Forgiveness in Couple and Family Therapy
Frank D. Fincham
Florida State University, Talahassee, FL, USA

Introduction
Close relationships meet our deepest affiliative needs but also give rise to our deepest hurts. It is therefore not unusual for a clinician to encounter a client who feels “wronged,” “let down,” “betrayed,” or “hurt” by a spouse or family member. Such clients typically are experiencing negativity (involving resentment-based motivation, cognition, and emotion) toward the transgressor and are motivated to avoid and/or to retaliate or seek revenge against him or her. In such circumstances, the clinician may face the task of helping the client to repair the relationship where it is prudent and safe to do so. One option that can facilitate relationship repair is forgiveness.

Forgiveness is a particularly attractive therapeutic option given that lack of forgiveness operates like any other stressor exacting well-documented mental health and physiological and relationship costs. Unforgiveness is associated with cardiac risk and even predicts mortality. In contrast, forgiveness has been shown to be related to better mental and physical health as well as numerous indicators of relationship health, including better relationship quality in both marital and parent-child relationships.

Theoretical Context for Concept
Forgiveness is promoted by nearly all of the world’s established religions which might account for its virtual absence from the scientific literature until recently; scientific research on forgiveness is largely a child of the twenty-first century even though the first case study on forgiveness in counseling was published in 1970. In the decades following this first publication, various models of forgiving emerged in the counseling/psychotherapy literature. However, with the exception of Enright’s work, the impact of these models on clinical practice was soon questioned. Where there was an impact, model builders skipped the task of validating their models and proceeded directly to intervention outcome research. As a result, the psychotherapy literature has far outstripped empirical data on forgiveness, leaving us in the awkward position of attempting to induce forgiveness without knowing a great deal about how it operates in everyday life.

Notwithstanding the above circumstances, there is now a substantial therapy outcome literature that documents the efficacy of two intervention protocols based on process models of forgiveness (see Wade et al. 2014). Process models view forgiveness as something that occurs over time where the person progresses through a
series of interdependent phases, each of which addresses cognitive, affective, and behavioral functioning. Drawing from theories of moral and cognitive development, Enright views forgiveness as a journey through four phases (Enright 2001). The first phase, termed the “uncovering phase,” focuses on exploring the hurt that the victim has experienced. This is followed by a “decision phase” in which the nature of forgiveness is discussed, and the individual commits himself/herself to trying to forgive the offender. The third “work phase” shifts the focus to the transgressor in an effort to gain insight and understanding. Finally, during the “deepening phase,” the victim moves toward resolution, becoming aware that he or she is not alone, has him or herself been the recipient of others’ forgiveness, and finds meaning and purpose in their suffering and in the forgiveness process.

The second process model that gave rise to an efficacious intervention is Worthington’s (2006) REACH model. REACH is an acronym that refers to five processes, namely, recall the hurt and associated emotions, empathize with the transgressor and try to understand everything that may have led to their behavior, altruistic gift of forgiveness entails recalling being forgiven and offering that same gift to the transgressor, commit to forgiving the transgressor recognizing the level of forgiveness currently experienced as well as continuing to strive toward more forgiveness acknowledging that it can take time to achieve, and holding on to the forgiveness without forgetting the hurt and through times when anger or bitterness related to the transgression reemerges.

Two additional theoretical frameworks have been used in the context of dealing with specific relationship transgressions in therapy. The first was developed in the context of emotionally focused therapy and deals with attachment injuries. The second offers an integrative approach that draws on trauma and forgiveness literatures and uses empirically supported cognitive-behavioral and insight-oriented strategies to treat infidelity. Initial studies suggest that these approaches may be efficacious but each requires more research.

Description

What is forgiveness? Because it is a complex construct, considerable effort was expended initially on defining forgiveness, and for several years disagreements permeated the field. It is now generally agreed that at the center of various approaches to forgiveness is the idea of a freely chosen motivational transformation in which the desire to seek revenge and to avoid contact with the transgressor is lessened. This core feature immediately distinguishes forgiveness from constructs such as denial (unwillingness to perceive the injury), condoning (no longer viewing the act as a wrong and removing the need for forgiveness), pardon (granted only by a representative of society such as a judge), the spontaneous dissipation of resentment and ill will over time (to forgive is more than the passive removal of the offense from consciousness), and forgetting (to forgive is more than not thinking about the offense). Thus the common phrase “forgive and forget” is misleading as forgiveness is only possible in the face of remembered wrongs/hurt. Finally, reconciliation (a dyadic process) should not be confused with forgiveness (an intrapersonal process), though forgiveness can, but need not necessarily, facilitate reconciliation (it is not contradictory to both forgive and end the relationship).

There is less agreement on whether forgiveness requires a benevolent or positive response (e.g., compassion, empathy, affection, approach behavior) to the offender or whether the absence of negative responses (e.g., hostility, anger, avoidance) is sufficient. But is reduced unforgiveness enough, especially in the context of ongoing relationships? We cannot infer the presence of the positive (e.g., health, forgiveness) from the absence of the negative (e.g., illness, unforgiveness). The necessity of this positive component of forgiveness is increasingly recognized, and there is research to show that these positive and negative components have different correlates and function differently.

Research specifically on forgiveness in relationships emerged only after a considerable amount was learned about how such factors as demographics (e.g., gender), individual
differences (e.g., personality dimensions), social cognition (e.g., perceived intentionality), features of the offense (e.g., its severity), situational factors (e.g., extenuating circumstances), post-transgression offender behavior (e.g., making amends), and broader cultural factors (e.g., social norms) influenced forgiveness. Relative to this broader literature, forgiveness in relationships has received limited attention. Even fewer studies exist on forgiveness in family relationships specifically which is important because it has been argued that forgiveness may be different in family (non-voluntary) relationships. Some research on forgiveness in families has been conducted, but studies are largely limited to transgressions in marital relationships. Only a handful of studies investigate parent-child relationships, and there is no research on sibling relationships or other family relationships. This is relevant as forgiveness is likely influenced by different factors across family relationships. For example, factors such as role expectations and differences in power make it highly unlikely that forgiveness between spouses will display the same dynamics as that between a parent and a child.

**Application of Concept in Couple and Family Therapy**

Because lay conceptions often confuse forgiveness and related constructs, conceptual clarity is particularly important in attempts to facilitate forgiveness. For example, the lay conception that forgiveness necessarily involves reconciliation may lead some who forgive to place themselves in danger of future harm. Thus, attempts to facilitate forgiveness should include an educational component to ensure that participants understand fully what forgiveness does and does not entail. It may also be necessary to assess perceived negative consequences of forgiving before making an attempt to facilitate forgiveness with clients. Working with a client to facilitate forgiveness is unlikely to be fruitful if the client views forgiveness as a sign of weakness, something that is impossible to do or even morally wrong.

Practitioners also need to be aware that there is a strong dose-response association for forgiveness interventions (0.1 standard deviation increase in forgiveness for each hour of intervention, Wade et al. 2014), but this relationship tends to be confounded by offense severity as more severe offenses often give rise to longer interventions. Nonetheless, amount of time spent explicitly on forgiveness in therapy is critical because too little time spent on forgiveness yields little change (less than 5 h), and there is some evidence of iatrogenic effects with very brief interventions (1 h).

It is also important to recognize that evidence supporting the efficacy of forgiveness interventions specifically with couples and families lags far behind that pertaining to forgiveness interventions more generally. Although sample sizes have been small leading to inadequately powered statistical tests, there are a few adequately powered studies that show forgiveness interventions can increase not only forgiveness but also marital satisfaction. This situation is analogous to that which previously existed in the broader intervention literature. Just as process-informed forgiveness interventions were used for at least 15 years before their efficacy was established, forgiveness interventions in couples and families are likely to be used pending adequate documentation of their efficacy. With this caveat in mind, specific interventions are now considered.

Enright’s and Worthington’s process-based models of intervention described earlier are well documented, and each of these scholars maintains a professional website that is a useful resource for those interested in their approach. In fact, both also offer a self-help version of their model that is directly available to the public. Not surprisingly, these interventions have been used as preventive interventions where they can be viewed as psychoeducation. In some therapy contexts, it may be appropriate to employ such psychoeducation as an adjunct to the primary therapeutic intervention. Given their ubiquity and ease of access, it behooves us turn from these two process-based interventions to consider the two approaches developed for specific relationship transgressions.
The first approach focuses on attachment injuries, which occur “when a partner is betrayed or abandoned, and trust is violated at a moment of critical need for support and care” (Zuccarini et al. 2013, p. 150). Because they are inflicted by an attachment figure, the spouse, attachment injuries tend to be experienced as traumatic resulting in more intense negative affectivity than that typically displayed by distressed couples. In a similar vein, because the source of and the solution to the emotional pain is an attachment figure, a disorganization of the attachment system often occurs. The Attachment Injury Resolution Model (AIRM) was developed specifically to address this situation.

The AIRM within emotionally focused therapy is designed to promote forgiveness and reconciliation. In this model, experiential and systemic interventions are used to bring about change in the client. Experiential procedures (e.g., empathic reflections, evocative responding) facilitate access to and expansion of attachment needs and associated emotions. Systemic interventions (e.g., reframing partners’ experiences) are used to facilitate emotional engagement that will establish more secure emotional attachment. AIRM occurs in three phases, namely, de-escalation of the injury cycle, new emotional engagement relating to the injury, and reconsolidation of the frayed bond. For further detail on the process of change in the model, the reader is referred to Zuccarini et al. (2013, see especially Fig. 1) which describes various steps in the change process and includes illustrative client statements that might occur at each point in the process of change.

The second approach focuses on infidelity and is predicated on the view that infidelity is emotionally traumatizing. This is a reasonable assumption as the vast majority of spouses in the USA expect marital fidelity, and trauma occurs when basic assumptions about the world and how it operates are violated. Not surprisingly, discovery of infidelity is often accompanied by symptoms similar to those found in posttraumatic stress disorder. As noted, this approach explicitly draws on the trauma as well as forgiveness literatures. Critical to this affair-specific treatment for facilitating recovery from infidelity is “developing a changed understanding of why the injury or betrayal occurred and reconstructing a new meaning for the event” (Snyder et al. 2008, p. 301). This integrative intervention comprises three stages though it is explicitly acknowledged that they need not occur in a linear manner and can be adapted to meet each couple’s specific needs.

Stage 1, “dealing with initial impact,” requires an active therapist who does not get caught up in partners’ emotional turmoil but instead instills confidence, providing an atmosphere of safety and trust, imparting skills that allow the partners to manage their emotions, and preparing them for therapy by providing a conceptual overview of treatment. At this stage it is important to not only contain destructive interaction but also avoid unrealistic commitments or “flights in to health” to avoid immediate distress. Issues addressed at this stage include boundary setting, self-care, venting and time-out techniques, coping with flashbacks, and discussing the impact of the affair. Stage 2 comprises “exploration of context and finding meaning” in which the goal is to promote a shared understanding of all the factors across various domains (e.g., individual, relational, external) that contributed to the occurrence of the affair and serves as a prelude for implementing necessary changes. In doing so the therapist looks for patterns and draws strongly from insight-oriented therapy to understand how past needs and wishes shape current choices. Once contributing factors to the affair have been thoroughly explored, the therapist helps the couple construct a shared narrative that allows the emergence of new assumptions about the self, partner, and relationship. Stage 3, “moving on,” involves engaging the issue of forgiveness, including common beliefs about the concept, consequences of forgiving or not forgiving, and blocks to forgiving. Here it is important for the therapist not to facilitate their own preferred outcome as moving on entails having the couple decide on whether they wish to maintain their relationship or end it in light of a realistic appraisal of its strengths and weaknesses.

Whatever approach is adopted, it is important for therapists to be sensitive to the occurrence of “premature” forgiveness. This can occur
particularly, but not exclusively, among more religious clients where the client, often unintentionally, seeks to understand and has compassion for the offender before fully acknowledging and exploring their hurt or their need for self-care. Failure to engage working through their pain, which they need to know is an ongoing process, will likely lead to their getting stuck later in the therapeutic process.

Finally, it is important to acknowledge a potential dark side to forgiveness. Forgiving can lead persons to subject themselves to danger by returning to an abusive partner. It is therefore important to reiterate that forgiveness can occur with or without reconciliation. It is also important to note forgiveness is a motivated human behavior and where there are motives they can be good or bad. Thus, forgiveness can be given strategically to manipulate the transgressor or it may occur to fulfill a felt obligation. The latter decreases the benefits of forgiveness, and hence it is critical to ensure that any forgiveness reflects freely chosen behavior. Finally, the history of relationship hurts matters greatly in dealing with forgiveness. Clearly dealing with a relationship hurt is quite different from dealing with a hurtful relationship characterized by frequent ongoing hurtful behavior. Although forgiveness may be appropriate in the latter case, so might the termination of the relationship also be appropriate.

**Clinical Example**

Owen and Megan lived in a Welsh city and came to therapy following a trip Owen had taken to Ireland. They had been married for 12 years and had two children, a 10-year-old girl and a 6-year-old boy. The purpose of Owen’s short trip to Ireland had been to see an old school friend, something he had done several times in the last year. These trips had started when the friend called Owen about a personal crisis to seek his help. Megan had encouraged Owen to be responsive and was pleased when he followed her advice. However, during his recent trip, Megan had discovered a letter from Owen’s friend in which she stated how much she enjoyed having sex with Owen and urged him to make a visit.

Megan presented as remarkably calm and self-contained. She spoke in a matter-of-fact manner and in due course asked Owen whether the sex had started with his first trip. It had. The emotional tone of Owen’s response was similar to Megan’s inquiry, calm and measured. Aware of cultural mores regarding emotional expression, the therapist explicitly addressed the issue of emotionality and worked hard to create an atmosphere in which the couple felt that they had permission to express their feelings. When Megan became more comfortable, she expressed her anger and was obsessed with knowing the details about the sex. A discussion ensued about how focusing on sexual details would not be helpful and how it could be contained.

In initial sessions, Megan complained about not being able to sleep properly and how she could not stop thinking about the affair. It had been difficult for her not to say anything to the children, especially the daughter, and she expressed disgust with herself for doing so. She was given the task of writing a letter about the impact of the affair on her. Following feedback from the therapist, she read the letter to Owen during a session. After this happened, Owen, who had initially verged on being irritated at Megan’s reaction to the affair, spoke about how guilty he was now feeling and that he did not know “what to do with myself.” Each spouse was experiencing their own form of emotional turmoil, something that was particularly foreign for Owen. The need for self-care received considerable attention and guidelines for such care, including appropriate social support, caffeine intake, diet, exercise, relaxation strategies, and so on, were given. Consistent with their typical interaction style attempts to talk about the affair at home led to withdrawal rather than tumultuous, heated interactions.

Once their intense emotional response subsided sufficiently the couple explored what gave rise to the affair. Owen had been feeling neglected and had immersed himself in his work as a copy editor. His job provided him with validation, something that he had sought since childhood,
and it appeared that he also satisfied this need through numerous short-term relationships until he married Megan. During his initial visit to Ireland, he felt valued, and the affair with his school friend seemed like a natural progression. Megan was helped to see the situation from Owen’s perspective and slowly came to view her own focus on the children as contributing to Owen’s feelings of neglect. Owen for his part came to recognize that turning to work to feel valued had limited the time available to spend with Megan and had also contributed to his feelings of neglect. Piqued by Owen’s relationship history, the therapist explored what it was like growing up in Owen’s family. Owen had been somewhat neglected as a child and described a pattern of behavior that not only led to getting recognition from others (he had excelled at school work and had been an accomplished singer in an award winning choir) but was also a source of considerable pride to his parents. This pride helped him feel the validation he so desperately needed from them. He came to realize that he had a chronic, but heretofore unacknowledged, need for acceptance and validation which underlay his romantic relationship history, one that also included numerous one-night stands. Owen was able to recognize that sexual intercourse had become symbolic for him of complete acceptance by another person. The couple came to see that seeking satisfaction elsewhere (Megan in motherhood and Owen in work), and their general proclivity to withdraw rather than engage around issues of concern, combined with Owen’s enduring vulnerability, created the perfect storm. This did not excuse Owen’s affair but it made it more comprehensible to the couple.

With their new understanding, the couple faced the issue of how best to move forward. Although Megan had expressed doubts about the relationship having any future, she had been captivated by, and listened intently to, the discussion of Owen’s prior relationship experiences. She retained some concern about the future with Owen but did not want to end the marriage, a sentiment that Owen also expressed. The possibility of forgiving Owen was raised in the course of which extensive discussion of what it might entail took place. The consequences of not doing so were also discussed. Once the decision to forgive was made, the couple were alerted to the fact that it would unlikely be a linear process and that the reemergence of hurt feelings from time to time was not a sign of failure but quite normal. In moving forward with the couple, the therapist explored whether each person was willing to make changes not only to maintain the relationship but to make it rewarding. It was emphasized that doing so would extend beyond the issue of forgiveness. For instance, their longstanding pattern of withdrawal would need to be addressed for them to function effectively as a family unit. A turning point occurred when Owen hesitatingly, but spontaneously, raised the fact that he needed help with his chronic issue of feeling accepted and valued. After that, neither partner again expressed concerns about the future of the relationship.

The couple instituted a “date” night each week which became sacrosanct. They slowly learned how to express concerns to each other without resorting to their old pattern of withdrawal. Owen cut back on his work hours and Megan included him in numerous activities that she had previously engaged in alone with the children.

During the course of therapy, the children attended a session. This gave them an opportunity to talk about their experiences as they had unwittingly been caught in the middle. After the displeasure Megan expressed to them about their father, the daughter had been distressed by her own positive feelings toward her father. She had needed reassurance that she did not have to be upset with her father on her mother’s behalf. The younger son had feared that his mother would make his father leave the family home.

**Cross-References**

- Attachment in Couples and Families
- Attachment Disorder in Couple and Family Therapy
- Cognitive Behavioral Couple Therapy
- Cognitive Behavioral Treatment for Infidelity
- Couple Distress in Couple and Family Therapy
- Emotion-Focused Therapy for Couples
- Empathy in Couple and Family Therapy
Forgiveness in Couple and Family Therapy

- Infidelity in Couples
- Integrative Behavioral Couples Therapy
- Psychoeducation in Couple and Family Therapy
- Reframing in Couple and Family Therapy

References


