

**Forgiveness Construct in the Christian Context:
A Review and Synthesis of Theoretical Foundations,
Integrative Clinical Applications, and Their Significance**

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Table of Contents

Preface: Scope and Purpose of This Review	4
Abstract.....	6
Introduction	7
The Multidomain Impact of Unforgiveness	11
Mental Health	12
Physical Wellbeing	12
Sleep.....	13
Work and Vocational Functioning.....	13
Relationships.....	13
Self-Concept and Identity	14
Spiritual Domain.....	14
Integrating Forgiveness Therapy into Practice	15
Enright’s Four-Phase Model.....	16
The REACH Forgiveness Model	17
Cognitive-Behavioral Foundations for Forgiveness Work	18
Cognitive Processing Therapy (CPT).....	19
Cognitive Behavioral Therapy (CBT).....	20
Acceptance and Commitment Therapy (ACT).....	20
DBT Skills, Particularly Radical Acceptance.....	21
Somatic and Nervous System–Informed Approaches	22
Polyvagal Theory and the Social Engagement System.....	22
Body-Based Trauma Frameworks	23
Brief Note on EMDR.....	23
Compassion, Self-Compassion, and the Inner Work of Self-Forgiveness	24
Compassion-Focused Therapy (CFT).....	25
Internal Family Systems (IFS)	25
Self-Compassion as a Discipline	26
Self-Forgiveness as a Christian Practice.....	26
Comparison of Models with CPT Approach	27
Relational and Systemic Perspectives.....	27
The Karpman Drama Triangle	28
Family Systems Therapy.....	29
Narrative Therapy	29

Boundaries: Forgiveness Without Self-Endangerment.....	30
Interpersonal Victimhood as a Clinical Construct.....	31
Existential and Meaning-Making Dimensions.....	33
Mindfulness-Based Approaches	34
Motivational Interviewing for Ambivalence	34
Integrating Forgiveness within the Christian Context	35
Unconditional Personal Forgiveness and Conditional Relational Forgiveness	37
Self-Forgetfulness and Gospel Identity (Keller)	37
Forgiveness as Worship and as Witness	39
Cultural Considerations and Cultural Competency.....	39
Clinical Cautions and Contraindications	41
Premature Forgiveness	41
Active Harm and Safety.....	41
Spiritual Bypassing	41
Coerced Forgiveness	42
Trauma That Has Not Yet Been Processed	42
Compassion Fatigue and the Cost of Caring	43
Synthesis and Conclusion.....	43
References	46
Appendix	49
Table 1. Forgiveness Models in Dialogue with Cognitive Processing Therapy	49
Table 2. The REACH Forgiveness Model with Biblical, Drama Triangle, and CPT Integration	51

Preface: Scope and Purpose of This Review

This paper is intended as a review and synthesis of contemporary theories and conceptual frameworks surrounding forgiveness. While forgiveness-centered approaches are sometimes critiqued for lacking sufficient empirical grounding as a standalone evidence-based modality, this paper does not seek to resolve that debate. Instead, it examines forgiveness from a broader, more holistic perspective, emphasizing its psychological, relational, spiritual, and cultural significance within human experience.

For many individuals—particularly those shaped by strong religious or spiritual worldviews, such as Christianity—forgiveness is not merely a therapeutic concept but a foundational aspect of identity, morality, and relational functioning. It often informs how a person interprets suffering, understands reconciliation, perceives justice, and navigates interpersonal relationships. In this sense, forgiveness becomes part of a person’s “social imaginary”: the framework through which they perceive themselves, others, and the world around them.

Despite the importance that forgiveness holds in many personal and communal belief systems, individuals frequently struggle to define, process, and practice forgiveness in meaningful and psychologically healthy ways. Confusion often exists between forgiveness and reconciliation, forgiveness and excusing harm, or forgiveness and the abandonment of boundaries or justice. These misunderstandings can contribute to emotional distress, relational dysfunction, unresolved trauma, and spiritual conflict.

As a result, forgiveness remains an important area for clinical exploration, psychoeducation, and therapeutic reflection. This paper synthesizes major theoretical perspectives on forgiveness while examining its implications for emotional healing, relational repair, meaning-making, and psychological well-being in both secular and spiritually integrated contexts. It also surveys complementary therapeutic modalities—cognitive, somatic, compassion-focused, narrative, existential, and systemic—that can support, supplement, or constructively overlap with forgiveness-centered work.

Abstract

This paper explores the multifaceted role of forgiveness—and self-forgiveness—within individual, trauma-informed, and relational counseling, drawing from both secular and Christian frameworks. It integrates insights from the forgiveness models developed by Enright and Worthington alongside cognitive-based therapies such as Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy (CBT), and extends the conversation by surveying contemporary modalities including Acceptance and Commitment Therapy (ACT), Compassion-Focused Therapy (CFT), Internal Family Systems (IFS), polyvagal-informed and somatic practice, narrative therapy, mindfulness-based approaches, and motivational interviewing. The paper examines how unresolved resentment, emotional withholding, and the dysregulation that frequently accompany them can significantly impede psychological healing across multiple life domains—mental health, physical wellbeing, sleep, occupational functioning, relationships, and self-concept. It argues that forgiveness is not merely a relational act but a deeply personal process that can foster emotional clarity, agency, and renewal. The therapeutic integration of forgiveness is further enriched by tools such as The Peacemaker model, the Karpman Drama Triangle, and The HEART Model, offering clients structured paths to reframe pain, challenge stuck points, and move toward personal freedom—framed here as freedom rather than forgetting. A Christian worldview is woven throughout, positioning forgiveness as both a spiritual orientation and a means of reflecting grace in clinical practice. The paper closes with discussions of cultural competency, clinical contraindications, counselor self-care, and compassion fatigue, emphasizing that effective forgiveness work must begin within the healer.

Introduction

Forgiveness is a topic I have reflected on deeply and have already integrated into other counseling contexts, including Individual and Group Counseling. Forgiveness is fundamentally the intentional release of internal emotional pain associated with a perceived wrongdoing—an offense or injustice stemming from a specific event or series of events (Enright & Fitzgibbons, 2024; Worthington, 2003). This perceived injustice may be direct or indirect and can originate from a wide range of sources, including family, peer group, social class, cultural background, racial identity, or religious affiliation. The perceived gap between the injustice and a sense of resolution can intensify emotional dysregulation in response to the offense (Worthington, 2003).

Withholding forgiveness often produces persistent feelings of anger, resentment, and emotional pain, keeping individuals trapped—or “stuck”—in cycles of hurt, bitterness, and ruminative cognition. Unforgiveness can also foster fear, distrust, and a diminished sense of agency, all of which obstruct emotional healing and the formation of healthy relationships. Anger, in the context of forgiveness, often functions as a protective shield against more vulnerable emotions such as fear, hurt, or shame. Recognizing and addressing these underlying feelings is essential for emotional regulation and healing, particularly within a clinical setting.

Holding onto unforgiveness and the trauma residue or emotional dysregulation that may accompany it also manifests in tangible physical health consequences (Perry & Winfrey, 2021; van der Kolk, 2014). It is critical to distinguish between forgiveness, an internal decision—an ongoing commitment to oneself—and reconciliation, an external action involving another person, group, or

community (Enright & Fitzgibbons, 2024; Worthington, 2003). Forgiveness is not a single-event transaction but an ongoing commitment that must be continually reaffirmed; it can be challenged or even temporarily withdrawn in response to emotional triggers or a diminished resolve to maintain the release of the offense. A person may choose to forgive without pursuing reconciliation, and this decision is not inherently maladaptive; in many cases, it may represent the healthiest psychological outcome for the individual extending forgiveness.

When considering forgiveness clinically, it is also necessary to assess the impact of interpersonal victimhood, as a personality construct, on a client's capacity to forgive. Interpersonal victimhood is characterized by chronic feelings of being victimized, heightened emotional responses, and recurring cognitive biases (Gabay et al., 2020).

Forgiveness—whether of oneself, others, the situation, or society—is essential to resolving conflict, healing from trauma, and supporting emotional regulation. It plays a critical role in helping individuals move forward rather than remain stuck in pain. The concept of being “stuck” closely parallels the baseline characteristics of trauma often observed in clients with posttraumatic stress disorder (PTSD), particularly within treatment. I am not suggesting that withholding forgiveness indicates PTSD; rather, the dynamic is worth exploring, and therapeutic tools developed for trauma can be leveraged in forgiveness work, especially in the context of self-forgiveness and self-awareness. Recognizing and addressing stuck points through forgiveness can facilitate emotional release, promote cognitive restructuring, and support long-term psychological healing. I see significant value in integrating techniques from Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), Acceptance

and Commitment Therapy (ACT), and the Karpman Drama Triangle to support clients in their journey toward forgiveness.

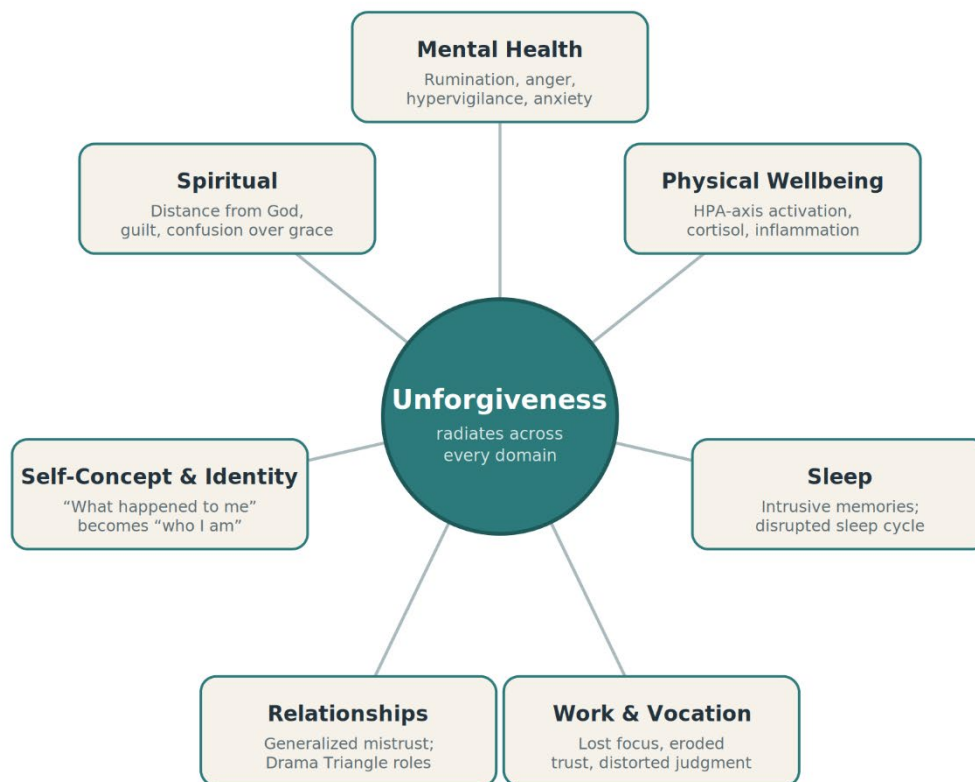
Self-forgiveness plays a vital role in overall mental health and well-being, particularly when a person is working through experiences of guilt, shame, or perceived failure. The emphasis on self-forgiveness, self-awareness, grace, and inner transformation is a recurring theme across the works of Enright, Worthington, Keller, and Sande, all of whom highlight the moral, spiritual, and psychological dimensions of self-forgiveness. Unlike simply excusing one's actions, self-forgiveness involves acknowledging wrongdoing, accepting responsibility, and extending compassion to oneself in ways that promote healing and growth. This internal process can reduce psychological distress, support emotional regulation, and enhance a person's ability to extend forgiveness to others. Without self-forgiveness, individuals may remain trapped in cycles of self-condemnation, finding it difficult to experience freedom, relational restoration, or spiritual peace.

From a Christian perspective, forgiveness is not merely therapeutic; it is a spiritual orientation rooted in the life, death, and resurrection of Jesus Christ. It fosters healing, reconciliation, and personal growth. As a counselor guided by a Judeo-Christian worldview, I believe the journey begins with self-forgiveness and the embrace of grace; without this foundation, offering forgiveness to others becomes far more difficult. At the same time, I recognize the value of evidence-based secular models and their importance in clinical practice, ensuring that my approach is both spiritually grounded and psychologically sound.

This paper examines how forgiveness can be integrated into counseling practice from both Christian and secular perspectives, surveys complementary modalities that can support or overlap with forgiveness work, highlights the importance of addressing compassion fatigue, and underscores the need for ongoing self-care in the counseling profession. While forgiveness is rooted deeply in the Christian faith, it is also supported by a growing body of empirical research demonstrating its therapeutic value. Meta-analytically, self-forgiveness is associated with greater psychological well-being ($r = .45$) and, more modestly, with physical health ($r = .32$; Davis et al., 2015), and large prospective studies link forgiveness of others, self-forgiveness, and divine forgiveness to higher psychosocial well-being and fewer depressive and anxiety symptoms (Chen et al., 2019). From a theological standpoint, works such as *Unpacking Forgiveness* by Brauns (2008), *Forgive* by Keller (2022), and *The Peacemaker* by Sande (2004) provide a biblical foundation for understanding forgiveness as both a moral calling and a path to healing and reconciliation.

A video commentary that accompanies this paper is available at <https://youtu.be/7xoG1yI7pYk> as a complement to the written content.

The Multidomain Impact of Unforgiveness



One reason forgiveness merits sustained clinical attention is that unforgiveness is rarely confined to the interior life. It radiates outward, leaving measurable footprints across the major domains of human functioning. Naming these domains helps clients understand why “just letting it go” feels impossible: the body, mind, relationships, and identity have all organized themselves around the unresolved offense. Forgiveness, then, is not a single shift but a multi-dominated reorganization.

Mental Health

Chronic unforgiveness is associated with elevated rumination, sustained anger, hypervigilance, depressive symptomatology, and anxiety (Nolen-Hoeksema et al., 2008; Worthington & Wade, 2020). The mind continually rehearses the offense, reinforcing threat-based neural pathways and maintaining the emotional charge of the original wound.

Physical Wellbeing

Sustained resentment produces a low-grade but persistent stress response. The hypothalamic–pituitary–adrenal (HPA) axis remains activated, elevating cortisol and contributing to inflammation, cardiovascular strain, and immune dysregulation (McEwen, 2007; Witvliet et al., 2001). As van der Kolk (2014) and Perry and Winfrey (2021) emphasize, the body keeps a meticulous record of unresolved emotional injury; what the mind ignores, the body holds. It is worth noting, however, that the empirical evidence is currently strongest for psychosocial and mental health outcomes. The meta-analytic association between self-forgiveness and physical health is real but more modest than that for psychological well-being ($r = .32$ vs. $r = .45$; Davis et al., 2015), and large prospective studies find robust links to psychosocial and mental-health outcomes but weaker and less consistent links to physical-health indices (Chen et al., 2019; Long et al., 2020). The physical sequelae of unforgiveness are therefore best framed as plausible and partially supported rather than firmly established.

Sleep

Resentment is a nighttime visitor. Intrusive memories, replayed conversations, and unresolved grievances disrupt sleep onset and architecture. Poor sleep then degrades emotional regulation the following day, creating a feedback loop in which unforgiveness compromises sleep, and degraded sleep amplifies the emotional charge of the offense.

Work and Vocational Functioning

Unforgiveness diverts cognitive resources from present-tense tasks. Clients describe difficulty concentrating, reduced creativity, irritability with colleagues, and a sense that something is always pulling at the edges of their attention. In leadership or caregiving roles, unresolved resentment can quietly distort decision-making and erode trust with teams and clients alike.

Relationships

Unforgiveness rarely stays contained to the original relationship. It generalizes—altering trust in new relationships, calibrating boundaries to past wounds rather than present realities, and frequently casting the client into the relational roles described by the Karpman Drama Triangle. People close to the client often feel the weight of a grievance they did not cause.

Self-Concept and Identity

Perhaps most importantly, prolonged unforgiveness shapes how clients see themselves. The story of “what happened to me” gradually becomes the story of “who I am.” Identity organizes around the wound. Forgiveness work, in this light, is partly an invitation to re-author identity—to allow the offense to remain part of the story without becoming the protagonist.

Spiritual Domain

For clients with a religious worldview, unforgiveness frequently produces spiritual conflict—distance from God, confusion about grace, guilt over the inability to forgive, or a sense of a theological double bind. Naming and normalizing this dimension is itself therapeutic, especially within a faith-integrated practice.

Framing forgiveness in these terms reinforces the orienting commitment of this work: forgiveness is freedom, not forgetting. The goal is not to erase the offense from memory but to release the offense’s grip across each of these domains.

Integrating Forgiveness Therapy into Practice

“Forgiveness has a specific task: to help people overcome resentment, bitterness, and even hatred toward people who have treated them unfairly and at times cruelly. In other words, forgiveness is a specialist in quelling that kind of anger that debilitates the injured or wounded individual. Excessive anger is not always noted by therapists as a concomitant to the common psychiatric disorders” (Enright & Fitzgibbons, 2024, p. 14).

This quotation captures why forgiveness deserves more than a footnote in clinical practice. Forgiveness is not merely a moral virtue; it is a targeted intervention for the debilitating anger that quietly underlies many presenting concerns. Unresolved issues, especially when rooted in unjust or traumatic experiences, can silently fuel a range of mental health symptoms that are not always traced back to their source. Integrating forgiveness into therapy allows the clinician to help clients move beyond these toxic emotions, even when the anger is not explicitly named in standard psychiatric frameworks. Forgiveness therapy is, in this sense, an intentional and compassionate exploration of a path toward sustained well-being: a way for both client and therapist to examine situations of unjust treatment for the purpose of helping the person understand the offender, learn to slowly let go of anger toward that person, and, over time, develop a posture of goodwill toward the offender (Enright & Fitzgibbons, 2024).

Enright's Four-Phase Model

In *Forgiveness Therapy: An Empirical Guide for Resolving Anger and Restoring Hope*, Enright and Fitzgibbons (2024) present a four-phase therapeutic model designed to guide clients through the process of forgiving those who have caused significant emotional harm. This structured, compassionate framework provides a roadmap that complements other modalities discussed throughout this paper.

- **Uncovering Phase:** Clients are guided to recognize and express their anger and pain through interventions such as journaling the injury in detail, anger awareness exercises, and mapping avoidance behaviors that reveal hidden emotional wounds. These strategies help clients confront the emotional toll of unresolved resentment.
- **Decision Phase:** Clients are encouraged to commit to the process of forgiveness through techniques such as a cost–benefit analysis of forgiving and the making of a forgiveness pledge, which reinforces intentionality.
- **Work Phase:** Focus shifts to cultivating empathy and compassion toward the offender through perspective-taking exercises and symbolic acts of forgiveness, such as writing an unsent letter.
- **Deepening Phase:** Clients reflect on personal growth and meaning derived from the forgiveness journey, often incorporating spiritual beliefs when appropriate (Enright & Fitzgibbons, 2024).

Enright & Fitzgibbons (2024) — a phased path from anger to release

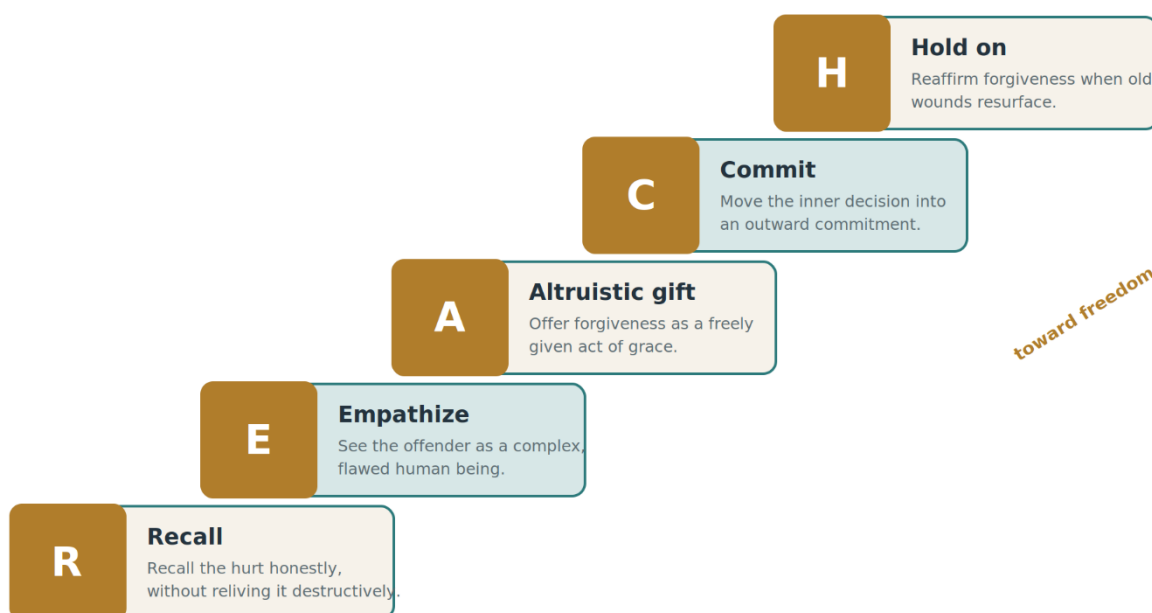


The REACH Forgiveness Model

Another model I intend to use in practice is the REACH Forgiveness model, developed by Everett Worthington (n.d.). This structured, evidence-based approach is designed to help individuals work through emotional pain caused by others. The REACH acronym stands for: Recall the hurt, empathize with the offender, altruistically offer forgiveness, commit to forgive, and hold on to forgiveness. Each step guides clients through both emotional and cognitive processes, allowing them to process pain, build empathy, and make a deliberate choice to forgive. The goal is not to excuse wrongdoing but to free oneself from the destructive effects of chronic anger and resentment (Worthington, 2003). The model's evidence base is substantial. In the largest forgiveness trial to date, a multisite randomized waitlist-controlled study of 4,598 adults across Colombia, Hong Kong, Indonesia, South Africa, and Ukraine, a brief self-directed REACH workbook (completed in roughly two to three hours, without a trained therapist) significantly reduced unforgiveness, depression, and anxiety relative to delayed controls (Ho et al., 2024). Such findings are notable for forgiveness work in resource-limited or shame-sensitive settings, because they suggest that a scalable, self-administered format can produce meaningful change.

Comparative work also bears on the choice of model: in a quasi-experimental study of Ghanaian college students, both the Enright process model and the REACH model significantly increased forgiveness relative to a control group, with neither showing clear superiority over the other (Mensah et al., 2026).

The REACH Forgiveness Model (Worthington, 2003)



Cognitive-Behavioral Foundations for Forgiveness Work

Beyond the dedicated forgiveness models of Worthington and Enright, several cognitive and behavioral modalities offer powerful support for addressing the emotional and psychological barriers that accompany unforgiveness, such as anger, resentment, sadness, anxiety, and spiritual disconnection. These barriers can profoundly impact on emotional well-being, physical health, and relationships. The four approaches outlined below—CPT, CBT, ACT, and DBT skills—are not competing options. They are complementary lenses that can be drawn upon depending on the client’s presentation and pace.

Cognitive Processing Therapy (CPT)

CPT is most often associated with the treatment of trauma and PTSD, but its core construct—identifying and challenging “stuck points”—translates powerfully into forgiveness work. Stuck points are rigid, often distorted beliefs that emerge after trauma and disrupt healing, typically revolving around themes of safety, trust, power/control, esteem, and intimacy (Resick et al., 2024). In the context of forgiveness, stuck points often sound like, “If I forgive, it means what they did was okay,” or “I should have known better—it’s my fault.” These internalized messages reinforce emotional pain and obstruct the path forward.

By using CPT strategies such as Socratic questioning, ABC Worksheets, and the Challenging Beliefs Worksheet, clinicians can help clients examine, challenge, and reframe these beliefs. Replacing distorted thoughts with more balanced, grace-centered perspectives—such as, “Forgiveness is not approval; it is a choice to release myself from continued harm”—empowers clients to break through cognitive barriers. CPT integrates particularly well with forgiveness therapy because both frameworks frame healing as an act of cognitive and emotional clarity rather than a feeling that arrives on its own. A direct comparison of how Enright’s phases, Sande’s biblical framework, and CPT align is presented in Table 1 (Appendix).

Cognitive Behavioral Therapy (CBT)

CBT supplies the broader scaffolding from which CPT is derived. For forgiveness work, CBT offers tools for identifying automatic thoughts, examining the evidence for and against ruminative beliefs, and constructing behavioral experiments to test new ways of relating to the offense. CBT is especially useful in psychoeducation: helping clients understand the difference between an intrusive thought about the offender and a deliberate engagement with that thought is often a turning point in treatment.

Acceptance and Commitment Therapy (ACT)

ACT (Hayes et al., 2012) brings several constructs that map naturally onto forgiveness work. Where CPT seeks to restructure distorted thoughts, ACT often invites clients to change their relationship to those thoughts rather than the thoughts themselves. Five ACT processes are particularly relevant:

- **Cognitive defusion:** Helping clients see ruminative thoughts about the offense (“They ruined my life”) as mental events rather than literal truths reduces their grip without requiring the client to argue the thought down.

- **Acceptance:** Making room for painful feelings—grief, anger, sorrow—so the client no longer needs to spend energy avoiding them. This often unlocks energy that had been consumed by resistance.
- **Present-moment awareness:** Forgiveness work is destabilized when a client lives mentally in the moment of the offense. Returning to the present, again and again, is a forgiveness skill in itself.
- **Self-as-context:** Clients learn to distinguish themselves from the story of the wound. They are the observer of the story, not the story.
- **Values and committed action:** Forgiveness becomes intelligible when framed as a values-aligned choice rather than a concession to the offender. “Is holding this resentment moving me toward the person I want to be?” is one of the most useful questions in the entire repertoire.

ACT integrates exceptionally well with both Enright’s and Worthington’s models. It often serves as the connective tissue between the cognitive work of CPT and the heart work of forgiveness.

DBT Skills, Particularly Radical Acceptance

Dialectical Behavior Therapy (Linehan, 2014) offers several useful skills in forgiveness work, but radical acceptance is foundational. Radical acceptance is not approval, agreement, or surrender; it is the deliberate cessation of the inner fight against reality as it is. For many clients, unforgiveness is partly a refusal to accept that the offense happened—that the offender did, in fact, do what they did, and that the past cannot be revised. Radical acceptance precedes forgiveness; it does not replace it. Other DBT

skills, such as opposite action (acting against the urge to retaliate), distress tolerance, and mindfulness of current emotions, also support clients through the more difficult phases of forgiveness work.

Somatic and Nervous System–Informed Approaches

Forgiveness is often discussed as if it lives entirely in the mind. It does not. Forgiveness is also an event in the nervous system. Until the body experiences something other than threat in connection with the memory of the offense, cognitive insight will only carry the client so far. Two strands of work are particularly relevant here: polyvagal theory and trauma-informed body-based modalities.

Polyvagal Theory and the Social Engagement System

Polyvagal theory, developed by Porges (2011), proposes that the autonomic nervous system operates along a hierarchy of states: ventral vagal (safe, socially engaged), sympathetic (mobilized for fight-or-flight), and dorsal vagal (immobilized, collapsed, or shut down). Chronic unforgiveness frequently corresponds to a nervous system that has not returned to ventral vagal regulation in connection with the offending memory. Each time the memory surfaces, the body shifts into a sympathetic or dorsal response, reinforcing the conviction that the offense is unsafe to revisit.

Clinically, this reframes a great deal of what otherwise appears to be “resistance.” The client is not refusing to forgive; the client’s nervous system is reading the work itself as dangerous. Approaches that emphasize co-regulation, slow titration, breath, and somatic awareness help the client develop the regulatory capacity required by forgiveness work. In practical terms, this can mean grounding exercises before forgiveness conversations, building the client’s ability to track sensation in real time, and pacing interventions to keep the client within their window of tolerance (Siegel, 2020).

Body-Based Trauma Frameworks

The works of van der Kolk (2014) and Perry and Winfrey (2021) reinforce the same point from a different angle. Trauma is encoded in the body, in implicit memory systems, in posture, and in breath patterns. Talking about an offense without attending to how the body responds while talking about it leaves a significant portion of the wound untouched. For forgiveness work, this means treating embodied signals—where the client feels the offense, what their breath does, what their shoulders do—as data does, not as a distraction.

Brief Note on EMDR

Eye Movement Desensitization and Reprocessing (Shapiro, 2018) is not a forgiveness modality, but it warrants brief mention. When unforgiveness is anchored by an underlying traumatic memory that the client cannot approach without overwhelm, EMDR or other trauma reprocessing approaches may

need to come first. A client cannot forgive what they cannot yet tolerate remembering. Sequencing matters.

Compassion, Self-Compassion, and the Inner Work of Self-Forgiveness

Many clients arrive at counseling unable to forgive others because they cannot yet forgive themselves. The internal critic—often louder than any external accuser—keeps them locked in cycles of self-condemnation, perfectionism, and toxic shame. Three contemporary frameworks add depth to the self-forgiveness work already named in this paper. The clinical stakes of this work are increasingly documented. A systematic review found that higher levels of self-forgiveness and self-compassion were consistently associated with lower suicidal ideation and self-harm, and in several studies appeared to buffer the relationship between negative life events and self-harm (Cleare et al., 2019). Self-forgiveness has also begun to be tested in controlled trials with vulnerable populations: a randomized controlled trial of a brief self-forgiveness intervention with HIV-positive adults improved self-forgiveness, spirituality, and mental well-being, and even enhanced heart rate variability under stress, relative to a waitlist control (Skalski-Bednarz et al., 2024). Taken together with the meta-analytic association between self-forgiveness and psychological well-being (Davis et al., 2015), this evidence positions self-forgiveness not as a soft or merely devotional aim but as a clinically consequential target.

Compassion-Focused Therapy (CFT)

Developed by Paul Gilbert (2010), CFT was designed specifically for clients struggling with high levels of shame and self-criticism. CFT identifies three primary affect regulation systems—the threat system, the drive system, and the soothing system—and observes that many clients have well-developed threat and drive systems but a chronically under-resourced soothing system. Self-criticism keeps the threat system active. Self-compassion practices, including imagery exercises, soothing rhythm breathing, and compassionate self-correction, build the soothing system over time. In forgiveness work, CFT is especially useful for clients who can describe what they should feel toward themselves or others but cannot generate the felt sense of it. For clients of faith, CFT integrates remarkably well with grace-based theology: divine grace becomes a felt experience rather than a theological claim.

Internal Family Systems (IFS)

Internal Family Systems (Schwartz & Sweezy, 2020) offers a framework that resonates strongly with self-forgiveness work. IFS proposes that the personality is naturally multiple: managers who try to keep things under control, firefighters who activate to suppress overwhelming pain, exiles who carry the original wound, and a core Self characterized by qualities such as calm, curiosity, courage, and compassion.

In self-forgiveness work, IFS allows clients to identify the part that committed the act they cannot forgive—often a younger, frightened, or overwhelmed part—and to encounter that part from Self rather than from a critic. Clients begin to recognize that the part of them that acted out of fear, or anger, or desperation is not the totality of who they are. Self-forgiveness becomes possible because there is finally a Self large enough to hold the wounded parts with compassion. IFS also offers a powerful frame for forgiving others: clients can recognize that the offender, too, was likely operating from a wounded or extreme part, without that recognition collapsing into excuse-making.

Self-Compassion as a Discipline

Neff (2011) frames self-compassion as having three components: self-kindness in place of self-judgment, common humanity in place of isolation, and mindfulness in place of over-identification. Each component speaks directly to obstacles in self-forgiveness. Self-judgment intensifies shame; common humanity (“I am not the only person who has failed in this way”) softens the isolation that shame creates; and mindfulness allows the client to hold the pain of their own actions without being consumed by it. For clients with a Christian worldview, self-compassion is not in tension with the doctrine of sin; it is the experiential side of grace.

Self-Forgiveness as a Christian Practice

I hold a deep conviction that self-forgiveness—meaningfully accepting grace—is essential before we can truly forgive others. Many clients carry burdens of guilt, toxic shame, or perfectionism that distort their identity. Keller (2022), in *Forgive*, reminds us that self-forgiveness is not about minimizing sin but about embracing pardon and living out a renewed identity in Christ. This truth is echoed in Romans 8:1 (NIV): “Therefore, there is now no condemnation for those who are in Christ Jesus.” As a counselor, I gently guide clients in exploring this truth. Clients burdened by past parenting decisions, broken relationships, or moral failures can, through Scripture, prayer, narrative work, and the integrative tools above, begin to see themselves as “fearfully and wonderfully made” (Psalm 139:14, NIV), no longer defined by their past.

Comparison of Models with CPT Approach

Table 1 (see Appendix) presents a side-by-side comparison of Enright’s phases, Sande’s biblical framework, and CPT, illustrating how a clinician can move fluidly between these models while working with a client through the arc of forgiveness.

Relational and Systemic Perspectives

Forgiveness is rarely a purely individual phenomenon. It happens inside relational systems—families, marriages, workplaces, congregations, communities—and the dynamics of those systems shape

what is possible. Four lenses are particularly useful: the Karpman Drama Triangle, family systems theory, narrative therapy, and the work on boundaries by Cloud and Townsend.

The Karpman Drama Triangle

At its core, the Drama Triangle (West, 2020) identifies three dysfunctional relational roles—Victim, Persecutor, and Rescuer—that often emerge in response to interpersonal injury or trauma. These roles can become internalized narratives that hinder emotional healing and perpetuate cycles of blame, helplessness, or over-functioning. Forgiveness work and the Drama Triangle illuminate each other: during the Recall and Uncovering phases, clients are invited to face the pain of the offense and often uncover the ways they have assumed, or been cast into, one or more of these roles. The person who has been hurt may unconsciously cling to a Victim identity while harboring resentment that aligns with a Persecutor mindset, or may attempt to Rescue the offender to avoid further conflict or to maintain a sense of control.

As clients progress through the forgiveness process, whether through Worthington’s altruistic gift of forgiveness or Enright’s Work phase—they are gently encouraged to step out of these reactive roles. Instead of remaining locked in the disempowered posture of the Drama Triangle, they begin to reclaim moral agency, emotional clarity, and personal responsibility. Forgiveness, then, becomes more than the resolution of anger; it becomes a movement toward healthier identity formation and relational functioning. Table 2 (see Appendix) illustrates how the REACH model maps onto the Drama Triangle alongside biblical and CPT perspectives.

Family Systems Therapy

Ragucci's (2022) *Healing Together: A Step-by-Step Guide to Family Systems Therapy* complements forgiveness therapy by highlighting how unresolved emotional injuries are often maintained within broader relational patterns. Family systems work emphasizes the interconnectedness of family members and recognizes that healing often requires restructuring roles, expectations, and communication patterns. In this context, forgiveness is not only a personal act but also a systemic shift that can interrupt cycles of blame, triangulation, or emotional cutoff.

By integrating family systems principles, counselors can help clients identify how family dynamics may be contributing to their inability to forgive or move forward. Clients may unknowingly be maintaining loyalty to unspoken family rules around silence, resentment, or scapegoating. Addressing these patterns can free clients to forgive not only on an emotional level but also within the context of healthier relational engagement. This system-informed approach aligns well with the relational goals of forgiveness therapy, particularly when clients seek not just personal peace but also reconciliation or boundary-setting within their family of origin.

Narrative Therapy

Narrative therapy (White & Epston, 1990) introduces two ideas that strengthen the work of forgiveness. The first is externalization: the problem is not the person; the problem is the problem. When a client says, “I am bitter,” narrative therapy helps them say instead, “Bitterness has been visiting me, sometimes for years.” This subtle linguistic shift creates space between the client and the unforgiveness, making it possible to examine their relationship.

The second is re-authoring. Most clients arrive holding a single, well-rehearsed story of the offense—a story in which they are the wronged party and the offender is the antagonist. This story is not false, but it is partial. Narrative therapy invites the client to thicken the story, identifying moments of strength, agency, and resilience that the dominant narrative has filtered out. As the story thickens, forgiveness becomes possible not because the offense has been minimized, but because it is no longer the only thing the client is. This dovetails neatly with Frankl’s emphasis on meaning-making, discussed later in this paper, and with Keller’s frame of identity in Christ.

Boundaries: Forgiveness Without Self-Endangerment

Integrating *Boundaries: When to Say Yes, How to Say No to Take Control of Your Life* by Cloud and Townsend (2017) into forgiveness therapy offers a valuable framework for addressing both emotional healing and relational safety. Contrary to the misconception that forgiveness necessitates continued vulnerability, Cloud and Townsend emphasize that forgiveness and boundaries are not mutually exclusive. In fact, establishing healthy boundaries often makes forgiveness possible. When clients learn that they can release resentment while simultaneously protecting themselves from ongoing

harm, they are better able to regain personal agency and develop emotional regulation. This distinction is particularly critical for individuals who equate forgiveness with passivity, weakness, or obligatory reconciliation with unsafe people.

Cloud and Townsend (2017) also highlight the importance of personal responsibility in the healing process—specifically, taking ownership of one’s own emotions, choices, and limits. In forgiveness therapy, clients are guided to distinguish what falls within their responsibility (such as their capacity to forgive) from what remains outside their control (such as the offender’s remorse or behavior). The concept of boundaries allows clients to stop internalizing blame for others’ actions while still choosing to release bitterness as a form of self-liberation. This perspective complements the cognitive reframing and emotional release emphasized by Worthington and Enright, while Cloud and Townsend provide practical guidance on when and how to say “no” after the decision to forgive has been made.

Interpersonal Victimhood as a Clinical Construct

In considering forgiveness therapy, it is essential to address the construct of interpersonal victimhood, which can significantly impact a client’s ability to forgive. Gabay et al. (2020) define the Tendency for Interpersonal Victimhood (TIV) as a persistent personality orientation characterized by chronic feelings of being victimized across relationships. Individuals exhibiting high TIV frequently experience heightened negative emotions, demonstrate cognitive biases such as attributing malicious intent to others, and display behaviors marked by reduced forgiveness and increased desires for revenge (Gabay et al., 2020). Importantly, recognizing TIV is not a way of dismissing or pathologizing

legitimate experiences of harm; it is a way of identifying when harm has crystallized into a stable identity that becomes an obstacle to healing.

When addressing victimhood within forgiveness therapy, several principles are beneficial:

- **Validate without reinforcement:** Acknowledge the client's feelings without inadvertently reinforcing a perpetual victim identity (Gabay et al., 2020).
- **Cognitive restructuring:** Target cognitive distortions, particularly moral elitism and negative attribution biases, to foster empathy and more balanced perceptions of relationships (Gabay et al., 2020).
- **Empathy development:** Implement exercises aimed at strengthening the client's capacity for empathy, addressing the empathic deficit commonly associated with TIV (Gabay et al., 2020).
- **Managing rumination:** Use cognitive-behavioral and mindfulness-based techniques to interrupt the persistent negative thinking that sustains emotional distress and impedes forgiveness (Gabay et al., 2020).
- **Addressing attachment patterns:** Because anxious attachment correlates significantly with victimhood tendencies, attachment-based interventions can help clients develop more secure relational patterns and reduce victimhood behaviors (Gabay et al., 2020).

To assess these dimensions, several validated instruments are useful. The Tendency for Interpersonal Victimhood Scale (Gabay et al., 2020) directly evaluates chronic victimhood patterns. The Victim Sensitivity Subscale of the Justice Sensitivity Scale (Groskurth et al., 2023) measures sensitivity to perceived injustices directed at oneself. The Experiences in Close Relationships Scale (Fraley, n.d.)

assesses attachment patterns, and the Rejection Sensitivity Scale (Downey & Feldman, 1996) evaluates hypersensitivity to rejection. Together, these instruments offer a clearer picture of the interpersonal dynamics that influence a client's capacity to forgive. Adapted versions of several of these instruments are available at <https://www.idrlabs.com/victimhood/test.php> for informal client exploration; clinical decision-making should rely on validated, properly scored versions.

Existential and Meaning-Making Dimensions

Frankl's (2006) *Man's Search for Meaning* contributes a profound existential dimension to forgiveness therapy. Forgiveness, particularly after deep emotional wounds, requires more than cognitive reframing; it often demands a shift in how a person understands pain's purpose and potential. Frankl's central insight—that meaning is found not in what we suffer but in how we respond to it—resonates with the core orientation of forgiveness work: releasing resentment, not because the offense was excusable, but because the person no longer wishes to be defined or bound by it.

In practice, this orientation invites clients to explore how their experience of harm—while genuinely unjust—can become a catalyst for growth, empathy, or spiritual transformation. Logotherapy frames forgiveness not as condoning harm but as a freely chosen response that restores personal agency and dignity. Several adjacent constructs are useful here: posttraumatic growth research (Tedeschi & Calhoun, 2004) suggests that survivors who locate meaning in their suffering often report increased relational depth, spiritual development, and a sense of new possibilities; Acceptance and Commitment Therapy operationalizes meaning through the language of values (Hayes et al., 2012); and narrative therapy gives clients tools for re-authoring their story (White & Epston, 1990). Taken together, these

frameworks expand forgiveness therapy beyond symptom relief into the realm of purpose, identity, and meaningful living.

Mindfulness-Based Approaches

Mindfulness-based interventions, including Mindfulness-Based Stress Reduction (Kabat-Zinn, 2013) and Mindfulness-Based Cognitive Therapy, deserve mention as supporting practices. Rumination is one of the most reliable obstacles to forgiveness; mindfulness practice cultivates the capacity to notice rumination as it begins and to return, repeatedly, to present-moment experience. For Christian clients, mindfulness can be framed in continuity with contemplative traditions: prayerful attentiveness, lectio divina, breath prayer, and Sabbath all share an underlying posture of returning the attention to what is present rather than what is rehearsed.

Motivational Interviewing for Ambivalence

Many clients are ambivalent about forgiveness. Some of them want to release their resentment; another part is convinced that doing so would dishonor what happened to them. Motivational Interviewing (Miller & Rollnick, 2013) offers a respectful, non-coercive framework for working with this ambivalence. Rather than arguing the client into forgiveness, the clinician helps the client articulate, in their own words, the costs of unforgiveness and the values that might be served by letting it go. This

approach is especially important given the risk of premature or coerced forgiveness (discussed in the Clinical Cautions section below).

Integrating Forgiveness within the Christian Context

Forgiveness in counseling is not a peripheral concern—it lies at the heart of emotional healing and spiritual restoration. For clients struggling with unresolved bitterness, trauma, or relational wounds, the invitation to forgive can become a pathway to freedom. As Brauns (2008) asserts in *Unpacking Forgiveness*, biblical forgiveness is not merely about letting go of feelings; it involves a decision to cancel a moral debt—rooted in justice and grace. This means that forgiveness must be both compassionate and truthful, acknowledging harm while releasing vengeance to God, as expressed in Romans 12:19 (NIV): “Do not take revenge, my dear friends, but leave room for God’s wrath, for it is written: ‘It is mine to avenge; I will repay,’ says the Lord.”

This theological vision is increasingly corroborated by the psychology of religion. Although divine forgiveness was long understudied relative to forgiveness of others, recent prospective and longitudinal research suggests it matters for well-being. In a large outcome-wide analysis of young adults, self-forgiveness and divine forgiveness—alongside forgiveness of others—were each associated with higher subsequent psychosocial well-being and fewer depressive and anxiety symptoms (Chen et al., 2019), and a longitudinal study of middle-aged women replicated this pattern for both spiritually motivated self-forgiveness and divine forgiveness (Long et al., 2020). Fincham and May (2019) further found that self-forgiveness and divine forgiveness were independently related to well-being and distress even after religiosity was statistically controlled, and that perceived forgiveness by God moderated the link

between self-forgiveness and distress—being most protective for those least able to forgive themselves. For the Christian client, then, the experience of being forgiven by God is not merely a doctrinal premise but appears to function as a genuine psychological resource, one that may help carry the client toward the self-forgiveness this paper treats as foundational.

A Heart-Centered Approach to Forgiveness

Guiding clients toward forgiveness involves more than behavioral change; it requires engaging the heart and addressing the underlying emotional and spiritual dynamics that sustain bitterness. To structure this work, I have developed a heart-centered framework that moves the client through five stages: hearing the story, exploring the heart, applying truth, responding in faith, and transforming the life. The framework draws on several foundational counseling traditions: a Freudian attentiveness to self-awareness and the way unspoken wounds shape present behavior, an Adlerian emphasis on relational patterns and the social context of the person, and a Rogerian commitment to unconditional acceptance as the relational soil in which honesty becomes possible. These emphases are then reframed within a biblical anthropology that locates the client's deepest identity in Christ.

In the first stage, the counselor provides a safe and unhurried space to *hear the story*, acknowledging the client's pain and relational struggles without rushing toward resolution. The work then moves to *exploring the heart*, surfacing the underlying beliefs, motivations, and emotional wounds that drive resentment—often rooted in shame or a false sense of identity. The counselor next helps the client *apply truth*, bringing Scripture to bear on distorted thinking and realigning self-perception with their identity in Christ. *Responding in faith* invites a concrete step, such as repentance, extending

forgiveness, or surrendering the offense to God. Finally, *transforming the life* attends to the longer arc of healing: the renewal of the heart and the gradual formation of Christlike character. The framework's holistic, mind-body-spirit orientation reflects the broader stream of faith-integrated counseling, but the five-stage structure offered here is my own synthesis, directed specifically at the work of forgiveness.

Unconditional Personal Forgiveness and Conditional Relational Forgiveness

One critical clinical application is distinguishing between unconditional personal forgiveness and conditional relational forgiveness. Unconditional personal forgiveness involves an internal decision to release resentment, bitterness, and the desire for revenge—regardless of whether the offender acknowledges wrongdoing. This type of forgiveness is foundational to emotional and spiritual freedom. In contrast, conditional relational forgiveness pertains to the restoration of a relationship, which may require confession, genuine repentance, accountability, and the rebuilding of trust. Sande (2004), in *The Peacemaker*, offers a robust biblical framework for this distinction, emphasizing the importance of confession, repentance, and reconciliation within a gospel-centered model. As a Christian counselor, I guide clients to release internal anger as an act of obedience to God and as a path to personal healing, even when full relational reconciliation is not possible. This approach allows clients to experience the freedom and peace that forgiveness brings without placing themselves in emotionally or physically unsafe situations.

Self-Forgetfulness and Gospel Identity (Keller)

Incorporating Keller's (2012) *The Freedom of Self-Forgetfulness* into forgiveness therapy enriches the work by grounding the process in gospel-centered identity and humility. One of the greatest barriers to forgiveness is the wounded ego—often driven by a need to assert one's worth, demand justice on one's own terms, or maintain control. Keller's emphasis on self-forgetfulness invites clients to release the burden of self-justification and find their value in Christ rather than in others' verdicts. When clients grasp that their identity is not rooted in what others have done to them—or in their own failures—they are better equipped to extend grace. This aligns with biblical forgiveness, which is not earned or deserved but modeled after the mercy shown to us by God (Ephesians 4:32). It shifts the focus from the offense to the healing, freeing clients from cycles of resentment and pride.

Keller's notion that gospel identity replaces performance-based worth can empower both counselor and client to approach forgiveness through a lens of grace rather than judgment. In forgiveness therapy, clients often wrestle with deep wounds and internalized shame, yet the Christian message declares that they are fully known and fully loved in Christ. This theological truth provides a secure foundation for addressing painful memories without being defined by them. Counselors can use this framework to help clients understand that forgiving others is not a denial of justice; it is a release of the need to be the judge. It is a step of faith that entrusts justice to God while embracing the freedom and peace that come from letting go. Self-forgetfulness, then, is not a loss of identity but a deeper embrace of one's identity in Christ, which becomes the wellspring for genuine forgiveness and emotional healing.

Forgiveness as Worship and as Witness

For a client with a Christian worldview, committing to forgiveness can be experienced as an act of worship—an intentional expression of obedience and a reflection of Christlike character as an image bearer of God. Assisting clients in the forgiveness process, particularly in the context of deep trauma or betrayal, requires discernment, sensitivity to timing, and spiritual care. Forgiveness should never be coerced or used to excuse or minimize injustice; rather, it should be offered as a pathway to healing that aligns with both justice and mercy. In cases of abuse, forgiveness does not eliminate the need for healthy boundaries or appropriate legal action; instead, it helps release the client from the grip of bitterness while upholding accountability and safety.

As I prepare to serve in this sacred role as a counselor, I echo Paul's words in 2 Corinthians 1:4 (NIV): "[God] comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God." It is my hope and prayer that my counseling will be a living testimony of restorative power—rooted in forgiveness, renewed through rest, and sustained by Christ.

Cultural Considerations and Cultural Competency

Forgiveness is not culturally neutral. The meaning, expression, and pacing of forgiveness vary substantially across cultures, faith traditions, and family systems. A competent forgiveness practice takes several considerations into account.

First, the role of community matters. Some cultural and religious traditions view forgiveness as an inherently communal act, requiring engagement with elders, faith leaders, or the wider community, rather than as a strictly private decision. Approaches that assume individualistic forgiveness may inadvertently isolate clients from sources of healing that their cultural framework would normally provide.

Second, expectations around reconciliation differ. In some contexts, ongoing relational engagement with one's family of origin is non-negotiable; in others, distancing is culturally permitted. Clinicians who assume one model risk imposing values that may not fit the client.

Third, the experience of systemic and historical injustice complicates individual forgiveness. For clients from communities with histories of collective harm, forgiveness work that ignores the wider context can feel reductive or dismissive. Clinicians should be attentive to the difference between personal forgiveness and the legitimate demand for justice at a systemic level.

Fourth, religious and spiritual diversity is real even within the broad Christian tradition, and certainly across faiths. Clinicians serving clients from different traditions should distinguish their own theological convictions from clinical interventions and welcome clients to bring their own spiritual resources into the work. Cultural humility—a posture of ongoing learning rather than achieved mastery—remains the appropriate stance throughout (Hook et al., 2013).

Clinical Cautions and Contraindications

Forgiveness work is powerful, but it is not always the right next intervention. Several cautions should shape clinical practice.

Premature Forgiveness

Forgiveness pressed too early can short-circuit grief, anger, and the protective signaling those emotions provide. Clients who feel they should forgive—often because of religious messaging, family expectations, or personal discomfort with anger—may express verbal or cognitive forgiveness that has not been processed at a deeper level. The result is a forgiveness that does not hold.

Active Harm and Safety

Forgiveness is not an appropriate frontline intervention when a client is in active danger. In contexts of intimate partner violence, abuse, or coercive relationships, the clinical priority is safety, not forgiveness. Forgiveness may eventually have a place in the client's healing, but it cannot precede the establishment of safety and stability.

Spiritual Bypassing

Among clients with strong religious commitments, the language of forgiveness can sometimes be used to avoid difficult psychological work—a pattern that Welwood (2000) termed spiritual bypassing. “I’ve forgiven them” can become a way to close the conversation rather than engage with persistent grief, fear, or rage. Clinicians serving people of faith should be alert to this pattern and willing to gently name it when it appears.

Coerced Forgiveness

Forgiveness imposed by family, congregation, or counselor is not forgiveness. The clinician’s job is to hold space for the question, not to extract an outcome. Motivational interviewing, ACT’s emphasis on chosen values, and trauma-informed pacing all serve this principle.

Trauma That Has Not Yet Been Processed

As noted earlier, a client cannot forgive what they cannot yet tolerate remembering. When unforgiveness is anchored by an underlying trauma that overwhelms the nervous system, trauma processing—whether through CPT, EMDR, somatic approaches, or other evidence-based modalities—typically needs to come first. Forgiveness then becomes possible because the memory has become bearable.

Compassion Fatigue and the Cost of Caring

Compassion fatigue, often referred to as the “cost of caring,” is a significant risk for those in helping professions (Figley, 2002). It emerges when counselors absorb the emotional weight of their clients’ pain without sufficient restoration. This emotional exhaustion can lead to detachment, burnout, and reduced effectiveness, and it shares overlapping features with vicarious traumatization (Pearlman & Saakvitne, 1995). Compassion fatigue is not a sign of weakness but a predictable outcome of unguarded empathy. Solomon (2021) highlights the importance of “Christ-dependent” counseling over “client-dependent” or “self-reliant” approaches. The former fosters resilience by anchoring the counselor in Christ's sufficiency rather than in performance or emotional overidentification. Counselors must be vigilant not to become saviors for their clients but to point them to the true Savior. Berg (2021) reframes this through the lens of vocation, recognizing that even in moments of exhaustion, God continues to work through the counselor to serve others. Rather than viewing weariness as failure, the counselor can understand it as a reminder that their calling is not self-driven but sustained by ongoing grace.

The HEART Model emphasizes the need for counselors to monitor their own heart responses. When unresolved pride, fear, or people-pleasing enter the counseling room, counselors are more likely to sacrifice boundaries and risk compassion fatigue. Regular return to the disciplines of worship, surrender, and dependence on Christ remains foundational.

Synthesis and Conclusion

This paper has surveyed forgiveness from several angles: the foundational forgiveness models of Enright and Worthington; the cognitive scaffolding of CPT, CBT, ACT, and DBT skills; the somatic and nervous system–informed contributions of polyvagal theory and trauma-focused approaches; the compassion-focused and parts-based work of CFT, IFS, and self-compassion practice; the relational lenses of the Karpman Drama Triangle, family systems, narrative therapy, and the boundaries framework; the clinical construct of interpersonal victimhood; the existential and meaning-making contributions of Frankl, mindfulness practice, and motivational interviewing; and the Christian framework articulated by the HEART Model, Brauns, Sande, and Keller.

Across these traditions, several throughlines emerge. Forgiveness is freedom, not forgetting. It is an internal decision distinct from—though sometimes leading to—reconciliation. It operates across multiple domains of human functioning, from the nervous system to the soul. It cannot be coerced. It cannot precede safety. And it cannot be sustained without ongoing reaffirmation.

The empirical picture, while still developing, increasingly supports this work. Meta-analytic, longitudinal, and randomized-trial evidence converges on a consistent conclusion: forgiveness—of others, of self, and from God—is reliably associated with, and in controlled trials capable of improving, psychosocial and mental-health outcomes such as depression, anxiety, and well-being (Chen et al., 2019; Davis et al., 2015; Ho et al., 2024; Skalski-Bednarz et al., 2024). The evidence for physical-health effects, by contrast, is more modest and less consistent (Davis et al., 2015; Long et al., 2020). Several priorities therefore remain for future work: longitudinal and cross-cultural trials that use validated self-forgiveness measures, clearer specification of dose and format across models that range from brief self-directed workbooks to multi-week therapist-led programs, and continued attention to the differential and interacting roles of self-forgiveness and divine forgiveness within faith-integrated care. None of this

displaces the theological core of the present work; rather, it suggests that the clinical instinct to take forgiveness seriously is well founded.

For clients of Christian faith, forgiveness is also a reflection of grace received—a participation in something larger than the individual’s effort to forgive. For clients of other backgrounds, the same work can be framed in the language of values, meaning, and identity without diluting its depth. The clinician’s task is not to enforce a particular framing but to help the client locate the forgiveness work within their own framework of meaning, supported by the clinical tools that fit their presentation and pace.

Forgiveness, in the end, is one of the most demanding and most liberating things a human being can do. Counselors who walk with clients into this work do so most effectively when they have done—and continue to do—the same work themselves.

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Appendix

Table 1. Forgiveness Models in Dialogue with Cognitive Processing Therapy

Table 1 illustrates the parallels among Enright’s phased model, Sande’s biblical framework, and Cognitive Processing Therapy. Read across each row to see how a single client moment can be approached through three complementary lenses.

Phase	Enright (2001) – Forgiveness Is a Choice	Sande (2004) – The Peacemaker	Resick, Monson & Chard (2024) – CPT
Uncovering Phase	Acknowledging the emotional hurt caused by the offense without minimizing or avoiding it. Examining psychological defenses—denial, repression, rationalization—that have kept the pain at a distance. Confronting anger as a valid signal that injustice has occurred. Admitting shame, embarrassment, fear, guilt, and sadness alongside the anger. Recognizing cognitive rehearsal—the mental replaying of the event that reinforces bitterness. Comparing the offender with oneself in ways that soften rigid judgment without excusing the offense. Realizing the impact of the injury on identity, relationships, and outlook. Becoming willing to confront the full weight of the injustice.	Begins with self-examination, drawing on Matthew 7:5: “First take the plank out of your own eye.” Acknowledges hurt without justification—refusing the shortcut of superficial peace. Engages anger biblically through Ephesians 4:26–27, recognizing that mishandled anger blocks healing. Sees the offender in the light of shared need for grace, grounded in Romans 3:23. Drama Triangle: surfaces the Victim and Persecutor patterns embedded in the internal narrative (West, 2020).	The initial Impact Statement: clients describe why the event happened and how it has affected their beliefs about themselves, others, and the world. ABC Worksheets trace activating events, beliefs, and emotional consequences—clarifying the inner world. The Stuck Point Log surfaces rigid beliefs such as “I’m to blame” or “No one can be trusted.” Identification of cognitive distortions—catastrophizing, overgeneralizing, personalizing. Psychoeducation on trauma reactions normalizes intrusion, anger, and avoidance, giving permission to face the hurt.
Decision Phase	Making an intentional commitment to forgive—a decision distinct from emotion. Clarifying what forgiveness is and is not: not forgetting, excusing, condoning, or automatically reconciling. Committing to forgive, often privately, because resentment harms the forgiver. Reaffirming the choice when resentment returns; forgiveness as ongoing commitment. Embracing the moral power of the decision and the agency it restores.	Frames forgiveness as obedience to God rather than reaction to the offender’s behavior. Defines forgiveness from Colossians 3:13: “Forgive as the Lord forgave you.” Offers four promises: I will not dwell on it; I will not bring it up against you; I will not talk to others about it; I will not let it stand between us. Roots the decision in identity as a forgiven child of God (Ephesians 4:32). Drama Triangle: rejects passive Victim posture in favor of	Challenges stuck points that block forgiveness, such as “If I forgive, I’ll lose control.” Socratic questioning: “What does holding onto this belief cost you? What kind of person do you want to be?” Emphasizes client autonomy and moral agency; forgiveness is empowered, not imposed. Consolidates cognitive shifts as emotional distress decreases. A revised Impact Statement at the close of treatment can serve as a personal declaration of commitment.

Phase	Enright (2001) – Forgiveness Is a Choice	Sande (2004) – The Peacemaker	Resick, Monson & Chard (2024) – CPT
		intentional response (West, 2020).	
Work Phase	Reframing the offender in a broader human context, recognizing their history and vulnerabilities. Cultivating empathy and compassion without excusing the offense. Bearing the pain rather than passing it on through retaliation or sustained bitterness. Giving the moral gift of forgiveness as an altruistic act of growth and maturity.	Forgiveness as a voluntary act of grace mirroring Christ’s love. Developing compassion through reframing the offender’s humanity. Bearing the pain instead of retaliating, grounded in Romans 12:19–21: overcome evil with good. Pursuing reconciliation when appropriate, while discerning relational boundaries (Romans 12:18). Drama Triangle: disrupts Persecutor and Rescuer dynamics through deeper understanding (West, 2020).	Reframing stuck points about the offender through the Challenging Beliefs Worksheet. Socratic questioning explores motivation and context without excusing behavior. Helps the client bear the pain without retaliation, releasing the need for external resolution. Supports moral identity development: “Who do I want to be in response to this?” Optional trauma narrative work can deepen understanding of the offender’s role in context.
Deepening / Outcome Phase	Discovering meaning in the suffering. Recognizing personal growth in character and resilience. Realizing a new purpose, sometimes including service to others who have suffered similarly. Experiencing emotional relief and release from the weight of unforgiveness. Possibly rebuilding or reimagining the relationship, with or without contact.	Experiencing peace and freedom (Philippians 4:7). Growth in Christlike character (Colossians 3:12–13). Discovering redemptive purpose in pain (Romans 8:28). Reconciliation and restoration when possible. Drama Triangle: exits the triangle by forming a new relational script (West, 2020).	Revision of the Impact Statement, highlighting cognitive and emotional change. Reinforcement of skills across safety, trust, power/control, esteem, and intimacy. Relapse prevention planning: anticipating triggers and preparing alternative beliefs. Continued use of self-monitoring tools to maintain gains. Cognitive case conceptualization that supports long-term application of skills.

Table 2. The REACH Forgiveness Model with Biblical, Drama Triangle, and CPT Integration

Table 2 maps Worthington’s REACH model against Sande’s biblical framework, the Karpman Drama Triangle, and CPT, highlighting how the same step in the forgiveness arc looks through each lens.

REACH Step	Worthington (2003)	Sande (2004)	Karpman (West, 2020)	CPT (Resick et al., 2024)
Recall the Hurt	Acknowledge emotional wounds without reliving them destructively. Use journaling, prayer, or guided conversation to name details and emotions safely. Healing cannot begin without truthful recognition of the hurt.	“Grow to be like Christ” through honest self-examination (Psalm 32:3–5). Sande’s call to confession and clear acknowledgment of sin. Bringing pain into the light as part of sanctification.	Recognizes the Victim role—the client may feel powerless or perpetually wounded.	Impact Statement grounds recall in concrete context. Stuck Point Log, Identifying Emotions handout, and ABC Worksheet support clarity. Trauma narrative enables controlled exposure and emotional processing.
Empathize with the Offender	See the offender as a complex, flawed human rather than a source of harm only. Reflect on shared humanity; consider context, brokenness, motivations. Empathy without excuse softens bitterness and supports healing.	“Serve others and be a witness” through humility (Matthew 7:5). Acknowledge personal capacity for sin and brokenness. Approach the offender with compassionate realism rather than minimizing harm.	Challenges the Persecutor role and disrupts blame cycles.	ABC Worksheet supports perspective-taking on offender’s context. Socratic questioning opens nuance: “What else might have shaped their behavior?” Trauma narrative incorporates contextual understanding without justifying harm. Psychoeducation normalizes the complexity of trauma responses.
Altruistic Gift of Forgiveness	Forgive as an act of grace, freely given. Recall personal experience of being forgiven. Draw on spiritual resources to cultivate strength to offer the gift.	“Glorify God” by mirroring Christ’s mercy. Anchored in Matthew 7:5 and 1 John 1:8–9. Forgiven people empowered to extend forgiveness.	Counters Rescuer tendencies—forgiving for the right reasons rather than to maintain control or assuage guilt.	Cognitive restructuring shifts “They don’t deserve it” to “Forgiveness is for my healing.” Socratic dialogue surfaces values and identity. Revised Impact Statement expresses forgiveness as a deliberate, healing act.
Commit to Forgive	Move forgiveness from internal decision to external declaration. Reinforce through journaling, prayer, or a trusted witness. A deliberate act of will, often made in faith.	“Faith and obedience” as ongoing posture. Forgiveness as a series of commitments, not a one-time feeling (Ephesians 4:32). Heart-level decision to reflect Christ’s love.	Breaks attachment to Victim/Rescuer dependency.	New adaptive beliefs: “I can move forward even if they never apologize.” Socratic reflection links commitment to values.

REACH Step	Worthington (2003)	Sande (2004)	Karpman (West, 2020)	CPT (Resick et al., 2024)
				Behavioral assignments such as an unsent letter reinforce the choice.
Hold onto Forgiveness	Forgiveness as an ongoing commitment. Intentionally reaffirm when old wounds resurface. Practices: brief prayer, journal reminders, trusted accountability.	“Breathe grace continually.” Four promises of forgiveness sustained over time. Anchored in Matthew 18:21–22 (seventy-seven times).	Prevents relapse into triangle roles when hurt resurfaces.	Recognize new or recurring stuck points (“I thought I forgave them, but I’m angry again”). Replace with balanced thoughts: “It is normal to feel pain; I can reaffirm my choice.” Final Impact Statement consolidates change and supports relapse prevention.