topic. Perhaps it is a reflection of the social milieu we find ourselves in where confrontation, rage, and sociocultural upheaval prevail in the world. Perhaps it is a continuation of the recent emphasis on spiritual issues in counseling in that forgiveness has much of its roots in theology and religion. Regardless, in a society where forgiveness is alien to all that we see, where mercy is seen as a weakness and power over others is a sign of strength, it is no surprise that many people are racked with chronic guilt and other forms of estrangement from others (Rowe & Halling, 1998). For these and other reasons, there is a growing interest and need for counselors to be aware of the power of this phenomenon and introduce forgiveness therapy in their practice where appropriate.

Where appropriate is an important phrase in the previous sentence in that forgiveness is not for all people and not a cure-all for all clients. Like other practices in the helping professions, it can be for better or worse. If introduced at the wrong time or imposed on the client, it can do more harm than good. Or, if developmentally the client is not able, either cognitively, behaviorally, and/or affectively, to take this courageous step, then it would be inappropriate.

This journal has published articles on forgiveness in the past few years, causing me to have second thoughts about addressing this topic in this article. However, as I began to peruse the current literature I found that for what on the surface appears to be a simple concept, forgiveness is quite complex, requiring careful study by both the therapist and client before its enactment. Forgiveness has been marginalized for too long in the helping process. It is not as simple as the example given above where a couple supposedly gained insight from one word spoken by the therapist. I cannot help but think that something had been going on in those other 39 sessions to provoke this revelation on the part of the couple. Introduced in the context of the therapeutic process, forgiveness needs to be considered as a viable practice in helping people overcome past inflictions and freeing them to move on with their lives. Rowe and Halling (1998) have stated that forgiveness provides a sense of "liberation, reconnection, and hope for the future" (p. 228).

I will attempt to address the salient issues regarding the use of forgiveness in therapy and offer some reference to current in-depth literature on the topic. References to therapeutic practice will by no means imply that this is all there is to the process of forgiveness therapy, but instead offer the reader a cross-section of ideas for implementation in their practices. As you will note, forgiveness is not a therapeutic end in itself but a means to further work on the part of the client. It is a freeing of sorts for both the offended person and the offender as will be seen later in this article.

FORGIVENESS DEFINED

There is no consensus on the definition of forgiveness, although there are some common elements. Leaders in the field offer the following definitions.

Hargrave and Sells (1997) indicated that "forgiveness usually refers to releasing resentment toward an offender, restoring relationships and healing inner emotional wounds, or releasing the person who caused an injury from potential retaliation" (p. 42). Enright and Fitzgibbons (2000) indicated that "people, upon rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right), and endeavor 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)" (p. 24). According to Doyle (1999), forgiveness is "the relinquishment of the desire to retaliate against or permanently condemn one's offender by transforming one's hatred through empathetic understanding of the offender's anguish that prompted his or her harmful act(s)" (p. 191). Ferch (1998) defined intentional forgiving as "the deliberate decision to work through emotions and choose mutual respect. Intentional forgiving encourages people to preserve both self and relational respect and to forgo the need for revenge or retribution" (p. 263). Other definitions include references to "sacrificial love and benevolence toward the offender, forgiveness as a gift, forgiveness as an alternative to self-punishment and thereby a gift to self, forgiveness resulting from empathy and humility of the victim toward the offender, repentance, and restitution" (Diblasio, 2000, p. 150). Upon study of several definitions, McCullough et al. (2000) offered to define forgiveness as "intraindividual, prosocial change toward a perceived transgressor that is situated within a specific interpersonal context" (p. 9).

WHAT FORGIVENESS IS NOT

Forgiveness is not, among other things, condoning, pardoning, excusing, denying, forgetting, or conciliation

(Enright & Fitzgibbons, 2000). It is, according to Scobie and Scobie (1998),

a conscious decision to set aside one's legitimate claim for retaliation or restitution for a damaging act committed by a significant other in order for any, or all, of the following to occur:

- (a) the relationship, or modified version of the relationship, to be restored;
- (b) the negative affects associated with the damaging act for the forgiver and/or the forgiven to be reduced;
- (c) the forgiver to cease playing the role of the victim, and the forgiven to be given the opportunity to make amends;
- (d) the forgiver and the forgiven to gain release from the dominating effect of the damaging act.

The decision is made without condoning or minimizing the effects of the damaging act. (p. 382)

Also, there are times when forgiveness is unnecessary, where an apology would be enough to overcome a transgression. There are four levels of transgressions resulting in either an apology or forgiveness. They are as follows:

Apology-automatic, where someone bumps into you in a crowded room and automatically says, "I'm sorry." In fact, we are prone to apologize to inanimate object at times.

Apology-dependent, where someone loses her or his temper over a disagreement. The apology is dependent on a number of factors including the apparent sincerity of the apology.

These first two levels of transgression constitute the need for an apology whereas the next two would suggest the need for forgiveness.

Forgiveness 1 rifts, where one's self-worth is attacked by another, causing the victim to lose respect for the perpetrator.

Forgiveness 2 life event, where there is severe damage to the relationship, causing trauma usually over a lengthy period (Scobie & Scobie, 1998).

PRACTICE

Now that forgiveness has been clarified, let us turn to some therapeutic practices that have been demonstrated to be effective. Before moving to the forgiveness mode, the client should be given sufficient opportunity to determine whether forgiveness is the right choice. Once it is clear that forgiveness is the avenue to take, the therapist should clearly help the client to understand the process. If the client is unclear as to the limits of forgiveness, there is risk that he or she may again fall victim to the same indiscretions by the perpetrator. If the client chooses to pursue forgiveness, then the therapist must provide psychoeducational structuring where forgiveness is clearly defined, discuss the paradoxes in the definition, explain what forgiveness is not (e.g., condoning, forgetting), and help the client understand that forgiveness is not an indirect means of punishment while explaining the interplay between forgiveness and justice-seeking (Enright & Fitzgibbons, 2000). Fur-

thermore, it must be clearly understood that a commitment to forgive does not in itself constitute forgiveness. The client must maintain the option to change his or her mind at any time in the process.

Forgiveness does not happen in a vacuum. There is a context and a process. When you, as a therapist, introduce the concept of forgiveness is critical to the effectiveness of your therapy. There are a number of models of forgiveness based on theological, philosophical, sociological, and health foundations. Therapeutic approaches to forgiveness reported in the literature include cognitive behavioral, insight-oriented, systems, emotion-focused, psychoanalytic, and decision-based therapies, implying that forgiveness can be a part of almost any therapeutic orientation. Regardless of one's orientation, the therapist must determine if forgiveness is warranted in a given case. For example, does the event constitute a wrongdoing, or does the client imagine the unfairness?

Once it is determined that forgiveness is the direction on which both the client and therapist agree, then the often-slow process begins. Some therapists place the decision to forgive at the beginning of therapy, whereas others place it near the end. However, according to Gordon, Baucom, and Snyder (2000), there is general agreement of the end stage of the forgiveness process, and it includes the following common elements: "regaining a more balanced view of the offender and the event, decreasing negative affect toward the offender, and giving up the right to punish the offender further" (p. 213).

Gordon et al. (2000) offered three stages in the process of forgiveness: "absorbing and experiencing the impact of the interpersonal trauma; a search for meaning as to why the trauma occurred, along with implications for this new understanding; and moving forward with one's life within the context of a new set of relationship beliefs" (p. 216). Through cognitive behavioral and insight-oriented approaches, the counselor helps the client work through these three stages. Forgiveness is more than an act of cognition. It requires an affective component. To say to someone that you resent what they did to you without expressing how you were hurt or the effect that the offense had on you may not have much meaning to the offender. For the offender to gain insight, he or she must discover that, chances are, his or her intent was different than the affect that it had on you.

Enright and Fitzgibbons (2000) referred to phases rather than stages in the process of forgiveness, including uncovering the impact of the injustice, making a decision to forgive based on understanding the nature of forgiveness, working to understand the offender, and deepening one's understanding of meaning in life. The therapist helps the client work through layers of pain including "anger, shame, depleted energy, cognitive rehearsal, comparison between offender and oneself, the possibility of permanent injury, and a more pessimistic philosophy of life" (p. 75). Therapeutic practice might also

include, as hard as it may be for the client, asking the client to identify any positive personality traits of the offender and reflect on them periodically. This focus on unconditional regard for the dignity of the human being, albeit someone who has offended you, implies an inherent equality between individuals. However, this respect for the human being does not constitute trust in that person (Enright & Fitzgibbons, 2000).

Diblasio (2000) offered a 13-step process of forgiveness beginning with defining forgiveness and preparing for the often-lengthy process and culminating in a ceremonial act that symbolizes the completion of the process. Ferch (1998) described the following two-phase process of intentional forgiving: psychoeducation and face-to-face processing of forgiveness (when appropriate). The reader is referred to the appendix in Diblasio for guidelines for the use of intentional forgiving.

Others (Holeman, 1997) have offered specific techniques that must be considered in the context of the therapeutic process. Again it is important to emphasize that forgiveness is not an end in itself but instead is integrated where appropriate into therapy.

CONCLUSION

Research to date, through the Human Genome Project (U.S. Department of Energy, 2000), indicates that 99% of human DNA sequences are the same across the population, yet in many ways we are so different. Our physical, behavioral, and emotional differences are varied. Although there are social norms that dictate how we are to behave, we have our individual responses to interpersonal contact. The individual, although dictated by religious, philosophical, and cultural constructs, interprets forgiveness in unique ways. To generalize about the process of forgiveness is to ignore these individual differences.

Conclusions regarding the use of forgiveness in therapy can best be expressed in this quote from Enright and Fitzgibbons (2000):

Forgiveness has a specific task: to help people overcome resentment, bitterness, and even hatred toward people who have treated them unfairly and at times cruelly. (p. 4)

The definition of forgiveness expresses the ideal: people are imperfect, rarely reaching the ideal. Yet, the definition of genuine forgiveness presents a goal for everyone. Surely it is a goal many will not reach, but without that goal, forgiveness is likely to degenerate into meaning whatever any given client (or clinician) wishes it to mean. Such relativism must be resisted, otherwise where reason may have prevailed, there is chaos. (p. 263)

When one forgives it is the forgiver who changes, yet it is interpersonal. It is not yet clear how this works, but forgiveness can eliminate many clinical symptoms. It can offer the

client an avenue to deeper meanings and how one experiences life. It can be a healing process.

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