

Living With a Disability:



A Gateway to Practicing Forgiveness and Compassion

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Introduction

Disability, forgiveness, and compassion are terms that may not be commonly associated with one another; nor is disability likely to be viewed as a gateway for forgiveness and compassion. Yet, some individuals with disabilities find ways to cope with their situations in a constructive and positive manner. Researchers have considered people's ability to transcend (Vash, 1981), to move beyond, and to change their personal values (Wright, 1983) so they can live a better life and grow from the experience of living with a disability. In more recent years, scholars have referred to the concept of resiliency and positive adaptation following a traumatic injury or disability (Dunn & Brody, 2008; White, Driver, & Warren, 2008). Today, further research is starting to surface, primarily on an international basis, on families that do not view a loved one's disability as a negative force in life. Such research indicates that individuals with disabilities, as well as their families, have the ability to view disabilities as a positive force that enables healing, growth, and positivity.

Beyond this research is the reality of living with a disability and the choices society asks those with disabilities to make. Many people who are not disabled perceive disabilities as undesirable and unwelcome; on the contrary, however, people who have adapted to living with a disability often do not perceive their situations in a negative light (Ubel, Lowenstein, & Jepson, 2003). Some individuals are challenged by the inability to cope as well as they would like to and on a certain time-frame, but that does not mean they do not want to cope and have a better life. In fact, some individuals desire to find meaning and purpose in their situations and strive to locate a greater purpose in life (Park, 2010). Regardless of the exact approach used (e.g., a desire for better living, to seek meaning, to become resilient), it is the authors' premise that having a disability can function as a gateway to forgiveness and compassion.

Individuals with disabilities, like most people, tend to desire a better way of life. While current and historical literature contains little information on the roles of forgiveness and compassion, these authors seek to clarify the relationship between disability, forgiveness, and compassion. This article also addresses the inevitable losses and changes typically encountered in the wake of acquiring a disability. A review of current ideas regarding forgiveness and compassion is provided to both define and explain the meaning of the two terms, explore some of the disability-related issues to which forgiveness and compassion may be applied, and to highlight the beneficial and healing aspects of both constructs. Finally, evidence is provided on the utility and practice of forgiveness and compassion.

Abstract

Forgiveness and compassion are two helpful approaches toward reducing the emotional, psychological, and spiritual anxiety brought about by negative and harmful experiences. Disability, forgiveness, and compassion are terms that may not be thought of in relation to one another, but here the authors introduce the idea that the experience of living with a disability can be an opportunity to practice forgiveness or compassion, whether directed toward one's self or toward others. Forgiveness and compassion are similar yet unique practices that influence the emotional well-being. The experience of disability includes both the disabling life event (in the case of acquired disabilities) and the many micro aggressions that the disabled experience over time. It is the authors' belief that forgiveness and compassion are tools applicable to people with disabilities that may be used as a means for personal growth and healing. These tools can benefit not only people with disabilities, but also their loved ones and all those they encounter in life.

Keywords:

forgiveness, compassion, disability, personal growth, healing, rehabilitation

Life Changes Following Disability

Adjusting to life after acquiring a disability is an ambiguous process (Smart, 2009; Stuntzner, 2012) wherein individuals with disabilities, and their loved ones, are faced with the challenge of meeting immediate needs, learning about the disability and how it may impact life now and for years to come, facing losses and changes, and figuring out ways to rise above and move beyond these changes (Stuntzner, in press) with little to no guidance from professionals on how to manage these tasks. While several scholars have posited theories about the ways individuals cope with and adapt to disabilities, the reality is that coping with a disability is an individualized process – one in which two people with very similar situations learn entirely different coping mechanisms (Livneh&Antonak, 1994, 1997; Stuntzner, 2008). Similarly, individuals with disabilities may or may not experience the same life changes and losses following the acquisition of their disabilities. Research, however, has found that there are many types of changes and losses that individuals with varying disabilities experience.

Before proceeding, it is important to clarify that life changes can be broken into three components: issues and barriers (personal, societal, external), losses following the disability, and factors affecting adjustment to the disability. Personal concerns may include quality of life, adjustment to disability, spirituality, meaning or purpose of disability, employment or underemployment, independent living, changes in social support, dissolution of relationships and marriages, lack of equitable opportunities, access to necessary resources, self-advocacy, body-image and attractiveness, and sexuality, to name a few (Byrd, 1997; Crewe, 1999; Livneh&Antonak,1997; Longo & Peterson, 2002; Marini & Chacon, 2002;Olkin, 1999; Park, 2010, Somers, 1992; Trieschmann, 1988). Personal concerns are of importance because individuals with disabilities are often given messages by the external environment that they are to cope with their disabilities and the associated changes, contain their feelings about these changes, and move beyond them. They are, however, usually given very little guidance or information about the best ways to accomplish this. Such concerns, if not attended to, may affect how well people cope with their disabilities.

Societal or external barriers are another area of concern for many individuals. These come in the form of environmental, physical, attitudinal, and social barriers (Smart, 2009). All of these create another ambiguous layer of issues that individuals with disabilities are asked to sort out and cope with, although very little education and guidance is provided. While all societal barriers are of importance, it is perhaps the attitudinal barriers that create and promote inaccurate beliefs, misperceptions, negative attitudes, stigmas, biases, and discriminations that are the most challenging to address because they are obscure and hard to prove. Yet, these issues are extremely common and frequently discussed among individuals with disabilities, along with others' incessant need to focus on their disabilities(National Collaborative on Workforce and Disability, 2013).When these societal barriers and attitudes are not kept in check or altered for the better, they continue to promote further barriers and issues in disabled people's lives.

Similarly, the losses experienced by people with disabilities and their loved ones are likely to vary. Losses can include: the physique and physical self; equal access to necessary resources (i.e., medical, insurance, employment); previously held hopes and dreams; personal abilities or independence; friendships and important relationships; functioning as the person one used to be, or the loss of the person others once knew; intimacy, spirituality, or belief in a fair and just world; personal autonomy; and privacy (Lane, 1999; Stuntzner, in press; Wright, 1983). For many, the experience of loss is not a one-time event. It is continual, something that individuals with disabilities face perpetually and all at once (Lane, 1999).Further complicating matters is the need for alterations or changes in life as one used to know, which, again, adds another layer of ambiguity to the coping process.

A final area of discussion is a review of some factors that may either help or hinder the process of adjusting to a disability and represent another part of life that changes as a result of acquiring a disability. Some of these factors cited include: familial and social support (Crewe, 1999; Crew & Krause, 1987; Trieschmann, 1980), socioeconomic status and financial health (Trieschmann, 1988), education (Kerr & Thompson, 1972; Livneh&Antonak, 1997), repertoire of coping skills (Livneh, 2000; Moore, Bombardier, Brown, & Patterson, 1994), societal attitudes (Smart, 2009), age of onset (Crewe, 1999; Trieschmann, 1980, 1988), spirituality (Byrd, 1997; Longo & Peterson, 2002), body-image (Livneh&Antonak, 1997), self-esteem or self-concept (Wright, 1983), and substance abuse (Heinemann, Schmidt, &Semick, 1994).Beyond that are the individual characteristics unique to each person. For example, some individuals with disabilities have different perceptions of their disabilities and their causes. Others may be determined and motivated and refuse to let their disability run their lives (Trieschmann, 1980, 1988).Still, others may have a stronger sense of resiliency or ability to rebound and flourish.

Defining and Conceptualizing Forgiveness and Compassion

Given the amount of changes and issues experienced by those with disabilities, it is probable that the need for forgiveness and compassion will surface throughout the rehabilitation and rebuilding process (Stuntzner, 2008). The precise moment in which this need presents itself is unique, just as each person with a disability is unique, and just as the experience of having any given disability is different.

Professionals working with people who have disabilities can help themselves and their clientele by understanding the meaning of forgiveness and compassion and how these tools can be applied. The more professionals understand these concepts, their relevance to disability, and the connection between them, the more they can help the people they serve.

Defining Forgiveness and Compassion

Forgiveness and compassion are related terms: both exist as part of the other. Compassion is described as the component of forgiveness that involves change and healing extended to the person who has offended or gravely hurt another (Enright, 2001). From this perspective, forgiveness is a change in thinking, feeling, and behaving toward the person who has committed the offense (Enright, 2001), and a part of that change involves having compassion for the offender. When people extend compassion to themselves (and to others) they are able to potentially forgive themselves (and others), as well.

At the same time, forgiveness and compassion are two different constructs and processes (Figure 1-1). According to this paradigm, forgiveness and compassion are two essential components that are both healthier alternatives to succumbing (Wright, 1983) to difficult or hurtful experiences. More specifically (Enright & Fitzgibbons, 2000; North, 1987), forgiveness is described as a personal process wherein a person has been treated unfairly and was gravely offended by another. Throughout this process, a person recognizes he or she is harboring negative thoughts and feelings that contribute to the promotion of further negative thoughts and feelings, such as anger and resentment. Yet, rather than retaliate and act on these thoughts and feelings, a person tries to view the offending person or party in a more humane, kind, and loving manner.

According to this definition, forgiveness is something granted to someone even if he or she may not have a right to it (Enright & Fitzgibbons, 2000; North, 1987). Further, it is through the decision and act of granting the offending person forgiveness that the hurt individual experiences fewer negative thoughts and feelings and gains additional positive ones – all of which lead to a more peaceful existence and outlook on life (see Figure 1-1). While forgiveness from this perspective is described as something that takes place between two people, the authors contend that forgiveness is also relevant in relation to self and a Higher Being (Enright, 1996; Richards & Bergin, 1997; Stuntzner, 2008), as these two components are often related to a person's perception of self and disability.

Compassion typically refers to the “knowledge and understanding that all people experience hurt, pain, disappointment, and sorrow as a part of life and the human experience. It is this common experience that unifies everyone regardless of social class, life experiences, disability, health, culture and so forth” (Stuntzner, 2014, p. 29). Additionally, because the presence of personal, emotional and mental hurt is difficult, it is also a set of experiences that encourages people to want to feel better and to hope that others do as well. This common bond, although specific details and situations may differ, is what unifies people in their hearts and minds, helps people grow from the pain felt and experienced, and allows people to have a general concern for others going through difficult times.

People often report that it seems easier to extend compassion to others than to one's self (Germer & Neff, 2013). Part of this may be due to the fact that our society doesn't give people permission or encouragement to be kind to themselves when experiencing difficult and hurtful experiences, such as living with a disability. Instead, the expectation has always been that individuals with disabilities are supposed to simply regroup, figure it out, and move on with their lives. Such an attitude is neither compassionate nor helpful to those going through difficult times. Yet, as will be discussed later in more detail, compassion and self-compassion are very relevant to a person's healing and growth process, and it is posited that the better people are able to be kind and loving to themselves (i.e., self-compassion), the better they will be equipped to extend compassion to others, particularly those who have hurt them, and the more people will experience peace, hope, and a better outlook on life (see Figure 1-1).

Application of Forgiveness and Compassion to Disability-Related Concerns

Both forgiveness and compassion are relevant to the needs and concerns of people with disabilities. The process of learning to heal and continue to live life may involve the recognition of the need for forgiveness and/or compassion. Part of this is due to the fact that individuals with disabilities go through many changes that are often unexpected, unpleasant, and potentially jarring. Further compounding the matter is the reality that they are not given enough guidance or support. Thus, the process of sorting out one's disability, its associated issues, and moving forward may feel lonely and isolating (Stuntzner, 2012; in press).

For many, forgiveness is an important part of life and the healing process, and forgiveness can present itself in a number of ways. More specifically, people may feel the need to forgive themselves, others, and/or God (Stuntzner, 2008). Self-forgiveness may be of interest to those who believe they contributed to their situations or disabilities, such as someone acquiring a spinal cord injury due to drinking and driving. Similarly, some may discover throughout the healing and rebuilding process that they didn't take care of themselves as well as they do now, and they experience personal hurt related to the choices they previously made. Others may express the need or desire to forgive God (Richards & Bergin, 1997; Stuntzner, 2008), especially if they feel God should have protected them from harm or is somehow punishing them for their disability. Related to this concept is the notion of negative religiosity or beliefs about God instilled in them through others. Still others may report the need to forgive other people, agencies, or society. This is where the list can build and become complex. Due to the plethora of personal changes, loss of social or family support, and societal barriers and injustices cast their way, individuals with disabilities may discover they need to forgive others or society (Stuntzner, 2012). When loss of relationships occurs, or when unkind treatment occurs in an employment setting for example, individuals may report needing to forgive those involved. Finally, for some, it is through the process of

of exploring or practicing forgiveness that individuals with disabilities discover they have experienced multiple layers of hurt and pain and therefore have multiple people to forgive (Stuntzner, 2008).

Compassion is a component of healing and of living. It is also a skill and a way of relating to one's self as well as the external environment. Extending compassion toward others rather than one's self is a condoned practice within society, but many of the experiences, hurts, and injustices encountered by individuals with disabilities appear to have much relevance to self-compassion (Stuntzner, 2014). More specifically, whether the hurt or pain stems from the internal self or the external environment, individuals who learn to face their hurt and pain and to calm or self-soothe themselves through the practice of self-compassion, like generosity, kindness, patience, and forgiveness (Neff 2011), are likely to heal and cope better when faced with painful experiences associated with their disabilities. Similarly, individuals who learn to meet their own needs through the practice of self-compassion are then more likely to embrace and extend compassion to others (Germer & Neff, 2013). Part of this conceptual process is related to the fact that when people have an abundance of something, they then have a surplus to share with others and the external environment. Such abundance is likely to improve their relationships with themselves and others, influence their perceptions of events, and enhance emotional and psychological well-being

Understanding Forgiveness as a Healing Agent

The idea of forgiveness as a tool has gained momentum in the field of psychology, yet it has rarely been applied to the needs and concerns of individuals with disabilities (Stuntzner, 2008). It is the authors' belief that among people with disabilities, forgiveness can be especially valuable as a tool. Much of this is related to the notion that individuals with disabilities experience negative, unjust, and unwarranted treatment that can have long-term negative effects.

More specifically, as previously discussed, individuals with disabilities encounter numerous out-of-the ordinary experiences due to their disability and situation. For example, people without disabilities often react to someone's disability by "inviting themselves" into that person's personal space and asking invasive and pointed questions about the disability (Stuntzner, 2012), all the while disregarding the hurtful effect this might have. Such actions are not only disrespectful, they are emotionally and psychologically damaging – especially when they occur repeatedly and over time. Yet, such experiences are a reality for many individuals living with a disability. Similarly, individuals with disabilities are often confronted with social barriers that both express and promote negative attitudes toward disability. These take the form of societal biases, negative expectations, or stereotypes about people with disabilities, condescending remarks, and so forth (Smart, 2009; Stuntzner, 2012). Because of this, people with disabilities may harbor negative thoughts and feelings that must be recognized, addressed, and processed so personal healing to occur.

Forgiveness as a Healing Agent for People with Disabilities

Forgiveness is both an act and a process wherein a person makes the decision to forgive his or her wrong-doer (Enright and Fitzgibbons, 2000). As a part of this process, individuals are challenged to recognize their own negative feelings such as anger, resentment, or anxiety, as well as the impact these may have on their own lives. When the offended person recognizes he does not want to live this way, he is provided with the opportunity to choose forgiveness or to carry on as he has previously done. Forgiveness presents an opportunity to replace hurt and the associated negative thoughts and feelings with more positive experiences, emotions, and actions. This replacement process involves the individual's willingness to consider and promote compassion, generosity, and love toward the offending individual or party. It is through this process of generating more positive thoughts and feelings toward another that the offended person is released from personal pain (Enright, 2001; Enright & Fitzgibbons, 2000).

People with disabilities experience stereotypes, stigma, and micro aggressions (oftentimes subtle actions that belittle, demean, and/or discriminate) on a near daily basis as a result of their interactions with society (Nadal, 2008; Keller & Galgay, 2010). Even those who are considered helpers in the lives of people with disabilities often become sources of pain. For example, family members who provide significant physical care for an individual with a disability may gain self-importance, self-value, and power over the disabled person. The message that disabled people are inferior comes from multiple sources—strangers; colleagues, friends, neighbors, service providers, and family—and disabled people are subjected to this message repeatedly and over time (Keller & Galgay, 2010).

Healing Power of Forgiveness

Forgiveness has been studied both theoretically and empirically. Forgiveness scholars Enright and North (1998) explain that forgiveness helps heal emotional pain, reduces negative thoughts and feelings, and frees people from the past. In sum, they state that forgiveness is a process and way of living that helps people move forward by removing their binds to the past, as well as their pain.

More specifically, forgiveness has been studied among adult incest survivors (Freedman & Enright, 1996), people with cancer (Phillips & Osborne, 1989), college students hurt by their parents, (Al-Mabuk & Enright, 1995), post-abortion men (Coyle & Enright, 1997), individuals with spinal cord injuries (Willmering, 1999; Stuntzner, 2008; Webb, Toussaint, Kalpakjian, & Tate, 2010), individuals with traumatic brain injuries (Farley, 2011), individuals with cardiac problems (Friedberg, Suchday, & Srinivas, 2009), and individuals with PTSD (Witvleit, Phipps, Feldman, & Beckham, 2004).

From this research and other forgiveness studies, forgiveness has shown significant promise as a healing agent. More specifically, forgiveness has been found to reduce negative emotions such as anger, anxiety, and depression (Coyle & Enright, 1997; Freedman & Enright, 1996; Lin, 2001) and to promote positive well-being. Forgiveness studies illustrate the ability of forgiveness to alter denial, internalized anger, and externalized hostility (Stuntzner, 2008); to increase self-esteem (Enright & Coyle, 1998); to promote hope (Freedman & Enright, 1996); and to potentially increase life satisfaction (Webb et al., 2010). Studies have also shown that individuals with spinal cord injuries indicate forgiveness as a factor in their adjustment to being disabled (Willmering, 1999). Furthermore, Farley (2011), in his work with individuals with traumatic brain injuries, found a relationship between forgiveness and resilience.



Viewing Compassion for Self and Others as a Pathway Toward Healing

Compassion has been of growing interest to researchers and educators throughout the past decade. This has helped individuals and societies become attuned to the notion that compassion is something all people desire from others at one time or another, and it is a quality we all have the capacity to share. Compassion is also sometimes described as an underutilized trait because many individuals are challenged by the notion of extending it to themselves (Neff, 2011). In these instances, individuals who have a hard time practicing self-compassion are thought to perhaps have a more difficult time extending it to others.

The idea of compassion and self-compassion, similar to its relative – forgiveness – has not been discussed enough in regard to the needs of individuals with disabilities. When many individuals think of disability, they associate it with pity or view it as something negative, unwanted, and undesired. Such attitudes demonstrate the discomfort non-disabled people have regarding disabilities, and this attitude can cause non-disabled people to distance themselves from individuals with disabilities. This distance creates a barrier to compassion and self-compassion. Further, some individuals with disabilities, because of the unkind and unfavorable treatment they have received from others and society in general, may have a hard time feeling or embracing the idea of self-compassion, let alone the possibility of extending it to others. After all, who feels like being kind, loving, compassionate, and caring toward people who mistreat you? This situation, however, offers an opportunity for those with disabilities to step back, observe the situation closely, and practice self-compassion even in the midst of feeling hurt, which can ultimately enable them to extend that same compassion to others.

The practice of compassion is built on the belief that all people experience hurt or pain as a part of being human (Stone, 2008). Most individuals want to be free of their inner pain and turmoil so they can live more peaceful lives (Halifax, 2011). Self-compassion is similar to compassion with the exception that the feelings of warmth, love, and concern are directed toward the self when an individual is hurt or going through something difficult (Neff, 2012). Benefits of compassion cited through research include: living a more balanced, accepting life without judgment (Terry & Leary, 2011), learning to accept one's own and others' imperfections (Neff, 2012), healing emotional pain and hurt (Makranski, 2012; Stone, 2008), and increasing an individual's tendency to forgive and build inner strength (Dali Lama, 2011; Stone, 2008). Similarly, studies have demonstrated the utility of self-compassion in decreasing negative emotions such as anxiety and depression (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007), reducing critical thoughts (Neff, 2003; Neff et al., 2007a), achieving happiness and a better outlook on life (Neff, Rude, & Kirkpatrick, 2007), experiencing less fear when life events don't turn out as planned (Neff, Hesieh, Djitterat, 2005), and increasing individuals' tendencies to forgive (Neff & Pommier, 2012).

Although the cumulative benefits of compassion and self-compassion are greater than those mentioned, these particular aspects were highlighted because they are ones that may have utility for people with disabilities because a part of living well post-disability is related to: facing, managing, and reducing negative emotions; learning to forgive one's self and others for transgressions and unkind behavior; finding ways to overcome and grow from situations; fostering a positive outlook on life; and coping with events that don't always go as planned or hoped.

Compassion toward the self or others requires courage (Brown, 2010). By taking the steps to meet negativity head-on, we exhibit courage, and by accepting that humanity – and thus, life – is imperfect, we open the door to demonstrate compassion. For individuals with disabilities, the opportunities to embrace imperfection (Brown, 2010) provide a path by which healing, compassion, and authenticity can be achieved. Addressing the negative and hurtful thoughts and feelings directed inward and those directed outward, as well as the negative and hurtful experiences perpetuated by others in society, requires that individuals with disabilities confront personal pain at many different levels and accept that life may never be free of emotional and psychological pain, but may still be full of reward and value.

Additionally, the practice of compassion and self-compassion offers a cushion in the difficult process of confronting the sources of pain (Leary et al., 2007; Halifax, 2011) and provides a way of coping with and managing the unfortunate negative experiences of life in a way that generates kindness, compassion, and positivity for self and others (Dalai Lama, 2011). For instance, when individuals with disabilities learn and practice self-compassion, they are afforded the opportunity to recognize within themselves the presence of emotional and mental pain, negative thoughts and emotions, and the effect these have. When individuals recognize these parts of themselves, they can learn to calm, forgive, and be more patient with themselves as they work through their difficulties. As their own attitudes and feelings are tended to and met through the practice of self-compassion, individuals with disabilities may then notice their attitudes toward life, others, and people who have hurt them. This is because when people learn to be kind and loving toward themselves on a regular basis, there comes a time when they have a surplus of compassion they can extend to others (Germer & Neff, 2013).

Incorporating Forgiveness and Compassion

Living with a disability is an experience many people often misinterpret and do not understand. When disability occurs, a ripple effect emanating from the disabling event creates change in every area of the individual's life and that of his or her family's. Everyone affected by disability must learn to adjust and the ways life has changed. Essentially, disability is neither an isolated nor a static experience – it affects everyone involved and at different times, in multiple ways (Reichman, Corman, & Noonan, 2008).

Living with a disability provides the opportunity to learn about forgiveness and incorporate compassion into life. Although some of these benefits may not be initially apparent, they are possible. For example, some individuals discover through the experience of living with a disability that given a choice, they would not change their lives or the direction their lives have taken, because of the personal growth and benefits they have experienced (Schulz, 2005; Stuntzner, 2012). Disability is also a situation that allows people to learn about wisdom, compassion, tolerance, one's own inner strength, life's purpose or meaning,

spirituality, faith, and forgiveness (Stuntzner, in press). However, the recognition of these benefits may not be noticeable or accessible if people focus primarily on the negative aspects of living with a disability. Figure 1-1 illustrates how life can change for the better when individuals choose to focus on forgiveness and/or compassion

On the other hand, if an individual is experiencing negative thoughts and feelings and opts to do nothing positive, then that individual may succumb to his or her disability (Wright, 1983). Individuals who choose this path have given up and decided to give all their power to the disability. The decision to choose forgiveness, compassion, and healing is not always easy because it requires practice, commitment, and a willingness to face pain and fears. At times, individuals may feel like giving up, but in the end one must consider: what is it you want for yourself? Which path will you choose?

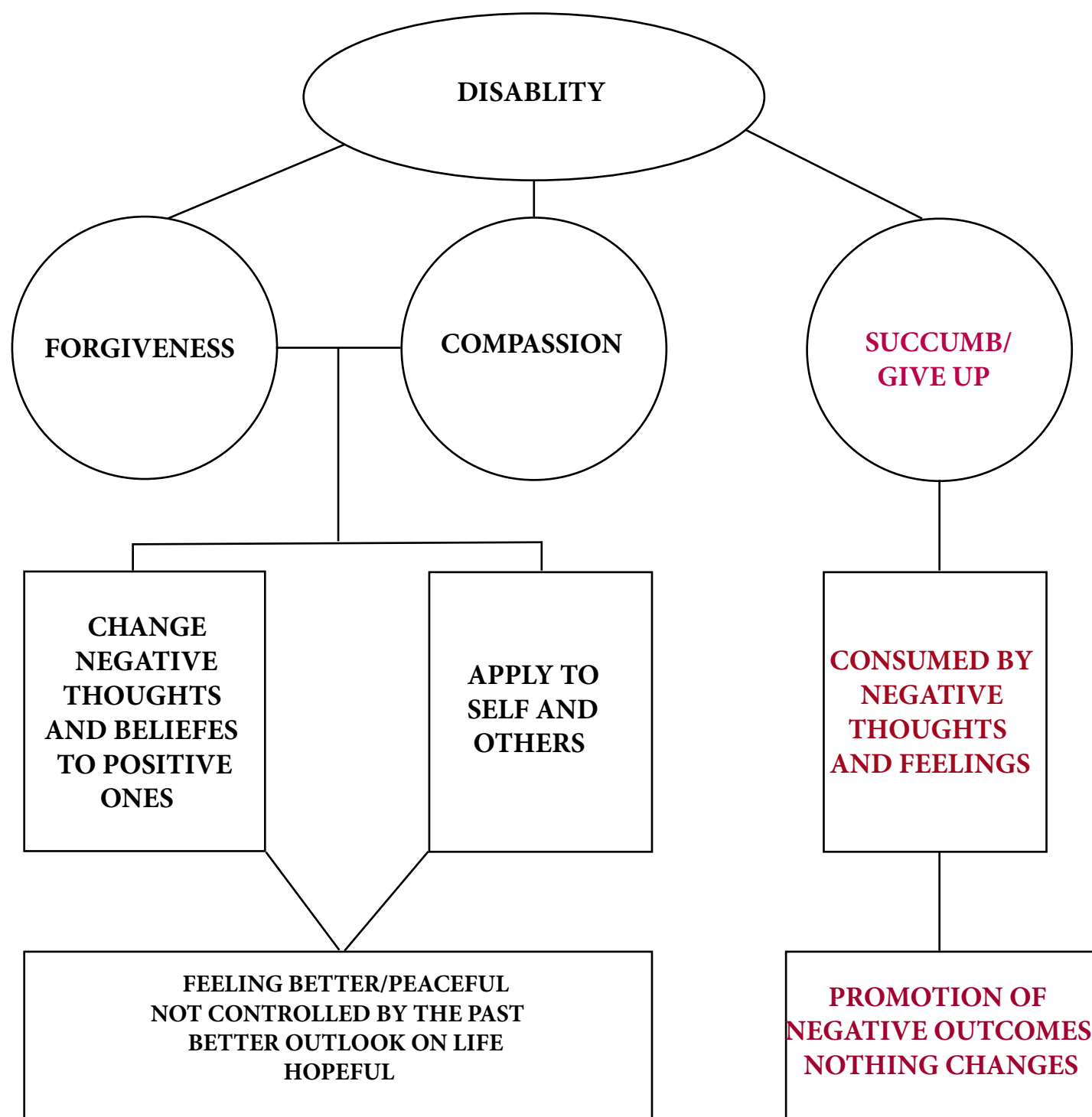
Conclusion

Forgiveness and compassion are relevant concepts and applicable tools for individuals with disabilities and to the personal, interpersonal, and societal challenges they experience. Yet they have not been fully considered by researchers. Both demonstrate therapeutic value in relation to coping, adapting, and the healing process.

As discussed in this article, forgiveness and compassion are two separate processes closely related to one another. For instance, knowing how to extend compassion toward one's self and others is an ability people can learn in order to improve their own lives. As people learn to embrace and practice forgiveness within their own lives, they will also likely experience increased amounts of compassion for others, particularly those who have caused emotional and mental pain or distress. It is the authors' hope that professionals working with people who have disabilities can see the connections between forgiveness, compassion, and disability so they can become therapeutic agents in the lives of others.

FIGURE 1-1

Relationship Between Disability, Forgiveness, and Compassion



References

Al-Mabuk, R.H., & Enright, R.D. (1995). Forgiveness education in parentally love-deprived college students. *Journal of Moral Education*, 24, 427-444.

Brown, B. (2010). *The Gifts of Imperfection: let go of who you think you're supposed to be and embrace who you are*. Center City, MN: Hazelden.

Byrd, E.K. (1997). Concepts related to the inclusion of the spiritual component in services to persons with disability and chronic illness. *Journal of Applied Rehabilitation Counseling*, 28, 26-29.

Coyle, C.T., & Enright, R.D. (1997). Forgiveness intervention with post-abortion men. *Journal of Consulting and Clinical Psychology*, 65, 1042-1046.

Crewe, N.M. (1999). Spinal cord injury. In F. Chan & M. Leahy (Eds.). *Rehabilitation health care manager's desk reference* (pp. 121-168). Lake Zurich, IL: Vocational Consultant.

Crewe, N.M., & Krause, J.S. (1987). Spinal cord injury: Psychological aspects. In B. Caplan (Ed.), *Rehabilitation desk reference* (pp. 3-35). Rockville, MD: Aspen Publishers.

Dunn, D.S., & Brody, C. (2008). Defining the good life following acquired physical disability. *Rehabilitation Psychology*, 53(4), 413-425.

Enright, R.D. (1996). Counseling Within the Forgiveness Triad: on forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, 40, 107-127.

Enright, R.D. (2001). *Forgiveness Is a Choice: a step-by-step process for resolving anger and restoring hope*. Washington, DC: American Psychological Association.

Enright, R.D., & Coyle, C.T. (1998). Researching the process model of forgiveness with psychological interventions. In E.L. Worthington (Ed.). *Dimensions of Forgiveness: psychological research and theological perspectives* (pp. 139-161). London: Templeton Foundation.

Enright, R.D., & Fitzgibbons, R.P. (2000). *Helping Clients Forgive: an empirical guide for resolving anger and restoring hope*. Washington, DC: American Psychological Association.

Enright, R.D., & North, J. (1998). Introducing forgiveness. In R.D. Enright & J. North (Eds.), *Exploring forgiveness* (pp. 3-8). Madison, WI: University of Wisconsin Press.

Enright, R.D., Rique, J., & Coyle, C.T. (2000). *The Enright Forgiveness Inventory users' manual (EFI)*. Madison, WI: The International Forgiveness Institute.

Farley, A.M. (2011). *Predicting Resiliency After Brain Injury: the relationship of forgiveness and religious coping*. (Doctoral dissertation, Regent University). *Dissertation Abstracts International*.

Freedman, S.R., & Enright, R.D. (1996) Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology*, 64, 983-992.

Friedberg, J.P., Suchday, S., & Srinivas, V.S. (2009). Relationship between forgiveness and psychological and physiological indices in cardiac patients. *International Journal of Behavioral Medicine*, 16, 205-211.

Germer, C., & Neff, K.D. (2013). *Mindfulness Self-compassion Training (MSC)*. November 20-24, 2013. Santa Monica, CA: Insight LA.

References

- Halifax, J. (2011). The precious necessity of compassion. *Journal of Pain and Symptom Management*, 41(1), 146-153.
- Heinemann, A., Schmidt, M.F., & Semick, P. (1994). Drinking patterns, drinking expectancies, and coping after spinal cord injury. *Rehabilitation Counseling Bulletin*, 38, 134-153.
- His Holiness the Dali Lama (2011). *How to be Compassionate: a handbook for creating inner peace and a happier world*. New York: Atria Paperback.
- Keller, R.M. & Galgay, C.E. (2010). Micro aggressive experiences of people with disabilities. In D.W. Sue (Ed.) *Micro aggressions and Marginality: manifestation, dynamics, and impact*. Hoboken, NJ: John Wiley & Sons.
- Kerr, W., & Thompson, M. (1972). Acceptance of disability of sudden onset in paraplegia. *International Journal of Paraplegia*, 10, 94-102.
- Lane, N.J. (1995). A theology of anger when living with a disability. *Rehabilitation Education*, 9(2), 97-111.
- Leary, M.R., Tate, E.B., Adams, C.E., Allen, A.B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events. The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92, 887-904.
- Lin, W. (2001). *Forgiveness as an educational intervention goal with a drug rehabilitation center*. (Doctoral dissertation, University of Wisconsin – Madison), Dissertation Abstracts International.
- Livneh, H. (2000). Psychosocial Adaptation to Spinal Cord Injury: the role of coping strategies. *Journal of Applied Rehabilitation Counseling*, 31, 3-10.
- Livneh, H., & Antonak, R. (1997). *Psychosocial adaptation to chronic illness and disability*. Gaithersburg, MA: Aspen Publishers.
- Livneh, H., & Antonak, R. (1994). Psychosocial Reactions to Disability: a review and critique of the literature. *Critical Reviews in Physical and Rehabilitation Medicine*, 6, 1-100.
- Longo, D.A., & Peterson, S.M. (2002). The role of spirituality in psychosocial rehabilitation. *Psychiatric Rehabilitation Journal*, 25, 333-340.
- Makranski, J. (2012). Compassion in Buddhist psychology. In C.I. Germer and R D. Siegel (Eds.) *Wisdom and Compassion in Psychotherapy: Deepening mindfulness in clinical practice* (pp. 61-74). New York: Gilford Press.
- Marini, I., & Chacon, M. (2002). The implications of positive psychology and wellness for rehabilitation counselor education. *Rehabilitation Education*, 16(2), 149-164.
- Moore, A.D., Bombardier, C.H., Brown, P.B., & Patterson, D.R. (1994). Coping and emotional attributions following spinal cord injury. *International Journal of Rehabilitation Research*, 17, 39-48.
- Nadal, K.L. (2008). Preventing Racial, Ethnic, Gender, Sexual Minority, Disability, and Religious Micro aggressions: recommendations for promoting positive mental health. *Prevention in Counseling Psychology: Theory, Research, Practice, and Training*, 2(1), 22-27.

References

- National Collaborative on Workforce and Disability (2013). *Attitudinal Barriers for People with Disabilities*. Retrieved online 9/23/13 from: <http://www.ncwd-youth.info/attitudinal-barriers-for-people-with-disabilities>.
- Neff, K.D. (2003). Self-Compassion: an alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-101.
- Neff, K.D. (2011). *Self-Compassion: stop beating yourself up and leave insecurity behind*. New York: HarperCollins Publishers.
- Neff, K.D. (2012). The science of self-compassion. In C.K. Germer & R.D. Siegel (Eds.) *Wisdom and Compassion in Psychotherapy: deepening mindfulness in clinical practice* (pp.79-92). New York: Guilford Press.
- Neff, K.D., Hsieh, Y., & Djitrat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4, 263-287.
- Neff, K.D., Kirkpatrick, K.L., & Rude, S.S. (2007a). Self-compassion and adaptive psychological functioning. *Journal of Research in Personal*, 41, 139-154.
- Neff, K.D., & Pommier, E. (2012): The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity*. 12 (2), 160-176.
- Neff, K.D., Rude, S.S., & Kirkpatrick, K.L. (2007b). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, 41, 908-916.
- North, J. (1987). Wrongdoing and forgiveness. *Philosophy*, 62, 499-508.
- Olkin, R. (1999). *What psychotherapists should know about disability*. New York: Guilford Press.
- Park, C.L. (2010). Making Sense of the Meaning Literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257-301.
- Philips, L.J., & Osbourne, J.W. (1989). Cancer patients' experience of forgiveness therapy. *Canadian Journal of Counseling*, 23, 236-251.
- Reichman, N.E., Corman, H., & Noonan, K. (2008). Impact of child disability on the family. *Maternal and Child Health Journal*, 12, 679-683.
- Richards, J.S., & Bergin, A.E. (Eds.) (1997). *A spiritual strategy for counseling and psychotherapy*. Washington, DC: American Psychological Association.
- Schulz, E.K. (2005). The meaning of spirituality for individuals with disabilities. *Disability and Rehabilitation*, 27(21), 1283-1295.
- Smart, J. (2009). *Disability, society, and the individual* (2nd ed.). Austin, TX: PRO-ED.
- Somers, M.F. (1992). *Spinal Cord Injury: functional rehabilitation*. East Norwalk, CN: Appleton and Lange.
- Stone, D. (2008). Wounded Healing: exploring the circle of compassion in the helping relationship. *The Humanistic Psychologist*, 36, 45-51.

References

- Stuntzner, S. (2008). Comparison of two self-study, on-line interventions to promote psychological well-being in people with spinal cord injury: a forgiveness intervention and a coping effectively with spinal cord injury intervention. (Doctoral dissertation, University of Wisconsin in Madison, 2007).Dissertation Abstracts International.
- Stuntzner, S. (2014). Compassion and Self-compassion: exploration of their utility as essential components of the rehabilitation counseling profession. *Journal of Applied Rehabilitation Counseling*, 45(1), 37-44.
- Stuntzner, S. (2012). *Living With a Disability: finding peace amidst the storm*. Ahmebadad, Gurat, India: Counseling Association of India.
- Stuntzner, S. (in press). *Resiliency and Coping with Disability: the family after*. Ahmebadad, Gurat, India: Counseling Association of India.
- Terry, M.L., & Leary, M.R. (2011). Self-compassion, self-regulation, and health. *Self and Identity*, 10(3), 352-362.
- Trieschmann, R. (1980). *Spinal Cord Injuries: psychological, social, and vocational*. New York: Demos.
- Trieschmann, R. (1988). *Spinal Cord Injuries: psychological, social, and vocational (2nded.)*. New York: Demos.
- Ubel, P.A., Lowenstein, G., & Jepson, C. (2003). Whose quality of life? A commentary exploring discrepancies between health state evaluations of patients and the general public. *Quality of Life Research*, 12, 599-607.
- Vash, C.L. (1981). *The psychology of disability*. New York: Springer Publishing Company.
- Webb, J.R., Toussaint, L., Kalpakjian, C.Z., & Tate, D.G. (2010). Forgiveness and health-related outcomes among people with spinal cord injury. *Disability and Rehabilitation*, 32(5), 360-366.
- White, B., Driver, S., & Warren, A.M. (2008). Resilience and indicators of adjustment during rehabilitation from a spinal cord injury. *Rehabilitation Psychology*, 55(1), 23-32.
- Willmering, P.P. (1999). *Forgiveness as a self-reported factor in adjustment to disability*. (Doctoral dissertation, University of Wisconsin in Madison).Dissertation Abstracts International, 60 (6-B), 3009.
- Witvliet, C.V.O., Phipps, K.A., Feldman, M.E., & Beckman, J.C. (2004). Posttraumatic mental and physical correlates of forgiveness and religious coping in military veterans. *Journal of Traumatic Stress*, 17(3), 269-273.
- Wright, B. (1983). *Physical Disability: a psychosocial approach*. Elmsford, NY: Permagon.

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