

Chapter 17

Forgiveness, Family Relationships and Health

Frank D. Fincham

Family relationships play an integral role in the psychological and physical health of family members, as well as the economic well-being of the family (see Beach & Whisman, 2012; Fincham & Beach, 2010). Paradoxically it is in family relationships that many of our important needs are met and yet some of our deepest hurts occur. These hurts can be occasioned by a violation of an implicit or explicit relationship norm, deceit, betrayal and so on. Although various options exist for dealing with such hurts (e.g., withdrawal, denial, condoning, reframing the transgressions), over the course of long-term relationships such as marriage they are unlikely to suffice. Little surprise, then, that the well known journalist/humorist, Robert Quillen (2008, p. 255), the Garrison Keillor of his day, wrote that “a happy marriage is the union of two good forgivers.”

What are the consequences of forgiving versus not forgiving in family relationships? To the extent that failure to forgive results in destructive conflict and/or disruption of the family relationship, the results can be costly for those involved in the transgression as well as other family members. For example, the deleterious effect of marital discord on the psychological and physical health of spouses is well documented (e.g., Kiecolt-Glaser et al., 2005; Whisman, 2007), as is the panoply of effects it has on both child and adult offspring (e.g., Amato, 2010; Rhoades, 2008).

It is widely accepted that even though forgiveness (an intrapersonal process) should not be confused with relationship reconciliation (a dyadic process), it promotes prosocial motivational process that can lead to relationship repair and the re-emergence of a healthy relationship. At a conceptual level then, it is apparent that

Preparation of this chapter was supported by a grant from the John Templeton Foundation.

F.D. Fincham (✉)

Florida State University, 600 W College Ave, Tallahassee, FL 32306, USA

e-mail: ffincham@fsu.edu

© Springer Science+Business Media Dordrecht 2015

L. Toussaint et al. (eds.), *Forgiveness and Health*,

DOI 10.1007/978-94-017-9993-5_17

forgiveness in family relationships can play a critical role in both the psychological and physical health of family members. The present chapter examines whether this is indeed the case.

Dimensions of Health

Psychological Health Even though there is a burgeoning literature on interventions to promote forgiveness in marital and family contexts (see Worthington & Jennings, 2010), most of these interventions are primarily psycho-educational and not specifically designed to deal with patient populations. Because certain conditions such as depression and marital discord tend to be co-morbid, it is quite possible that psychopathology may be present in distressed couples who seek such interventions. However, forgiveness intervention research and work on forgiveness in families more generally tends to focus on community samples and make use of dimensional measures of symptoms (e.g., anger, depression).

Physical Health There is growing evidence from large, national probability samples as well as smaller scale studies that forgiving a transgressor is associated with psychophysiological and psychoneuroimmunological processes, as well as self-reported measures of health (e.g., Lawler-Row, Karremans, Scott, Edlis-Matityahou, & Edwards, 2008; Worthington, Witvliet, Pietrini, & Miller, 2007). In fact, forgiveness is associated with cardiac risk in both community and patient populations (Friedberg, Sonia, & Srinivas, 2007; Toussaint & Cheadle, 2009). One study has even shown that conditional forgiveness, forgiveness that depends on the post transgression behavior of the transgressor, predicts mortality (Toussaint, Owen, & Cheadle, 2012). In sum, failure to forgive unconditionally poses health risks and appears to be life threatening.

In contrast to psychological health, relatively few studies on forgiveness and family relationships include indices of physical health and research on patient samples is conspicuous by its absence. In the absence of a body of research on diagnosed psychological or physical disorders in the literature on forgiveness and family relationships, caution should be used in generalizing observations made in this chapter to clinical populations.

Dimensions of Forgiveness in Family Relationships

Although the conceptualization and measurement of forgiveness are discussed elsewhere (see Chaps. 1 and 3), there are particular dimensions of forgiveness that require mention in the context of family relationships. Forgiveness has been most frequently characterized in terms of a motivational change in which resentment, anger, retaliatory impulses, and so forth are overcome. But is this decrease in

unforgiveness sufficient in the context of ongoing family relationships? It is a logical error to infer the presence of the positive (e.g., health, forgiveness) from the absence of the negative (e.g., illness, unforgiveness). Therefore, it bears noting that equally fundamental to forgiveness is “an attitude of real goodwill towards the offender as a person” (Holmgren, 1993), and this is especially relevant to ongoing relationships, such as those that occur in a family. Although this benevolence dimension is not entirely absent from general research on forgiveness (e.g., TRIM-18; McCullough, Root, & Cohen, 2006), concerns about measuring forgiveness adequately in close relationships has led to development of relationship specific measures (e.g., The Marital Offence Forgiveness Scale; Paleari, Regalia, & Fincham, 2009). There is even some evidence to show that positive and negative dimensions of forgiveness have different correlates in family relationships. For example, unforgiveness but not forgiveness, was associated with spousal aggression (Fincham & Beach, 2002) and with partner reports of marital satisfaction (Paleari et al., 2009). Moreover, wives’ forgiveness predicted husbands’ reports of conflict resolution 12 months later whereas neither spouse’s unforgiveness predicted later partner reports (Fincham, Beach & Davila, 2007).

Forgiveness can also be conceptualized at different levels of specificity: as a trait, as a tendency toward a specific relationship partner, and as an offense-specific response (see McCullough, Hoyt, & Rachal, 2000). Trait forgiveness, or forgivingness, occurs across relationships, offenses and situations whereas the tendency to forgive a particular relationship partner, sometimes referred to as dyadic forgiveness (Fincham, Hall, & Beach, 2006), is the tendency to forgive him or her across multiple offenses. Finally, offense-specific forgiveness is defined as a single act of forgiveness for a specific offense within a particular interpersonal context. Associations among these levels of forgiveness is modest at best (e.g., Allemand, Amberg, Zimprich, & Fincham, 2007; Eaton, Struthers, & Santelli, 2006). In fact, Paleari et al. (2009) found that both positive and negative dimensions of forgiveness were more strongly related to relationship variables than to trait forgivingness, arguing that “relational characteristics may be more important in understanding forgiveness of interpersonal transgressions in close relationships than a global disposition to forgive” (Paleari et al., 2009, p. 205).

It can thus be argued that forgiveness in families most likely serves a purpose that is linked to the nature and functioning of the family relationship involved. For example, the operation of forgiveness should depend greatly on whether it occurs between two spouses, a parent and a child, two similarly aged siblings, parent and adult offspring and so on because each involves different roles and serves different psychological needs. For example, an evolutionary perspective suggests that avoidance engendered by unforgiveness should lead to less parental care in the parent–child relationship, causing unforgiving parents to have a decreased chance of gene replication (Trivers, 1985). This reproductive disadvantage alone suggests that forgiveness is different in the parent–child relationship from forgiveness in relationships between parents. Karremans and Van Lange (2009) have similarly argued, and provided supportive data, for the view that forgiveness becomes part of the mental representation of a relationship, and it follows that forgiveness may be

AQ2

AQ3

represented differently in different relationships. Attempts to examine forgiveness across different family relationships are limited but, as will be seen, they do support the above argument.

Theoretical/Conceptual Models of the Forgiveness-Health Connection in Families

Conceptual work on the forgiveness-health connection specifically in the context of families is lacking. This is hardly surprising given the relatively recent emergence of focused research on the forgiveness-health connection more generally. Indeed, after reviewing extant research relating to physical health, Harris and Thoresen (2005, p. 331) concluded, “we can reasonably hypothesize, yet not conclude, that chronic and intense unforgiveness are health risks.” The need for conceptual development is particularly acute as evidenced in reviews of relevant literature (e.g., Worthington, Witvliet, Pietrini & Miller, 2007) where inferences made are sometimes quite tenuous and conclusions drawn often lack theoretical integration.

The above observations underline the importance of work by Witvliet and McCullough (2007) and McCullough, Root, Tabak, and Witvliet (2009) that examines potential pathways by which forgiveness may influence health. This work emphasizes the role of forgiveness in emotion regulation and the reduction of negative coping behaviors (e.g., substance use) that influence health. It may well be that the mechanism linking forgiveness and health is the stress response and physiological evidence documents a clear link between forgiveness and indices of stress (e.g., Lawler, Younger, Piferi, & Jones, 2000; McCullough et al., 2007; Witvliet, Ludwig & Van Der Laan, 2001). Lacking in these analyses, though, is consideration of how relationship functioning fits into the picture. Consider the two patterns of physiological arousal that have been associated with long-term health risk—sustained or chronic elevation of physiological processes and their acute reactivity to situational stressors such as partner transgressions. Poor quality relationships may make it harder to forgive the partner thereby facilitating chronic physiological arousal. In a similar vein, poor quality marital relationships are characterized by heightened reactivity to negative partner behavior (see Fincham, 2003). Indeed in low quality relationships merely imagining a typical interaction with the partner increases stress hormone levels (Berry & Worthington, 2001). In light of these observations, it is not surprising that poor marital quality is an important prognosticator of the occurrence of the metabolic syndrome, a cluster of risk factors for cardiovascular disease (Troxel, Matthews, Gallo, & Huller, 2005).

In short, a stress-and-coping framework wherein forgiveness ameliorates chronic (and possibly acute) stress responses to a transgression is likely to be helpful in understanding how forgiveness may impact health (see Worthington & Scherer, 2004). It is hypothesized that in such a framework the nature of the transgressor-victim relationship will be pivotal. Specifically, the nature of the relationship is

hypothesized to moderate the link; there is likely to be a stronger relationship 147
between unforgiveness and health in lower quality relationships than high quality 148
ones. Whether the positive dimension of forgiveness will operate similarly is open 149
to question. Fincham (2000) points out that the behaviors associated with the 150
positive dimension of forgiveness do not have a unique topography and instead they 151
simply comprise anything that reflects “an attitude of real goodwill.” In contrast, 152
unforgiveness is more readily identified as a cluster of negative emotions and 153
motivations that include vengeance, resentment, bitterness, anger, fear, avoidance 154
and rumination initiated by a transgression. It is little wonder, then, that it is 155
unforgiveness that has typically been related to health outcomes. 156

Empirical Evidence of Forgiveness and Health in Families 157

As noted, forgiveness can be distinguished from unforgiveness, and both are viewed 158
as important in ongoing relationships such as those found in families. It is posited 159
that forgiveness and reduced unforgiveness may both be related to health outcomes 160
indirectly by facilitating healthy relationships; however direct relationships to health 161
outcomes may also exist. Each of these possibilities is now considered. 162

**Is Forgiveness Associated with Relationship Properties Known to Increase 163
Health Risk?** Relationship quality is widely accepted as the final common pathway 164
that leads couples and families to seek help. Not surprisingly, it has been a focus 165
of research on forgiveness in family contexts. An association exists between both 166
forgiveness and unforgiveness and marital quality (see Fincham, 2010; Fincham et 167
al., 2006), with some indication of a more robust relationship for unforgiveness 168
(Gordon, Hughes, Tomczik, Dixon & Litzinge, 2009).¹ Longitudinal evidence 169
suggests that marital quality predicts later forgiveness and that forgiveness also 170
predicts later marital satisfaction (Fincham & Beach, 2007; Paleari et al., 2005). 171
Turning to mechanisms that might account for the association, Fincham et al. (2004) 172
suggested that unresolved transgressions may spill over into future conflicts and, in 173
turn, impede their resolution, thereby putting the couple at risk for developing the 174
negative cycle of interaction that characterizes distressed marriages. This would pro- 175
vide a mechanism that links forgiveness and relationship satisfaction and is further 176
supported by the finding that forgiveness predicts behavioral responses to partner 177
transgressions (Fincham, 2000). Indeed, unforgiveness predicts partner reported 178
acts of psychological aggression in marriage whereas forgiveness predicts partner 179
reports of constructive communication (Fincham & Beach, 2002). There is also 180
some evidence that trust mediates the forgiveness-marital satisfaction association 181
in the case of both positive and negative forgiveness dimensions (Gordon et al., 182

¹Many studies do not use separate measures of forgiveness and unforgiveness. Instead, they use a single unidimensional measure that comprises both types of items. For ease of presentation the word forgiveness is used in describing results from these studies.

2009). Finally, Schumann (2012) provides evidence to suggest that partners with
higher relationship satisfaction are more forgiving as they tend to view apologies
offered by the transgressor as more sincere.

Finkel, Rusbult, Kumashiro, and Hannon (2002) argue, however, that forgiveness
in relationships is driven by the intent to persist in a relationship or commitment.
They provide experimental data to support this view and there is no doubt a strong
relationship between commitment and forgiveness (see Karremans & Van Lange,
2008). However, Tsang, McCullough, and Fincham (2006) offered longitudinal
evidence that forgiveness also promotes increases in commitment. Braithwaite,
Selby, and Fincham (2011) specifically examined commitment and satisfaction
together in examining the mechanism(s) linking forgiveness and relationship sat-
isfaction. They found that conflict mediated the association between forgiveness
and later relationship satisfaction independently of commitment and initial levels of
relationship satisfaction. Their study also showed that behavioral regulation of rela-
tionship relevant behavior mediated the temporal association between forgiveness
and relationship satisfaction.

In a similar vein, the quality of parent-child relationships was related to
adolescent forgiving of parents, which, in turn, was associated with decreased
parent-adolescent conflict (Paleari, Fincham, & Regalia, 2003). Maio, Thomas,
Fincham, and Carnelley (2008) showed that forgiveness in families is specifically
related to aspects of the relationship with the transgressor and not with other family
members. However, they did show that higher forgiveness among family members
correlated with a more positive experience of the family environment. Cross lagged
analyses of longitudinal data also showed that child and mother forgiveness of the
father predicted greater family expressiveness and less family conflict 12 months
later; whereas child and father forgiveness of the mother predicted later family
expressiveness and cohesiveness. Forgiveness of the child did not predict later
family functioning. Importantly, these family level variables did not predict later
forgiveness.

Hoyt, Fincham, McCullough, Maio, and Davila (2005) used the social relations
model to examine variation within families in who tends to forgive (forgivingness)
and who tends to be forgiven by others (forgivability). In doing so, they were able
to partition variance into actor, partner, and relationship effects. The constellation
of these effects varied across family relationships. However, relationship effects for
both forgivingness and forgivability were consistently predicted by the degree of
conflict present in the relationship. In a second study, they also found that trust
significantly predicted the variance in forgivingness attributable to the relationship
in the mother-father and mother-child relationships. Interestingly, relationship
closeness was unrelated to variance in forgivingness and forgivability uniquely
reflected in the relationship effects.

Finally, it has been found that in emerging adults forgiveness measures either
fully or partially mediated associations between both parent-child relationship
quality and interparental conflict and offspring psychological distress (Toussaint
& Jorgensen, 2008). Coop Gordon et al. (2009) also found effects involving

interparental conflict in that husbands and wives' unforgiveness (but not forgiveness) 227
predicted 11–16 year olds reports of interparental conflict properties. 228

It is possible to continue in this vein and document further aspects of rela- 229
tionships related to forgivingness (only Hoyt et al., 2005, studied forgiveness). 230
However, there is no need to do so, as it is readily apparent that forgivingness 231
likely influences relationship health and vice versa. And relationships, especially 232
in the family, can impact mental and physical health. We can thus conclude that 233
forgiveness in family relationships is no doubt associated indirectly with health. 234
This leaves us with the question of whether there is a direct relationship between 235
forgiveness of family members and psychological and physical health. 236

Is There a Direct Association Between Forgiveness of Family Members 237
and Health? In regard to the question just posed, a particular problem arises 238
in relationship research, especially the marital research literature. This literature 239
is strewn with studies in which constructs merely act as proxies for relationship 240
quality, often giving rise to tautologies (see Fincham & Bradbury, 1987). As a 241
result, Fincham et al. (2004) proposed the surplus value test whereby it is necessary 242
to show that constructs do more than capture variance in commonly used measures 243
of relationship quality. Absent such a requirement, forgiveness may simply function 244
as a proxy index of relationship quality. They went on to show that forgiveness 245
did pass this test in their studies. The importance of this test is emphasized by a 246
finding obtained by Coop Gordon et al. (2009). They showed that both husband and 247
wife unforgiveness strongly predicted the parenting alliance between spouses but 248
that when marital satisfaction was added to the model the unforgiveness-parenting 249
alliance became nonsignificant (i.e., unforgiveness was acting as a proxy for marital 250
satisfaction in that particular link). However, forgiveness remained a significant 251
predictor of parenting alliance in the full model. So in terms of predicting parenting 252
alliance, unforgiveness did not pass the surplus value test but forgiveness did. 253
Unfortunately, the surplus value test is not routinely applied in marital and family 254
research. 255

A further problem in addressing our question stems from the fact that forgiveness 256
research in family contexts rarely sets out to investigate issues of health per se. 257
Nonetheless some data exist that are relevant to our question. As these data are 258
often collected in the context of other endeavors, such as developing a new measure 259
of forgiveness, they do not allow us to address the important question of whether 260
forgiveness is related to health outcomes net of the characteristics of the relationship 261
context in which it occurs. Most of the relevant data concern mental health but there 262
are a few studies that examine indices relevant to physical health. Each is briefly 263
reviewed. 264

More data exist on depressive symptoms and forgiveness in families than perhaps 265
any other variable. There is a robust inverse relationship between depressive 266
symptoms and forgiveness in marriage (e.g., Kachadourian, Fincham, & Davila, 267
2004). Paleari et al. (2009) showed that this association held for both unforgiveness 268
and forgiveness and for both husbands and wives. A similar forgiveness-depression 269
association was found with 12–16 year old children's forgiveness of a parent, but 270

not, as might be expected, for parent forgiveness of the child (Maio et al., 2008). That may be because evolutionary considerations as well as social norms regarding forgiveness of children, should lead to parents forgiving children regardless of parents' depressive symptoms.

In many studies of forgiveness, trait level forgivingness is studied. However, the evidence reviewed thus far suggests that general trait forgivingness ignores the importance of relationship context for understanding forgiveness. This is true for also understanding any health correlate and is supported by data reported by Karremans, Van Lange, Ouwerkerk, and Kluwer (2003, Study 4). They found that general forgiveness and partner forgiveness were only moderately correlated and that for both men and women spouse-specific forgiveness was more strongly correlated with a measure of life satisfaction than was general forgiveness. In a sample of emerging adults who self-identified as Christian, Toussaint and Jorgensen (2008) found that trait forgivingness as well as forgiveness of a wrong perpetrated by the mother and one by the father were negatively related to an overall measure of psychological distress. Although they did not test for differences involving dyadic forgiveness versus trait forgiveness, tests conducted for this chapter using the correlations they reported showed that they did not differ.

Finally, relevant evidence regarding psychological health is provided by a growing literature on forgiveness intervention studies (see Worthington & Jennings, 2010, for a review). In this literature, there is evidence to show that forgiveness interventions have led to decreased psychological symptoms and in some studies increased relationship satisfaction. Unfortunately, this literature includes numerous studies that use small sample sizes and are therefore underpowered. Nonetheless, consistency with the findings reviewed earlier is worthy of note.

Data regarding physical health is limited to three studies. Berry and Worthington (2001) found that a composite measure comprising forgiveness, unforgiveness and trait anger that they labeled 'forgiving personality' was related to cortisol reactivity to imagined interaction with the partner. However, this association was reduced to a nonsignificant level when relationship quality was considered (the surplus value test). Although forgiving personality was also related to a self-report measure of physical health (SF-36 Health Survey), their findings must be viewed with considerable caution as this study used an extreme groups design and there is no indication that correlations were computed within groups and then averaged in conducting the regression analyses reviewed here. Without computing correlations within extreme groups and then averaging them, the correlation found can be spurious and simply reflect the sampling of extreme groups. It is thus possible that the associations reported are an artifact of the design used. The remaining two studies examine the marital and parent-child relationships, respectively.

Hannon, Finkel, Kumashiro, and Rusbult (2012) examined whether conciliatory behavior—viewed as a proxy for forgiveness when displayed by the victim and amends when displayed by the perpetrator—during discussion of an unresolved marital transgression predicted blood pressure 40 min after the discussion. When examining dyadic data it is important to recognize that the data provided by each partner are not independent and therefore violate an important assumption of most

statistical tests. As a result, specialized procedures have been developed that allow actor (intrapersonal) and partner (interpersonal) effects to be computed. Hannon et al. (2012) used one of these, the actor-partner interdependence model, to analyze their data. They found that victim, but not perpetrator, conciliatory behavior was inversely related to own and spouse's diastolic and systolic blood pressure. This finding remained when both relationship commitment and trait forgiveness were controlled and were altered only slightly when transgression severity and betrayal resolution were also controlled. Two observations are relevant in evaluating these findings. First, there is the question of whether the study measured something different from positive and negative interaction behavior (both types were used to assess conciliatory behavior) as there is a robust literature showing the link between such behaviors and health outcomes. Second, the absence of a baseline measure of blood pressure is problematic as are the nature of some of the tasks performed in the 40 min after the discussion (e.g., ego-depletion task). Notwithstanding such concerns, the results of the study are intriguing.

Turning to the parent-child relationship, Lawler-Row, Hyatt-Edwards, Wuench, and Karremans (2011) examined the relationships among attachment, forgiveness, and health. Premised, in part, on the view that insecure attachment is associated with stress and cardiovascular predictors of poorer health, these authors suggested that, "...focusing on the role of forgiveness in maintaining meaningful and satisfying relationships may prove to be a more fruitful explanatory concept than anger for understanding the link between forgiveness and health" (p. 171). They showed that forgiveness was inversely related to self-reported health problems and that forgiveness mediated the relation between insecure attachment and health. Moreover, both state forgiveness and trait forgiveness were related to heart rate and heart rate reactivity in response to and recovery from a stressor, a recalled hurt by one or both parents. Systolic blood pressure similarly showed reactivity to stress in that, for women but not men, a higher forgiveness group showed lower systolic blood pressure than a lower forgiveness group. An important concern in evaluating these findings is that they may be sample-specific given that groups were formed by a median split (which arbitrarily defines "high" versus "low").

Limitations of Existing Work on Forgiveness in the Family Context and Health

The modest size of the literature on forgiveness and families limits the conclusions that can be drawn about forgiveness of family members and health. Most notable is the paucity of research on health outcomes in a family context. Nonetheless, there is strong evidence that forgiveness in families is associated with important relationship characteristics. These characteristics (e.g., relationship quality, relationship conflict) have, in turn, been shown to predict both psychological and physical health outcomes. Consequently, we can infer that forgiveness is indirectly related to health via its impact on relationships. But we also know that relationship quality predicts later forgiveness and in this case, forgiveness might mediate the association between relationships and health. This said, it is still important to emphasize that we are making inferences here, albeit reasonable ones, and that these inferences need to be the subject of research.

More direct evidence comes from examining direct relationships between forgiveness in family relationships and health. Here the evidence is somewhat scattered in that few studies set out specifically to examine this relationship. The very few studies that have done so represent a beginning but, as noted in describing them, each is subject to important limitations. These include use of correlational analyses in an extreme-groups design, use of median splits to form groups that may render results sample specific, and failure to control important variables that influence physiological functioning. For example, hemodynamic functioning follows a circadian rhythm, yet none of the studies control for time of day in data collection. Moreover, there is little evidence that forgiveness is related to health outcomes independently of the quality of the relationship between the family member who perpetrates the wrong and the family member victim.

Conclusions Notwithstanding the above limitations, several reasonable conclusions can be drawn. First, forgiveness of family members differs as a function of the relationship involved. In particular, forgiveness in parent–child relationships is quite different in that parent forgiveness of children has a strong evolutionary basis and is socially normative. Second, forgiveness impacts and is impacted by the quality of the relationship between the transgressor and victim, and it is well established that the quality of family relationships is associated with health outcomes. Thus, it seems that forgiveness, at a minimum, is indirectly related to health because of its impact on characteristics of the relationship. Third, there is a direct association between forgiveness of family members and psychological health, especially depressive symptoms. Fourth, research on forgiveness of family members and physical health is beginning, but it is too early to draw any conclusions in this regard. However, it seems likely that forgiveness of family members is related to physiological indices of stress.

Agenda for Future Research on Forgiveness in Families

It follows from the preceding observations that the first order of business for future research is to explicitly set out to investigate health outcomes of forgiveness in family relationships. In doing so, it is important for the field also to be cognizant of potential adverse effects of forgiveness. McNulty (2010), for example, has found that more forgiving spouses experienced stable or growing levels of psychological and physical aggression over the first 5 years of marriage, whereas less forgiving spouses experienced declines in partner transgression (see McNulty & Fincham, 2012, for further data and discussion). And, psychological and physical aggression are linked to poorer health.

Also central to this new endeavor is the need to expand the focus beyond that of the victim and to gather data on health outcomes for perpetrators. Causing harm to a family member has the potential to have a deleterious effect on the perpetrator and points to the potential role of self-forgiveness in family relationships. The impor-

tance of this topic is emphasized by a recent study that showed for both husbands and wives, transgressors were more satisfied with their marriages to the extent that they engaged in less self-unforgiveness and more self-forgiveness, whereas victimized partners were more satisfied with the relationship when the offending partner displayed less self-unforgiveness; more transgressor self-forgiveness was unrelated to their perceived relationship quality (Pelucci, Regalia, Paleari, & Fincham, *in press*).

Consideration of both self-forgiveness and forgiveness of the other in family relationships highlights an important feature of family and, indeed, all ongoing relationships. In such relationships partners tend to be, simultaneously or alternatively, perpetrators and victims of transgressions. The imperfection of each partner necessarily gives rise to a history of hurts in a relationship.

This has several important implications for future research. First, and at the most fundamental level, is the need for clarity on what is forgiven. It is possible to consider forgiveness in regard to a hurtful relationship, as well as in regard to specific hurts. Forgiveness of a hurtful relationship is likely what was at issue in the finding that women at a domestic violence shelter who were more forgiving, reported being more likely to return to their abusive partners (Gordon, Burton, & Porter, 2004). It is hard to imagine anything but an inverse relationship between forgiveness and future health in such circumstances. Second, relationship partners are likely to develop a sense of how frequently they forgive their partner for transgressions and how frequently their partner forgives them. This can lead to feeling inequity, or imbalance (feeling underbenefited or overbenefited), when it comes to forgiveness. In the only study investigating the consequences of imbalance between giving and receiving forgiveness in marriage, it was found that among wives inequity in marital forgiveness predicted a decrease in personal and relational subjective well-being over a 6-month period (Paleari, Regalia, & Fincham, 2011). Finally, such findings make clear that the history of forgiveness in the family relationship studied is likely to be important for understanding the association between forgiveness and health in that relationship.

Perhaps the most obvious need for future research is to study patient populations—both those with acute physical disorders and those with intractable disorders. This is critical for providing a more complete understanding of the forgiveness-health association and opens up a number of new issues. For example, does unforgiveness and with it potential rumination lead to poorer treatment adherence, and under what conditions might it do so? Similarly, it is important to document how forgiveness and unforgiveness with a family member, especially one who assumes the role of care-giver impacts recovery from an illness and, where recovery is not possible (e.g., spinal cord injury), adaptation to the health condition. In these circumstances it is not only forgiveness by the patient but also by the care-giver that is likely to be important, especially when forgiveness is relevant to the burden imposed by the illness.

Implications for Health Enhancement, Medicine, Integrative Treatment

442

443

In considering the implications of forgiveness in families it behooves us to remember that forgiveness is a motivated behavior. And like all motivated behavior it can arise from good and bad motives. Thus forgiveness can be used strategically to manipulate others, to put them down and so on. Under such circumstances forgiveness can be quite harmful. However, if the outward expressions of forgiveness truly reflect internal motivations, it is safe to conclude that forgiveness plays an important salutary role in amicable family relationships and that this role promotes health both directly and indirectly by repairing the relationship. This is perhaps most poignantly captured by the philosopher Boleyn-Fitzgerald's (2002) observation that forgiveness is "arguably the most important virtue for controlling anger" (p. 483). Acute anger can impact health, especially when accompanied by physical violence, and the adverse impact of chronic anger on health is well known.

However, it is worth noting the qualifier "amicable" in the above statement. There is now evidence that the impact of expressing forgiveness can be moderated by context. As McNulty's (2008) work shows, expressing forgiveness in the context of on-going conflictual relationships predicts lower satisfaction in newlyweds over the first year of marriage and perhaps indirectly leads to poorer health. McFarland, Smith, Toussaint, and Thomas (2012) found that the relationship between forgiveness and health was negative for people who lived in more dilapidated or run-down conditions and positive for those who lived in more affluent conditions. They concluded that "... forgiveness was beneficial in some settings but had a deleterious impact in more noxious environments" (p. 66). Although the referent in their case was neighborhoods, the conclusion is equally applicable to relationships. Some relationships are simply not healthy and should be terminated. There is nothing inconsistent in simultaneously ending such relationships and engaging in forgiveness of the partner. Indeed, both ending the relationship and forgiving the partner is likely to yield the best health outcome.

Assuming forgiveness is prudent and safe, it may be the preferred option and one that promotes mental and physical health. In this case it is advantageous to recognize that forgiveness is a process that takes time. It is not achieved immediately, a circumstance that can lead to problems when the offending spouse takes a partner's statement of forgiveness ("I forgive you") literally rather than as a promissory note ("I am trying to forgive you"). Thus, when hurt feelings regarding a transgression arise after a statement of forgiveness, the offending partner may experience confusion or anger if he or she believes that the matter had been previously resolved. The temptation to equate forgiveness with a specific act at a specific point in time (usually now) is strong. Accordingly, both transgressor and victim need to be mindful of the temporal dimension of forgiveness and that resurfacing of feelings associated with the initial transgression at a later time is normal and does not negate the forgiveness process.

It remains to note again the growing literature on forgiveness interventions in family contexts (Worthington & Jennings, 2010). Given the difficulty of doing experimental work in this area, intervention studies have the potential to provide much needed information on mechanisms involved in forgiveness. To date, however, this potential remains largely untapped because the dismantling of these multicomponent interventions to determine the active ingredients for changing forgiveness is notably absent. To realize more fully their potential to advance understanding of forgiveness in family relationships and health, intervention studies, like more general research, also need to include assessments of both relationship characteristics relevant to health as well as measures of psychological and physical health.

To conclude, forgiveness in the family context holds considerable potential for understanding, and ultimately improving, both mental and physical health. Whether this potential is realized will depend on the emergence of methodologically sound, programmatic work linking forgiving in family relationships and health. The observations offered in this chapter represent an attempt to shape a future in which the above mentioned potential is realized.

References

Amato, P. (2010). Research on divorce: Continuing trends and new developments. *Journal of Marriage and Family*, 72, 650–666.

Beach, S. R. H., & Whisman, M. (2012). Relationship distress: Impact on mental illness, physical health, children, and family economics. In S. R. H. Beach, R. Heyman, A. Smith Slep, & H. Foran (Eds.), *Family problems and family violence* (pp. 91–100). New York, NY: Springer.

Berry, J. W., & Worthington, E. L. (2001). Forgiveness, relationship quality, stress while imagining relationship events, and physical and mental health. *Journal of Counseling Psychology*, 4, 447–455.

Bolyn-Fitzgerald, P. (2002). What should “forgiveness” mean? *The Journal of Values Inquiry*, 36, 483–498.

Braithwaite, S., Selby, E., & Fincham, F. D. (2011). Forgiveness and relationship satisfaction: Mediating mechanisms. *Journal of Family Psychology*, 25, 551–559.

Fincham, F. D. (2000). The kiss of the porcupines: From attributing responsibility to forgiving. *Personal Relationships*, 7, 1–23.

Fincham, F. D. (2003). Marital conflict: Correlates, structure and context. *Current Directions in Psychological Science*, 12, 23–27.

Fincham, F. D. (2010). Forgiveness: Integral to a science of close relationships? In M. Mikulincer & P. Shaver (Eds.), *Prosocial motives, emotions, and behavior: The better angels of our nature* (pp. 347–365). Washington, D.C: American Psychological Association.

Fincham, F. D., & Beach, S. R. H. (2002). Forgiveness in marriage: Implications for psychological aggression and constructive communication. *Personal Relationships*, 9, 239–251.

Fincham, F. D., & Beach, S. R. H. (2007). Forgiveness and marital quality: Precursor or consequence in well-established relationships. *Journal of Positive Psychology*, 2, 260–268.

Fincham, F. D., & Beach, S. R. H. (2010). Marriage in the new millennium: A decade in review. *Journal of Marriage and Family*, 72, 630–649.

Fincham, F. D., Beach, S. R. H., & Davila, J. (2004). Forgiveness and conflict resolution in marriage. *Journal of Family Psychology*, 18, 72–81.

AQ4
AQ5
AQ6

- Fincham, F. D., Beach, S. R. H., & Davila, J. (2007). Longitudinal relations between forgiveness and conflict resolution in marriage. *Journal of Family Psychology, 21*, 542–545. 529
530
- Fincham, F. D., & Bradbury, T. N. (1987). The assessment of marital quality: A reevaluation. *Journal of Marriage and the Family, 49*, 797–809. 531
532
- Fincham, F. D., Hall, J., & Beach, S. R. H. (2006). Forgiveness in marriage: Current status and future directions. *Family Relations, 55*, 415–427. 533
534
- Finkel, E. J., Rusbult, C. E., Kumashiro, M., & Hannon, P. A. (2002). Dealing with betrayal in close relationships: Does commitment promote forgiveness? *Journal of Personality and Social Psychology, 82*, 956–974. 535
536
537
- Friedberg, J. P., Sonia, S., & Srinivas, V. S. (2007). Relationship between forgiveness and psychological and physiological indices in cardiac patients. *International Journal of Behavioral Medicine, 16*, 205–211. 538
539
540
- Gordon, K. C., Burton, S., & Porter, L. (2004). Predicting the intentions of women in domestic violence shelters to return to partners: Does forgiveness play a role? *Journal of Family Psychology, 18*, 331–338. 541
542
543
- Gordon, K. C., Hughes, F. M., Tomcik, N. D., Dixon, L. J., & Litzinger, S. C. (2009). Widening spheres of impact: The role of forgiveness in marital and family functioning. *Journal of Family Psychology, 23*, 1–13. 544
545
546
- Hannon, P. A., Finkel, E. J., Kumashiro, M., & Rusbult, C. E. (2012). The soothing effects of forgiveness on victims' and perpetrators' blood pressure. *Personal Relationships, 19*, 279–289. 547
548
- Harris, A. H. S., & Thoresen, C. E. (2005). Forgiveness, unforgiveness, health and disease. In E. L. Worthington Jr. (Ed.), *Handbook of forgiveness* (pp. 321–334). New York, NY: Brunner-Routledge. 549
550
551
- Holmgren, M. R. (1993). Forgiveness and the intrinsic value of persons. *American Philosophical Quarterly, 30*, 342–352. 552
553
- Hoyt, W. T., Fincham, F. D., McCullough, M. E., Maio, G., & Davila, J. (2005). Responses to interpersonal transgressions in families: Forgivingness, forgiveness, and relationship-specific effects. *Journal of Personality and Social Psychology, 89*, 375–394. 554
555
556
- Kachadourian, L. K., Fincham, F. D., & Davila, J. (2004). The tendency to forgive in dating and married couples: Association with attachment and relationship satisfaction. *Personal Relationships, 11*, 373–393. 557
558
559
- Karremans, J. C., & Van Lange, P. A. M. (2008). Forgiveness in personal relationships: Its malleability and powerful consequences. *European Review of Social Psychology, 19*, 202–241. 560
561
- Karremans, J. C., Van Lange, P. A. M., Ouwerkerk, J. W., & Kluwer, E. S. (2003). When forgiveness enhances psychological well-being: The influence of interpersonal commitment. *Journal of Personality and Social Psychology, 84*, 1011–1026. 562
563
564
- Kiecolt-Glaser, J. K., Loving, T. J., Stowell, J. R., Malarkey, W. B., Lemeshow, S., Dickinson, S. L., & Glaser, R. (2005). Hostile marital interactions, proinflammatory cytokine production, and wound healing. *Archives of General Psychiatry, 62*, 1377–1384. 565
566
567
- Lawler-Row, K. A., Hyatt-Edwards, L., Wuench, K. L., & Karremans, J. C. (2011). Forgiveness and health: The role of attachment. *Personal Relationships, 18*, 170–183. 568
569
- Lawler-Row, K. A., Karremans, J. C., Scott, C., Edlis-Matityahou, M., & Edwards, L. (2008). Forgiveness, physiological reactivity and health: The role of anger. *International Journal of Psychophysiology, 68*, 51–58. 570
571
572
- Maio, G. R., Thomas, G., Fincham, F. D., & Carnelley, K. (2008). Unraveling the role of forgiveness in family relationships. *Journal of Personality and Social Psychology, 94*, 307–319. 573
574
575
- Mc Nulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist, 67*, 101–110. 576
577
- McCullough, M. E., Hoyt, W. T., & Rachal, K. C. (2000). What we know (and need to know) about assessing forgiveness constructs. In M. McCullough, K. I. Pargament, & C. E. Thoresen (Eds.), *Forgiveness: Theory, research and practice* (pp. 65–90). New York, NY: Guilford. 578
579
580

AQ7

AQ8

McCullough, M. E., Root, L. M., & Cohen, A. D. (2006). Writing about the benefits of an interpersonal transgression facilitates forgiveness. *Journal of Consulting and Clinical Psychology, 74*, 887–897. 581-583

McCullough, M. E., Root, L. M., Tabak, B., & Witvliet, C. V. O. (2009). Forgiveness. In S. J. Lopez (Ed.), *Handbook of positive psychology* (2nd ed., pp. 427–435). New York, NY: Oxford. 584-585

McFarland, M. J., Smith, C. A., Toussaint, L., & Thomas, P. A. (2012). Forgiveness of others and health: Do race and neighborhood matter? *Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 67*, 66–75. 586-588

McNulty, J. K. (2008). Forgiveness in marriage: Putting the benefits into context. *Journal of Family Psychology, 22*, 171–175. 589-590

McNulty, J. K. (2010). Forgiveness increases the likelihood of subsequent partner transgressions in marriage. *Journal of Family Psychology, 24*, 787–790. 591-592

Paleari, F. G., Regalia, C., & Fincham, F. D. (2003). Adolescents' willingness to forgive parents: An empirical model. *Parenting: Science and Practice, 3*, 155–174. 593-594

Paleari, F. G., Regalia, C., & Fincham, F. D. (2009). Measuring offence-specific forgiveness in marriage: The Marital Offence-Specific Forgiveness Scale (MOFS). *Psychological Assessment, 21*, 194–209. 595-597

Pelucci, S., Regalia, C., Paleari, F. G., & Fincham, F. D. (in press). Self-forgiveness in romantic relationships: It matters to both of us. *Journal of Family Psychology*. 598-599

Quillen, R. (2008). In J. H. Moore (Ed.), *The voice of small town America: The selected writings of Robert Quillen, 1920–1948*. Columbia, SC: University of South Carolina Press. 600-601

Rhoades, K. A. (2008). Children's responses to interparental conflict: A meta-analysis of their associations with child adjustment. *Child Development, 79*, 1942–1956. 602-603

Toussaint, L., & Cheadle, A. C. D. (2009). Unforgiveness and the broken heart: Unforgiving tendencies, problems due to unforgiveness, and 12-month prevalence of cardiovascular health conditions. In M. T. Evans & E. D. Walker (Eds.), *Religion and psychology*. New York, NY: Nova. 604-606

Toussaint, L., & Jorgensen, K. M. (2008). Inter-parental conflict, parent-child relationship quality, and adjustment in Christian adolescents: Forgiveness as a mediating variable. *Journal of Psychology and Christianity, 27*, 337–346. 608-610

Toussaint, L. L., Owen, A. D., & Cheadle, A. C. D. (2012). Forgive to live: Forgiveness, health, and longevity. *Journal of Behavioral Medicine, 35*, 375–386. 611-612

Trivers, R. (1985). *Social evolution*. Menlo Park, CA: Benjamin/Cummings. 613

Troxel, W. M., & Matthews, K. A. (2004). What are the costs of marital conflict and dissolution to children's physical health? *Clinical Child and Family Psychology Review, 7*, 29–57. 614-615

Troxel, W. M., Matthews, K. A., Gallo, L. C., & Huller, L. H. (2005). Marital quality and occurrence of the metabolic syndrome in women. *Archives of Internal Medicine, 165*, 1022–1027. 616-618

Tsang, J. A., McCullough, M. E., & Fincham, F. D. (2006). Forgiveness and the psychological dimension of reconciliation: A longitudinal analysis. *Journal of Social and Clinical Psychology, 25*, 404–442. 619-621

Whisman, M. A. (2007). Marital distress and *DSM-IV* psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology, 116*, 638–643. 622-623

Witvliet, C. V. O., Ludwig, T. E., & Vander Laan, K. L. (2001). Granting forgiveness or harboring grudges: Implications for emotion, physiology, and health. *Psychological Science, 121*, 117–123. 624-626

Witvliet, C. V. O., & McCullough, M. E. (2007). Forgiveness and health: A review and theoretical exploration of emotion pathways. In S. G. Post (Ed.), *The science of altruism and health* (pp. 259–276). New York, NY: Oxford Press. 627-629

Worthington, E. L., Jr., & Jennings, D. J. (2010). Interventions to promote forgiveness in couple and family context: Conceptualization, review, and analysis. *Journal of Psychology and Theology, 38*, 231–245. 630-632

- Worthington, E. L., Jr., & Scherer, M. (2004). Forgiveness as an emotion focused coping strategy that can reduce health risks and promote health resilience: Theory, review and hypotheses. *Psychology and Health, 19*, 385–405. 633
634
635
- Worthington, E. L., Jr., Witvliet, C. V. O., Pietrini, P., & Miller, A. J. (2007). Forgiveness, health and wellbeing: A review of evidence for emotional versus decisional forgiveness, dispositional forgivingness, and reduced unforgiveness. *Journal of Behavioral Medicine, 30*, 291–302. 636
637
638

UNCORRECTED PROOF

AUTHOR QUERIES

- AQ1. Please confirm the affiliation details.
- AQ2. The citation Fincham et al. (2005), Kachadourian et al. (2005), Lawler-Row et al. (2012) have been changed to Fincham et al. (2006), Kachadourian et al. (2004), Lawler-Row et al. (2011) respectively, as per the Reference list. Please confirm whether appropriate.
- AQ3. Please provide details for the citation Allemand et al. (2007), Eaton et al. (2006), Karremans and Van Lange (2009), Lawler et al. (2000), McCullough et al. (2007), Paleari et al. (2005, 2011), Schumann (2012) in the reference list.
- AQ4. Please cite Troxel and Matthews (2004) in the text.
- AQ5. The references Holmgren (1993) are one and the same. So the repeated references have been deleted. Please check.
- AQ6. Please confirm the inserted page range for Beach and Whisman (2012).
- AQ7. Please provide complete details for Pelucci et al. (in press).
- AQ8. Please provide chapter title for Quillen (2008).