

Forgiveness

– are we working with it?

LISA ORANGE's winning research essay 2020, introduces her proposal to research TA therapists' openness to working with forgiveness

THE EVIDENCE FOR positive links between forgiveness and improved mental health has been growing since the 1980s. Research shows forgiveness interventions have a positive impact by a reduction in participants' levels of stress, depression and anxiety, and an increase in self-esteem, self-confidence and hope.

Despite this growing evidence, qualitative research projects relating to the use of forgiveness in psychotherapy are small in number. In the transactional analysis (TA) field in particular, there is none at present. This research proposal aims to begin a deeper investigation of the subject in TA psychotherapy. Starting with a piece of qualitative research to explore the experience and openness of TA therapists to working with forgiveness. Understanding of this is valuable as it begins to give us a sense of where forgiveness currently sits within TA psychotherapy, and where we have the potential to go with it in the future.

Introduction

The subject of forgiveness both fascinates and challenges me. As someone with a Christian faith, it is a term that is familiar to me and has personal significance and meaning. As a psychotherapeutic counsellor and a trainee psychotherapist, I am excited by its potential to be a transforming ingredient of an individual's therapeutic journey, whether they have a personal faith or not. It is a powerful, intriguing, complex and potentially misunderstood concept. It is extremely personal, and yet often seen in the media and the public domain.

This proposal is particularly inspired by the breadth of research pointing towards the improvement in both mental and physical wellbeing of individuals who choose to forgive. These mental health outcomes are certainly what we hope to see as outcomes when working with our clients. A client's journey towards autonomy (Berne, 1972) often includes dealing with the negative impact of interpersonal harm (Macaskill, 2005), a process which addresses presenting problems of stress, depression and anxiety. This proposal will put forward the view that forgiveness interventions can have a part to play in this process. The literature review will briefly define

forgiveness and summarise the research into forgiveness outcomes. The application of forgiveness in TA psychotherapy, will also be briefly discussed. It will be concluded that there is space to go into more depth on the subject of forgiveness from a TA perspective. In particular, there is a gap in research on the subject in this field. As a result, the following research question is proposed: what experience do TA therapists currently have of exploring forgiveness with their clients in therapy?

Literature review

A strong definition of forgiveness is essential for the discussion and review of the subject and helps us navigate its complexities, bringing clarity and understanding. There is a great deal written about its definition from both a faith and non-faith perspective. Writers and experts have disagreed, wrestled with and defended their definitions (Enright and Fitzgibbons, 2000; Worthington, 2005; Strelan and Covic, 2006; Cosgrove and Konstam, 2008).

The following two-part definition is put forward in this review. Forgiveness is:

- To relinquish the right or desire to hold a grudge and/or to hurt back following an offence or incident of harm. It involves actively letting go of resentment, bitterness and negative judgement towards the person or persons who caused the harm (Enright, 1991; Pingleton, 1997; Enright and Fitzgibbons, 2000; Kendal, 2001; Recine, Werner and Recine, 2007).

Forgiveness is also:

'To relinquish the right or desire to hold a grudge and/or to hurt back following an offence or incident of harm. . . involves actively letting go of resentment, bitterness and negative judgement towards the person or persons who caused the harm.'

‘It is not difficult to comprehend why the idea of forgiveness instils such powerful negative reactions in people.’

- The fostering of positive feelings of empathy, compassion, generosity, grace and love for the perpetrator. (Enright, 1991; Wade and Worthington, 2005; Worthington, 2005)

After a first glance it is not difficult to comprehend why the idea of forgiveness instils such powerful negative reactions in people (North, 1998; Toussaint, 2017; Noor and Cantacuzino, 2018). For many the thought of having empathy for the person who has harmed them seems ‘weak’ (Anderson 1999; Harris and Thoresen, 2005) and inappropriate. Because of these natural responses to the idea of forgiveness, a further clarification of definition is needed (Wade, 2000). This is done by being clear about what forgiveness is not (Van Dyke and Elias, 2007): Forgiveness is not about denying, excusing or justifying the harm done. It is not about approving, ignoring, repressing, minimising or forgetting it. It is not discounting the appropriateness of the initial anger and resentment regarding the harm. It is certainly not about allowing the harm to continue (Van Dyke and Elias, 2007; Tutu, 2000; Enright and Fitzgibbons, 2000; Kendall, 2001; Freedman and Karifkar, 2016; Noor and Cantacuzino, 2018). Sometimes forgiveness can lead to reconciliation, when the injurer recognises the harm done and seeks to repair, however it is not a requirement (Enright et al, 1998).

Evidence showing the positive links between forgiveness and mental health

The evidence for the outcomes of forgiveness are key to this proposal. Scientific study of forgiveness has grown exponentially since the 1980s. Figure 1 shows a summary of the mental health outcomes found across the all the research referenced as opposed to specific outcomes for each piece of research. It does not include every study completed to date, but it provides a broad sweep, including early and more recent studies. Baskin and Enright (2004), Lundahl et al, (2008), Wade et al (2014) and Akhtar and Barlow (2018) each provide helpful meta-analysis of forgiveness to date, with each providing conclusions that support the use of forgiveness for those working in mental health.

Working with forgiveness in psychotherapy and TA in particular

The summary and conclusions of the presented research support the premise of my proposal, that the use of forgiveness in TA psychotherapy deserves more attention than it has been given, in literature and research,

Ways in which forgiveness positively impacts on mental health	Research references
<p>Reduced:</p> <ul style="list-style-type: none"> • Stress (and almost eradication of) • Anxiety and trait anxiety • Depression • Anger and trait anger • Hostility • Vulnerability to drug use • Fear of death • Neuroticism • Rumination • Fear 	<p>Al-Mabuk et al. 1995; Freedman and Enright, 1996; Coyle and Enright, 1997; Fitzgibbons, 1998; Enright and Fitzgibbons, 2000; Krause & Ellison 2003; Lin et. Al. 2004; Lawler et al., 2005; Luskin et. Al. 2006; Harris et al., 2006; Reed and Enright, 2006; Toussaint et al 2008; Browne, 2009; Messay, Dixon and Rye, 2012; Toussaint et al., 2016a; Toussaint et al., 2016b</p>
<p>Increased/improved:</p> <ul style="list-style-type: none"> • Self-esteem • Self-confidence • Hope • Optimism • Sleep • Confidence in relationships • Feelings of love • Ability to control anger • Capacity to trust • Psychological health • Freedom from the past • Mental and emotional health 	<p>Freedman and Enright, 1996; Al-Mabuk et al., 1995; Berry et al, 2001; Lin et al., 2004; Baskin and Enright, 2004; Maltby and Barber, 2005; Reed and Enright, 2006; Wade et al, 2013; Toussaint et al., 2016a; Toussaint et al., 2016b;</p>

Figure 1: Ways in which forgiveness positively impacts on mental health

including the consideration of its use in practice. Enright and Fitzgibbons (2000), who write extensively on the subject of forgiveness therapy, argue that therapists are well placed to work with forgiveness. Working with the impact of past hurts is familiar territory, therefore it is a natural progression for therapists, whatever the modality. While I agree with this, it is also noted that the use of forgiveness as part of treatment in therapy must be done with a measure of caution, consideration and preparation – as with any intervention. There isn’t the space to discuss these areas of caution in detail, but TA can help us to assess how we might use forgiveness with clients ethically and safely.

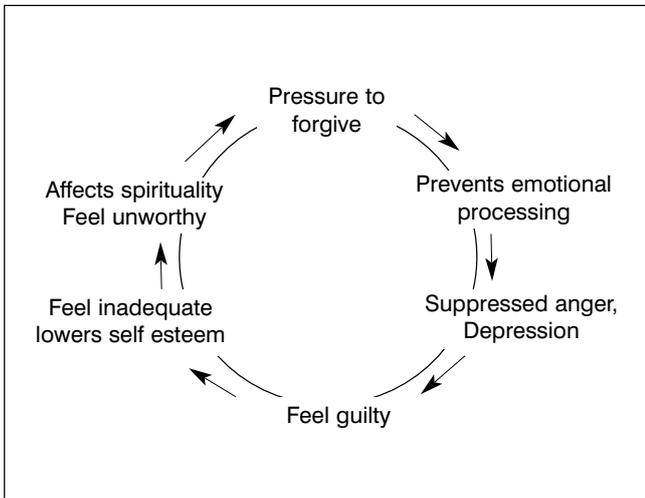


Figure 2: Cycle of premature forgiveness (Watts, 1998, p65)

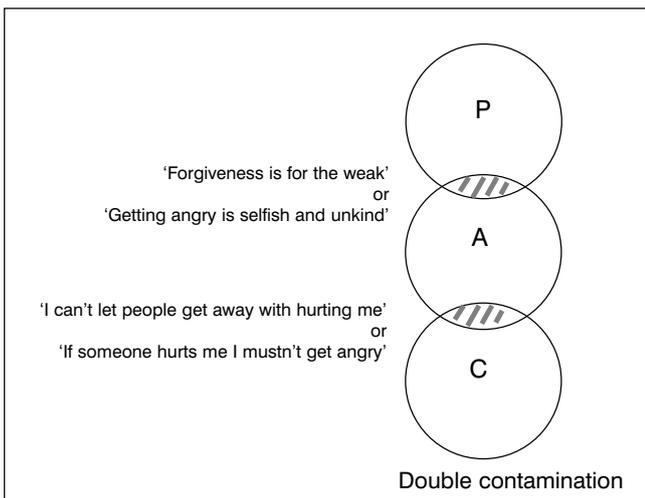


Figure 3: Possible forgiveness contaminations

Forgiveness is a choice, and Watt's diagram (Fig.2) shows what can happen if a person forgives out of pressure or feeling they 'should' forgive.

Using TA theory we can assess whether there are any injunctions (Gouldings, 1976; Ransley, 2005) or drivers (Kahler and Kapers, 1974), Please Others, for example, influencing our clients' decision to forgive or not forgive, and which ego state is at play. We can think about what contaminations (Berne, 1961) around forgiveness might be at work (see Fig. 3) and English (1972) talks about an 'always forgive' racket. Sandage et al (2003) caution about possible confused motivations for forgiveness, such as fear, denial of anger or convenience.

TA also gives us a good framework to work safely with forgiveness in the 3 Ps, Permission, Potency and Protection (Crossman, 1996). The client takes Permission to behave and feel in a new way, one of which might be

to forgive, linking to choice. In forgiveness work psychological Protection with Potency will also be an important resource for the client from the therapist. Treatment planning and contracting are also essential, and I like Stewart's (2007) contracting question, 'is it safe?'. We need to consider the level of harm and trauma an individual has experienced, or may still be experiencing, and use our skill and knowledge around the timing of introducing the idea of forgiveness, if at all.

Looking specifically at forgiveness in TA literature, a small number of books and papers mention it directly, and others allude to it. *Transactional Analysis Journal* articles which specifically refer to forgiveness include Capers and Goodman (1983), Steiner (1996) and James and Goulding (1998) who acknowledge forgiveness is possible for clients, Lawrence (1983) values it from a faith perspective and Lewin (2000) and Joines (2019) touch on the relational impact. Steiner (2000) refers more frequently to forgiveness, but the paper focuses on apology, describing it as something that leads to forgiveness. Forgiveness is also mentioned at the end of Erskine's (1973) 'Treatment Stages', which are a guide in shaping treatment direction and endings. The sixth and final stage is titled – 'Parents are forgiven'. He says very little about this, except that the client is able to say, from each ego state, 'My parent did the best job they were capable of doing'. Forgiveness could be seen as an end goal from this perspective, but it is not elaborated on in that paper.

Although there are few detailed discussions about forgiveness in TA writing, I would say that TA theory in itself complements the forgiveness process. For example, two-chair work and the 'Parent Interview' (Mcneel, 1976) for helping the client to understand their parental figure in depth and, '...to awaken feelings of compassion that may allow the client to forgive the parent.' (Gayol, 2016, p135). The TA theories of Rackets (Berne, 1975; Wahking, 1998) and Games (Lapworth and Sills, 2011; Enright and Fitzgibbons, 2000) are also applicable to our understanding of forgiveness work.

There is so much more that can be said on this subject and space limits the discussion. However, it is clear that there is an opportunity for a deeper exploration of forgiveness in TA psychotherapy and I propose that part of this process be an exploration of TA therapists' experience of forgiveness work with their clients.

Methodology

For the proposed research I am planning a qualitative approach with a semi-structured interview (Fig. 4), rather than a structured questionnaire (Ransley, 2004). I realise the limitation of this in that the number of participants will be fewer, due to the time it takes to carry out the interviews. However, my hope is that this approach will enable the participants to 'emerge with feelings, ideas,

Proposed questionnaire format

What is your understanding of what forgiveness is?

What are your personal views about forgiveness?

Would you say you have a personal faith of any kind? If so, how does this influence your view of forgiveness, if at all?

Does working with forgiveness have a place in your work with clients? If yes, how?

If no, what are your reasons?

What do you see to be the benefits, if any, of working with forgiveness with clients?

What are your concerns, if any, around working with forgiveness with your clients?

Do you offer forgiveness work in your list of specialties/areas? Would you consider it after some training study?

Have you explored the concept of forgiveness in the therapy room before?
If no:

What are your reasons? Would you be open to considering it?

Figure 4: Ways in which forgiveness positively impacts on mental health

described experience, opinions, views, attitudes and perspectives that have a breadth and depth to them, extending beyond that which a structured questionnaire would deliver.' (Davies, 2000, p152)

With regards to selection and recruitment, I would ideally like a broad selection within the qualitative method. By this I mean individuals with a range of views on forgiveness and faith. As well as variety in terms of age, ethnicity, and experience. This could be a challenge. However, informing potential participants about the study, to engage interest, is possible through strong links and ease of communication within the TA community. Another challenge may be engaging therapists who don't have a natural interest in the subject. How I present the research will be important, communicating my desired approach of curiosity and humility, to allay any concerns of potential criticism for views that don't support forgiveness.

Ethical considerations

Key ethical considerations would be ensuring consent from the participants about the use of the information they give ensuring, as I have touched on above, that their views and opinions will be respected in my discussion of the research. Confidentiality is of importance for the therapist, but also for anything they may share relating to clients. I would need to think about how the questions engage the participants in talking about forgiveness outcomes, asking the participants to talk in general terms, rather than about specific clients, to ensure their confidentiality. This should not be difficult as the participants themselves have an ethical duty of confidentiality, but it will still be necessary for me to be specific about this.

Conclusion

It is true that forgiveness is a sensitive, complex and often prickly subject, however, it is also exciting and brimming with potential. I have summarised the growing evidence linking forgiveness interventions with positive mental health outcomes, along with a brief summary of the subject across literature. I conclude that it is worth the time and energy needed to wrestle with the complexities of forgiveness and the benefits, challenges and obstacles to working with it in our therapy rooms. I hope that the proposed research will aid this process and I look forward to a deeper exploration of forgiveness in the field of TA.

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