
THE COGNITIVE AND EMOTIVE USES OF FORGIVENESS IN THE TREATMENT OF ANGER

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This article presents the cognitive and emotive uses of forgiveness as a psychotherapeutic technique which enables patients to release anger without inflicting harm on others. The benefits, process, and preventive uses of forgiveness in psychotherapy as well as obstacles encountered to relinquishing anger are discussed.

The treatment of anger is one of the most important areas in psychotherapy, and its management is essential for both the emotional well-being of the individual and for the good of society. The number of reports (U.S. Department of Justice, 1981) on the increased expression of anger and violence against children, teachers, spouses, and others indicates that significant numbers of people in our society do not know how to deal appropriately with their anger.

When anger develops, there are three mechanisms available for dealing with this emotion. These are denial, expression, and forgiveness; that is, the surrender of one's desire for revenge.

Nature of Anger

Anger is a strong feeling of displeasure and antagonism aroused by a sense of injury or wrong. In Schimmel's (1979) historical analysis, the subjective feelings of the angry person include the pain of the injury as well as pleasure at the expectation of revenge and of letting off steam. Anger is a natural response to the failure of others to meet one's needs for love, praise, and acceptance, and it is experienced daily in the home, school, community, and place of employment. Anger begins in early childhood in relationships with loved ones and later extends to relationships with significant others, particularly those in whom one wants to invest trust.

The experience of anger leads to a desire for revenge which does not diminish until the existence of the anger is recognized and subsequently released. Without this recognition and release, the anger will be displaced onto others years or even decades later. Anger is not fully resolved until a conscious decision is made to let go of the desire for revenge or to forgive.

Many experts view the expression of anger as the best way to deal with that emotion (Freud, 1963; Janov, 1970; Perls, 1969; Rubin, 1970). Others (Ellis, 1976; Lazarus 1976; Novaca, 1975) advocate alternative ways to resolve or eliminate anger. Although the expression of anger is important at times, when solely relied on for relief from anger, it has limited value because mere words or behaviors cannot make up for the depth of anger which has been denied in significant relationships from childhood and adolescence. Neither does the expression of anger result in a true sense of justice nor in freedom from the desire for revenge. The excessive expression of anger can separate spouses by making

them even more angry or aggressive with one another (Straus, 1974), adversely affect children (Gardner, 1971), increase guilt and shame (Horowitz, 1981; Lerner, 1985), reinforce inappropriate ways of relating (Tavris, 1984), ruin friendships, and aggravate psychosomatic illness.

Forgiveness

Forgiveness, according to *Webster's Ninth New Collegiate Dictionary*, is a process of ceasing to feel resentment against someone or to pardon someone. The process usually begins, after the therapist has analyzed the origins of the patient's pain, as an intellectual exercise in which the patient makes a decision to forgive. At the same time the patient attempts to understand those who have inflicted the hurt. Emotional forgiveness, that is, when one truly feels like forgiving another, is normally preceded by a significant amount of time and energy spent in intellectual forgiveness.

Forgiveness was advocated for the control of anger by Greek and Roman philosophers, particularly Plutarch (1939) and Seneca (1958). Recently it has been recommended for the treatment of Borderline Personality Disorder (Wolberg, 1973). Forgiveness, however, has not been widely suggested for the treatment of anger by mental health professionals because it has overly identified with religious ritual. Members of the clergy regularly recommended the use of forgiveness in this way (Smedes, 1984). For the therapist, however, forgiveness is used more correctly as an intellectual or emotional decision to part with anger.

Forgiveness is a powerful therapeutic intervention which frees people from their anger and from the guilt which is often a result of unconscious anger. Forgiveness 1) helps individuals forget the painful experiences of their past and frees them from the subtle control of individuals and events of the past; 2) facilitates the reconciliation of relationships more than the expression of anger; and 3) decreases the likelihood that anger will be misdirected in later loving relationships and lessens the fear of being punished because of unconscious violent impulses. Forgiveness frees others from their guilt, expedites, the resolution of depressive episodes, and leads to a decrease in anxiety as anger is released. It improves the ability to express anger appropriately, as the degree of repressed anger diminishes and resolves many of the physical illnesses caused by anger (Barefoot *et al.*, 1983; Dembroski *et al.*, 1985; Diamond, 1982; Madow, 1972; Shekelle *et al.*, 1983; Smith *et al.*, 1984).

Understanding

Forgiveness is possible through a process of attempting to understand the emotional development of those who have inflicted the pain. As this occurs, there is growing awareness that the behavior of many individuals can be attributed to their emotional scars, that significant others have loved as much as they were capable of loving, and that rarely was the pain deliberately inflicted. Also, the process of forgiveness enhances the ability to understand other's behavior because anger decreases.

Forgiveness Exercise

As early as the first session, a cognitive forgiveness exercise is recommended in which the patient is asked to spend time each day trying to let

go of anger from present or past hurts. Often the forgiveness exercise is recommended in relationships which the patient has either limited or no conscious awareness of the presence of anger. If indicated by the history, the patient may be asked to forgive loved ones daily for ways in which they may not have met certain needs, such as being praised, loved, or held. Patients may have to spend weeks or months thinking of themselves as children, adolescents, or adults forgiving loved ones for specific disappointments.

Because of the pattern of excessive denial of anger from childhood, patients incorporate a time specificity in dealing with anger from present hurts; that is, they reflect on who may have disappointed them during the morning, afternoon, and evening. They then attempt to give up their anger or desire for revenge. This does not entail going to others and informing them that one is working at releasing anger against them.

At the time of the next session these daily exercises, relating to both past and present relationships, are reviewed in a manner similar to which cognitive exercises are examined after being assigned (Beck, 1976) and problem areas or obstacles are discussed. As some patients forgive in significant relationships from the past and present, they come to realize how much they have been hurt and then find themselves temporarily unable to continue the process. For a period of time they want to own and experience the previously denied anger before releasing it.

For most patients, forgiveness continues for some time as an intellectual process, assisted by the therapist, in which patients do not truly feel like forgiving. They do, however, because of the benefits derived from it. Others have difficulty believing that they are forgiving if it is only an intellectual decision. This applies particularly to those who want to feel the forgiveness. These patients will experience emotional relief, but they will feel like forgiving only after they have come to a deeper understanding of those who hurt them. This may take months or years and, in the meanwhile, intellectual forgiveness is effective.

Some have been hurt so deeply that they cannot use the word forgiveness, because it implies, that those who have injured them will never be accountable for their misdeeds. These people are more comfortable stating that they are willing to let go of their desire for revenge, because it will ease their pain and help them forget.

For those with violent impulses, releasing their rage can be facilitated by a process which begins with the physical expression of anger in a manner in which others will not be hurt; for example, using a punching bag, breaking nonvaluable objects, or doing strenuous exercises, and is followed immediately by cognitive exercises aimed at relinquishing their desire for revenge. Also, relief from violent impulses is felt when patients imagine expressing these impulses and then attempt to let go of their desire for revenge. This is very effective in the treatment of those who have violent impulses as a result of being scapegoated regularly in the home, school, job, or community.

Due to the reports of increasing acts of violence within our society, the therapist will find value exploring the depths of anger in all significant relationships by asking specifically if violent impulses, hatred, or a death wish have been entertained. He might also ascertain the presence of violent impulses

through forgiveness exercises or through the reenactment of painful life experiences.

As the patients begin to use forgiveness exercises regularly, they feel relief from anger with those discussed in the therapy session, but often there are associations to past experiences in which they were hurt in a similar way. In this regard, forgiveness is a powerful therapeutic mechanism to make the unconscious conscious. However, as this occurs patients may feel irritable, angry, or sad. Then they will need to decide whether they want to give up anger from these past hurts.

Reenactment

In addition to the exercise of forgiveness, the resolution of anger is facilitated by reenacting to try to express aloud their disappointment and anger. Then they try to release this anger by verbalizing their desire to forgive others or themselves.

These psychodrama techniques (Moreno, 1965) are helpful when denial is very strong, particularly from childhood experiences with loved ones, when excessive displacement of anger onto the therapist or significant others occur, when anger is expressed primarily in a passive-aggressive fashion, or when there are obstacles to the exercise of forgiveness.

When the patient is unable to express his or her disappointment and anger in reenacting past traumas, the therapist has the option of playing the role of the patient and verbalizing what the patient is unable to express.

Process of Forgiveness

In the initial stages of the process of forgiveness, the patient's anger is often misdirected at the therapist as a defense against facing the inflicted pain. In the borderline, sociopathic, hysteric (Spalt, 1980) and other patients with significant anger, it may be necessary to develop a therapeutic contract in which the patient agrees to work on forgiveness exercises daily in relationships indicated by the therapist, if therapy is to continue. The inappropriate expression of anger at the therapist does not benefit anyone and simply delays the resolution of the patient's pain.

The next resistance encountered occurs when patients excessively and exclusively blame those closest to him for his anger. This is especially the case when there has been childhood emotional trauma with parents. This resistance can be worked through by helping the patient understand the degree to which his emotional needs were not met by his parents and then by exploring the common ways in which masked anger with parents is misdirected through childhood, adolescence, and adult life.

Patients are expected to be able to identify a number of areas in which they felt disappointment with each parent and to spend time forgiving their parents at different developmental stages. Although there is resistance to this initially, it is a basic aspect of the forgiveness process. This is specifically useful in treating couples where denied anger is regularly misdirected from the past into the present, especially when rejection or insensitivity is perceived. In such cases, patients are asked, when excessively angry with their partners, to first try to forgive the most emotionally insensitive parent, and only then to express their disappointment or anger.

Some feel guilty because it takes so long to let go of anger and feel forgiveness. Others become guilty because they find themselves at a point in time completely unable to give up their anger. Patients also experience guilt as anger emerges with loved ones who have sacrificed for them or struggled with serious family problems, but this diminishes as the anger is legitimized.

As patients forgive, a number of other phenomena may occur. These include: an awareness of the person with whom one is really angry, the recognition that years of expressing anger have not freed the individual from the desire for revenge, greater freedom to express anger appropriately, a desire to go to others and ask their forgiveness, relief from emotional pain, and more energy since there is no longer the need to control angry impulses.

There are specific indicators that one has made progress in forgiveness. These include a decreased feeling of anger, a lessening of anxiety, a feeling of compassion or pity for those who have inflicted the hurt, and a greater acceptance of one's past hurts. Finally, as the past has less and less control over the present, there is greater freedom in loving relationships.

If the patient is forgiving a particular individual and the anger is not decreasing, this may indicate an unconscious association with someone else from the past who hurt them in a similar way or a misplacement of their anger. Also, patience may be needed because of the degree of anger which is present or it may be necessary for a period of time to avoid the person one is trying to forgive.

When there have been severe traumas early in life, such as the loss of a parent, the therapist must proceed gently and cautiously, and limit the time spent forgiving because of the profound pain which may enter consciousness.

Obstacles to Forgiveness

The obstacles to forgiveness within the family include: no parental modeling for this process, the inability of loved ones to admit they are wrong and need to be forgiven, and family members who continue to disappoint regularly in the same manner.

Another obstacle is the refusal of patients to acknowledge that they have denied anger. This is often coupled with expressed indignation at the therapist for suggesting that there may have been emotional pain or problems in their families.

Misconceptions about the nature of anger block the release of this emotion. These include the belief that one's strength comes from anger and that anger is an emotion which is experienced only in the extreme, as manifested in yelling or violence and that the absence of these blatant manifestations precludes the presence of anger.

Misconceptions of forgiveness include the beliefs that forgiveness occurs quickly and that one therefore need not spend much time on it, that forgiving precludes the expression of anger, and that the process holds more benefit for the one forgiven than for oneself.

The benefits of anger for some outweigh the advantages of giving up their anger because this emotion is used as an unconscious defense against the depth of disappointment in relationships. As long as the individual is angry, he or she is able to ward off the underlying sadness which gave rise to the anger. Some patients are able to do this for many years.

Anger is also used to defend against feelings of inadequacy and fear (Sullivan, 1956) and to protect one from becoming vulnerable in loving relationships, since anger tends to keep others at a distance. Many people are willing to forgive only when they have to allow themselves to be vulnerable to an insensitive person.

Other advantages to holding onto anger that patients report include: anger makes them feel alive; it forms a bond to a former loved one and prevents the feeling of emptiness; it gives them a power to control others; revenge is a sign of strength and intelligence, while forgiveness indicates weakness; anger gets them the attention they want and projects a strong image (Novaca, 1976). Patients who have no desire to truly be healthy or who derive benefit from self-pity or the sick role will not forgive.

The emotions that lead to the denial of anger are the same as those that become obstacles to forgiveness. The most significant of these emotions are guilt or a sense of betraying loved ones, particularly parents, and sadness. Because of the latter, some individuals who are aware that forgiving will lead them into the truth of disappointments in relationships, will not forgive until they have loving and trusting relationships which, they believe, will ease the pain that may arise with forgiveness.

Preventive Uses of Forgiveness

Forgiveness is helpful prior to marriage or to beginning a new loving relationship because it minimizes the danger of misdirected anger from previous relationships. Here the focus is on the parent who was most emotionally insensitive and on significant others one has loved or been vulnerable to regularly from childhood. Also, the practice of forgiveness later in the day toward individuals one has dealt with in work, school, and the home will decrease the likelihood that anger will be misdirected later in the home.

Teachers have used forgiveness exercises with their students at the beginning of class for anger which may be brought from the home or community. The release of this anger facilitates the learning process and decreases acting-out behavior in the classroom.

Ethnic, religious, and racial groups have been divided by anger for many centuries, and this anger is passed from one generation to the next. This anger can be eliminated through the regular use of forgiveness with those one has been taught to dislike or hate.

Limitations of Forgiveness

There are a number of life experiences in which the process of forgiveness is particularly arduous and lengthy. These include abandonment by loved ones, severe alcoholism, rape or incest, the experience of being victimized by years of economic injustice, prolonged insensitivity by a parent or spouse, and loved ones who are extremely selfish.

Finally, significant numbers of individuals want revenge and enjoy the expression of anger, as attested to by the increasing acts of violence in our society and world. Mental health professionals are in a unique and significant position to help individuals relinquish their anger without inflicting harm on others through the use of forgiveness.

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