THERAPISTS AND THE CLINICAL USE OF FORGIVENESS

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The literature indicates a growing interest in the phenomenon of forgiveness and its implication for therapeutic practice. However, empirical research and formal theory about forgiveness and methodologies for their use with clients are practically nonexistent. Certified clinical members of the American Association of Marital and Family Therapists in the Maryland area rated their level of development of techniques to assist clients in forgiving themselves, forgiving others, and seeking forgiveness for wrongdoing. Therapists' openness to client religiosity and age of therapists explained approximately 26% of the variance. Gender, educational level, and personal religiosity of the therapists showed no significant relationship. Implications for direct family practice and theory development are discussed.

When faced with couples at the crossroads of a fragmented and hurtful relationship, clinicians have found that mutual forgiveness can be the pivotal point to return clients to a new beginning (Worthington & DiBlasio, 1990). In family therapy, parents and children may first need to release bitterness and anger through forgiveness before any corrective intervention can resolve current family problems. Similarly, plagued by past hurts and unfinished business, adult children may find healthy ways of interacting with their present families by granting or seeking forgiveness with family-of-origin members (Framo, 1976; Hope, 1987).

For centuries the healing nature of forgiveness has been lauded as a primary curative factor in relationships between people, and between people and God. Yet, only a few conceptual articles have been published on the use of forgiveness in clinical practice in secular journals (e.g., Fisher, 1985; Fitzgibbons, 1986; Flanigan, 1987; Hope, 1987; Joy, 1985;

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Kaufman, 1984; Wolberg, 1973; Worthington & DiBlasio, 1990), and a few in religious-oriented professional journals (e.g., Brink, 1985; Cunningham, 1985; DiBlasio, 1992: DiBlasio & Benda, 1991, Enright & Zell, 1989; Gartner, 1988; Pingleton, 1989; Sacks, 1985; Shontz & Rosenak, 1989; Smedes, 1983; Todd, 1985). The only quantitative study that was found emphasized the effects of forgiving attitudes of adolescents (Enright et al., 1989).

Despite the fact that many clinicians have reported the benefits of forgiveness, formal theory and research is virtually nonexistent. The reason for this dearth is not known, however, there may exist a bias created by the close association of forgiveness with religious beliefs (Pattison, 1982).

Without exception, forgiveness is reported in the literature as restoring relationships and healing inner emotional wounds. Forgiveness has been described as "a key part of psychological healing" (Hope, 1987, p. 240), and "a powerful therapeutic intervention" (Fitzgibbons, 1986, p. 630). "Forgiveness is a two-part response to a situation of injury; negatively, it is the remission of an attitude of resentments evoked by the injury; positively, it is an effort to reestablish a broken relationship (Lauritzen, 1987, p. 142)." Often unforgiveness and bitterness support dysfunctional patterns within marriages and between family members. In these cases, the focus of therapy is to resolve the heart of the problem by encouraging a healthy letting go of vengeance and records of wrong. Couples or family members are then set free to create new reality and patterns for interaction. Forgiveness has been reported to be highly beneficial for problems such as anger and depression (Fitzgibbons, 1986), family-of-origin issues (Framo, 1976; Hope, 1987), personality disorders (Fisher, 1985; Wolberg, 1973), self-guilt (Joy, 1985), problems within alcoholic families (Flanigan, 1987), and healing broken relationships in marriages (Worthington & DiBlasio, 1990).

Several trends in the analyses were expected from the review of the literature. First, it was assumed that practitioners who were more open to religious issues of clients would also be more open to using forgiveness techniques in practice than other therapists. Second, because of the close association that forgiveness has with many religious perspectives, it was assumed that therapists with high investment in their own religious orientations would be more likely to have developed forgiveness techniques in practice. And finally, the literature indicates that forgiveness has been considered an integral part of human development toward maturation (Brink, 1985; Erikson, 1950; Kaufman, 1984). Kaufman (1984) argues that humans mature into the capacity to forgive—not just forgiving others, but forgiving self as well. Therefore, it was anticipated that forgiveness capacity and perceived importance of forgiveness would gain ascendency as therapists age and mature. The following is a presentation and discussion of the findings, and implications toward theory development and family therapy.
METHOD

Subjects \((N = 128)\) were clinical practitioners who responded to a request to participate in the study. All 243 certified clinical members of the American Association of Marital and Family Therapist (AAMFT) in the Maryland area were sent a letter of invitation to participate, and follow-up phone calls were made to arrange a phone interview. In the phone interview, researchers read the 57 survey questions and recorded respondents' answers (the instrument contained mostly questions with five categorical responses each). Therapists who could not be reached or scheduled by phone were sent the questionnaire in the mail (approximately one-third of the participants responded by mail).

Fifty-five percent of the subjects were female. Ages ranged from under 25 years old to over 66 years old (mean age was approximately 47 years old). The gender distribution was similar to the frequency found in the population of Maryland area AAMFT therapists: 59% female. Information on ages of this total population was not available. Highest educational levels were masters (61%)—the minimal degree for eligibility for AAMFT clinical membership—and doctoral (39%) degrees. Respondents reported their highest degrees were in the following disciplines: social work, 41%; psychology, 18%; theology, 12%; marital and family therapy, 10%; psychiatry, 4%. The remainder were from a variety of other disciplines (i.e., sociology, education, professional counseling, occupational therapy).

A range of responses was noted on religious questions of the survey. Regarding religious preferences, 20% of therapists identified themselves with the Jewish faith, 13% were Catholics, 11% were Baptist or Methodist (because of a coding problem these two religions could not be separated), 10% were Episcopalian, 7% were nondenominational Christian, 5% were Lutheran, 5% were Presbyterian, 2% were associated with Far Eastern faith, 18% reported “other” religion or spirituality, and 10% reported no religious preference. Slightly over one-half (55%) of the subjects indicated that their personal religious beliefs were very important. Interestingly, when therapists were asked to rate the impact of religious beliefs on their therapeutic intervention, 43% reported it had a significant impact, 52% some impact, and 5% believed it had no impact at all. Yet, 57% of therapists believed that their religious ideologies ought to be “completely” separate from their intervention.

Theoretical and Control Variables

The dependent variable of the study was the index of forgiveness techniques, a composite variable containing three items. A measure of internal reliability was computed, and the result demonstrated confidence in the index \((\alpha = .87)\). Each of the items contained five-point Likert scales (e.g., 1 = techniques not developed at all to 5 = very well developed techniques) and were tested for bivariate associations with each other. Item-to-total correlations were calculated to provide an assessment of how well each
variable related to the scale ($p \leq .01$ for all correlations). The following are brief descriptions and statistics of each component variable:

(a) Techniques for seeking forgiveness. Survey question: How developed are your specific techniques used to help clients seek forgiveness from others? Correlation with $b = .80; c = .61$; item-to-total = .91.

(b) Techniques for granting forgiveness. Survey question: How developed are your specific techniques used to help clients grant forgiveness to others? Correlation with $a = .80; c = .66$; item-to-total = .92.

(c) Techniques for clients' self-forgiveness. Survey question: How developed are your specific techniques used to help clients grant forgiveness to self? Correlation with $a = .61; b = .66$; item-to-total = .84.

One of the independent variables, *index of religious openness*, was constructed in a similar fashion as the dependent variable. The measure of internal reliability ($\text{alpha} = .79$) demonstrated that the component variables formed a reliable scale. The following were the component items ($p \leq .01$ for all correlations):

(a) Inquiry to clients' religious affiliation. Correlation with $b = .46; c = .56; d = .39; e = .31$; item-to-total = .76.

(b) Inquiry to clients' belief system. Correlation with $a = .46; c = .48; d = .52; e = .25$; item-to-total = .75.

(c) Assessment of clients' level of religiosity. Correlation with $a = .56; b = .48; d = .50; e = .38$; item-to-total = .78.

(d) Use of clients' religiosity in therapy. Correlation with $a = .39; b = .52; c = .50; e = .53$; item-to-total = .77.

(e) Validity of clients' religiosity for therapy. Correlation with $a = .31; b = .25; c = .38; d = .53$; item-to-total = .65.

The personal importance of the subjects' religious beliefs were measured using a five-point scale (*1 = not important* to *5 = very important*). In addition to the above variables, age, gender, and highest educational level were considered.

RESULTS

The frequency distribution of the dependent variable ranged from a score of 3 to 15. The mean score was $X = 10.21$. On the *index of religious openness* subjects scored on a range of 6 to 25. The mean score was $X = 18.99$.

Pearson’s Product-Moment Correlations were used in all bivariate analyses and stepwise regression procedures were used in the multivariate exploration (see Table 1). The following were the results of the bivariate correlations with the *index of forgiveness techniques: index of religious openness* ($r = .46$, $p \leq .01$); *age* ($r = .22$, $p \leq .05$); *personal religiosity* ($r = .11$,
TABLE 1
Bivariate and Stepwise Regression Results of Religious Openness,
Personal Religiosity, Gender, Age, and Education
on Level of Forgiveness Techniques

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson’s $r$</th>
<th>$B$</th>
<th>$Beta$</th>
<th>$t$</th>
<th>$p$</th>
<th>$R^2$ changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index of religious openness</td>
<td>.46**</td>
<td>.345</td>
<td>.455</td>
<td>5.888</td>
<td>.0000</td>
<td>.215</td>
</tr>
<tr>
<td>Age</td>
<td>.22**</td>
<td>.277</td>
<td>.199</td>
<td>2.568</td>
<td>.0000</td>
<td>.040</td>
</tr>
</tbody>
</table>

**Variables Not Entering Regression**

| Education | .06 |
| Gender    | -.09 |
| Personal religiosity | .11 |

$F = 21.354$, $p = .0000$, Multiple $R = .504$, Total $R^2 = 255$

**$p \leq .01$**

not significant); gender ($r = -.09$, not significant); and education ($r = .06$, not significant).

The five variables above were regressed on the dependent variable. Two variables accounted for approximately 26% of the explained variance in the multivariate analysis: religious openness ($R^2 = .215$) and age ($R^2$ changed = .040). The remaining variables, personal religiosity; gender; and education did not explain significant variance. A multicollinearity check was made between the index of religious openness and personal religiosity and results showed no significant relationship between the two existed ($r = .16$, not significant).

DISCUSSION

This study examined a sample of AAMFT therapists on their clinical use of forgiveness techniques. The frequency distributions revealed that therapists ranged in positive/negative beliefs and perception of use of forgiveness in clinical practice. Notably, the majority of therapists had a favorable impression of forgiveness; however, as a group, they reported a deficit in the theoretical application of forgiveness techniques to their practices.

The major finding of this study was that, of the variables tested in a multivariate analysis, therapists’ openness to clients’ religiosity and therapists’ age were significant predictors of the development of therapeutic techniques for using forgiveness in treatment. That is to say, therapists who are older and who demonstrate an openness to inquiring, assessing, and using clients’ spiritual belief systems in therapy were more likely to have developed forgiveness techniques than were other therapists. Perhaps this finding on religious openness demonstrates a
possible avoidance of some therapists to develop and use techniques for a phenomenon that is closely associated with spiritual beliefs.

Pattison (1982) suggests that because clinicians are less religiously oriented than clients, they tend to easily separate religious issues of clients from therapeutic intervention. Larson, Pattison, Blazer, Omran, and Kaplan (1986) suggest that bias against religious material permeates not only the clinical practice field, but also can be found in research. They discovered that of over 2,000 articles in four psychiatric journals between 1978 and 1982, only 59 included a quantified religious variable (mostly a single measure of religion). They concluded that a serious deficiency exists in knowledge of the dynamic interaction of religious beliefs and psychiatric treatment.

The separation of religious beliefs of clients and therapy is perplexing, given the emphasis of recent decades on respect for client diversity and systemic models of therapy (i.e., DiBlasio, 1988; Haley, 1987; Madanes, 1984; Minuchin & Fishman, 1981). A number of religions focus on forgiveness as important for the spiritual well-being of families. "The significance of religion in the lives of so many people can be understood if we consider religion in its broadest sense to include a system of beliefs, practices, customs, and ceremonies rooted in a culture; a view of the individual's relationship to the universe; a moral and ethical code; and a community of adherents providing social relationships" (Sacks, 1985, p. 27).

Surprisingly, the personal level of religiosity was not significantly associated with the level of development of forgiveness techniques. Although using forgiveness techniques in practice may be driven by religious commitment in some therapists, as a group, therapists who used forgiveness techniques did not differ much from other therapists in religious commitment. It may be that therapists who are open to religiosity of their clients will also be predisposed to use techniques regardless of their association with religious beliefs. Obviously, further investigation is warranted.

Several possible explanations exist for the finding that age was significantly related to the development of forgiveness techniques. The first and most obvious explanation is that as therapists age they have increased clinical expertise and time to have developed forgiveness techniques. Second, forgiveness may be a developmental issue that increases in perceived value as therapists mature. For example, part of the healthy resolution of Erikson's (1950) final stage of ego integrity vs. despair is finding meaning of one's contribution in life, forgiving past mistakes made by self and others, and accepting that life is a mixture of pleasant and adverse realities. Whereas, many of the other stages focus on interpersonal adjustment and relationships, later developmental stages accentuate the internal process of acceptance and peace within self. Third, forgiveness may be embraced less by younger clinicians who are generally trained in therapies that highlight the here-and-now interaction of clients with less attention paid to past issues. For example, current-day therapies may involve changing patterns of present thought (cognitive therapy), behavior (behavioral therapy), and interpersonal relationships
(structural/strategic), and focus less on past events and internal processes. In comparison, older therapists were likely trained in more psychodynamic approaches that accentuate the relevancy of resolving past issues for the purposes of moving forward. Interestingly, strategic family theory posits that the past is manifested in present relationships and that changing current patterns between family members unleashes clients from old issues without direct work with previous hurts and offenses. The focus on the past was often explicitly avoided in such an approach (Haley, 1987); however, most recently, trainers in strategic family therapy have found therapeutic value in having young perpetrators of sexual abuse seek the forgiveness of their parents for the acts they have committed (Madanes, 1990).

Several limitations of the study need to be addressed. First, the sample was drawn from a group of highly trained practitioners certified by AAMFT; caution must be employed in generalizing the findings to other clinicians. Second, the data are not longitudinal, but cross-sectional; hence, they do not permit establishing true causal sequences with age. Future research is clearly needed to sort out and verify events and sequences. Also, it is critical that confirming evidence be gathered from a larger and more diversified population of practitioners. Finally, since this study is based solely on self-report, without the use of other sources for verification, future research designs should incorporate multiple measures for establishing validity.

Toward Theory and Application of Forgiveness in Family Therapy

A primary approach of several family therapy models (such as structural family therapy) is to interrupt the family’s dysfunctional interactions and restructure family patterns. Therefore, the therapy is more apt to deal with current struggles rather than to focus on historical events. For example, in the case of a child who is acting out, the therapist may help an overinvolved parent become less involved and the peripheral parent to become more involved in managing current symptoms of the child, such as aggressive behavior. In a situation such as this, it is not unusual to find the couple to be in serious conflict with one another. The child’s misbehavior acts to keep the system balanced by bringing parents together on a common concern—managing the child’s symptoms.

A family model that emphasizes forgiveness would explore the historical offenses between family members that have never been successfully resolved. By so doing, the family members have an opportunity to give up their record of wrongs against each other, along with the associated resentment. This provides opportunity for a fresh beginning. Therapy then assists family members in living out the new start.

Theoretically, a forgiveness approach assumes that current dysfunctional patterns are maintained, in part, because family members are locked into a cycle where resentment and unforgiveness are expressed covertly or directly through hurtful behavior. In the example above, resolving forgiveness issues between spouses may assist them in reducing
their marital conflict and, thereby, free the child from the role of symptom bearer.

For many clients, forgiveness is inseparable from their spiritual beliefs. For these clients, forgiveness is often a direct living out of spiritual convictions, which produces a sense of harmony and peace. Utilizing spiritual beliefs is an important part of family therapy, and can be instrumental in the use of forgiveness techniques with certain clients.

Elements of forgiveness include granting forgiveness, seeking forgiveness, repentance, atonement, and sacrifice (Worthington & DiBlasio, 1990). Granting forgiveness is thought to restructure the forgiving person's perceptual set toward the past and how one views the world (Hope, 1987). It frees an individual from negative emotions that interfere with adaptive functioning. Seeking forgiveness contributes to the harmony of relationships and reduces self-guilt, as the offender takes responsibility for his or her wrongful actions by confessing and asking for the benevolence of the other. Repentance is "the remorseful attitude demonstrated by turning away from one's reprehensible behavior" (Worthington & DiBlasio, 1990, p. 220). Family members who offend must stop the offending behavior or their request for forgiveness is futile. Atonement is an outward act or sign that demonstrates the inner forgiveness (such as a couple exchanging their wedding rings for new ones after both spouses had extramarital affairs). And, finally, sacrifice is needed to promote long-term commitment to relationships.

Among the many ways a therapist can use the above concepts in family therapy is through the family forgiveness session. This type of session is powerful not only in resolving issues in current families but also those in families-of-origin. In addition, the session can be modified to be used with couples.

The therapist discusses the concept of the forgiveness session with the family early in the therapy, framing it as a worthwhile goal. The therapist should be sensitive to timing of the session. Ideally, the family members should have the capacity for seeking and granting forgiveness. Sometimes a few individual sessions might be needed with certain family members to help prepare them. Obviously, forgiveness should not be forced, but should flow from clients' desire to resolve past offenses. Respecting clients' self-determination may also involve conducting the session immediately for families who believe that forgiveness is crucial to their relationship with God (see, for example, Matt. 5:23–24, 6:14–15).

The week before, the therapist prepares the family by discussing the upcoming forgiveness session. The therapist discusses both the family's and the therapist's value and definition of true forgiveness (cf. Worthington & DiBlasio, 1990), the readiness of the family to proceed, and how the family should prepare for the session. The family members prepare a written list of offenses they wish to seek forgiveness for and their plan to stop the hurtful behaviors.

During the preparation session the therapist helps family members understand that they are to focus on their own offenses and not the offenses committed against them. Hopefully, this maneuver allows each
family member to concentrate on their own participation. Further, the therapist explains that some family members may not seek forgiveness for certain offenses and may not grant forgiveness to the offender during the forgiveness session.

The forgiveness session begins with the therapist summarizing the information discussed during the preparation session, then asking if family members are ready with their lists. The therapist seeks out someone to read out a listed item. The item is discussed and a specific behavior is identified. The offender is asked how he or she plans to end the behavior. Plans for improvement are explored and negotiated. The offender may then directly ask for forgiveness for the behavior. The therapist warns the offended party not to forgive impulsively, but instead to extend forgiveness only if he or she is truly willing to let go of negative feelings toward the offender on the issue. It is helpful here to discuss the difference between “hurt” and “resentment.” Hurt is the pain that we suffer because of someone’s mistake, and resentment is negative feeling we develop toward the offender for hurting. The offended party is then asked if they would like to directly grant forgiveness. Following this first request for forgiveness, another family member volunteers to read a listed item and so on until all family members have exhausted their lists. A family celebration should be suggested if the session is successful.

Future investigations are needed to test the effectiveness of forgiveness techniques on client populations. However, much more work is needed in developing theory and intervention models for testing. The majority of subjects of this study reported a high interest in learning more about forgiveness phenomena.

REFERENCES


