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## Cancer Patients' Experiences of Forgiveness Therapy

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### Abstract

This study used a phenomenological method to investigate the lived-experiences of cancer patients who participated in a group therapy program called "forgiveness therapy." The aim of the study was to develop an experientially-based understanding of the process of forgiveness. Five co-researchers participated (with the researcher) in six therapy sessions, as well as in unstructured intake and follow-up interviews. Therapy focused on the relief and dissipation of negative feelings and the resolution of painful psychological issues associated with cancer. A shared pattern emerged from analyses of participants' descriptions of their experiences. The existential themes of isolation/relationship, life/death, choice/responsibility, and meaning/meaninglessness were issues for all participants. The process of forgiving involved a struggle with guilt, blame and revenge and a consequential growth in the understanding of the reciprocal nature of relationships. One individual's experience is discussed in detail in order to illustrate the process. The findings suggest that a forgiveness process can lead to catharsis and peace.

### Résumé

Cette étude utilise une méthode phénoménologique pour examiner le vécu de patients cancéreux qui participaient à un groupe de thérapie appelé "thérapie de l'entendement." Le but de cette étude était d'essayer de comprendre par le vécu le processus de l'entendement. Cinq co-chercheurs ont participé (avec le chercheur) à six sessions de thérapie, en plus des sessions informelles et des suivis. La thérapie se concentre sur le soulagement et la dissipation des sentiments négatifs et la résolution de questions psychologiquement douloureuses associées au cancer. Un profil commun est ressorti à partir de l'analyse des descriptions faites, par les participants, de leur expérience. L'expérience d'un participant est discutée en détail dans le but d'illustrer le processus. Les résultats suggèrent que le processus d'entendement peut mener à une catharsis et une tranquillité intérieure.

Over two thousand years ago, Hippocrates promoted a holistic model of health in which the body, mind and spirit were understood as an integrated whole. Cousins (1981, 1983), has contributed to a re-emergence of a holistic framework for viewing physical and psychological well-being as interrelated phenomena. Holistic health care provides an opportunity for the use of non-intellectualized spiritual therapies to enhance the meaning and quality of people's lives.

Therapy for cancer patients is often concerned with interventions and techniques hypothesized to improve physiological functioning, to reduce tumors and thereby extend life (Hall, 1983; Pelletier, 1979; Simonton & Simonton, 1975). The successful use of hypnosis, guided imagery and meditation to induce regression of tumors and help recovery is certainly important for patients and for advancing understandings of the role of the mind in physiological healing. However, not all patients arrest their diseases or recover. Feelings of guilt, defeat and powerlessness are sometimes the result of such interventions (Scarf, 1980).

A growing body of literature (e.g., Cousins, 1983; Simonton, Simonton & Creighton, 1978) and research (e.g., Hall, 1983; Newton, 1983) suggests that people who have cancer tend to be defensive and suppress negative emotions such as anger and resentment. Psychological interventions, such as forgiveness therapy, are based on patient relief of stressors or attitudes related to feelings of helplessness, blame, revenge, and defeat (Achterberg & Lawlis, 1980). The emphasis of the therapy used in the present study was the enhancement of quality of life, thus creating the possibility for physiological healing rather than attempting to reverse the course of the disease.

Although psychologists have not shown much interest in forgiveness in the past (Halling, 1979) there are signs that a growing number of health care professionals are using the phenomenon as an integral part of the healing process.

Halling (1979) describes forgiveness as a process which transmutes "a fatalistic attitude towards life, an orientation of blaming, and an immersion in despair" into a more positive world-view. That world-view can be broadly characterized as accepting what one cannot change and working towards realizable goals. The process involves moving away from despair, blame and revenge. The importance of taking responsibility for one's life is paramount to this type of therapeutic process as it is with existential psychotherapy (May, 1953) and Mowrer's (1972) integrity therapy. Forgiveness always takes place in the context of a relationship but not necessarily the original context in which the perceived wrongdoing occurred (Halling, 1979). It is an experience of relationship which provides the opportunity for people to forgive others and themselves.

Jampolsky (1981, 1983, 1985) advocates the use of forgiveness to facilitate inner peace and views forgiveness as being very powerful in the psychological healing process. Halling, Rowe, van Bronkhurst, Davies, Leifer and Powers (1985) found that people describe forgiving as a transcendental experience which releases tension and allows an apprehension of common humanity with others. According to the *Random House Dictionary* (1973) the verb to forgive means "to grant free pardon for or remission of (an offense, debt, etc.) . . . ; to grant free pardon to (a person); to cease to feel resentment against: *to forgive one's enemies*" (p. 556).

Although the phenomenon of forgiveness can be a central issue in therapy and psychological maturation, no systematic studies of the lived-experience of forgiveness in therapy has been done. There are aspects of forgiveness therapy which are found in other therapies. For example, Perls, Hefferline and Goodman (1951) use terms such as introjection, projection and retroflection in relation to blame and guilt. Rogers' (1961) idea of the reciprocity of self-other relationships can be used to describe parts of the process of forgiveness therapy. However, the

spiritual component of the forgiving process transcends purely rational or psychological explanations. In bringing a spiritual dimension to the context of psychotherapy we are not referring to the application of religious dogma, but to a type of knowing which transcends the intellect and has sometimes been referred to as the magical or mystical (e.g., Lankton, 1980). The nature of this spiritual aspect of understanding is captured by Walker (1987):

... this spiritual life arises from a unique and transforming insight into the roots of conflict, of disharmony — conflict within the self, between the self and other selves, between the self and the cosmos at large. The religious rather than philosophical importance of this insight, lies in its power to take one beyond such conflicts into a perspective and action which is universally harmonious. (p. 104)

The magical element of forgiveness can also be described in more conventional religious language as a process of grace. Tillich (in Ashbrook, 1972) touches upon the transcendent aspect of forgiveness in saying that “those (who feel guilty) must come into community with objective transpersonal powers of forgiveness” (p. 54). Halling (1979) also emphasizes that “forgiving another is not a matter of the righteous and self-sufficient being gracious to those who are guilty and needy; rather it is a coming to a reconciliation with one’s world, oneself and the other person” (p. 206).

The lack of studies of forgiveness as a therapeutic process may be attributed partially to the hegemony of mainstream natural science methodology. The health sciences have been slow to recognize that the extrapolation of natural science methodology to human contexts may unnecessarily preclude the inner world of the person from systematic and rigorous investigation. Phenomenological methodology can open new possibilities for knowledge and understanding and complement traditional natural scientific methodology by producing in-depth descriptions of lived-experience which help provide the meaning of the phenomenon. Such an understanding is valuable for all helping professionals who work towards facilitating health or wholeness of the person.

#### METHOD AND PROCEDURE

The present study used a method based upon the work of other phenomenologically oriented researchers (Colaizzi, 1978; Giorgi, 1970, 1975; Polkinghorne, 1979) for abstracting thematic structures from descriptions of experience. Phenomenological research often produces a recursive pattern of data gathering, interpretation, validation, modification and further data generation as co-researchers and researcher interact. Polkinghorne (1979) calls this a “respiralling process.” In the present study, initial data gathering took place during the course of a

six-week therapy program. Participants' reflections on our analyses of their experiences were then collected three months later.

### *Procedure and Co-researchers*

A group therapy program called "forgiveness therapy" was developed by the first author. It incorporated several concepts of forgiveness from the psychological literature (Jampolsky, 1983; Simonton et al., 1978). The central idea of this approach is that forgiveness produces an inner adjustment—a change in perspective, through which one sees that there are no real grounds for condemnation of oneself, another person or a thing. Hurt and anger can be transmuted into a means of finding a new, more peaceful and less judgemental reality. The temporality of human existence (Minkowski, 1970) presents each person with two interrelated future possibilities—finding a meaningful future and accepting one's mortality. Forgiveness may encompass both of these possibilities. By accepting the unconditional love of another, one is more able to accept oneself and one's past. Forgiveness involves the transformation of negative, critical attitudes into positive, loving attitudes.

An outline of the therapy program and a covering letter were mailed to members of "Cansurmout" (a cancer support group affiliated with the local municipal Cancer Institute) inviting 32 people to volunteer for therapy and research. Five people (two men and three women) who were interested in releasing negative feelings or attitudes volunteered to participate. All had experienced cancer and were either in remission or on maintenance therapy. The intake and follow-up interviews were unstructured. The first author met personally with each co-researcher before the group therapy sessions began. These initial interviews lasted about one hour and were concerned with gathering relevant personal data, exploring belief-systems related to cancer, and understanding each individual's objectives related to forgiveness. The follow-up interviews were done in person or on the telephone three months after the group sessions were finished and lasted about one-half hour each. Six therapy sessions of two-and-a-half-hours each were held. The first two sessions were audio-taped and the remaining four were video-taped. Participants were also asked to record their experiences in a journal.

The first session began with a mini-lecture which focused on the holistic approach to mind-body-spirit interrelatedness. The lights were then dimmed and Bresler's Conditioned Relaxation (1984) technique was introduced. The group discussed the pleasurable effects of the exercise and discussed their views on their own diseases and related psychological factors such as their experience of stress and their attitudes to their disease.

The second session opened with a mini-lecture on the subject of forgiveness. The spiritual and healing dimensions of forgiveness were

discussed. The importance of all participants taking responsibility for their own reconciliatory processes was stressed. Bresler's relaxation technique was followed by three visualization exercises: the first exercise given was a mental imagery journey (Simonton et al., 1978) for overcoming resentment. In this exercise the individual visualizes good things happening to a person toward whom resentment is felt. Participants are asked to reinterpret an event in light of the role they may have played in the stressful scene and in terms of how the situation might look from the other person's point of view. The second exercise used was Simonton's (1978) procedure for contacting an inner advisor. In this exercise individuals are asked to imagine a special place of beauty and serenity, and to invite their inner advisors to join them, accepting the help which is offered. The third exercise employed three of Jampolsky's (1981) active imagination techniques for releasing hurt and anger. First, individuals are asked to mentally fill a garbage can with the injury and attach a helium balloon to it and watch it float out of sight. Second, participants are asked to imagine a white light shining down on the event which created the resentment until the hurt dissolves and nothing is left but the light. Third, a wall which represents the resentment is pictured. A door under a red exit sign is visualized. Individuals are asked to walk through the door and then be, for a short while, in a place where there are no worries; where there is peace.

In the third session the group decided to have more informal meetings. The lecture component was eliminated. The course of therapy was directed more by the lived-experiences of the participants than by a particular theoretical perspective. Group members also participated in Ray's (1980) affirmation exercise. It consists of writing a positive goal, writing beside it the thought or feeling experienced by the statement, again writing the affirmation, and continuing the process until a neutral or positive statement occurs.

Sessions four, five and six were primarily group-directed. Participants worked through issues such as confronting the imminence of death, dealing with the meaning of being a forgiving person, and coping with new understandings of the reciprocal nature of self-other relations.

#### ANALYSIS, RESULTS AND DISCUSSION

Transcripts of the tapes, notes taken by the first researcher, and all written and verbal protocols shared by the co-researchers were synthesized and analyzed phenomenologically in order to abstract thematic structures of group experiences (Colaizzi, 1978). The first author's role as participant therapist and researcher provided a privileged perspective from which to select data thought to illuminate the phenomenon of interest (i.e., the therapeutic process).

Throughout this preliminary selection of data and subsequent analysis, the authors attempted to identify (bracket) their predispositions towards the data. The first author has experienced cancer. Both authors have an affinity with existential thought. Our treatment of the data is relative to this frame of reference.

Table 1 presents an example of the way in which the data was treated for each participant (within subject analysis). The first column lists the topics which were discussed over the course of six sessions. (The intake data was incorporated into the Session 1 data while the outake data was combined with the Session 6 data.) The second column presents the researchers' abstracted transcription of one participant's description of her experiences. The third and fourth columns of the table show progressive levels of interpretation of the data from column two.

The second phase of data analysis (between subjects) involved a synthesizing of a shared pattern of experience across participants. These descriptions were based upon the thematic structures which appeared in the individual analyses.

An informal meeting was held three months after the sixth group session. Participants were given copies of their analyzed protocols, to discuss with the first researcher, in order to ensure that the protocols were valid representations of their experiences. It should be noted that co-researchers' confirmations of the researchers' interpretations of their own experiences is not the primary source of validity. In some cases a subject may actually deny or resist a researcher's interpretation of the data. Ultimately, the validity of the researcher's interpretation depends upon how convincingly that interpretation is argued. The validity of interpretations of the phenomenon depend primarily upon their internal consistency relative to the data base (transcribed protocols) and the extent to which they resonate with the general experience of others who have experienced the phenomenon in question.

After the interpretations were discussed, each protocol analysis was synthesized into a description of that person's experience. A common thematic pattern of experience occurred across participants. All aspects of the pattern were experienced by all participants, however particular manifestations of this pattern varied. The pattern reveals the "journey" of the forgiveness process for the five cancer patients in this study.

The common experiential pattern contained the following dimensions:

- 1) *Initial Trauma.* The diagnosis of cancer was interpreted as a crisis, although reactions and attitudes to the disease varied. Everyone construed the experience as a major traumatic event in their lives.
- 2) *Confrontation with disease.* Acceptance of the presence of cancer led to a consideration of the meaning of the disease in terms of the person's remaining life and the imminence of death. Those who accepted their

diseases confronted their deaths; those who avoided a consideration of the meaning of the disease avoided a confrontation with their own mortality. Confronting death also initiated the choice to assume responsibility for a meaningful life and the quality of their relationships (whether intimate, friendly or adversarial).

There was a negative emotional reaction to living with cancer. In living with cancer, participants either directed emotions such as fear, anger, and guilt inwards onto themselves or outward onto others. The need to identify and resolve negative feelings was associated with the degree to which the negativity was felt. One individual turned anger that she had felt towards a co-worker onto herself. Another participant displaced some of his fear of cancer onto his attending physician.

3) *Cognizing the situation and/or self.* The level of cognitive understanding of the forgiving process varied from person to person. Generally, a broader understanding of the various stages of forgiving ensued for those individuals who had accepted their diseases and acknowledged their emotional trauma. Apprehending the actuality of one's "self" was a large part of the forgiving process for those who initially had been less inclined to confront their diseases and related existential issues.

4) *Cognitive recognition of the need to dissipate negativity.* This phase of the forgiving process involved, to different degrees, an expanded or more holistic awareness of oneself or of the circumstances in which forgiveness functioned and a corresponding cognitive shift of change in world-view. When the negativity became too intense or oppressive, the need for relief seemed to impel a cognitive shift to allow for reconciliation or resolution. Overall, those participants who assumed greater responsibility for their negative feelings released those feelings through forgiving more successfully.

5) *Release from Negativity.* Each participant experienced a very different "letting go" or release of negativity. One participant discontinued the denial of her death while another participant released negative emotions by lifting his suppression of them so that he could disclose them to the group. He then felt safe enough to disclose his sense of aloneness and his need for connectedness. Attention to relationships with others resulted in deep self-examination and increased awareness of the reciprocity of social relationships. This understanding was a part of each person's release. One participant, for example, forgave his mother for over-protecting him and thereby opened himself to an "adult-adult" relationship with her (Berne 1964).

6) *Acceptance of new world-view.* All participants came through the forgiving process with an understanding that their new perspective embraced negative and positive polarities of existence. For example, when one woman discontinued the denial of her death she acknowledged and accepted her own mortality. When another understood herself as a

“forgiving person” she also accepted the struggle she believed would be part of each encounter with forgiveness. The above pattern of themes was compatible with an existential overview of the data.

### *Existential Themes*

The bipolar existential themes of life-death, isolation-relationship, choice-responsibility, and meaning-meaninglessness (Yalom, 1980) were embedded within the above pattern. A diagnosis of cancer was a sudden call to confront the meaning of life. It brought awareness of the imminence of death. Confronting death initiated the choice of assuming or not assuming responsibility for a meaningful life within the remaining life span. Once mortality was contemplated, the meaning of isolation and appreciation of relationship became significant concerns. When participants chose to assume responsibility for their relationships, within the context of forgiving, the co-researchers became aware of the reciprocity inherent in all human relationships.

The above pattern of experience is exemplified in the experience of one of the co-researchers as shown in Table 1.

### *E's Experience*

E is 53 years old, married, and employed in the field of education. She is also a free-lance writer. She was diagnosed with cancer one year before this study began and underwent surgery and radiation therapy. Her disease is currently in remission.

Through the course of therapy, E developed a more positive outlook on life and an enhanced self-concept. She also experienced growth in her self-confidence. Originally, she experienced an all-consuming negativity when a co-worker criticized her at work. As she explored the meaning of the conflict in terms of her disease and found relief through forgiveness, a broader, more holistic perspective on life began to emerge with a corresponding understanding of the reciprocity of self-other relations. Her acceptance of responsibility for her life precipitated new choices (e.g., taking a course to prepare for a new career) and a new meaning for her future (e.g., “It’s important for me to enjoy each day as much as I can”).

The transcribed protocol, shown in the second column of Table 1, contains verbatim comments on the topics she discussed throughout the six sessions. During session one, E described her initial trauma following the onset of cancer and how the diagnosis initiated a new search for meaning through the reactivation of spiritual concerns. She joined the group because of her need to work through her emotional trauma. Her experience illustrates a common situation in need of forgiveness.

TABLE 1

*Thematically Abstracted Description of E's Therapy Experience*

<i>Topic</i>	<i>Transcribed Protocol</i>	<i>Levels of Protocol Abstraction</i>	
		<i>One</i>	<i>Two</i>
<i>Session One</i>			
Cancer	I think that how you cope with cancer depends on the attitude you decide to have towards it.	Reflecting on responsibility of choosing attitude to disease.	Initial trauma of onset of disease.
Religion	I left spiritual concerns behind until I got cancer. It's now re-emerging for me; it gives me guidelines on how to get along with my fellow man.	Finding meaning in religion; part of her creation of meaning.	Reactivation of prior pattern of search for meaning; psychological trauma.
Resentment	A co-worker came down on me—it seemed that he knew I had cancer and he wanted me out of the way. I hate him.	Feeling hurt, wounded; angry reaction.	Emotional trauma directed outward.
Forgiveness	I don't think I could ever forgive him; he really put me down. It was horrible.	Deep hurt.	Personalizing the target for anger.
<i>Session Two</i>			
Resentment	It was very traumatic for me. I was put down by my co-worker because he didn't want to have to think about cancer.	Rationalizing situation; blaming as a way to express anger in terms of relationship.	Personalizing the target for anger.
Forgiveness	I feel that I have to forgive him, my self-esteem has suffered so much. How could he have done this to me? But, I can't forgive him—that would mean taking the blame.	Ambivalence about forgiving related to fear of facing situation.	Avoidance of responsibility.

Stress	This situation has created a great deal of stress in my life; it's eating away at me and affecting my life in a very negative way. I continually replay the scene in my mind; I have to overcome this.	Sense of tension; need to relieve pressure, resolve the situation.	Need for relief.
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*Session Three*

Forgiveness	I knew I had to conquer my problem, but I just didn't know how. I wanted the relationship to be normal. I used to take things like this and burn up inside. After last session, I had a revelation! I realized that forgiving doesn't mean going to the person and saying "sorry" and admitting guilt. I needed to forgive him in my mind. Coming here and talking and listening, plus having what you said confirmed by my pastor, opened the gate to forgiveness.	Shift in how she construed the situation; the way out is the way in.	Cognitive shift, change in world-view.
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Self-esteem	He destroyed my self-esteem. Now, I don't feel put down; I feel uplifted.	Clearing negative feelings, relief.	Burden lifted.
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*Session Five*

Change	I am ready now for a new job. I want something creative and challenging. I got this new hair cut; it makes me feel great.	More positive outlook; creation of new meaning.	Release of negativity; consequent improvement in her feeling about herself.
Stress	I used to get too upset if people criticized me or my work. I'd be consumed by it and very stressed; that's probably why I got cancer.	Grasping a broader, more holistic perspective on life; speculating on etiology of disease.	Lifting of self division.

<i>Topic</i>	<i>Transcribed Protocol</i>	<i>Levels of Protocol Abstraction</i>	
		<i>One</i>	<i>Two</i>
Forgiveness	It was my fault for letting myself be affected the way I was; I felt angry at myself for getting into that situation; now I can use forgiveness to let the negativity and stress go. I never thought that that was forgiving, but it is. I can forgive myself too—if I feel guilty about something. I find I'm now not so judgemental. I won't turn resentment into hate feelings. I've had a very, very strong experience; now I need to practice.	Expanding perspective, growing awareness of co-constitutionality; letting go of negativity.	Redemption, forgiveness.
Self-esteem	If I'd been more forgiving, my self-esteem wouldn't have been so shattered. Now that I look at people in a more forgiving light, my self-esteem is enhanced. I have every right to be the way I am.	Discovery of the dynamic of relationship the reciprocity of self-other relations; understanding of a wider love than object love.	Acceptance of self and others.
<i>Session Six</i>			
Change	Now that I can nip stress in the bud with relaxation and forgiveness, I'm going to apply for management jobs; I'm preparing for interviews.	Optimistic choices, creation of meaning through accepting responsibility and making choices.	Active creation of personal meaning.
Forgiveness	Now, after forgiving, I feel very detached from him. He no longer has the power to upset me. I perceive us as having a normal co-workers' relationship; instead of tension, I feel peace. I can work	Resolution of inner and outer conflict through increased understanding and the letting go of negativity.	Positive meaning projected into the future.

Life/death	<p>through any problem this way. I've learned a lot. This experience was so good for me.</p> <p>Once I came face to face with the possibility of dying soon and realizing I was afraid to die, I realized that the things that make life meaningful aren't the things I thought. I asked — do I really want to live or am I pretending I want to? I don't want to destroy my life by letting traumas devastate me. Cancer gave me a chance to ask, "How do I want to live my life?"</p>	<p>Confrontation with death; accepting responsibility to choose wisely to give meaning to life.</p>	<p>Acceptance of mortality.</p>
Self-esteem	<p>My self-esteem is up. I could counter anyone coming down on me and telling me I'm no good.</p>	<p>Feeling of unity and strength; more positive self image and outlook.</p>	<p>Self-confidence.</p>

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*Note:* E was absent for Session Four.

Initially, E “blamed” another individual for her feelings of anger and hurt. Following a criticism from a colleague at work, she directed her anger outward to that co-worker. She reported that she participated in forgiveness therapy because of her need for relief from her tension and stress (e.g., “It’s eating away at me and affecting my life in a very negative way. I have to overcome this”). “This” — the co-worker situation and the stress, hatred and anger which arose from it may have represented a more fundamental “this” — i.e., cancer. Personalizing the target for cancer-related anger provided E with a metaphor for her disease and a means to confront her cancer-related inner conflict with the co-worker.

E suffered from self-division in that she wanted, but was afraid, to resolve the co-worker issue. Her fear, perhaps of the unpredictability of the consequences of resolution, was avoided only until she could bear her hurt and anger no longer.

In Session three E began to shift her perspective to construe her relationship with her co-worker in terms of its inherent reciprocity. She began to understand that she could make choices about how to make the changes she needed and still maintain her integrity (e.g., “I didn’t want to go to him and say ‘sorry’ since he wronged me”). E decided that she wanted to forgive the co-worker intrapsychically in order to change the nature of their relationship. She exercised her choice to assume responsibility for a resolution of the conflict. She demonstrated her will to relieve herself of her negativity. She used forgiveness to do so. She was, however, still projecting and blaming another person for the destruction of her self-esteem. Insofar as the resolution of her co-worker issue metaphorically represented a coming to terms with her disease, a critical change still needed to occur, and it did.

During Session five, E turned her anger and guilt back onto herself. Accepting responsibility for her feelings strengthened her experience of forgiveness. A growing awareness of the co-constitutionality of social relationships and a further release of negativity ensued. She expressed an understanding of love which is wider than object love (Fromm, 1964). E appeared to apprehend the reciprocal nature of self-forgiveness and forgiveness of others. She saw her world more empathically and less judgementally. The change was expressed in her interaction within the group. She became more interested in and supportive of other group members. She reported that she felt that her experience of enhanced self-esteem was crucial. She discussed the choices she was making in order to create a meaningful future:

I’m getting ready to apply to management jobs. I’m getting my resumé updated and taking upgrading courses. I’ve decided I want to work at something more challenging and creative and I am going to do it.

In considering the possibility of the cancer/co-worker interpretation, E reported that “He (her co-worker) no longer has the power to upset

me. I have truly forgiven him. Instead of tension, I feel peace.” Her internalized resolution of her outer conflict led to a more normal relationship with the co-worker. Her acknowledgement of responsibility for her feelings, together with her inner calm, prefaced her direct confrontation with death in the sixth session (e.g., “Cancer gave me a chance to ask, ‘How do I want to live my life?’”). She admitted she was afraid to die, but in confronting her death, she confronted the meaning of her life and asked herself whether she was pretending to live or was really living (e.g., “Once I came face to face with the possibility of dying soon, I realized I was afraid to die. Out of that fear I decided I really want to live”). She resolved to make the most of her remaining life. She accepted her mortality and found herself infused with greater self-confidence and optimistic plans for her future (e.g., “I will die someday, but for now I can feel peace. I can work through any problem by forgiving and letting go of my hurt”).

During the follow-up interview, three months later, E confirmed that she had accepted the inevitability of her death and was therefore able to prepare her property settlement and will — something she could not do previously. She also reported that she was in the process of writing a story for publication based on her experience with cancer and forgiveness.

## CONCLUSION

The description of the pattern of the forgiving process in this study suggests that forgiveness is a process with stages. Guilt, blame and revenge are invoked throughout the process. Forgiving involves an ongoing struggle with intense negative emotions. Confusion, hurt, and pain are felt and acknowledged as consuming or devastating. The intensity of such emotions corresponds to the extent to which one engages in confronting existential issues and seems to be the driving force for the movement towards a release and consequent change in world-view. Acknowledging painful emotions and addressing existential concerns opens the door to a more expansive, transcendent apprehension of life, death, responsibility and meaning. Feelings of inner peace and calm characterize the last stage in the process. Nonetheless, such a change in world-view is not a final solution to existential problems. There may be a continuing need to draw inspiration and courage from reflections upon the therapeutic value of the forgiving experience.

There was agreement among participants that growth in understanding the reciprocal nature of relationships with others is a critical part of their experiences. We exist in what Buber (1970) calls an “I Thou” (subject-subject) relationship with our world(s) (which contain each other). The relationship between co-constitutionality and forgiveness is a key finding of this research. Forgiveness of others is the flip side of forgiveness of self. Well-being is a function of peoples’ relationships with their world(s).

The findings of this study support the therapeutic value of forgiveness for cancer patients. Continued and extended usage of forgiveness therapy is recommended. The co-researchers in this study suggested that relaxation, visualization, affirmations, and journal-keeping were valuable tools in facilitating the release of negativity and the process of forgiving.

Jampolsky (1985, 1983) suggests that forgiving instills a sense of benevolent control in relationships and a concomitant "loving attitude." Becker (1964) also believes that mature love (a loving way of being-in-the-world) is a prerequisite for being able to forgive. The findings of this study confirm the importance of a loving relationship context in facilitating the forgiveness process. The mutual support of the group in this study was such a catalyst. The data supports the efficacy of forgiveness therapy and the claim that it involves a non-sectarian spiritual dimension which appears to have therapeutic value. We believe that the descriptive phenomenological methodology, employed here, is particularly appropriate for illuminating the phenomenon of forgiveness therapy which might otherwise tend to slip through the net of natural science methodology.

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