Forgiveness, Family Relationships and Health

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Abstract

Although family relationships play an integral role in the psychological and physical health of family members, research on forgiveness in this context is limited. Critical evaluation of extant data shows that forgiveness of family members differs as a function of the relationship involved and that forgiveness impacts the quality of the relationship. Because the quality of family relationships is associated with health outcomes, forgiveness is indirectly related to health because of its impact on characteristics of the relationship. There is also a direct association between forgiveness of family members and psychological health, particularly depressive symptoms, but more data are needed to draw inferences about physical health. Few studies explicitly set out to investigate health outcomes of forgiveness in family relationships and such research is a priority in setting a future research agenda. This agenda also includes the need to study health outcomes for perpetrators as well as victims, potential negative effects of forgiveness, the role of self-forgiveness in family relationships, equity in forgiveness between family members over time and the study of patient populations. The chapter concludes by identifying the potential of forgiveness interventions to provide much needed information on mechanisms involved in forgiveness between family members.

Key terms: hurtful relationships, inequity in forgiveness, self-forgiveness, parent-child relationship, stress and coping

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Family relationships play an integral role in the psychological and physical health of family members, as well as the economic well-being of the family (see Beach & Whisman, 2012; Fincham & Beach, 2010). Paradoxically it is in family relationships that many of our important needs are met and yet some of our deepest hurts occur. These hurts can be occasioned by a violation of an implicit or explicit relationship norm, deceit, betrayal and so on. Although various options exist for dealing with such hurts (e.g., withdrawal, denial, condoning, reframing the transgressions), over the course of long-term relationships such as marriage they are unlikely to suffice. Little surprise, then, that the well known journalist/humorist, Robert Quillen (2008, p.255), the Garrison Keillor of his day, wrote that "a happy marriage is the union of two good forgivers."

What are the consequences of forgiving versus not forgiving in family relationships? To the extent that failure to forgive results in destructive conflict and/or disruption of the family relationship, the results can be costly for those involved in the transgression as well as other family members. For example, the deleterious effect of marital discord on the psychological and physical health of spouses is well documented (e.g., Kiecolt-Glaser, Loving, et al., 2005; Whisman, 2007), as is the panoply of effects it has on both child and adult offspring (e.g., Amato, 2010; Rhoades, 2008).

It is widely accepted that even though forgiveness (an intrapersonal process) should not be confused with relationship reconciliation (a dyadic process), it promotes prosocial motivational process that can lead to relationship repair and the re-emergence of a healthy relationship. At a conceptual level then, it is apparent that forgiveness in family relationships can play a critical role in both the psychological and physical health of family members. The present chapter examines whether this is indeed the case.

Dimensions of Health

Psychological health. Even though there is a burgeoning literature on interventions to promote forgiveness in marital and family contexts (see Worthington & Jennings, 2010), most of these interventions are primarily psycho-educational and not specifically designed to deal with patient populations. Because certain conditions such as depression and marital discord tend to be co-morbid, it is quite possible that psychopathology may be present in distressed couples who seek such interventions. However, forgiveness intervention research and work on forgiveness in families more generally tends to focus on community samples and make use of dimensional measures of symptoms (e.g., anger, depression).

Physical health. There is growing evidence from large, national probability samples as well as smaller scale studies that forgiving a transgressor is associated with psychophysiological and psychoneuroimmunological processes, as well as self-reported measures of health (e.g., Lawler-Row, Karremans, Scott, Edlis-Matityahou, & Edwards, 2008; Worthington, Witvliet, Pietrini, & Miller, 2007). In fact, forgiveness is associated with cardiac risk in both community and patient populations (Friedberg, Sonia, & Srinivas, 2007; Toussaint & Cheadle, 2009). One study has even shown that conditional forgiveness, forgiveness that depends on the post transgression behavior of the transgressor, predicts mortality (Toussaint, Owen, & Cheadle, 2012). In sum, failure to forgive unconditionally poses health risks and appears to be life threatening.

In contrast to psychological health, relatively few studies on forgiveness and family relationships include indices of physical health and research on patient samples is conspicuous by its absence. In the absence of a body of research on diagnosed psychological or physical disorders in the literature on forgiveness and family relationships, caution should be used in generalizing observations made in this chapter to clinical populations.

Dimensions of Forgiveness in Family Relationships

Although the conceptualization and measurement of forgiveness are discussed elsewhere (see Chapters 1 and 3), there are particular dimensions of forgiveness that require mention in the context of family relationships. Forgiveness has been most frequently characterized in terms of a motivational change in which resentment, anger, retaliatory impulses, and so forth are overcome. But is this decrease in unforgiveness sufficient in the context of ongoing family relationships? It is a logical error to infer the presence of the positive (e.g., health, forgiveness) from the absence of the negative (e.g., illness, unforgiveness). Therefore, it bears noting that equally fundamental to forgiveness is "an attitude of real goodwill towards the offender as a person" (Holmgren, 1993), and this is especially relevant to ongoing relationships, such as those that occur in a family. Although this benevolence dimension is not entirely absent from general research on forgiveness (e.g., TRIM-18; McCullough, Root, & Cohen, 2006), concerns about measuring forgiveness adequately in close relationships has led to development of relationship specific measures (e.g., The Marital Offence Forgiveness Scale; Paleari, Regalia, & Fincham, 2009). There is even some evidence to show that positive and negative dimensions of forgiveness have different correlates in family relationships. For example, unforgiveness but not forgiveness, was associated with spousal aggression (Fincham & Beach, 2002) and with partner reports of marital satisfaction (Paleari et al., 2009). Moreover, wives' forgiveness predicted husbands' reports of conflict resolution 12 months later whereas neither spouse's unforgiveness predicted later partner reports (Fincham, Beach & Davila, 2007).

Forgiveness can also be conceptualized at different levels of specificity: as a trait, as a tendency toward a specific relationship partner, and as an offense-specific response (see McCullough, Hoyt, & Rachal, 2000). Trait forgiveness, or forgivingness, occurs across relationships, offenses and situations whereas the tendency to forgive a particular relationship

partner, sometimes referred to as dyadic forgiveness (Fincham et al., 2005), is the tendency to forgive him or her across multiple offenses. Finally, offense-specific forgiveness is defined as a single act of forgiveness for a specific offense within a particular interpersonal context. Associations among these levels of forgiveness is modest at best (e.g., Allemand, Amberg, Zimprich, & Fincham, 2007; Eaton, Struthers, & Santelli, 2006). In fact, Paleari et al. (2009) found that both positive and negative dimensions of forgiveness were more strongly related to relationship variables than to trait forgivingness, arguing that "relational characteristics may be more important in understanding forgiveness of interpersonal transgressions in close relationships than a global disposition to forgive" (Paleari et al., 2009, p. 205).

It can thus be argued that forgiveness in families most likely serves a purpose that is linked to the nature and functioning of the family relationship involved. For example, the operation of forgiveness should depend greatly on whether it occurs between two spouses, a parent and a child, two similarly aged siblings, parent and adult offspring and so on because each involves different roles and serves different psychological needs. For example, an evolutionary perspective suggests that avoidance engendered by unforgiveness should lead to less parental care in the parent–child relationship, causing unforgiving parents to have a decreased chance of gene replication (Trivers, 1985). This reproductive disadvantage alone suggests that forgiveness is different in the parent-child relationship from forgiveness in relationships between parents. Karremans and Van Lange (2009) have similarly argued, and provided supportive data, for the view that forgiveness becomes part of the mental representation of a relationship, and it follows that forgiveness may be represented differently in different relationships. Attempts to examine forgiveness across different family relationships are limited but, as will be seen, they do support the above argument.

Theoretical/Conceptual Models of the Forgiveness-Health Connection in Families

Conceptual work on the forgiveness-health connection specifically in the context of families is lacking. This is hardly surprising given the relatively recent emergence of focused research on the forgiveness-health connection more generally. Indeed, after reviewing extant research relating to physical health, Harris and Thoresen (2005, p. 331) concluded, "we can reasonably hypothesize, yet not conclude, that chronic and intense unforgiveness are health risks." The need for conceptual development is particularly acute as evidenced in reviews of relevant literature (e.g., Worthington, Witvliet, Pietrini & Miller, 2007) where inferences made are sometimes quite tenuous and conclusions drawn often lack theoretical integration.

The above observations underline the importance of work by Witvliet and McCullough (2007) and McCullough, Root, Tabak, and Witvliet (2009) that examines potential pathways by which forgiveness may influence health. This work emphasizes the role of forgiveness in emotion regulation and the reduction of negative coping behaviors (e.g., substance use) that influence health. It may well be that the mechanism linking forgiveness and health is the stress response and physiological evidence documents a clear link between forgiveness and indices of stress (e.g., Lawler, Younger, Piferi, & Jones, 2000; McCullough et al., 2007; Witvliet, Ludwig & Van Der Laan, 2001). Lacking in these analyses, though, is consideration of how relationship functioning fits into the picture. Consider the two patterns of physiological arousal that have been associated with long-term health risk—sustained or chronic elevation of physiological processes and their acute reactivity to situational stressors such as partner transgressions. Poor quality relationships may make it harder to forgive the partner thereby facilitating chronic physiological arousal. In a similar vein, poor quality marital relationships are characterized by heightened reactivity to negative partner behavior (see Fincham, 2003). Indeed in low quality

relationships merely imagining a typical interaction with the partner increases stress hormone levels (Berry & Worthington, 2001). In light of these observations, it is not surprising that poor marital quality is an important prognosticator of the occurrence of the metabolic syndrome, a cluster of risk factors for cardiovascular disease (Troxel, Matthews, Gallo, & Huller, 2005).

In short, a stress-and-coping framework wherein forgiveness ameliorates chronic (and possibly acute) stress responses to a transgression is likely to be helpful in understanding how forgiveness may impact health (see Worthington & Scherer, 2004). It is hypothesized that in such a framework the nature of the transgressor-victim relationship will be pivotal. Specifically, the nature of the relationship is hypothesized to moderate the link; there is likely to be a stronger relationship between unforgiveness and health in lower quality relationships than high quality ones. Whether the positive dimension of forgiveness will operate similarly is open to question. Fincham (2000) points out that the behaviors associated with the positive dimension of forgiveness do not have a unique topography and instead they simply comprise anything that reflects "an attitude of real goodwill." In contrast, unforgiveness is more readily identified as a cluster of negative emotions and motivations that include vengeance, resentment, bitterness, anger, fear, avoidance and rumination initiated by a transgression. It is little wonder, then, that it is unforgiveness that has typically been related to health outcomes.

Empirical Evidence of Forgiveness and Health in Families

As noted, forgiveness can be distinguished from unforgiveness, and both are viewed as important in ongoing relationships such as those found in families. It is posited that forgiveness and reduced unforgiveness may both be related to health outcomes indirectly by facilitating healthy relationships; however direct relationships to health outcomes may also exist. Each of these possibilities is now considered.

Is forgiveness associated with relationship properties known to increase health risk?

Relationship quality is widely accepted as the final common pathway that leads couples and families to seek help. Not surprisingly, it has been a focus of research on forgiveness in family contexts. An association exists between both forgiveness and unforgiveness and marital quality (see Fincham, 2010; Fincham et al., 2005), with some indication of a more robust relationship for unforgiveness (Coop Gordon, Hughes, Tomcizk, Dixon & Litzinger, 2009)[1]. Longitudinal evidence suggests that marital quality predicts later forgiveness and that forgiveness also predicts later marital satisfaction (Fincham & Beach, 2007; Paleari et al, 2005). Turning to mechanisms that might account for the association, Fincham et al. (2004) suggested that unresolved transgressions may spill over into future conflicts and, in turn, impede their resolution, thereby putting the couple at risk for developing the negative cycle of interaction that characterizes distressed marriages. This would provide a mechanism that links forgiveness and relationship satisfaction and is further supported by the finding that forgiveness predicts behavioral responses to partner transgressions (Fincham, 2000). Indeed, unforgiveness predicts partner reported acts of psychological aggression in marriage whereas forgiveness predicts partner reports of constructive communication (Fincham & Beach, 2002). There is also some evidence that trust mediates the forgiveness-marital satisfaction association in the case of both positive and negative forgiveness dimensions (Coop Gordon et al., 2009). Finally, Schumann (2012) provides evidence to suggest that partners with higher relationship satisfaction are more forgiving as they tend to view apologies offered by the transgressor as more sincere.

[1] Many studies do not use separate measures of forgiveness and unforgiveness. Instead, they use a single unidimensional measure that comprises both types of items. For ease of presentation the word forgiveness is used in describing results from these studies.

Finkel, Rusbult, Kumashiro, and Hannon (2002) argue, however, that forgiveness in relationships is driven by the intent to persist in a relationship or commitment. They provide experimental data to support this view and there is no doubt a strong relationship between commitment and forgiveness (see Karremans & Van Lange, 2008). However, Tsang, McCullough, and Fincham (2006) offered longitudinal evidence that forgiveness also promotes increases in commitment. Braithwaite, Selby, and Fincham (2011) specifically examined commitment and satisfaction together in examining the mechanism(s) linking forgiveness and relationship satisfaction. They found that conflict mediated the association between forgiveness and later relationship satisfaction independently of commitment and initial levels of relationship satisfaction. Their study also showed that behavioral regulation of relationship relevant behavior mediated the temporal association between forgiveness and relationship satisfaction.

In a similar vein, the quality of parent-child relationships was related to adolescent forgiving of parents, which, in turn, was associated with decreased parent-adolescent conflict (Paleari, Fincham, & Regalia, 2003). Maio, Thomas, Fincham, and Carnelley (2008) showed that forgiveness in families is specifically related to aspects of the relationship with the transgressor and not with other family members. However, they did show that higher forgiveness among family members correlated with a more positive experience of the family environment. Cross lagged analyses of longitudinal data also showed that child and mother forgiveness of the father predicted greater family expressiveness and less family conflict 12 months later; whereas child and father forgiveness of the mother predicted later family expressiveness and cohesiveness. Forgiveness of the child did not predict later family functioning. Importantly, these family level variables did not predict later forgiveness.

Hoyt, Fincham, McCullough, Maio, and Davila (2005) used the social relations model to examine variation within families in who tends to forgive (forgivingness) and who tends to be forgiven by others (forgivability). In doing so, they were able to partition variance into actor, partner, and relationship effects. The constellation of these effects varied across family relationships. However, relationship effects for both forgivingness and forgivability were consistently predicted by the degree of conflict present in the relationship. In a second study, they also found that trust significantly predicted the variance in forgivingness attributable to the relationship in the mother-father and mother-child relationships. Interestingly, relationship closeness was unrelated to variance in forgivingness and forgivability uniquely reflected in the relationship effects.

Finally, it has been found that in emerging adults forgiveness measures either fully or partially mediated associations between both parent-child relationship quality and interparental conflict and offspring psychological distress (Toussaint & Jorgenson, 2008). Coop Gordon et al. (2009) also found effects involving interparental conflict in that husbands and wives'unforgiveness (but not forgiveness) predicted 11-16 year olds reports of interparental conflict properties.

It is possible to continue in this vein and document further aspects of relationships related to forgivingness (only Hoyt et al., 2005, studied forgivability). However, there is no need to do so, as it is readily apparent that forgivingness likely influences relationship health and vice versa. And relationships, especially in the family, can impact mental and physical health. We can thus conclude that forgiveness in family relationships is no doubt associated indirectly with health. This leaves us with the question of whether there is a direct relationship between forgiveness of family members and psychological and physical health.

Is there a direct association between forgiveness of family members and health? In regard to the question just posed, a particular problem arises in relationship research, especially the marital research literature. This literature is strewn with studies in which constructs merely act as proxies for relationship quality, often giving rise to tautologies (see Fincham & Bradbury, 1987). As a result, Fincham et al. (2004) proposed the surplus value test whereby it is necessary to show that constructs do more than capture variance in commonly used measures of relationship quality. Absent such a requirement, forgiveness may simply function as a proxy index of relationship quality. They went on to show that forgiveness did pass this test in their studies. The importance of this test is emphasized by a finding obtained by Coop Gordon et al., (2009). They showed that both husband and wife unforgiveness strongly predicted the parenting alliance between spouses but that when marital satisfaction was added to the model the unforgiveness-parenting alliance became nonsignificant (i.e., unforgiveness was acting as a proxy for marital satisfaction in that particular link). However, forgiveness remained a significant predictor of parenting alliance in the full model. So in terms of predicting parenting alliance, unforgiveness did not pass the surplus value test but forgiveness did. Unfortunately, the surplus value test is not routinely applied in marital and family research.

A further problem in addressing our question stems from the fact that forgiveness research in family contexts rarely sets out to investigate issues of health per se. Nonetheless some data exist that are relevant to our question. As these data are often collected in the context of other endeavors, such as developing a new measure of forgiveness, they do not allow us to address the important question of whether forgiveness is related to health outcomes net of the characteristics of the relationship context in which it occurs. Most of the relevant data concern

mental health but there are a few studies that examine indices relevant to physical health. Each is briefly reviewed.

More data exist on depressive symptoms and forgiveness in families than perhaps any other variable. There is a robust inverse relationship between depressive symptoms and forgiveness in marriage (e.g., Kachadourian, Fincham, & Davila, 2005). Paleari et al. (2009) showed that this association held for both unforgiveness and forgiveness and for both husbands and wives. A similar forgiveness-depression association was found with 12-16 year old children's forgiveness of a parent, but not, as might be expected, for parent forgiveness of the child (Maio et al., 2008). That may be because evolutionary considerations as well as social norms regarding forgiveness of children, should lead to parents forgiving children regardless of parents' depressive symptoms.

In many studies of forgiveness, trait level forgivingness is studied. However, the evidence reviewed thus far suggests that general trait forgivingness ignores the importance of relationship context for understanding forgiveness. This is true for also understanding any health correlate and is supported by data reported by Karremans, Van Lange, Ouwerkerk, and Kluwer (2003, Study 4). They found that general forgiveness and partner forgiveness were only moderately correlated and that for both men and women spouse-specific forgiveness was more strongly correlated with a measure of life satisfaction than was general forgiveness. In a sample of emerging adults who self-identified as Christian, Toussaint and Jorgenson (2008) found that trait forgivingness as well as forgiveness of a wrong perpetrated by the mother and one by the father were negatively related to an overall measure of psychological distress. Although they did not test for differences involving dyadic forgiveness versus trait forgiveness, tests conducted for this chapter using the correlations they reported showed that they did not differ.

Finally, relevant evidence regarding psychological health is provided by a growing literature on forgiveness intervention studies (see Worthington & Jennings, 2010, for a review). In this literature, there is evidence to show that forgiveness interventions have led to decreased psychological symptoms and in some studies increased relationship satisfaction. Unfortunately, this literature includes numerous studies that use small sample sizes and are therefore underpowered. Nonetheless, consistency with the findings reviewed earlier is worthy of note.

Data regarding physical health is limited to three studies. Berry and Worthington (2001) found that a composite measure comprising forgiveness, unforgiveness and trait anger that they labeled 'forgiving personality' was related to cortisol reactivity to imagined interaction with the partner. However, this association was reduced to a nonsignificant level when relationship quality was considered (the surplus value test). Although forgiving personality was also related to a self-report measure of physical health (SF-36 Health Survey), their findings must be viewed with considerable caution as this study used an extreme groups design and there is no indication that correlations were computed within groups and then averaged in conducting the regression analyses reviewed here. Without computing correlations within extreme groups and then averaging them, the correlation found can be spurious and simply reflect the sampling of extreme groups. It is thus possible that the associations reported are an artifact of the design used. The remaining two studies examine the marital and parent-child relationships, respectively.

Hannon, Finkel, Kumashiro, and Rusbult (2012) examined whether conciliatory behavior—viewed as a proxy for forgiveness when displayed by the victim and amends when displayed by the perpetrator—during discussion of an unresolved marital transgression predicted blood pressure 40 minutes after the discussion. When examining dyadic data it is important to recognize that the data provided by each partner are not independent and therefore violate an

important assumption of most statistical tests. As a result, specialized procedures have been developed that allow actor (intrapersonal) and partner (interpersonal) effects to be computed. Hannon et al. (2012) used one of these, the actor-partner interdependence model, to analyze their data. They found that victim, but not perpetrator, conciliatory behavior was inversely related to own and spouse's diastolic and systolic blood pressure. This finding remained when both relationship commitment and trait forgivingness were controlled and were altered only slightly when transgression severity and betrayal resolution were also controlled. Two observations are relevant in evaluating these findings. First, there is the question of whether the study measured something different from positive and negative interaction behavior (both types were used to assess conciliatory behavior) as there is a robust literature showing the link between such behaviors and health outcomes. Second, the absence of a baseline measure of blood pressure is problematic as are the nature of some of the tasks performed in the 40 minutes after the discussion (e.g., ego-depletion task). Notwithstanding such concerns, the results of the study are intriguing.

Turning to the parent-child relationship, Lawler-Row, Hyatt-Edwards, Wuench, and Karremans (2012) examined the relationships among attachment, forgiveness, and health. Premised, in part, on the view that insecure attachment is associated with stress and cardiovascular predictors of poorer health, these authors suggested that, "…focusing on the role of forgiveness in maintaining meaningful and satisfying relationships may prove to be a more fruitful explanatory concept than anger for understanding the link between forgiveness and health" (p. 171). They showed that forgiveness was inversely related to self-reported health problems and that forgiveness mediated the relation between insecure attachment and health. Moreover, both state forgiveness and trait forgivingness were related to heart rate and heart rate

reactivity in response to and recovery from a stressor, a recalled hurt by one or both parents. Systolic blood pressure similarly showed reactivity to stress in that, for women but not men, a higher forgiveness group showed lower systolic blood pressure than a lower forgiveness group. An important concern in evaluating these findings is that they may be sample-specific given that groups were formed by a median split (which arbitrarily defines "high" versus "low").

Limitations of existing work on forgiveness in the family context and health. The modest size of the literature on forgiveness and families limits the conclusions that can be drawn about forgiveness of family members and health. Most notable is the paucity of research on health outcomes in a family context. Nonetheless, there is strong evidence that forgiveness in families is associated with important relationship characteristics. These characteristics (e.g., relationship quality, relationship conflict) have, in turn, been shown to predict both psychological and physical health outcomes. Consequently, we can infer that forgiveness is indirectly related to health via its impact on relationships. But we also know that relationship quality predicts later forgiveness and in this case, forgiveness might mediate the association between relationships and health. This said, it is still important to emphasize that we are making inferences here, albeit reasonable ones, and that these inferences need to be the subject of research.

More direct evidence comes from examining direct relationships between forgiveness in family relationships and health. Here the evidence is somewhat scattered in that few studies set out specifically to examine this relationship. The very few studies that have done so represent a beginning but, as noted in describing them, each is subject to important limitations. These include use of correlational analyses in an extreme-groups design, use of median splits to form groups that may render results sample specific, and failure to control important variables that

influence physiological functioning. For example, hemodynamic functioning follows a circadian rhythm, yet none of the studies control for time of day in data collection. Moreover, there is little evidence that forgiveness is related to health outcomes independently of the quality of the relationship between the family member who perpetrates the wrong and the family member victim.

Conclusions. Notwithstanding the above limitations, several reasonable conclusions can be drawn. First, forgiveness of family members differs as a function of the relationship involved. In particular, forgiveness in parent-child relationships is quite different in that parent forgiveness of children has a strong evolutionary basis and is socially normative. Second, forgiveness impacts and is impacted by the quality of the relationship between the transgressor and victim, and it is well established that the quality of family relationships is associated with health outcomes. Thus, it seems that forgiveness, at a minimum, is indirectly related to health because of its impact on characteristics of the relationship. Third, there is a direct association between forgiveness of family members and psychological health, especially depressive symptoms. Fourth, research on forgiveness of family members and physical health is beginning, but it is too early to draw any conclusions in this regard. However, it seems likely that forgiveness of family members is related to physiological indices of stress.

Agenda for Future Research on Forgiveness in Families

It follows from the preceding observations that the first order of business for future research is to explicitly set out to investigate health outcomes of forgiveness in family relationships. In doing so, it is important for the field also to be cognizant of potential adverse effects of forgiveness. McNulty (2010), for example, has found that more forgiving spouses experienced stable or growing levels of psychological and physical aggression over the first five

years of marriage, whereas less forgiving spouses experienced declines in partner transgression (see McNulty & Fincham, 2012, for further data and discussion). And, psychological and physical aggression are linked to poorer health.

Also central to this new endeavor is the need to expand the focus beyond that of the victim and to gather data on health outcomes for perpetrators. Causing harm to a family member has the potential to have a deleterious effect on the perpetrator and points to the potential role of self-forgiveness in family relationships. The importance of this topic is emphasized by a recent study that showed for both husbands and wives, transgressors were more satisfied with their marriages to the extent that they engaged in less self-unforgiveness and more self-forgiveness, whereas victimized partners were more satisfied with the relationship when the offending partner displayed less self-unforgiveness; more transgressor self-forgiveness was unrelated to their perceived relationship quality (Pelucci, Regalia, Paleari, & Fincham, in press).

Consideration of both self-forgiveness and forgiveness of the other in family relationships highlights an important feature of family and, indeed, all ongoing relationships. In such relationships partners tend to be, simultaneously or alternatively, perpetrators and victims of transgressions. The imperfection of each partner necessarily gives rise to a history of hurts in a relationship.

This has several important implications for future research. First, and at the most fundamental level, is the need for clarity on what is forgiven. It is possible to consider forgiveness in regard to a hurtful relationship, as well as in regard to specific hurts. Forgiveness of a hurtful relationship is likely what was at issue in the finding that women at a domestic violence shelter who were more forgiving, reported being more likely to return to their abusive partners (Gordon, Burton, & Porter, 2004). It is hard to imagine anything but an inverse

relationship between forgiveness and future health in such circumstances. Second, relationship partners are likely to develop a sense of how frequently they forgive their partner for transgressions and how frequently their partner forgives them. This can lead to feeling inequity, or imbalance (feeling underbenefited or overbenefited), when it comes to forgiveness. In the only study investigating the consequences of imbalance between giving and receiving forgiveness in marriage, it was found that among wives inequity in marital forgiveness predicted a decrease in personal and relational subjective well-being over a 6-month period (Paleari, Regalia, & Fincham, 2011). Finally, such findings make clear that the history of forgiveness in the family relationship studied is likely to be important for understanding the association between forgiveness and health in that relationship.

Perhaps the most obvious need for future research is to study patient populations—both those with acute physical disorders and those with intractable disorders. This is critical for providing a more complete understanding of the forgiveness-health association and opens up a number of new issues. For example, does unforgiveness and with it potential rumination lead to poorer treatment adherence, and under what conditions might it do so? Similarly, it is important to document how forgiveness and unforgiveness with a family member, especially one who assumes the role of care-giver impacts recovery from an illness and, where recovery is not possible (e.g., spinal cord injury), adaptation to the health condition. In these circumstances it is not only forgiveness by the patient but also by the care-giver that is likely to be important, especially when forgiveness is relevant to the burden imposed by the illness.

Implications for Health Enhancement, Medicine, Integrative Treatment

In considering the implications of forgiveness in families it behooves us to remember that forgiveness is a motivated behavior. And like all motivated behavior it can arise from good and

bad motives. Thus forgiveness can be used strategically to manipulate others, to put them down and so on. Under such circumstances forgiveness can be quite harmful. However, if the outward expressions of forgiveness truly reflect internal motivations, it is safe to conclude that forgiveness plays an important salutary role in amicable family relationships and that this role promotes health both directly and indirectly by repairing the relationship. This is perhaps most poignantly captured by the philosopher Boleyn-Fitzgerald's (2002) observation that forgiveness is "arguably the most important virtue for controlling anger" (p. 483). Acute anger can impact health, especially when accompanied by physical violence, and the adverse impact of chronic anger on health is well known.

However, it is worth noting the qualifier "amicable" in the above statement. There is now evidence that the impact of expressing forgiveness can be moderated by context. As McNulty's (2008) work shows, expressing forgiveness in the context of on-going conflictual relationships predicts lower satisfaction in newlyweds over the first year of marriage and perhaps indirectly leads to poorer health. McFarland, Smith, Toussaint, and Thomas (2012) found that the relationship between forgiveness and health was negative for people who lived in more dilapidated or run-down conditions and positive for those who lived in more affluent conditions. . They concluded that "…forgiveness was beneficial in some settings but had a deleterious impact in more noxious environments" (p. 66). Although the referent in their case was neighborhoods, the conclusion is equally applicable to relationships. Some relationships are simply not healthy and should be terminated. There is nothing inconsistent in simultaneously ending such relationships and engaging in forgiveness of the partner. Indeed, both ending the relationship and forgiving the partner is likely to yield the best health outcome.

Assuming forgiveness is prudent and safe, it may be the preferred option and one that

promotes mental and physical health. In this case it is advantageous to recognize that forgiveness is a process that takes time. It is not achieved immediately, a circumstance that can lead to problems when the offending spouse takes a partner's statement of forgiveness (''I forgive you'') literally rather than as a promissory note (''I am trying to forgive you''). Thus, when hurt feelings regarding a transgression arise after a statement of forgiveness, the offending partner may experience confusion or anger if he or she believes that the matter had been previously resolved. The temptation to equate forgiveness with a specific act at a specific point in time (usually now) is strong. Accordingly, both transgressor and victim need to be mindful of the temporal dimension of forgiveness and that resurfacing of feelings associated with the initial transgression at a later time is normal and does not negate the forgiveness process.

It remains to note again the growing literature on forgiveness interventions in family contexts (Worthington & Jennings, 2010). Given the difficulty of doing experimental work in this area, intervention studies have the potential to provide much needed information on mechanisms involved in forgiveness. To date, however, this potential remains largely untapped because the dismantling of these multicomponent interventions to determine the active ingredients for changing forgiveness is notably absent. To realize more fully their potential to advance understanding of forgiveness in family relationships and health, intervention studies, like more general research, also need to include assessments of both relationship characteristics relevant to health as well as measures of psychological and physical health.

To conclude, forgiveness in the family context holds considerable potential for understanding, and ultimately improving, both mental and physical health. Whether this potential is realized will depend on the emergence of methodologically sound, programmatic

work linking forgiving in family relationships and health. The observations offered in this chapter represent an attempt to shape a future in which the above mentioned potential is realized.

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