

Compassion and forgiveness

Implications for psychotherapy

Everett L. Worthington, Jr, Lynn E. O'Connor, Jack W. Berry, Connie Sharp, Rebecca Murray and Eunice Yi

Forgiveness and compassion are intimately connected. While people may sometimes forgive without feeling compassion for a transgressor, forgiveness comes far more readily when the transgressor feels compassion, guilt and remorse, or when there is something in the situation that allows the victim to identify with the transgressor. Forgiveness and compassion are prosocial variables related to concerns about the well-being of others (Gilbert, Chapter 2; Wang, Chapter 3). When, in the wake of being harmed, people sense that the person who harmed them feels remorseful or guilty, they are likely to feel compassion and thus to forgive them. In the past decade forgiveness has become a topic of study by theoreticians, theologians and researchers from many perspectives (Berry *et al.*, 2001; Enright & Fitzgibbons, 2000; McCullough *et al.*, 2000; Worthington, 1998).

The interaction of compassion and forgiveness is a two-person mechanism to help bring about reconciliation in close relationships following an altercation or disruption in connection, and at least a reasonable resolution in more distant relationships. In the interaction of compassion and forgiveness, the feelings in one person resonate in the other and an implicit emotional process transpires, which regulates both parties and makes the reconciliation more likely. This chapter explores relationships between forgiveness, altruism, compassion and guilt, in regard to theory, research, development, and, finally, implications for psychopathology and psychotherapy.

Interpersonal transgressions are ubiquitous. There is no way to conduct life in our highly developed, relatively large social groups, without sometimes being harmed and sometimes harming others. Many ways in which people ordinarily respond to being harmed have been suggested (Worthington *et al.*, 1999). Responses such as seeking revenge or being chronically vengeful (McCullough *et al.*, 2001) are likely to have negative physical, mental, and relational consequences (Wirtviet *et al.*, 2001). Other more prosocial responses – such as forgiving the person who has caused the harm, injury or insult – usually have positive physical (Worthington & Scherer, 2004), mental (Karremans *et al.*, 2003), and relational (Fincham, 2000) consequences.

Compassion has been hypothesized to affect forgiveness (Worthington &

Wade, 1999). Berry and O'Connor (2000, unpublished data) demonstrated that empathy-based altruism and interpersonal guilt are associated with forgiveness, and Worthington *et al.*, (1999) and Berry *et al.* (2004a) have demonstrated that when a victim perceives that a transgressor feels sorry for what he or she has done, the victim is more likely to forgive. Positive, other-oriented emotions, based on primary altruism, such as compassion, empathy, and sympathy (Eisenberg, 1987; Gilbert 2000; Hoffman, 1982; O'Connor, 1996; Sober & Wilson, 1998; Weiss, 1993; Worthington & Wade, 1999), when experienced in the context of recalling a transgression, can lead people to feel less negatively towards a transgressor.

Forgiveness and compassion

Evolutionary psychology suggests that people evolved capacities for altruism, empathy, commitment, and compassion (Berry *et al.*, 2003a; Gilbert, 2000; Nesse, 2001; O'Connor, 1996, 2000; O'Connor *et al.*, 2002a), and the need to reconnect with one another when altercations disrupted their relationships creates strong desire to forgive one another. This enables beneficial/supportive relationships to be repaired. This has served people (and other primates) well as a means to hold families and groups together. When altercations are followed by disrupted relationships and no efforts are made towards reconciliation, people often feel a sense of emotional dysregulation, affecting them adversely. Unresolved conflict in families may be linked to depression and anxiety. Sometimes, if there is also a genetic predisposition, the history of family conflict may lead to drug use or other dysfunctional behaviors (Lewis *et al.*, 2000; McGuire, 1987; O'Connor, 2000). Despite the central importance of forgiveness in interpersonal contexts and reconciliation and the effect of forgiveness on regulation, until the past five years there was little empirical research related to forgiveness and social emotions, including compassion, empathy, sympathy, and interpersonal guilt. This now is changing. The area of study has become noteworthy, in conjunction with the growing field of positive psychology (Seligman & Csikszentmihalyi, 2001).

Forgiveness is often connected to reconciliation, the capacity to aid in the process of reconnection after one has harmed another. Reconciliation may operate in higher apes (Brosnan & de Waal, 2003) and other social animals. Social animals live in groups, depend on a degree of harmony and cooperation, experience a wide variation of social structures, and exhibit wide variation in temperament, culture, amount of group activity, collaboration, and independence. Because of these attributes of social life across different groups, a fundamental aspect of social life is the need to reconcile after altercations. Most lasting *reconciliations* occur in connection with some form of forgiving after harm has been inflicted on an individual or group.

McCullough (2000) argues that forgiveness involves a change of motivation. Enright and Fitzgibbons (2000) see forgiveness as a complex of affect, behavior,

and cognition. Hargrave and Sells (1997) view forgiving as fundamentally interpersonal. All agree that forgiveness is complex and multidimensional. We understand forgiveness to be based on altruism as a fundamental human motivation; it is one of a number of mechanisms derived from primary altruism and as such it ultimately serves to hold social groups together through facilitating reconciliation. More immediately, forgiveness involves a complex set of prosocial emotions, many of which may be implicit, and that shape and are shaped by interpersonal processes. They have, as an end, reconciliation and reconnection following the disruption of interpersonal relationships (Berry *et al.*, 2003c; Worthington & Wade, 1999). Altercations and disruptions of relationships cause dysregulation because we are always in need of others for maintaining our physiological comfort (Lewis *et al.*, 2000; McGuire & Troisi, 1987; O'Connor, 2000). The complex emotional transformations involved in forgiveness tend to regulate both the transgressor and the person who is forgiving (Berry & Worthington, 2001; Wirtz *et al.*, 2001). It is noteworthy that a study described below provided evidence of the fundamental altruism underlying forgiveness. It demonstrated that people wanted to forgive, even in the absence of any personal relationship or direct reason to forgive, and the explanation given was that they identified with the transgressor, or they expressed some other form of compassion (O'Connor *et al.*, 2003).

Forgiveness as an intrapsychic phenomenon usually in interpersonal context

Forgiveness and 'unforgiveness' (negative emotion associated with an inability or refusal to forgive) have been viewed by some from an intrapsychic perspective, i.e. as a state that occurs within an individual (Exline *et al.*, 2003; Worthington & Wade, 1999). In the wake of being harmed, injured or insulted, there is often a difference between what the victim wants to happen as the outcome, and what actually happens; this difference is sometimes referred to as the 'injustice gap.' As time goes by, many events – interpersonal or within the individual – can reduce the injustice gap, making forgiveness easier. Or the opposite may occur and the victim, even in the absence of any interaction with the transgressor, as the result of rumination, may desire more 'repayment' for the transgression, 'to make things right.' Such rumination usually makes forgiving more difficult.

However, if the person who committed the act that harmed the victim begins to feel remorse and guilt, and signals this to the victim, that perception can elicit in the victim a sense of compassion and forgiveness. Forgiveness is thus experienced intrapersonally but usually is engendered within an interpersonal context. The transgressor who remains indifferent to the harm he or she has done is harder to forgive. Interpersonal acts are highly tied up with forgiveness or its absence.

While research described below suggests that there is a tendency for people to attempt to identify with the transgressor in order to enable the process of forgiveness, even in the absence of overt expression of guilt or remorse, nevertheless it remains far easier to forgive when the transgressor expresses feelings of guilt and remorse for the insult or injury he or she has inflicted on the victim. Thus, while the desire to forgive has a strong intrapsychic component, and even interpersonal acts that invite forgiveness do not always lead to successful reconciliation, which has an adaptive function, forgiveness usually occurs within a two-person context leading to reconciliation.

In the absence of remorse and guilt on the part of the transgressor, the person who was harmed or insulted may remain angry and continue to feel victimized. He or she may experience multiple situational, intrapersonal, and interpersonal stressors, with the urge to act in a retaliatory or vengeful manner. Indeed, it may require self-control to avoid acting out these destructive and often self-damaging emotions, and even with self-control the person who has been harmed may still feel resentment, bitterness, and anger.

In unforgiveness, a concept many might identify with Christian theology, there is a focus on bitterness, resentment, hostility, hatred, anger, and fear. Unforgiveness is theorized to be overcome through various means including: seeing or seeking justice, engaging in narrative reframing, employing psychological defenses, forgetting, accepting, and forgiving (Worthington & Wade, 1999).

People who have been harmed may be able to overcome the feelings of anger or sadness they feel if they are experiencing strong feelings of positive social emotions such as empathy, sympathy, compassion, or altruistic or romantic love. It has been suggested that these social emotions may neutralize or at least divert one from feelings of anger, in the wake of being harmed or insulted (Exline *et al.*, 2003; Worthington & Wade, 1999).

Compassion and the interpersonal context of forgiveness

If transgressors become aware of the harm they caused, they often feel empathy, guilt, and remorse and signal this to the victim. This in turn has the effect of creating in the victim feelings of compassion for the transgressor, who is then forgiven. Thus compassion and forgiveness are tightly linked attributes, related to the other evolved capacities that function to hold families and social groups together. Altercations within families are so common in daily life they are almost like the air we breathe; as therapists we can hardly think of a session in which we do not hear of some 'family fight' that has occurred, either that very day or in the recent past. Children and their parents, couples, adolescents, siblings, cousins, and even more extended family members, all engage in fights of varying intensity; for the most part, these are

resolved by the mechanism described, involving the complex interaction of compassion, remorse, guilt and forgiveness.

Empirical studies on forgiveness and compassion – positive social emotions

Forgiveness is facilitated by empathy, compassion, and other prosocial emotions. Studies linking forgiveness to social emotions demonstrate that both empathy and closeness of relationship increase or decrease the likelihood of forgiveness of specific interpersonal transgressions (Fincham *et al.*, 2002; McCullough *et al.*, 1997, 1998).

The disposition to forgive transgressions over time and across situations, often referred to as 'forgivingness' (Berry *et al.*, 2001; Muller *et al.*, 1998; Roberts, 1995), has been linked to trait empathy (Berry *et al.*, 2004b; Brose *et al.*, 2002; Macaskill *et al.*, 2002; Tangney *et al.*, 1999). Forgivingness has also been associated with cooperativeness (Berry & O'Connor, unpublished data) and with the personality factor of agreeableness (Ashron *et al.*, 1998; Berry *et al.*, 2003a; Brose *et al.*, 2002; McCullough & Hoyt, 2002; Mauer *et al.*, 1992; Symington *et al.*, 2002), which is related to empathy and the maintenance of positive relationships. People who are dispositionally forgiving are also more likely to behave altruistically toward others who are in need (Berry *et al.*, 2003b), and there is substantial evidence that altruism is often motivated by empathy, compassion, and feelings of responsibility for the well-being of others (Batson *et al.*, 2001; Hoffman, 2000; O'Connor *et al.*, 2003; Tolk *et al.*, 2003). Potentially any variable that increases empathy, compassion, and other prosocial emotions might facilitate the development of forgiveness. For example, Gilliah *et al.* (Chapter 4) have shown that a secure attachment style is related to compassionate capacity. Not surprisingly, then, several laboratories have found that insecure attachment is associated with reductions in forgiveness (Burnett *et al.*, 2003; Tangney *et al.*, 1999).

Apology, restitution, and emotional signaling

Forgiveness involves an emotional transformation in the victim, and this transformation, especially in close relationships, is usually the outcome of a complex interpersonal process involving the experience and communication of empathy, compassion, and other prosocial emotions on the part of both the victim and the transgressor. After committing a transgression, people often feel guilty and remorseful about what they have done. Much of this distress is based on immediate empathy and compassion for the victim, who has been caused to suffer. The transgressor can also be fearful and sad at the prospect of losing his or her relationship with the person he or she has injured or insulted. People are highly attuned to one another's emotional states, and emotional states in one person can elicit similar states in others (Lewis *et al.*, 2000;

McGuire & Troisi, 1987; O'Connor, 2000; Pole, 2000). Sandage *et al.* (2000) found that highly empathic people are more likely to seek forgiveness when they have hurt or offended another. Apologies and expressions of remorse by hypothetical transgressors produced improved judgments of the transgressors (Darby & Schlenker, 1982; Ohbuchi, Kameda, & Agarie, 1989). Apology has been consistently related to a victim's subsequent forgiveness of a transgressor (McCullough *et al.*, 1997, 1998).

In a recent experimental study (Berry *et al.*, 2004a), participants were presented with one of two scenarios involving a traffic accident in which the transgressor was clearly negligent. When the scenario included an apology and clear expression of remorse from the transgressor, 100 per cent of participants believed the victim would forgive the transgression, and 79.2 per cent made reference to the apology and remorse in their explanations of the willingness to forgive. When the same scenario was presented with no reference to an apology or remorse, then 71.4 per cent of participants believed that the victim would forgive the transgression, while 17.9 per cent believed the victim would not forgive, and 10.7 per cent suggested that forgiveness was not applicable to the situation. In this scenario condition, 39.3 per cent of respondents still made reference to the transgressor's likely remorse, even though remorse was not explicitly described in the scenario. Across the two scenarios, 30 of 52 respondents (58 per cent) made some reference to the apology or remorse on the part of the transgressor, or made some expression of sympathy with the transgressor. Of these 30, 29 believed the victim would be forgiving. In contrast, of the 22 participants that made no suggestions of compassion, two said forgiveness was not required, and five still believed the victim would forgive. Even when compassion was not mentioned, some participants still wanted to forgive.

Worthington *et al.* (1999) asked people to recall two recent interpersonal transgressions in which someone did something to greatly hurt or offend them. In one, the research participants had completely forgiven the transgressor; in the other, they were still unable to forgive completely. For the transgressions that had been forgiven, the victims believed that the transgressors had clearly 'felt sorry' for what they had done, and the victims said they could 'put themselves in the shoes' of the transgressors. Thus, empathy and compassion appeared to distinguish the transgressions that were forgiven from those that were not forgiven. These results were maintained even when statistically controlling for a variety of other factors associated with the transgressions.

The effects of an apology will likely depend on the victim's receptivity to the apology. That receptivity is based in part on empathy. The relationship between apology and forgiveness has been shown to be partially (McCullough *et al.*, 1997) or completely (McCullough *et al.*, 1998) mediated by empathy. Takaku (2001) used multiple perspective-taking conditions in a scenario-based experiment to determine the effects of an apology on forgiveness. When

participants recalled a time when they had themselves been a transgressor, their forgiveness following an apology was higher than that of participants who took other perspectives (e.g. victim perspective, external perspective).

Although compassion for a transgressor can be elicited by apologies, expressions of remorse and guilt, and requests for forgiveness, a victim might also be led to compassion by events that befall the transgressor, such as injuries, illnesses, or other tragic or harmful occurrences (Worthington & Wade, 1999).

In a recent study, Berry, Worthington, and O'Connor (2004a) categorized positive attributes into warmth-based and conscientiousness-based social norms and found that compassion and forgiveness were firmly located among the warmth-based traits and were associated significantly with altruistic acts and with prosocial affective traits such as empathy, proneness to survive guilt, and agreeableness. In another study, it was found that valuing the warmth-based social norms was significantly associated with the disposition to forgive transgressions (Berry *et al.*, 2003c).

Factors that inhibit forgiveness

We have presented research on many factors that appear to facilitate the development of forgiveness. Whether these factors are dispositional (trait empathy, agreeableness, placing high value on warmth-based traits) or a complex interpersonal process (apologies, restitution, or expressions of guilt and remorse from the transgressor), they all promote emotional forgiveness by increasing compassion, sympathy, love, or other prosocial emotions.

It is expected, therefore, that forgiveness would be made more difficult by factors related to the inhibition, incapacity, or unwillingness to experience compassion. There is substantial evidence that negative affective traits, such as hostility, trait anger, neuroticism, fearfulness, and depression, are related to lower levels of trait forgiveness and to reduced likelihood of forgiving specific transgressions (Ashron *et al.*, 1998; Berry *et al.*, 2001, 2003b; McCullough & Hoyt, 2002; Seybold *et al.*, 2001; Symington *et al.*, 2002; Tangney *et al.*, 1999; Thompson *et al.*, 2003; Walker & Gorsuch, 2002).

Another factor that can interfere with forgiveness is rumination. Rumination has been associated with mental health difficulties such as depression (Nolen-Hoeksema, 1991; Spasojevic & Alloy, 2001), anger (Caprara, 1986; Caprara *et al.*, 1992; Collins & Bell, 1987), anxiety (Segstrom *et al.*, 2000), obsessive-compulsive disorder (Hodgson & Rashman, 1977), and post-traumatic stress disorder (Horowitz & Solomon, 1975; Horowitz *et al.*, 1980). It is likely that there are individual differences and contextual factors affecting how people cognitively process transgressions. The kinds of rumination that a person utilizes in coping with insults and offenses, i.e. vengeful, depressive, or fearful, will shape the course of affective experiences and motivations around a transgression, thereby shaping the likelihood of forgiveness.

The tendency to ruminate vengefully following transgressions predicts less forgiveness for specific transgressions (Berry *et al.*, 2004b; McCullough *et al.*, 2001) and lower dispositional forgiveness (Berry *et al.*, 2001; Brooks & Toussaint, 2003). Depressive rumination also seems to inhibit forgiveness (Berry *et al.*, 2004b; Brooks & Toussaint, 2003).

The perceived characteristics of a transgression or transgressor can affect a victim's emotional reactions and shape the subsequent likelihood of forgiveness. Some interpersonal events are simply viewed as unforgivable (Flanagan, 1992). In comparing forgiven and unforgiven transgressions, Worthington *et al.* (1999) found that higher levels of the initial severity of a hurt or offense, its unexpectedness, and its perceived injustice or unfairness all work against forgiveness. People appear to be less forgiving when they fear that the person who hurt or offended them is likely to do so again in the future (Worthington *et al.*, 1999). Ongoing contentious relationships are the breeding ground of multiple hurts that build increasing conflicts and negative emotions, potentially inhibiting compassion, and making forgiveness difficult.

Gilbert (Chapter 2) has argued that social rank plays a complex role in attachments and the development of compassion. There is little research, however, on forgiveness across social rank and power differentials. In a recent study of transgressions in the workplace (Berry *et al.*, 2003a), employees were significantly less likely to forgive transgressions by superiors than by coworkers. When a transgression occurred 'down-rank,' the victim perceived the transgression as more severe, and the impact of the transgression on work productivity and psychological well-being was more pronounced. In addition, transgressions that involved a global devaluation of the victim (e.g. sexism and racism) were much more difficult to forgive. It is possible that higher ranking persons were less likely to apologize or express remorse after their transgressions, believing that this would be perceived as a weakness or in some other way incompatible with an ongoing power differential. It is also possible that the power differential implies a real vulnerability or threat to the subordinate, and fear and related negative affects conflict with the kinds of positive, compassion-based affects that facilitate forgiveness.

A model of the development of compassion and forgiveness

There is not yet a definitive body of research on the development of forgiveness in children, enabling us to understand the mechanisms by which we learn to overcome altercations and engage in reconciliations, thereby remaining close to our families and later to our broader social groups. In our definition, forgiveness must be preceded by the ability to empathize with or feel compassion for another, and since we have some understanding of the development of empathy and compassion, we suggest that forgiveness may follow a similar course (see Gilbert, Chapter 2). Social learning theorists might suggest that children learn to be compassionate, and thus forgiving, through

imitation (Bandura & Walters, 1963, as cited in Mulhern, 1998). Imitation of a nurturing, forgiving parent leads to social success, which in turn serves to reinforce forgiving behavior. Eventually, this ritual of apology becomes an internalized value, and children learn not only to receive forgiveness in return for their own remorse, but also to dole out forgiveness to reward the remorse of others. Martin Hoffman's review of research (1963, as cited in Mulhern, 1998) on parental discipline techniques demonstrated links between parental use of 'non-power assertive' techniques, such as scolding or inducing remorse, and children's moral development. While social learning theorists might have posited that the withdrawal of parental love served as a behavioral punishment, Hoffman (1963, as cited in Mulhern, 1998) argued a slightly different twist on how children might learn to forgive. He believed that parents who drew attention to the pain or harm children's actions cause were teaching those children to be sensitive towards others' feelings. This sensitivity, once internalized, would allow the child not only to feel remorse for harm he or she had caused, but also to recognize signs of remorse in others, thereby teaching children the cycle of harm, remorse and forgiveness in which we all engage.

More recent research has continued to support Hoffman's insight that our ability to empathize begins to emerge in infancy – much earlier than social learning theory might propose. Empirical evidence for infantile sensitivity to others' emotions was gathered in a longitudinal, naturalistic observational study by Radke-Yarrow, Zahn-Waxler and collaborators (Radke-Yarrow *et al.*, 1973; Zahn-Waxler & Radke-Yarrow, 1982; Zahn-Waxler *et al.*, 1979, 1983, 1992). These researchers trained mothers to observe and audio-record their children in the home, documenting children's reactions to witnessing someone expressing pain, fear, anger, sadness and fatigue. They also made regular visits to the home to observe and rate childrearing methods on various dimensions of empathic caregiving. They saw evidence for a developmental sequence that began in infancy with distress reactions to the distress of others, followed in the second year of life (15–18 months) by efforts to intervene, mediated often by the seeking out of caregivers, perhaps to involve them in interventions, and producing, by age two, significant increases in prosocial actions. The authors saw this transition as 'a landmark in social development' (p. 251), possibly, reflecting 'universal potentials for concern for others and possible biological maturational mechanisms' (p. 251). In the six months before their second birthday, the children in the study exhibited, in different frequencies, various forms of altruistic behavior ranging from sharing, helping, comforting, to defending, advice giving, and mediation in fights. The investigators also noted in the second year signs of guilt and conscious remorse, evidenced in attempts to make reparations when the children caused someone distress.

Analysis of the data revealed a distinct pattern among some of the slightly older children (20 months old), in particular those children disciplined by

affectively-charged means, who were highly likely to make reparations for distress caused, as well as high in altruism for distress witnessed. The researchers noted: 'These disciplinary practices may be laying down the bases not only for the child's responsibility for his own acts but for the general responsiveness to feelings of others' (Zahn-Waxler *et al.*, 1979, p. 327). These results were corroborated by later studies (see review in Zahn-Waxler & Kochanska, 1988). They support Hoffman's earlier assertions that discipline by means of induction (giving reasons or explanations for the requested change in behavior) or love withdrawal (turning away, ignoring the child) is instrumental in the development of concern and compassion for others' emotions.

Thus, our ability to forgive appears to be rooted in our early maturing abilities to empathize with the distress of others that are continuously developed through parent-child relationships, and later social experiences with peers. The research described above noted that there were clear individual differences in proneness to forgive (Berry *et al.*, 2001). While there is always some question about genetic variability in any personality trait, in the case of a social value we do not know how great a role genetic variation plays, or whether distinctively learned social norms, reflecting both the culture in which a child grows up and the parents, are more relevant to individual differences in adulthood. We cannot know whether those who appear to be more likely to forgive are genetically different or whether they have imitated one or two parents or other caregivers who are more likely to forgive, or some combination of the two factors. This then leads us to the role of the interaction of compassion and forgiveness in psychotherapy, how this interaction functions in terms of dealing with the immediate symptoms clients bring to treatment, how it relates to resolving issues relating to the past, including the family of origin, and how it pertains to whatever might come up in the process of psychotherapy itself, which always to some extent reflects the past, present and future in a client's life.

Forgiveness and psychotherapy

Most clinicians, regardless of their theoretical perspective, training or background, agree that clients are affected by past injuries, emotional difficulties, and disappointments. Psychodynamic therapists find disturbing childhood experiences (including memories and perceptions of them) at the root of clients' problems. Cognitive therapists help people deal with ruminations about negative interpersonal relationships and maladaptive underlying schemas developed in the family of origin. Behavioral therapists likewise help people examine the source of maladaptive responses while focusing on new behaviors. Interpersonal therapists find current patterns of interaction that recapitulate past patterns and that are a source of dysfunction. Family and marital therapists frequently observe how family-of-origin patterns of

interaction influence current interactions. In their own theory-consistent ways, therapists across schools of therapy help clients deal with and repair the fallout from the past.

Sometimes clients overcome prior insults or harm done to them by simple acts of forgiving. DiBlasio and Proctor (1993) found that most social workers (regardless of theoretical orientation) and most marital and family therapists (again regardless of school of therapy, or of their own presence or absence of religion), supported forgiveness in their clients. However, therapists are wise to be aware of their clients' attitudes towards forgiveness, and to take these into account in their own approach to forgiveness in therapy. Clients who value forgiveness as a virtue will be more attuned to therapists who demonstrate an appreciation of this value. Clients who don't think of forgiveness as a particularly admirable virtue will be offended should therapists take the stance of locating forgiveness as a central value. Such a client may feel that the therapist is moralistic and fear that the therapist might be judgmental. Thus, therapists need to follow their clients closely and match their clients' perspective if they are to be maximally effective. In addition, as will be noted below, even when a client may himself or herself deeply value forgiveness as a virtue, it may not be helpful to focus on forgiveness in therapy if the client suffers from a mental disorder in which the moral system is essentially on overdrive, and thus any moral focus becomes something the client turns upon himself or herself in a self-destructive manner. As with most attitudes, values, techniques and methods in psychotherapy, forgiveness as a value or focus or technique calls for case-specificity on the part of the psychotherapist.

The down-side to forgiveness: Clients who forgive too much

While forgiving those who have caused harm is often helpful, it is not always desirable, beneficial, or even positive. The woman who remains in a relationship with a husband who beats her, allowing him to return, feeling compassion for him when he expresses remorse, and forgiving him in the wake of his guilt and remorse, is not being self-protective and, more often than not, ends up again being harmed. Forgiveness, if it leads to such unwise and dangerous reconciliation, as in this all-too-common scenario, is not positive.

There are numerous other less dramatic but potentially self-destructive problems associated with clients who tend to forgive too easily or unwisely. Many clients without significant mental health problems who come to therapy for marital or occupational counseling may as a side problem demonstrate a high proneness to interpersonal guilt, and particularly to feeling omnipotently responsible for the well-being of others. These clients are quick to feel guilt on the part of a transgressor, and equally fast to react with compassion and forgiveness. Not to forgive quickly makes them feel guilty, and they feel like the transgressors. The roles get reversed unfairly. Clients who tend to forgive too quickly, who are so sensitive to others' distress and who are in turn

so distressed themselves, are at risk of poor judgment and may be victimized more than they should be. This is not a down-side to forgiveness *per se*, but to unwise forgiveness, incautious forgiveness, forgiveness driven by overly active empathy and guilt and worry about others, unmediated by careful cognition. While there may be little to be said for holding a grudge, unending love and thoughtless altruism may end up as problem for the altruist.

Forgiveness could be considered as an evolved capacity for holding the family and social group together. It is also an in-group phenomenon. In our global society and culture, it is difficult to see where the 'out-group' and 'in-group' distinction retains any positive adaptive value; but this is from our narrow perspective, what we only can see here, in the present. The failure to forgive the 'out-group' enemies historically created tightly bonded social groups and societies that fought fiercely, defending their territory, their husbands and wives, and their children, against encroachment by those who would harm them. The prosocial emotions and mechanisms evolved for social group living were designed for the in-group. The out-group was another matter. Unforgiveness is likely the emotional and motivational state more appropriate for out-group relations, though it is difficult to see the relevance given our world today.

But often forgiveness is a positive and in fact a necessary factor in human relations. It is part of the fabric of our social life, holding our groups and families together, creating the background for reconciliation when inflections have occurred as they will. Thus, it is often the case that clients are seeking help with overcoming disruptions in relationships, and being able to forgive is something they want to gain from their time in therapy.

Clients often begin therapy reporting on interpersonal conflict. Having difficulty forgiving someone in their lives may be a problem, or forgiving 'too much' may be troublesome. Therapists listen closely as their clients describe their relationships with partners, friends, and family, and often detect themes related to this topic. Therapists may also at times find themselves feeling unforgiving of their clients, particularly if therapists are confused about what is happening in therapy. If a client is testing his or her therapist by imitating a difficult parent who was particularly traumatizing in childhood, the therapist may momentarily feel angry and unforgiving, at least until he or she understands why the client is doing what he or she is doing. If, for example, a client begins to refuse to pay his bills, to miss his appointments, to act provocatively, or to threaten to quit therapy when it is obvious that he is still in need of therapy, the therapist may, without thinking, feel unforgiving until on reflection she is able to understand who in childhood the patient is likely to be imitating and why the patient is repeating this in therapy. When a patient is unable to clearly remember and work on a traumatic experience in words, he or she may work through actions, by imitation, hoping the therapist will be able to remain friendly, despite the patient's difficult behavior. In this manner, the patient is testing his or her therapist, in order to learn a new

way of reacting and to then feel less traumatized by the memory of his or her parent. When first faced with this difficult behavior the therapist may feel lost, attacked, and thus unforgiving. However, when the therapist understands the client's testing, the therapist is able to feel empathy, to identify with the client, to feel compassion and to forgive.

When and how to approach forgiveness: What brings clients to treatment

The most common set of symptoms and problems that bring clients to psychotherapy fall into several broad categories of Axis I diagnoses: mood disorders and particularly depression, substance abuse disorders, and anxiety disorders and particularly generalized anxiety disorders. The other major category of problems that bring clients to treatment includes relationship problems, marital and other family problems such as dealing with adolescents and/or children, and adult children dealing with parents, who are often aging. These sets of problems may be better categorized as related to life circumstances that become problematic. The interaction between forgiveness and compassion comes into play in all of these problems, and while, as noted above, the extent to which a therapist focuses overtly on forgiveness and compassion as a social norm is necessarily case-specific (i.e. in line with the values of the client), in all cases the therapist is implicitly dealing with these issues as they are so much a part of both the social life of the family of origin and the day-to-day life of the client.

Forgiveness and depression

In our modern world, we seem to be suffering from an epidemic of depression (O'Connor *et al.*, 2002a), the etiology of which remains somewhat mysterious although many theories abound. Our own research suggests that many depressed people suffer from an exaggerated sense of responsibility for others, an excessive amount of interpersonal guilt, and self-blame for others' misery and despair (O'Connor *et al.*, 2000, 2002b). The client who comes into therapy suffering from depression can be full of despair about the pain he or she believes he or she is causing others. This is usually greatly exaggerated and unrealistic. The patient is therefore desperate for forgiveness, for what can only be regarded as 'imaginary crimes' (Engel & Ferguson, 1990) that the patient believes he or she has committed against others, often against loved ones. These 'crimes' may include being more successful than someone in his or her family, or not taking 'good enough' care of someone, or in some way feeling 'a disappointment to others' or that one has let others down. The most extreme form of this type of guilt and need for forgiveness may be seen in patients who are hospitalized for depression and suicidality and feeling a burden to others, who make remarks such as, 'As long as I am alive, my

mother is going to suffer terribly' or a similar comment about another member of the family. Beliefs that commonly accompany suicidal patients may be related to imaginary crimes that the depressed person considers beyond forgiveness and compassion. In fact, depressed patients may lack the ability to feel compassion for themselves or to forgive themselves for the ways they believe they have harmed others, and can suffer from an exaggerated sense of empathy for others and severe empathic distress (O'Connor *et al.*, 2000, 2002a). Therefore, as therapy begins, instead of encouraging a depressed patient to become more empathic, compassionate and forgiving, it is often important to focus on turning things in the other direction and help the patient worry less about others' problems, take less responsibility for others, feel less empathic concern, and make *self*-compassion and *self*-forgiveness a primary focus (Gilbert & Irons, Chapter 10). Learning to externalize blame and tolerate anger towards others (and not feel guilty/unlovable for having angry feelings) has been key to many psychotherapies for depression since Freud (Gilbert, 1992), and can be especially important with severely depressed patients in deep despair with unrealistic self-blame.

Such a focus of course does not exclude helping (for instance) a depressed mother learn to be more responsive to her child, for there is now much evidence that depression in a mother can have a negative impact on her child's development (Gilbert, Chapter 2). Indeed, the loss of 'feeling for her child' can be another source of guilt-based depressive rumination. Although depressed people may ruminate on guilty themes and on concerns for others, depression itself reduces the flow of affectionate behaviours.

If a patient establishes a trusting and accepting relationship with a therapist, the therapist may have enough 'authority' to offer the experience of a relationship in which the patient can *feel* forgiveness, understanding and acceptance. From this may grow a more compassionate and forgiving approach to the self, which allows healing to begin (Gilbert & Irons, Chapter 10).

Forgiveness and substance abuse problems

Patients who come to therapy with substance abuse disorders are, like depressed people, often suffering from an exaggerated sense of responsibility for the well-being of others and are particularly high in proneness to interpersonal guilt and shame (Meehan *et al.*, 1996; O'Connor *et al.*, 1994; O'Connor *et al.*, 2002b). Many people with substance abuse problems may have difficulty getting into recovery because they believe that to stop using drugs will constitute an act of *disloyalty* to someone in their family, for example an alcoholic father, a prescription drug-dependent mother, or a drug-dependent sibling. Many clients with substance abuse diagnoses grew up in families in which life revolves around drinking. Alcohol or drugs is the organizing principle of the family culture. Rejecting alcohol is perceived by the family as a rejection of the family culture (O'Connor & Weiss, 1993;

O'Connor *et al.*, 2002b). This then is a difficult hurdle for addicts that desperately want to stop drinking because they know their drinking is destroying their relationships and career. They already feel overly responsible for their family, and they live with the anxiety typical of someone with a high proneness to an exaggerated sense of responsibility and guilt. Alcohol may temporarily reduce their feelings of guilt, excessive responsibility and anxiety. However, inebriation is often accompanied by behaviors for which they feel guilty and ashamed, and is inevitably followed by great remorse and guilt. They feel guilty not only for drinking, but for the damage they have caused as the result of their drinking. They want to stop drinking but believe they will be betraying their mother and father and whole family culture. It may be only after they have tested the therapist, often repeatedly, to be sure that being in recovery and abstinent from drugs and/or alcohol will not hurt this new authority, that they are able to allow themselves to become abstinent and stop the process of active addiction.

Many people with substance abuse problems, after getting comfortable with their therapist and convinced that stopping drugs will not harm those they love despite the culture of the family, the drug or alcohol use of their parents or siblings or friends, will then be able to make use of therapy in conjunction with self-help programs. Here forgiveness and compassion are formalized into working on the 'steps.' In the 'fourth step' of the 12-step programs for addicts in recovery, they are asked to write 'a fearless inventory' of themselves in which they list everyone they believe they may have harmed, and in the 'eighth step' they 'make amends' to those they believe they have harmed, i.e. they ask for forgiveness, signaling both remorse and guilt to the victim of their transgression.

While these steps were developed by non-clinicians based on their own experience and not by practicing clinicians, this is often a highly effective intervention in that it offers to recovering addicts the opportunity to relieve themselves of some of their guilt, which is considerable and a primary source of relapse. The only potential danger in the 12-step process is the focus on harm caused by the addicts in recovery. While this provides the opportunity to seek forgiveness for the real harm they may have caused while they were using drugs and/or alcohol, and to make amends for this harm, in some cases this may reinforce addicts' already exaggerated sense of responsibility rather than relieving them of it. However, for the most part, the spiritual aspect of the 12-step self-help programs contributes to relieving addicts of their exaggerated sense of responsibility for others, while providing them with a concrete way to face the real harm they may have done while using drugs and alcohol, and to make amends to those they have harmed. The 'third step' in the self-help programs suggests that recovering addicts 'turn it over' to a power greater than themselves, and this serves as a daily reminder that they are very limited in their personal power and a higher power is where their problems and worries belong, thus seeking forgiveness while at the same time

learning to 'turn it over' works to reduce recovering addicts' remorse, guilt and shame, both for the past in which they were often out of control when they were inebriated, and for the present when they are somewhat estranged from their family of origin, or old friendship circles, in which life may revolve around the consumption of alcohol.

The role of the therapist in the treatment of recovering addicts is to support their recovery with unwavering clarity in terms of abstinence as an ultimate goal of treatment, and to pass clients' tests, many of which revolve around whether or not the *therapist believes the clients deserve* to be clean, sober and successful. While the therapist doesn't want to discourage the clients' natural inclination to compassion and forgiveness, there is a fine line to be walked in terms of lowering their irrational sense of responsibility for others, their exaggerated proneness to interpersonal guilt and their shame. Clients in recovery have a remarkable opportunity to formally ask forgiveness from those they have harmed, and therapists may also have the opportunity to help clients recognize when some of those whom the clients think they have harmed were in fact victims of imaginary crimes and there was no harm to be forgiven. Forgiveness and compassion are woven into treatment for addiction, and even clients who are not attending self-help programs implicitly seek out a way to factor out the real injuries from the imaginary ones that they may have caused to people while they were using. They find ways to coach their therapists to help them in this endeavor. They deeply wish to offer an apology to these people, and hope for forgiveness in the wake of their authentic guilt and remorse. As we have seen in our pilot study (Berry *et al.*, 2004a), people wish for forgiveness and wish to forgive others, as ultimately this is a mechanism that holds our social groups together.

Forgiveness and anxiety disorders

People who suffer from anxiety disorders, similarly those with substance abuse problems and depression, tend to believe that they are responsible for others, far beyond what is realistic, and in fact many of their worries are focused on the harm they think they have done or could do to others. Thus, the issues of 'imaginary crimes', compassion, and forgiveness are implicitly central themes in treatment. For example, obsessive-compulsive disorder (OCD) is frequently accompanied by sets of irrational beliefs about harming others (Wroe & Salkovskis, 2000). The woman who washes her hands all day not infrequently reports doing so because she believes that if she doesn't she will contaminate her daughter's food and her daughter will become ill and die. Her hand-washing is therefore a symptom that aims to protect her daughter from harm, inflicted by her. Children with OCD who have numerous verbal or physical rituals often believe that should they stop engaging in them, one of their parents or siblings will fall ill or die. People with this illness live on the edge of disaster that they believe they might create, and most often, the

harm is predicted to happen to those they love most and the painful rituals they engage in are designed to protect their loved ones (Bherick & O'Connor, 1999). While we know that OCD is a biological disorder and involves brain dysfunction, often occurring in children in the wake of a strep infection, the pattern of thinking is remarkably similar in terms of repetitive warnings about the sufferer harming loved ones. Given this common pattern of beliefs, the empirically supported treatment for anxiety disorders is based on a graded list of fears, and exposure with response prevention, in addition to medication such as selective serotonin reuptake inhibitors. A symptom commonly found to a greater or lesser extent in anxiety disorders is hyperscrupulosity. In fact, priests were the first to note and treat OCD when they dealt with parishioners who prayed excessively and who came to confession far beyond what was justified by reality. The priests developed a policy of ordering these parishioners to refrain from praying, and from coming to confession so often. This was the first trial of 'exposure with response prevention.'

While generalized anxiety disorder shows a lesser degree of scrupulosity and hypermorality, these are still present and therefore a focus on morality of any kind is likely to increase clients' anxiety and worsen the condition. A focus on moral values is necessarily counterproductive in the treatment of even the milder anxiety disorders, because one of the primary symptoms is overdrive of the morality system. When clients with an anxiety disorder start worrying about forgiveness, they quickly become overly anxious about their imaginary crimes, whom they might not have apologized to, whom they failed to apologize enough to, or whom they apologized to incorrectly. They have no problem in feeling compassion and forgiving others, because their overly active sense of morality leads them to take responsibility for almost everything, and if someone seems in the slightest bit disturbed or upset, they bend over backwards with compassion and forgiveness, and suffer despite their efforts at reconciliation.

Relationship problems, compassion, and forgiveness

The problems that therapists deal most routinely with are those that involve relationships – families, couples, parents and young children, adolescents, roommates, and ordinary work relationships with peers, supervisors and bosses, and subordinates. Compassion and forgiveness are among the most important two-person events that allow for the resolution of relationship problems. Therefore they are always implicitly and sometimes explicitly a focus when people come to therapy in order to get help with their relationships. Sometimes couples want help breaking up, but more often they want help staying together; they want to get along, they want better relationships with their children, they want their children to stop fighting, they want to get along with their elderly parents more comfortably, they want to get along with their office mates. People want to stay connected. As mammals we are

not able to maintain our physiological – including our neurochemical – regulation by ourselves, without almost continuous contact with others. People who are isolated suffer detrimental effects including depression and suicidality (Lewis *et al.*, 2000; McGuire, 1987), and become dysregulated. Lewis and his collaborators describe an open-loop limbic system, echoing Bowlby (1969), who suggested that we are dependent on one another throughout life, not just in infancy and childhood, and that Freud and followers gave 'dependency' a bad name, misguiding generations of psychologists and psychiatrists. It is safe to say that most people who bring relationship problems to therapy are eager to correct the situation and reconnect with the person or people from whom they have become disconnected. Often all that is needed is permission to use compassion and forgiveness within these important social relationships in order for them to be dramatically altered in a positive direction.

Compassion and forgiveness may not be 'new skills' that need to be taught; they are already there, as we learn them as small children. However, in the midst of fighting, career building, and the hassles of daily life, many people simply forget these skills. All that may be needed is a safe place to be encouraged, to be reminded of and to 'contact' these capacities within them, and use them to (re)build their relationships and re-establish the connections that are part of being human. We are social animals, in search of connections; being reminded of this in therapy is a beginning.

When couples or parents and adolescents or roommates or friends are fighting, a cycle of blame, guilt, shame, and blame is usually established, which it is difficult to escape from. For example, Peter and Amanda are both in their mid-30s, and have been married for seven years. They've been preoccupied with their careers for the past few years. Amanda becoming a successful immigration attorney and Peter a research psychologist in a prestigious university, now up for promotion and tenure. They have two young children who are three and five, one in nursery school and one in kindergarten and both at home after school with a woman who lives with the family. Recently they have found themselves fighting over small things – who is driving the children to school, who is picking up the laundry. They work long hours. Both of them bring work home in the evening and work well past midnight. On the weekends, they often argue over seemingly nothing, with escalating blame. It might begin with Amanda, one Saturday at noon, blaming Peter when she was late for a meeting she had to attend in her office, because he was meeting with his department chair for an early breakfast. Peter, feeling guilty for going out for breakfast on a Saturday morning, grew angry and blamed Amanda: 'If you weren't always thinking about your career first, if you ever thought about your family, you wouldn't be so worked up about a meeting on Saturday. But you never think about your family at all.' Amanda, feeling by then even more guilty and blaming than she had to begin with, shoots back: 'You have it easy, you have no idea what it's like to be a woman in a firm.

You're in the boy's club. You can sit there and tell me I just think about my career, but you have no idea of how much time I have to spend worrying about details that you pay no attention to.' And off they go – escalating guilt and shame induction cycles that are disrupting their relationship.

Compassion and forgiveness that they already have as an implicit skill – a form of procedural knowledge, rather like riding a bike – is what therapy can bring to the foreground and cause to be remembered. Amanda can feel compassion for Peter, who is feeling guilty because he went out to an early Saturday morning breakfast with his department chair. However, she can also feel angry. When Peter sees 'just a bit of softness' on her face, he may apologize for being late, and this will then help Amanda to forgive him. Peter may then be more sensitive and try to take care of things for the rest of the day, and try to be more understanding of Amanda's position and life experiences (for example, as a woman working in a competitive world).

While we present this as if it is easy in principle, in practice it is complex and requires case-specific technique. If one member of a couple is somewhere on the anxiety spectrum, it becomes important to veer away from any use of moral value language, including something so simple as 'forgiveness' or 'compassion' because, as was seen above, an anxious person will turn these on themselves and ruminate about how they have failed to live up to expectations, and before the therapist knows it, their anxiety has worsened. Likewise, if one member of a pair is prone to depression, they are likely to turn any moral language on themselves, to blame themselves, and become overly compassionate and worried about the other. So the therapist becomes savvy at finding other words and tactics to interrupt the process and reintroduce compassion and forgiveness without moral language. There is no way for the guilt–blame–guilt–rage–guilt–blame–guilt–rage cycle to continue when it is broken by compassion and forgiveness. This principle is basically the same for all relationship problems, between family members, roommates, office partners, business partners.

Sometimes there are serious conflicts of interests, and couples will separate, or business partners will break up. But most often people are looking for reconciliation, which provides a sense of comfort, relief from distress, and physiological regulation. Reconciliation is the proximate purpose and cohesive social groups are the ultimate adaptive purpose of compassion and forgiveness. As social animals that live in rather large and relatively permanent social groups, we can depend on our capacity to form bonds with one another and to want to maintain these bonds. When the normal disruptions and altercations of daily life temporarily break these bonds and connections that are so important to our sense of well-being, the two-person mechanisms designed to bring about reconciliation are deep in our implicit knowledge base.

Conclusion

Sharing, caring and supportive relationships, based on altruism, are fundamental to many mammals but in particular the higher primates and especially humans. Given the advantages of these relationships, various psychological processes have developed to facilitate the maintenance of supportive non-aggressive and non-injurious styles of relating. In this context forgiveness can be seen to play a key role in the expression of compassion and is fundamental to the maintenance of important relationships in which conflicts may also exist. Forgiveness is thus a trait that is commonly given high moral value, especially in certain religions, although as noted here it is not without its down-side.

This chapter has explored some of the regulating processes of forgiveness that operate in and through interactions, among which learning to regulate anger/retaliation for feelings of being harmed is key. Compassionate empathy can allow us to make connections to perpetrators and in this way forgive them. This chapter also explored the linkage between feeling responsible and difficulties in forgiveness of both self and others in emotional disorders. Further research on facilitating compassionate forgiveness both of self and of others will advance our understanding of how to promote positive relationships and mental health.

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Compassion

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