The Treatment of Forgiveness in Counselling and Therapy

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ABSTRACT

Situations involving perceived hurts, slights, and other interpersonal maltreatment are at the core of counselling and therapy. Resolution of these situations frequently involves forgiveness of the transgressor. Despite this the concept of forgiveness has received relatively little attention within the counselling and therapy literature. The reasons for this are explored beginning with the association between forgiveness and the Judaeo-Christian tradition. Freud avoided the term forgiveness and psychoanalysts until very recently have followed suit. Ways in which forgiveness are conceptualised are explored. Difficulties related to forgiving associated with our conceptualisations of natural justice are identified. A cautionary note is struck about the dangers of pathologising non forgiveness given the enthusiasm for forgiveness in the current research literature and in Positive Psychology. Distinctions between processes of forgiveness are made which are particularly potent for counselling. A summary of the literature with regard to the health benefits of forgiveness is presented and some client dilemmas in relation to forgiveness are outlined. Most of the emergent research on forgiveness is being undertaken by academic psychologists and the argument is made that counselling psychologists are uniquely equipped to contribute to the growing research literature on forgiveness.
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Introduction

According to Beck (1995) and Ellis and Dryden (1997) virtually all of human disturbance is the result of blaming others, society or the self for things that have happened. From such blaming the need for forgiveness arises. The concept of forgiveness is thus at the core of psychotherapeutic endeavour but nevertheless forgiveness has received relatively little attention within the counselling and therapy literature. This is also true of the wider academic psychology and mental health literature with research on forgiveness largely appearing within the last ten years. The reasons for this are complex. These will be explored as this process will allow reflection on current therapeutic practices with regard to the concept of forgiveness. Most of the emergent research on forgiveness is being undertaken by academic psychologists but my contention is that counselling psychologists are ideally if not uniquely placed to conduct research on forgiveness. Research findings with relevance to therapeutic interventions to promote forgiveness are presented as an introduction to the research in this area.

Barriers to the Use of the Term Forgiveness

The Religious Argument

There has been an historical association of forgiveness with the Judaeo-Christian tradition (DiBlaso & Proctor, 1993; Enright, Eastin, Golden, Sarinopoulos & Freedman, 1992; Pattison, 1965) which Sells and Hargreave (1998) suggest has led to an 'anti-forgiveness’ bias in the psychological literature. Forgiveness was considered to be a theological concept, something that was practised within a religious sphere and therefore of little interest to therapists and too 'unscientific' to receive attention from academic
psychology. This assumption that forgiveness is less applicable to wider society because of its’ religious history and is unsuitable for academic study has recently been challenged by many psychologists (Hope, 1987; McCullough & Worthington, 1994; McMinn & Rhoads, 1996; Scobie & Scobie, 1998; Schontz & Rosenak, 1994). Distinctions can easily be made between aspects of divine forgiveness within a religious context and human forgiveness although it may be argued that forgiveness as a concept may well have more saliency for individuals with religious beliefs. McCullough and Worthington (1999) have reported that within broadly Christian societies people who are religious value forgiveness more than those who are not religious. Whether valuing forgiveness actually influences behaviour is still uncertain. The importance of forgiveness for facilitating social interaction and peaceful coexistence both at the intrapersonal and intergroup level is unquestionable. The development of increasingly litigious societies in the West and the so-called blame cultures makes it ever more salient.

The Psychoanalytic Literature and Forgiveness

The term forgiveness is largely absent from the psychoanalytic literature. In his extensive writing Freud does not index any references to forgiveness (Akitar, 2002) and this appears to have set a precedent. Mosher (1991) reported an absence of any reference to forgiveness in the Title, Key Word, and Author Index to Psychoanalytic Journals between 1920 and 1990. However concepts of direct relevance to forgiveness such as trauma, anger, guilt, shame, and the need for punishment are included. This would suggest that the concept is dealt with but under other names. Sells & Hargreave (1998) have commented that within psychodynamic therapy, forgiveness has tended to be treated rather like material for the confessional, where the therapist is ‘priest’ and the
transference relationship allows for symbolic forgiveness. The word ‘forgiveness’ is seldom if ever mentioned, instead talk is of interpersonal difficulties being resolved, people learning to move on, or to come to terms with past issues, or letting go of hurt, or learning to accept themselves. Often it would be much easier for therapists to ask the direct question about whether clients have forgiven themselves or the relevant others in their lives. Presumably reference to forgiveness is avoided because of the religious connotations of the term. Akitar (2002) further argues that forgiveness has been ignored as there is a tendency amongst psychoanalysts to keep their theorising within the boundaries established by Freud, so that topics ignored by Freud continue to be ignored. A more serious reason for the lack of attention to forgiveness within the classical psychoanalytic literature may be due to the complexity of the topic with its emphasis on interpersonal relationships and social context, areas that psychoanalytic theory does not address particularly well (Akitar, 2002).

A random search of around forty mainstream counselling and therapy texts in the counselling section of a University library that supports a range of counselling education failed to find the word “forgiveness” in any of the indices of the books. This echoes the psychoanalytic literature and lends some credibility to the anti-forgiveness bias reported by Sells and Hargreave (1998). This is not to say that therapy does not deal with forgiveness issues rather that the word itself is avoided and a variety of euphemisms are employed instead.

Additional Difficulties

Another potential barrier to the use of the term forgiveness relates to the way in which forgiveness may go against our conceptualisations of natural justice, where the
assumption is that wrongdoing must be paid for. Because of this tendency, Bass & Davis (1994) suggest that in the wider psychotherapy literature, forgiveness is sometimes perceived as being potentially oppressive. This is particularly true where clients have been abused andforgiving the abuser can be seen as bestowing power on the abuser so that they are free to abuse again in the future. It is also sometimes perceived as serving to keep the client in the ‘victim’ role, especially when there is a perceived imperative to forgive, (Sells & Hargreave, 1998). This is typified for example in the writings of McAlister (1984) where the desirability of forgiveness is stressed and failure to forgive is frequently conceptualised as pathological. This tends also to be true of some of the family and couple therapy literature, (Bass & Davis, 1994; Boszormenyi-Nagy, 1987; Hargreave, 1994).

Positive Psychology as described by Seligman and Csikszentmihalyi, (2000) echoes this, with forgiveness conceptualised as a human virtue and therefore being the desirable outcome of conflict. Revenge seeking and grudge holding, the opposites of forgiveness are pathologised regardless of the nature of the event or the social context. While some of this material on forgiveness as a virtue is interesting, it tends to be anecdotal and there is a dearth of systematic studies on the value and appropriateness of forgiveness in different contexts and for different individuals. This is one area that counselling psychologists are ideally equipped to explore by examining their clients' goals in relation to forgiveness issues, taking into account the nature of the hurt and the context within which it occurs.
Pathologising the Lack of Forgiveness

The pathologising of non-forgiveness can be dangerous as there may well be events that individuals cannot forgive or even be expected to forgive. In a study using a general population sample (N= 159), sixty-eight percent of the participants reported that there were limits to forgiveness. They identified death of a loved one, particularly a child by murder or other culpable event, sexual abuse and extreme physical and emotional abuse as being impossible to forgive (Macaskill, 2004). With the enthusiasm for forgiveness that is beginning to emerge within the psychological literature, counselling psychologists need to remain alert to the fact that forgiveness may not be a desired or attainable goal for many clients. Instead, such individuals may want to be helped to deal with their distress so that it becomes more manageable but accept that total resolution is unlikely. Individuals who can forgive in these extreme circumstances appear to be in the minority. The argument is that by forgiving the abuser, the victim may open themselves to further abuse. Certainly, this has been the experience within abusive relationships that are ongoing but it is a complex area and much will depend on the circumstances of the individual.

However, in some circumstances granting forgiveness can be empowering for the victim. Many individuals who have been victims in situations where the need for forgiveness arises carry an enormous emotional burden around with them. They continue to be angry with the perpetrator and they spend significant amounts of their emotional energy ruminating about the event, harbouring grudges and perhaps plotting revenge. They find it difficult to move forwards in their lives such is their pre-occupation with the wrong done to them. They are still acting out the ‘victim’ or ‘wronged one’ role long after
the actual event. For some such individuals while total forgiveness may not be achievable it can be possible to assist them to draw a line over the traumatic event and begin to re-engage with their lives and move forward and give up the role of ‘victim’ or ‘wronged one’.

Defining Forgiveness

At this point it is probably useful to make a distinction between forgiveness which is about turning negative feelings towards the perpetrator into positive feelings, giving up grudges and thoughts of revenge, and which may or may not involve reconciliation and drawing a line over the event. As mentioned earlier a survey of the general population suggested that most individuals do not see forgiveness as being limitless, they feel that some transgressors cannot be forgiven because of the horrific nature of their transgressions. In these situations the level of victim distress is likely to be very high and forgiveness may definitely not be on the agenda. Here a more appropriate goal may be to help the individual to draw a line over the event so that it no longer takes up all their emotional energies and they can begin to re-engage with their lives. The emerging literature on forgiveness talks mainly about forgiveness and non forgiveness and measures them on a continuum. However it may be that drawing a line over the event and moving on therapeutically is a valid health enhancing goal for victims in many situations involving forgiveness and needs to be recognised as such (Macaskill, 2002). It is not merely a stage in the process towards forgiveness but is a valid goal in its own right for some individuals. Individuals also talk about becoming reconciled to memories in instances where the transgressor is dead or geographically distant. Sometimes their goal is forgiveness but at other times it is about accepting that they cannot change what has
happened, perhaps cognitively restructuring the memories to arrive at a different understanding of the situation. There are many examples of this occurring in the literature on therapeutic interventions for individuals who have been abused.

An example may help to clarify this distinction. One woman I interviewed had lost her son in a drink driving incident and the drunken driver had been a family friend, driving while disqualified for drink driving offences. Understandably she had been extremely distressed by the event but with time and help her anger had been replaced with a deep sadness about the event. She had not forgiven the driver and said she never would forgive him, but she was determined to try to prevent others suffering the same fate and has become involved in local youth alcohol education programmes. She explained that she was doing this in her son's memory. She had succeeded in re-engaging with her life and producing something positive from the event but she has not forgiven the perpetrator. Enright and Coyle (1998) suggest that the process of trying to find something positive in the experience is an important stage in the process of forgiveness. However this woman was very clear that she was not working towards forgiveness. She was also coping well psychologically. This is clearly neither forgiveness nor non forgiveness but a separate resolution that seems to involve drawing a line and moving on. In the remaining discussion the term forgiveness will also include this distinct category of coping in forgiveness situations, where distress and rumination on the event are significantly reduced although the perpetrator is not forgiven, as well as the more straightforward forgiveness.

**Health Benefits of Forgiveness**
A major ethical issue for therapy is whether there are benefits for the individual in being more forgiving. There are several studies demonstrating that the act of forgiveness brings with it significant mental and physical health benefits, (Kelly & McKillop, 1996; Maltby, Macaskill & Day, 2001; McCullough & Worthington, 1994; McCullough, 1997; Pennebaker, 1995). Davidson and Jurkovic (1993) reported that individuals who do not seek forgiveness when they hurt others are at risk of having poorer relationships because they are less likely to be forgiven and also to forgive others. Maltby, Macaskill and Day (2001) in a psychometric study concluded that men and women who scored higher on the failure to forgive themselves displayed higher levels of neuroticism, depression and anxiety as measured by the General Health Questionnaire (Goldberg & Williams, 1991).

In terms of physical well-being, the blame, anger and hostility associated with the lack of forgiveness is being compared to the toxic component of Type A personality (Friedman et al., 1986). Hostility, blame and anger have been linked to poorer general physical health (Affleck, Tennen, Croog, & Levine, 1987; Tennen & Affleck, 1990), a higher incidence of cardiac problems and higher mortality rates (Miller, Smith, Turner, Guijarro, & Hallet, 1996). Research in this area is growing fast so there is increasing evidence that the anger, blame, hostility and grudge holding associated with the lack of forgiveness are damaging to health and that individuals who forgive tend to enjoy better health and greater life satisfaction (Macaskill, 2002, 2004).

Client dilemmas

Victims in forgiveness situations frequently find themselves in a quandary. They are distressed and unhappy about the situation and they cannot easily see a way forward. Forgiving the transgressor may be one way forward and indeed in many relationship
situations the transgressor is asking for forgiveness and significant others in their lives may also be recommending forgiveness as a solution. However the victim may be ambivalent about forgiving the transgressor. They ask why they should forgive as they feel that the transgressor does not deserve it, yet at the same time they may acknowledge that it is what they would ultimately like to achieve and may be the only realistic solution if the status quo is to be maintained. The emerging research on forgiveness and health provides one source of motivational evidence for victims in this situation. By continuing to be angry, ruminate, hold grudges and/or plot revenge, the individual is likely to be damaging their own health and experience a poorer quality of life.

It is also possible to help the individual to reconceptualise their situation. Here the literature on stress is helpful. Most situations where the need for forgiveness arises are low control situations, in that the victim has had no direct control over the events and there is little that they can do to alter events (Terry & Hynes, 1998). They cannot demand that the perpetrator apologise, indeed the perpetrator may even feel that they have done nothing wrong. Such low control situations are very stressful. The victim frequently feels helpless in this situation. With time victims can be helped to re-frame their situation to counteract this feeling of helplessness. Victims need to understand that while they remain upset and pre-occupied with the wrong, they are allowing the perpetrator to continue to hurt them. They are focussing their emotional energies on the injustices done to them and frequently failing to move on with their lives. Letting go of the negative emotions associated with non forgiveness can be conceptualised as being empowering. It begins with an acceptance that however unfair they feel it was the event has happened and cannot be undone. They need to be helped to become aware of the options they have.
They can continue to be upset and risk damaging their health, become bitter and damage their other relationships, or they can work towards some resolution of the situation. Resolution is obviously easier if the perpetrator acknowledges the wrong, apologises and makes retribution but even if this does not happen they can still be helped to move on. Underpinning all of this is the acknowledgement that forgiveness takes time (Worthington, Kurusu, Collins, Berry, Ripley and Baier, 2000). This is not always acknowledged in intervention studies and again is an area where counselling psychologists can make a valuable contribution based on documenting their experiences with clients to help provide more realistic guidelines about the length of treatment likely in various scenarios.

There are several interventions to assist in the development of forgiveness in the literature (Enright & Coyle, 1998; Worthington, 1998; Macaskill, 2002) and a case study literature on counselling interventions is beginning to emerge in North America, but there are many aspects of the forgiveness process that are poorly understood and counselling psychologists are uniquely placed to expand on this literature. Some evidence of cultural differences in forgiveness is emerging (Kadiangandu, Mullet & Vinsonneau, 2001) and case studies of British clients could usefully be compared with the existing American literature. Current research suggests that understanding why the incident occurred, the presence of mitigation, no wish for revenge, a willingness to compromise, the presence of an apology, some signs of remorse and a desire for reconciliation on the part of the wrong doer, appear to promote forgiveness (Worthington, 1998) but more work needs to be done on understanding the processes of change involved. The current discussion and indeed most of the research literature focuses on interpersonal forgiveness.
but self forgiveness is another major area waiting to be explored. Again counselling psychologists would seem well placed to take this forward as they have almost unique access to individuals dealing with these issues and many will have a wealth of experience in this area.
References


Interpersonal forgiveness within the helping professions: An attempt to resolve
differences in opinion. *Counseling and Values, 36,* 84-103.

Friedman, M., Thoresen, C. E., Gill, J., Ulmer, D., Powell, L. H., Price, V. A., Brown, B.,
Thompson, L., Rabin, D. D., Breall, W. S., Bourg, W., Levy, R., & Diaon, T.
(1986). Alteration of Type A Behavior and its effect on cardiac recurrences in
post myocardial infarction patients: Summary results of the Recurrent Coronary


London: NFER, Nelson.

intergenerational family.* New York: Brunner/Mazel.


*Psychological Bulletin, 120,* 450-465.

Macaskill, A. (2002). *Heal the hurt: How to forgiven and move on.* London: Guilford
Press.

perspectives. Submission.


