

## Forgiveness Therapy: A Clinical Intervention for Chronic Disease

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Published online: 24 February 2010  
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**Abstract** Every year, chronic illnesses result in significant costs, disability and deaths. Efforts to understand the causes, treatments and management possibilities for chronic illnesses are ongoing. Some chronic conditions, including addictions, obesity, mental health circumstances, COPD and cirrhosis, have been identified as health conditions with social and interpersonal etiologies. Recent research documents that these conditions are related to adverse early life experience; treatment and prevention of these chronic conditions remains challenging. Concurrent research investigating forgiveness interventions has been reported in the counseling therapy literature, which may have enormous personal and public health impact.

**Keywords** Chronic illness · Forgiveness · Adverse childhood experiences

Chronic illnesses are responsible for a significant portion of US medical care expenses and are the leading causes of disability and death in the United States (National Center for Chronic Disease Prevention and Health Promotion 2009). The investigation of chronic disease etiology, treatment and management continues. A number of chronic health conditions (such as addictions, obesity, mental health circumstances, COPD, cirrhosis, etc.) have been identified as health conditions with social and interpersonal etiologies and consequences. Newer insights are positing that these conditions have their origins in early life experience, rather than in adult habits and behaviors. Treatment and prevention of these chronic conditions remains challenging. Recent research findings in the counseling therapy literature investigating forgiveness interventions offer important insights for management and treatment of these conditions. In addition, juxtaposing these findings with the documented epidemiology and physiology of these chronic conditions urges the redirection of existing preventive health resources to reduce suffering and expenses that accompany these conditions.

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## Emerging Chronic Disease Insights

Current medical research presents an emerging understanding of chronic diseases in adults (Shonkoff et al. 2009). In fact, the seminal project in this research, the ACES study, documented that early experiences with one or more types of adversity (see Table 1) result in shortened life spans due to chronic illnesses, mental health challenges, and social dysfunction (Edwards et al. 2003; Felitti 1998).

These studies (from the ACES Study) and many that have followed it (Caspi et al. 2006; Dong et al. 2004; Hills et al. 2004; Horwitz et al. 2001; Shilling et al. 2007) have consistently detailed relationships between early adverse experiences and later health outcomes. Consequently, additional clinical and basic science research projects have been designed to address how childhood adversity becomes a part of a person's biology with these lifelong health consequences (Shonkoff et al. 2009). To date, the exact mechanisms that connect the experiences of adversity and specific health outcomes are still being identified, but research results suggest two specific hypotheses (Shonkoff et al. 2009). First, it is suggested that adversity is a stressor (biological and psychological) that accumulates over time, and the body's resulting biological burden becomes toxic. The second hypothesis is that when adversity occurs at particularly sensitive developmental periods (including before birth), it becomes incorporated into the person's brain and physiology.

The chronic stress hypothesis is supported with several findings. Those people who live with depression and a history of maltreatment have an upregulation of their inflammatory response, compared to those with no history of maltreatment (Danese et al. 2007). A second study has documented that the stress management systems (e.g., stress hormones, heart rate, blood pressure, flight/fear readiness) that are controlled by the brains in those with history of adversity are dysregulated, compared to non-exposed adults (McEwen 1998, 2000). These studies suggest that chronic exposure to childhood adversity with its heightened stress, results in physiologic "weathering" (Geronimus 1992). These changes are hypothesized to be biologically exhausting and have been shown to result in shortened life spans (Geronimus et al. 2006).

The second explanation for the impact of early adversity on adult health is that the difficult events associated with the adversity occurred at a developmentally sensitive time, and thus became imprinted in the person's brain and biology. The data supporting this hypothesis are primarily from studies that describe how early deficiencies or maltreatment

**Table 1** Identified early adverse experiences

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Personally experiencing

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Childhood sexual abuse

Growing up in a household

4. Where someone was in prison
  5. Where the mother was treated violently
  6. With an alcoholic or a drug user
  7. Where someone was chronically depressed, mentally ill or suicidal
  8. Where at least one biological parent was lost to the patient during childhood, regardless of the cause
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From the adverse childhood experiences program of research, Vincent Felitti original principal investigator (Felitti 1998)

results in changed immune reactivity in adulthood. This immunological change is known to impact development of heart disease, diabetes, asthma and chronic lung disease (Danese et al. 2007).

Complementing these studies is the developing brain sciences research that images the brain to reveal which parts are impacted by particular circumstances and how experiences change the brain at developmentally sensitive times during childhood. Neuroimaging has been used to document relationships between chronic stress from adversity with diabetes, major depression, blood pressure responses and PTSD; these studies have revealed changes in both brain activity due to the stress and in brain anatomy, assumed to be the result of the chronic stress (Shonkoff et al. 2009). Current research is investigating the impact of adversity on early brain development (Shonkoff et al. 2009).

The consistency of this emerging medical science indicates that adverse personal, social and interpersonal experiences, especially when they occur early in life, can result in physical and psychological difficulties in adulthood. In fact, these difficulties can become part of the body's physiology and result in shortened life spans. Before these individuals die at younger ages, they also suffer with chronic ailments.

### Forgiveness in Health Settings

A separate area of health research is investigating forgiveness interventions in patient care. Both psychologists and pastoral counselors use therapeutic forgiveness interventions in serving clients living with psycho-social dysfunctions due to destructive relationships. In secular settings, forgiveness is a therapeutic option, with or without the religious overtones (depending on the client's faith orientation and the therapist's training) (Harris et al. 1999; Post and Wade 2009). Pastoral counselors interpret life experience using a pastoral theological method (Patton 2001), where client experience is discussed and understood in a Christian context. In either setting, forgiveness therapy is recognized as a powerful method of breaking cycles of hostility, anger and hatred (Borris 2003).

Recently, a consensus has emerged in the psychological literature that recognizes forgiveness as a desired goal of therapy in therapeutic settings; it is not the intervention used in working toward the outcome (Wade et al. 2008). In order for forgiveness to be accomplished in clinical settings, two steps must be realized: the client must (1) eliminate the 'unforgiveness' they are experiencing (the negative or uncomfortable feelings, thoughts and behaviors associated with a particular offense) and then (2) experience an increase in positive reactions and emotions (i.e., compassion) (Wade et al. 2008). Both steps are critical in achieving the goal of forgiveness and are independent of reconciliation with the offender (Enright and Fitzgibbons 2000; Wade et al. 2008).

There are two separate levels or types of a forgiveness experience that have been described (Enright and Fitzgibbons 2000). (1) *Decisional forgiveness* is the experience of granting forgiveness without eliminating the emotion. In these settings, some resentment may continue. This type of forgiveness involves a purely cognitive model where the therapist works with the client for one hour (one time) to make a decision to forgive a person who has hurt them (McCullough and Worthington 1995). This process can reduce hostility and eventually change behavior. Empirical research has shown, however, that this approach is marginally effective in improving a client's stress levels or emotional health (Baskin and Enright 2004; Worthington et al. 2007). (2) *Emotional forgiveness* is forgiveness that includes changes in emotion and motivation toward the offender. Emotional forgiveness overcomes 'unforgiveness' (begrudging, resentful, angry, hateful and bitter

emotions) and in turn offers opportunity for healing. The clinical process recognized as most effective in achieving emotional forgiveness is the process-based intervention proposed by Enright in 2000 (Enright and Fitzgibbons 2000). Individually delivered therapy that accomplishes Enright's four phases (Uncovering, Deciding, Working and Deepening) over twenty encounters is clearly most effective (Lundahl et al. 2008). Clinicians interested to learn about this method and receive training are directed to Enright and Fitzgibbon's book (Enright and Fitzgibbons 2000) and/or to the American Psychological Association's website: <http://www.apa.org/pubs/videos/4310706.aspx> (American Psychological Association 2010).

It should be noted that forgiveness treatment is recognized as a paradoxical treatment, in that

...as an individual lets go of his or her feelings of anger, hatred or the need for revenge, it is they [sic] who are healed. By accepting and coming to terms with what took place, those who can see the situation from a perspective of understanding and compassion can lay the past to rest and experience inner peace (Borris 2003, p. 6).

Through increasing self-knowledge and self-acceptance in therapy, clients can grow in understanding and compassion and become prepared to extend forgiveness to another who has harmed them. Accomplishing emotional forgiveness transforms the person from a victim who is still controlled by the offender into an independent participant in life.

Reports regarding the effectiveness of forgiveness interventions with clients who live with chronic suffering have been published. Specific reports have included a meta-analysis of the efficacy of forgiveness interventions (Lundahl et al. 2008; Wade et al. 2005), as well as specific documentation of its impact on people struggling with intergenerational pain (Murray 2002), sexual abuse (Walton 2005) and incest (Freedman and Enright 1996), chronic back pain (Carson et al. 2005), parental deprivation and abortion guilt (Enright and Coyle 1998). Additional studies have been published (Worthington et al. 2005), including some that indicate that emotional forgiveness can be achieved using a variety of therapeutic interventions (where differing interventions were equally successful) (Wade et al. 2009), although a recent meta-analysis clearly documents that the Enright and Fitzgibbons model is significantly more effective than any other model (Lundahl et al. 2008).

### The Physiology of Forgiveness

The psychological benefits of the forgiveness interventions include letting go of the continuing unforgiveness and embracing an alternate, positive orientation to life where the perpetrator no longer controls the client's responses to the world. Recent studies in the forgiveness scholarship have begun to document the physiologic changes that accompany emotional forgiveness, revealing the broader health benefits that accompany this emotional and spiritual transformation (Lawler et al. 2005). Reviews of the relationships between forgiveness, unforgiveness, health and disease have been summarized (Harris and Thoresen 2005), with hypotheses proposed to explain what physiologic changes would be expected with forgiveness (Worthington and Sherer 2004). The studies have investigated how forgiveness interventions impact the physiological markers of the chronic stress and hostility resulting from the clients' adverse experiences.

To date, evidence has documented the impact of forgiveness and unforgiveness on a body and health in several ways: hormone patterns, peripheral physiologic measures and brain function as revealed in images and scans.

Over an extended period of time, unforgiveness can be experienced as negative emotions that result in a cascade of biological and brain responses. Findings about the body's hormone response to unforgiveness reveal that unforgiveness is reflected in specific cortisol levels, adrenaline production and cytokine balance (Worthington et al. 2005) with patterns that parallel those reported in people living with high stress. These hormone patterns are known to compromise the immune system (Berry and Worthington 2001; Seybold et al. 2001) with the long-term consequence of leading to several identified chronic illnesses (Danese et al. 2007).

The physiology of the body's autonomic and sympathetic responses in people who have accomplished emotional forgiveness have also been compared to those of others who have continuing unforgiveness. Forgiveness reportedly results in beneficial physiologic changes, including lower heart rate, increased rate of cardiovascular recovery, reduced resting blood pressure, less EMG tension and reduced skin conductance (Witvliet et al. 2001, 2007). Each of these physiologic markers (that also indicate heightened stress) are neutralized with forgiveness.

Forgiveness has also been documented to impact the structure and function of the brain. Specific areas of the brain are active with forgivability judgments (Farrow and Woodruff 2005; Farrow et al. 2001; Newberg and deMarici 2001) which in turn is reflected in the body's response to its environment. The portion of the brain especially involved in forgivability is the left frontal cortex (Farrow and Woodruff 2005; Farrow et al. 2001). These studies may hold keys to understanding the relationship between forgiveness and the brain's biochemical vulnerability to adversity.

## Discussion

The analysis presented here has reviewed (1) the emerging medical science that explains many of the chronic health burdens of adults as a consequence of interpersonal injuries; (2) the definitions of forgiveness therapy that has been adapted into therapeutic practices; and (3) the physiologic (as well as psychological and social) impact of accomplishing emotional forgiveness in settings of adverse experiences. This review demonstrates the connection between these heretofore unrelated areas of research and suggests a remarkable range of implied next steps for research, practice and prevention.

The thesis of this review is that this recent scholarship documents that chronic diseases that accompany experiences of early adverse life events can be approached and treated using the forgiveness intervention, achieving significant personal health impact. These findings suggest that experiencing forgiveness has biological benefits. In fact, this careful review of emerging science implies there may be life-changing healing available through forgiveness and that the true potential of this intervention can have broad public health impact as well, both in resolution of adverse experience and in its prevention. Nonetheless, these are early observations, and considerable caution is needed in advancing this thesis.

The preliminary studies on the physiology of forgiveness certainly suggest that emotional forgiveness may address the continuing physical burden that can accompany childhood adversity. Based on these suggestive findings, psychologists, family therapists, physicians and public health practitioners can work collaboratively to address their patients' health concerns.

In addition, sophisticated and controlled research projects are needed to further evaluate these emerging insights. Collaborative research projects involving multiple disciplines are needed to document the relationship between forgiveness and personal health issues in

patients' experience. A collaborative forgiveness-focused approach may effectively benefit patients living with the burdens of unforgiveness. As these collaborations evolve, the research that reports its findings, challenges and new possibilities will provide insights for the next set of applied research questions.

It will also be important to consider two related issues in these future investigations. The observed and documented power of forgiveness interventions have been carefully designed to remain largely independent of religious insights and variables; future research will need to address questions at the intersection of forgiveness and religion (Worthington 2005). Also, the work to date (and presented here) has focused on achieving interpersonal forgiveness, rather than forgiving one's self (guilt); the theory and research in these areas have not yet developed. Future projects will need to build that investigation into the process as well (Harris et al. 2007).

A few cautions for these next steps are to be acknowledged. Skilled therapists must be among those doing this research and applying the psychological and spiritual interventions with the goal of achieving emotional forgiveness. Therapeutic skill is essential. In addition, ethical issues related to the role of religion and faith in the therapist's and the client's participation in this intervention must be clearly acknowledged and managed; it is possible to further victimize a client with a forgiveness intervention. Remembering that forgiveness is an internal healing on the part of the client can help guide and maintain safety (Wade et al. 2008). Forgiveness is fully independent from reconciliation with a perpetrator and separate from any decision to repair or return to a relationship.

## Conclusions

The research presented here confirms the role of forgiveness therapy with people who live with chronic health consequences of early adverse experiences. Specifically, the review and analysis presented here suggests a future collaboration in clinical and research settings to assess the extent to which forgiveness therapies can heal the burdensome consequences of early adverse experience. It is now evident that these interventions may have an enormous personal and public health impact in treatment of the consequences of these early experiences.

In addition, the specific public health implications of early adverse experiences causing adult chronic health conditions demands changes in our preventive focus as well. Efforts known to create healthy homes and relationships for young families, such as the home-visiting program developed by Olds and colleagues (Donelan-McCall et al. 2009) need to be supported and expanded, and others must be tested to learn how we can create healthy beginnings for our children.

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