Spiritual Factors and Adjustment in Medical Rehabilitation: Understanding Forgiveness as a Means of Coping

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Abstract — Spirituality is an important factor in the lives of people in rehabilitation and healthcare providers must be prepared to address spiritual issues in a competent and informed manner that includes distinguishing between spirituality, religiosity and existentialism. It is important to understand the role of specific spiritual factors in rehabilitation. The need for medical rehabilitation often arises from human error or seemingly unfair circumstances, resulting in a variety of negative emotions and forgiveness can be a powerful tool in the rehabilitative healing process. As such, it is critical to accurately understand the construct of forgiveness, including its definition, steps, and dynamics.

The role of spirituality in the process of adjustment and as a means of coping is but one of the many areas of responsibility healthcare providers are faced with in modern medical rehabilitation. Yet, little attention has been paid to spirituality and the influence of religion, including forgiveness, on the health and well-being of people with disabilities (Selway & Ashman, 1998). The psychology of religious and spiritual issues in relation to rehabilitation (Kim, Heinemann, Bode, Sliwa, & King, 2000), and in general (Richards & Bergin, 1997), has not always been viewed as worthy of attention. However, it is apparent that spiritual issues have long been and continue to be important to most people in America (Gallup, 2001; Gallup Poll, 2001), as well as most people in need of rehabilitation (Kim et al.).

The purpose of this paper is two-fold. The first purpose is to bring increased attention and understanding to spiritual factors in the process of adjustment in rehabilitation and the second is to focus on the ability to forgive *others* as a specific psycho-spiritual coping mechanism available to rehabilitation professionals.

Rehabilitation psychology, long known for its expertise in addressing the psychosocial factors associated with chronic illness and disability (Wegener, Elliott, & Hagglund, 2000), has, until recently, essentially overlooked spirituality as a factor in rehabilitation. While spirituality has now been recognized as a viable factor in rehabilitation and adjustment (Rybarczyk, Szymanski, & Nicholas, 2000), and healthcare in general (George, Larson, Koenig, & McCullough, 2000), at best it has received broad brush strokes on the canvas of holistic treatment in rehabilitation, as "much more work remains to be done in understanding the religious and spiritual dimensions of disability and rehabilitation" (Kilpatrick & McCullough, 1999, p. 399). In sum, spirituality is too important in the process of rehabilitation to be overlooked (Riley et al., 1998).

The need for medical rehabilitation often arises from human error, violence, and/or seemingly unfair circumstances, resulting in a variety of negative emotions. Left unaddressed, negative emotions can lead to significant health problems, both physically (see Seeman, McEwen, Rowe, & Singer, 2001) and mentally. As such, forgiveness can be a powerful tool in the rehabilitative healing process.

Nevertheless, the psychology of forgiveness has been overlooked (McCullough, 2000) due to its subjective nature and close association to religion (Enright & Zell, 1989; Levin & Vanderpool, 1991). Yet, forgiveness is highly relevant to a variety of health issues and medical conditions (Worthington, 1998). In discussing the connection between forgiveness and health, Worthington, Berry, and Parrott (2001) discuss the direct impact of forgiveness and unforgiveness on health with unforgiveness, through rumination, involving the following emotions: resentment, bitterness, hatred, hostility, residual anger, and fear. There are many ways to address unforgiveness, including: retaliation, revenge, justice, denial, and forgiveness (Worthington & Wade, 1999). Forgiveness involves the contamination or prevention of unforgiveness with strong, positive, love-based emotions (Worthington et al.). When describing the emotions of forgiveness and unforgiveness, Worthington et al., citing others, are careful to point out

that these are not just subjective feelings, but, like all emotions,

> . . . involve thoughts, memories, associations (Lazarus, 1999), neurochemicals in the brain (Damasio, 1999), pathways through various brain structures (LeDoux, 1996), hormones in the bloodstream (Sapolsky, 1994, 1999), 'gut feelings' (Damasio, 1999), facial musculature (Plutchik, 1994), gross body musculature (Plutchik, 1994), and acts of emotional expression (Damasio, 1999). (p. 109)

The negative effects of unforgiveness on health have received more attention in the empirical literature than the positive effects of forgiveness on health (Berry & Worthington, 2001).

While forgiveness is likely to have a direct and positive role in promoting health, it is also likely that this relationship will be indirect with health behavior acting as a mediating variable (Temoshok & Chandra, 2000; Worthington et al., 2001). Health behavior (HB) or the practice of health promoting behavior is commonly associated with and predictive of actual health (Bausell, 1986). An important component in the relationship between HB and health outcome is understanding what leads one to engage in HB (Becker, Stuifbergen, Ingalsbe, & Sands, 1989). Waite, Hawks, and Gast (1999) found a significant relationship between spiritual health and performance of HBs. It may very well be that forgiveness impacts health through an indirect relationship with HB. In other words, if one is able to forgive one is more likely to engage in HB thereby leading to improved health.

Spirituality

Introduction

One reason why spiritual (and religious) issues have been overlooked in scientific literature is the difficulty associated with defining and quantifying undeniably subjective variables. Rybarczyk et al. (2000) state that it is only recently that these issues have begun to find resolution, through the development of functional conceptualizations and valid instruments of measurement. The functional conceptualization of spirituality necessarily involves an accurate definition, particularly in terms of clarifying its relationship to other closely associated terms, such as; religion or religiosity and existentialism.

Spirituality, Religiosity, and Existentialism

Spirituality typically refers to a connection with the divine without reference to organized religion or religiosity. Spirituality usually includes a search for meaning and purpose and an underlying connection with nature or the universe (Sperry & Giblin, 1996) and tends to be highly individualistic (Miller & Thoresen, 1999). While spirituality and religiosity overlap in their connection with the divine (George et al., 2000), the reference to organized religion forms the basis of the differentiation. One can "be religious without being spiritual and spiritual without being religious" (Richards & Bergin, 1997, p. 13).

Religiosity is defined as established beliefs and practices (Fowler, 1996; Sperry & Giblin, 1996) and is commonly associated with organized religion. Much of what is assessed in the measurement of religiosity involves how much or how often one participates in their religion. Additionally, religiosity has been broken into two sub-constructs; intrinsic and extrinsic (Allport & Ross, 1967). Intrinsic religiosity is defined as religion practiced for altruistic purposes and extrinsic religiosity is defined as religion practiced for selfish reasons (e. g., social status).

Overlapping with spirituality, existentialism is primarily concerned with finding meaning and purpose in one's life (Yalom, 1998). Frankl (1992) defines existential in three ways: existence itself, the meaning of existence, and the striving to find a specific meaning in one's own existence, or the will to meaning. While existential spirituality is nontheistic (Richards & Bergin, 1997), it can also include an underlying connection with nature or the universe.

Existentialism and religiosity appear to be at opposite ends of the spectrum of spirituality. Nevertheless, there is a relationship between the two. While existentialism is not dogmatic (Mahrer, 1996), but is clearly rooted in the quest for meaning and purpose in life and religiosity is clearly rooted in the organized practice of religious principles, teachings, and doctrines, it is fair to say that they share a common theme of observance of established principle.

It may be helpful to incorporate the discussion of spirituality, religiosity, and existentialism into a multi-dimensional continuum (see Figure 1). As such, the construct of spirituality may best be described as a trio of inter-related concepts ranging from existential to spiritual to religious.

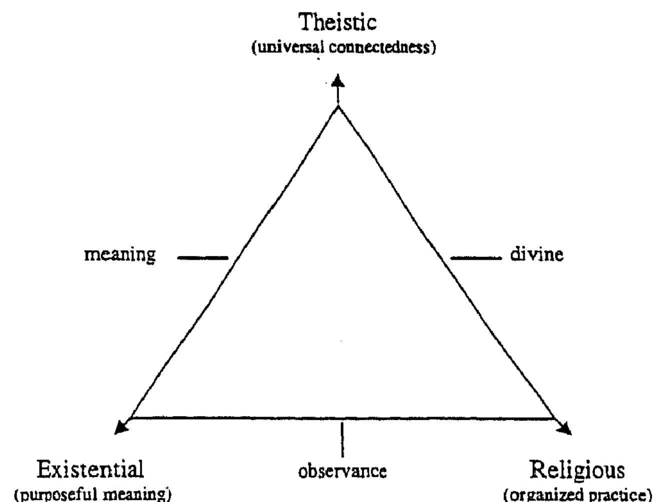

Figure 1. A multi-dimensional continuum of spirituality

Furthermore, the spiritual sub-type of the construct of spirituality may better be described as theistic spirituality, both to clarify its meaning and relationship to the others and to avoid redundancy. While not always the case, it is important to note that the points of overlap highlighted in Figure 1 are not commonly associated with the perpendicularly corresponding type of spirituality in its strict form (e. g., the divine is not commonly associated with existential spirituality). Lastly, the relationships illustrated in Figure 1 are conceptualized to be largely multidirectional and proportional (i. e., more of one equals less of another) and it is reasonable to conclude that healthy spirituality would be reflected by a relatively balanced point somewhere in the middle of the triangle.

Understanding if and where a person falls on this continuum will be helpful to rehabilitation professionals when seeking to facilitate the benefits of spirituality. Not only will it foster the therapeutic relationship to accurately understand and address one's spirituality, it may also be the case that different types of spirituality will respond differently to different interventions (see Riley et al., 1998).

Spirituality and Forgiveness

The recent development of spirituality as a more objectively defined and measurable construct has led to an increase in its credibility in the scientific literature. Nevertheless, the study of spirituality is still in its infancy, as it has primarily focused on it at a general level. While this is valuable, the study of spirituality needs to include specific components, such as; faith, hope, humility, and forgiveness, as these, too, are relevant issues in the lives of many people.

Forgiveness is highly relevant to a variety of medical issues, including; disabling conditions and aggressive and accidental trauma (Worthington, 1998). While forgiveness is commonly associated with religion and spirituality, it is not confined to religion, as it is also central to psychology and philosophy (McCullough & Worthington, 1994). As such, and consistent with the aforementioned conceptualization of the construct of spirituality, forgiveness can be thought of and applied in existential, spiritual, and/or religious terms.

Similarly, a secular, perhaps purely existential, assessment of one's capacity for forgiveness may prove useful for those people without religio-spiritual affiliation. Forgiveness and spirituality are related concepts for many people, but not necessarily for all. Furthermore, it is not necessary for forgiveness and spirituality to be connected in one's conceptualization. Forgiveness can exist outside of spirituality. As forgiveness is central to psychology and philosophy, as well as mainstream world religion (Webb, 1999), it is a boundless concept and construct, unlimited by culture, time, and geography.

Forgiveness

Introduction

The concept of forgiveness is accepted and practiced in the field of psychology and practice of psychotherapy, albeit in different terms, such as; working through, acceptance (Hope, 1987; Pingleton, 1989), letting go (Davenport, 1991; Wahking, 1992), reframing (Cunningham, 1985), mourning (Durham, 1990), resolving conflict and mitigating loss (Lundeen, 1989), as a synonym for techniques that reduce conditioned anticipatory fear responses (Shontz & Rosenak, 1988), and coming to terms with. Nevertheless, the process is not sufficiently understood. While DiBlasio (1992) states that "few would argue with the benefits of forgiveness" (p. 182), scientific psychology has essentially not explored the concept of forgiveness (McCullough, 2000), as it is too closely associated with religion (Enright & Zell, 1989; Levin & Vanderpool, 1991). Nevertheless, there are many commonalties between psychology and religion (Tjeltveit, 1991) including the concept of forgiveness (McCullough & Worthington, 1994). While the value of scientifically investigating general spirituality (Richards & Bergin, 1997), including forgiveness (McCullough), has been on the rise, there continues to be a lack of and need for an understanding of the dynamics of forgiveness (McCullough), including the development of theory (McCullough & Worthington; Richards & Bergin). An accurate understanding and appreciation of forgiveness is vital if it is to be accepted as an important tool in the service of assisting rehabilitation professionals in facilitating the process of adjustment and overall healing in people with disabling and chronic conditions.

Definition

Forgiveness has been defined in a variety of ways. A constant theme in the definition of forgiveness involves decreasing negative attitudes and actions toward the offender (Gassin & Enright, 1995; Hargrave, 1994), while not seeking retribution (Rosenak & Harnden, 1992) or restitution (Wahking, 1992). Additionally, forgiveness does not relieve the offender of fault or responsibility, does not require the victim to return to a state of vulnerability, and does not necessarily include reconciliation (Enright, Freedman, & Rique, 1998). As such, in order to forgive one need not believe that an offense is now okay or even a good event. When the cause of one's disability or chronic condition is attributable to another or others, one can still forgive without feeling a need to befriend the offender. Similarly, one can forgive while still holding the offender accountable for the incident; criminally, personally, or otherwise.

Forgiveness can be studied as a trait or state variable. That is; forgiveness can be viewed as a trait or an enduring and generally non-malleable characteristic of an individual and yet, can also be studied as state dependent or a response

to an event. As previously mentioned, Worthington et al. (2001) propose a model regarding the effects of religion on health, including forgiveness having direct and indirect effects on health. Thus, forgiveness can provide an avenue to resolve negative emotions and may also lead to improved health outcomes through promoting healthy behavior.

Table 1
Empirical Relationships Observed between Forgiveness and Health Variables

Negative Relationships:	Author(s):
Physiological Stress Arousal, including Blood Pressure	Witvliet, Ludwig, & Vander Laan (2001)
Cortisol Reactivity	Berry & Worthington (2001)
Psychological Distress	Toussaint, Williams, Musick, & Everson (2001)
Anxiety	Freedman & Enright (1996); Hebl & Enright (1993); Mauger et al. (1992); Subkoviak et al. (1995)
Depression	Freedman & Enright; Hebl & Enright; Mauger et al.; Toussaint et al.; Toussaint & Webb (2002)
Anger	Berry & Worthington; Mauger et al.; Toussaint & Webb
Negative Self-Esteem and Psychopathology	Mauger et al.
Positive Relationships:	
Physical Health Status	Toussaint et al.; Webb, Toussaint, Kalpakjian, & Tate (2002)
Mental Health Status	Berry & Worthington
Self-Esteem	Hebl & Enright
Life Satisfaction	Hargrave & Sells (1997); Poloma & Gallup (1991); Toussaint et al.; Webb et al.
Sleep Quality	Toussaint & Webb
Adjustment to Spinal Cord Injury	Willmering (1999)

Forgiveness and Healing

While the salutary effects of forgiveness are likely to be complex, including direct and indirect pathways, an outcome central to forgiveness seems to include healing (Bonar, 1989; Canale, 1990; Worthington & DiBlasio, 1990). David Viscott, as quoted by S. L. Zelen (personal communication, 1995), stated that, "Most feelings can be traced back to the hurt, the loss, telling the person who has hurt you and then forgiving them. Often you also need to forgive yourself." O'Neill (1994, December 1) relates how a victim of rape began to recover when she was able to forgive the rapist. McCullough and Worthington (1994) discuss potential benefits of forgiveness as including; positive change in affect and well-being, improved physical and mental health, restoration of a sense of personal power, and reconciliation of offendee and offender. Hope (1987) states that forgiveness can serve as a powerful therapeutic tool and may well be a core element in the therapeutic process.

Evidence is building regarding the positive effects of forgiveness on mental and physical health (see Table 1). Levels of forgiveness have been shown to be negatively associated with physiological stress arousal (including blood pressure), cortisol reactivity, psychological distress, anxiety, depression, anger, negative self-esteem, and psychopathology. Also, levels of forgiveness have been shown to be positively associated with physical health status, mental health status, self-esteem, life satisfaction, sleep quality, and adjustment to spinal cord injury. Researchers have also argued for the beneficial effects of forgiveness in aiding recovery from clinical depression, coronary heart disease, and cancer (Fitzgibbons, 1986; Kaplan, 1992; Pingleton, 1989). Furthermore, forgiveness is anecdotally reported to; relieve anger and resentment (Canale, 1990; Donnelly, 1984), relieve feelings of rage, resentment, fear, and distrust (Wahking, 1992), resolve emotional, physical, and sexual abuse (Rosenak & Harnden, 1992), turn failure into power and possibility (Lundeen, 1989), enable harmony with life, courage for vitality, and to live in risk (Cunningham, 1985), lead to past hurts being healed as current hurts are addressed (Pingleton, 1989), heal relationships, in general (Rogers, 1989), be central to family healing and healthy functioning (Rogers, 1989; Rosenak & Harnden, 1992), benefit offender, offended, and community (The Educational Psychology Study Group, 1990), be a generator of positive change (Bergin, 1988), enable a higher level of life (Allen & Bachelder, 1985), and help the psychotherapeutic process (Brandsma, 1982). As such, the benefits of forgiveness hold great potential in improving the outcomes of people in need of rehabilitation, both physically and psychosocially.

Forgiveness and Personal Control in Medical Rehabilitation

There also seems to be a relationship between control and forgiveness. While Benson (1992) and Hope (1987) discuss a positive relationship between forgiveness and personal control over one's life, Witvliet et al. (2001) have found empirical evidence in support of this relationship.

As the ability to forgive seems related to perceptions of control and thereby assumptions of one's personal responsibility for the future, it follows that it will lead one to engage in healthy behavior, which, in turn, will lead to improved health. Through forgiveness, one may have more energy, both physically and mentally, to dedicate toward healthy behavior, rather than focusing said energy on holding a grudge or externalizing control and responsibility and waiting for an outside resolution to one's problems.

In sum, forgiveness has been shown to have a salutary effect on mental and physical health variables and may also

play an important role in medical rehabilitation. The value of forgiveness almost seems to be common sense. Yet, most of the articles published regarding forgiveness have been published in religiously oriented journals (Hargrave & Sells, 1997).

Steps and Dynamics of Forgiveness

Much of the literature that discusses forgiveness in detail, tends to describe the steps or how-to's of forgiveness (Bauer et al., 1992; Enright et al., 1998; Enright & The Human Development Study Group, 1994; Gorsuch & Hao, 1993; Lundeen, 1989) rather than to sufficiently explore its dynamics or what enables one to do the steps. Enright et al. provide a summarization of 20 steps or units of forgiveness described in the literature. They further divide the 20 units into four broad phases: uncovering, decision, work, and deepening. Uncovering refers to the awareness of the problem and emotional pain following an offense, such as anger and insight, decision includes realizing the need for an alternate resolution, work includes processes, such as; reframing, empathy, and acceptance of pain, and deepening includes finding meaning and universality. They are careful to point out that the overall process of forgiveness is not likely to be linear.

McCullough (2000) provides an overview of the current status of the study of forgiveness including determinants of the ability to forgive. He discusses; empathy and perspective-taking, rumination and suppression of rumination, relational closeness, commitment, and satisfaction, and apology as factors shown to influence forgiveness. Nevertheless, he further states that our understanding of this vital factor in the process of healing continues to be limited and in need of investigation.

While the process of forgiveness has been outlined and the outline makes intuitive sense, there seems to be little empirical evidence supporting said hypothesized steps or units of forgiveness. In addition to the empirical validation of the steps, it would also be helpful to expand our understanding of the dynamics of forgiveness or what enables a person to complete its steps and to clarify another commonly hypothesized factor in the process of forgiveness, or the role of perceived control, as discussed above. Furthermore, while forgiveness is commonly associated with religion and spirituality, it will likely be helpful to investigate which type of spirituality, if any, is actually associated with the ability to forgive.

Facilitating forgiveness and its dynamics likely will lead to improved outcomes in rehabilitation. If forgiveness is related to greater levels of internal locus of control, for instance, it follows that forgiveness will improve patient outcomes, both psychosocially *and* physically, as one is more likely to be pro-active in their self-care. Through forgiveness one can find resolution and relief from psychosocial stressors and reap the benefits to physical and mental health thereof. Additionally, it follows that one will be more likely to tend to their physical needs (see Temoshok & Chandra, 2000; Worthington et al., 2001), such as; compliance with medical advice, including; medication, activities of daily living, exercise, and nutrition.

Utility and Implications of Forgiveness in Medical Rehabilitation

Understanding the ability to forgive others will assist rehabilitation professionals in the treatment of disability and chronic conditions. Often the individual need for rehabilitation arises from accidents, whether personal, interpersonal, or societal, due to risk taking, alcohol/drug use, poor judgement, human error, or pure chance, resulting in debilitating conditions, such as; spinal cord injury, traumatic brain injury, and chronic pain. Additionally, those with disabling conditions, such as; multiple sclerosis, polio, spina bifida and other conditions not necessarily associated with human error, may have issues with forgiving family, society, God, nature, or the universe. Self-forgiveness may also be an issue for those with disabilities or chronic conditions. Lastly, not only patients, but family members of people with disabilities may need to forgive, as well.

The need for forgiveness implies the existence of negative emotions. While not automatic, negative emotions often arise in response to an offense or set of negative circumstances. For example, in response to accidents and acts of violence, it follows that many people may be struggling with issues of responsibility (Richards, Elliott, Shewchuk, & Fine, 1997), blame (Bulman & Wortman, 1977), hostility (Mayou, Ehlers, & Hobbs, 2000), anger, anxiety, depression, fear, and irritability (Bisson & Shepherd, 1995) as well as with related issues of vengeance, resentment, and post-traumatic stress. Left unaddressed, negative emotions increase the risk for psychological stress and dysfunctional behavior, thereby leading to diminished physical (see Seeman et al., 2001) and mental health. As such, forgiveness can be a powerful force in resolving negative emotions and their associated consequences.

For rehabilitation professionals to encourage and facilitate the practice of forgiveness in rehabilitation, it is not only necessary to have a functional conceptualization of the concept and its steps, but also an empirical understanding of the underlying process, or what it is about a person that will enable him/her to forgive. During the initial stages of evaluation and treatment of people in rehabilitation, providers can include an assessment of the patient's spirituality, including capacity for forgiveness, and incorporate this assessment into the overall treatment plan, which assessment may, in fact, be welcomed by patients (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999). While issues presented by people in rehabilitation vary, some common issues seem particularly amenable to forgiveness and its aforementioned dynamics. If a person is found to primarily approach life from a perspective of external locus of control, or perhaps, playing the blame game, it may be helpful to explore and develop attributes

of internal locus of control. If a person is struggling with questions of, why did this happen to me or why did somebody do this to me, it may be helpful to develop insight and facilitate the process of understanding the realities of random events or plausible explanations of events, being careful not to exonerate responsibility, as well as fostering empathy and identification with the offender. Often times an objective sense of understanding can facilitate resolution of stress and anger associated with offense. Additionally, it could be helpful to monitor one's level of preoccupation or rumination regarding the offense and work to minimize this, being careful to avoid denial. Once it is established which components, if any, of spirituality are associated with forgiveness, it will likely be helpful to foster those spiritual qualities. For example, if intrinsic or altruistic components of spirituality are found to be related to the ability to forgive then it may be helpful to encourage, develop, and facilitate said components.

Spirituality is highly personal both in terms of experience and expression. Thus, it can be, and often is, a sensitive issue in the therapeutic relationship. Accurately understanding and addressing it will foster the therapeutic relationship, while misunderstanding and misconstruing one's spirituality will likely have a negative effect and hinder the relationship. With the recent increase in the scientific investigation of spirituality has come a variety of resources addressing its effective and competent incorporation into therapeutic treatment (see Miller, 1999; Richards & Bergin, 1997, 2000; Shafranske, 1996).

As different types of spirituality may respond differently to different interventions (see Riley et al., 1998), it is important to consider variations in the interface between the promotion and facilitation of forgiveness and type of spirituality as modeled in Figure 1. In each case, the effect of forgiveness may take a direct and/or indirect pathway (Worthington et al., 2001). Increased levels of forgiveness may decrease levels of negative health outcomes themselves (i. e., more forgiveness equals less stress) or increased levels of forgiveness may lead to increased levels of healthy behavior (as a function of increased levels of perceived personal control resulting in increased mental and physical energy), which in turn will lead to improved health outcomes (i. e., more forgiveness leads to increased compliance with medical advice which leads to improved health outcomes) and vice versa. A person espousing a primarily theistic spirituality may benefit from being encouraged to think of forgiveness as a means of developing one's individualistic sense of universal connectedness and equality. A person espousing a primarily religious spirituality, for example Judeo-Christian or Islamic, may benefit from being encouraged to think of forgiveness as a means of emulating the divine (see Webb, 1999). A person espousing a primarily existential spirituality may benefit from being encouraged to think of forgiveness as a means of affirming meaning and purpose and thereby avoiding an existential vacuum (see Frankl, 1992), or an absence of fundamental direction in one's life. While these broad examples are tailored to facilitate acceptance of forgiveness by people with corresponding types of spirituality, it is also quite possible that the prospect of forgiveness will be rejected. A theistically spiritual person may view forgiveness as a threat to individual growth and autonomy, a religiously spiritual person may assume a holier than thou position and expect the offender to have known better, and an existentially spiritual person may choose to find meaning and purpose in *not* forgiving.

While rehabilitation professionals must provide education to patients and families regarding a myriad of issues such as the course and nature of injury/illness, pain and stress management, mood and cognition, etc., education must be provided regarding forgiveness as well. The ability to forgive will likely be hampered if one misunderstands what is involved. Having a clear understanding that the act of forgiving another does not involve absolving the offender of responsibility nor opening oneself up for further offense will be of great service in facilitating the ability to forgive.

Conclusion

Understanding and facilitating spirituality and spiritual factors, including forgiveness, can play a significant role in medical rehabilitation. As such, forgiveness can be a powerful force in the process of adjusting to and coping with disability and chronic conditions, thereby leading to improved outcomes both physically and psychosocially and enabling one to avoid a pitfall implicit in the need to forgive, that is, holding a grudge hurts the holder much more than who or what it is held against (see Worthington, 2001). Rehabilitation professionals and scientists can serve a vital function through the delivery of quality care informed and driven by high quality research in this emerging and fertile field.

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