

Therapeutic Stages of Forgiveness and Self-Forgiveness

GEORGE A. JACINTO and BEVERLY L. EDWARDS

Department of Social Work, Arkansas State University, State University, Arkansas, USA

This theoretical reflection of the authors' postulates four therapeutic stages of the forgiveness and self-forgiveness process. These discreet stages of therapy are titled: recognition, responsibility, expression, and recreating. The authors' purpose in presenting this reflection is to provide therapists descriptive stages that they can utilize to develop effective interventions for each of the stages of forgiveness or self-forgiveness a caregiver is experiencing. The authors' practice experience and a review of the literature about forgiveness and self-forgiveness led to the development of the four therapeutic stages of forgiveness and self-forgiveness presented. A case example is provided that chronicles the caregiver's experience while working through each of the four therapeutic stages. A discussion of implications for practice and further research questions is presented.

KEYWORDS *Therapeutic stages, forgiveness, self-forgiveness, caregivers, grief, metaphors in therapy*

Forgiveness of other and self-forgiveness are important aspects of the grief process for many people. In the past, forgiveness had been limited to religious teachings and traditions, however in the last quarter of the 20th century, research among mental health practitioners focused on the mental health aspects of forgiveness and self-forgiveness (for example: Worthington, 1998; Zillman & Cantor, 1976; Darby & Schlenker, 1982). When assessing the biopsychosocial, spiritual aspects of clients it is important to assess the person's readiness to work on forgiveness of others and self-forgiveness.

The authors wish to thank Melanie Albert for her work on an earlier version of this manuscript.

Address correspondence to George A. Jacinto, Department of Social Work, Arkansas State University, P.O. Box 2469, State University, AR 72467, USA. E-mail: jacinto@astate.edu

Prior to the current scientific exploration of forgiveness, there was an absence of discussion about the efficacy of forgiveness in the various psychological theories of the early and mid-20th century. Forgiveness and self-forgiveness are common concerns among caregivers with loved ones who have experienced chronic illnesses and died.

Despite the frequency of religious or spiritual concerns raised by clients, Lukoff, Lu, and Turner (1998) cited a survey of psychology internship training directors, and observed that 83% shared that religion and spiritual issues rarely or never occurred in training. A national study by Shafranske and Maloney (1990) revealed that 85% of psychologists responding to a survey reported that they rarely discussed religious or spiritual issues during their training (as cited in Lukoff, Lu, & Turner, 1998). Therefore, the authors' purpose in this article is to: (a) present a review of the literature about forgiveness and self-forgiveness; (b) develop a therapeutic process for assisting clients in working through forgiveness and self-forgiveness; (c) present a case study that illustrates the benefits of the forgiveness and self-forgiveness therapeutic process with the caregiver; and (d) delineate implications for helping professionals.

FORGIVENESS AND RELIGIOUS PERSPECTIVES

For centuries, forgiveness has been the focus of religious teachings and has impacted current empirical research about forgiveness and self-forgiveness. In reviewing Eastern and Middle Eastern religious traditions, the idea of forgiveness is sometimes enfolded into other terms or ways of looking at interpersonal relationships. Eastern religious traditions advocate a way of living, and in the Middle Eastern religious traditions, lists of rules were developed that are the focus of adherents (Jacinto, 2007).

Adherents to various religious traditions have emphasized the importance of forgiveness and the many emotional and spiritual benefits that can significantly change the life of the forgiver (McCullough, Pargament, & Thoresen, 2000; Pargament, 1997). McCullough, Pargament, and Thoresen (2000) reported that in several studies researchers have suggested that people with religious or spiritual belief value forgiveness more than those who do not possess these beliefs (Gorsuch & Hao, 1993; Paloma & Gallup, 1991; Rokeach, 1973; Shoemaker & Bolt, 1977). Religious teachings related to forgiveness are included in these major religious traditions: Hinduism, Buddhism, Judaism, Christianity, and Islam, however the perspectives of the different religious traditions vary in how they address forgiveness. An important aspect of forgiveness is its spiritual dimension. From a spiritual perspective, those who forgive are able to transform their anger and resentment by forgiving others.

ALCOHOLICS ANONYMOUS TEACHINGS ABOUT FORGIVENESS

Beside organized religion, there are other traditions that have emphasized forgiveness. In the 20th century, Bill Wilson, the founder of Alcoholics Anonymous (AA), understood the importance of forgiveness and included the concept of forgiveness as an integral part of the 12-Steps of AA (Alcoholics Anonymous, [AA] 1939/1994). The AA approach to forgiveness is similar to the Eastern religious traditions. The 12-Steps are the description of a way-of-life that members use to remain abstinent from alcohol. AA has addressed self-forgiveness and forgiveness of others in the 12-Step Program. Forgiveness is an integral part of the healing process for alcoholics because it marks the end of carrying resentment, anger, shame, fear, and sadness (Kurtz & Ketchum, 1992). "When attempting to understand forgiveness, one must recognize the importance of personal responsibility for one's actions" (Kurtz & Ketchum, 1992, p. 214). The AA program is holistic in its approach to developing a healthy lifestyle. AA blends the emotional and spiritual aspects of humans with cognitive and behavioral approaches that assist members in becoming sober and staying sober. While AA is a program that uses social support, it incorporates psychology and spirituality in a self-help therapy-like model that leads to wellness. In addition, members are encouraged to find a sponsor who mentors the member to stay sober and work with the 12-Step Program.

SCIENTIFIC STUDY OF FORGIVENESS AND SELF-FORGIVENESS

A reluctance to address forgiveness by mental health practitioners has left fundamental questions of how forgiveness can influence client mental well being and help a client deal with feelings of anxiety, guilt, and fear largely unanswered (McCullough & Worthington, 1994). The scientific study of forgiveness is a recent phenomenon that began in the 1970s (Rokeach, 1973; Shoemaker & Bolt, 1977). Self-forgiveness emerged as a way to understand how individuals work through their own grievances with themselves (Flanagan, 1996; Luskin, 2002; Rutledge, 1997). It was not until the last two decades of the 20th century that researchers began to scientifically explore forgiveness. Worthington (1998) asserted that prior to 1985, there were five studies published where researchers explored forgiveness: Brown (1968); Zillman, Bryant, Cantor and Day (1975); Zillman and Cantor (1976); Axelrod (1980); and Darby and Schlenker (1982). Worthington (1998) suggested that a popular book by Smedes (1984) on the topic captured the imagination of the general public and mental health professionals. Smedes (1984) ideas about healing and forgiveness triggered discussion about the (a) value of

forgiveness in psychotherapy, (b) process of forgiveness, (c) efficacy of forgiveness as part of the healing process, and (d) intervention strategies that help facilitate forgiveness (Worthington, 1998). Key in Smedes (1984) work was the concept of forgiveness, as well as the process by which individuals move from unforgiveness to forgiveness, of others and of self.

The literature about forgiveness offers differing definitions of the term. McCullough, Pargament, and Thoresen (2000) observe that the lack of a consensus about the definition of forgiveness in the scientific community raises a number of issues among studies on the topic. Kurtz and Ketchum (1992) stated, "To forgive, truly forgive, involves letting go of the feeling of resentment and of the vision that underlies that feeling—the vision in which we see ourselves as being offended against, the vision of *self-as-victim*" (p. 222). The important concept in this definition is the viewing the self as a victim. The passive worldview of victimhood allows one to ruminate about resentments and not assertively take responsibility for oneself, which leads to letting go of the resentment.

McCullough, Pargament, and Thoresen (2000) believe that most forgiveness researchers agree with Enright and Coyle's (1998) assertion that:

... forgiveness should be differentiated from 'pardoning' (which is a legal term), 'condoning' (which implies a justification of the offense), 'excusing' (which implies that the offender has a good reason for committing the offense), 'forgetting' (which implies that the memory of the offense has simply decayed or slipped out of conscious awareness), and 'denying' (which implies simply an unwillingness to perceive the harmful injuries that one has incurred). (p. 8)

Luskin (2002) asserted that forgiveness is (a) a skill that can be learned; (b) a benefit to the individual doing the forgiving, not the offender; (c) an opportunity to take control of the situation and reassert personal power; (d) an act that allows the individual to take responsibility for personal feelings; and (e) an opportunity to accept personal healing.

In summary, when using the passive view of self-as-victim, individuals do not take responsibility for the events that occur in their lives. The choice to forgive allows individuals to take personal responsibility and let go of the self-as-victim perspective (Kurtz & Ketchum, 1992). For the purpose of this article, the definition of forgiveness takes into consideration all of the previously discussed definitions. Forgiveness is thus defined as "shedding the self-as-victim belief and asserting personal power that leads to healing for the person choosing to forgive." This decision to take personal responsibility for oneself and forgive the other person leads to an enhanced sense of self-efficacy. The act of forgiveness is the result of an individual giving up resentment and desire for retribution, the choice to cease rumination about being angry and resentful, and choosing to pardon the offending person or persons (Luskin, 2002; Webster's, 1986).

SELF-FORGIVENESS

Self-forgiveness emerged from the literature of forgiveness in the 1990s (Flanagan, 1996; Rutledge, 1997; Schell, 1993). There are few studies where researchers have addressed self-forgiveness in working with clients (Bauer et al., 1992; Halling, 1994; Ingersoll–Dayton & Krause, 2005; Enright & The Developmental Study Group, 1996; Macaskill, Maltby, & Day, 2002; Ross, Kendall, Matterns, Wrobel, & Rye, 2004). There is no common definition accepted by researchers of self-forgiveness (Ingersoll–Dayton & Krause, 2005).

Flanagan (1996) further described *self-forgiveness* as a process that leads to the following results: (a) the belief that you have remitted a debt; (b) the end of self-punishing behavior resulting from allowing one's imperfections to hurt others; (c) the insight that one needs to change, and in changing behavior, you feel better about yourself; and (d) the act of forgiving self allows you to believe in yourself and others again. This process of working toward self-forgiveness may involve one or more of the following feelings: anger, resentment, guilt, shame, self-blame, depression, anxiety, regret, and grief. Upon completion of the self-forgiveness process, the self-forgiving person lets go of those negative emotions toward oneself and replaces them with positive emotions such as empathy, compassion, gentleness, and love of oneself (Berry & Worthington, 2001; Enright, 1996, Luskin, 2002, Rutledge, 1997; Schell, 1993).

The Self-Forgiveness Process

Luskin (2002) suggests that a type of self-forgiveness comes with the awareness that “holding grudges and creating a grievance story are not the best approaches to letting go of anger and frustration” (p. 194). Luskin lists four categories of people who engage in self-forgiveness:

1. Those who blame themselves for not succeeding at one of life's important tasks.
2. Those who blame themselves for not taking necessary actions to help themselves or someone else.
3. Those who blame themselves for hurting another person.
4. Those who blame themselves for self-destructive behaviors such as addiction.

Luskin (2002) also provides a framework that includes situations in which one may need to exercise self-forgiveness due to behavior that was self-damaging as well as behavior that harmed others. These categories, described by Luskin, are important markers in working with caregivers and indicate where self-forgiveness work might begin.

Flanagan (1996) contended that self-forgiveness does not apply to personal behavior that has resulted in hurting one's self. This self-forgiveness approach is focused on permanently changed relationships with others due to behaviors, words, and notions that were perceived by either party as hurtful. Flanagan listed five categories that require self-forgiveness:

1. Injury is caused by mistakes, misconduct, or limitations;
2. Harm results in a person challenging her or his core set of assumptions;
3. Apologies of others do not seem to correct a hurtful situation;
4. Fear by a person that at the core of being she or he is evil or cruel; and
5. "Guilt, shame, regret or grief" (p. xii) are feelings that a person is experiencing.

In addition to the categories of self-forgiveness, Flanagan (1996) addressed the process of self-forgiveness by positing four stages that individuals work through; these stages of self-forgiveness include: "confronting self," holding yourself responsible," "confessing your flaws", and "transformation" (Flanagan, 1996, p. 148). Flanagan's theory asserts that a person must confess one's mistake(s) to another person in order to complete the self-forgiveness process. In the transformation stage a person is able to re-create self, and understand that "it is important to know that you cannot forgive yourself until you commit yourself to personal change" (p. 148).

An important aspect of self-forgiveness is the realization that all humans are imperfect. Kurtz and Ketchum (1992) discuss a spirituality of imperfection, which includes a discussion about the importance of self-forgiveness. They reference research conducted at Seattle University that discovered forgiveness is not easily achieved but may happen suddenly. People reported that when they tried to forgive, they experienced more resentment. Conversely, when they stopped "trying to forgive" and just "let go," after a period of time, all of a sudden they recognized that the resentment and anger disappeared. "At this point they realized they had forgiven" (p. 216).

FORGIVENESS AND SELF-FORGIVENESS THERAPEUTIC STAGES

Self-forgiveness is the result of individuals taking responsibility for their part in a situation that resulted in hurt feelings, physical harm to other people, harboring negative feelings about another, and self-blame. Self-forgiveness is accomplished when individuals are able to recognize that they are imperfect and due to the imperfection they sometimes fall short of their image of their ideal self. Many engage needlessly in self-blame. To live a life of self-forgiveness requires that individuals embrace their shadow side as well as the higher self. In addition, they need to have the ability to recognize that

each person is part of a community of imperfect others who are mostly striving to be the best people they can be. Four therapeutic stages that can be effective in assisting clients working through forgiveness and self-forgiveness are proposed by the authors. The therapeutic stages of forgiveness and self-forgiveness include the following:

1. *Recognition*—that self-forgiveness is an option that can release negative self assessment. This awareness results in clarification of the situation for which self-forgiveness is warranted and results in taking the focus off blaming others for the incident. This *recognition* usually takes place after a period in which the individual ruminates about the event or events that evoke feelings of anger, guilt, blame of the other, self-blame, depression, resentment, anxiety, regret, and the ensuing grief that results from unfinished business (Flanagan, 1996; Fox, 1979; Luskin, 2002; Rutledge, 1997).
2. *Responsibility*—is accepted by the individual for the incidents that are the focus of the need for self-forgiveness. Insight leading to self-empathy results from recognition of the caregiver's sense of imperfection. This awareness of imperfection includes the realization that imperfect beings sometimes do not live up to their highest expectation of themselves. The individual clarifies the extent to which she or he is *responsible* with regard to the incident (Flanagan, 1996).
3. *Expression*—of the feelings evoked by the feelings of self-blame that have been part of the content of rumination. Encountering the feelings once more with the intent to work with them to move on with one's life. The individual would engage in a dialogue that addresses the negative feelings involved in the incident that requires self-forgiveness. This dialogue may be a self-focused dialogue one carries out through thinking, or a dialogue with another person. This form of *expression* of one's misdeed and feelings facilitates the person rejoining the community (Flanagan, 1996; Fox, 1979).
4. *Re-creating*—one's life requires a renewed self-image that incorporates the past and gives direction to the future.

The care-based dyad experiences a long-term relationship that may involve a number of self-forgiveness incidents over several years. In the case of caregivers of care-receivers diagnosed with Alzheimer's disease, the focus on self-forgiveness is one of many interactions that are the result of the relationship between the two individuals. When the caregiver has provided for carereceiver for a number of years there is the chance that the caregiver may have behaved toward the carereceiver in a way that changed the caregiver's perception of the relationship. Often the change in the relationship is due to the negative nature of one or more experiences over time, and often, after considerable rumination about an event or events,

earlier referred to as unfinished business, the caregiver is ready to experience self-forgiveness.

The caregiver may work through the process in the following manner. First, the caregiver *recognizes* she or he is caught in a cyclical pattern of rumination about an incident or incidents of unfinished business (Flanagan, 1996; Fox, 1979; Luskin, 2002; Rutledge, 1997). Second, the caregiver takes personal *responsibility* for the incident or incidents that are the focus of unfinished business. Admitting one's own imperfection, and recognizing the imperfection inherent in all humans, is an important part of the *responsibility* stage (Flanagan, 1996). Third, the caregiver *expresses* feelings of self-blame in order to work through them. A dialogue with the self or another person assists the caregiver in clarifying negative feelings and letting go of those feelings of self-blame in order to forgive self and rejoin the community (Flanagan, 1996; Fox, 1979). Finally, the caregiver *re-creates* her or his life having worked through grief and self-forgiveness. Realizing that one is imperfect in a world of other imperfect individuals allows for incorporation of the past, in the present, and finding new direction toward the future (Flanagan, 1996).

CASE EXAMPLE

In the following section, the authors will apply the four stage process of forgiveness and self-forgiveness to a hypothetical caregiver. Next, interventions will be explored. Finally, implications will be identified for social workers and other helping professionals encountering clients facing forgiveness after the death of a care-receiver.

Shirley is a 45 year old Caucasian female who had taken care of her mother and father in their last years of life. She quit work, leading to a career in business, to care for her ailing mother after the mother sustained a heart attack at age 75. Shirley has two brothers and two sisters; however none of them were able to help her with the care of their parents. Being the youngest, Shirley held some resentment toward her parents since she felt responsible to care for them and had to leave a promising career.

Her mother lived approximately one year after the heart attack that required a five-way bypass. One afternoon while caring for her mother she discovered her unconscious in her bedroom. She frantically attempted to administer CPR while having her father call 911 for assistance. The ambulance arrived and they drove 15 miles to the nearest emergency room. After trying for one hour in the emergency room to resuscitate her mother, the physician managed to get her heart to function. One of her problems was cardiac arrhythmia. She was in a coma for five days and then died. Shirley blames herself for her mother's death believing that she should have been able to save her life.

She then continued to care for her father who had dementia and had experienced a heart attack five years prior to the mother's death. His dementia was progressive and his health continued to decline, requiring more intense care. On two occasions Shirley placed her father in a nursing facility but each time took him home less than a week after admitting him. She did not believe they gave him the care she could offer at home. As his condition worsened his daughter Pam came to visit him and Shirley. Shirley had called Pam and told her if she wanted to see him before he died she should come right away. Pam noticed that her father appeared to be distant and was unable to eat when Shirley offered him food. In frustration Shirley blew up and started yelling at her father. Pam observed that he appeared to be delirious. They took him to the emergency room where he was diagnosed as dehydrated. Shirley had apparently taken him to the emergency room three times recently for dehydration. The physician said that this would continue to happen. Finally a decision was made to have him moved to a skilled nursing facility where he died about three weeks after being admitted.

The grief from losing both parents possessed Shirley. Three years after her father's death she sought professional help. Her complicated grief had her feeling stuck. This would be considered the beginning of the *recognition stage* of self-forgiveness. In therapy she recognized that there must be some other way to work with her grief. Her parent's belongings were still in their bedroom the way they were arranged while they were living. She reported that she was not able to throw anything out. Her therapist worked with her for four sessions, building rapport and helping Shirley recognize that working on forgiveness of her parents and self-forgiveness would be her key to moving on with her life. She realized blaming others had not been helpful. The therapist asked her if she would construct three images. These metaphors were something the therapist thought would be helpful in working through Shirley's grief. She constructed the following three pictures: (a) a scene of her childhood home in the country, (b) a picture of her caring for both parents that had a feeling of frenetic energy, and (c) a picture of a hill with the sun rising and a question mark to the right side of the picture.

When discussing the metaphors she realized that the childhood scene, while appearing idyllic, included some unfinished business with her parents. She spent most of her time processing the second picture which was the recent period of her life where she frantically tried to meet the needs of her parents. She said "I could never keep up with their needs and often was unable to sleep." She talked about her own poor health condition and how she suffered from significant physical pain due to ruptured discs in her spine and impaired movement in both arms and hands. She said no one relieved her in her work with her parents. "I was always caregiving 24 hours a day. I am so tired and exhausted and I haven't been able to sleep for years." Her feeling of burn out was palpable as she talked about how she had to go

on each day without a break. She talked about her guilt and self-blame and her blame of others, particularly family members that did not help her with caregiving. As she continued to process the metaphors she talked about the now. "I am no longer caregiving and feel lost these past years. I am not sure what to do with my life. I ruminate about what I could have done better to prevent my parents from dying." She talked about the third metaphor being one of hope on the horizon. That there was more for her in this life to accomplish and she recognized she needs to take care of herself.

The *responsibility* stage is where Shirley recognized that she was not perfect and clarified the extent to which she was responsible for the events she experienced with her parents. As she continued to process the three metaphors she said, "You know, I am not perfect and I was unable to keep up with all the things they needed. I guess not being superhuman I was [only] able to do all that I could possibly do. So without the help of others I did what I could do."

The *expression* stage is where Shirley could encounter the feelings once more with the intent to work with them. Her therapist wanted to use the Gestalt technique of the empty chair with Shirley. In order to generate material from which to work, the therapist asked Shirley to make two lists, one for her mother and one for her father, of at least 12 or more events that came to her mind about her relationship with them. Her listing included some untoward events from childhood; however most of the events were instances that occurred during her caregiving period with both parents. Shirley agreed to first engage in a dialogue with her mother about her concerns. Having placed an empty chair across from Shirley, the therapist began the session. Shirley first addressed her mother (empty chair) using the list of events she had generated. Shirley was then asked to move to the empty chair and respond to herself as if she were her mother responding back. Due to the length of the list (10 items) the dialogue work took two sessions. Shirley was able to both forgive her mother for several instances over her life time and to experience self-forgiveness about events that happened while she was a caregiver to her mother. Finally, she arrived at the incident where she found her mother in cardiac arrest. The dialogue was powerful. While in her mother's seat she realized that the death was beyond her control. That she had taken good care of her mother and her mother's health condition was so poor that she could not have survived. At the end of the work she still felt she needed to do something more in order to bring closure to her work with her mother. The therapist asked her to write a letter to her mother for the next session. The next week Shirley said, "I feel like a burden has been lifted from me." She said reflecting on her mother and writing the letter helped her say how much she loved and cared about her mother. She was asked by the therapist to read the letter aloud. She thanked her mother for all the things about life that she had learned from her. At the end of the letter she let her mother go. She said that the letting go of her mother was a major

experience of her life. She felt that she had experienced closure and clarity about the meaning of her relationship with her mother.

Shirley stated that she did not have the same guilt about her father's death because she knew it was his time to die. She had cared for him for several years after her mother died and watching him decline left her feeling relieved at his passing. She spent two sessions working through the forgiveness and self-forgiveness issues with her father. During this work with her father she experienced the *responsibility* and *expression* stages. She said, "I did not know what to do after the caregiving role ended." This is the *re-creating stage* where she was able to incorporate her past experiences with her mother and father and move beyond the caregiving role. At this point in her grief work the therapist began to work with her about her future directions, given her health condition. One of the techniques the therapist used was to explore Shirley's past life where she had to change directions due to life circumstance or by choice. The main cross road her therapist wanted to pursue was when she decided to move home and give up her career. Was there still something in the road not taken she might be able to pursue? After careful consideration she decided to return to work in a low stress position. Upon six month follow-up with Shirley she seemed to have adjusted and was pursuing activities that focused on herself and her ability to experience a positive life. She had scheduled surgery to correct her disc problems and was optimistic about her future.

DISCUSSION

In the case of Shirley, verbal therapy was moving slowly between the *recognition* and *responsibility* stages, so the therapist decided to have her produce three images which served as metaphors relevant to her therapeutic work. The result was three distinct periods of her life that were relevant to her current life circumstances. She was able to enter into the pictures to understand their meanings for her. The discussion generated a number of memories of her experiences with her parents. In order to optimize her work, the therapist had her generate two lists, one for her mother and one for her father. The lists contained incidents of unfinished business and provided Shirley with material for dialogue about the incidents during the *expression* stage. The use of the empty chair technique allowed Shirley to interact with her mother and father as she processed the beliefs that keep her struck in the grief process. With regard to her mother, she was able to bring closure about her feelings by writing a letter to her mother in which she was able to let go of the negative messages she had been telling herself.

Often the *recognition* and *responsibility* stages are the most challenging for clients who are experiencing complicated grief. The therapist is often challenged to use more than one technique to help the client get a perspec-

tive that shifts her or his attention. If a person has been in the caregiver role for a long period of time it is difficult for her or him to shift focus and assume a new identity. The *re-creating* stage offers many possibilities given the client's past life experience. Sometimes psychological and vocational testing may help clients develop a new vision of what might be possible for them.

IMPLICATIONS

The conceptualization of therapeutic stages in the forgiveness process allows the therapist to determine where the client is located in forgiveness and self-forgiveness work. Each of the therapeutic stages offers challenges for the client and therapist. During the *recognition* stage the practitioner tries to shift the clients focus in order for them to develop an alternative perspective about their circumstances. At this stage it is important to help clients realize that they are blaming others and this behavior is not productive in working through forgiveness and self-forgiveness. After reviewing their current life circumstances clients are challenged to shift their focus to a more forgiving stance.

When working through the *responsibility* stage it is important to assist the client in developing self-empathy as they become aware that they are imperfect. With the realization that humans are imperfect the client is able to understand that while they did everything they could have done, some situations in life are such that the outcome is beyond their control. For instance, in Shirley's case, her mother's health was such that she could not be healed and continue living. Her body had given out and it was her time to die.

As clients enter the *expression* stage the therapist must choose the best dialogue technique for the client. The use of journal methods helps the client anchor feelings, thoughts, and reflections about their relationship with the care-receiver. Having clients create metaphorical drawings helps to generate material from a deep part of the self. The interpretation of the metaphors leads to important insights and discovery of unfinished business. After working with metaphors it is helpful for clients to list key events that come to mind regarding forgiveness and self-forgiveness. By having the client develop lists the therapist produces material with which to dialogue. Use of the empty chair technique of Gestalt therapy is a powerful tool if the client agrees to its use. In Shirley's case she developed powerful metaphors relevant to her current life situation. She developed lists from which she was able to dialogue. Finally, she wrote a letter to bring closure to her work with her mother.

The *re-creating* stage is one in which the therapist has many choices depending on the client's current situation. Helping assess the client's past

life experiences is important. This allows the client to incorporate the past with the future. Re-entering dreams of childhood about what life could be may be helpful. Assessing the person's career and where it might lead at the present time is important. Looking back over the life course and listing things that the client may have wanted to do that they were not able to accomplish at that time because of life circumstances is of value. Having generated information about the client's interests: changing directions during life that shifted career direction or the life path; current interests; and past employment; the therapist is able to help the client revision their future. In some situations the therapist may want to refer the client to a life coach in order to complete this stage of work.

Future Research

Further research may focus on development of additional effective techniques to facilitate forgiveness and self-forgiveness. The following are some questions that will enhance the process of forgiveness and self-forgiveness of caregivers.

1. Will the use of certain techniques in succession more rapidly facilitate forgiveness and self-forgiveness among caregivers?
2. What additional approaches will move caregivers from the *recognition* stage to taking responsibility and shifting from the victim role?
3. What types of expression are effective with different populations?
4. What additional questions will assist the caregiver in re-creating their lives?

While working through forgiveness and self-forgiveness can be difficult for many caregivers, understanding the stages of forgiveness in therapy can assist in planning effective techniques at each critical stage in the forgiveness and self-forgiveness process.

REFERENCES

- Alcoholics Anonymous. (1939/1994). *Alcoholics anonymous* (3rd ed.). New York, NY: Alcoholics Anonymous World Wide Services, Inc.
- Axelrod, R. (1980). Effective choice in the prisoner's dilemma. *Journal of Conflict Resolution*, 24, 3–25.
- Bauer, L., Duffy, J., Fountain, E., Halling, S., Holzier, J., Jones, E. . . . Rowe, J. O. (1992, Summer). Exploring self-forgiveness. *Journal of Religion and Health* 32(2), 149–160.
- Berry, J. W., & Worthington, E. L. (2001). Forgivingness, relationship quality, stress while imagining relationship events, and physical and mental health. *Journal of Counseling Psychology*, 48, 447–455.

- Brown, B. R. (1968). The effects of need to maintain face on interpersonal bargaining. *Journal of Experimental Social Psychology*, 4, 107–122.
- Darby, B. W., & Schlenker, B. R. (1982). Children's reaction to apologies. *Journal of Personality and Social Psychology*, 43, 742–753.
- Enright, R. D. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, 40, 107–126.
- Enright, R. D., & Coyle, C. T. (1998). Researching the process model of forgiveness within psychological interventions. In E. L. Worthington, Jr. (Ed.), *Dimensions of forgiveness: Psychological research and theological perspectives*, (pp. 139–162). Philadelphia, PA: Templeton Foundation Press.
- Enright, R. D., & the Human Development Study group. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling & Values*, 40(2), 107–126.
- Flanagan, B. (1996). *Forgiving yourself: A step-by-step guide to making peace with your mistakes and getting on with your life*. New York, NY: Macmillan.
- Fox, M. (1979). *A spirituality named compassion and the healing of the global village, Humpty Dumpty and us*. Minneapolis, MN: Winston Press.
- Gorsuch, R. L., & Hao, J. Y. (1993). Forgiveness: An exploratory factor analysis and its relationship to religious variables. *Review of Religious Research*, 34, 333–347.
- Halling, S. (1994). Shame and forgiveness. *Humanistic Psychology*, 22(1), 74–87.
- Jacinto, G. (2007). *Caregivers negotiating self-forgiveness after the death of care receivers diagnosed with Alzheimer's disease*. PhD dissertation retrieved, from Dissertations & Theses: Full Text. (Publication No. AAT 3266331).
- Kurtz, E., & Ketchum, K. (1992). *The spirituality of imperfection: Storytelling and the journey to wholeness*. New York, NY: Bantam Books.
- Ingersoll-Dayton, B., & Krause, N. (2005, May). Self-forgiveness: A component of mental health in later life. *Research on Aging*, 27(3), 267–289.
- Lukoff, D., Lu, F., & Turner, R. (1998). From spiritual emergency to spiritual problem. *Journal of Transpersonal Psychology*, 38(1), 21–51.
- Luskin, F. (2002). *Forgive for good: A proven prescription for health and happiness*. San Francisco, CA: Harper.
- Macaskill, A., Maltby, J., & Day, L. (2002). Forgiveness of self and others and emotional empathy. *Journal of Social Psychology*, 142(4), 663–665.
- McCullough, M. E., Pargament, K. I., & Thoresen, C. E. (Eds.). (2000). *Forgiveness: Theory, research, and practice*. New York, NY: The Guilford Press.
- McCullough, M. E., & Worthington, E. L., Jr. (1994). Encouraging clients to forgive people who have hurt them: Review, critique, and research prospectus. *Journal of Psychology and Theology*, 22, 3–20.
- Paloma, M. M., & Gallup, G. J., Jr. (1991). *Varieties of prayers: A survey report*. Philadelphia, PA: Trinity Press International.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York, NY: Guilford Press.
- Rokeach, M. (1973). *The nature of human values*. New York, NY: Free Press.
- Ross, S. R., Kendall, A. C., Matters, K. G., Wrobel, T. A., & Rye, M. S. (2004). A personological examination of self and other-forgiveness in the five factors model. *Journal of Personality Assessment*, 82(2), 207–214.
- Rutledge, T. (1997). *The self-forgiveness handbook*. Oakland, CA: New Harbinger Press.

- Schell, D. W. (1993). *Forgiveness therapy*. St Meinrad, IN: Abbey Press.
- Shafranske, E., & Maloney, H. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy, 27*, 72–78.
- Shoemaker, A., & Bolt, M. (1977). The Rokeach Value Survey and perceived Christian values. *Journal of Psychology and Theology, 5*, 139–142.
- Smedes, L. B. (1984). *Forgive and forget: Healing the hurts we don't deserve*. New York, NY: Harper & Row.
- Webster (1986). *Webster's New World Dictionary of the American Language* (2nd Collegiate ed.) New York, NY: Simon and Schuster.
- Worthington, E. L., Jr. (1998). *Dimensions of forgiveness: Psychological research and theological perspectives*. Philadelphia, PA: Templeton Foundation Press.
- Zillman, D., Bryant, J., Cantor, J. R., & Day, K. D. (1975). Irrelevance of mitigating circumstances in retaliatory behavior at high levels of expectation. *Journal of Research in Personality, 9*, 282–293.
- Zillman, D., & Cantor, J. R. (1976). Effect of timing of information about mitigating circumstances on emotional responses to provocation and retaliatory behavior. *Journal of Experimental Social Psychology, 12*, 38–55.

Copyright of Journal of Human Behavior in the Social Environment is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.