

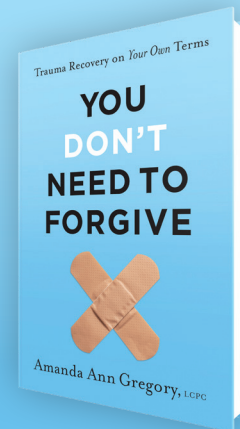


Trauma Recovery on *Your Own Terms*

# YOU DON'T NEED TO FORGIVE

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**DISCUSSION GUIDE FOR MENTAL HEALTH CLINICIANS**



## INTRODUCTION

Clinicians may avoid forcing, pressuring, encouraging, or recommending that trauma survivors forgive their offender(s). Many clinicians agree that forgiveness shouldn't be forced or pressured upon anyone but are skeptical that they should avoid encouraging and recommending forgiveness to trauma survivors.

In your opinion, is it appropriate for you to encourage or recommend forgiveness to trauma survivors in your care? Why or why not? How would you work with a survivor who is resistant or incapable of forgiving their offender(s)?

### CHAPTER 1

## TRAUMA: WHAT IT IS AND WHAT IT IS NOT

The term *trauma* has become misused and overused in our society. Non-clinicians have used the word trauma to describe an event, experience, diagnosis, discomfort, or mental health disorder, all of which are incorrect definitions of the term.

What's the clinical definition of trauma? How would you describe trauma to a survivor in your care? How do you assess clients for trauma when not focused on assigning them a diagnosis?

### CHAPTER 2

## FORGIVENESS: WHAT IT IS AND WHAT IT IS NOT

Researchers report that forgiveness is not excusing, denying, condoning, justifying, accepting, pardoning, forgetting, or reconciling; nor is it a trauma response. Yet, researchers have not agreed on one clinical, operational definition of forgiveness. As a result, many clinicians encourage trauma survivors to forgive their offender(s) without knowing what it is they are actually recommending.

What is your definition of forgiveness? If you encourage survivors to forgive, what are you asking them to accomplish related to changes in their emotions, thoughts, and behaviors?

## CHAPTER 3

# THE LIMITATIONS OF FORGIVENESS RESEARCH AND FORGIVENESS THERAPY

Forgiveness therapy is a psychotherapeutic modality that considers forgiveness a necessary—not elective—part of trauma recovery. However, due to several research limitations, studies do not indicate that forgiveness therapy is an effective treatment method for trauma. In contrast, forgiveness in therapy occurs when forgiveness is an elective aspect of recovery, and when the survivor has the agency to explore or reject forgiveness as needed.

Do you practice forgiveness therapy or forgiveness in therapy? Have you informed your clients when they are engaging in forgiveness therapy or forgiveness in therapy, and do they know the difference? What do you think about the lack of evidence for the use of forgiveness therapy as an effective treatment for trauma?

## CHAPTER 4

# SAFETY PRECEDES FORGIVENESS

Genuine forgiveness requires safety (both an actual and a felt sense of safety). Survivors who feel unsafe are not likely to forgive their offender(s). Therefore, clinicians should prioritize a survivor's safety over interventions that encourage survivors to forgive their offender(s) if they want their interventions to succeed.

In your opinion, should you prioritize a survivor's safety above interventions focused on forgiveness? Do you assess survivors for all forms of safety (physical, emotional, sexual, relational, spiritual, financial, etc.) at all stages of their recovery? If so, how do you conduct these assessments? If not, what methods can you use to assess a survivor's safety more often in recovery?

## CHAPTER 5

# DESTIGMATIZING AND EMBRACING ANGER

Anger is a valuable emotion that can support survival, enhance emotional processing, promote self-worth, initiate societal changes, and aid in trauma recovery. Unfortunately, some clinicians pathologize anger and view it as a “negative” emotion that must be cured, restricted, or regulated.

How do you respond when trauma survivors express anger? How do you perceive and process your own anger? How do you feel about embracing survivors' anger to aid their emotional processing?

## CHAPTER 6

# SHAME OBSTRUCTS FORGIVENESS

Self-worth precedes forgiveness; survivors who decide to forgive their offender(s) often cannot do so because they experience pervasive shame. Therefore, clinicians should assist survivors in addressing their shame before focusing on forgiveness, if this focus is needed.

In your opinion, should you prioritize a survivor's self-worth above interventions focused on forgiving their offender(s)? What methods do you use to assess survivors with feelings of shame? How would you assist a survivor who does not want to forgive their offender(s) but instead wants to forgive themselves?

## CHAPTER 7

# RECOGNIZING RELIGIOUS INFLUENCES

Religious, spiritual, and cultural beliefs, or lack thereof, impact your client's perceptions and experiences concerning forgiveness. It's essential to be aware of these influences as you help your client navigate forgiveness in trauma recovery.

How do you openly discuss and embrace your client's religious, spiritual, and cultural beliefs? How do you explore how these beliefs impact their perceptions and experiences of forgiveness? Are you comfortable discussing the existence and effect on your clients of religious trauma, anti-Semitism, Islamophobia, or Christian privilege?

## CHAPTER 8

# FORGIVENESS AND SOCIAL JUSTICE

Survivors from oppressed groups (those who are undervalued and mistreated in society based on their biological attributes or the material conditions into which they are born, such as their sex, sexuality, gender, class, race, ethnicity, and ability) are more likely to feel pressured by society to forgive their offender(s). Clinicians can inadvertently reinforce harmful societal expectations of survivors based on their oppressed status. For example, a clinician might encourage a woman survivor to forgive in order to fulfill the role of a "good woman" or a "virtuous victim," or might encourage a Black survivor to forgive their white assailant to avoid discussing the uncomfortable reality of racial injustice.

How can your interventions and interactions with oppressed survivors reinforce harmful societal roles concerning forgiveness? How can you avoid reinforcing damaging societal roles when survivors choose to focus on forgiving their offender(s), and with those who choose not to?

## CHAPTER 9

# RESPONDING TO FORGIVENESS ADVOCATES

Forgiveness promoters have told survivors that they need to forgive their offender(s) to be successful in trauma recovery. They tell survivors that forgiveness will improve their mental and physical health, and they may quote research studies as “proof.” Yet, these studies rarely include trauma survivors, and those few that do have significant research limitations.

How would you respond to a survivor who asks you, “Do I need to forgive to heal from trauma?” How would you respond to a client who is an offender and says of the survivor, “They need to forgive me so they can move on and live a better life”? How would you respond to a clinician who says, “Every client should forgive”?

## CHAPTER 10

# EMBRACING ELECTIVE FORGIVENESS

Forgiveness in trauma recovery should be viewed as an elective component, not a compulsory goal. Elective forgiveness promotes your client’s agency to explore, discover, embrace, ignore, oppose, or withhold forgiveness throughout their recovery as needed.

How do you (or how can you) embrace elective forgiveness in your work with trauma survivors? How would you engage each of these three survivors in treatment? 1) A survivor who is incapable of forgiving their offender(s) but desperately wants to forgive them. 2) A survivor who is opposed to forgiving. 3) A survivor who is not focused on forgiving at all.

## CHAPTER 11

# TWENTY TRAUMA RECOVERY METHODS

There are many trauma recovery methods in which forgiveness is not a goal or a requirement. We know that one method doesn’t work for every survivor, and many survivors engage in multiple therapeutic and holistic methods at various times during recovery.

How do you feel about the fact that there is no single proven successful treatment method for trauma? What is your opinion of the twenty trauma recovery methods listed in chapter II? How do you feel when your client experiences success with a non-evidence-based practice?

# CONCLUSION

It’s not uncommon for clinicians who work with trauma survivors to have experienced trauma themselves. To manage countertransference, burnout, and compassion fatigue, it is essential to actively engage in your own recovery.

Are you a trauma survivor? If so, what support do you need to aid your work with survivors? How do your experiences concerning forgiveness in your recovery impact your perception of forgiveness as a required or elective aspect of trauma recovery?