
Sacred Conversation: A Spiritual Response to Unavoidable Suffering

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ABSTRACT

Pain and tragedy beset human beings in many ways during their lives. The death of a loved one, infidelity, divorce, or chronic illness are among the experiences that can result in overwhelming suffering. Existential psychiatrist Victor Frankl believed that transcendent meaning could be found even in such dark and desperate moments. It is often during times of suffering that profound and deeply personal questions about meaning and purpose in life may arise. These questions are at the very heart of spiritual concerns. The authors believe such questions can be explored in the therapeutic context in order to help the client gain a sense of meaning in their suffering, as well as a measure of peace in their lives. The authors' approach, entitled Sacred Conversation, uses Frankl's work as well as literature on empathy, forgiveness, and spirituality as its foundation.

RÉSUMÉ

Au cours de leur vie, les êtres humains doivent faire face à la douleur et à la tragédie de plusieurs façons. La mort d'un proche, l'infidélité, le divorce et la maladie chronique représentent des expériences qui peuvent entraîner une souffrance accablante. Selon Victor Frankl, psychiatre existentialiste, même de tels moments de désespoir ténébreux ont une signification transcendante. La souffrance mène souvent à une réflexion profonde sur le sens et le but de la vie. Les questions à l'origine de cette réflexion se situent au coeur même des préoccupations spirituelles. Selon les auteurs, une exploration de ces questions peut se faire dans le contexte thérapeutique afin d'aider les clients à trouver un sens à leur souffrance et à mener une vie plus paisible. La stratégie des auteurs, intitulée « conversation sacrée », s'appuie sur l'œuvre de Frankl et sur des écrits relatifs à l'empathie, au pardon et à la spiritualité.

Spirituality and faith are important dimensions of life and essential components of an individual's identity (Wilson & Moran, 1998). At the heart of spiritual concerns are questions of meaning, forgiveness, empathy, and personal significance (Bussema & Bussema, 2000). Negative experiences that are uncontrollable, difficult to manage, and which bring great suffering can lead a person to doubt and question the meaning of his or her existence. Notably, a reexamination, rethinking, and renewed reliance on spiritual concerns arising from such losses can often lead to a sense of healing from life altering events and serious illness. The counselling relationship can offer support, as well as spiritual understanding, in the process of developing hope and peace (Pargament, 1996).

Historically, a neglect of the spiritual dimensions in many treatment models has been due in part to the strained relationship between mental health professionals and religion (Neeleman & Persaud, 1995). Though many religious

people are also deeply spiritual, religion has sometimes focused upon theological traditions that emphasize institutionalized dogma and rituals. Certain religious themes such as guilt and dependency have been thought to play a significant role in psychopathology, leading many therapists to avoid religious and spiritual concerns as a means of assisting clients (Bussema & Bussema, 2000). This wall of separation has been breaking down in the past decade as mental health professions have begun to recognize that "people are spiritual beings with universal needs for meaning, transcendence, and the sacred" (Emblem & Pesut, 2001, p. 42). In this article spirituality will be considered. This may or may not include beliefs or behaviour consistent with conventional religion.

The purpose of this article is to present a counselling approach entitled Sacred Conversation. The approach explores pain and suffering through an integration of empathy, forgiveness and meaning-oriented counselling.

COUNSELLING UNDERSTANDINGS OF EMPATHY

The concept of empathy, or *Einfühlung*, originated in the latter part of the nineteenth-century with the German aesthetics movement (Lipps, 1903). The early phenomenologists, working in a perceptual context, referred to the process as intuiting one's way into an object or event to "see" it from the inside (Wispé, 1986). Empathy has long been seen as an important component in understanding the determinants of comforting and other forms of pro-social behaviour in a variety of distressing interpersonal situations (Coke, Batson, & McDavis, 1978; Hoffman, 1978; Stotland, Mathews, Sherman, Hansson, & Richardson, 1978). Other studies have affirmed the importance of empathy in basic communication and effective interpersonal relationships (Eisenberg, 1982; Goleman, 1995; Staub, 1978).

Empathy is perceived as an effective communication tool because it creates a feeling of acceptance and understanding between individuals. Levenson and Reuf (1992) state, "Empathy is a fundamental part of the social fabric of emotion, providing a bridge between the feelings of one person and those of another" (p. 234). Rogers (1958) believed that "empathy is the ability to sense the client's private world as if it were . . . [one's] own but without ever losing the 'as if' quality" (p. 13). The value of empathy to the process of counselling is well established.

Empathy is perceived by some counsellors as a therapeutic means by which the counsellor gains access to the inner world of a client (Book, 1988). The act of communicating an empathic understanding of the subjective world, inner turmoil, and psychological pain of the client can often offset a sense of separation and allow the client to explore areas that might have previously been considered intolerable.

Empathic understanding sets the ground for Sacred Conversation. Without the resultant sense of transcendent meaning clients may feel overwhelmed by hopelessness in the face of their suffering. Hall (1995) states, "Pain made meaningful is pain that is tamed . . . It is a fact about our species that we are willing to undergo great stress and difficulty when there seems to us to be a sufficient pur-

pose of it" (p. 199). The experience of finding transcendent meaning, even in suffering, is powerfully portrayed in Frankl's death camp experiences.

FRANKL'S SEARCH FOR MEANING

In *Man's Search for Meaning*, Victor Frankl (1959) gives a simple, yet powerful account of his experiences in the German concentration camp, Auschwitz, during World War II. Frankl reflects on how he and other prisoners found meaning in life, even in the brutal environment of the concentration camp. He came to realize that human beings experience a profound longing to make their lives more meaningful. He refers to this as the need to find "concrete meaning in personal existence, that is to say, the will to meaning regardless of one's circumstances" (p. 123). Later, in his post-war psychiatric practice, Frankl discovered that existential frustration, or lack of meaningfulness, was also prevalent among his patients. Many of them shared with him feelings of meaninglessness about their lives because of their experiences of loss, pain, and suffering.

Although Frankl (1959) does not clearly define meaning, it is apparent through several of his illustrations that meaning has to do with the perception that one's existence is worthwhile. This perception can lead toward transcendent meaning, or an interior depth in response to suffering that has become life-giving. Frankl believed that "meaning in life," or transcendent meaning as portrayed in the Sacred Conversation approach, could be gained through three distinct experiences.

First, transcendent meaning is derived through the sense of fulfillment we achieve by our creative works or deeds. Prior to his internment in Auschwitz, Frankl (1959) had been working on a scientific manuscript, which was not finished when he was arrested. He tells of how his strong desire to complete the manuscript bolstered his will to live, even in the most desperate moments within the camps.

Second, transcendent meaning is experienced as something that moves us in a unique and powerful way, such as when we love another human being. Frankl (1959) writes of awakening on his second night in Auschwitz and hearing a violin singing a hauntingly sad song. The "weeping of the violin" brought thoughts of his wife to mind, and he was struck by the idea that "love is the ultimate and the highest goal to which man can aspire" (1959, p. 57). He goes on to say, "I understood how a man who has nothing left in the world still may know bliss, be it only for a brief moment, in the contemplation of his beloved" (1959, p. 57).

Third, transcendent meaning is gained "through the stand we take toward a fate we no longer can change" (Frankl, 1959, p. 15). In other words, the attitude we take in the reality of inevitable or unavoidable suffering is of vital importance. Frankl believed that when all freedoms are taken away from human beings, we still have the choice to determine how we will respond to our situation. Transcendent meaning generated by empathy and forgiveness can draw people toward a relationship with their own suffering, often freeing them from isolation, fear, and despair.

EMPATHY AND FRANKL'S SEARCH FOR MEANING

Although Frankl (1959) does not specifically use the term empathy, a number of examples in his writings illustrate this concept and its impact on the individual. In *Man's Search for Meaning* Frankl shares a concentration camp experience that illustrates the power of empathy in bringing transcendent meaning into a person's life. He discusses the idea that kindness is a human quality that can be found in all groups of people, even those groups who oppress. He states:

I remember how one day a foreman secretly gave me a piece of bread, which I knew he must have saved from his breakfast ration. It was far more than the small piece of bread, which moved me to tears at that time. It was the human something, which this man also gave to me — the word and look which accompanied the gift (1959, p. 108).

This simple act of kindness and empathy affected Frankl (1959) profoundly. Certainly the crust of bread was helpful in nourishing his starving body, but of greater significance was the event on Frankl's soul. The guard's empathetic act stirred in Frankl the buried belief that even though he was a prisoner in a brutal environment, another human being found him to be a person of value, worth, and dignity. This sense of being worthwhile in the eyes of another gave Frankl hope in the face of despair and dignity where there was shame. The feeling that another human being felt empathy for his plight and extended a significance of worth brought transcendent meaning and uplifted Frankl's soul. We believe that in the therapeutic context of Sacred Conversation a deep sense of personal meaning can emerge, much in the way it did for Frankl in his experience with the prison foreman.

SACRED CONVERSATION

The will to embrace and make meaning of unavoidable and painful circumstance can begin by engaging a brave and consistent conversation with our own suffering. This conversation may best be characterized as one in which we are unafraid to ask the most elegant questions of our suffering. Gadamer (1993) described the elegant question as one to which we do not already know the answer. From this perspective we become open to the depth and critical reflection suffering can bring to us, to our families, and to the wider circle of our loved ones. Sacred Conversation is an approach that addresses hurt, relational alienation, and toxic issues often associated with unavoidable suffering. A toxic issue is defined as an issue that is discouraged or silenced in our love relationships (Moline, 1996). Unavoidable suffering itself, and the many nuances of such suffering, are often avoided, discouraged, silenced, run from or even openly attacked within society as a whole.

The population for Sacred Conversation is individuals, couples, and families who are open to deepening their understanding of emotional, physical, and spiritual pain, rooted in unavoidable suffering. The intervention is appropriate for those who are willing to consider an empathic and forgiveness-oriented response

to their distress. It is contraindicated for those who are not willing, or who remain too fortified or aggressive to generate movement toward a more open response to their suffering. Typical responses to suffering include emotional cut-off, silence, or overt anger. The approach presented here encourages a person-to-person relationship with experiences of suffering.

For a combined 15 years, the authors of this article have developed the approach primarily with individuals, couples, and families in contexts of chronic pain, chronic illness, trauma of death and loss, (emotional, physical, and sexual) abuse, extramarital affairs, unresolved family conflict, post-divorce management, inner struggle with painful and often debilitating emotions, and relational rifts. Approximately 400 individuals, 200 couples, and 125 families have participated in a process of Sacred Conversation with their unavoidable suffering, and responded positively to the intervention. Clients have reported relief both from debilitating emotions such as anxiety and depression, as well as the symptoms often associated with such emotions (e.g., sleep, appetite, and motivation disturbances). The approach has been refined and enriched through observation, feedback given by clients, and bimonthly discussions with colleagues. Although clients consistently report personal and familial growth, more resilient and enjoyable relational bonds, and the ability to manage resentment and anger more effectively, no empirical studies have investigated the effectiveness of the approach. The integrity of the approach may rest not so much in the alleviation of physical symptoms associated with suffering, but in the creation of a lasting internal response of peace toward unwanted life pain, physical ailment, and deeply disappointing circumstance. The following description is founded on the literature to date and the authors' personal experience as clinicians. The primary features of the approach are: (a) overcoming the emotional barricade, (b) building the person-to-person relationship, and (c) framing the sacred conversation.

Overcoming the Emotional Barricade

Sacred Conversation develops empathy and forgiveness in clients and their loved ones in order to overcome the emotional barricade that often accompanies suffering. The desire for continued contact, let alone deep connection, with someone or something that causes us pain is typically out of reach for most people. Developing a forgiveness response to such trauma may be the most demanding, but also the most rewarding task involved in personal and relational work. Forgiveness has been expressed as a motivation for resolution in wounded relationships (McCullough & Worthington, 1994). Research on empathy has paved the way toward forgiveness, and forgiveness studies now demonstrate a transformative strength that is currently sweeping medical, psychological, and spiritual scholarship.

Forgiveness has been seen to provide an opportunity for the advancement of personality development (Enright, 1994). Deficits in forgiveness, i.e. unwillingness to forgive, may contribute to increased levels of psychopathology (Mauger et al., 1992), and may lead to difficulties in maintenance or restoration of mental

health in later life (Brink, 1985). Some see it as necessary for the healing of deep emotional wounds (Davenport, 1991; Moss, 1986; Perry, 1992; Ritzman, 1987; Sharma & Cheatham, 1986). Forgiveness has been associated with mercy, or with giving a gift to the one who has inflicted deep hurt (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992).

Fortune (1988) contended the desire to forgive is related to the hope that forgiveness will heal and resolve the pain we have experienced. Kirkup (1993) provided commentary on developing forgiveness and suggested that lasting peace involves forgiveness. Kirkup maintained that a therapeutic approach to forgiveness is not naive or cynical but requires hope, the antidote to depression and despair. Such hope must be actively, intentionally pursued if it is to overcome the severity of pain that often rises from a personal and familial confrontation with unavoidable suffering.

In our experience a breach in the client's view of the self in relation to others often undercuts the will to hope. Unavoidable suffering, reflected by being forced to live with illness or other forms of ongoing pain, creates just such a breach in the view of oneself and one's relationships with others. The client can no longer function as they may have in the past, a pervasive sense of loss shadows the countenance, and unforeseen and often destructive personal choices are made. Just as in the breaking of a bone, it appears the breaking of hope that often comes of unavoidable suffering can neither be healed immediately nor ignored emotionally.

Forgiveness can be an intentional choice (Ferch, 2000). Under conditions of the intentional choice to forgive, emotional distance between clients and their loved ones and between clients and God can be dissolved. In most cases, this movement involves a long and persevering internal battle. Perhaps it is due to the fortitude required by this experience that Kahlil Gibran said "the strong of soul forgive" (1928, p. 39).

In order to overcome the emotional barricade that often keeps clients from wanting to engage in sacred conversation with unavoidable suffering, we employ intentional forgiveness throughout the course of therapy (see Ferch, 1998, 1999, 2000, 2001). There are many forgiveness-focused interventions (see Enright, Eastin, Golden, Sarinopoulos, et al., 1992; Ferch, 1998; Fitzgibbons, 1986; Hebl & Enright, 1993; Hope, 1987; McCullough & Worthington, 1994; Worthington & DiBlasio, 1990). In the context of the approach presented in this paper, when developing forgiveness, clients are directed to identify and understand systems thought regarding change. In Bowen's (1978) conception of systemic work, people tend to either run (grow silent, ignore) or attack (grow increasingly tense, anxious, and reactively angry) when confronted by significant change. Unavoidable suffering forces people into significant change. The result is usually an intensified interior life, a life that becomes plagued by an ever-increasing emotional barricade. Among other emotions, this interior barricade is often characterized by despair, despondency, anger, rage, hate, sorrow, and/or loss. The person-to-person relationship is the place of safety from which people can begin a healing-oriented response.

Building the Person-to-Person Relationship

A closer look at Bowen's work provides a natural framework for understanding the person-to-person relationship. From Bowen's own perspective:

... a person-to-person relationship is one in which two people can relate personally to each other about each other, without talking about others (triangling), and without talking about impersonal "things." Few people can talk personally to anyone for more than a few minutes without increasing anxiety, which results in silences, talking about others, or talking about impersonal things (1978, p. 540).

For a person or family experiencing unavoidable suffering, Bowen's thought poses the question: What does it mean to talk personally with, or relate personally to, my suffering, and to others who join me in this suffering?

Person-to-person relationship involves meaningful dialogue. Meaningful dialogue, for the purposes of the present discussion, is defined consistently with Bowen's conception of the person-to-person relationship: dialogue that is personally tied to the relationship in question and does not digress to talking about impersonal things or others. The goal for each client is to form a relationship with their unavoidable suffering, to no longer be alienated by the suffering, but to embrace it with good will.

To begin to talk about such issues, which are normally enclosed by the family system in a highly fortified or defended manner, a foundation of loving contact must be laid. A basic level of loving contact involves several acts. The client begins to spend time alone, creatively, in deep reflection regarding their unavoidable suffering. This may involve walks, journaling, or simply the quietness that comes of focusing or centring the self toward silence and reflection. The client should also enlist key loved ones toward engaging a consistent conversation with regard to the suffering. Open expressions of love and care, such as saying "I love you" and physically embracing, or such as sending letters, making visits, and building memories together can free up the isolation that often follows unavoidable suffering. At appropriate intervals with loved ones, the client engages in Sacred Conversation.

Framing the Sacred Conversation

Gadamer (1993) in philosophy, and Friere (1990) in education, speak of the importance of dialogue in understanding the world and initiating change across broad human science, societal, and interpersonal levels. Sustaining meaningful dialogue requires a positive sense of self and others, which is "differentiation" in Bowenian (1978) thought, and congruence according to Satir (1964).

The primary goal of Sacred Conversation is simply to open a non-invasive and consistent dialogue in the self, with others, and with God regarding cut-off or toxic issues (issues that tend to be silenced, avoided, or attacked in the context of unavoidable suffering). In opening such a conversation, a stance of empathy toward self and others can lead to forgiveness of self and others. Critical understandings of empathy and forgiveness can lead people out of silence and the cut-off or

toxic area, toward a persevering, hopeful, and loving relationship with the self, others, and the suffering we experience. Such communication leads to a more humble understanding of what it means to be human. This understanding is based on belief in the dignity of the human community, regardless of how profound is the experience of despair. Frankl's (1959) life is a bright example of such dignity.

Three Steps

Sacred Conversation begins with continual, intentional dialogues with self, others, and God and continues throughout the lifespan of one's significant relationships. In early stages of the approach, each dialogue involves three steps: a spotlight, a self-statement of weakness in the cut-off or toxic area, and a non-invasive question in this direction. In later stages, clients have mastered the three-step process and their skill at conversational depth increases in richness and creativity. A spotlight is a direct statement of encouragement, gratitude, or admiration given from the client toward him or her self, another, or God. A self-statement of weakness in the cut-off or toxic area involves specifically admitting a personal weakness or failure directly in the area of question. A non-invasive question is any open-ended question that starts a dialogue in the toxic area (i.e., a question that is framed tactfully and gently and cannot be answered with a simple yes or no). Further detail regarding these steps follows. For the purposes of clarity, examples will be used with a client in dialogue with a loved one. Sacred Conversation requires a generative, persistent, and intentional effort.

Spotlight. In the context of Sacred Conversation, the client begins the dialogue with a loved one by spotlighting the loved one. This is an explicit, intentional statement of belief. Even under poor familial conditions, when a client genuinely encourages a loved one and does so consistently, the long-term effect is usually positive (Dreikurs, 1953). The key is to be genuine and creative each time a spotlight is given, and to refrain from the need to be spotlighted in return.

In sacred conversations a spotlight is a statement in which verbal and nonverbal messages are united and given as specific, direct encouragement. Nonverbal messages include good eye contact, pleasant facial expression, open (warm, relaxed) body posture, and affirmative voice tone. Verbal messages include those that begin with "I admire . . . I like . . . I'm thankful for . . . I'm delighted about . . . I appreciate . . ." — and in some way connect the spotlight directly to the loved one being spotlighted. Some examples are as follows: "I admire your giftedness."; "I love the way you've loved me."; "One of the things I appreciate about you is your work ethic."; "I'm thankful you are my mother."; "I'm delighted that I get to spend time with you."; "I admire what you've accomplished in life." Each message is designed to be a direct communication of love for and belief in the loved one.

Self-statement of weakness in the toxic area. Humility, when framed as a statement of weakness, often engages empathy. Especially under relational conditions

in which loved ones are not openly abusing or demeaning the suffering client, a statement of weakness by the client often becomes a potent part of the dialogue, drawing others toward intimacy and care.

Examples of this are as follows: "Dad, I've noticed with regard to my cancer I've been pretty quiet with you."; "Mom, I've often been overly demanding of you with my multiple sclerosis and I want to ask forgiveness for that."; "Sarah, I sometimes lecture you regarding how you deal with my chronic headaches."; "Jonathan, I often find it difficult to accept when someone critiques me about my chronic back pain, even if it's a loved one." Such statements are designed to focus on admitting the places where one has fallen short or contributed to the relational pain of the love relationship. Generally, if done truthfully and genuinely, this engages empathy in the self and in loved ones.

A non-invasive question in the toxic area. The goal of this portion of the sacred conversation is not to change the behaviour of others, but to open the cut-off or toxic area in a tactful, loving way. Again, if the toxic area is my silence, or my lecturing, some examples of questions are: "What do you feel like when you have to be silent regarding the pain I'm going through?"; "What's it like for you when I lecture you?" If the toxic area is the unavoidable suffering itself, some examples of questions are: "What is it like for you when something becomes deeply disappointing in your life?"; "When you are hurting, when do you most find yourself wanting to lecture someone?"; "What do you like to do when you know you've been too harsh with someone?"; "What are some of the losses you think we've experienced from my illness/injury?"; "What are some of the hopes you think we've lost?"; "What are some of the ways we've restored our hope?"; "What do you like to do to bring joy in the midst of our suffering?"

Non-invasive questioning is a difficult skill to master, especially in the context of unavoidable suffering. Clients are mentored/coached before and after exchanges involving a sacred conversation. Through trial and error, clients report they hone their skill at questioning in a way that promotes connection, limits alienation, and leads to more resilient restoration with their loved ones as well as the greater human community.

SUMMARY AND FUTURE RESEARCH

According to Frankl (1959) finding meaning in suffering is a key spiritual freedom. Whether the suffering is physical or psychological, an individual can develop a response to the experience that is meaningful and purposeful. We believe that through the therapeutic modes of empathy and intentional forgiveness, embedded in the Sacred Conversation approach, clients can begin to construct the kind of meaning in their lives that may lead to overcoming debilitating physical and emotional barriers that cripple their lives. We believe this form of work is enduring, brings hope and dignity to the sufferer, and leads toward purpose in our most beloved relationships.

The authors of this article have used empathy and intentional forgiveness in the context of Sacred Conversation in a variety of therapeutic situations to ap-

proach unavoidable suffering and to help in creating transcendent meaning. Although clients have consistently reported experiencing a greater sense of personal development and relief from their suffering, we re-emphasize that empirical studies are needed to investigate the effectiveness of empathy, intentional forgiveness, and Sacred Conversation in relieving unavoidable suffering. Systematic quantitative and qualitative studies investigating the role of Sacred Conversation will bring greater understanding to how the approach enhances an individual's ability to create transcendent meaning from suffering and bring relief to physical and psychological pain. Survey research delineating the nature of this approach, along with experimental research measuring outcomes of the approach with regard to curative effects in anxiety, depression, stress, anger, and immunodeficiency levels are warranted. Phenomenological studies revealing the meaning of the approach for individuals and families are also warranted. Such studies will provide an important bridge toward clinical discernment with regard to suffering, emotion, and transcendent meaning.

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