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## Anger and the Healing Power of Forgiveness: A Psychiatrist's View

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Robert Enright and his associates in the Department of Educational Psychology at the University of Wisconsin–Madison have continued to make a significant contribution to the mental health field by their pioneering work in forgiveness studies. Forgiveness as a powerful psychotherapeutic tool has received little attention among mental health professionals because it has been viewed primarily within the domain of theology. In a previous article on the subject (Fitzgibbons 1986), I attempted to clarify the meaning of forgiveness and how it can be used effectively as a cognitive and emotive psychotherapeutic technique to diminish excessive anger in a number of clinical disorders.

For over twenty years in a very active practice of psychiatry I have studied the nature and degree of excessive anger in children, adolescents, and adults and have used forgiveness extensively and successfully to resolve hostile feelings and vengeful thinking. The psychotherapeutic uses of forgiveness have resulted in a significant diminishment in the emotional, mental, and physical suffering in our clients and have contributed to successful reconciliations in a variety of relationships. I am excited and enthusiastic about its use in numerous disorders, and I am also aware of its limitations. From this clinical background I will respond to three central questions: (1) What is interpersonal forgiveness? (2) Can we devise a model to help people to forgive? (3) What are the psychological outcomes for those who forgive? I will conclude with a few suggestions for research in the future.

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### The Nature of Anger

Before addressing the first question it is important to examine in some detail the powerful and complex emotion of anger, which forgiveness can be used to address. An understanding of the nature and manifestations of anger is

essential if forgiveness is to be used appropriately. Anger is a strong feeling of displeasure and antagonism aroused by a sense of injury or wrong. Soon after a hurt or disappointment, this emotion occurs and is closely associated with a degree of sadness from the hurt. In Schimmel's (1979) historical analysis, the subjective feelings of the angry person include the pain of injury (sadness, fear, damage to self-esteem), as well as a certain pleasure at the expectation of revenge and of venting anger.

Anger develops as a natural response of the failure of others to meet one's needs for love, praise, acceptance, and justice, and it is experienced daily in the home, school, community, and place of employment. Anger begins in early childhood in relationships in the home and later is experienced in the community. Three basic mechanisms are used to deal with this emotion: conscious or unconscious denial; active- or passive-aggression expression; and forgiveness. Denial is the major method of dealing with anger in early childhood. As a result of denial, most people bring into their adult lives significant amounts of unconscious anger from their family of origin. The active expression of anger can be appropriate, excessive, or misdirected. The passive-aggressive expression of anger directs this emotion toward others in a covert manner while the person acts as though he or she is not angry.

The experience of anger leads to a desire for revenge, which does not diminish until the existence of the resentful feelings is recognized and subsequently resolved. Without this recognition and release, anger can be displaced for many years and erupt decades later in loving relationships with significant others. It will not be fully resolved until a conscious decision is made to let go of the desire for revenge and to forgive.

Many mental health professionals have viewed expression as the most appropriate way to deal with this emotion (e.g., see Freud 1963; Janov 1970; Rubin 1970; Novoca 1975; further discussion is in Fitzgibbons 1986). However, in my view, although the appropriate expression of anger is important and healthy, when relied on solely for relief, serious problems can develop because of the degree and strength of unresolved anger from previous disappointments encountered in childhood, adolescence, and adult life. The reenactment of past traumatic events with the expression of anger toward those who inflicted pain does not fully resolve the anger experienced in different life stages, nor does the expression of anger result in a true sense of justice or 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 (Lerner 1985), reinforce inappropriate ways of relating, ruin friendships, and aggravate psychosomatic illness (see Tavris 1984).

## What Is Interpersonal Forgiveness?

North and Enright have given a definition of forgiveness which I endorse and support. I would like to add to it from my clinical experience. I will discuss the first aspect of their definition (the process of relinquishing one's feeling of resentment and thoughts of vengeance) and then the second aspect (the process of fostering compassion, generosity, and even love toward those who have inflicted pain).

Abandoning one's angry feelings and thoughts is not an easy task. Take, for example, the large number (almost 40 percent) of young Americans who do not have their biological fathers at home (Blankenhorn 1995). Most of these youngsters have great difficulty in understanding and forgiving their fathers for the pain of betrayal with which they struggle daily.

Forgiveness works directly on the emotion of anger (and related constructs such as resentment, hostility, or hatred) by diminishing its intensity or level within the mind and heart. Each time it is successfully applied to a disappointing or traumatic life experience with someone, it removes some of the anger from that hurt. Understandably, the more severe the emotional wound, the greater will be the time and effort needed to arrive at a control or resolution of the associated anger. An individual can be helped to move toward forgiveness by concentrating on a specific memory or a long series of painful memories. In the latter case, for example, the person might reflect, "I would like to try to forgive my spouse (or my mother or father) for all the ways in which she (or he) has disappointed me in my life." The process of forgiveness can proceed on one of three levels: cognitive, emotional, or spiritual.

In the process of cognitive forgiveness an individual, after analyzing the origins of his or her pain, makes a decision to forgive, that is, to let go of anger or the desire for revenge. This decision may occur for a variety of reasons. Initially the person may not feel at all like forgiving. Nevertheless, if there is to be progress, the individual requires some motivation. For example, someone may be motivated to relinquish hostile feelings in an attempt to protect a loving relationship from being harmed by misdirected anger from past disappointments in other relationships. Other motivations might involve the desire to overcome a depressive episode or to protect one's job. For most people the forgiveness process begins on this cognitive level and usually remains on that level for a period of time. I call this the *cognitive* level because the person *decides* to forgive, *thinks* it is good to do, but as yet does not feel compassion or love toward the offending one. As the anger level diminishes through regular cognitive forgiveness exercises, the intellect is afflicted less by the negative effects of anger and subsequently

grows in understanding the offender and his or her weaknesses (this is one part of the process, described by North and by Enright and his colleagues as “reframing”).

Emotional forgiveness is that phase of the forgiveness process in which one comes to understand deeply the offender and his life struggles, develops a degree of empathy for the “wounded boy or girl” within the adult, and, as a result, truly feels like forgiving. This level or stage of the process of forgiveness is usually preceded by a significant amount of time in the utilization of cognitive forgiveness exercises. Growth in understanding the weaknesses and life struggles of the offender is the major path which leads to emotional forgiveness. Some clients feel upset or even guilty when this process moves slowly. They may even think that cognitive forgiveness is not really forgiveness at all, because they don’t truly feel like forgiving. Such individuals benefit from encouragement in the recognition that forgiveness is a process with several stages, that it is taking place, and that in time the feelings will follow. A therapist can err by pressuring clients to move too quickly to feel compassion for those who have hurt them and by failing to validate the effectiveness of cognitive forgiveness.

The third approach to the use of forgiveness is spiritual. This approach is used when someone suffers from such severe pain that he or she cannot let go of resentment against the offender either cognitively or emotionally. In utilizing a modification of the Alcoholics Anonymous’ twelve steps, the person tries to reflect: “I am powerless over my anger and want to turn it over to God,” or “Revenge or justice belongs to God,” or “God forgive him, I can’t,” or “God free me from my anger.” Many clients begin the forgiveness journey utilizing this method of relinquishing their anger, especially those who have felt severely betrayed by a parent, spouse, or employer. In the work of forgiveness individuals may find themselves utilizing each of these three approaches for resolving anger from a particular hurt.

The cognitive, emotional, and spiritual approaches to forgiveness in therapy can be employed to resolve anger from past hurts and from present stresses and to protect one in the future from overreacting in resentment. Clients also can use three types of forgiveness exercise for anger control: past forgiveness exercises; immediate forgiveness exercises; and preventive forgiveness exercises. Preventive forgiveness exercises diminish anger and decrease the likelihood that anger will be misdirected at inappropriate situations; at the school, at a loving relationship, or at the home. They can be used with children before going to school and with adults at the beginning of a new relationship, as well as on returning home after work.

The second parts of North’s and Enright and colleagues’ accounts of forgiveness include fostering the (perhaps undeserved) feelings of compassion, generosity, and even love for the person who inflicted the pain. This

is the initial goal for most, but not all, clients. In some cases clients feel so betrayed and angry that they are incapable of understanding or feeling compassion toward their offender. For them, considerable anger needs to be resolved through cognitive forgiveness exercises before they are willing to move on to develop compassion, trust, or love for the offender.

### Limitations of Forgiveness

Forgiveness does not resolve all emotional pain resulting from traumatic life events. In my clinical experience it has helped to diminish the degree of sadness from emotional wounds but has not seemed to heal the hopelessness or despair associated with the severe pain of betrayal experienced by increasing numbers of people of all ages today. Also, forgiveness does not directly address a person's anger resulting from his or her character weakness, such as narcissism, grandiosity, impatience, and the absence of moral values. While it is a very powerful therapeutic tool, it alone cannot bring about a complete resolution of the excessive resentment, hostility, and hatred in our culture.

Unfortunately, forgiveness does not always result in even a neutral stance toward the offender, especially when that offender is unwilling to change his or her behavior. In a marital relationship where someone misdirects unresolved anger with one's parent at a spouse or is unwilling to change narcissistic behavior, it is essential that the victim does not remain vulnerable.

The discussion by Enright and his colleagues of false forgiveness as a way to control and manipulate others is an important contribution to the understanding of forgiveness. Related to false forgiveness is "superficial forgiveness," where individuals claim that they have resolved their anger from specific life hurts when in fact they have barely begun the forgiveness journey. They believe falsely that by simply deciding at a given time to forgive someone that all the anger will be instantly removed from their minds and hearts. Something similar occurs through psychodrama and Gestalt experiences in which people believe that all their anger is resolved simply by giving vent to it.

### Devising a Model to Help People to Forgive

We move on now to the second question which I raised at the start of this chapter, namely, Can we devise a model to help people to forgive? Enright and the Human Development Study Group have developed a very

important and much needed model for the process of forgiveness, with the four phases of “uncovering, decision, work, and outcome.” This model will provide a solid basis for research and dialogue in regard to the specific aspects of the forgiveness process among mental health professionals. Another benefit of the model is that it could be used as a basis for developing educational materials on conflict resolution, which could in turn be used in our schools in the future.

On the basis of extensive clinical experience in the use of forgiveness at all age levels, I will make some additions to the different phases specified by Enright and colleagues.

### Uncovering

In the uncovering phase we regularly discuss the nature of anger, the methods of dealing with this powerful affect, and the many forms which anger takes at various life stages. Correcting misconceptions about anger is important in this phase; they include the views that anger is an emotion which can be resolved only through expressing it and experienced only in the extreme and that the absence of blatant manifestations of anger precludes its presence.

The work of *uncovering* is facilitated by having all clients, regardless of diagnosis, complete at any early visit a questionnaire which allows the client to provide a subjective assessment of his current situation and his handling of feelings of anger. This measure assists client as well as therapist in understanding both the depth of the client’s anger and his or her primary method for dealing with or expressing this emotion. We also might ask a family member to complete a similar anger checklist on the client if excessive anger is clearly a problem or if we suspect that the person is not being honest in the completion of the initial questionnaire. Parents routinely complete a childhood anger checklist when they bring a child into treatment.

In this phase we also explain to clients how they can resolve any anger which they may discover within themselves. Often people are more likely to stop denying their anger if they have an option for dealing with it that does not involve expressing it. Cognitive forgiveness exercises can be employed at this stage on the basis of the person’s symptoms and history. The client may be asked to think about the option of forgiveness and the possibility of letting go of the anger toward an offending person. Initially the client may have no conscious awareness of hurt or anger. Cognitive exercises enable the client to recognize the existence of anger, perhaps previously denied, and so to commence the process of the healing journey. It should be noted

that the relationship in which the greatest degree of denial takes place is that between parent and child (particularly between father and child).

We have learned that if the therapist can share how he or she came to realize the role of anger in his or her personal life and the benefits which accrued from facing and resolving it, the degree of trust in the therapist is often enhanced, so aiding the process of forgiveness therapy. At this early stage clients are expected to identify their deepest disappointments from different life stages and the anger associated with these hurts. It also is anticipated that they will examine ways in which they have misdirected their anger at others who did not deserve it and how this anger injured others.

### Decision b85cee491b27a4a0fa0e38b7ce5b766d ebrary

In the decision phase the numerous advantages of forgiveness are presented as the preferred method for resolving anger. Frequently, successful case histories of others with conflicts are discussed to motivate the client.

Then we explain clearly what forgiveness is and what it is not. If the person's emotional pain and anger are intense, we normally discuss only the initial aspect of forgiveness, that of letting go of one's resentment and desire for revenge. As I said earlier, many people in the initial stage of their healing cannot consider extending compassion, generosity, and love toward those who have hurt them terribly. Such expectations would be asking too much of those who have been severely betrayed. Many will decide to begin the process only after they have been reassured that they do not necessarily have to become vulnerable toward the person whom they are trying to forgive and that forgiving does not preclude expressing anger or pursuing justice. It should be understood, as well, that the resolution of anger with an offender and the investment of trust toward that person are two related but different processes.

For those individuals who are not suffering from severe pain of betrayal, we will explain that, as they work at letting go of their anger, in all likelihood they will come to experience compassion and love toward those who have hurt them. We also explain that forgiveness is possible through a process of attempting to understand the emotional development and life stresses of those who have inflicted the pain. As that process occurs, there is growing awareness that the behavior of many offenders can be attributed to their own emotional scars, and perhaps that they loved as much as they were capable of loving and that the pain they caused was rarely deliberately inflicted. It is then possible to present the methods or stages of forgiveness—cognitive, emotional, and (possibly) spiritual—and the ways in which they differ from one another.

## Work

In the work phase of forgiveness we describe reframing as understanding. For most people forgiveness begins as an intellectual process in which there is no true feeling of forgiveness. As their understanding of the offenders grows, especially the offenders' childhood and adolescent emotional wounds, the offended will experience more compassion and feel like forgiving. While cognitive forgiveness exercises are effective, the process may take considerable time. Our clients are expected to identify a number of areas in which they felt disappointment with each parent and to spend time forgiving the parent at different developmental stages. Although there is resistance to this initially, it is a basic aspect of the forgiveness process. Also, some people discover that they have been hurt so deeply that they cannot use the word *forgiveness*, and these people are more comfortable stating that they are willing to let go of their desire for revenge.

For those with very intense anger, the release of resentment can be facilitated by a process which begins with the physical expression of anger in a manner in which others will not be hurt. This is followed immediately by cognitive forgiveness exercises aimed at letting go of the desire for revenge. Relief from intense anger also may be experienced if the person imagines the expression of hostile feelings or impulses against the offender and then attempts to give up the desire for revenge.

In this stage we regularly review the major obstacles to forgiveness. These include: a lack of parental modeling for this process, significant others who continue to disappoint in a regular manner, and, on a personal basis, narcissism and a compulsive need to control. Also, since anger is often used to defend against feelings of inadequacy and fear, especially the fear of betrayal, many individuals are not able to move ahead with the forgiveness process until their self-esteem and basic ability to trust are enhanced.

When possible the willingness of the offenders to participate in the work phase can be very helpful in the resolution of the client's resentment. Attempts to explain behaviors, requests for forgiveness, and promises to change hurtful actions facilitate forgiveness. The engagement in therapy of fathers who live apart from their children can be extremely helpful in the healing process for many young people. Finally, the absorption of the pain is a very difficult process, because in reality what we may be expecting people to accept is profound sadness, hurt, and the betrayal pain of mistrust.

Although forgiveness diminishes the level of anger, it does not completely heal the wounds of sadness and mistrust. For many who have sustained major loss, only a sense of being loved in a new and special way can enable them to accept the pain. However, a harsh reality may be that some have been betrayed so deeply that they may never be able to absorb the pain

fully. This response to forgiveness is seen regularly in children or young adults who have been emotionally abandoned by their fathers. ←

### Outcome

Enright and others in the Wisconsin group have made a major scientific contribution to the mental health field as a result of their pioneering research in forgiveness studies. Their research findings of decreases in anxiety and depression and improved self-esteem and hope in those who achieve forgiveness are extremely encouraging. They have proved what therapists knew from their clinical work but were unable to demonstrate empirically: Forgiveness has remarkable healing power in the lives of those who utilize it. Major advances will be made in the mental health field because of their work. The research on forgiveness by Robert Enright and his colleagues may be as important to the treatment of emotional and mental disorders as the discovery of sulfa drugs and penicillin have been to the treatment of infectious diseases.

We have seen many additional psychological benefits as a result of the practice of using forgiveness as a therapeutic tool during the last two decades. Significant among them are a decreased level of anger and hostility, increased feelings of love, improved ability to control anger, enhanced capacity to trust, and freedom from the subtle control of individuals and events of the past. Other advantages are a cessation of the repetition of negative parental emotional and behavioral patterns, improved sleep patterns, more confidence in relationships, improved academic and work performance, and a resolution of physical symptoms and illnesses caused by hostility (Barefoot et al. 1983; Shekelle et al. 1983). In addition, there are marked clinical improvements in a variety of psychiatric disorders in all age groups of persons who present a significant degree of anger and hostility. These disorders in children include: oppositional, defiant and disruptive behaviors; separation anxiety; and attention-deficit/hyperactivity disorder. In adolescents these disorders include: acting-out and sociopathic behaviors; substance abuse; and mood and anxiety disorders. Adult disorders include: bipolar, impulse-control, panic, factitious, dissociative, and adjustment disorders (particularly those related to job loss) and paraphilias. Finally, the use of forgiveness seems beneficial in treating those with personality disorders; these include the borderline, antisocial, histrionic, obsessive-compulsive, narcissistic, and paranoid types. Certainly more work must be done to understand more fully the interplay of disruptive symptoms, anger, and forgiveness, but our initial clinical observations are encouraging.

### Choice of Outcome Variables

Enright and his colleagues need not criticize what they may perceive as an overemphasis on self in regard to their outcome variables. Their studies show us how to deal effectively with excessive resentment, anger, and hostility. The studies are extremely important in a world in which many individuals lack the skills to deal appropriately with resentment. Without a doubt the primary function of forgiveness is to help an individual gain control over anger and resolve it in an appropriate manner.

However, the benefits accruing from forgiveness reach far beyond the person doing the forgiving. There is reason to hope that in the near future the members of the Wisconsin group will cast their empirical net in many directions so that other people in the world of the forgiver can be studied, including the one being forgiven. Others in this volume indicate how the process of being forgiven might be experienced by the wrongdoer (see chapters 2, 3, and 4). With the resolution of anger in the life of the forgiver, the negative flow of resentment from this person toward others may decrease significantly. Subsequently, the forgiver's significant others may experience a diminishment in anxiety, muscular tension, and the physical symptoms of stress. Further benefits that might be researched include improved self-esteem, more energy and hope, and a great openness to a closer relationship with the forgiver.

### The Next Ten Years and Beyond

A compelling need exists for the further training of mental health professionals, since the great majority have not received specialized training in the nature and treatment of excessive anger. We hope the work of the International Forgiveness Institute and others will help us support the development of such training.

To identify the implications for the use of forgiveness in therapy, it is necessary to detect the degree to which anger is present in various clinical diagnoses. Although the study of anger is in its infancy, there is evidence that anger is a significant factor in a wide range of clinical disorders. For example, in a study of 127 depressed outpatients at Massachusetts General Hospital (Fava et al. 1993), 44 percent manifested what the researchers referred to as anger attacks. The use of Prozac resulted in a diminution of anger attacks in 71 percent of the patients studied. In another study of 132 women with eating disorders, also conducted by Fava and colleagues (1995), 31 percent reported anger attacks, 4.8 per month on average. These researchers also found that those with eating disorders who have

anger attacks had significantly more depressive symptoms than patients without these attacks. While this research is important, it did not evaluate the full extent of anger in these patients, since passive-aggressive resentment was not measured, a factor which can be significant, especially in those with eating disorders.

Another disorder in children and teenagers in which there is compelling need for anger research is attention-deficit/hyperactivity disorder. Today, the best estimates are that between 1.5 million and 2.5 million children in the United States take Ritalin for this condition. The number of children diagnosed with the condition is rather frightening, since studies show that approximately 25 percent of these youngsters will develop sociopathic personalities as adults. We need to offer these youngsters more than Ritalin and help them understand and resolve their anger without harming others. Perhaps genuine forgiveness may prevent the development of sociopathy in later years. Given the severe problem of excessive anger in our world today, such a premise presents a challenge for the urgent need to grow in understanding the nature of anger and its origins.

Perhaps researchers in the future will work to design psychotherapy research projects in which, for example, the process of forgiveness would be compared with Prozac in the treatment of resentment found in depressive and eating disorders, and with Ritalin in the treatment of the anger in attention-deficit/hyperactivity disorders. Second, researchers might develop evaluative and treatment protocols for excessive anger seen in various disorders included in the *Diagnostic and Statistical Manual of Mental Disorders IV*. Treatment protocols also could be established for certain physical illnesses, such as coronary artery disease, in which hostility plays a major role.

As conclusions are published and information is disseminated, there is every hope that therapists themselves will become more open to examine countertransference issues in the treatment of anger. The personal journey of the therapist in attempting to resolve anger at different life stages will be extremely helpful at various levels. Not least among them will be a greater ability to help others work through areas of resentment.

It is my belief that it is no longer possible to dismiss forgiveness as not having a role in the treatment of mental disorders. Forgiveness, it is hoped, will move into the mainstream of the mental health field, where it has been firmly placed thanks to Enright and his associates. Forgiveness has been defined and its healing power empirically supported. We now can expect that its voice and influence will become stronger and clearer both in academic investigation and in the clinical treatment of people of all ages in the years ahead.

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