

CHAPTER 4

4. THEORY AND LITERATURE SURVEY OF THE PHENOMENA OF FORGIVENESS AND SELF-FORGIVENESS

4.1 INTRODUCTION

Traditionally, psychology has been conceptualized as a natural science; placing priority on experimental and scientific methods and shying away from phenomena that are closely related to theology and religion. Psychology has thus avoided topics which cannot be easily studied by this method (Giorgi, 1970 in Rowe, et al. 1989).

The experience of forgiveness and self-forgiveness in the world falls within this category and is a topic which is resistant to simple definition and direct observation (ibid, 1989). However, in the last two decades, there has been a gradual increase in interest in the topic of forgiveness in psychology, although not much has been written on the topic of self-forgiveness. The studies regarding forgiveness include empirical research, a number of unpublished doctoral dissertations, literature for clinicians focusing on strategies for facilitating forgiveness with psychotherapy clients, self-help literature dealing with helping the individual with forgiving others and self-forgiveness and phenomenological research (Rowe & Halling, 1998). Reports of specific experiences provide a basis for integrating and interpreting in a more experiential and existential fashion, the sometimes abstract notion of forgiveness articulated in the literature (Rowe & Halling, 1998).

4.2 HISTORICAL DEVELOPMENT OF SELECTED PSYCHOLOGICAL LITERATURE AND THE RESEARCH APPROACHES TO FORGIVENESS AND SELF-FORGIVENESS

In discussing the selected psychological literature and theoretical approaches to forgiveness and self-forgiveness, I will endeavour to focus on the significance of the research, particularly regarding psychotherapy and the therapist's role in forgiveness and self-forgiveness. The reason for focusing on selected literature and theory pertaining to both forgiveness and self-forgiveness is that, as mentioned in previous chapters, these phenomena share the same depth and often are simultaneous processes although, 'it is not, as is commonly supposed, that forgiving others is a prerequisite for experiencing forgiveness' (Halling, 1994, p.112).

In order to create a theoretical and operational framework to understanding and conceptualizing the essential nature of forgiveness, various approaches to the phenomena of forgiveness and self-forgiveness

will be discussed. With the exception of the phenomenological approaches to the phenomena, the following approaches do not focus on the lived experience of forgiveness and self-forgiveness as it occurs in the individual's every day world. These approaches were based mainly on the therapists' preconceived hypotheses, theoretical orientations and applications and/or guidelines for explaining and facilitating forgiveness and self-forgiveness in the clinical or therapeutic setting. In this research of the lived experience of self-forgiveness in psychotherapy, a different perspective of this phenomenon will be presented.

The following approaches to forgiveness and self-forgiveness will be presented in this chapter:

1. The case study and psychoanalytic/psychodynamic approach to forgiveness and self-forgiveness.
2. The theologian C.A. Bonar's (1989) view of three personality theories, in an approach to forgiveness, within the theoretical framework of Jung's psychoanalytic theory about individuality; Dollard & Miller's learning paradigm and Maslow's humanistic approach in synthesizing psychodynamic/psychoanalytic and theological principles, in the application of forgiveness in the psychotherapeutic setting.
3. A psychiatrist's perspective of facilitating forgiveness and overcoming anger in the clinical setting.
4. A model of interpersonal forgiveness within the clinical setting.
5. A cognitive/behavioural therapeutic intervention in facilitating forgiveness, receiving forgiveness and self-forgiveness.
6. The pastoral/counselling approach to forgiving ourselves.
7. The experimental statistical research and the application of forgiveness to various disorders.
8. The phenomenological approach to forgiveness and self-forgiveness, with the explanation of the phenomenological approach to these phenomena.

4.2.1 THE CASE STUDY AND THE PSYCHOANALYTIC/PSYCHODYNAMIC APPROACH TO FORGIVENESS AND SELF-FORGIVENESS

The case study has been a significant means of studying and understanding human nature, from the time Freud originally used this method in a clinical setting in order to study and understand his patients' difficulties. Martyn (1977) in her description of an abused child in play therapy, attempts to combine psychoanalytic concepts pertaining to personality structure and the theological principles of grace and forgiveness. The lack of a coherent framework in this article results in confusion in comparing these two specialized approaches.

However, of interest from a psychotherapeutic perspective, is that the author conceptualizes the therapeutic journey as a 'recapitulative miracle'. This is based on the observation and interpretation that within the therapeutic relationship, the child (or adult) will embark on a recapitulation of his/her infancy and childhood which unfolds at an unconscious level within the contained 'transference' relationship with the 'good enough parental nurturer i.e. the therapist' (Winnicott, 1971, cited in Martyn, 1977). The healing force is set in motion by the therapist (a different internalization from one's original distorted relational matrix), although the latter is not its prime cause (ibid, 1977). The resultant alteration of the personality structure and a less primitive internalized superego is the basis of psychoanalytic treatment. This results in a forgiving attitude towards the self and in less acting out and aggressive behaviour in the environment. The significance of this theoretical base is that the development of the self takes place in relational interdependence and not in isolation. It is within the accepting therapeutic relationship that the self of the client is able to accept and apply the 'gift-like' quality of the experience of compassion, grace and forgiveness to the self and others. In this case study of an abused child, the researcher applies psychoanalytic and theological concepts to forgiveness and the conclusions are based on the clinician's application, observation and interpretations within the clinical setting.

Hunter (1978), includes four case studies in a psychodynamic, psychotherapeutic approach to the individual's capacity for forgiveness in his paper on 'Forgiveness, Retaliation and Paranoid Reactions'. Hunter perceives forgiveness in relation to its polar opposites - the fear of retaliation and paranoid anxiety - as a response to psychic injury. Of significance to the psychotherapist involved in clinical work is Hunter's statement that the cognitive and developmental aspects of Piaget's & Erickson's developmental stages are involved in the individual's capacity for forgiveness. In addition, Hunter describes the process of forgiving in the therapy setting as helping the client overcome aggression and blame in her movement towards forgiveness. Of significance in the therapeutic setting is that the client's improved reality testing would impact on the self, in that the self seems more clearly separated from the other and the relationship

between the self and the other is more realistically assessed (ibid, 1978). While these insights may be useful in understanding forgiveness from a psychodynamic perspective, these speculations are based on theoretical principles and subjective observations in the clinical setting and not on the client's own experience of forgiveness and self- forgiveness as it occurs in her everyday world.

4.2.2 THREE THEORETICAL PSYCHOLOGICAL PERSPECTIVES OF FORGIVENESS IN THE PSYCHOTHERAPEUTIC ENVIRONMENT, SYNTHESIZING THEOLOGICAL AND PSYCHOLOGICAL PRINCIPLES

Bonar (1989) discusses the significance of our human concern regarding forgiveness and our relationships with others from a psychological and religious perspective. He states that this concern can compel us to want a healing reconciliation with our God, with ourselves, with others and with our community, and asking for forgiveness can affect this reconciliation. The author questions whether psychological theories that attempt to explain our behaviour are able to clarify our response to a requirement based on our religious tradition of asking for forgiveness for our sins.

In this article, Bonar compares the three perspectives of the psychoanalytic approach of Carl Jung (1928); John Dollard and Neal Miller's learning paradigm (1965) and Abraham Maslow's humanistic approach (1965), in addressing the dynamics of personality which may be involved in self-forgiveness and asking forgiveness of others. From a Jungian and psychoanalytic perspective, the focus is on individuation and looking for wholeness and integration within the individual, whereas (as Bonar emphasizes), from a Christian perspective, reconciliation and forgiveness deals with relationships with the other and with God. In individuation, the archetype representing the darkest part of the psyche must be uncovered and encountered i.e. the hidden repressed negative parts of the collective unconscious must be dealt with and self-realisation achieved through the process of individuation. Jung's concept of personality concerns the inner processes and the personality is thus to be integrated independently of the way the individual relates to the outside world, while relations with others become of secondary importance. Bonar criticizes Jung's analytical theory for not considering what he identifies as a deep human need to relate to others and the transcendental spiritual dimension of forgiveness.

According to Dollard & Miller's (1965) approach, based on Freud's psychoanalytic principles and Hull's (1943) learning theory, human behaviour is learned. These researchers help us understand how our behaviour is motivated by drive (primary and innate, e.g. hunger or secondary learned feelings of fear, anxiety, etc), cue (guiding the behaviour, indicating appropriate direction), response (reducing the drive) and reinforcement (causing the reduction). Dollard & Miller combine the individual inner processes with

their effect on external behaviour. Bonar claims that this inner-outer connection offers a plausible, although only partial, explanation of 'asking forgiveness' behaviour in order to fulfil our deep human need for healing.

In contrast to Jung's analytical theory, which looks strictly inward, Maslow identifies relating through our belongingness and esteem needs as essential components of being self-actualized. 'In contrast to Jung, Maslow recognised that higher level needs can only be fulfilled by and through other human beings' (Friedman, 1984, cited in Bonar, 1989, p.49). Bonar states that 'healing through forgiveness becomes an issue when the relationships are broken or damaged, and need mending. With this healing, one can continue to receive love and give love' (ibid, 1989, p.50).

Bonar claims that the attempt in this article at integrating psychological theories on a functional level and faith issues on a transcendental or spiritual level, is mismatched. However, he does contribute to an understanding of the inner-outer connection regarding forgiveness i.e. that reconciliation involves not only the inward process of individuation and reconciliation with the self, but a healing reconciliation in relation 'with our God, with ourselves, with others and with our community' (ibid, 1989, p.50). The significance of this article within the psychotherapeutic setting, is that it focuses on both the inner intrapersonal, as well as outer relational, needs of the client in dealing with forgiveness.

Pingleton (1989) attempts, in his article, to integrate and synthesize theological and psychological perspectives of the nature and dynamics of forgiveness within the psychotherapeutic relationship. The author maintains that forgiveness is a highly complex phenomenon encompassing social, spiritual, volitional, cognitive and emotional dimensions of human experience and therefore holds challenging prospects for integration. According to Pingleton, there is a paucity of integrative conceptualizations and theoretical formulations about the psychological nature of forgiveness. He contends that the study of forgiveness is a theological term being utilized to describe a psychological process.

Forgiveness, Pingleton states, is necessitated 'whenever individuals experience a violation of their sense of fairness, justice or innocence' (Pingleton, 1989, p.30). In psychodynamic terms, the loss to the wronged individual constitutes an injury to the narcissistic grandiose aspects of the self. This loss is experienced as a diminishment of the self in terms of esteem, pride and omnipotence which also results in a deeper awareness of one's humanness and underlying vulnerability, helplessness, dependence and inadequacy (ibid, 1989). The psyche then responds swiftly in order to protect the weak, vulnerable, exposed self in an effort to ward off the pain of the narcissistic wound. In order to adapt, the ego acts defensively by projection of the self's internal fear, guilt and anger, externally on to the violator. This

sense of anger empowers the weakened vulnerable self in an attempt to protect it from further injury. Pingleton states that although this defensive externalization of blame can serve the adaptive purpose of establishing and/or strengthening healthy interpersonal boundaries and differentiation, it becomes destructive when excessive psychic energy results in destructive fantasies and/or actions. This hostility can harm interpersonal relationships when expressed outwardly and can be insidiously harmful when unexpressed rage and resentment, turned inward, results in depression, alienation, estrangement and the erection of protective defensive barriers.

Dynamically opposed to the sadistic ways of relating with anger to others, is the masochistic way of inwardly relating to one's narcissistic self with punitive guilt. Instead of projecting and blaming others for one's loss and pain, the individual becomes guilt-ridden and internalizes blame and self-hatred. Pingleton states that there is more to forgiveness than the social, spiritual and emotional components and that the cognitive and volitional elements of forgiveness are a fundamental necessity, based on the individual's decision to continue the procedure at each stage of forgiving.

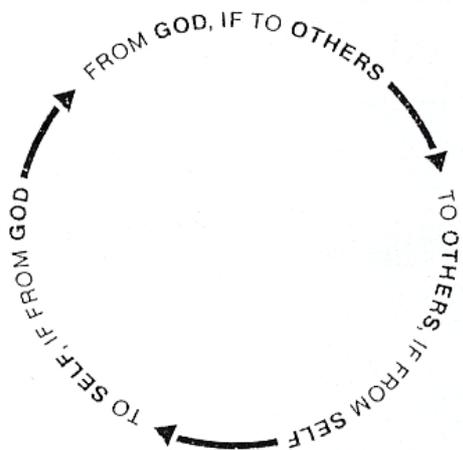
Pingleton asserts that working through pain and hurt is a crucial factor in the requirement of forgiveness and he says that 'there is no short cut to healing and growth and there exist many obstacles along the pathway' (Pingleton, 1989, p.31). In fact, 'when forgiveness denies that there is anger, acts as if it never happened, smiles as though it never hurt, fakes as though it's all forgotten - don't offer it. Don't trust it. Don't depend on it. It's not forgiveness - it's a magical fantasy' (Augsburger, 1981, p.52, cited in Pingleton, 1989, p.31).

In discussing the facilitation of forgiveness in the therapeutic relationship, Pingleton (1989) focuses on the therapist's role in working through a client's resistance to forgiveness when the presenting problem in therapy is a 'generalized or circumscribed feeling of having been violated and/or victimized by others, oneself, the world, or even God' (ibid, 1989, p.37). The author states that the therapist's role is one of unconditional acceptance and positive regard in trying to recontextualize the pain of the violation. The client's resultant defense mechanisms such as denial, projection, rationalization, regression, isolation, splitting and undoing (which result in avoidant behaviour and social and spiritual alienation), are common in the therapeutic setting. It is within the safe, contained empathic trusting therapeutic relationship that the client is able to disclose the loss, anger and fear of judgement and condemnation. This results in the gradual self-acceptance of the client's true self. 'The experience of being forgiven implicitly by the therapist and set free from their bondage or entrapment of indebtedness, empowers clients to begin to forgive themselves and others' (Angyal, 1952, cited in Pingleton, 1989, p32).

Pingleton states that self-acceptance involves admission of vulnerability, dependence, weakness and inadequacy and facing up to the additional psychological loss of relinquishing ‘the immature defensively grandiose, omnipotent self and thus embracing more fully one’s humanness’ (Pingleton, 1989, p.32). The paradoxical experience within the therapeutic setting of gaining strength in order to admit one’s weakness and vulnerability, enables one to forgive. In abandoning one’s egocentric needs, one moves from emotionally dependent, often symbiotic, relationships to emotionally mature, autonomous interdependent, interpersonal relationships with others. (ibid, 1989). In addition, this results in modifying one’s unrealistic expectations of oneself and others. The ability to forgive oneself is intimately related to forgiving others: ‘the failure to forgive others is ultimately, the failure to forgive oneself’ (Pattison, 1965, cited in Pingleton, 1989, p.34). Pattison (1965) claims that forgiveness is ‘not a superego phenomenon’ but rather as Piers & Singer (1971) claim, ‘an act of a healthy cohesive ego’ (cited in Pingleton, 1989, p.34).

Fig. 1

A Psychologically and Theologically Integrated Schematic Representation of the Forgiveness Process



According to Pingleton, the psychotherapist is in a unique position to mediate the experience of forgiveness. In the transference, the client’s residual feelings towards themselves and others may be projected onto the therapist. This, the author claims, presents the therapist ‘with a unique opportunity for healing, if therapists manage their countertransference therapeutically by distinguishing between one’s person and one’s role’ (Wapnick, 1985, cited in Pingleton, 1989, p.33). The therapist, by not reacting defensively, empowers the client to change, not what happened in the past, but how to react to, and undergo, the painful experience in the here and now (ibid, 1989). Pingleton claims that, in order to do this

formally, it is essential that the psychotherapist recognises and endeavours to cultivate what he proposes as three organismic maxims of forgiveness: (a) forgiveness can only be received from God if given to others, (b) forgiveness can only be given to others if received from the self and, (c) forgiveness can only be given to the self if received from God. ‘This tripartite model of forgiveness is found in the Disciples’ Prayer (Matt. 6:9-15)’ and ‘the dynamic interplay among these principles’ is depicted in Fig. 1 p.35 (Pingleton, 1989, p34).

Both Bonar (1989) and Pingleton (1989) offer useful insights regarding the application of theoretical psychological principles to forgiveness. However, both authors, in trying to synthesize psychological and theological principles within the therapeutic setting, approach this phenomenon with preconceived psychological hypotheses, theories and religious beliefs. In this case, the therapist could be seen as being directive, subjective and, in Pingleton’s words, being ‘in the unique position to mediate the experience of forgiveness’ (Pingleton, 1989, p.33).

4.2.3 A PSYCHIATRIST’S VIEW OF ANGER AND THE HEALING POWER OF FORGIVENESS

For over 20 years, Fitzgibbons (1986) has carried out work on the meaning of forgiveness, in order to clarify ‘how it can be used effectively as a cognitive and emotive psychotherapeutic technique to diminish anger, in a number of clinical disorders’ (Fitzgibbons, 1998, p.63). Fitzgibbons has carried out this work in clinical practice with children, adolescents and adults and maintains that the use of forgiveness, as a psychotherapeutic tool has helped resolve clients’ hostile feelings and vengeful thinking, has helped reduce their emotional, physical and mental suffering and has resulted in successful reconciliation in various relationships.

Clinicians have increasingly come to believe that forgiveness can help clients overcome anger, resentment and pain and thus have attempted to formulate techniques and procedures in order to facilitate the movement towards forgiveness. In his article, Fitzgibbons (1998) focuses on cognitive, emotive and spiritual therapeutic techniques in order to diminish excessive anger and achieve forgiveness. The author bases his work on two aspects of the definition of forgiveness by North & Enright (1996), viz that forgiveness is ‘the process of relinquishing one’s feeling of resentment and thoughts of vengeance’ and, secondly, that forgiveness is ‘the process of fostering compassion, generosity and even love toward those who have inflicted pain’ (cited in Fitzgibbons, 1998, p.65). In this article, the author suggests that the four phase model, (i.e. the ‘uncovering, decision, work and outcome’ phases), based on the work of

Enright & The Human Development Study Group (1991 & 1996), would be useful in promoting forgiveness in clients.

Fitzgibbons guides his clients, by analyzing the origins of their pain, helping them with re-enacting the hurtful situation and then motivating the clients to make a cognitive decision to forgive and to let go of anger or the desire for revenge (ibid, 1998).

The second aspect in the process of reducing anger and encouraging the client to forgive, is emotional forgiveness which occurs in the forgiveness process when the injured party understands and empathizes with the offender. This stage of forgiveness is usually preceded by using cognitive forgiveness exercises in the therapeutic setting. At this stage, Fitzgibbons warns that the therapist can err by pressurizing the clients to forgive the wrongdoer too quickly and by not validating the effectiveness of cognitive forgiveness.

The third approach to forgiveness is a spiritual one. Here Fitzgibbons utilizes a modification of the Alcoholics Anonymous' twelve steps in dealing with anger, betrayal, revenge or justice and forgiveness. According to Fitzgibbons, all three of these approaches, the cognitive, emotional and spiritual approaches, can be used in psychotherapy, in order to help resolve the individual's anger from past hurts, present stresses and to protect one in the future from overreacting to hurt with resentment (ibid, 1998).

Fitzgibbons warns that 'forgiveness does not resolve all emotional pain, resulting from traumatic life events', nor can 'forgiveness alone bring about a complete resolution of the excessive resentment, hostility and hatred in our culture' (p.67). The author acknowledges the significant role of forgiveness in the treatment of mental disorders and expressing hope that, in the future, forgiveness will move into the mainstream of the mental health field in the clinical treatment of people of all ages, for disorders such as, attention deficit/hyperactivity disorder in children and depressive and eating disorders and certain physical illnesses, such as, coronary artery disease, in which hostility plays a major role (ibid, 1998).

Of significance in the psychotherapy environment is that Fitzgibbons advises that therapists themselves become receptive to examining countertransference issues in the treatment of anger. The therapist's 'own personal journey in attempting to resolve anger at different life stages', would be advantageous at various levels, especially when developing skills in assisting their clients 'to work through areas of resentment' (ibid, 1998, p.73).

In the above approach, Fitzgibbons does not define the theoretical and empirical basis for his conception of forgiveness nor for the intervention he proposes.

4.2.4 A MODEL OF INTERPERSONAL FORGIVENESS WITH COUPLES IN PSYCHOTHERAPY

In this article, Worthington & Di Blasio (1990) focus on promoting mutual forgiveness in troubled relationships. These include, religious concepts such as granting and seeking forgiveness, repentance, atonement and sacrifice between couples.

In this approach there is a 'preparation session' of the couple before the therapist-directed 'forgiveness session'. Here the therapist focuses on definitions and perceptions of forgiveness, as well as the differences and similarities between forgetting and forgiving (Smedes, 1984), with the couple making respective lists in the areas requiring forgiveness. This exploration session is then followed by the forgiveness session, where the couples discuss their respective lists regarding forgiveness issues. Each partner (with the therapist's support), is given the opportunity to forgive the perceived transgressor (or not), for hurt caused in the relationship. According to the authors, intimacy between the partners is reinforced, both in and after these sessions. The clinicians provide therapists with assessment criteria for evaluating whether clients have the capacity for the forgiveness session or not. They state that when defenses such as denial, projection or displacement are evident in the couple, therapeutic work is recommended before genuine forgiveness may occur. Also, religious and spiritual issues may either enhance or detract from forgiveness between couples depending on their religious beliefs.

The implementation of this approach is based on clinical judgement and not on mechanical procedures and Worthington & Di Blasio do confirm via their observations and interpretations of the sessions, that forgiveness can be a powerful influence on anger reduction and the restoration of healthy relationships.

In a response to Worthington & Di Blasio's article on interpersonal forgiveness, the Human Development Study Group at the University of Wisconsin, led by Robert Enright (1991), have addressed five issues regarding interpersonal forgiveness in psychotherapy. In their article, the researchers Freedman et al, (1991) state that therapists should first understand the subtleties in the definition of interpersonal forgiveness before introducing the topic to clients; secondly, forgiveness should be viewed as an unfolding process which takes place over time; thirdly, clients should be directed to forgive one issue at a time; fourthly, both the client and therapist should be aware of the concept of pseudo-forgiveness and lastly, one should consider whether a client should forgive even when an offender remains unrepentant. While this article may contain useful therapeutic guidelines in interpersonal forgiveness, there may be an imposition of the therapist's preconceived ideas of what forgiveness is, or is not, and thus the therapy may be prescriptive and directive and not based on the client's own needs or perspective and experience of forgiveness in her own world.

4.2.5 THE COGNITIVE APPROACH TO THERAPEUTIC INTERVENTION WITHIN THE FORGIVENESS TRIAD: ON FORGIVING, RECEIVING FORGIVENESS AND SELF-FORGIVENESS

Since 1985, Enright and the group at the University of Wisconsin-Madison, have conducted various studies on forgiveness. The researchers devised a model in order to facilitate forgiveness (1991). This model was then revised in 1996, based on Al-Mabuk's assumption (1990) and Freedman's findings (1995), that most people need to be taught about forgiveness in order to begin forgiving (cited in Enright, Freedman & Rique, 1998). This is in contrast to Patton's (1985) challenge that most people discover the idea of forgiving on their own. (Refer to the following point: *4.2.6 Pastoral/Counselling Approach to Forgiving and Self-Forgiveness*). According to Enright and The Study Group (1996), the terms 'forgive' and 'self-forgiveness' are, at times, misunderstood and easily distorted. He states that the therapist, reading about such issues, may bring a distortion and misunderstanding into the therapeutic encounter and thus an examination and critique of the concepts involved warrant a brief discussion. Enright (1996) states that a therapist's awareness of all three aspects of forgiveness may lead to greater clarity in the therapeutic encounter, as these three processes are not mutually exclusive and are, at times, interrelated.

Enright and the Human Development Study Group (1991 & 1996) and North (1987), have defined forgiveness as 'a willingness to abandon one's right to resentment, condemnation and subtle revenge toward an offender who acts unjustly while fostering the undeserved qualities of compassion, generosity and even love toward him or her' (Enright, 1996, p.108). Here forgiveness essentially involves an attempt to overcome resentment. Forgiving is seen primarily as one person's response to the other. Therefore a forgiver may unconditionally offer this 'gift', regardless of the other's current attitude or behaviour.

Enright, in his 1996 article, maintains that in therapy, focusing on the forgiveness triad goes beyond solving interpersonal and intrapersonal conflict. Therapeutic intervention within the forgiveness triad results in the individual gaining cognitive insight into the interacting perspectives of forgiving, receiving forgiveness and self-forgiveness. The insight here would be on the relationship and intrinsic worth of the self and the other, rather than exclusively on intrapersonal and/or interpersonal relationships and conflict. Enright maintains that this focus would bring about a cognitive awareness, fostered on self-respect and moral love; result in an increase in moral strength; create a protection or buffer against continued anxiety, depression, despair and hopelessness and improve emotional healing and well-being.

Fig. 2

The Phases and Units of Forgiving and the Issues Involved

(In Enright et al., 2000, p.68)

(Note. This exhibit is an extension of Enright and the Human Development Study Group 1991. The references at the end of each unit here are prototypical examples or discussions of that unit.)

UNCOVERING PHASE

1. Examination of psychological defenses and the issues involved (Kiel, 1986).
2. Confrontation of anger; the point is to release, not harbor, the anger (Trainer, 1981/1984).
3. Admittance of shame, when this is appropriate (Patton, 1985).
4. Awareness of depleted emotional energy (Droll, 1984/1985).
5. Awareness of cognitive rehearsal of the offense (Droll, 1984/1985).
6. Insight that the injured party may be comparing self with the injurer (Kiel, 1986).
7. Realisation that oneself may be permanently and adversely changed by the injury (Close, 1970).
8. Insight into a possibly altered “just world” view (Flanigan, 1987).

DECISION PHASE

9. A change of heart/conversion/new insights that old resolution strategies are not working (North, 1987)
10. Willingness to consider forgiveness as an option (Enright, Freedman & Rique, 1998).
11. Commitment to forgive the offender (Neblett, 1974).

WORK PHASE

12. Reframing, through role-taking, who the wrongdoer is by viewing him or her in context (M. Smith, 1981).
13. Empathy and compassion toward the offender (Cunningham, 1985; Droll, 1984/1985).
14. Bearing/accepting the pain (Bergin, 1988).
15. Giving a moral gift to the offender (North, 1987).

DEEPENING PHASE

16. Finding meaning for self and others in the suffering and in the forgiveness process (Frankl, 1959).
17. Realisation that self has needed others’ forgiveness in the past (Cunningham, 1985).
18. Insight that one is not alone (universally, support) (Enright et al., 1998).
19. Realisation that self may have a new purpose in life because of the injury (Enright et al., 1998).
20. Awareness of decreased negative affect and, perhaps, increased positive affect, if this begins to emerge, toward the injurer; awareness of internal, emotional release (Smedes, 1984).

Enright’s model (1991 & 1996) of the process of forgiving another has been empirically validated. (See fig.2). The uncovering phase, decision phase, work phase and outcome phase of his model have been proven by other researchers (cited in Enright, 1996). Enright (1996) also uses the model of forgiving another in the areas of receiving forgiveness and self-forgiveness, and states that using this model in these areas should be viewed as hypotheses in need of testing, as this model has not been empirically supported in these areas.

(A) THE COGNITIVE APPROACH AND THERAPEUTIC INTERVENTION TO FORGIVENESS (i.e. FORGIVING ANOTHER)

Enright et al. (1991) describes the model of forgiving another as involving twenty units or steps. (See Figure 2). This model has been empirically proven (1996) and can be adapted to the models of receiving forgiveness and self-forgiveness although the model has not been statistically researched as far as the two latter processes are concerned. The researchers state that these units should not be seen as rigid and step-like, but as a flexible set of processes with feedback and feedforward loops. Units 1 - 8 represent the Uncovering Phase of change as the person becomes aware of the problem and accompanying- emotional pain of the unjust deep injury. Here anger and hatred toward the offender are common. Holmgren (1993) states that a 'forgiver must accurately see and acknowledge the injustice, which in her view is a sign of self respect' (cited in Enright & North, 1998, p.52) in order to maintain her self-respect. Units 9 - 11 represent the Decision Phase, with new decision-making strategies and willingness to try new methods of healing.

North (1987) calls this a 'change of heart' which is opposite to the original position towards the offender and may not result in reconciliation with the offender. Reconciliation would be dependent on a behavioural change on the part of the offender. According to Enright (1996), this 'change of heart' may allow the person to assess the merits of forgiving (unit 10) before actually embarking on forgiving the offender (unit 11). Units 12 - 15 involve the Work Phase of forgiveness, understanding the offender, empathy, feelings of compassion and acceptance and absorption of pain. The Outcome Phase of Units 16- 20 represents benefits of the above processes, usually accompanied by an emotional release and finding meaning for the self and others in the forgiveness process.

The interrelatedness of forgiving another and self-forgiveness may be noted in the claim that Enright et al (1996) make that the 'change of heart' and compassion for the offender involves a regaining of one's confidence in one's own worth, despite the immoral action challenging it. This, he states, is accompanied by overcoming and transcending resentment. The paradox of forgiving another often has a boomerang effect on the self, i.e. when we abandon a focus on the self and give a 'gift' of acceptance to the offending other, we ourselves are often healed from the effects of the offence.

(B) THE COGNITIVE APPROACH AND THERAPEUTIC INTERVENTION TO RECEIVING FORGIVENESS

Enright (1996) defines this process as the offended person's willingness to offer the cessation of negative attitudes, thoughts and behaviour toward the offender, as well as substituting more positive feelings,

thoughts and behaviour. Enright makes the distinction between deserving and being worthy of receiving forgiveness. He states that unjust offensive behaviour makes one undeserving of the gift of forgiveness. Yet all individuals are worthy of receiving forgiveness on the basis of the capacity for good will, while acknowledging the behaviour as wrong.

Another distinction needs to be made between hope and entitlement. The offender may hope for the other's forgiveness (a gift freely offered by the other) while the offender may not be entitled to it. Insisting on forgiveness makes the offender unaware of the gift-like quality of the offended person's act.

One cannot wipe away the original act which caused harm and it is part of an historical record (Minas, 1975, cited in Enright, 1996). According to Enright, the essence here is to distinguish between the impossible task of wiping away an event in space and time and taking a new stance toward the event, a stance which includes the acknowledgement of wrongdoing and taking responsibility for one's part in the wrongdoing. Once the offence is viewed in a different light, it is possible to receive forgiveness for an offending act.

Once again, one can see the interrelatedness between the processes of receiving forgiveness and self-forgiveness. In therapy, self-awareness and the exploration of pain and suffering centres on the self-realisation of hurting another. Examining defenses such as denial results in experiencing guilt, remorse and self-criticism, which generalises beyond the hurtful act. These realisations result in forgiveness being received as well as empathy and compassion toward the other. The absorption of pain is an acknowledgement that the offender feels remorse, seeks change and can suffer as she realises the other's pain and waits for, but does not demand, a response. Absorption of the pain by the offender shows a respect for the other as a volitional being, one who is able to make the choice of forgiveness (or not) in her own time and way (ibid, 1996).

(C) THE COGNITIVE APPROACH AND THERAPEUTIC INTERVENTION REGARDING SELF-FORGIVENESS

Enright (1996) maintains that self-forgiveness is the least studied of the triad. He states that the approach to the construct is that whatever one offers to another in interpersonal forgiveness, is offered to oneself in self-forgiveness. Self-forgiveness may be defined as 'a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity and love toward oneself' (p.116).

As in interpersonal forgiveness, a self-forgiver has a right to self-resentment for the specific behaviour leading to the offence, but she gives up the resentment nevertheless. Self-forgiveness is not the same as excusing oneself or condoning one's own unjust behaviour. The self-forgiver may have the insight to know that certain behaviours must change but nonetheless, sees the self as worthwhile.

This sense of inherent worth may only come about as a result of psychotherapy. 'Self-forgiveness may be a key to genuine positive change' (p.117). In the face of serious acknowledged wrongdoing, one may not be duty bound to forgive oneself with compassion, generosity or love, although self-respect is necessary. Once self-respect is regained during the therapy process, this may allow one to see the offence either as a wrongdoing towards another, or as a misperception of the blame of the wrongdoing and enter a self-forgiveness journey which leads to healing.

Unlike interpersonal forgiveness, which is philosophically distinct from reconciliation, self-forgiveness and reconciliation with the self are always linked (ibid, 1996). In self-forgiveness, we move from a position of self-estrangement to being comfortable with ourselves and others in the world. We are welcoming ourselves back into the community and are not minimising the wrongdoing. True self-forgiveness 'originates from a position of guilt, remorse and shame' (p.117). It is not an opiate which blinds us to our faults (ibid, 1996). He further states that excessive self-focus may result in an imbalance if self-forgiveness is practised to the exclusion of forgiving the other or receiving forgiveness.

In addition, Enright maintains that if self-forgiveness is recognised and practised as part of the triad, then the self-forgiver reaches out not only to the self, but to the offended and offending others. He states that self-forgiveness frees one from chronic self-resentment and self-flagellation and thus one may be more equipped to enter into mutual respectful relationships with others. Thus 'self-forgiveness becomes an indirect gift to others' (p.117).

An awareness of our own suffering results in compassion towards ourselves and we acknowledge and accept the pain caused by the actual offence and the suffering that has emerged over time as a consequence of that original act. 'As in the other forgiveness paths, this acceptance is the crux of forgiveness and perhaps of healing' (p.118).

(D) THE COGNITIVE APPROACH AND THERAPEUTIC INTERVENTION REGARDING INTERACTIONS WITHIN THE FORGIVENESS TRIAD

Enright (1996) states that counsellors and therapists who include forgiveness in counselling and therapy

should be aware of the complex interactions of the three processes: forgiving another, receiving forgiveness and self-forgiveness, which may enhance or inhibit the work of forgiveness in clients. He states that self-forgiveness is the most difficult of the three to tackle because it is the most abstract of the three forms, in that forgiving and receiving forgiveness from others have concrete referents, whereas self-forgiveness only has the self as referent. Welcoming oneself into the human community, reconciliation with the self and compassion toward the self are difficult concepts to grapple with. Therefore Enright states that understanding self-forgiveness makes more cognitive demands (according to the cognitive model) than the other forms.

Enright (1996) supports Bauer et al.'s findings (1992) that experiencing love and acceptance from others is the catalyst to self-forgiveness and thus the experience of acceptance and unconditional regard in the therapy situation would be critical to the experience of self-forgiveness. The research states that in many cases, it may be to the client's advantage to focus on the self-forgiveness journey independent of, and prior to, receiving forgiveness or forgiving another (ibid, 1996). These three processes should not be perceived as occurring sequentially. In other cases, receiving forgiveness may be a catalyst to self-forgiveness and/or self-forgiveness may occur with or without the other's forgiveness. Thus the three parts of the triad can be seen as complementing one another and may form in clients a 'forgiveness worldview'. (p.120).

Enright states that therapeutic intervention within the forgiveness triad extends beyond resolving interpersonal and intrapersonal conflict, although this may be the goal within therapy. He reiterates that the cognitive insight gained in the interacting perspectives of forgiving another, receiving forgiveness and self-forgiveness serves to refocus on the relationship and intrinsic worth of the client's self and other, rather than exclusively on the self and one's own conflicts. This focus would seem to result in the development of both self-respect and moral love. 'As a person cultivates and practices the issues implied in the forgiveness triad, the person is actually gaining moral strength, which should be a buffer against continued anxiety, psychological depression and hopelessness' (p 121).

4.2.6 THE PASTORAL/COUNSELLING APPROACH TO FORGIVENESS AND FORGIVING OURSELVES

The authors Smedes (1984) and Patton (1985) both focus on a mixture of psychological insights, theological assumptions and individual's personal stories that seem to have withstood the test of time.

Although these reflections do not examine the individual's experience with forgiveness in a systematic

way, spiritual insights gained could enhance the psychologist's wholistic understanding of the self regarding forgiveness. It is significant that the literature focuses on the theological and philosophical explorations of forgiveness because, as Rowe, et al. (1989) state, 'forgiveness is an interdisciplinary issue and philosophers and theologians are often basing their interpretations on observations of specific human behaviour' (p.234).

According to Smedes (1984), forgiving oneself takes great courage: the courage of love. Honesty is also an integral part of the self-forgiveness experience. Smedes asserts that we cannot really forgive ourselves 'unless we look at the failure in our past and call it by its right name' (p.71). Smedes describes passing through four stages when we forgive another for hurt caused. These are: hurt, hate, healing ourselves and reconciliation. These stages can also be applied to the self, in that we all hurt ourselves, our pain becomes self-hate and then hopefully, we heal ourselves. Smedes maintains, that when we forgive ourselves, we rewrite our script, i.e. what we are in the present is not tied down to what we did at an earlier stage in our lives. However, this release is not a simple process: 'the part of yourself that did the wrong, walks with you wherever you go' (p.73). He further states that 'the climax of self-forgiveness comes when we feel at one with ourselves again. The split is healed. The self inside of you who has condemned you so fiercely embraces you. Now. An integration has taken place, 'you are whole, single, you have come together' (p.74). He recognises that there is a vacillation and return to one's self-loathing and self-rejection from time to time, but one then returns to the self again, i.e. there is an ebb and flow movement.

Smedes states that to forgive your own self is almost the ultimate miracle of healing (p. 74). This requires honesty, clarification and differentiating between self-esteem and self-forgiveness. He states that you esteem yourself once you discover your own excellence, and that you forgive yourself after you discover your own faults. In addition, self-forgiveness requires self-love, courage in the face of the other's self-righteousness, being concrete about the reason for self-forgiveness, and forgiving ourselves for one thing at a time. 'To forgive yourself is to act out the mystery of one person who is both forgiver and forgiven. You judge yourself; this is the division within you. You forgive yourself; this is the healing of the split' (p.77).

In reflecting on different aspects of human forgiveness, Patton (1985), who writes from a pastoral/counselling perspective, states that the common understanding pertaining to this phenomenon is that it is not an act to be performed or an attitude to possess. He describes forgiveness as a discovery and says that the human problem is not how to forgive (as something to be done) but finding a way to discover the humanness of the other as well as the self in spite of what may have occurred. 'Being human is to recognize that I am neither above nor below the other' (p.184). Patton asserts that the aim of pastoral counselling is to facilitate this discovery, not maintain one's specialness through forgiving. The

implication of forgiveness understood as a ‘discovery’ rather than an ‘act’ is that ‘pastoral caring is helping persons, not with forgiveness, but with the pain of being themselves’ and ‘accept responsibility for their lives and the guilt that goes with it’ (p.186).

4.2.7 EXPERIMENTAL STUDIES REGARDING FORGIVENESS

The issue of forgiveness has also been studied using traditional methodology. McCullough & Worthington state, working within a natural science psychological perspective, criticize theological, philosophical and psychological understandings of forgiveness as not being well integrated. They continue that, given the potential benefits associated with forgiving, researchers and practitioners should continue to consider forgiveness a therapeutic technique and to investigate its effects scientifically. These benefits cited by previous researchers allegedly include positive change in effect and well-being, improved physical and mental health, restoration of a sense of personal power and reconciliation between offender and offeree. McCullough & Worthington (1994) state that there is not enough data to conclude that forgiving has any ‘clear psychological or physical benefits’ (p.5) and that research programmes investigating forgiveness should be carried out empirically using control groups, specifying the technique and treatments involved and using standardized measurements.

However, McCullough & Worthington assume, without any examination of the actual experience of forgiveness, that this phenomenon is a religious behaviour, a promising therapeutic tool and a ‘variable’ whose effects can be researched, measured and facilitated by specific interventions and techniques. These techniques would include persuasion and encouragement on the part of the therapists (especially those of Christian beliefs), working with injured clients, in order to help them forgive their offender. According to these authors, the therapist would be prescriptive and directive using techniques to prove a phenomenon which may not be dependent on, nor controlled by, the therapist.

Maltby, Macaskill, and Day, (2000), examine the relationship between forgiveness and self-forgiveness of others, as well as personality and general health measures. Three-hundred and twenty-four undergraduate students (100 males and 224 females, aged 18-51 years), completed measures of forgiveness of oneself, forgiveness of others (Mauger et al. 1992), the abbreviated form of the Revised Eysenck Personality Questionnaire (Francis et al. 1992) and the General Health Questionnaire (Goldling & Williams, 1991).

It was found that failure to forgive oneself was accompanied by personality and general health scores that reflected individual psychopathology, with both men and women scoring higher in neuroticism, depression and anxiety. A failure to forgive others was accompanied by personality and general health scores which reflected social introversion among men (low extraversion scores) and social-pathology

among women (social dysfunction and psychotic behaviour). In addition, a failure to forgive others was accompanied by higher depression scores among men and women. The researchers state that these findings would suggest that the concept of forgiveness can be related to individual and social psychopathology. These findings were consistent with an earlier study by Mauger et al. (1992), who argued that a failure to forgive oneself is 'intro-punitive' (reflected in depression, anxiety, distrust) and failure to forgive, was 'extra-punitive' (reflected in social alienation and social introversion). Maltby et al. (2000) extended the research of Mauger et al. (1992) to include a non-clinical sample using two forgiveness scales and found that their findings were inconsistent with those of Mauger et al. in finding that forgiveness was not significantly related to social desirability.

The study carried out by Maltby et al. (2000) suggested that similarities for sex in these findings and failure to forgive oneself, shares a significant positive association with neuroticism, anxiety and depression and that failure to forgive others shares a significant positive association with depression. The study suggested that there were differences between men and women in personality and psychological well-being correlates of forgiveness of others, but not in forgiveness of self and suggested the need to explore why men and woman differ in the forgiveness of others and are similar in their forgiveness of self.

The research findings of Maltby et al. (2000), supported the speculation of Mauger et al. (1992), that in a non-clinical setting, the failure to forgive oneself is intro-punitive and the failure to forgive others is extra-punitive. Of significance in the therapeutic and clinical setting, is that these results indicated that the concept of forgiveness was related to personality and psychological well-being variables and had implications for individual and social psychopathology.

While these experimental research studies would be helpful to the psychotherapist in dealing with clients trying to overcome general emotional, personality and health issues and also validate the usefulness of including the phenomena of self-forgiveness and forgiveness of others in overcoming these difficulties, these studies would not take into account the freedom of the human being to act as an agent in her own life and to be able to recover her ability to be in charge of her concerns. These studies do not take into account the client's experience of these phenomena in her everyday world, nor do they consider the clients' experience of grappling with these phenomena within the context of their diagnosed disorders. This research reflects the transfer of the contemporary, technological, scientific model to the areas of psychology and psychotherapy. Sentiment conveyed in the past, that within statistical, experimental research, 'the truth can only be disclosed by quantitative measures and operations' (Kruger, 1986, p.201),

remains pertinent and applicable today. Kruger, asserts that what takes place in psychotherapy, ‘cannot be elucidated by the quantitative correlational approaches of standard psychological approaches’ (p.201).

Enright & Fitzgibbons, in their empirical research on forgiveness (2000), described working in various population groups with a wide range of disorders including anxiety disorders, substance abuse disorders, eating disorders and personality and depressive disorders, as well as working with children and adolescents in overcoming resentment and anger (which the authors state needs further research), and with forgiveness in troubled marital and family relationships. However, the researchers do not focus on the clients’ actual experience of forgiveness and their difficulties in grappling with this phenomenon within the framework of their diagnosed disorders. In this study, the researchers apply a social-cognitive model of four phases of forgiveness (see Fig.2, p.34), in order to fit certain guidelines in treating the above disorders. Results of this empirical research, suggest that forgiveness can be an effective therapeutic technique using the social-cognitive model of forgiveness, in resolving anger associated with depressive disorder; in facilitating the healing of anxiety disorders by resolving various degrees of anger associated with these disorders and in clients learning to resolve and control excessive anger related to recovery from substance abuse disorders.

4.2.8 THE PHENOMENOLOGICAL APPROACH TO FORGIVENESS AND SELF-FORGIVENESS

Since 1984, a group approach to phenomenological research was developed within the graduate programme at Seattle University. The central part of the whole process was the dialogue among the researchers, and between the researchers and the phenomenon being investigated, which resulted in the method of research being described as ‘a dialogal approach’. Two earlier research studies using this approach were carried out at Seattle University involved the psychology of ‘Forgiving Another’ (1984 & 1985) and of ‘Self-Forgiveness’ (1985 & 1986).

Rowe, et al. (1989) present a phenomenological analysis *The Experience of Forgiving Another*, based on a series of interviews. This study focused only on the hurt inflicted by another in the interpersonal context of a personal relationship. The researchers addressed the following research questions: defining the nature of the injury necessitating forgiveness; looking at the initial responses to this injury; what enables one to forgive and, most significantly, looking at the core essence of the experience of forgiveness.

Rowe, et al. (1989) state that ‘the process of forgiveness begins when one perceives oneself as harmed by

another and ends in a psychological, if not face-to-face, reconciliation with the one who was perceived as hurtful' (ibid, 1989, p.239). Two dimensions were evident within this context. Firstly, the process was experienced at an interpersonal level and then, more profoundly, at an intrapersonal level, in that it 'opens one up to oneself and the world in new ways' (Halling, 1994, p.233). The experience of forgiving another was expressed as being more than 'a letting go' and as a new beginning. This also resulted in the authors describing this experience as being spiritual or transpersonal as well as interpersonal, although the religious or spiritual aspects were not included in the research group's initial agenda.

The researchers define the experience of forgiving another as a complex multidimensional process that moves from 'a tearing of one's lived world through feelings of hurt, anger, revenge and confusion, to an opening up to a larger experience of oneself and others' (Rowe, et al., 1989, p.242). Through forgiving another, one experiences a sense of freedom, a belief in the future, a kinship with the other and the self as though one has been given 'a gift'. The experience is one of transformation i.e. a 'sense of a transcendence, a more intense connectedness with the world and the self which is experienced as more expansive, more graceful, more mysterious than ordinary egocentric living' (p.243).

Rowe, et al. then extended their work on 'forgiving another', by looking at the experience of 'being forgiven' or 'self-forgiveness'. The researchers realised that the phenomenon of forgiving another is intimately related to forgiving oneself and suspected that they may be two sides of the same coin. In addition, they described self-forgiveness as a transforming experience, bringing one an awareness of one's own humanity and connection with the world (ibid, 1989).

Bauer et al.'s research (1992) evolved out of the two earlier research studies (1985 & 1986). The group researchers were dissatisfied with the level of understanding reached and decided to renew their study of self-forgiveness in 1988. This research was based on in-depth interviews with seven subjects and they concluded that the experience of self-forgiveness was both 'common and profound' (ibid, 1992, p.160) and that this phenomenon had been described not as an achievement but as 'a gift' where one moves 'from estrangement and brokenness to a sense of at homeness' (p.149). The description of the interviewees' personal struggles revealed the two sides of self-forgiveness, i.e. estrangement and reconciliation.

In their description of forgiveness 'as it is lived', the researchers concluded that self-forgiveness is a difficult, pervasive, long-winding journey involving the return of 'the individual to the human community', after the experience of 'brokenness and estrangement from the self and others' (ibid, 1992, pp. 154 & 160). The authors conclude that the journey of self-forgiveness is a transition from being stuck

in the past, 'holding onto illusions about who one is', to a renewed identity and 'coming to terms with oneself as a fellow human being, liking others, imperfect but no longer alone' (p.160).

Halling (1994) describes the experiences of forgiving another and forgiving oneself as bringing relief and a sense of a new beginning in life. In the article, entitled *Embracing Human Fallibility: On Forgiving Oneself and Forgiving Others*, the relationship between these two phenomena is explained by means of a phenomenological and hermeneutical interpretation of one individual's story of reconciliation.

It is argued that guilt and shame give rise to the search for forgiveness and that with either type of forgiveness, one moves into a 'deeper more profound connection with one's own life as well as the lives of others, one moves towards selfhood' (Halling, 1994, p.112). The author states that forgiving others is not a pre-requisite for experiencing forgiveness but that both of these experiences 'partake of the same depth', i.e. 'when we live from the heart, we forgive from the heart, from the centre where offender and offended are one, where healing has its roots' (Steindl-Rast, n.d., cited in Halling, 1994, p.112).

Of significance to our understanding of the two phenomena, from a therapeutic point of view, is that Halling states that self-forgiveness is the more difficult issue to explore as there is no outside referent (as in forgiving another) and there are no clear boundaries. Thus, it may be able to be revealed in the present research that the therapist (as the 'enlightened witness' on the journey of the client's self-forgiveness), becomes the outside referent and is able to explore, together with the client, the concealment and self-deception that we as humans use to protect ourselves and what we forgive and do not forgive. Halling states that it is through compassion and embracing our own human fallibility and that of others that 'we are able to move along the road to freedom' (ibid, 1994, p.112)

In an article entitled *Shame and Forgiveness*, Halling (1994) explores the experience of shame and its relation to forgiveness. The author states that self-forgiveness requires that one accepts, as part of oneself, what has previously been viewed as unacceptable or one has tried to change. Self-forgiveness requires that one overcomes one's shame and forgives oneself for one's vulnerabilities and limitations (ibid, 1994).

In their article on the *Psychology of Forgiveness-Implications for Psychotherapy* (1998), Rowe & Halling, describe the experience of self-forgiveness as a pervasive ongoing process which 'involves a shift from fundamental estrangement to being at home with oneself in the world' (Rowe & Halling, 1998, p.237). This estrangement from the self and others occurs as a result of a traumatic or stressful event in one's life (e.g. divorce, death of a loved one, abuse, etc). As a result this painful traumatic experience, the

need to forgive oneself (which may or may not be articulated) becomes an issue because the blame, shame and guilt.

This experience is so intense it pervades one's existence and the embodied belief is that nothing will ever change, the future seems dark and foreboding' (ibid, 1998, p.239) The experience of forgiving oneself is also accompanied by a change in identity, self- acceptance, and acknowledgement and the integration of previously denied or rejected parts of the self (such as one's own anger and the ability to inflict pain). One then gradually moves from an attitude of critical self-judgement to 'embracing who one truly is' (p.237). There is an intrapersonal and interpersonal aspect to the experience of self-forgiveness (as in the experience of forgiving another), mainly focusing on the awareness and acceptance of one's own human fallibility and that of others, resulting in a connectedness with oneself and the other, a sense of freedom as well as a positive movement towards faith in the future, healing and 'being at home in the world' (p.238).

In addition to the studies of forgiveness by Rowe, et al. (1989), there have been a few studies which have looked at descriptions of the movement towards, and the experience of, forgiveness. Rooney (1989), in his unpublished thesis, conducted a phenomenological study of five patients and how they found forgiveness through individual psychotherapy. This psychotherapy was not specifically designed to promote forgiveness. The patient's view of forgiveness was the focus in this research and not that of the psychotherapist.

Rooney concluded that these patients managed to overcome guilt in their experience of forgiveness. In addition, a common thread experienced in their psychotherapy was the 'confessional exchange' between client and therapist in which the client experienced a continued acceptance by the psychotherapist despite the client's 'confessions' of the pain, guilt, shame, anger about themselves, their behaviour and their treatment by others. This genuine acceptance and attention by the therapist to the experience and, perhaps offering a different perspective of the client, resulted in the client's reconsidering and reframing (via the therapist), her relationship to the self and others.

Flanigan (1992) undertook a study based on interviews with seventy people on '*Forgiving the Unforgivable*'. Flanigan described 'unforgivable' injuries as those that were inflicted by the significant others closest to the individual in her environment (e.g. parent, spouse, etc). These injuries involved betrayal, where the person's sense of morality was deeply wounded. This book is written as a step-by-step manual for individuals seeking forgiveness and as a result, one does not gain a complete sense of the subject's experience. Although the anecdotes of individuals who have forgiven the unforgivable, are informative and educative, these stories are interpreted from a cognitive and social psychological

perspective and thus, the individual's own perspective of her intrapersonal experience, pain and of forgiving another remains uncaptured.

Jeanne Safer (2000) states that our cultural belief that 'to err is human, to forgive divine' is so prevalent that few of us question its wisdom. Her book is written partly as an autobiographical description of her own lived experience regarding her relationship with her own father and partly on fifty interviews conducted with men and women of varying ages with diverse experiences of betrayal. As a psychotherapist, Safer proposes a paradigm shift, which challenges conventional wisdom and offers a new consoling perspective: that forgiveness (as it is commonly understood) is only one of many routes to resolution, humanity and peace. Psychotherapists, like members of the clergy, may also assume that forgiveness of others is the only significant solution to conflicts and betrayal. Safer warns that therapists must take care not to foist forgiveness and/or self-forgiveness on the clients but rather assist them in reaching their own conclusions, even if this means 'thoughtful unforgiveness of the other', which can be as liberating to the self as forgiveness. She states that patients intuitively know what their therapists expect, even if it is not explicitly stated, and that they comply without realizing it. This cuts off and interferes with the exploration and grieving process, essential for resolution and leads to compliance, 'false' forgiveness, a lack of insight and secret despair (ibid, 2000).

Safer describes the struggle to come to terms with forgiveness and betrayal as a living experience which accompanies one throughout life, rather than one that must be completed successfully in order to move on with one's life. The author continues that a real change of heart and mind is arduous, subtle and rare, that self-forgiveness is an experience which metamorphoses over time and that one may only achieve partial success as lingering doubt, residual anger, bitterness and grief may be typical rather than rare (ibid, 2000).

Safer claims that the resolution which may or may not lead to forgiveness consists of three essential tasks. The first task is to re-engage internally with the hurtful relationship; the second task is to recognise its emotional impact and the third task is to re-interpret the meaning of the experience and one's own participation in it from a deeper and broader perspective. The author states that this tripartite model applies equally to forgiveness and real unforgiveness (as opposed to vengeance which she likens to false forgiveness). Safer continues that the significance of the experience of self-forgiveness is in attaining a more three-dimensional view of one's life together with the realization and acceptance of what cannot change and the reason for this. 'Self-examination and fearless confrontation with the past, lead to understanding and acceptance of personal truth' (p.7). This, according to Safer, is the only genuine basis for compassion, liberation and, sometimes (although she warns, not always), forgiveness.

Ferch (2000) examines personal meanings ascribed to the experience of touch in the context of forgiveness in personal familial relationships. This study uses the qualitative method of hermeneutic phenomenology (van Manen, 1990, cited in Ferch, 2000), which is based on an interpretation (hermeneutic component) and description (phenomenological component).

Data from in-depth interviews with six self-reported Christians was analyzed in order to determine themes in the meaning participants assigned to a forgiving touch within previous 'loving relationships. Analysis of the interviews revealed five themes which emerged in the individuals' lives: restoration of a loving bond (father-son and mother-daughter relationship); restoration of character (self-perception in relation to healing relationship wounds); lifting the burden of past relational pain; lifting the burden of shame and the restoration of oneness with the self and others (healing and the experience of the self being forgiven by another).

Implications of this study for psychotherapy, would be the transition within the individual from the acknowledged pain of injury, mistrust and powerlessness to renewed relational connection, hope and a sense of empowerment. The movement of the self from 'a stance of victim to survivor' and 'for the preservation of personal dignity' (ibid, 2000, p.168). The researcher warns that there is a balance in therapy as to when forgiveness is needed and when it is preferable to avoid reconciliation or when reconciliation is contra-indicated.

The therapist's role, Ferch states, is in the skill at 'exploring, encouraging and deepening the forgiveness process' which may be 'pivotal in a client's choice to forgive' (p.169). The researcher continues that, the clinical ability of the therapist to explore painful emotions in the forgiveness process, may promote emotional freedom required when a client forgives the wrongdoer and facilitates the environment for the forgiving touch to take place (ibid, 2000).

Ferch warns that the relationship between touch and forgiveness is complex and there may be a danger in unsystematic attempts to promote an intervention involving touch and forgiveness. This study indicates that forgiveness between individuals may be beneficial if both are willing, if there is an appropriate balance of power and neither person feels he or she is sacrificing identity.

Of significance in a psychotherapeutic setting is that the participants' experiences revealed that, although forgiveness is an internal choice, this choice is acted on, confirmed and often completed in relation to others (which confirms the studies of Rowe, et al., 1989; Bauer et al., 1992, & Rowe & Halling, 1998)

Touch becomes this action, in healing and forgiveness in interpersonal relationships. It is the confirmation and the tangible completion of what began intrapersonally for the participants. In this study, Ferch confirms that a forgiving touch can be viewed as a symbolic representation of the enduring relational connection and bond which existed prior to the severed loving relationships. According to Ferch, this study points towards clinical applications of touch between individuals. Ferch suggests that touch between therapist and client would provide valuable data which was not within the scope of the study (ibid, 2000). However, this researcher states that this would probably only take place under certain circumstances as this was previously a prohibited stance.

4.3 CONCLUSION

In the above selected literature review and theoretical approaches to forgiveness and self-forgiveness, various significant issues regarding these phenomena have been considered by the researchers. Useful insights include the need for forgiveness and self-forgiveness arising from intentional or unintentional harm; various responses to the experience of being harmed or causing harm, (viz anger, anxiety, blame, guilt, shame, recrimination, revenge, depression, helplessness), factors which facilitate forgiveness and self-forgiveness (such as taking responsibility for one's own actions and acceptance of one's own human fallibility and that of others); that forgiveness and self-forgiveness may occur at a different spiritual level to ordinary moral or psychological functioning; that one's past and developmental history impinge on one's view of the self and the world; that forgiveness can occur without reconciliation; that forgiveness does not mean forgetting and that often, not forgiving is appropriate. In addition, the experiences of forgiveness and self-forgiveness result in an acceptance of the self, a reconnection with oneself and others; a liberating experience, leading to a restored sense of hope in the future; a freeing from the embeddedness in the past and an alteration and extension of one's own identity as a human being in the world.

The abovementioned approaches to forgiveness and self-forgiveness (with the exception of the existential-phenomenological approaches), tended to be directive and prescriptive using techniques based on the psychotherapists'/researchers' preconceived hypotheses, theoretical orientations and applications, in order to prove their cause-effect relationships. Although these contributions to the field of research may be valuable, these forms of research would inhibit the unfolding of the lived experience of the phenomenon. The scientific, structural, more formal approach in psychological research contrasts with the psychotherapist's 'intuitive sense of human nature' as well as not 'doing justice to the realities of human life' (Valle, King & Halling, 1989, p.3). The unknown in our world has not necessarily been fully explored by scientific methods and techniques, neither is the individual's experience of her lived world easily observable or quantifiable.

In keeping with the existential-phenomenological and hermeneutical approaches to studying this phenomenon, the aim was a 'rigorous and unbiased study of things as they appear so that the researcher might reach an essential understanding of human consciousness and experience' (ibid, 1989, p.6). This was a different conceptualisation for studying the human experience of self-forgiveness in psychotherapy in that the researcher, was not guided by the experience in a determined way and could conduct this research of the individual's significant experience in psychotherapy, without specific guidelines and predetermined hypotheses. This was the world as lived and experienced by the individual and not the hypothetical entity, separate from or independent of the individual's experience. The participants' therapy was not directed towards this experience, nor was it prescribed by the psychotherapist in psychotherapy. The retrospective experience of self-forgiveness in psychotherapy was from the client's perspective and was not that of the psychotherapist.

The rationale of conducting further hermeneutic/existential research of the retrospective experience of self-forgiveness in psychotherapy (using phenomenological principles in the data analysis), was to confirm and elaborate on the existential-phenomenological research carried out mainly by the group at Seattle University. However, in this study, instead of locating forgiveness in the context of particular lives in the course of ordinary living, the experience of self-forgiveness in individuals who had undergone psychotherapy was included.

The implications of a phenomenological understanding of the experience of forgiveness and self-forgiveness in psychotherapy are based on the assumptions of Rowe & Halling (1998) regarding the process of psychotherapy, their understanding of the place of these phenomena within the context of psychotherapy and the role of the psychotherapist working with the client's psychic pain and facilitating the movement towards forgiveness.

The authors cite the following implications of a phenomenological understanding of forgiveness for psychotherapy:

1. That healing and change take place within the context of a deep interpersonal relationship.
2. That a mutual faith exists on the part of the psychotherapist and client in the individual's processes and that of psychotherapy.
3. That a unique psychotherapeutic relationship evolves out of the spoken and tacit interaction between psychotherapist and client.

4. That the therapist brings the self to the therapy relationship which includes one's own life experience and one's own personal psychotherapy and training in response to clients and their living. Here the psychotherapists always need to be aware and insightful as to their limitations as human beings and psychotherapists. (This is discussed in Chapter 7).
5. That there is the assumption that the individual chooses psychotherapy in order to make a change in her life, although neither the manner of change nor the route would be immediately clear to either the client or the psychotherapist.
6. That individuals are essentially interpersonal beings and a disturbance in their ability to enjoy community participation, means a disturbance in their ability to enjoy themselves.

These authors state that open acknowledgement and an assessment of the injury as experienced by the individual, is a crucial part regarding forgiveness in psychotherapy. 'The attitude of genuine regard for experience is at the heart of depth psychotherapy' (Rowe & Halling, 1998, p.245). The acceptance, sensitivity and patience of the psychotherapist, are ideal facilitators of forgiveness and 'thus the two processes of forgiveness and psychotherapy are harmonious' (p.245). These authors conclude that 'the better the psychotherapist understands the nature of injury and forgiveness, the more comfortable he or she will be as 'witness' to the process, even when forgiveness is never explicitly on the agenda' (p.245). This may be true of this research of the experience of self-forgiveness in psychotherapy.