UNIT SIX
Chapter Seven

Unit Six Content Summary

This unit, comprised of chapter 7, begins what we might call the "clinical section". The next few units will be devoted to how anger and forgiveness are relevant in the context of a variety of clinical problems, such as anxiety, eating disorders, and substance abuse. In this unit, we will explore the connection between anger, depression, and forgiveness.

Although we may stereotype depressed people as relatively passive and lethargic, it is not unusual for them to experience a great degree of anger. Freud recognized this in connecting depression with anger turned inward, and more recent research empirically links the experiences of anger and depression. Some work suggests that a subgroup of depressed clients may be prone to anger attacks, involving relatively regular irritability, over-reaction to minor irritations, and physiological/behavioral symptoms such as tachycardia, dizziness, experiencing a desire to attack others, or throwing objects. Depending on the study, the size of this subgroup varies from about 30% to about 70% of depressed clients.

How might anger play a role in depression? For many people, anger and depression develop simultaneously after a hurtful experience. Probably these two reactions "feed" off each other, but for some reason, anger is more likely to be suppressed. This does not mean the anger is neutralized, however, as some research suggests that those who are depressed may have a harder time controlling anger when it does surface. Forgiveness can assist depressed individuals in admitting this anger and taking active steps to rid themselves of it.

In each of these clinical units, we will look at how anger interacting with the clinical issue in question (in this case, depression) shapes progress through the four general phases of forgiveness. In terms of the uncovering phase, your authors recommend that the clinician pay special attention to childhood issues about which the client may be angry, as they are not as easy to uncover as presenting problems. This is wise advice, given that we have fairly good evidence that attachment problems in infancy and childhood (which may involve loss of a parent or poor parenting) are connected with both anger and depression later in life. The client may have little conscious awareness of these issues from early childhood. Once anger, be it from current relationship problems or earlier experiences, is acknowledged, the therapist must make clear that there are three ways to deal with this anger: deny it, express it, or forgive it. At this point, the therapist may need to take an active didactic role, especially in defining forgiveness and debunking the myths that we must express or deny our anger to get rid of it.

As we acknowledged in an early unit, in the decision phase a positive decision for forgiveness is often motivated initially by a desire to rid oneself of unpleasant emotional experiences. This may be a powerful motivator for people with depression. However, the therapist should expect obstacles as the client decides whether or not she will pursue interpersonal forgiveness. Obstacles might include an explicit or implicit desire to continue feeling depressed or angry, not realizing just how angry one is, a fear of becoming vulnerable to the offender, undue pressure by

"outsiders" to forgive, and simply not wanting (or having the energy) to forgive. A "cognitive" approach to the initial decision to forgive will help overcome many of these obstacles. Developing an understanding of how depression and anger hurt oneself may motivate clients to want to overcome these experiences. Having a thorough and correct understanding of what forgiveness is and is not should also help, as the client will realize that 1) there is no need for fear and 2) one need not "feel" like forgiving before one can make a cognitive commitment to do so. Using excessive anger to mask depression may also prove to be an obstacle; in this case, the therapist may need to do some more basic work to help the client feel safe and self-assured before the possibility of forgiveness can be thoroughly explored.

As we mentioned above, forgiveness often must begin on a cognitive level, as it is often easier to make a deliberate, rational decision than simply "turn off" or "turn on" certain emotional experiences, such as anger and depression. Fortunately, the initial step of the work phase is also cognitive: understanding the offender more thoroughly. Forgiveness homework exercises are also cognitive in nature (reviewing statements confirming a desire to forgive, one's new understanding of the offender, etc.), often leading to some type of emotional response that is a gage of a client's progress in forgiveness. Past forgiveness exercises, focusing on forgiving people whom the client may not initially recognize as major offenders, assist clients in rooting out anger that they may not even recognize at first. A variety of other techniques, such as role-playing and offender visits to therapy sessions, may also be useful. Antidepressants may also be useful in moderating emotional experience enough to allow the client to concentrate on the work of forgiveness, but the therapist should be clear that these drugs do not resolve the client's basic problems.

The deepening phase brings new insights and relief to the client, although some sense of sadness about the offense may always remain. Clients may realize how others are supporting them and how that support facilitates forgiveness. They may reach new understanding about self, offender, relationships, God, and so on. Especially significant for clients who are (or were) depressed and angry because of betrayal is the development of trust—albeit tenuous at first-of others, starting with the therapist.

Main Points

- Those who are depressed often experience significant amounts of anger. A significant subgroup of clients with depression may even experience regular anger attacks.
- Anger and depression may result not only from current problems, but also from childhood issues. Both of these emotional experiences are common in people who suffered through family problems in childhood.
- While significant obstacles to deciding to forgive and doing the work of forgiveness exist in these clients, providing adequate information about forgiveness, initially utilizing a cognitive approach, building a trusting relationship with the client, and employing other strategies can help overcome the barriers.

Clinical Exercises (*for your professional development only; do NOT submit your answers*)

Consider one client you have who has Major Depression. List all of the incidences over the past three sessions in which this person implied that he or she was angry. For which of these incidences is the client aware of the anger? For which of these incidences is the client apparently unaware of the anger? Do you see a pattern? For example, perhaps the client can admit to anger toward colleagues at work, but not toward parents. Try to discern those areas of anger in the client that are particularly deep and subconscious. What special challenges might this client face as forgiveness therapy proceeds, and how will you help him/her face those challenges successfully?