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# FORGIVENESS OF OTHERS AND HEALTH: A REVIEW OF KEY MODELS AND IMPLICATIONS

## INTRODUCTION

Forgiveness of others is increasingly recognized as a vital element in both psychological and physical well-being, influencing key areas like conflict resolution, mental

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health, and interpersonal relationships. Rather than being seen solely as a moral or social value, forgiveness is now understood as a dynamic process with meaningful health benefits, including reduced stress, enhanced mental well-being, and stronger social bonds (Harris & Thoresen, 2007; Toussaint & Webb, 2005; Webb et al., 2011, 2012; Worthington et al., 2007). In health psychology, forgiveness is often conceptualized as an emotion regulation strategy, one that mitigates negative emotional responses to interpersonal offenses, thereby promoting personal growth and positive health outcomes (Whited et al., 2010). This paper seeks to systematize the definition of forgiveness, review key therapeutic and theoretical models linking forgiveness with health, and identify overarching themes and theoretical implications. The sources cited in this paper were selected from PubMed database searches conducted in the fall of 2024, using various combinations of the keywords forgiveness, health, well-being, conceptual model, mechanisms, and theoretical approach. A clear definition of health is also essential for this work. Here, we follow the definition by the World Health Organization (1946), which framed health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (p. 100). This broad perspective emphasizes that health encompasses not only the absence of illness but also the presence of mental and social well-being, requiring a balanced harmony among these dimensions. This holistic view of health aligns closely with the multifaceted benefits of forgiveness.

## DEFINITION OF FORGIVENESS

In contemporary psychology, *forgiveness* is acknowledged as a deeply intrapersonal process with profound implications for mental and physical health. Defined broadly, forgiveness involves a prosocial transformation within an individual, often manifesting as a conscious shift from resentment or bitterness toward a neutral or even compassionate stance toward someone who has caused harm (McCullough et al., 2000). This process is distinct from reconciliation, which entails reestablishing positive interactions with the transgressor; forgiveness, however, is primarily an internal journey that does not necessarily require the offender's involvement or knowledge. This concept is alternatively defined as disjunctive forgiveness (Berecz, 2001), a particularly recommended approach when contact with the offender could pose a risk to the victim, as in cases of sexual offenses (Enright & Human Development Study Group, 1991). This inward focus on emotional transformation highlights forgiveness as a potential mechanism for reducing stress, anxiety, and depression, ultimately contributing to enhanced overall well-being.

Within psychological frameworks, the process of forgiving is often conceptualized as gradual and multi-layered, unfolding progressively over time. Enright and Fitzgibbons (2000) describe it as a journey through stages where negative emotions are actively replaced by more constructive feelings. This progression requires

significant commitment and is influenced by personal circumstances and the severity of the transgression, emphasizing that forgiveness is not an instant reaction but rather a deliberate emotional transformation. McCullough et al. (1998) further elaborated on this model, highlighting the importance of reducing motivations such as avoidance and revenge while nurturing a more benevolent outlook. Their approach presents forgiveness as a multidimensional construct, one that shapes both emotional and behavioral responses toward the transgressor, ultimately promoting a healthier, more balanced perspective.

Worthington and Scherer (2007) further refined the understanding of forgiveness by distinguishing between *decisional forgiveness*—a cognitive choice to let go of negative judgments – and *emotional forgiveness*, which involves the gradual release of hurt and the adoption of positive feelings over time. This nuanced view underscores forgiveness as both an emotion regulation strategy and a potential coping mechanism, aligning with the goals of health psychology to support resilience and psychological stability. By replacing bitterness and anger with empathy or neutrality, forgiveness not only aids in reducing stress responses but may also lower blood pressure and enhance immune function (Worthington & Sootoohi, 2010), thus supporting physical health.

Forgiveness can also be understood through distinct dimensions, each contributing to health outcomes in specific ways. Three primary types exist, including forgiveness of others, self-forgiveness, and forgiveness of uncontrollable situations. *Forgiveness of others* – the focus of this discussion—entails releasing resentment and embracing compassion toward an offender, a core aspect in most forgiveness definitions that operates independently of any external reconciliation (Rye et al., 2000). *Self-forgiveness*, in contrast, involves relinquishing self-directed anger and guilt, promoting self-compassion and emotional equilibrium (Wohl et al., 2008). Another dimension, *forgiveness of uncontrollable situations*, refers to reframing negative feelings about circumstances beyond one's control, such as illness or loss, fostering acceptance and resilience in challenging conditions (Thompson et al., 2005).

In the contemporary literature, increasing attention is given to an additional dimension of forgiveness – *perceived forgiveness by God*—which is particularly relevant in religious and spiritual contexts. This form of forgiveness involves an individual's belief or sense that a divine figure has absolved them of their transgressions, providing profound psychological relief and a feeling of unconditional acceptance. Some research has indicated that perceived divine forgiveness can enhance mental health by alleviating guilt and fostering a deeper sense of spiritual peace and resilience, especially in situations where self-forgiveness proves challenging (Fincham, 2022).

Supplementary to these dimensions, particularly in the context of self-forgiveness or forgiveness of others, forgiveness can be understood through two primary frameworks: dispositional (or trait) forgiveness and episodic (or state) forgiveness. *Dispositional for-*

*giveness* refers to a stable, enduring tendency within individuals to forgive across various situations, suggesting that some people naturally embody a forgiving disposition (Strelan, 2017). In contrast, *episodic forgiveness* is situational, emerging in response to specific transgressions (Davis et al., 2015). If unresolved, this episodic state of unforgiveness can impose considerable psychological and physical strain, as acute feelings of anger or resentment can intensify stress responses, potentially impairing immune function and elevating cardiovascular risk (Stackhouse, 2019). Given these immediate health implications, this review will focus on episodic forgiveness, with a particular emphasis on its potential to alleviate stress-related health risks through targeted therapeutic interventions and personal growth strategies (Skalski-Bednarz et al., 2024).

In addition, this review will primarily examine forgiveness of others, which frequently serves as a foundational construct for understanding forgiveness in broader psychological contexts (Worthington, 2020). This dimension is particularly significant in therapeutic and psychological interventions, where it supports emotional growth and resilience. Nonetheless, all dimensions of forgiveness appear to correlate with health outcomes (though not necessarily in the same fashion), underscoring the complex and beneficial effects of forgiveness across diverse contexts. For example, self-forgiveness has demonstrated positive health impacts by fostering self-compassion and reducing self-blame, as detailed in the *Handbook of the Psychology of Self-Forgiveness* (Woodyatt et al., 2017). Different facets of forgiveness also play a significant role in the context of religion. There is substantial empirical evidence suggesting that religiosity is positively related to forgiveness of others (Choe et al., 2019) and self-forgiveness (Fincham et al., 2020). Similarly, perceived forgiveness by God, especially in religious or spiritual contexts, has been linked to psychological relief and resilience, with substantial evidence highlighted in the works of Fincham and May (2019, 2023). Collectively, these insights underscore forgiveness as a multidimensional construct with substantial implications for personal and interpersonal well-being.

## MODELS CONNECTING FORGIVENESS AND HEALTH

### Enright's Forgiveness Process Model

The *Process Model*, developed by Enright and the Human Development Study Group (1991), is among the earliest and most widely used frameworks for exploring forgiveness, especially in terms of its impact on health and well-being. This model views forgiveness as a complex journey that involves changes in thoughts, emotions, and actions. Enright's model guides individuals through a structured process made up of 20 units grouped into four main phases. This phased structure allows individuals to gradually move through the experience of forgiveness in manageable steps, addressing different aspects of the process along the way. Each unit marks a stage that supports the individual in moving closer to forgiveness and, in doing so, opens potential health ben-

efits. Research has shown this model to be particularly helpful in therapeutic settings, where it has been linked to improvements in both mental and physical health (e.g., Rapp et al., 2022). Moving through these stages can help individuals release emotions and may reduce stress, anxiety, and symptoms of depression, contributing to overall health and a sense of well-being (e.g., Gambaro et al., 2008).

*Uncovering Phase: Confronting Pain and Emotional Health*

The first phase, called the *uncovering phase* (units 1–8), guides individuals to face and fully process the pain and negative effects caused by the harm they have experienced. In this phase, people are encouraged to bring to light any lingering feelings of resentment, anger, or sadness possibly suppressed or left unresolved. This process helps individuals acknowledge these emotions, allowing the individuals to begin releasing the psychological weight they carry. By recognizing and confronting these feelings, individuals can take an important step toward reducing the long-term impact of holding onto stress and tension (Enright et al., 1998).

*Decision Phase: Cognitive Commitment to Forgiveness*

The *decision phase* (units 9–11) marks an important step in the forgiveness journey, where individuals make a conscious choice to forgive, even if they may not yet feel emotionally prepared. This phase involves a cognitive shift, allowing individuals to begin releasing the mental burden that often accompanies feelings of anger and resentment. By deciding to forgive, individuals can start to let go of recurring, negative thoughts and lighten their mental load, potentially enhancing focus, mental clarity, and resilience over time (Freedman & Enright, 1996).

*Work Phase: Developing Empathy and Emotional Release*

The *work phase* (units 12–15) involves a shift in perspective, encouraging individuals to see the offender in a new light and fostering empathy and understanding toward them. This phase includes rethinking one's view of the offender, which often leads to feelings of empathy (Unit 13) and compassion (Unit 14). These emotional changes help individuals let go of resentment and make room for more peaceful emotions. In Unit 15, described as the *heart of forgiveness*, individuals accept the pain they have experienced without passing it on to others, creating an emotional release that can lead to a greater sense of inner peace (Enright et al., 1998).

*Outcome Phase: Healing and Psychological Well-Being*

The final stage, known as the *outcome phase* (units 16–20), is the completion of the forgiveness journey. Here, individuals come to understand that by forgiving, they are also aiding their own healing. Those who reach this stage often report reduced feelings of anxiety and depression, along with an improved sense of psycho-

logical well-being (Enright, 2001). The release of stress-related symptoms can also benefit physical health, potentially supporting better sleep, cardiovascular health, and immune function. This phase demonstrates how forgiveness, as outlined in this model, fosters a well-rounded sense of well-being.

*Health Implications in Therapeutic Settings*

Enright's Process Model provides a comprehensive, phase-based approach to forgiveness and is widely acknowledged for its therapeutic applications in mental health. This model's structured phases allow it to be flexibly tailored to individual experiences (e.g., forgiveness may not necessarily be a linear, step-by-step progression through its 20 units), making it particularly effective for promoting emotional resilience and reducing negative psychological states like anger and depression. Studies have affirmed the model's utility, revealing that structured forgiveness interventions based on Enright's model result in significant improvements in emotional health and social adjustment. For example, a study conducted by Park et al. (2013) with aggressive adolescent victims in South Korea demonstrated substantial psychological benefits from a forgiveness program. Participants in this study who engaged with Enright's model reported decreased levels of anger, hostile attributions, and delinquent behavior, along with increased empathy and academic performance. Notably, these improvements persisted at an 8-week follow-up, highlighting the model's potential for sustained enhancement in emotion regulation and behavioral health. Similarly, Baskin and Enright's (2004) meta-analysis of forgiveness interventions in American samples revealed significant reductions in anger and anxiety, along with increases in self-esteem. Interventions based on Enright's model have also shown promise with at-risk youth; for example, Gambaro et al.'s (2008) study demonstrated notable gains in psychological well-being, social behavior, and academic performance among school-aged children.

Recent findings further support the model's applicability across cultural contexts. A meta-analysis by Rapp et al. (2022) examined 20 studies involving 1,472 youth from 10 countries, including Iran, Greece, South Korea, and Taiwan, spanning individualistic and collectivist cultures. Results confirmed that forgiveness interventions based on Enright's model effectively improved psychological and behavioral outcomes across these diverse settings, suggesting its potential cross-cultural utility. Through these and other studies, Enright's model has established itself as a valuable tool for both mental health professionals and researchers focused on enhancing emotional resilience and reducing stress, ultimately highlighting how a structured approach to forgiveness can effectively ease psychological burdens and foster overall well-being (see Freedman & Enright, 2020).

**REACH Forgiveness Model**

Another widely recognized model is the *REACH Forgiveness* model developed by Worthington (2001, 2020), which has similarly demonstrated practical utility, especially in therapeutic contexts. Since Worthington defined forgiveness as a process of emotional replacement—where "hot emotions" like anger or fear, stemming from a perceived offense, are substituted with positive emotions such as empathy, compassion, or even unselfish love—the REACH model provides a structured path to guide this progression. This model is designed to alleviate the toll of unresolved anger, resentment, and disappointment associated with unforgiveness. Guided by Worthington's understanding of forgiveness, the REACH model lays out a five-step, hierarchical process: recall the hurt, empathize with the offender, offer an altruistic gift of forgiveness, commit to forgiveness, and hold onto forgiveness.

*Recall the Hurt*

Structurally, the REACH model is often depicted as a pyramid (e.g., Worthington, 2020), highlighting that each step forms a foundation that supports the next level. Progressing through the model requires a sequential approach, ensuring that each step is fully taken before advancing to the next. The *recall* stage, at the pyramid's base, emphasizes the importance of bringing the painful memory to mind without suppression or exaggeration, confronting the reality of the hurt directly and fully. This initial step is foundational, as it sets the stage for emotional processing. Without fully acknowledging the hurt, it would be challenging to engage authentically in empathy, which is crucial for the subsequent steps (Worthington, 2001).

*Empathize With the Offender*

The second step, *empathy*, relies on the groundwork of recalling the hurt and moves beyond it by encouraging individuals to understand the offender's perspective. This empathy is nurtured through techniques, including the "empty chair" exercise, allowing individuals to express feelings as if speaking to the offender directly in the empty chair, which can enhance understanding and reduce retaliatory impulses. Without achieving this empathic understanding, it is difficult to advance toward the altruistic forgiveness stage, as forgiveness without empathy risks remaining superficial (Worthington, 2020).

*Altruistic Gift of Forgiveness*

The *altruistic gift* step, a mid-level component in the pyramid, reframes forgiveness as a selfless act. Here, forgiveness is offered as a personal gift rather than an obligation, which aids in reducing the psychological weight of resentment. Worthington (2001) emphasized that forgiveness is primarily beneficial for the person forgiving, as it allows them to let go of the anger that often accompanies resentment. Successfully completing

this step reinforces the individual's autonomy in choosing to forgive and paves the way for a firm commitment to the forgiveness decision.

*Commit to Forgiveness*

The *commitment* step, situated near the pyramid's peak, involves a firm resolve to uphold the decision to forgive, often accomplished through actions such as writing a letter or making a public affirmation of forgiveness. This step is essential in solidifying the forgiveness choice, creating a psychological affirmation that helps prevent regression into unforgiveness. It provides mental reinforcement, enabling individuals to sustain forgiveness even in moments of doubt (Worthington, 2006).

*Hold Onto Forgiveness*

Finally, the *hold onto forgiveness* step at the apex of the pyramid focuses on building resilience. This step helps individuals reinforce their tendency toward forgiveness, supporting them in maintaining forgiveness even when memories or emotions about the offense resurface. Through techniques like self-reminders, individuals can prevent a relapse into resentment, solidifying the emotional gains achieved through the forgiveness process and strengthening their inclination to forgive in the future (Worthington, 2001). This therapeutic perspective lays the groundwork for dispositional forgiveness, which we will discuss more broadly as a resilience resource in our subsection *Forgiveness as a Coping Strategy*.

*Resonating With Health*

The pyramid structure employed in the REACH model not only illustrates the sequential nature of the forgiveness process but also emphasizes its broad theoretical implications, providing valuable insights into the psychological mechanisms that shape forgiveness. Although highly therapeutic in nature, the REACH model contributes to a deeper understanding of forgiveness as a structured, transformative process rooted in emotion regulation and resilience-building. By fostering an understanding of anger, building emotional resilience, and establishing forgiveness as a transformative choice, the REACH model enables individuals to break cycles of bitterness and resentment, promoting both psychological well-being and improved relationships (Worthington, 2020). Evidence-based literature supports these benefits; for example, Rye et al. (2005) and Wade and Meyer (2009) observed reductions in anxiety and psychological distress among participants who engaged in REACH interventions, with longer intervention periods amplifying positive effects on mental health. Interventions lasting over 12 sessions, typically delivered through individual or group counseling, resulted in more significant improvements in psychological adjustment and emotional stability.

Further reinforcing its therapeutic value, Akhtar and Barlow's (2018) meta-analysis included findings from seven studies that used the REACH model,

showing that forgiveness interventions had a moderate positive impact on reducing anger and hostility and a smaller yet notable effect on alleviating symptoms of depression. The model was particularly effective in fostering "state forgiveness"—forgiveness directed at specific transgressors—which highlights how structured forgiveness processes like REACH can address negative emotions and replace them with positive responses that build resilience against emotional stress.

Finally, REACH has been successfully adapted for different languages and cultural contexts (see Ho et al., 2024; Lin et al., 2014; Rapp et al., 2022). For instance, in the past year, a Polish adaptation was introduced, with Skalski-Bednarz (2024) successfully applying the model with youth to reduce symptoms of conduct disorder. However, in collectivistic cultures like Indonesia, forgiveness is often practiced to maintain social harmony rather than achieve personal emotional transformation, posing challenges in aligning interventions with cultural values (see Kurniati et al., 2020). Despite these challenges, the REACH model has demonstrated remarkable adaptability and effectiveness across diverse populations and contexts.

**Stress-and-Coping Model of Forgiveness**

The *stress-and-coping model of forgiveness* (Strelan, 2020; Worthington & Scherer, 2004), rooted in Lazarus and Folkman's (1984) stress theory, provides insight into forgiveness by framing it as a coping mechanism aimed at managing the stress resulting from interpersonal transgressions. Within this model, transgressions like betrayals, offenses, and emotional harm are viewed as significant life stressors that activate cognitive appraisals and emotional responses typically associated with threat perception. The stress-and-coping model highlights that a state of unforgiveness (i.e., a confluence of negative emotions such as hatred, anger, hostility, resentment, bitterness and fear; Worthington et al., 2001) is inherently stressful and is driven by negative cognitive appraisals, positioning forgiveness as an adaptive coping strategy to alleviate this stress. Specifically, holding onto unforgiveness can perpetuate feelings of anger, resentment, and a desire for revenge, which may chronically activate the body's stress response. This persistent activation can lead to heightened cortisol production, which, over time, is associated with a range of health risks, including both physical and mental health disorders (Toussaint & Webb, 2005; Toussaint, Worthington et al., 2023).

*Appraisal Process*

Within this theoretical model, coping with transgressions begins with an appraisal process, in which individuals assess the offense's impact on their well-being. Initially, *primary appraisal* helps determine if the situation is benign, irrelevant, or stressful, further classifying stress as a threat, harm, or challenge (Lazarus & Folkman, 1984). Following this, *secondary appraisal* assesses available resources for handling the stressor, guiding individuals toward appropriate coping strategies.

*Problem-focused coping* seeks to change or resolve the situation, while *emotion-focused coping* regulates internal emotional responses (Folkman & Moskowitz, 2000). This dual approach to coping mirrors forgiveness processes. For instance, emotion-focused forgiveness might involve managing anger or cultivating compassion, while problem-focused forgiveness could involve reconciliation or distancing from the offender when reconciliation is unattainable (Berry et al., 2001).

*Forgiveness as a Coping Strategy*

Forgiveness, like coping, is not inherently positive or negative but depends on context and individual readiness. For example, emotion-focused forgiveness can be effective for immediate emotion regulation but, when it manifests as rumination, may hinder progress toward genuine forgiveness (McCullough, 2001). Conversely, problem-focused strategies, such as addressing the root of a conflict, can foster deeper relational healing but may be premature if emotional wounds are unresolved. This model also highlights the dynamic, cyclical nature of coping, where individuals reassess their situations and adjust their coping strategies over time (Folkman & Moskowitz, 2000). In addition, meaning-focused coping, which is directed at finding a new meaning to the stressful situation, was found to be a contributing factor to forgiveness as it was positively related to forgiveness in the context of transgressions committed by a romantic partner (Rosales Sarabia et al., 2023). In this perspective, forgiveness will be the outcome of a process of dealing with internal tensions and external difficulties, which arise when an individual encounters ethical or moral dilemmas.

The stress-and-coping model further incorporates future-oriented coping by suggesting that forgiveness can serve as preparation for future relational challenges. Anticipatory and preventive coping highlight this forward-looking dimension, encouraging individuals to forgive not only to alleviate immediate distress but also to sustain valued relationships in the future (Drummond & Brough, 2016). Such a proactive approach redefines forgiveness as an opportunity for growth, contributing to the development of resilience and emotional maturity (Schwarzer & Knoll, 2003). This future-oriented perspective suggests that forgiveness can extend beyond a survival mechanism, becoming a transformative process that enriches one's emotional and social life.

Ultimately, the stress-and-coping model portrays forgiveness as a dynamic and adaptable process, capturing the intricate interplay between personal appraisals, emotional responses, and relational contexts. Unlike linear approaches, this model views forgiveness as a continuous adaptation, where individuals alternate between emotion regulation and problem-solving to reach psychological balance (Strelan, 2020). By recognizing forgiveness as a sequence of adaptive responses to interpersonal stressors, the model fosters a deeper understanding of how forgiveness can nurture both inner peace and relational harmony. Through this lens, forgiveness

emerges as an essential component of mental and physical well-being, underscoring its role as a valuable coping resource for managing life's unavoidable interpersonal challenges and stresses. Forgiveness can also act as an internal mechanism regulating disordered thoughts and emotions that disrupt an individual's mental balance, thereby helping to restore homeostasis. Today, this model often serves as a foundational theoretical framework in research exploring the health benefits of forgiveness, including studies on forgiveness's effects in mid-life health among female nurses (Long et al., 2020), the influence of unforgiveness on cybervictimization and cyberaggression (Quintana-Orts et al., 2020), and connections between trauma, religious coping, forgiveness, and hope (Chen et al., 2021).

**Biopsychosocial-Spiritual Approach**

Finally, we introduce an approach to understanding forgiveness that departs from the previously outlined, structured therapeutical or theoretical models, offering instead an expansive and adaptable path to healing and well-being. The *biopsychosocial-spiritual (BPSS) approach* provides a way to explore the nuanced connections between forgiveness and health, integrating physical, psychological, social, and spiritual elements to create a truly holistic view of well-being (Hatala, 2013; Sulmasy, 2002). This perspective treats health as a fluid balance, where adaptive responses, such as immune resilience, physical strength, and psychological flexibility, reflect one's capacity to face life's challenges. When we encounter obstacles like emotional conflicts or social isolation, the presence or absence of supportive networks and effective coping strategies can profoundly shape our ability to find peace, hope, and emotional stability. Within this framework, forgiveness emerges as a mechanism that, either independently or through other supportive resources, can shape the healing process. In healthcare, this view highlights the need for well-rounded support systems and individualized interventions that respect the complex, layered nature of each person's BPSS landscape (Saad et al., 2017). By bringing forgiveness into the fold, the BPSS approach suggests that a supportive, integrated environment can play an essential role in fostering both physical and emotional healing, all while recognizing that each person's journey to wellness is as unique as their experiences and inner resources.

*Direct and Indirect Effects*

This framework offers insights into how forgiveness can positively impact mental health, both directly and indirectly, through various mediators and moderators. Forgiveness not only boosts well-being but can also help ease distress by alleviating feelings of hopelessness and reducing repetitive negative thoughts (Cheng et al., 2021; Toussaint et al., 2008; Toussaint, Lee, et al., 2023). Toussaint et al. (2008) explained that forgiveness and hope are active choices: By choosing to forgive, people take steps toward resolving conflicts and mending relationships, fostering a path toward

emotional healing. Seybold et al. (2001) showed that forgiveness can bring about various health benefits, including a reduction in hostility—a characteristic of type A behavior associated with health risks—through healthier habits and spiritual or transcendent practices (Billing & Steverson, 2013). These practices include cognitive and behavioral strategies that support individuals in handling life's challenges (Denney & Aten, 2020). Ysseldyk et al. (2009) added that forgiveness can limit thought patterns that may escalate negative emotions. People who forgive are often more receptive to social support, which can contribute to overall well-being (Worthington & Scherer, 2007; Ye et al., 2022). Zhu (2015) observed that social support strengthens the link between forgiveness and life satisfaction, while Skalski-Bednarz, Toussaint, Konaszewski, et al. (2024) further illustrated how a person's view of their own health can influence emotional responses and help in managing distress, supporting the BPSS approach's perspective on forgiveness as a relevant component of health.

*Predictors of Forgiveness*

Beyond showing how forgiveness can enhance well-being, the BPSS approach also explores what enables forgiveness in the first place. Self-regulation, for instance, plays a key role, as shown in the *regulatory model of forgiveness* (Ho et al., 2020), which suggests that strong emotion regulation skills are essential to transform anger or resentment into positive attitudes toward those who may have wronged us. When self-regulation resources are low (e.g., due to emotional exhaustion), this capacity for forgiveness can be compromised (Burnette et al., 2012; Tangney et al., 2004). Cognitive reappraisal, a key strategy within self-regulation, can help reframe situations in ways that soften their emotional impact, making forgiveness more accessible (Burnette et al., 2012).

Other factors, like religious beliefs, spirituality, personality traits, and age, also influence forgiveness and, in turn, impact health through various pathways. Religiousness and spirituality, for example, often act as valuable coping strategies, nurturing mental and physical resilience by framing forgiveness as part of a spiritual journey (Pargament et al., 2011; Webb, 2003). This role contrasts with its earlier-discussed mediating effect; however, Skalski-Bednarz and Toussaint (2024) suggested a mutually reinforcing relationship between spirituality and forgiveness, where each strengthens the other, deepening a sense of connection to something greater and well-being. Personality traits such as agreeableness and openness foster a tendency to forgive, which in turn reduces stress responses and lowers cortisol levels, particularly in older adults, benefiting both mental and physical health (Moorhead et al., 2012; Skalski-Bednarz, Toussaint, Konaszewski, et al., 2024b). Additionally, the personality of the person seeking forgiveness may matter, as perceiving them as kind can encourage forgiveness and, in turn, improve physical health markers such as cardiovascular function (Tabak & McCullough, 2011). Age also plays a role, as re-

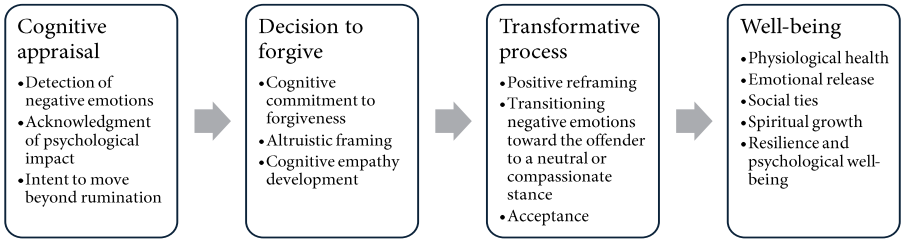
flection on and re-evaluation of relationships often foster forgiveness in later life, enhancing a sense of peace and well-being (Toussaint et al., 2001).

While valuable, the BPSS approach is more of a flexible guide than a single, unified theory. It provides a broad framework for exploring how forgiveness relates to health, but it lacks the structured precision needed to test specific hypotheses. This flexibility opens a range of pathways to investigate the forgiveness-health connection but also limits the approach's ability to pinpoint exact mechanisms, positioning the BPSS approach as more of a conceptual guide than a comprehensive theory.

## DISCUSSION

This review highlighted that, despite their differing structures, Enright's Process Model (Enright & the Human Development Study Group, 1991), Worthington's REACH model (Worthington, 2001, 2020), the stress-and-coping model (Strelan, 2020; Worthington & Scherer, 2004), and the BPSS approach (Hatala, 2013) share a common view of forgiveness as a dynamic, multi-stage process that fosters emotional and physical well-being (see Figure 1). Across these models, forgiveness emerges as an adaptive process for coping with interpersonal transgressions, unfolding through a series of intentional steps that cultivate psychological resilience and physiological health. It begins with cognitive appraisal, where individuals confront and acknowledge challenging emotions, including anger or resentment. This acknowledgment creates a foundation for a deliberate choice to forgive, transforming forgiveness from a reactive response to a conscious, proactive decision. Often viewed as an altruistic act that ultimately benefits the forgiver, this choice fosters empathy and diminishes retaliatory impulses. In making this commitment, individuals move into a transformative phase, reinterpreting the offense and progressing from resentment toward compassion. This shift not only alleviates tension but also strengthens emotional adaptability, helping individuals to better navigate and manage the lingering feelings associated with the transgression.

Figure 1. Synthesis of Reviewed Models That Link Forgiveness and Health




Source: own elaboration.

An individual's ability to initiate and sustain forgiveness – and the extent of its health benefits—hinges on various personal factors, including self-regulation, spirituality, and personality traits like openness and agreeableness. These characteristics shape the capacity for forgiveness and its related health outcomes. Though these factors are often seen as secondary within forgiveness models, it is important to recognize the role that contextual factors may also play in influencing forgiveness outcomes (Koutsos et al., 2008). Cultural conditions can also be an important factor, due to the varied approaches to forgiveness and its effects in different cultures (McCauley et al., 2022). Each of the models reviewed here is supported by empirical evidence, affirming the practical value of forgiveness across diverse contexts.

## Limitations

One limitation of this review is its theoretical orientation and reliance on non-systematic methods, although we did incorporate relevant studies. Additionally, while supplementing research studies, the predominance of generally healthy participant samples made it challenging to attribute health differences solely to forgiveness, and the clinical implications remain limited. While the quality of forgiveness assessment tools has improved over time, and measures such as heart rate variability are increasingly used as indicators, these physiological measures are still underutilized (Flake et al., 2017). Furthermore, while interventions like the REACH Forgiveness method (Worthington, 2020) and Enright's Process Model (Enright & the Human Development Study Group, 1991) offer structured approaches to forgiveness, they are seldom applied in studies focused on physical health outcomes, which limits insights into the causal relationship between forgiveness and health. In these studies, specific variables related to the experience of transgressions, such as hostility and anger, are more frequently examined.

## Theoretical Implications and Future Research Directions

Despite the substantial progress made in forgiveness research, gaps remain. There is a particular need to continue research on the long-term effects of forgiveness, its application across diverse cultural contexts, and the influence of specific transgressions on the relationship between forgiveness and health, especially with clinical samples. Addressing these areas would enhance understanding and provide a more nuanced view of forgiveness as a health-promoting factor. Theoretically, the multidimensional nature of forgiveness suggests that it may act as both a coping mechanism and a resilience resource, offering emotion regulation that buffers against stress-related health risks. This dual role highlights forgiveness not only as a means of reducing negative affect but also as a facilitator of adaptive coping, which may strengthen psychological well-being and social bonds. Moreover, forgiveness has implications for moral development and relational dynamics, suggesting that it can foster prosocial attitudes and reduce hostile responses, thus contributing to interpersonal harmony and broader social cohesion.

Future research should explore forgiveness by incorporating contextual factors (e.g., situational appraisal) to deepen insights into its effects on mental and physical well-being. Understanding how forgiveness interacts with factors like perceived intent, severity of offense, and cultural norms could illuminate the conditions under which forgiveness is most beneficial. Additionally, exploring dispositional versus state forgiveness could reveal how stable tendencies to forgive influence well-being compared to situational acts of forgiveness, offering a more complete picture of forgiveness's role in health. By controlling for these contextual variables, future analyses may better capture the subtleties of how forgiveness operates across different circumstances and individual experiences, as studies have increasingly suggested that forgiveness of others may yield distinct outcomes.

The BPSS perspective encourages the exploration of ever-evolving mechanisms through which forgiveness may contribute to health, underscoring the potential for new insights into the complex pathways linking forgiveness with well-being. However, studies with cross-sectional samples often lack the depth and explanatory power needed, especially when the studies are not grounded in a specific psychological theory. To advance forgiveness research, there is a pressing need for developing and refining narrower theoretical models which draw on well-defined psychological constructs that could provide a structured foundation for testing forgiveness mechanisms with greater precision. For example, Webb and colleagues have begun to build upon the forgiveness models discussed herein to more narrowly and precisely focus on understanding the role of forgiveness in addressing both addictive behavior and suicidal behavior (e.g., Webb, 2021; Webb et al., 2017). These targeted models might enable researchers to design studies that capture both

short- and long-term health impacts of forgiveness, reinforcing its role as a scientifically robust factor in health psychology.

## Risks of Toxic Forgiveness

Granted, while forgiveness is often associated with health benefits, it is not universally beneficial. Some research has indicated that alternative coping strategies, like denial, may offer better short-term relief in specific situations. For example, Putnam (2001) found that denial was healthier than forgiveness for some divorced individuals, as it did not correlate with increased depression or anxiety. However, the effectiveness of denial as a coping strategy is mixed. Harrell et al. (2003) found that using denial in response to discrimination correlated with elevated blood pressure. Similarly, Toussaint et al. (2001) found that individuals who frequently sought forgiveness experienced heightened psychological distress, possibly due to relational risks or personality traits (e.g., neuroticism) that increase tendencies for rumination and anxiety. These findings underscore that forgiveness may not always be the optimal approach for health, highlighting the need for additional research to better understand when forgiveness promotes well-being. Nevertheless, according to the dominant models (e.g., Worthington, 2020), constructive and responsible forgiveness would ideally support potentially positive health outcomes.

## CONCLUSION

This review has emphasized forgiveness as a multifaceted, adaptive process with significant effects on psychological and physical well-being. The four models discussed—Enright's Process Model, Worthington's REACH model, the stress-and-coping model, and the BPSS approach—highlight forgiveness as a journey that involves cognitive appraisal, decision-making, emotional transformation, and the promotion of well-being. Together, these frameworks depict forgiveness as a process that reduces stress, fosters empathy, and strengthens resilience, enhancing both individual and relational health. But while the models provide valuable insights, further research is needed. Future studies should continue to examine forgiveness across cultural contexts to deepen understanding of how values and beliefs influence forgiveness and health. Expanding this focus could reveal culturally specific aspects of forgiveness and aid in the development of culturally relevant interventions. Additionally, assessing forgiveness's long-term health impacts, considering situational factors, and integrating objective physiological measures in studies would strengthen insights into the causal relationship between forgiveness and health.

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## PRZEBACZENIE INNYM A ZDROWIE: PRZEGLĄD KLUCZOWYCH MODELI ORAZ IMPLIKACJE TEORETYCZNE

**Streszczenie:** Przebaczenie jest coraz częściej postrzegane jako zasób psychologiczny promujący zdrowie psychofizyczne. Celem niniejszego artykułu jest syntetyczny przegląd istniejących modeli wiążących przebaczenie innym ze zdrowiem, w tym Modelu Procesu Przebaczenia Enrighta, modelu REACH, modelu stresu i radzenia sobie przez przebaczenie oraz perspektywy biopsychospołeczno-duchowej. W omawianej literaturze przebaczenie rozpatruje się nie tylko jako wartość moralną, ale także jako złożony, wieloetapowy proces sprzyjający zdrowiu psychicznemu, redukcji stresu oraz korzystnym efektom fizjologicznym. Model Enrighta oparty na etapowej ścieżce od uwolnienia emocji do psychicznego uzdrowienia oraz model REACH, który dodatkowo akcentuje empatię i zaangażowanie, wspólnie przedstawiają przebaczenie jako strategię radzenia sobie skoncentrowaną na emocjach. Z kolei model stresu i radzenia sobie ujmuje przebaczenie jako szeroki mechanizm łagodzący negatywne skutki stresu, a podejście biopsychospołeczno-duchowe włącza przebaczenie do całościowych ram zdrowia. Wreszcie dowody z interwencji terapeutycznych wskazują, że ustrukturyzowane programy zachęcające do przebaczenia wspierają dobrostan, redukują gniew i zwiększają odporność psychiczną. Niemniej jednak nadal istnieją wyzwania w precyzyjnym mierzeniu związków przebaczenia i wyników zdrowia, a także względem generalizacji wniosków, co sugeruje m.in. potrzeby uwzględnienia w przyszłych badaniach intensywniej różnorodnych kontekstów kulturowych oraz wskaźników fizjologicznych celem wsparcia bardziej klasycznych danych kwestionariuszowych. Ogólnie rzecz biorąc, niniejszy przegląd podkreśla wieloaspektowe korzyści zdrowotne płynące z przebaczenia, a także wskazuje na potrzebę doskonalenia narzędzi oceny oraz wprowadze-

nia kontroli dla potencjalnych negatywnych skutków przebaczenia, które mogą wystąpić w specyficznych warunkach, na przykład w przypadku nadmiernego ruminowania.

**Słowa kluczowe:** przebaczenie i zdrowie, model Enrighta, model REACH, model stresu i radzenia sobie, podejście biopsychospołeczno-duchowe

## FORGIVENESS OF OTHERS AND HEALTH: A REVIEW OF KEY MODELS AND IMPLICATIONS

**Abstract:** Forgiveness is increasingly recognized as an important factor that influences both psychological and physical well-being. This review synthesizes current models connecting forgiveness of others with health, including Enright's Process Model, the REACH Forgiveness model, the stress-and-coping model of forgiveness, and the biopsychosocial-spiritual approach. Forgiveness is conceptualized not merely as a moral value but as a complex, multi-stage process beneficial to mental health, stress reduction, and physiological outcomes. Through structured phases, the aforementioned models outline forgiveness as an adaptive response to interpersonal transgressions, facilitating emotional resilience and enhancing well-being. Enright's model, with its stage-based journey from emotional release to psychological healing, and the REACH model, emphasizing empathy and commitment, both underscore forgiveness as an emotion-focused coping strategy. Additionally, the stress-and-coping model positions forgiveness as a broad mechanism to mitigate the adverse effects of stress, while the biopsychosocial-spiritual approach integrates forgiveness into a holistic framework of health. Evidence from therapeutic interventions suggests that structured forgiveness programs enhance well-being, reduce anger, and promote resilience. However, challenges persist in measuring forgiveness's direct impact on physical health outcomes, necessitating further research with diverse cultural contexts and physiological indicators. This review highlights the multifaceted health benefits of forgiveness, while also calling for refined assessment tools and an exploration of forgiveness's potential adverse effects under certain conditions, such as in cases of excessive rumination.

**Keywords:** forgiveness and health, Enright's model, REACH Forgiveness, stress-and-coping model of forgiveness, biopsychosocial-spiritual approach