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The Role of Forgiveness in Healing Intimate Wounds: A Model For LDS Psychotherapists

Elaine Walton, PhD¹

Forgiveness has long been accepted as an important Christian principle (e.g., Matthew 6:14; Matthew 18:22). It has also been viewed as a central and necessary part of emotional healing (DiBlasio, 1993). Forgiveness has been reported to be a key factor in resolving 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). Moreover, Erikson, (1950) considered forgiveness to be an integral part of human development toward maturation. Despite its therapeutic potential, however, forgiveness as an intervention is rarely addressed in the professional literature (DiBlasio & Proctor, 1993; Gartner, 1988; Hope, 1987).

Theorists and practitioners tend to associate the phenomenon of forgiveness with religious beliefs and values (DiBlasio, 1993; Fitzgibbons, 1986); hence, issues of forgiveness are often relegated to the purview of religious leaders—not professional therapists. In a study by DiBlasio and Proctor (1993) it was found that even psychotherapists who reported that religion had an impact on their ther-

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apeutic interventions were, for the most part, adamant that religious ideologies ought to be completely separate from professional intervention. Many LDS psychotherapists recognize the relevance of forgiveness in the context of therapy but may be unsure about the appropriate parameters or methods for addressing it with their clients.

In my own work with clients, I have found that forgiveness is frequently an issue in therapy. Although I utilize my testimony and knowledge of the gospel in subtle ways (and sometime not so subtle ways) as a therapist, I am continually aware of my role as a professional and the distinction between that role and a role that would be ecclesiastical, spiritual, or personal. An ongoing goal for me has been to refine and enhance my own style and repertoire as a therapist so that I could more effectively facilitate in a professional way the forgiveness process for my clients.

The few references to forgiveness that do exist in the professional literature focus primarily on forgiveness as a tool for repairing relationships (e.g., DiBlasio & Proctor, 1993; Lauritzen, 1987; Madanes, 1988; Worthington & DiBlasio, 1990). My work as a therapist, however, is primarily with women in individual therapy where healing is done alone. Still, I agree with Fitzgibbons (1986) and Fisher (1985) that forgiveness remains a powerful part of the healing process even in individual therapy where the offender is not involved. That kind of forgiveness will be the focus of this article with the two-fold purpose of (a) providing a conceptual framework for using forgiveness in the context of therapeutic healing, and (b) sharing a model for facilitating that process.

Healing from Abuse and Injustice: Is Forgiveness Important?

When wounds are deep and scars permanent, is it possible to completely forgive? Should a child be expected to forgive a father for traumatic sexual and physical abuse? Should a woman be expected to forgive an ex-husband who is unfaithful and leaves her without financial support and with the HIV infection? Should anyone be expected to forgive a convicted felon who brutally rapes and murders a loved one? We can say "I forgive," but does that mean we have truly forgiven?

Why Is Forgiveness So Important?

A central theme for psychotherapists is how to help clients heal from abuse and injustice. Professional training provides tools for diagnosing, finding support services, and empowering clients by enhancing self-esteem or assertiveness. However, even though professionals acknowledge forgiveness as a manifestation of a successful outcome (Gartner, 1988), their training does not prepare them to help clients through the process.

Although often ignored by therapists, forgiveness appears to be important to clients, who typically have one of two opposing views. Either they are reluctant to forgive because they fear the process will leave them with even less power and perpetually in the victim role, or they are intimidated by the religious mandate and know they must forgive but don't know how. The first group of clients is hardened, bitter, and hungry for power. No amount of justice seems adequate, and the concept of forgiving is laughable. The second group is meek and passive with minimal understanding of both the injury and the forgiveness process because they dealt with it only superficially, and they can't figure out why they still are not able to take control of their lives. Neither group of clients has a clear understanding of what forgiveness really is.

What Is Forgiveness?

When we say, "I forgive you," we are saying "I have stopped being angry with you." To forgive implies a change of heart; it conveys a change in expectations (for example, there will not be later recriminations, cold shoulders, and paybacks). "I forgive you" does not say *why* the feeling of injury no longer supports resentment, and it does not specify how the injured person managed the change of heart. The change may have happened through the realization that resentment was a mistake (i.e., no wrong was done), or the harm may be excusable. Another possibility may be that feeding resentment by dwelling on injuries, rather than overlooking them, is a bad idea. It is bad for the health or is ruining a valued relationship (Calhoun, 1992).

Genuine forgiveness is a process, not a product. It is hard work and it takes time. It is a voluntary act that gives meaning to the wound, disengages the offended from the offender, and frees the injured person from the ills of bitterness and resentment (Hope, 1987).

What Isn't Forgiveness?—Common Myths

Several myths about forgiveness are discussed by Bishop and Grunte (1993). Some of those myths are listed below.

"I can't forgive because I can't forget." In spite of the common adage, forgiveness is not about forgetting—it is about remembering in a more meaningful way.

"Some people don't deserve to be forgiven." In spite of what we may think we learned in Sunday School, forgiveness is something we do for ourselves—not for someone else. Whether or not the abuser is deserving is irrelevant.

"If I forgive, that means I'll have to trust the person." Not necessarily. Forgiving doesn't mean becoming naive or stupid—it means giving up the investment in staying angry.

"Forgiving someone tells them they can go out and do it again." Not true. Forgiving frees the forgiver from replaying the hurtful scene over and over. It can also raise the question: "Assuming this person won't change, what will I do to deal with his/her behavior?"

"I need my anger to stay safe. If I forgive, I'll be helpless and defenseless." Although anger is an appropriate part of the grieving process, it is not an essential prerequisite for defense. Moreover, a person can forgive without forfeiting the right to use anger in self-defense.

"I can't forgive until I know the other person is really sorry and won't do it again." Although it may seem unfair that the abused should have all the pain and the abuser have none, it is even more unfair that the abused should remain in a state of hurt and anger because of the behavior of the abuser. Forgiveness is the way in which the abused person is released from the power of the abuser.

Forgiveness is the process through which the injured person gains peace, freedom, self-acceptance, and release from self-pity; it is the

process through which wounds are healed. It is for the victim! And it may or may not be connected to a commensurate process of repentance on the part of the offender. Nevertheless, it should be understood within the context of an interpersonal transaction.

Forgiveness—An Interpersonal Transaction

Flanigan (1992) explained forgiveness in the context of an interpersonal transaction in which a moral law is broken. She defined moral law as “the voluntary agreement that sets the mutually defined limits of fairness between two people” (Flanigan, 1992, p. 24). When there is a breach of those mutually defined limits, there are three possible pathways of injury.

The first pathway of injury, or “forgivable injury,” is the situation in which the offender acknowledges the offense, expresses true contrition with guilt and sorrow, apologizes, accepts punishment, and promises never to repeat the offense. In this case, the injured person expresses commensurate anger, fear, sorrow, accusation, condemnation, punishment; seeks reassurance that the injury will not be repeated; releases the offender from making payments (or further payments) for the injury (i.e., forgive the wrong); and then engages with the offender in renewed mutual allegiance to the moral law.

The second pathway of injury, or “false reconciliation,” is similar to the first pathway except that the offender engages in the process more out of fear of exposure than genuine contrition. Consequently, the resolution is only superficial.

In the third pathway of injury, or “unforgivable injury,” the anger, fear, sorrow, and accusation of the offended is met (in the offender) by blatant absence of contrition, lack of apology, and no promise.

In reviewing these pathways of injury, it is clear that the parallel transactions in the first pathway are most likely to result in complete and genuine forgiveness. Likewise, it is obvious that the third pathway would be least likely to result in forgiveness. Nevertheless, the cases seen in therapy are most likely to fall into the third category. But if forgiveness is a transaction linked to repentance, how does one

forgive when there is no repentance? Is the “unforgivable injury” truly unforgivable?

Forgiveness in the Context of Psychotherapy: A Review of Professional Literature

Although there is little precedent for forgiveness in the context of psychotherapy, there is a relatively new, albeit small, forgiveness movement afoot. *Psychology Today* (1996) reported plans for an international forgiveness congress scheduled in Jerusalem for 2000, and the founding of the International Forgiveness Institute, headed by Robert Enright of the University of Wisconsin. Enright is one of the theorists and psychotherapists who have addressed the issue of forgiveness.

Enright's 17-Step Model

The pioneering effort of Robert Enright produced a model for facilitating the process of forgiveness as an intervention (Enright et al., 1991). The model is rigidly structured to systematically lead the client through a 17-step process. The process begins with confronting anger and moves on to admitting shame, becoming aware of the offense, and gaining insight into the victim's altered world view because of the offense. The client then gains new insight, which leads to “a change of heart.” This is followed by a commitment to forgive, a reframing of the wrong, and finally empathy toward the offender. Freedman and Enright (1996) tested this model on an experimental group of incest survivors. The participants received 60-minute weekly individual sessions, and each person participating in the intervention received a manual that described each step in the process model, including examples applicable to incest survivors. Although the sample size was small ($n = 6$) making quantitative data difficult to interpret with accuracy, the study demonstrated effectiveness of the forgiveness intervention for the incest survivors as compared to a control group of incest survivors who were on a wait list. The measures for comparison were scores on the Psychological Profile of Forgiveness Scale, the State-Trait Anxiety Inventory, the Beck

Depression Inventory, the Coopersmith Self-Esteem Inventory, the Al-Mabuk Hope Scale, and the Self-Report Forgiveness Measure (Freedman & Enright, 1996).

The Enright model is the only known empirically tested model that is solely for the purpose of facilitating forgiveness in the context of psychotherapy. A few other theorists have addressed the issue of forgiveness, however, within the context of a more general framework for intervention.

Cognitive Emotive Model

Fitzgibbons (1986), building on the work of Aaron Beck (1976), developed a "forgiveness exercise" through which clients were asked to spend time each day in reconstructing memories of hurts and disappointments, then letting go of the associated anger or desire for revenge. During therapy sessions, these exercises were reviewed with emphasis on dealing with the problem areas or obstacles. With this exercise, therapy generally starts as an intellectual process, then becomes emotional as clients retrieve painful memories; however, they are helped to own their anger before letting it go. In the "owning" process, the therapist facilitates releasing rage through non-injurious physical expressions (e.g., a punching bag), followed by cognitive exercises aimed at releasing the desire for revenge. Alternatively, clients are encouraged to reenact painful life events during the therapy session, expressing aloud their disappointment and then verbalizing their desire to forgive others or themselves.

According to Fitzgibbons (1986), this process is particularly useful in treating clients for which denied anger has become misdirected from the past into the present. As clients begin to forgive, and as the past has less and less control over the present, there is greater freedom. This is observed in terms of increased awareness of the person with whom one is really angry, the recognition that years of expressing anger have not freed the individual from the desire for revenge, greater freedom to express anger appropriately, a desire to go to others and ask their forgiveness, relief from emotional pain, and more energy.

Object Relations Theory

Gartner (1988) suggested that Kernberg's (1976) object relations theory provides a good model for understanding the nature and importance of forgiveness. He explained that we defend ourselves against the harsh reality of emotional injury through "splitting" and "projection"—two defense mechanisms that help us label ourselves and others as conveniently "good" and/or "bad." Mature forgiveness does not involve the elimination of negative feelings toward others, but the integration of negative and positive self-object representations and their connected affect. Anger at offenders must be tempered by appreciation for their good qualities and motivations, or at least empathy for the flaws that prompted them to behave destructively. The result is a more realistic and balanced view of others (and self), a more genuine relationship to the full range of one's own inner experience, and a greater ability to respond constructively to frustrating situations and persons.

Through this perspective, forgiveness allows us to absorb the full impact of the evil that human beings do, while not losing sight of their humanity. No one is "all good" or "all bad." Gartner illustrates with the following statement about the Holocaust:

. . . what is more frightening to me about the reality of that tragedy . . . is that the majority of Nazi collaborators were not demons. They were human beings who, in a moment of cultural madness, submitted to the banal evil impulses that live inside us all. (Gartner, 1988, p. 317)

Therapy, from this perspective, is a process of confronting the projections. That confrontation is not quickly or easily accepted, and the client may take offense. By forgiving the client for that offense, the therapist models the process of forgiving and validates the client. Ultimately forgiveness gives us back ourselves by eliminating the need for splitting and projection.

Solution-Focused Approach

The solution-focused approach to therapy is a pragmatic way of

solving here-and-now problems as opposed to facilitating insight and understanding based on revisiting problems from the past. Briefly stated, the therapist's mottos are: (a) "If it ain't broke, don't fix it;" (b) "once you know what works, do more of it;" and (c) "if it doesn't work, don't do it again, do something different" (Berg, 1994). The solution-focused approach evolved from the belief that it is easier to construct solutions than to dissolve problems, and that it is also easier to repeat already successful behavior patterns than it is to try to stop or change existing problematic behavior. For example, getting a client to repeat her successful methods of child rearing is easier than trying to teach her totally new and foreign skills. The presumption is that all clients have strengths that can be enhanced or discovered in order to find solutions, and clients are the best judge of what they need and what will work. Through this approach clients are empowered to take the leadership role in finding solutions to their problems. Therapy becomes a process of jointly setting realistic and meaningful short-term goals and objectives, then systematically achieving those goals.

This approach may seem rather superficial when considering the needs of clients with longstanding abuse issues. However, these clients frequently struggle with dysfunction in dealing with the day-to-day life problems and need "here-and-now" solutions as well as "then-and-there" insight. As clients are empowered by becoming more functional in solving their day-to-day problems, their need to place blame for past offenses is diluted.

Integrating Theoretical Perspectives

Both the cognitive emotive approach and the object relations approach are about cognitive restructuring. In one case restructuring comes through acknowledging the pain and confronting the irrational beliefs about the pain. In the other case, restructuring comes through confronting one's defense mechanisms and realistically acknowledging the good and bad in all humanity—including one's self. In order to work through the pain, or rise above it, victims need to see the pain through a different set of lenses, or a different frame.

Ideally, the reframing would not only change the victim's heart with regard to past grievances, but would also empower the victim to take new responsibility for solving current problems and setting a direction for the future, but, the empowerment model found in the solution-focused approach deals more directly with solving specific here-and-now problems.

A Model for Forgiveness as an Intervention for LDS Therapists with LDS Clients

As a therapist dually committed to my profession and my religion, I designed my own framework for therapeutic intervention by integrating the cognitive restructuring theories with the practical step-by-step procedure of the Enright model and the solution-focused approach. Into this framework I infused the gospel principles of repentance, forgiveness, and the Atonement. For me, facilitating forgiveness became a process of reframing traumatic memories and "repentance on behalf of the offender."

Repenting on Behalf of the Offender

Earlier in this article two concepts were presented which may seem contradictory. It was proffered that forgiveness is something the injured party does for him/herself and is separate from (and not dependent upon) the repentance of the offender. Emotional injury was described as interactional, or transactional, and forgiveness was linked to repentance. This presents a dilemma. How can forgiveness be independent of the offender, but at the same time be interactional and linked to the repentance process? If repentance is part of the forgiveness process, but the offender cannot or will not repent, how can victims accomplish for themselves the repentance part of the transaction?

The response to this dilemma is the crux of forgiveness and the core of the model I use for helping clients through the process. I invite clients to investigate the process of repenting *on behalf of* the offender. On the face of it, the concept may seem absurd, even abhorrent. After suffering extreme pain at the hands of an offender, why would a

victim excuse the offender from repenting and voluntarily take on her/himself the responsibility of going through that repentance process on behalf of the offender? To answer that question, one must revisit the initial concept of forgiveness and remember that forgiveness is for the forgiver, not the forgiven. In that same vein, if repentance facilitates the forgiveness process, then it would not be right for the offended person to be paralyzed by the intransigence or recalcitrance of the offender. So, what would repentance by the victim on behalf of the offender look like?

In order to understand how a victim can repent for the offender, it is necessary to clearly understand the principles of repentance. In *Gospel Principles* (1992), the manual used for teaching new Latter-day Saint converts the basic concepts of the gospel, repentance is explained as a five-step process.

First, we must recognize our sins. We admit to ourselves that we have done something wrong. Second, we must feel sorrow for our sins. Feeling sorrowful, we are humble and submissive before God, and we come to him with a broken heart and contrite spirit. Third, we must confess our sins. We should confess all our sins to the Lord. In addition, we must confess serious sins that might affect our standing in the Church, to the proper priesthood authority. Fourth, we must forsake our sins. We stop committing the sin. If we have stolen something, we will steal no more. If we have lied, we will lie no more. “By this ye may know if a man repenteth of his sins—behold, he will confess them and forsake them” (D&C 58:43). Fifth, we must make restitution. This means that as much as possible we must make right any wrong that we have done—give back what was stolen, or make the truth known where a lie was told.

How can an injured person go through the steps of repentance for the offender? The tasks of repentance are explicated below by recapping the five-step process, but this time from the perspective of the victim.

Recognition of the sin—the first step of repentance. The offender is not the only one who can recognize the sin. The victim can and must take responsibility for naming the offense and claiming the

injury, and this can be appropriately facilitated in therapy. Flanigan (1992) explained that to name the offense, the client must ask her/himself questions such as “What were the moral rules that were broken, and, how did the betraying event break those rules?” “What is the meaning of the injury, and what are its consequences?” (e.g., “How am I more vulnerable? How has my belief system changed?”) Flanigan (1992) went on to explain that claiming the injury is a process of exploring and owning. (“What specific losses have I sustained?” Or, “What gifts have I received because of the injury—how am I stronger or different because of the injury?”)

Sorrow for the sin—the second step. In our compassion, we are tempted to spare the victim from further sorrow. It is appropriate for the offender to feel sorrow for sin, but hasn't the victim experienced enough pain by being injured? Nevertheless, sorrow is essential in the healing process for the victim, too. For many victims, sorrow has been averted or camouflaged by anger, and in giving up the anger, one has to be willing to feel the sadness that gave rise to that anger (Fitzgibbons, 1986). Sorrow is a natural response to loss and will come as the victim is able to name the offense and claim the injury—identifying and grieving all the losses. Religious leaders (and sometimes therapists, too) may attempt to expedite the healing process by jumping from identifying the wound directly to forgiving the offender—thus, skipping the stage of sorrow. Sorrow is uncomfortable for others to watch, and, for some, it may look too much like wallowing in one's misery. Wallowing usually means the victim is stuck in one or more stages of the grieving process, and can be differentiated from appropriate sorrow by the extent to which the victim understands the entire grieving/healing process. In fact, wallowing may mean that there has not been enough appropriate exploration of the losses associated with the injury rather than too much exploration. The whining associated with wallowing may be a subconscious plea for help in appropriately identifying the losses and in experiencing the grieving process in its entirety. As the victim matures and grows through healing, there will be sorrow, not just for the victim's losses but for the offender's, too. Ultimately the offender has lost the most.

But religious leaders and counselors must be careful not to precipitate that vicarious sorrow prematurely.

Confession—the third step. Unwillingness to confess on the part of the offender does not prevent the victim from disclosing the offense. The victim confesses on behalf of the offender as she/he breaks the silence and shares with a therapist or legal authority the details of the offense. By disclosing, the injured person is also assigning blame, and blaming is prerequisite to forgiving. If there is no blame, there is no need to forgive. In order to heal/forgive, the injured person must recognize that something was wrong and someone was at fault. Once that is clearly established, then the process of forgiving can proceed.

Forsaking the sin—the fourth step. What does this have to do with the victim? A victim may not be able to prevent the offender from re-offending. However, the victim can take protective measures against future injuries. This is the stage in the healing process where the injured person loses naivete and takes responsibility for his/her own protection. The challenge is to become strong without being calloused or hardened.

Making restitution—the fifth step. Restitution is essential in restoring order and wholeness to the life of the injured person. Another way to think of restitution is “balancing the scales” (Flanigan, 1992). Balance is destroyed when one person takes choice away from another while at the same time increasing his own; it is restored to uneven scales by (a) taking away something from the heavier side and/or (b) adding something to the lighter side. Likewise, in repentance, balance is restored by (a) punishing the offender and/or (b) adding resources to the depleted reserves of the offended.

The victim's desire to punish is natural but frequently plays out in ways that become destructive or counter-productive. For example, a victim may withhold affection in an attempt to punish without the offender making the connection between the victim's behavior and the offense. Or the victim may meet out the punishment by becoming an abuser him/herself and involving yet another innocent victim. Appropriate punishment may not be within the purview of the

injured person. However, the effect of punishment for the victim may be accomplished in therapy (e.g., through mock punishment in an “empty chair” session) (Flanigan, 1992). Perhaps more important than meting out punishment is the power the victim has to balance the scales by adding resources to depleted reserves, and because forgiveness comes from a position of strength, not weakness, a person who is able to forgive will unquestionably arrive at a place of strength. Victims can draw strength through support from a variety of resources (e.g., therapy, support groups, or informal support systems). Victims can further strengthen themselves, and make the transition from “victim” to “survivor,” by providing support to others (e.g., victims who have suffered similar losses).

The process described above is designed to empower victims. It provides a way in which they may accomplish for themselves what the offenders would accomplish were they to repent. The therapist can facilitate this part of the forgiveness process by going through the five steps of repentance with the client. The therapist might introduce the concept by saying something like, “I can see that you are tortured by that emotional injury, and you have been waiting all these years for that injury to be repaired. I wish your offender could or would make things right, and I am wondering what it would be like for you if he/she did repent—if he/she at least tried to make things right with you. How would you be different?” Then, “Realistically, I suspect that may never happen. He/she may not be able to fully understand the offense or your pain. I hate to see you tied to your perpetrator. I would like to see you free of him/her. So I am wondering, since he/she may never repent, how might you accomplish the same thing for yourself?” Clients who have been severely abused may take some coaching, but given a little time and a little help, they will catch a vision of how they can accomplish the tasks of repentance (though they probably will not want initially to call it repenting on behalf of the offender).

In addition to accomplishing the tasks of vicarious repentance, the victim can also experience the spiritual cleansing and healing of vicarious repentance. Complete repentance is linked to Christ’s atonement

for all the sins of the world, and when we are able to truly accept that concept, the perception of our own victimization changes. Forgiveness, then, is linked to our perception of an offender who has been reformed, cleansed, and healed through the atonement of Christ. That is a tall order for a person who has suffered horrendous personal injury. In fact, one might say it is nothing short of a miracle, but that is appropriate because God's forgiveness is also a miracle. The role of the therapist is to help the client envision that miracle.

Insoo Kim Berg (1994), in her solution-focused approach, helps clients through the healing process by providing a vision of a future in which the client is not only free of abuse but has grown and becomes empowered through the healing process. To do this Berg asks clients what she calls "the miracle question." It goes something like this:

Suppose one night there is a miracle while you are sleeping and the problem that brought you [in for help] is solved. Since you are sleeping, you don't know that a miracle has happened or that your problem is solved. What do you suppose you will notice different the next morning that will tell you that the problem is solved? (Berg, 1994, p. 97)

The purpose of the miracle question is first to help the client get a vision of a future that is free of the problem and second, to help the client discover that those changes envisioned in the miracle scenario are within the power of the client to bring about. For example, when clients notice in their miracle scenario that they are smiling, eating breakfast, getting to work on time, asking for what they want, etc., it does not take long to realize that there is nothing stopping them from making at least some of those changes now.

In my work with victims, I use Berg's miracle question similarly to help clients forgive. I might ask a client to imagine her/his abuser kneeling on the floor at her/his feet, acknowledging all the wrongdoing along with the pain it caused and begging forgiveness. In response to that imagined scenario, a client might blurt out something like "I'd kick him in the teeth." That is a predictable response, and I validate

the client's feeling. However, in the imagined scenario, the abuser does not go away just because he is kicked in the teeth. He continues to remain kneeling on the floor acknowledging every injury he has caused and begging forgiveness. No matter how many times the client kicks him, he remains there in a repentant mode. It may take some time and some coaching for the client to really envision this scenario, and I might attempt to enhance the imagination of a client through storytelling. One story that has been particularly effective is an experience that was shared by one of my clients—a third-hand story, but nonetheless effective in aiding the imagination.

This particular client came from a family in which all the girls were sexually abused by their father, and most were also abused by other males, including an uncle. At a time when one of the sisters was struggling with the long-term effects of childhood sexual abuse, she took the opportunity to attend an LDS temple. She later reported that while in the temple, she was visited by the spirit of her deceased uncle—the uncle who had abused her as a child. She reported that this uncle knelt in front of her, kissed her feet, and expressed sorrow for his sin and her pain. She was amazed at this event—particularly that her uncle would be worthy to appear in the temple. But it caused her to think seriously about forgiveness. This experience, as related to other clients, has been a major turning point in cognitive restructuring—causing them to think seriously about the miracle of Christ's atonement and God's love for everyone.

In this case, my goals were similar to Berg's goals with her miracle question. The intent was to give the client a vision of what life might be like after repentance and forgiveness. By learning specifically what would be different, clients are in a position to accomplish for themselves the same thing that would be accomplished by sincere repentance. In addition, the client is in a position to rise above the pain and reach a little higher for spiritual strength and acknowledge the power of the real healer—Jesus Christ.

Victims often struggle with the vision of a miracle because their victim lifestyle is accomplishing something for them in a secondary

way, and change is frightening. This is particularly evident when, after some coaching, the vision has been realized, and the victim sees her/himself as whole, free, and in control. It then becomes apparent that being free *and* in control means being responsible, and new responsibility is often confusing (e.g., “Am I free *from* . . . or free *to* . . . ?”) It is easy for victims to talk about what they *don't* want, but often hard to talk about what they *do* want. Once a client sees her/himself as educated, slender, having a satisfying career, happily married, or any other dream, it becomes clear who is in charge of making that dream come true.

Forgiving is accepting responsibility. For example, if I loaned a friend some money, and the friend never paid me back, I could follow that friend around forever nagging and hounding him/her. I could try to make him/her feel guilty for every pleasure—since pleasure is not deserved. I could dream about all the things I could buy if the loan were paid. No matter how small the debt, everything I thought about acquiring could be linked somehow to that hope of payment, and I could always use the unpaid debt as an excuse for not managing my own finances better. At some point, however, when it became clear that the debt would never be paid, I would have to weigh in the balance the benefit of feeling free of the hassle and bad feelings (i.e., forgiving the debt) against the benefit of having a vague hope and built-in excuse for my own problems (i.e., not forgiving the debt). By forgiving the debt, I am not sending a message that he/she deserves the gift. I am simply freeing myself of that entanglement and empowering myself to go on without that issue being a constant burden. I am no longer giving him/her power to invade my thoughts and actions. By taking away that power, I am also transferring responsibility—from him/her to me. By taking that responsibility, as unfair as I may have previously thought, I am actually relieved. However, although I am now free and in charge of my fate, I can no longer use the unpaid debt as an excuse for my own financial ills.

The responsibility that comes with forgiveness may feel particularly frightening or burdensome to adult victims of childhood abuse

because that abuse may have stunted their emotional growth, and, in a sense, they feel like children in adult-sized bodies. Even though they have acquired some ways of superficially defending themselves and coping with life's difficulties, they may view life's threats, responsibilities, and pleasures with a childlike perspective. The miracle question, intended to help clients catch a glimpse of life as it might be if they were free from the effects of injury and abuse, may be beyond the cognitive ability of a child masquerading as an adult. A skilled therapist can enhance the maturity of their clients' perspective by helping clients reframe the traumatic memory as well as envision a better future.

Reframing Traumatic Memories

Although we cannot change history, we can change the way in which we frame historic events within the context of our lives. A poignant example of reframing history came when I visited my home town after being away for many years. (Many readers have no doubt had this same experience.) The house that was so big when I was a child now looked so very small. The school building that once represented an ominous power in my daily life now looked placid and ordinary. I was particularly surprised to note that the teacher who was so intimidating to me as a child now appeared small and shook hands with me as if we were equals—amazing! I also noticed that my parents miraculously shrank in size and in power as I became older. Eventually I was forced to admit it was perception, not history, that changed..

In a similar way, victims, held captive by traumatic memories, can revisit their childhood with adult eyes and can reclaim their dignity and self-worth by reframing the traumatic events. Listed below are a series of steps a therapist may employ in helping clients reframe traumatic memories. This exercise was adapted from the work of David Grove (1988).

Identify the troubling feeling. Sometimes clients are not able to recall or articulate the specific traumatic events that are most troublesome, but they can almost always identify a feeling (e.g., a knot in the stomach, tightness in the chest, headache). Help the client identify the

feeling by asking questions such as “Where in your body do you feel it? What does it feel like? Does the feeling have a color, texture, or shape?”

Build an affect bridge. Ask the client to build an imaginary “feelings bridge” that connects the identified feeling to past events. (“Close your eyes and open your mind. Look back in time and let yourself become aware of the hundreds of memories from your childhood and adolescence. Which of those memories is connected to your affect bridge? Is there just one event? dozens? hundreds?”)

Select the three most traumatic memories. The client can transfer the learning and apply the reframing techniques naturally to a variety of memories. Each of the dozen or hundreds of memories does not have to be reframed separately. Therefore, ask the client to select the three most troubling memories and rank order them—#1 is the most troubling memory, #2 the next most troubling, and #3 the third most troubling. Those three memories are the events to be reframed—one at a time, beginning with memory #3. By the time the client gets to memory #1 (i.e., the most traumatic), the impact of the trauma will probably have been reduced.

Replay the memory as if watching a video. Ask the client to close her/his eyes and remember the troubling event as if she/he were watching a video and without leaving out any details. Sharing all the details of a traumatic event takes a great deal of emotional energy and courage. Clients may not be willing, at first, to talk about shameful details. However, in this reframing process there is no pressure to share the content of the traumatic memory; therefore, the client is free to review the event without embarrassment and without editing out any details.

Rewind the video and replay. Ask the client to rewind the video and watch it again, but give the video an earlier beginning and a later ending. The intent of the earlier beginning and later ending is to place the memory within the context of normal life—rather than just an isolated incident. Watching the memory/video a second time is, in a sense, a process of desensitization. It becomes easier, the second time, to see shocking events and accept them without feeling traumatized all

over again. Sometimes a third or fourth rewinding and replaying may be helpful in this regard.

View the video through different lenses. Ask the client to rewind the tape again, and this time bring into the experience all the resources available to her/him as an adult, which might not have been available to her/him as a child, and watch it from a different perspective (e.g., through the eyes of another person who was there, through the eyes of the offender, from a position of total objectivity—like a fly on the wall, through the eyes of someone who has great love for you—like a parent or a guardian angel, or through your own eyes but from a future perspective—as if you were 70 or 80 years old). Give the client time to view the video from as many different perspectives as it takes in order to change his/her feelings associated with the memory. In some cases the therapist may need to give the client a little help in imagining what it may be like to be 80 years old or what it may look like through the eyes of a guardian angel. With a different feeling attached to the memory, the client may now feel comfortable talking about the content of the memory and sharing the new perspectives. The perspective of the guardian angel (or person who loves and understands the client) is particularly empowering because it clarifies the innocence of the victim. The perspective of the offender is meaningful because it clarifies the abnormality of the event—the sickness of the offender. Thus, forgiving begins to make sense.

Store the video. Ask the client “What would you like to do with the video?” (This is where the therapist talks about the way in which the client may be stronger or better in some ways because of what she/he has endured, and remembering the event can reinforce the personal growth. However, even though there is personal growth, it may not necessarily be reinforcing to constantly remember the event. So the client may want a choice as to where she/he wishes to “put” the video—in a prominent place to remind her/him of her/his growth, or in a file cabinet where it can be accessed only when she/he chooses to access it.)

Repeat the reframing process for memories #2 and #1. There will be a transfer of learning from the reframing of memory #3, and by the

time the therapist gets to memory #1, the process is not nearly as traumatic as might have been feared.

The client does not need to share any of the details of the traumatic memory in this reframing exercise, and keeping the process content free helps both client and therapist to avoid wallowing aimlessly in a morass of misery. However, most clients will want, at some point, to share something about the content of the memory. As they do, they will likely be surprised that it is no longer difficult to talk about the memory and the meaning they attribute to the memory has changed. Instead of seeing themselves in the memory as small and ashamed, they see themselves as have endured and accomplished something significant—something that made them stronger, and they view their abuser with pity instead of fear.

Having reframed the traumatic memories, the client (now “survivor” not “victim”) is in an empowered position and can appropriately make a decision about forgiving—a decision that comes out of strength rather than weakness. The final act of forgiving may be as simple as making a statement to that effect. However, it may make that statement more meaningful if the therapist takes the role of offender and invites the client to speak directly to the offender (as if he/she were present). Flanigan (1992) provided a menu of forgiving statements a client may use such as: “I forgive you. What you did wounded me deeply. That does not mean that we haven’t loved each other. We have. Forgiving you means that I no longer want anything from you. You are free to go on your way, as I am free to go on mine. You are forgiven, and we are free” (p. 227). Alternatively, the client may choose to write a letter to the offender. It might even be a thank-you note in which the client lists the gifts that have come from the offender (tangible or intangible sources of pleasure or gratitude). In the same letter another list might include all the gifts that have come because of the injury. This letter could be stored as a symbol of closure, or the client may choose to mail it. The final act of verbalizing the forgiveness completes the reframing process and allows the client to lay to rest the painful memories and disengage from the offender.

Some Final Thoughts about Forgiveness

In an effort to emphasize the hard work of forgiveness, perhaps there has not been enough said about the rewards of forgiveness. When one has been deeply wounded, there is no way to genuinely forgive without experiencing a great deal of personal growth. After interviewing many victims of intimate wounds, Flanigan (1992) learned that those who were successful at forgiving became stronger and better able to take care of themselves. They made different choices about the people they let into their lives, but they didn't stop being vulnerable. Instead, they accepted pain as a part of life, and they developed a new philosophy about people. The following statements, by wounded persons who were able to forgive, are manifestations of growth and insight.

I know that I cannot prevent harm from coming my way. It is the rare person who escapes being injured by a person she loves. I will remove myself from harm's way when I can; but in the future I will know that injuries happen to everyone. Some of them I will be able to control. Some I will not. Knowing this, I am free. Forgiving will never again be so difficult. (Flanigan, 1992, p. 229)

It is essential to not excuse. You can forgive, but you must not excuse. Excusing means you believe there is some logical reason a person behaves the way he behaves. In cases like incest or beating, there is no logical reason. So excusing is dangerous. If we have free will, we are responsible for ourselves. Granted, things may affect our judgment, but it IS our judgment. (Flanigan, 1992, p. 170)

We're dealing with humans. Humans are self-serving. Most people look out for themselves first. They care about others, but they are lucky just to be able to get through their own lives. Now that I accept that, I accept others' mistakes and my own. I'm freed up as a result. (Flanigan, 1992, p. 166)

. . . You know, I've lost everything. It's all been ripped off. I understand it, though; nothing is worth the hating. (Flanigan, 1992, p. 168)

I decided I'm not the teacher or the judge of who's a failure or who isn't. I'm not the scorekeeper. Everyone makes mistakes. So I think I MUST forgive. (Flanigan, 1992, p. 169)

A final encouraging thought is an observation that an increasing number of psychotherapists are beginning to include therapeutic forgiveness in their repertoire of interventions. Although forgiveness as an intervention has rarely been included in professional literature or training, the newly-created International Forgiveness Institute (*Psychology Today*, 1996) is evidence that some psychotherapists are attempting to encourage their colleagues to accept and use forgiveness as a valuable tool. This movement parallels increasing interest in spirituality as a vital element of human growth and emotional healing. In our effort to accept, validate, and treat the *whole* individual, we psychotherapists are privileged to interact with that part of the human being that is not easily observed or measured with our advanced technologies—the human soul, or spirit. Nevertheless, it is that part (which we cannot accurately label or measure) that draws us with the most powerful magnetism to our profession. We ourselves are spiritual, and we seem to recognize intuitively that the most lasting and meaningful changes in our clients come through their connection to their own eternal nature—their spirits.

Although it is encouraging that spirituality is increasingly considered by psychotherapists, spirituality, in the popular context, should not be confused with religion. However, for LDS therapists, religion is intrinsic to spirituality and can be an important part of the change process. Therefore, it will continue to be incumbent upon us, who espouse religion, to respect, support, and collaborate with the formal ecclesiastic structure that has been authorized to help people to forgive and, more importantly, to acknowledge the source of true spiritual and emotional healing—Jesus Christ.

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