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Research supports the use of forgiveness in psychotherapy; however, little is known about how this process is integrated into treatment. Views on the utility of forgiveness appear to be mixed. Differences in conceptualization appear to exist between interventionists who promote its use and those who argue against it. This study explored the potential relationship between therapists' conceptualization of forgiveness, categorized as either agreeing with popular interventionists or not, and their predicted assistance of client forgiveness, as well as relationships between attitudes toward forgiveness and other potentially related variables. Two hundred sixty nine participants recruited from practice-focused graduate training institutions completed a web-based survey. Results indicated there was no significant relationship between therapist conceptualizations and their belief that they will help clients forgive. More positive attitudes toward forgiveness and greater religious commitment were significant predictors of likelihood to assist clients forgive. Attitudes were significantly predicted by religious commitment and dispositional forgiveness, when controlling for likelihood to help clients forgive. Limitations, future directions, and results are discussed in the context of multicultural training, values, and therapeutic decision-making.

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THERAPISTS' ATTITUDES TOWARD FORGIVENESS: THE RELATIONSHIP
BETWEEN FORGIVENESS CONCEPTUALIZATIONS AND PREDICTED
LIKELIHOOD TO ASSIST CLIENTS TO FORGIVE DURING TREATMENT

A Dissertation

Presented to

The Faculty of The Morgridge College of Education

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In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

By

Cameron F. Cannon

August 2013

Advisor: Cynthia McRae, PhD

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Title: THERAPISTS' ATTITUDES TOWARD FORGIVENESS: THE INFLUENCE OF FOUR CONCEPTUALIZATIONS ON PREDICTED LIKELIHOOD TO ASSIST CLIENTS TO FORGIVE DURING TREATMENT

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Table of Contents

Chapter One: Introduction	1
Rationale for Study	2
Overview of Study	7
Hypothesis and Research Question.....	9
Definitions of Important Terms	9
Chapter Two: Literature Review	12
Benefits of Forgiveness	12
Intervention Models.....	15
Evidence for Forgiveness Interventions	26
Potential Barriers to the Use of Forgiveness Intervention in Psychotherapy	36
General Conceptualizations of Forgiveness	49
Previous Research on Psychotherapist Attitudes Toward Forgiveness	52
Rationale for Current Study	54
Chapter Three: Methods	57
Participants.....	57
Data Collection	58
Power Analysis	58
Instruments.....	59
Survey Structure	63
Data Analyses	64
Summary	65
Chapter Four: Results	66
Demographic Data	66
Preliminary Analyses.....	69
Contrast with Normative Scores.....	70
Grouping by Conceptualizations of Forgiveness.....	71
Hypothesis	72
Research Question	75
Post Hoc Analyses	77
Summary	80
Chapter Five: Discussion	82
Interpretation of Results.....	83
Summary.....	97
References.....	99
Appendix A.....	112
Email sent with link to survey website	112
Appendix B.....	113

Email reminder	113
Appendix C	114
Heartland Forgiveness Scale (HFS).....	114
Appendix D.....	115
Attitudes Toward Forgiveness Scale	115
Appendix E	116
Transgression Narrative Test of Forgivingness (With Modifications in Bold).....	116
Appendix F.....	118
Religious Commitment Inventory - 10	118
Appendix G.....	119
Demographic Questions.....	119
Appendix H.....	121
Online Survey	121

List of Tables

Table 1	68
Table 2	69
Table 3	70
Table 4	72
Table 5	74
Table 6	76
Table 7	78
Table 8	80

Chapter One: Introduction

A current challenge for practitioners and researchers in psychology is to define the motivation, nature, and consequences of forgiveness, as well as practical strategies to facilitate the forgiveness process among clients. Psychologists interested in the nature of forgiveness have used meta-analyses to summarize findings within particular forgiveness research sub-disciplines. These include intervention efficacy (Baskin & Enright, 2004; Lundahl, Taylor, Stevenson, & Roberts, 2008; Wade, Worthington, & Meyer, 2005), antecedents and consequences (Riek & Mania, 2011), correlates (Fehr, Gelfand, & Nag, 2010), the relationship between gender and forgiveness (Miller, Worthington, & McDaniel, 2008), and even how the personality trait "conscientiousness" relates to dispositional forgiving (Balliet, 2010). There has been progress in several areas of the study of forgiveness; however, little research related to how clinicians think about forgiveness during treatment has occurred, even when considering several studies suggesting benefits of forgiving.

The process of forgiveness is directly relevant to mental health functioning and psychotherapy. People who are more forgiving are more likely to have better mental and physical health than those who are less forgiving (Lawler-Row & Piferi, 2006; Orcutt, Pickett, & Pope, 2005; Webb, Colburn, Heisler, Call, & Chickering, 2008; Wilson, Milosevic, Carroll, Hart, & Hibbard, 2008). Forgiveness is malleable, and interventions aimed at increasing forgiveness are both effective at enhancing forgiveness and in

improving general mental health functioning (Baskin & Enright, 2004; Blocher & Wade, 2010; Ingersoll-Dayton, Campbell, & Ha, 2009; Lundahl et al., 2008; Shechtman, Wade, & Khoury, 2009; Wade et al., 2005; Wade & Meyer, 2009). Forgiveness is perceived as important in a well-functioning marriage (Orathinkal et al., 2008) and as a way to deal with psychological wounds of varying degrees (Freedman & Change, 2010). For example, Wade, Bailey, and Shaffer (2005) found that about 75% of psychotherapy clients at a college counseling center wished to forgive an offender.

Rationale for Study

Despite evidence in support of using forgiveness in psychotherapy, little is known about current clinician attitudes toward this construct or their likelihood of intervening to promote forgiving. Most current work surrounding this topic appears to focus on theory and speculation, rather than on empirical evidence. Because forgiveness has been shown to directly impact the mental health of individuals, it is important to determine if and to what degree psychotherapists are integrating forgiveness into their practice.

While some research suggests positive views regarding the integration of forgiveness into psychotherapy (Konstom et al., 2002), this integration has not been universal, as some practitioners have reacted with caution in relation to the usefulness of forgiveness in psychotherapy (Freedman, 2011; Wade et al., 2008). Murphy (2005) and Luchies, Finkel, McNulty, and Kumashiro (2010) have suggested that forgiveness may degrade self-respect. Lamb (2002b) explained that encouraging forgiveness among victimized women may increase stereotyping and oppression, and McNulty (2008; 2010; 2011) has shown empirical evidence that forgiving may lead to increased negative

interpersonal behaviors among married people. Wade, Johnson, & Meyer (2008) hypothesized that clinicians may worry that discussing forgiveness will somehow be harmful or unhelpful to the client, that they would be introducing unwelcomed religious constructs to their clients, or that they lack the appropriate skills needed to facilitate forgiveness.

The varied conceptualizations of forgiveness. It is possible that another influence on therapist receptivity to the integration of forgiveness into psychotherapy relates to one's conceptualization, or definition of *forgiveness*. Freedman (2011) explained that "because forgiveness is frequently criticized and misunderstood, it is extremely important to be as clear as possible when defining what it is, what it is not, and how to go about forgiving" (p. 335). Four popular forgiveness-focused intervention models by Worthington (2006), Enright (2001), Luskin (2010), and DiBlasio (1998), all place a strong emphasis on the importance of defining forgiveness at the beginning of their interventions. Wade et al. (2005) explained that some clinicians may worry that an overly simplified understanding of forgiveness could "encourage clients to tolerate abusive behavior, condone hurtful actions, or overlook painful experiences" (p. 160). It also seems that some of those who recommend caution at incorporating forgiveness into clinical practice (e.g., Luchies et al.; McNulty, 2008; 2010; 2011; Lamb, 2002b) may be conceptualizing this term differently than those who are designing and testing forgiveness-focused interventions (e.g., Worthington, 2006; Enright, 2001; Luskin; 2010; DiBlasio, 1998). For example, Wade et al. (2008) explained that those who are against using forgiveness interventions due to increased chances of revictimization are likely

conceptualizing forgiveness as commensurate with reconciliation. These differing conceptualizations may relate to psychotherapist implementations of forgiveness interventions.

While the field has been growing toward consensus on the definition of forgiveness (Worthington, 2005), differences continue to exist, even among interventionists, which may further hinder the incorporation of their suggested methods into clinical practice. Despite these differences, most people creating interventions with forgiveness as a therapeutic outcome goal agree that it does *not* involve condoning, excusing, or reconciling (Worthington, 2005; Wade et al., 2008), while those who argue caution (e.g., Luchies, 2011; McNulty, 2011; Affinito, 2002) may be thinking of this construct as involving such processes. Furthermore, the public does not appear to share the perspective of interventionists, as researchers report that the public often includes condoning and reconciliation in how they conceptualize forgiveness (Ballester, Sastre, & Mullet, 2009; Freedman & Chang, 2010; Friesen & Fletcher, 2007; Kearns & Fincham, 2004; Lawler-Row, Scott, Raines, Edlis-Matityahou, & Moore, 2007; Orathinkal, et al., 2008; Younger, Piferi, Jobe, & Lawler, 2004). The variations in conceptualizations that seem to exist among scholars and lay people may exist among psychotherapists as well.

The role of psychotherapist conceptualizations. Different understandings of forgiveness adopted by practitioners may lead to hesitancy in using forgiveness-enhancing interventions, despite a large body of research supporting their efficacy. For example, a psychotherapist may believe that encouraging a client to forgive could degrade the client's sense of personal worth if that therapist equates forgiveness with

condoning another's hurtful act, as was argued by Murphy (2003). Further, encouraging forgiveness, defined as returning to a relationship, may be entirely unsafe for a victim in a dangerously abusive partnership. The majority of research shows positive associations between forgiveness and mental health, as well as positive outcomes after forgiveness interventions (Lawler-Row & Piferi, 2006; Lundahl et al., 2008; Webb, et al., 2008; Wilson, et al.). However, misunderstandings among clinicians about the meaning of "forgiveness" could be a major barrier to translating positive research findings into beneficial outcomes.

Though some psychotherapists seem to maintain reservations about using forgiveness in their practice, evidence about such concerns largely relies on anecdotal reports and speculation. The two studies (DiBlasio, 1993; Konstam, 2002) that have addressed the role of psychotherapist attitudes and beliefs about forgiveness in psychotherapy were published before the majority of forgiveness-related research was available. More than 80% of publications related to forgiveness found via "PsychINFO" were published after 1999 (PsychINFO data retrieved on April 24, 2013) and the two studies published 20 and 11 years ago, (DiBlasio, 1993; Konstam, et al., 2002) on forgiveness intervention attitudes and beliefs may not accurately represent the current views of psychotherapists.

The current study seeks to provide a more recent representation of therapist views regarding forgiveness in treatment and general attitudes toward this construct. By doing so, a better understanding of the potential hesitancy that is discussed in the literature can be attained, as well as, recommendations for strategies to reduce this hesitancy, if it does

seem present. Additionally, both DiBlasio (1993) and Konstam et al. (2002) found that religiosity was related to attitudes toward forgiveness among mental health workers and one's tendency to forgive was positively related to attitudes toward forgiveness among university students (Brown & Phillips, 2005). These variables may also relate to therapists' attitudes toward forgiveness. Exploring relationships with attitude toward forgiveness may provide a clearer picture of the apparent mixed attitudes discussed through anecdotal reports and speculation. Furthermore, the relationship between attitudes toward forgiveness and agreement or disagreement with interventionists' conceptualization and degree of agreement were also explored.

The following presents an argument that a clinician's understanding of forgiveness, operationalized as either in agreement or disagreement with major interventionists, is an essential aspect of a psychotherapist's likelihood to help a client forgive. This study addresses the relationship between psychotherapist conceptualizations and their predicted likelihood of assisting clients forgive. Additionally, it describes current attitudes towards forgiveness among mental health workers and asks the question of how religious commitment, dispositional forgiveness, agreement or disagreement with interventionist definitions, and strength of belief in one's chosen definition potentially relate to attitudes toward forgiveness among psychotherapists. It is essential to understand factors related to the utilization of interventions that have been created, tested, and shown to be effective during the past two decades.

Overview of Study

Methodologies were chosen to address limitations of previous research, such as small sample sizes, use of the term *forgiveness* in recruitment, and relative age of information collected (DiBlasio, 1993; Konstam, 2002). In order to explore the relationship between conceptualizations and predicted assistance of client forgiveness, data were collected through a web-based survey from psychotherapists who identified as clinical/counseling psychologists, clinical social workers, counselors, and/or students currently practicing in these areas. In contrast to a paper-based survey, the web-based survey allowed for a geographically diverse sample and generally yields a better response rate for this particular population (Barrios, Villarroya, Borrego, & Olle, 2011). For all populations, web-based surveys tend to have about 10% lower response rates than mailed surveys, but due to the ease of distribution and low cost of web-based surveys, a greater number of surveys can be sent to potential respondents (Shih & Fan, 2008).

Measures with acceptable reliability and validity were selected to address variables of interest. Therapist opinions of forgiveness were investigated with the Attitudes Towards Forgiveness Scale, which has been shown to be a valid and reliable measure of the nature of an individual's pro-forgiveness attitudes (ATFS; Brown & Phillips, 2005). The Heartland Forgiveness Scale (HFS; Thompson et al., 2005), which assesses an individual's tendency to forgive across situations, was also included. These two scales helped to clarify current attitudes toward forgiveness among the psychotherapists sampled, as well as their personal experiences forgiving. Religious commitment of each participant was assessed using the Religious Commitment

Inventory-10 (RCI-10; Worthington et al., 2003). This measure provides an indication of how committed a person is to his or her religious affiliation, if one is present, and has been demonstrated to have adequate reliability and validity (Worthington et al., 2003). Demographic data were also collected. A modified version of the Transgression Narrative Test of Forgiveness (TNTF; Berry et al., 2001) was used as a measure of predicted assistance of client forgiveness. While the originators of the TNTF sought to measure one's tendency to forgive across five scenarios via case vignettes, modifications to the vignettes were made to emphasize participants' predicted likelihood of assisting clients forgive during treatment.

To investigate the relationship between conceptualization of forgiveness and predicted assistance of client forgiveness during treatment, survey participants were asked to choose one of five definitions of forgiveness that best matched their personal conceptualization. Three definitions represented the conceptualizations of three major intervention models that have been empirically tested and shown to be effective at increasing forgiveness levels and indicators of mental health functioning, such as depressed mood, anger, and so on (Enright, 2001; DiBlasio, 2000; Worthington, 2006). Two definitions represented conceptualizations of forgiveness that are in common usage, but are stated explicitly to *not* represent forgiveness by interventionists (Wade et al., 2008). A Likert-type scale was used to measure level of agreement with the chosen definition, indicating how strongly the participant believed the definition to be an accurate representation of his or her understanding of forgiveness. These definitions were categorized as either in agreement with interventionists or not prior analysis.

Hypothesis and Research Question

The primary goal of this study was to investigate the predictors of whether or not psychotherapists would endorse the usefulness of forgiveness as an intervention goal. The second goal was to gain current information related to psychotherapists' attitudes toward this construct. The following hypothesis and research question were addressed:

Hypothesis: Definition of forgiveness (dummy coded as agreement or lack of agreement with interventionists) will predict tendency to assist clients with forgiveness in therapy (TNTF) after controlling for demographic variables, strength of belief in definition, religious commitment (RCI-10), attitudes toward forgiveness, and, dispositional forgiveness (HFS).

Research Question: After controlling for the predicted assistance in client forgiving (TNTF), do religious commitment, dispositional forgiveness, agreement or disagreement with interventionist definitions, and strength of belief in one's chosen definition predict current attitudes toward forgiveness among psychotherapists in this sample?

Definitions of Important Terms

Dispositional forgiveness. Dispositional forgiveness refers to one's tendency to respond to transgressions with forgiveness across multiple situations (Thompson et al., 2005).

Forgiveness. Forgiveness has been defined in several ways (Worthington, 2005). For the purposes of the research presented here, five definitions have been chosen that are distinct from each other and representative of common definitions found in published literature addressing the use of forgiveness in treatment. They are as follows:

Forgiveness as emotional exchange. Worthington (2006) suggested that emotional forgiveness primarily involves an exchange of negative emotions towards an offender with more positive, other oriented emotions. Worthington (2006) also defined a separate type of forgiveness, decisional forgiveness, as a decision to act toward a transgressor as he or she did prior to the transgression; however, interventions modeled after his work focus heavily on reaching emotional forgiveness. Furthermore, Worthington (2006) theorized that emotional forgiveness is more powerful than decisional forgiveness in relation to mental health functioning; thus, his proposed emotional forgiveness definition will be used as representing his work.

Forgiveness as cognitive, behavioral, and emotional exchange. Enright (2001) suggested that forgiveness primarily involves an exchange of negative thoughts, feelings, and behaviors in relation to a transgressor with more positive, other-oriented thoughts, feelings, and behaviors.

Forgiveness as a decision. DiBlasio (1998) explained that forgiveness primarily involves a cognitive experience of "letting go of resentment and bitterness and need for vengeance" (p. 78).

Forgiveness as condoning/excusing behaviors. Cosgrove & Konstam (2008) explained that condoning and excusing involve a choice to overlook a transgression as something that is unimportant.

Forgiveness as reconciliation. Worthington (2006) explained that reconciliation involves the interpersonal process of "healing a damaged relationship" (p. 221).

Religious commitment. Religious commitment consists of "the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living" (Worthington et al., 2003, p. 87).

Transgression. A transgression in this study is considered an experience that involves violations of moral and physical boundaries (Worthington, 2006)

Chapter Two: Literature Review

While there seems to be strong evidence supporting the use of forgiveness in psychotherapy, some argue against its use. It may be that those who perceive forgiveness as a potentially unhelpful, or even harmful psychotherapy process are less likely to utilize interventions, despite supporting research evidence. It is possible that that this division is related to conceptualizations of forgiveness and that the most important factor in identifying those who will or will not see themselves using forgiveness in treatment is the way an individual conceptualizes this construct. More specifically, it is reasonable to assume that those who agree with definitions of forgiveness promoted by interventions (e.g., DiBlasio, 1998; Enright, 2001; Worthington, 2006) are more likely to assist others forgive than those who do not. In order to understand more fully the literature related to forgiveness and psychotherapy, the following topics will be explored in the section below: the association between forgiveness and mental and physical health benefits, the interventions that exist to enhance forgiveness, and the evidence that forgiveness interventions leads to improved mental health functioning.

Benefits of Forgiveness

Physical health and forgiveness. Some research indicates that people that are more forgiving tend to be healthier, for example, individuals with higher levels of dispositional forgiveness, defined as “the tendency to forgive the self or to forgive others across time and situations” (p. 799), had higher measures of physical health (Wilson et

al., 2008). Another study conducted by Friedberg, Suchday, and Shelov (2007) provided additional evidence of the connection between health and forgiveness. Participants in this study remained still for 10-mins to gain baseline cardiovascular measures and then participated in a 4-minute anger-recall task and a 4-minute serial subtraction task. The authors measured cardiovascular recovery and trait forgiveness, finding that higher levels of trait forgiveness were associated with lower diastolic blood pressure and that those with higher trait forgiveness also had faster diastolic blood pressure recovery after the anger recall exercise.

Other studies have corroborated the possible link between forgiveness and heart health. Waltman et al. (2009) had 17 participants with myocardial ischemia recall events from the past that they identified as deeply hurtful and that led them to feel “angry, frustrated, agitated or irritated” (p. 16). They measured myocardial perfusion before the beginning to the experimental treatment and again after the experimental group underwent 10-weeks of forgiveness focused therapy. The control group engaged in coping strategies, which were designed to avoid focusing on anger reduction. They found that those in the forgiveness group showed a significant decrease in myocardial perfusion that lasted 10 weeks after the interventions ceased as compared to the control group. The forgiveness group also had a significant reduction in state anger and a significant increase in forgiveness; however, the decrease in state anger diminished by the 10 week follow up, while the increases in the level of forgiveness remained significantly different. This indicates that the forgiveness intervention may have had a positive influence on heart health for those suffering from myocardial ischemia, but anger is not necessarily the only

mediating factor. That is, forgiveness may positively influence heart health apart from leading to reductions in anger; thus, further supporting the view that forgiving can offer health benefits, above and beyond reducing anger.

Lawler-Row, Karremans, Scott, Edlis-Matityahou, and Edwards (2008) found similar connections between physical health and forgiveness. They asked participants to recall past events in which they felt upset, angry, annoyed, or hurt by their parents. They then measured blood pressure, dispositional and state forgiveness, trait anger, and symptoms of self-reported physical health issues. Participants in their study who described a time of low forgiveness had greater amounts of physiological symptoms. Further, their results indicated a negative relationship between dispositional forgiveness and consumption of alcohol and the number of medications taken per day. Those who had reported greater forgiveness tended to also have lower systolic blood pressure, further supporting the relationship between heart health and forgiveness.

Mental health. Several indicators of mental health have shown promising relationships to forgiving. Lawler-Row et al. (2008) found less forgiving people were more likely to have higher expressive anger, which they described as conveying anger via “sarcasm, raising their voices, using foul language or giving the offender ‘a piece of my mind’” (p. 56). They also found a positive association between assertiveness and dispositional forgiveness, that is, those who are more likely to forgive are more likely to express their honest feelings openly and work towards solving problems with the offender. Webb et al. (2008) found a negative correlation between dispositional forgiveness and depression, psychological maltreatment in childhood, and shame.

Lawler-Row and Piferi (2006) indicated that those who were more forgiving had lower levels of depression and higher scores on measures of subjective well-being and psychological well-being. Orcutt, Pickett, and Pope (2005) found a negative correlation between PTSD symptoms and forgiveness when controlling for gender and showed forgiveness as having a significant mediating, albeit partial and moderate, effect on the relationship between PTSD and traumatic interpersonal events. Additionally, people who are more likely to forgive have been found to report less pain, anger, and psychological distress (Carson et al., 2005). There appears to be evidence that engaging in forgiveness relates to better physical and mental health; however, in order for forgiveness to benefit psychotherapy clients, interventions must be accessible, effective, and more “mainstream” for potential users.

Intervention Models

Investigators have found they are able to effectively enhance forgiveness toward others, thereby improving mental health functioning. This type of treatment involves "an intervention in which a structured treatment protocol is used to enable a client to forgive a past hurtful event or injustice" (Lundahl et al., 2008, p. 65). Wade et al. (2005) categorized the majority of forgiveness interventions into three groups: 1) Those that are consistent with the *process model* associated with Enright (2001), 2) Those that are consistent with the *REACH Model*, associated with Worthington (2006), and 3) Other interventions that do not directly relate to these two groups.

During the past three decades, psychological researchers and practitioners have developed interventions with the goal of increasing forgiveness (e.g., Bonach, 2007;

Borris-Dunchunstang, 2007; Luskin, 2010; Rye & Pargament 2002, 2005; and Tipping, 2010). For the purposes of this review, forgiveness intervention models were included if they conformed to a pre-determined set of parameters. These parameters were established to identify interventionists who were approaching the enhancement of forgiveness in a theoretically grounded, easily disseminated, empirically-supported approach, and who were also clearly defining the construct of forgiveness.

Included interventions had to have a well-developed model and specifically focus on enhancing forgiveness. There must be replicated (i.e., more than one study), empirical support regarding the intervention's ability to promote forgiveness and mental health functioning. Additionally, the intervention must provide clear instructions to practitioners and, most importantly, a well-articulated and clear definition of forgiveness. While some interventions meet many of these criteria, only three current interventions successfully fall within all these guidelines, which are reviewed below.

Enright's model. One model that has been developed and tested over several years is most often associated with Robert Enright, which hereafter will be referred to as the Enright Model. This model originated with Enright and the Human Development Study Group (1991). It has been described in detail by Enright and Fitzgibbons (2000), Enright (2001), and later by Freedman, Enright, & Knutson (2005). Those following this model define forgiveness as follows:

People upon rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right) and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the hurtful acts or acts, has no right; Enright & Fitzgibbons, 2000, p. 29).

This conceptualization focuses on the idea that forgiveness is a choice and something that is capable of willful volition, as evidenced by the title of Enright's (2001) self-help book, *Forgiveness is a choice: A step-by-step process for resolving anger and restoring hope*. The concept of forgiveness as a choice is important in therapeutic contexts, as recognizing that one has the ability to forgive can be empowering. Another important aspect of the definition that was expanded upon by Freedman, et al. (2005) was that abandoning anger is not an instantaneous process. They explained that forgiveness involves cognitive, behavioral, and emotional changes in a (usually) gradual response to unfair treatment.

It is important to note that positive, other-oriented feelings, behaviors, and thoughts are not necessary for forgiveness to occur, but that “over time, possible increases in positive affect, cognition, and behavior toward the offender may occur” (Freedman et al., 2005, p. 394). When discussing what it means to forgive, they explained that their definition represents the “core” meaning, but that the *process* model (Enright's model) of forgiveness gives a more accurate understanding of what forgiveness actually looks like for the average individual.

Enright (2001) further explained that neutrality is not a forgiving state of being and that “nonfeeling is not a healing emotion” (p. 158); moreover, he explained that his experiences and research have led him to recognize that when an individual forgives, he or she will reduce or eliminate negative thoughts, feelings, and behaviors and experience increased positive thoughts, feelings, and behaviors in relation to the offender. It seems, according to Enright, when one truly experiences forgiveness, such changes will manifest

and this latter experience is what leads to emotional and mental health enhancement. This definition best fits the needs of this study. That is, a conceptualization that captures the process that a psychotherapy client experiences when engaging in this forgiveness intervention. This definition will be used for the remainder of this paper as representing his model.

Outline of Enright's model. Enright's model uses 20 units categorized into four major phases (Freedman et al., 2005). When viewing this model, it is important to understand that the stages may seem linear in fashion, but that each individual will approach forgiveness uniquely, as a subjective experience. Thus, one does not always follow each unit in order (Freedman et al., 2005). The first phase, referred to as the *uncovering phase*, involves in-depth analysis of an individual's anger response to a transgression (Enright, 2001; Freedman et al., 2005). The individual attempts to become fully aware of the anger felt as a consequence of feeling hurt, examines the negative consequences of holding onto anger, and explores potential changes in one's worldview or beliefs as a consequence of experiencing the hurt. The next phase, the *decision phase*, involves making a conscious decision to forgive the offending individual, focusing heavily on forgiveness as a potential alternative to previous strategies to deal with the hurt and making a concrete commitment to *try* to forgive, which the authors explain is a critical aspect to the process (Enright, 2001; Freedman et al., 2005). After experiencing a decision to forgive, which does not necessitate feeling forgiving, one moves toward the *working phase* (Enright, 2001; Freedman et al., 2005).

During the working phase of Enright's model, the client and therapist work together to engage in the processes that represent changes in cognitions, behaviors, and emotions (Enright, 2001; Freedman et al., 2005). Enright's model involves a somewhat dynamic progression; thus, those who are moving towards forgiveness may find it difficult due to conflicting feelings that can arise during this phase. For example, individuals may feel more forgiving towards his or her offender upon waking, but is then reminded of the offense through various triggers, which leads to a resurgence of negative thoughts, feelings, and behaviors toward the offending individual. This does not mean the person had forgiven upon waking, but later "lost" his or her forgiveness upon experiencing the trigger. Rather, it suggests that he or she is in the middle of a process, moving closer towards a long-lasting forgiving approach to the other that may or may not involve periods of resurging negativity.

During the *outcome stage*, the final stage of Enright's model, the individual seeks to understand the meaning of suffering endured through the transgression (Enright, 2001; Freedman et al., 2005). Enright (2001) explained that this might involve finding purpose or benefit in the suffering, such as becoming a stronger individual or a positive change in one's worldview. The goal is to find positive and constructive meaning in the forgiveness process, and for the client to engage in reflection, specifically examining times when he or she has been forgiven, needed forgiveness, and the benefits gained thus far in the forgiveness process. These experiences may enhance or deepen the forgiveness experience and lead to a greater chance of maintaining one's gains and forgiving again in the future.

While Enright's model focuses on the process of voluntary forgiveness, Worthington (2006) offers a competing model that instead emphasizes understanding forgiveness as a means to coping with the emotional sequelae of interpersonal transgressions.

Worthington's model. Worthington's (2006) forgiveness intervention pulls heavily from a stress and coping perspective often used to describe and predict human reactions to stressful experiences (Lazarus, 1999; Lazarus & Folkman, 1984). He integrates this with sociometer theory (Leary & Baumeister, 2000), as well as an understanding of cognitive processes and emotional reactions to one's perceptions, or appraisals, of experiences. While Lazarus' (1999) explanation of the stress and coping process is quite comprehensive, a basic premise is that stress results from perceived discrepancies between one's appraisal of an experience's relevance to his or her well-being and his or her ability to cope effectively with this experience. First, he or she engages in *primary appraisal*, which involves examining the situation and deciding whether it is in some way important, relevant, or significant to one's beliefs, goals, intentions, or expectations. If deemed relevant, then one will immediately engage in *secondary appraisal*, which involves whether or not he or she can effectively cope with this experience. Maladaptive stress results when an individual perceives that his or her resources will be insufficient to cope with an experience that is appraised as a threat.

Worthington (2006) expanded upon the importance of perceptions by borrowing from the sociometer theory of self-esteem (Leary & Baumeister, 2000). He explained that people are constantly watching for signs of relationship threat and relationship quality;

thus, engaging in several primary appraisals each day regarding relationships. Furthermore, part of the appraisal process involves perceiving a level of injustice. That is, a victim of a transgression perceives an *injustice gap* between his or her desired justice outcomes and the actual, current outcomes. This gap is evaluated by the client by noting the discrepancy between what the client desires or believes ought to be occurring to bring about justice (i.e., jail time, apology, repentance, etc.) and what is actually occurring in this process (Worthington, 2006).

Worthington (2006) also described how rumination interacts with the injustice gap in explaining the forgiveness process. He defined rumination as a replaying of the negative event in one's mind in a negative manner, while also worrying and thinking heavily on the sequelae of the experience related to the relationship and individual. He explained that rumination likely leads to negative emotions, which in turn, initiate "associative, cognitive, motivational, and emotional networks" (p. 44). Accessing these networks through rumination tends to reinforce the negative experiences (i.e., feelings of hurt, perceived injustice, etc.), escalating the perceived intensity of the offense and increasing the likelihood of interpreting a transgression as a threat.

Worthington (2006) explained that people interpret interpersonal transgressions as either threats or challenges, based on the severity of transgression and size of the injustice gap. Threats will lead to rumination and unforgiveness, while challenges initiate coping through problem-solving, emotion regulation, and/or attempts to find meaning in the experience. Worthington & Scherer (2004) explained that unforgiveness is a resulting emotional state occurring after a transgression, which includes feelings of "resentment,

bitterness, hostility, hatred, anger, and fear" (p. 387) associated with the transgressor. They argued that unforgiveness is a stress reaction that results from the aforementioned flow of experiences and that forgiveness involves coping with the emotional upheaval of unforgiveness, thus coping with the stress resulting from a perceived transgression. Worthington (2006) described an intervention based within the context of coping with the stress of unforgiveness that is informed by the aforementioned theoretical underpinning and summarized by the acrostic REACH.

REACH intervention. When an individual engages in a problem-oriented, behavioral approach to coping with unforgiveness, he or she is likely engaging in *decisional forgiveness* or, "a behavioral intention statement that one will seek to behave toward the transgressor like one did prior to a transgression" (Worthington, 2006, p. 56). Mental and physical health benefits are more likely related to emotional forgiveness, which occurs when an individual replaces his or her negative emotions of unforgiveness with positive, other-oriented emotions, such as love, compassion, or pity (Worthington, 2006).

Effective ways to cope with a transgression may include reducing the injustice gap by seeking restitution, accepting the injustice, excusing or exonerating the offender, or reconceptualizing the offense as a non-threat (Worthington, 2006; Worthington & Scherer, 2004). These strategies do not equate with forgiveness (Worthington, 2006). Worthington has worked with others to create an intervention strategy that enhances the process of emotional forgiveness as an intrapersonal process of emotional replacement.

Worthington currently provides free training materials via web download (Forgiveness Intervention Manuals, 2010). The training materials focus on a therapeutic model that involves five major stages forming the acrostic REACH with each stage building upon the other in a pyramidal nature. REACH consists of “R = Recall the Hurt...E = Empathize with the Person Who Hurt You...A = Give an Altruistic Gift of Forgiveness...C = Commit to the Emotional Forgiveness That was Experienced...H = Hold on to Forgiveness When Doubts Arise” (Worthington, 2006, p. 171). During the first step (R), the client is encouraged to remember the experience for which he or she perceived a transgression, while the therapist or group leader attempts to help him or her see this experience in a different, more objective way. The second step (E) focuses on the development of empathy and continued assistance in helping the client rethink this experience. The third step (A) involves emphasizing humility, suspending selfish motives to forgive, and focusing on giving an altruistic gift to the offender. The fourth step (C) consists of establishing a commitment with the client to attempt to re-experience the emotional forgiveness that he or she experienced in previous steps. The final step (H) consists of establishing ways for the client to maintain his or her feelings of forgiveness towards the transgressor in the future.

The goal for this intervention is to help the client become better equipped to cope with perceived transgressions or a past single perceived transgression (Worthington, 2006). In doing so, the feelings of unforgiveness associated with a transgressor can then be replaced with more forgiving, positive emotions, reducing the stress experienced by the individual.

The last model to be discussed based on the work of DiBlasio (1998), focuses on the decision to forgive, rather than the emotional focus of Worthington (2006) or the cognitive, behavioral, and emotional process described by Enright (2001).

DiBlasio decision-based model. DiBlasio (1998) described a strategy to enhance forgiveness among family members, which DiBlasio & Benda (2002; 2008) later applied and tested within the context of couple's therapy. Within this model, *decision-based forgiveness* is understood as a cognitive experience of "letting go of resentment and bitterness and need for vengeance" (DiBlasio, 1998, p. 78). This definition allows people to separate negative, resentful, and bitter thinking patterns from more emotional experiences of hurt (DiBlasio, 1998).

DiBlasio's (2000) model has been criticized for being overly Judeo-Christian and not applicable to other cultural contexts (Al-Khanji, 2001). DiBlasio (2001) responded to this criticism by explaining that it is up to clients to determine whether this model fits their needs. If it does, then he explained that his model might be useful for those of many faith backgrounds, because clients are often willing to utilize methods to heal that are outside of their personal faith system.

The DiBlasio decision-based model focuses on improving relationships through individual change, thus the change occurs within the individual, but is theorized to positively affect interpersonal relationships. It is primarily discussed and used in the context of couple's and family therapy, while Enright (2001) and Worthington (2006) discussed their models more in the context of individual and interpersonal contexts. This model consists of 13 steps, categorized into three sections (DiBlasio, 2000). These

sections include defining forgiveness and preparing for the forgiveness session, seeking and granting forgiveness, and engaging in the ceremonial act of forgiveness. Step one consists of discussions about different definitions of forgiveness, and transitions to step two, which helps the couple or family recognize the need to focus on one's contribution to problems and the need for forgiveness. The third step involves discussing the forgiveness intervention and the willingness to participate in this process. The actual intervention process begins with step four, where seeking and granting forgiveness occur.

The fourth step focuses on clearly stating and describing the offense in need of forgiveness by the victim, and the fifth step develops an explanation of the transgression from the perspective of the offender. In this fifth step, DiBlasio (2000) suggested that most offenses are not malicious in nature and that understanding other factors can increase the chances of forgiving. The sixth step encourages the victim to ask questions and clarify information, which then transitions to providing emotional reactions surrounding the offense to the offender in the seventh step. The eighth step allows the offender to express empathy and remorse regarding the hurt feelings discussed in the seventh step. After this, the ninth step entails creating a concrete strategy to prevent repeated offenses in the future. In the tenth step, the victim ideally expresses empathy towards the offender, who likely also has experienced a significant hurt, which may even be a major source of the targeted transgression. In the eleventh step, the psychotherapist then helps the client see his/her choice in the matter of forgiving by revisiting the decision-based definition of forgiveness and asks the client to verbally commit to forgiving the offender. DiBlasio (2000) explained that this decision to forgive does not

necessitate immediate, future emotional peace, and that later treatment can be helpful in addressing emotional sequelae, despite a cognitive shift in one's tendency to ruminate angrily about the transgression. The twelfth step involves creating a formal, concrete request for forgiveness from the transgressor and preferably in front of the psychotherapist, who can act as a witness. The thirteenth, final step is to create a symbolic, ceremonial representation of the forgiveness process in order to add meaning to the movement from one stage to another.

These three interventionists (DiBlasio, 1998; Enright, 2001; Worthington, 2006) all provide clearly outlined models, materials and trainings to disseminate their interventions, and clear definitions of forgiveness. In order to be helpful to mental health clients, there must be evidence for the effectiveness of forgiveness interventions in treatment in general, as well as evidence that these models help move people toward forgiveness and improved mental health functioning.

Evidence for Forgiveness Interventions

Meta-analyses. Research addressing the use of forgiveness interventions in general, and these three models specifically, has shown positive outcomes for forgiveness and mental health functioning. The proliferation of research surrounding forgiveness as a therapeutic topic has led to three meta-analytic studies examining therapeutic benefits.

Baskin and Enright (2004) examined the general efficacy of interventions aimed at facilitating the forgiveness process. They explained that:

to be included in this meta-analysis, a study had to have been empirical, with a quantitative measure of forgiveness, have had a control group, and had to have been published in a refereed journal. Furthermore, interventions had to have been based on some model of forgiveness. (p. 85)

These criteria yielded nine studies published from 1993 to 1997. Baskin and Enright (2004) grouped dependent variables into a forgiveness variable and an "all other emotional health" (p. 85) variable, exploring effects based on decision-based strategies, process-based group strategies, and process-based individual strategies. Decision-based interventions were brief, 1-hr sessions that involved a focus on evoking empathy and expressing feelings related to the transgression. Furthermore, those providing the decision-based intervention were not affiliated with or representative of the previously described decision-based forgiveness model described by DiBlasio (2000). Baskin and Enright (2004) also explained that the individual and group process strategies consisted of variations of the previously mentioned Enright and Worthington models.

Baskin and Enright (2004) found that there was no significant effect for the decision-based group compared to no treatment, but that both the group-based process intervention ($d = 0.82$) and individual-based process interventions ($d = 1.66$) had significant mean effect on increasing forgiveness when compared to no treatment. They found similar results for emotional health symptoms, with no significant effect for decision-based interventions, and significant effects for group-based process interventions ($d = 0.59$) and individual-based process interventions ($d = 1.42$) on emotional health when compared to no treatment. These effect sizes are comparable to the general effect size found by Wampold (2001) regarding psychotherapy compared to no treatment (0.80). This finding suggests that intervening to enhance forgiveness is not only more effective than controls at enhancing forgiveness levels (for process-based approaches), but that these interventions are also more effective than no treatment at

improving general mental health symptoms in a magnitude similar to general efficacy findings for psychotherapy. Further meta-analytical results from Wade et al. (2005) provide additional support for the use of forgiveness interventions.

Baskin and Enright (2004) focused on understanding potential differences between group and individual treatments of forgiveness, utilizing a methodology that focused on comparing control groups to intervention groups. This indicated a clear association between attending a process-based forgiveness intervention and experiencing better outcomes than control groups. Their research does not address the potential confounds of pre-intervention status that may influence outcomes. Wade et al. (2005) looked specifically at group interventions that promote forgiveness by comparing group treatment means to control means, but they also used a standardized mean gain score. This score gives an indication as to the average improvements of individuals after forgiveness interventions, thus reducing the potential confounding effects of pre-treatment status and giving a somewhat different perspective on the efficacy of forgiveness interventions.

Wade et al. (2005) explained that "interventions were included if they describe a group program to help people forgive and report analyses of outcome data intended to measure the degree of reduced unforgiveness or increased forgiveness the participants held for the offenders" (p. 424). Different from the Baskin and Enright (2004) analysis, Wade et al. (2005) included studies that were not exclusively from peer-reviewed journals, and thus, 27 studies, ranging in date from 1995 to 2004, were included in their analysis.

Wade et al. (2005) categorized treatments as either founded in a forgiveness model that explicitly focused on enhancing forgiveness, an alternative treatment that did not specifically focus on enhancing forgiveness, or an intervention that was aimed at promoting forgiveness, but did not involve a well-defined model or theoretical basis. Two of the above intervention models (Enright, 2001; Worthington, 2006) were represented in this meta-analysis as theoretically informed interventions. They found that treatments based on theoretical conceptualizations of forgiveness had a significant and higher effect size ($ES = 0.57$) than alternative treatments ($ES = 0.26$). Further, atheoretical strategies to enhance forgiveness, such as a 12-step program (Hart & Shapiro, 2002), were not significantly different than the theoretically-driven interventions ($ES = 0.57$). There was also no significant difference between these non-theoretical controls and the alternative treatment group ($ES = 0.26$), while there was a significant difference between the theoretical groups and the alternative treatment group. This lends some support to the idea that theoretically driven techniques should be incorporated; however, Wade et al. (2005) also found that any treatment was more effective than no treatment ($ES = 0.10$).

The results of Wade et al. (2005) suggest that theory-driven forgiveness interventions were significantly more effective than alternative, non-forgiveness interventions, but were not significantly different from atheoretical forgiveness interventions. Wade et al. (2009) have suggested that there may be common factors that are present in other therapies that are responsible for some amount of the variance in forgiveness interventions, which may explain why any treatment is more effective than

no treatment. However, most importantly, their analyses added important support to the integration of forgiveness into psychotherapy.

Lundahl et al. (2008) extended the research of Baskin and Enright (2004) by including more studies and focusing solely on process-based interventions consistent with the conceptualizations of Worthington (2006) and Enright (2001) as Baskin and Enright (2004) had found that process-based interventions were shown to be more effective than the decision-based interventions. Lundahl et al. (2008) included all studies focusing on process interventions from Baskin and Enright (2004), as well as any study prior to March, 2007 that

employed an intervention that promoted forgiveness as a means to enhance functioning following an insult,...included at least two face-to-face sessions,...reported sufficient statistics to calculate an ES,...included at least five participants in each treatment and comparison group,...and...were published in a peer-reviewed journal. (p. 467).

While Lundahl et al. (2008) found further evidence that helping clients forgive increases forgiveness ($g = 0.82$), positive affect ($g = 0.81$), self-esteem ($g = 0.60$), and decreases negative affect ($g = 0.54$), they also concluded that, on average, Enright's conceptualization ($g = 1.12$) was more effective than Worthington's ($g = 0.20$). They explained that one may see more forgiveness and mental health benefits using Enright's model, but they also explained that the total number of sessions was strongly related to treatment outcomes.

Lundahl et al. (2008) reported that two outliers (both of which used Enright's theory) were included in the original analyses. One study that had nearly triple the amount of sessions of the next lowest number of sessions and another that had nearly five

times as many. Even after removing these two studies, there was still a significant relationship between total number of sessions and treatment outcomes; thus, the number of treatments may have been a confounding variable in their data. This is especially important to consider in light of the fact that Lundahl et al. (2008) found, on average, that benefits continued to increase after termination (immediate effect: $g = 0.93$, follow-up: $g = 1.39$) and that others have found a relationship between the passing of time and increases in forgiveness (McCullough, Fincham, & Tsang, 2003; McCullough, Luna, Berry, Tabak, & Bono, 2010; Worthington et al., 2000). Additionally, Wade et al. (2005) found a similar positive effect of time on treatment outcomes, suggesting that a rather large amount of outcome variance ($R^2 = .33$) was explained by the variable of time among the group interventions studied. This effect was not examined in-depth in the analyses performed by Lundahl et al. (2008).

Current findings by Lundahl et al. (2008) therefore suggest that utilizing strategies of intervention that conceptualize forgiveness and follow Enright's model (2001) may be more effective than strategies following Worthington's model (2006), but further analyses of the effect of time and dose-effects of treatment are needed. Despite the potential confounds of time, Lundahl et al. (2008) provided more evidence that therapists can enhance forgiveness among clients and that doing so seems to lead to improved mental health. More recently published studies not included in the meta-analyses above, reviewed here, appear to support the effectiveness of forgiveness as a psychotherapeutic tool.

Recent evidence for Enright's model. Several studies support the use of the Enright model, showing positive results among differing populations. For example, Ingersoll-Dayton et al. (2009) explored the efficacy of Enright's model among 19 participants who were above the age of 60. They found significant improvements in affective, cognitive, and behavioral indices of forgiveness, and significant improvements in depression scores, immediately after treatment and at a four-month follow-up. Another recent study examining Enright's model investigated efficacy of the model among a population of Chinese children living in Hong Kong (Eadaoin & Chau, 2009). They followed the steps outlined by Enright & Fitzgibbons (2000) and Enright (2001) with 56 children, whose average age was 11.8 years and who identified, via questionnaire, that others had hurt them. They utilized a control group, which consisted of "a self-enhancement programme including topics such as self-discovery, problem-solving, and self-management" (p. 145). They found that both the experimental and control groups experienced improvements in affect, behavior, and cognition toward the offending person from pre- to post-treatment, but that the experimental group saw larger improvements. Moreover, the experimental group showed significant improvements in self-esteem, hope, and depression, but no significant changes manifested for the control group.

Recent evidence for Worthington's model. Worthington's model has continued to show efficacy, while focusing on understanding the most important aspects of this model in relation to its effects. For example, Stratton, Dean, Nonneman, Bode, & Worthington (2008) studied the efficacy of three primary interventions at a Christian university for students learning to lead forgiveness enhancement groups versus a no

treatment control. They included a REACH psychoeducational group, an essay-writing group, and a group that underwent a combination of both treatments. The essay writing condition consisted of a 1000 word essay describing a description of a transgression, their cognitive and emotional experiences during the process of forgiveness, how their Christian beliefs influenced the forgiveness process (if at all), and benefits that they experienced as a result of forgiving. This served as a control group. The results indicated that the combined group had more positive responses to the offender than the other groups. Differences between the workshop plus essay group and the workshop alone group shrank at follow-up, suggesting that the benefits of the combined treatment may fade over time. The REACH model was more effective than controls and the essay writing group never exceeded the REACH workshop's effectiveness nor did it exceed the control; however, results suggest that in addition to the REACH intervention, short-term gains may be had through adding an essay-writing intervention.

Further support for the REACH model was found by Shechtman et al. (2009) who investigated the effectiveness of an explicit forgiveness intervention for Israeli adolescents using an adapted version of the REACH model. The authors used the intervention with 146 students from seven different schools and found that, when compared to a no-treatment control group, the intervention resulted in significantly improved empathy, forgiveness, aggression, and hostility towards the offenders. The control group, which consisted of group discussions with usual school instructors, also experienced significant changes in empathy and endorsement of aggression, but the effect sizes were smaller than those found in the experimental group (empathy: treatment group,

$d_s = 0.44$, control group, $d_s = 0.17$; endorsement of aggression: treatment group, $d_s = 0.31$, control group, $d_s = 0.09$).

Other authors have also explored the short and long-term improvements of the REACH model. Wade and Meyer (2009) compared a forgiveness-specific group intervention also based in Worthington's (2006) REACH model to a non-forgiveness focused process-oriented group therapy and a wait list control. They found that both the process-oriented group therapy and the forgiveness specific treatment were more effective than the wait list group at reducing unforgiveness, increasing forgiveness, and helping with psychological symptoms; however, there were no differences between the two treatment groups. Potential error due to a small sample size might account for non-significance, particularly for the absence of negative reactions toward the offender, because there were near significant differences with a rather large effect size on this variable. This may relate to a type-II error. Despite this, treatment ingredients that were used in both intervention models, such as processing painful emotions, sharing, and experiencing empathy of others that were the main emphasis of the process-based counseling group, may have more influence regarding client change than the specific focus on forgiveness.

While Wade and Meyer (2009) explored short-term efficacy of intervention models, Blocher and Wade (2010) asked about the longer-term efficacy by specifically looking at efficacy two years after treatment. Using participants from Wade and Meyer (2009), they interviewed 16 participants (14 female). They found that negative reactions continued to reduce with time, but that revenge ideations maintained their improved

status, with no significant change. Both positive reactions and motivation to avoid the offender remained at pre-treatment levels, but psychological symptoms remained lower than pre-treatment at the two-year follow-up. The small sample size of this study necessitates further research to confirm the long-term benefits of forgiveness interventions, but provides further support for the use of REACH in treatment.

Recent evidence for DiBlasio's model. DiBlasio's (1998) model has been investigated less frequently than those of Worthington (2006) and Enright (2001); however, it has shown positive effects in three experimental studies. In a study exploring self-efficacy, DiBlasio and Benda (2002) randomly assigned 44 spouses to receive either DiBlasio's (1998) decision-based forgiveness model, cognitive-behavioral and problem-solving strategies, or to a no-treatment control condition. They found that spouses who received DiBlasio's intervention had higher self-esteem scores than those in the no-treatment group. They found further evidence supporting the use of this intervention model in two studies done in 2008.

In the first study, they (DiBlasio & Benda, 2008) randomly assigned 44 couples to receive either DiBlasio's (1998) decision-based model, a problem-solving intervention, or to a no-treatment control group. While they found no significant difference across groups on forgiveness, the authors explained that the forgiveness intervention group's forgiveness ratings were almost four times larger than the control group and about twice as large as the problem-solving group. It was speculated that low power may have led to the lack of significance. They did find that when examining pre-post change individually, only the forgiveness intervention group showed significant improvements. The authors

also found that those in the forgiveness intervention group had significantly greater marital satisfaction and general contentment than the control group.

In the second study, DiBlasio and Benda (2008) explored this forgiveness intervention utilizing a pre-post design with 13 Christian couples, to investigate effects of incorporating Biblical references and prayer during the intervention process. They found that participants had significantly higher forgiveness, marital satisfaction, and general contentment scores after treatment than they did before treatment. These studies appear to support the utility of DiBlasio's (1998) forgiveness intervention model.

Forgiveness is of interest to practitioners of psychotherapy because it involves healing from interpersonal wounds and is related to mental and physical health. Several studies, including meta-analytic reviews, indicate that interventions designed to enhance forgiveness are effective and result in other mental health improvements. This empirical support encourages the inclusion of forgiveness-focused treatments when clients present with mental health concerns related to interpersonal hurts. However, while some see forgiveness positively, others appear to be reluctant to endorse the use of forgiveness interventions in the psychotherapeutic encounter (Luchies et al., 2011 Murphy, 2005; Lamb, 2002b).

Potential Barriers to the Use of Forgiveness Intervention in Psychotherapy

There are several potential barriers to the integrating forgiveness into psychotherapy, even when an examination of research suggests benefits to forgiving. Wade, et al. (2008) outlined three major concerns regarding use of forgiveness in treatment, which are: 1) The potentially negative influence of discussing forgiveness for

the client; 2) Fears of therapists not having appropriate skills to facilitate forgiveness; and 3) Concerns related to the therapeutic process, such as needing extra time, whether it is important, and problems regarding the introduction of religious or moral attitudes into counseling.

The first concern is related to the ethical principle of “doing no harm” to the client. Mental health workers ought to avoid any treatment that is potentially harmful to the client, especially if other equally effective methods are present and easily utilized. If encouraging forgiveness leads to negative consequences, then clearly other intervention strategies should be used.

The second concern, anxiety around lack of skills related to the forgiveness intervention, may be easily addressed through training and engaging with the large body of research and educational material on the topic. The third concern relates to therapist preferences. That is, the therapist should evaluate whether forgiveness is a relevant and important topic or something that will simply waste time if discussed. For example, Puka (2002) explained that there are often more appropriate treatments that have similar effects. However, the appropriateness of a treatment is a subjective decision based on the therapist's orientation and values, as argued by DiBlasio (2000). Thus, the choice of using forgiveness as opposed to other interventions that may be equally helpful is nothing different from what therapists do on a daily basis with all interventions.

Other arguments have also been presented around the caution one ought to take when considering forgiveness as a therapeutic tool. Murphy (2003; 2005), a moral philosophy specialist, has argued against therapists readily using forgiveness in treatment,

explaining that forgiving can actually be a sign of low self-respect, may demonstrate lack of respect for the moral order, and may increase the likelihood of revictimization.

Murphy (2003) instead argued for the validity and importance of psychological states usually regarded as in need of change by forgiveness researchers, such as anger, resentment, and motivation to seek vengeance. He conceptualized forgiveness as a change of heart and, more specifically, an overcoming of resentment. He argued that forgiveness can lead to reconciliation, reduce inner turmoil, and limit a somewhat narcissistic belief that one is more victimized than is actually the case (Murphy, 2005).

During a transgression,

resentment of the wrongdoer is one way that a victim may evince, emotionally, that he or she does *not endorse* this degrading message; in this way resentment may be tied to the virtue of self-respect. A person who forgives immediately, on the other hand, may lack proper self-respect and be exhibiting the vice of servility. (Murphy 2002, p. 44)

Murphy (2002; 2003; 2005) suggested that the purpose of resentment is to protect oneself in relation to important values. He argued that quickly forgiving a wrong may compromise these values, weakening the respect individuals have towards themselves and for the moral systems with which they align. Instead of the ever-forgiving person being revered as a saint who consistently and quickly overcomes resentment, he suggests this person may be someone who lacks self-respect (“doormat effect”) and respect for the idea of moral standards and constantly sacrifices his or her own well-being and commitment to values.

Lamb (2002a), a clinical psychologist, also provided a rationale for the limitation of forgiveness use in treatment. She explained that psychologists may have embraced

forgiveness too quickly and without the "the generally accepted process of hypothesis testing in a neutral context" (p. 3). She opined that forgiving can lead to oppression towards women and has been overly influenced by Christian traditions. Lamb (2002b) further argued that encouraging female victims (especially abused women) to forgive can increase oppression of females by leading them to "fit" societal expectations of a more caring, relationally repairing gender. She also (Lamb, 2002b) hypothesized that refusal to accept and act on anger has kept women oppressed and that embracing their anger has led to new freedoms, thus encouraging forgiveness would also likely reduce their ability to enact justice and make choices to overcome oppressed states. Ultimately, she argued that reducing anger through forgiveness may increase, or at least perpetuate, oppression of females by reducing a strong, anti-oppressive motivational state, that is, anger.

An alternative argument against unequivocal adoption of forgiveness as a therapeutic intervention was proposed by Affinito (2002), who stated that it is untrue that "forgiveness is always to be desired...counselors have the power to induce forgiveness...and forgiveness is a technique that can be taught" (p. 89). She explained that, while she values forgiveness, she sees a wholehearted embrace of it by psychotherapists, without considering negative consequences that may occur, as unsafe and potentially damaging to the client. She specifically argued that by forgiving, one will stop pursuing justice of the transgression, thus leading to increases in the chances of future victimization.

While these arguments expand upon the multicultural, feminist perspectives of forgiving, they were speculative and lacked empirical support. Despite this, the opinions

of Lamb (2002b), Murphy (2005), and Affinito (2002) were helpful in understanding and considering potential problems that might arise from perspectives related to forgiveness. Recent research has explored the empirical support of claims that clinicians should exercise caution when choosing whether they will intervene to facilitate forgiveness.

Empirical support against forgiveness. McNulty (2008) found that among spouses who frequently engage in negative interpersonal behaviors towards the beginning of marriage, a tendency to express and feel more forgiveness was associated with increases in negative behaviors. The opposite effect was found for partners who initially were less negative interpersonally. This result suggests that healthier relationships, those that initially have lower levels of interpersonal negative behaviors, benefit from having higher levels of forgiveness, while less healthy relationships may not.

McNulty (2010) expanded on the preliminary findings, which utilized a short-term, longitudinal methodology to examine the influence of forgiveness on subsequent negative, interpersonal partner behaviors within the marital relationship. After collecting data over a 7-day period from 135 newlywed couples, he found that partners were nearly two times more likely to report negative behaviors of their spouses on days following forgiveness than on days following no forgiveness. He suggested that operant conditioning could help explain this connection. Pairing a negative interpersonal response (not forgiving) with negative behaviors from the transgressor may lead to a lower likelihood of the transgressor acting in a negative way again, while forgiving the offense may actually encourage the transgressions to continue because it results in no negative consequences and may even be experienced as a positive response to a negative behavior.

This provides further support that within the context of marriage, using forgiveness as a method for addressing negative interpersonal behaviors may actually be harmful, leading to increased negativity due to a lack of negative consequences for unwanted behaviors.

McNulty (2011) later conducted a similar large-scale study, which explored the idea that "forgiveness may permit partners to continue to offend" (p. 770). He examined the tendency to express forgiveness and its relationship to psychological and physical aggression over time among 72 first-married couples. He measured baseline scores for tendency to forgive, psychological aggressiveness, and physical aggressiveness, and then measured psychological and physical aggressiveness again in 6- to 8-month intervals, lasting for the first four years of marriage.

When controlling for gender, marital satisfaction, self-esteem, perceived ability to leave the relationship, attachment anxiety, attachment avoidance, agreeableness, and neuroticism, McNulty (2011) found that self-reported tendency to express forgiveness predicted physical and psychological aggression later in the relationship. Those who were more forgiving initially in the relationship and who were married to more aggressive individuals were more likely to have spouses with higher levels of psychological and physical aggression four years later than those who were less forgiving and married to more aggressive people. McNulty's work (2008; 2010; 2011) seems to offer preliminary evidence that the previously reviewed benefits of forgiveness may be misunderstood or not actually present among married people.

Further evidence of what McNulty (2011) described as a *dark side* to forgiving was found among four studies conducted by Luchies et al. (2010). They explained that

hasty forgiveness can be problematic, stating that "because failing to stand up for oneself is likely to decrease one's respect for oneself and one's sense of certainty about oneself and one's values, forgiving can sometimes diminish one's self-respect and self-concept clarity" (p. 734). They suggested that people usually respond to being hurt with anger and sadness, being motivated to avoid the transgressor or seek revenge. These motivations may not fit well with long-term relationship goals, individual values, or the other's well-being, and may lead to forgiveness after a period of time has elapsed.

Luchies et al. (2010) conceptualized forgiveness from an evolutionary perspective, stating that it is a process that may or may not be adaptive, or beneficial for the individual's well-being, depending on the presence or absence of certain contextual factors. That is, "if perpetrators signal that a continued relationship will be safe and valuable for their victims, then forgive; if perpetrators do not signal that a continued relationship will be safe and valuable for their victims, then do not forgive" (p. 735). They went on to suggest that when people forgive, but are not perceiving a continued relationship as safe, they will experience degraded self-respect and lowered self-concept clarity because they are acting against their instinctual response (Luchies et al., 2010). They explored their opinions with four studies.

The first study (Luchies et al., 2010) investigated 72 heterosexual couples, measuring their dispositional forgiveness levels and agreeableness at baseline, and then measuring their levels of self-respect every six to eight months for five years. They conceptualized agreeableness, as measured by the Big Five Personality Inventory subscale (Goldberg, 1999 as cited in Luchies et al., 2010), as an indicator of the safety of

a continued relationship. They reported that those who were more forgiving and who had highly agreeable spouses did not significantly change in their self-respect over time; however, they supported this with only a near significant ($p < 0.07$) effect. Furthermore, they reported that those who were high in forgiveness and married to spouses with lower agreeableness experienced significant decreases in self-respect over time ($p = 0.05$).

In the second study, Luchies et al. (2010) asked 44 undergraduate students to describe a time they felt hurt, angered, or upset, and then to answer questions regarding whether the perpetrator had or had not made amends for this behavior. They then gave participants a false test of forgiveness, explaining that it accurately measured whether someone had or had not forgiven this offender. The authors randomly assigned participants to a high forgiveness category, for which they were told, based on information gathered from the researchers, that they had largely forgiven this person or a low forgiveness group, for which they were told they had not completely forgiven this person. They then manipulated the amends of the perpetrator by telling the participants that their responses suggest the perpetrator made less or more amends than the average person who has hurt another. After these manipulations, the authors measured self-respect and self-concept clarity by asking participants to indicate how much they agree with the statements, "I have a clear sense of who I am and what I am" and "I have a lot of respect for myself" (p. 740). The results suggested that both manipulations had significant and intended effects, though statistical support for manipulations checks were low (Forgiveness manipulation, $p = 0.07$; amends manipulation, $p = 0.10$). The results also indicated that the relationship between forgiveness and self-respect was not

moderated by whether amends were made, but that people who were led to believe they had forgiven and had been given weak amends had significantly lower self-concept clarity than those with high amends.

In their third study, Luchies et al. (2010) asked 247 undergraduate students to imagine themselves in specific scenarios that involved either a high or a low level of betrayal distress that may or may not have included forgiveness or perpetrator making amends. The authors then asked the participants to indicate what they believed their level of self-respect and self-concept clarity would be if they had lived through the imagined scenario. They found no effects related to the severity of betrayal, but did find that imagining one has forgiven when the offender has made no amends resulted in participants imagining they would have lower levels of self-concept clarity and self-respect.

Finally, Luchies et al. (2010) conducted a 6-month longitudinal study that asked 58 undergraduates to report every other week on their self-respect and self-concept clarity using the aforementioned single-item measures and on whether they experienced a betrayal by their romantic partner. If a betrayal had occurred, the researchers also asked the extent to which they forgave their partner, the extent to which the partner made amends, and how distressing their partner's behavior was. Results indicated that for those reporting highly distressing offenses, who forgave more strongly and received amends, there was a trend toward being more likely to have higher self-respect than those without amends ($p < 0.07$). Results also suggested that for persons reporting distressing offenses,

who forgave more strongly and received amends, there was higher self-concept clarity than for those with low amends ($p < .02$).

Luchies et al. (2010) argued that when one forgives, but perceives continuing the relationship as not safe, then forgiveness might degrade self-respect and reduce self-concept clarity. The results of their four studies support this argument. However, results should be viewed with caution because of the use of single-item measures of self-respect and self-concept clarity that have not had their reliability or validity examined.

It seems that some argue against forgiveness, presenting both theoretical arguments and empirical evidence. There may be a longer history of pro-forgiveness research and Lamb (2002b) may be accurate in her assessment that the mental health field has not thoroughly explored the potential negative ramifications of forgiveness. While this may be true, reviewing the literature related to both sides revealed clear differences in conceptualizations between the groups. It is possible that these differences in definition significantly relate to whether or not one sees forgiveness in psychotherapy as something one would likely practice, or not.

Conceptualizations related to hesitancy to integrate forgiveness. Lamb (2002b) conceptualized forgiveness as involving reconciliation of a relationship and necessitating some condoning or pardoning of the hurtful actions. She explained that forgiveness, when paired with an unrepentant or unchanged offender, expresses to this other: "I don't care what you do about your own bad deeds from now on, because I understand why you did them and forgive you for that" (p. 162). This indicates that her conceptualization involves removal of any pursuit of punishment and that it expresses

condoning of the wrongdoer's behaviors. She does specifically argue that forgiveness does not necessarily involve condoning, but that the offender will believe this is the case, which seems closely related.

Lamb (2002b) also referred to forgiveness as only being a self-motivated strategy to deal with negative emotions and enhance one's well-being, explicitly stating that "the act of forgiveness is not just interpersonal, it has social repercussions and can be representative of more than an individual's well-being" (p. 165-166). Her emphasis on it *not just* being an interpersonal process suggests that she may see forgiveness as primarily interpersonal in nature. She later stated that "if [forgiveness] only is represented as a change of the internal state of the individual forgiver, how does it restore relationship?" (p. 166). Lamb also stated that "forgiveness means that the relationship continues and no grudge (if possible) is harbored, that the wife will not seek retaliation for the harm done to her" (p. 167). These statements suggest that forgiveness among abused women necessitates restoration of a relationship in addition to the removal of seeking justice or punishment against the wrongdoer through condoning of their actions. This places Lamb's definition of forgiveness as seeming to mean both the condoning of a wrong paired with reconciliation that may lead to more harm. This perspective stands in direct opposition to Worthington (2005) who explained that those creating forgiveness interventions have generally agreed forgiveness does *not* involve either of these processes.

Affinito (2002) defined forgiveness as "the decision to forego the personal pursuit of punishment for the perpetrator(s) of a perceived injustice, taking action on that

decision, and experiencing the emotional relief that follows" (p. 93). In this conceptualization, she places a strong emphasis on justice and argues that once one stops pursuing justice, thus expressing a condoning or excuse of the wrong acts, then he or she has forgiven, which then leads to positive emotional changes. This definition represents a sense of condoning or pardoning hurts, allowing the wrongdoer "off the hook," but may also fit one of Worthington's (2006) suggested alternative means of dealing with unforgiveness. Worthington (2006) suggested that accepting the injustice may reduce the injustice gap, thus ameliorating some emotional problems related to unforgiveness, but that this is not actually forgiving. He has also written a book (2009) aimed at explaining how justice can be pursued alongside forgiveness, which again suggests that Affinito (2002) is not describing the same construct as Worthington (2006), or other interventionists (Worthington, 2005).

McNulty (2011) explained that expressing forgiveness may lead to subsequent increases in negative partner behaviors due to a removal of negative consequences. His conceptualization seems to emphasize only the expression of forgiveness, that is, how one responds behaviorally (including verbalizations) to being hurt. He explained that "because unforgiven partners may experience numerous unwanted consequences for their offenses (e.g., anger, criticism, rejection, loneliness), they should be motivated to avoid repeating those unwanted consequences" (p. 770). McNulty (2011) appears to be describing an expression of forgiveness as interpersonal behaviors from the victim toward the transgressor that express a pardon or statements that the negative behavior is not necessarily problematic, thus releasing the transgressor from any negative

consequences, and creating a context for the relationship to continue. Luchies et al. (2010) conceptualized forgiveness in a similar way, possibly because McNulty was a co-author. Luchies et al. (2010) described forgiving as a "conditional adaptation," explaining that people engage in forgiveness as an instinctual response to preserve a relationship that they deem valuable. While interpersonal communications and behaviors that help or hinder the development of a relationship or its quality after a hurt is an important topic of study, this does not fit with the definitions proposed by Worthington (2006), DiBlasio (2000), or Enright (2001), further suggesting that disagreement among scholars on the definition of forgiveness exists.

It appears that some differences exist among researchers and scholars in regard to conceptualizations of forgiveness. However, differences are not present among all scholars. For example, Murphy (2005) defined forgiveness in a way that is similarly intrapersonal in nature to DiBlasio (1998), Enright (2001), and Worthington (2006), but argued that forgiveness may lead to lowered self-respect.

There is enough evidence based on reviewing the literature to suggest that a relationship may exist between conceptualization of forgiveness and opinions related to its integration into psychotherapy, warranting empirical investigation of this observation. While some studies do show potential negative outcomes related to forgiving (e.g., McNulty, 2011; Luchies et al., 2010), most of the literature reviewed suggests that using forgiveness in treatment results in positive outcomes. Understanding the relationship between forgiveness utilization and one's conceptualization may further inform strategies to move forgiveness research into the realm of practice. Few studies have explored

therapist conceptualizations of forgiveness. Therefore, it may be helpful to sample several different groups in order to determine whether variations in definitions of forgiveness exist. If individuals think of forgiveness in a variety of ways, then there is reason to believe this may also be true among psychotherapists. Thus, it follows that one's conceptualization of forgiveness may relate to one's beliefs about the use of forgiveness in psychotherapy.

General Conceptualizations of Forgiveness

Few studies to date have empirically explored clinician conceptualizations of forgiveness and/or their views regarding its utilization in treatment. One study has specifically explored differences in conceptualizations exist among psychotherapists. Frise and McMinn (2010) investigated the definition of forgiveness given by 53 psychologists and 29 religious scholars who were currently employed as faculty at graduate training institutes (Frise & McMinn, 2010). The authors reported selecting this sample because those in academic positions are more likely to influence the training and development of the next generation. However, this sample should not be considered representative of the average psychotherapist who is not often on faculty. Using a Likert scale, participants indicated their level of agreement with the idea that true forgiveness occurs when one "releases negative feelings toward the offender...gives up a desire for revenge toward the offender...develops positive feelings of goodwill toward the offender...and is restored to an ongoing relationship with the offender" (p. 86). The authors also had participants rate the importance of religion in their lives on an additional Likert scale and separated the psychologist group into either less or more religious, based

on whether they reported religion as being important in their lives. In comparing the three groups (more religious psychologists, less religious psychologists, and religious scholars), they found distinct divisions of belief regarding the definition of forgiveness.

All three groups included the release of negative feelings in their conceptualization of forgiveness (Frise & McMinn, 2010). There was no difference between less and more religious psychologists or between more religious psychologists and theologians regarding the idea that forgiveness involves developing positive feelings towards the offender, but less religious psychologists and theologians were significantly different in their opinions. That is, the authors found that theologians agreed more strongly than less religious psychologists with the idea that forgiveness involves increasing positive feelings toward the offender. Finally, the authors explored views regarding reconciliation, finding that psychologists that are more religious disagreed significantly more with the idea that forgiveness involves reconciling a relationship than less religious psychologists and theologians. One's religious orientation and/or his or her level of religious commitment may relate to how he or she conceptualizes forgiveness; thus, religious orientation and level of commitment ought to be measured when attempting to understand how forgiveness is used in psychotherapy treatment. There was less variation present among those who were considered experts in forgiveness scholarship (i.e., those who have published material on the topic of forgiveness) but evidence still suggests that religion may play a role in how forgiveness is conceptualized.

In the second part of their study, Frise and McMinn (2010) examined expert opinions on forgiveness. The authors considered a participant an expert if he or she had

"published specifically on the topic of forgiveness" (p. 86). Among 33 identified experts, 25 were in psychology departments while seven were in theology departments, with one specializing in both fields. There were no significant differences between expert psychologists and theologians, indicating that they all agreed that forgiveness involves releasing negative feelings, giving up a desire for revenge, and developing positive feelings for the offender. However, Frise and McMinn (2010) did find that expert theologians agreed more than expert psychologists with the idea that forgiveness involves repairing a relationship. Furthermore, they found that by asking an open-ended question to compare forgiveness to reconciliation, 85% of psychologists described a distinction, while only 44% of religious scholars believed there was a difference between reconciliation and forgiveness.

Frise and McMinn's (2010) research suggested that religious commitment and affiliation may relate to conceptualizations of this construct; however, DiBlasio (1993) found no relationship between religious commitment and thinking about or using forgiveness in treatment. This variable will be important to explore in any study of psychotherapist views regarding forgiveness. In order to understand as fully as possible how individuals conceptualize forgiveness, attention will now be focused on research with lay people.

Conceptualizations of lay people. Variations were found to exist among lay people regarding how forgiveness was conceptualized (Younger et al., 2004; Friesen & Fletcher, 2007; Freedman & Chang, 2010). Younger et al. (2004) surveyed the definitions of forgiveness held by 196 undergraduates and 83 non-college individuals. The authors

found that, in regard to reconciliation, 24% of the college population and 16% of the non-student sample conceptualized forgiveness as "going back to or continuing the relationship" (p. 842). Friesen and Fletcher (2007) explained that participants "identified several central forgiveness features that are perhaps more characteristic of reconciliation than forgiveness" (p. 221) and Orathinkal et al. (2008) found that among 785 heterosexual, married Belgian individuals, about 60% of respondents agreed that forgiveness means to reconcile. Freedman and Chang (2010) used a qualitative approach involving 16 honors students who participated in a structured interview. They found that 18% of participants saw forgiveness as not holding grudges or blaming the individual, 18% saw forgiveness as involving forgetting or overlooking the transgression, and 16% saw it as involving preserving the relationship in some way. When specifically asked, though, the majority of participants also reported a difference between reconciliation and forgiveness (89%).

In the somewhat limited research available, it appears that all samples across the studies thought of forgiveness in a variety of ways. It can be assumed that this result would generalize to psychotherapists as well. If this is true, that the therapists ascribe to a variety of definitions of forgiveness, this fact likely relates to whether one will use forgiveness as an intervention or not. At this point, no research has directly explored this connection. However, two studies have investigated similar issues.

Previous Research on Psychotherapist Attitudes Toward Forgiveness

In general, it seems that the little research conducted regarding therapist attitudes toward forgiveness and its use in therapy suggests that therapists tend to see its use in

treatment positively. DiBlasio (1993) explored attitudes and utilization of forgiveness among 70 social workers who were members of the American Association of Marital and Family Therapist in the Maryland area. Participants averaged about 43 years of age and all had Master's (90%) or doctoral degrees (10%). The importance that social workers placed on religion in their own lives was not significantly related to using or thinking about forgiveness in clinical work, but those individuals who placed greater importance on their religious beliefs were more likely to have a favorable attitude toward forgiveness (DiBlasio, 1993). Furthermore, attitudes toward forgiveness had a mean score that was slightly above the middle point of their measure, which they concluded may indicate slightly more positive than negative attitudes toward forgiveness; however, they did not report tests of significance. It is important to also note that 40% of therapists identified as Christian, with 36% identifying as Jewish, 1% as Far Eastern, 14% as other, and 8% as having no religious affiliation. DiBlasio (1993) did not analyze whether religious affiliation or commitment had an effect on the relationship between religious importance and forgiveness attitudes, thus providing further rationale for the need to explore religious affiliations and commitment in relation to attitudes and utilization of forgiveness.

In a later study, Konstam et al. (2002) surveyed 381 members of the American Mental Health Counselors Association on their perspectives regarding the use of forgiveness in therapy. Participants represented a wide range of ages (24-79 years old), religions traditions, and practice types and all held advanced degrees. Among these respondents, 88% reported that forgiveness was a relevant issue in their practice, saying

that it arose more often than not; moreover, 94% of respondents stated that it was acceptable for therapists to raise the issue of forgiveness. Konstam et al. (2002) also found that 90% of respondents said that forgiveness is an "an important clinical issue that should be addressed in professional training" (p. 65), while 76% of respondents indicated they would be interested in attending forgiveness related workshops and trainings. This suggests there may be a generally positive attitude toward forgiveness among psychotherapists. One caveat that was mentioned was that the authors invited participants to "participate in a forgiveness-related survey" (p. 59). This invitation likely biased the respondents, increasing the potential for those who had a strong interest in, or opinions about forgiveness to respond versus those who did not. A study examining views regarding forgiveness in psychotherapy among mental health workers that specifically excludes the term *forgiveness* may reduce such biases in responding. It seems that those studies that have explored clinician views regarding forgiveness in psychotherapy and their general attitudes are in need of updating because of greater exposure to the construct in the literature and popular media in the last 10 years, as well as previously mentioned methodological limitations. Indeed, attitudes of the average mental health worker may have changed since previous research was conducted. Efforts to address these problems were made in the current study.

Rationale for Current Study

Evidence seems most in favor of using forgiveness in treatment and interventions have been found to promote forgiveness and mental health functioning among those dealing with interpersonal hurts (Baskin & Enright, 2004; Blocher & Wade, 2010;

Ingersoll-Dayton, et al., 2009; Lundahl et al., 2008). Few studies have explored mental health worker attitudes toward forgiveness, their conceptualizations of forgiveness, or their likelihood of helping people forgive. Those studies that have explored these areas carry with them methodological weaknesses and may not represent the current attitudes of professionals in the field. Interest in forgiveness intervention research has increased in recent years, well after Konstom et al. (2002) and DiBlasio (1993) presented their results. Furthermore, studies by Konstom et al. (2002) and DiBlasio (1993) may both have been subject to sampling biases. Konstom et al. (2002) explained that they were seeking participants for a "forgiveness-related study" (p. 59), and DiBlasio (1993) did not describe the recruitment methods.

The study of forgiveness is becoming more relevant to practicing mental health workers as researchers are recognizing the many mental and physical health benefits associated with this process. Forgiving may play an important role as a stand-alone treatment goal or in conjunction with other related therapy goals. Unfortunately, forgiveness carries with it different connotations depending on the way one defines it, which may influence therapists' decision-making process.

This study addresses the hypothesis that definition of forgiveness (dummy coded as agreement or lack of agreement with interventionists) will predict tendency to assist clients with forgiveness in therapy (TNTF) after controlling for demographic variables, strength of belief in definition, religious commitment (RCI-10), attitudes toward forgiveness (ATFS), and dispositional forgiveness (HFS).

Literature reviewed seems to suggest a strong connection between how scholars conceptualize forgiveness and their opinions regarding its usefulness in psychotherapy, so conceptualization may be a strong predictor of helping clients forgive. Results of this hypothesis may clarify the relationship between predicted forgiveness use and conceptualizations among clinicians, but does not address the general attitudes toward forgiveness held among clinicians. The following research question was proposed to explore clinician opinions of forgiveness in general: After controlling for the predicted assistance in client forgiving (TNTF), do religious commitment, dispositional forgiveness, agreement or disagreement with interventionist definitions, and strength of belief in one's chosen definition predict current attitudes toward forgiveness among psychotherapists in this sample?

Chapter Three: Methods

Chapter Three presents the methodology of the present study. Information regarding participant characteristics, data collection and survey design, measures, and data analysis procedures is provided.

Participants

Participants were recruited by email from 400 graduate training programs that were randomly selected from a database of 817 graduate training programs (Appendix A). The database included graduate programs accredited as of November 1, 2012 by the American Psychological Association, Council on Social Work Education, American Association for Marriage and Family Therapy, and the Council for Accreditation of Counseling & Related Educational Programs. After random selection using SPSS (IBM Corp, 2011; Version-20), recruitment emails were sent in two waves. The first wave was emailed to 200 programs on 11/11/12 with a reminder email sent 1/9/13 (Appendix B). The second wave was sent to the additional 200 programs on 1/11/13 with a reminder email sent on 1/27/13. The email included information regarding risk and an explanation that participants were able to withdrawal at any time from the study, while also having the right to decline participation. A link to a separate survey requested contact information in the form of participants' email addresses from those who wished to gain further information after the study's completion. The software automatically stored this data separately, thus ensuring participant anonymity. The study included respondents

who self-identified as practicing counseling/clinical psychologists, counselors, clinical social workers, or psychotherapists. No exclusion criteria were placed on gender, age, ethnicity, or experience as a psychotherapist.

Data Collection

Data were collected via "Survey Gizmo" software, an internet-based program enabling anonymous data collection from specified web pages. In order to increase response rates, participants had an option to include themselves in a random drawing for a financial reward. The reward option was included in order to increase response rates by motivating participants to begin the survey and providing interest and self-motivated benefits, as recommended by Archer (2007). Data were collected, stored anonymously with Survey Gizmo, and then directly imported into SPSS (IBM Corp, 2011; Version-20).

Power Analysis

A power analysis was conducted using G*Power software (Faul, Erdfelder, Buchner, & Lang, 2009; Version-3.1) to estimate sample size. For estimated power ($1 - \beta$) of 0.80, testing the hypothesis would require a sample of $n = 395$, $n = 55$, $n = 26$ for a small, medium, and large effect size respectively and the research question would require samples sizes of $n = 781$, $n = 114$, $n = 54$ for small, medium, and large effect sizes respectively. Due to the lack of research in this area, expected effect sizes are unclear. In order to optimally reduce chances of a Type II error, a very large number of individuals were included in the recruitment pool. While exact numbers cannot be calculated due to variations in program sizes, a conservative estimate would be that each program contains

an average of 15-20 individuals, as either students or alumni. By contacting 400 programs, an estimated recruitment pool of 6,000 to 8,000 individuals was anticipated. Actual power and total number of participants are discussed in further in Chapter IV.

Instruments

Dispositional forgiveness. Dispositional forgiveness was assessed with the Heartland Forgiveness Scale (HFS; Appendix C; Thompson et al., 2005), an 18-item measure of an individual's dispositional forgiveness. The HFS was found to have acceptable test-retest reliability after 3 weeks (HFS total, $r = 0.83$) and 9-months (HFS total; Thompson et al., 2005). Furthermore, Thompson et al. (2005) found good concurrent validity with the HFS total score correlating significantly with Mauger et al.'s Forgiveness scale ($r = 0.62$), as well as, the Multidimensional Forgiveness Scale ($r = 0.47$). The authors also found that higher HFS scores were related to constructs that are theorized to relate to forgiving, such as cognitive flexibility ($r = 0.51$) and positive affect ($r = 0.39$), while also showing negative relationships with constructs thought to negatively correlate with dispositional forgiveness, such as rumination ($r = -0.34$), negative affect ($r = -0.48$), vengeance ($r = -0.36$), and hostile automatic thoughts ($r = -.35$).

The HFS (Thompson et al., 2005) presents statements related to forgiving oneself ("I hold grudges against myself for negative things I've done"), others ("Although others have hurt me in the past, I have eventually been able to see them as good people"), and situations ("With time I can be understanding of bad circumstances in my life"), providing a total score that is summed and indicates level of dispositional forgiveness.

Participants are asked to indicate their agreement with these statements on a Likert scale, with scores ranging from 1 (Almost Always False of Me) to 7 (Almost Always True of Me). The total score ranges from 18 to 126, with higher scores reflecting higher tendency to forgive across multiple experiences.

Forgiveness related attitudes. Attitudes Towards Forgiveness Scale (ATFS; Appendix D; Brown, 2003) is a 6-item measure of an individual's beliefs regarding forgiveness, as in whether he or she perceives it as a positive or negative action. The measure uses a Likert scale, ranging from scores of 1 (strongly disagree) to 7 (strongly agree). Three items are reversed scored and higher overall scores correspond to more positive attitudes towards forgiving. Scores could range from six to 42, with higher scores indicating more positive attitudes toward forgiveness. The ATFS shows good discriminant validity, as it negatively relates to traits and states thought to be lower among those who have more positive attitudes towards forgiving, such as physical ($r = -0.40$) and verbal aggression ($r = -0.21$), as well as hostility ($r = -0.29$). Furthermore, the ATFS positively correlated with measures of dispositional forgiveness, such as the Tendency to Forgive Scale ($r = 0.33$, Brown, 2003; $r = 0.37$; Brown & Phillips, 2005) and Berry et al.'s (2001) Transgression Narrative Test of Forgiveness ($r = 0.51$, Brown, 2003; $r = 0.51$; Brown & Phillips, 2005). Brown and Phillips (2005) found the ATFS to have acceptable internal consistency ($\alpha = 0.69$).

Predicted assistance of client forgiveness. The Transgression Narrative Test of Forgiveness (TNTF; Appendix E) was created as an atheoretical measure of dispositions to forgive and contains five scenarios describing an interpersonal offense (Berry et al., 2001). Participants are asked to imagine themselves in potentially hurtful scenarios that range from mild hurts, such as a friend stealing one's school work and turning it in as his or her own, to more severe hurts such as physical aggression. These scenarios are presented as case vignettes wherein participants are asked how likely they would be to forgive the offending person on a scale ranging from 1 (definitely not forgive) to 5 (definitely forgive). Possible scores can range from five to 25, with higher scores indicating a more forgiving individual. In order to fulfill the goals of this study, minor adjustments were made to the TNTF as developed by Berry et al. (2001). Priority was given to retaining the integrity of the measure, but pronouns were changed to shift focus from the respondents' predicted forgivingness to the respondents' predicted assistance of clients to forgive in the situations presented. Adjustments included changing the reference to the victim from "you" to "your client" along with appropriate grammatical changes.

The TNTF (Berry et al., 2001) has shown good convergent validity as it correlates significantly with trait anger ($r = -0.43$; i.e., a low score on the TNTF indicates less tendency to forgiveness, which was associated with higher trait anger). Furthermore, the TNTF has good test-retest reliability over an 8-week period ($r = 0.69$) and significantly predicted ruminative tendencies 8-weeks later as well ($r = -0.49$). Berry et al. (2001)

found that partner ratings correlated significantly with self-ratings ($r = 0.60$) on the TNTF.

Modifications to the TNTF moved the participants from a personal perspective to a treatment-focused perspective. The TNTF used here did not evaluate how likely the participant is to forgive, but how likely he or she is to assist clients forgive. This modification may have altered the previously established validity and reliability of the measure, but the measure remained constant across all participants. That is, each participant read the same case vignettes. This effectively eliminated any influence that changing perspectives from imagining experiences for the self to imagining experiences for the client had on the way that participants responded to case vignettes.

Religious commitment. The Religious Commitment Inventory-10 (RCI-10; Appendix F; Worthington et al., 2003), a 10-item measure of religious commitment, was used to measure participant levels of religious commitment. Participants responded to statements such as "I often read books and magazines about my faith" and "I enjoy spending time with others of my religious affiliation," indicating the extent to which the statement describes them. The scale ranges from 1 (Not at all true of me) to 5 (Totally true of me) with total scores ranging from 10 to 50. Higher scores indicate greater levels of religious commitment and a score of 10 indicating no religious commitment (Worthington et al., 2003).

The measure has good convergent validity, with significant correlations with participation in organized religion ($r = 0.70$) and frequency of religious activities ($r = 0.72$; Worthington et al., 2003), and discriminant validity, showing no correlation with

morality (Worthington et al., 2003). The scale has demonstrated good internal ($\alpha = 0.88$) and test-retest reliability ($r = 0.84$) over a 5-month period. The authors of the RCI-10 suggested that one standard deviation above the mean should be considered highly religious (Worthington et al., 2003).

Survey Structure

These measures were administered via a web-based survey. The survey began with the invitation page, which provided a button with a message, stating, "By proceeding with this survey, you are indicating that you have read the informed consent and agree to participate in this study. If you wish to discontinue at any time, please close your internet browser." After this, participants completed the ATFS, HFS, and RCI-10 in random order, thus reducing the potential for ordering effects influencing results. Each scale populated on a unique page of the survey. After completing each scale, participants then chose a definition of forgiveness from a list, also indicating how strongly they agreed with their choice. Finally, demographic information was requested on a separate page (Appendix G), which included time spent as a psychotherapist, gender, age, estimated hours of time spent studying forgiveness in one's training program, religious affiliation, age, number of years of graduate training, educational degree, gender, religious affiliation, ethnicity, and highest degree attained. Upon completion of the survey, each participant was automatically be directed to a new survey, requesting them to submit their email address if they wish to receive more information about this project upon its completion.

Data Analyses

Preliminary data analyses were conducted in order to remove outliers, summarize demographic information, and present descriptive information related to the variables of interest in this study. Primary analyses were conducted to test the following hypothesis and research question:

Hypothesis: Definition of forgiveness (dummy coded as agreement or lack of agreement with interventionists) will predict tendency to assist clients with forgiveness in therapy (TNTF) after controlling for demographic variables, strength of belief in definition, religious commitment (RCI-10), attitudes towards forgiveness (ATFS), and dispositional forgiveness (HFS).

Research Question: After controlling for the predicted assistance in client forgiving (TNTF), do religious commitment, dispositional forgiveness, agreement or disagreement with interventionist definitions, and strength of belief in one's chosen definition predict current attitudes toward forgiveness among psychotherapists in this sample?

The hypothesis was tested using hierarchical multiple regression with participants categorized by agreement or lack of agreement with major interventionist definitions. It was previously argued that those who agree most with the conceptualizations given by interventionists, will be the most likely to also use forgiveness in treatment as those who argue against its use, or caution around its use, seem to be defining the construct in ways other than those offered by interventionists.

Using tendency to assist clients with forgiveness (TNTF scores) as the criterion variable, demographic data, strength of belief in definition, RCI-10, ATFS, and HFS scores were entered in the first block of variables. Agreement with definition was entered in the second block. The research question was explored through a stepwise multiple regression with clinician's ATFS scores as the criterion variable. In order to control for the anticipated relationship between TNTF and ATFS, TNTF was entered alone into the first block as a control variable. Demographic variables, strength of belief in definition, RCI-10, and HFS were entered simultaneously in the second block.

Summary

Chapter Three provided an overview of this study's methodology. Descriptions of participant characteristics, data collection strategies, measures, and data analysis procedures were provided. Chapter Four presents the research findings.

Chapter Four: Results

Data were examined in relation to the overarching goal of this study; better understanding factors that contribute to translating research on forgiveness interventions into real-life practice. Data were specifically analyzed to explore the potential relationship between conceptualizations of forgiveness and clinicians' predicted assistance of client's forgiving. Previously reviewed literature suggests there may be a connection between these two important constructs. Furthermore, information regarding factors related to clinician attitude toward forgiveness was gathered and analyzed in order to provide an updated assessment of how mental health workers view forgiveness.

Four hundred practice-focused, accredited, graduate mental health programs were randomly selected from four major mental health associations: American Psychological Association, Council on Social Work Education, American Association for Marriage and Family Therapy, and the Council for Accreditation of Counseling & Related Educational Programs. Programs were contacted via email and asked to invite alumni and students to complete an online survey. Of the 441 participants who began the survey, 291 completed it (66%).

Demographic Data

All respondents had at least a bachelor's degree and more than half had graduate degrees (Table 1). Participants were primarily female, Caucasian, Christian, students, who were relatively young, and new to the practice of psychotherapy (Table 1). One case

reported an estimated 1,000,000 hours of time spent studying forgiveness, which was more than 15 SD above the mean, and was therefore removed from the dataset before analyses. After this removal, a second case was identified that reported an estimated 100,000 hours of time spent studying forgiveness, which was more than 15 SD above the mean (with the previous case excluded), and was therefore removed from the dataset. Following this, all cases that included estimated hours of studying that were more than 5 SD above or below the mean were removed, resulting in the removal of 13 additional cases. Next, other variables were examined for extreme outliers that were more than 5 SD above or below the mean. This resulted in the removal of four cases related to time spent practicing in the field. Furthermore, three additional cases were removed due to incomplete data, which left a total of 269 participants (Table 1).

Table 1

Demographic Data

	Range	Mean	SD
Months Practicing	0-221	46.73	41.11
Strength of Agreement with Definition	3-10	7.42	1.57
Hrs spent Studying	0-200	23.17	36.41
Age	22-56	28.65	6.98
		n	Percent
Gender (female)		233	86.6
Student (yes)		240	89.2
Degree			
Bachelor's degree		104	38.7
Master's degree		151	56.1
Doctoral degree		14	5.2
Ethnicity			
Asian/Pacific Islander		10	3.7
Black/African-American		19	7.1
Caucasian		212	77.9
Hispanic		10	3.7
Native American/Alaska Native		3	1.1
Other		9	3.3
Decline to Respond		6	2.2
Religious Affiliation			
Muslim		1	0.4
Christian		146	54.3
Buddhist		2	0.7
Native American Religion		1	0.4
Other		12	4.5
Universalist/Unitarian		5	1.9
No affiliation		46	16.4
Jewish		17	6.3
Atheist		29	10.8
Agnostic		12	4.5
Definition			
DiBlasio (agree)		121	45
Enright (agree)		70	26
Worthington (agree)		12	4.5
Condoning (agree)		5	1.9
Reconciliation (agree)		61	22.7

Preliminary Analyses

Using G*Power software (Faul, et al., 2009; Version-3.1) a power analysis was conducted to determine the chance of Type II errors for the two main analyses. The actual power for the current sample ($n = 269$), regarding the hypothesis was $(1 - \beta) = .99$ and the research question was $(1 - \beta) = 1.0$, suggesting more than adequate power.

Psychometric properties for major study variables are presented in Table 2. It is important to note that internal consistency for the ATFS was rather low (Table 2); however, previous research with this variable has indicated that internal consistency has been in the acceptable range of .69 (Brown & Phillips, 2005) and .68 (Barnes & Brown, 2010). As this variable is important in the current study, it was decided to retain its use with the caveat that internal consistency was not high with this sample. Pearson correlation coefficients for variables are presented in Table 3.

Table 2

Psychometric Properties of the Major Study Variables

Variable	M	SD	α	Range		Skew
				Potential	Actual	
TNTF	17.84	3.74	.89	5-25	8-25	0.40
RCI-10	22.35	11.93	.97	10-50	10-49	0.67
ATFS	31.92	4.53	.58	6-42	16-42	-.43
HFS	91.24	14.55	.90	18-126	55-126	0.46

Note. TNTF = Modified Transgression Narrative Test of Forgiveness; RCI-10 = Religious Commitment Inventory, ATFS = Attitudes Towards Forgiveness Scale, HFS = Heartland Forgiveness Scale.

Table 3

Pearson Correlation Coefficients For Study Variables

	Age	Edu	Def	Hrs	Exp	StDef	TNTF	RCI-10	ATFS
Edu	.25**								
Def	.04	-.01							
Hrs	.26**	.07	-.01						
Exp	.46*	.43**	-.06	.06					
StDef	.02	-.11	-.05	.04	.11				
TNTF	.03	-.01	-.07	.08	-.02	.11			
RCI-10	.04	-.14*	.02	.17**	-.10	.13*	.28**		
ATFS	.06	.06	-.08	.08	.01	.13*	.35**	.35**	
HFS	.04	-.05	-.10	-.04	-.02	.24**	.17**	.13*	.34**

Note. Edu = undergraduate or graduate education; Def = Agreement or disagreement with interventionists; Hrs = estimated amount of time spent studying forgiveness; Exp = time spent as a mental health clinician; StDef-strength of belief in preferred definition; TNTF = Modified Transgression Narrative Test of Forgiveness; RCI-10 = Religious Commitment Inventory; ATFS = Attitudes Towards Forgiveness Scale, HFS = Heartland Forgiveness Scale. * $p < .05$. ** $p < .01$.

Contrast with Normative Scores

In order to determine whether scores on primary variables for this sample were similar to normative scores, one sample *t*-tests for RCI-10, ATFS, and HFS were computed. Ryan Brown, co-author of the Attitudes Toward Forgiveness Scale, (personal communication, July 1, 2013) explained that the mean score across studies for the ATFS is 31.2. The current sample had a mean score of 31.92. Results of the one sample *t*-test indicated that the current sample appears to have slightly more positive attitudes toward forgiveness than scores reported by Brown ($t(268) = 2.60, p < 0.05, d = .16$).

In regard to the HFS, Thompson et al. (2005) reported a mean score of 92.47 across three studies with 1738 participants. There was no statistically significant difference between the score for this sample ($M = 91.24$) and the score reported by Thompson et al. For the RCI-10, Worthington et al. (2003) reported that for samples of

adults in the US, they consider 26.00 as a normative mean. Scores were transformed with LOG10, as they appeared skewed, which resulted in a normal distribution. The current sample had a mean of 22.35, which was lower than the expected average, $t(268) = -4.34$, $p < .05$, $d = .26$. No comparative data was available for the TNTF in the current form due to modifications. Thus, it appears that this sample had slightly more positive attitudes toward forgiveness and reported less religious commitment than in previous studies.

General Views of Participants

In order to better understand general attitudes towards forgiveness and predicted use of forgiveness, mean scores were compared to a theoretically neutral scores with single sample t -tests. It was assumed that a perfectly neutral score on the ATFS and TNTF would be represented in the population by the midpoint of the scales (ATFS = 24; TNTF = 15).

Results indicated that respondents were significantly more likely to report that they would assist their clients forgive than either remaining neutral or not helping (expected neutral $M = 15$), $t(268) = 12.46$, $p < 0.001$, $d = .76$, and had significantly more positive attitudes toward forgiveness than either neutral or negative (expected neutral $M = 24$), $t(268) = 28.66$, $p < 0.001$, $d = 1.75$.

Grouping by Conceptualizations of Forgiveness

On the survey, participants indicated which theory related to forgiveness resembled most closely their own perspective on forgiveness. The number of endorsements for each theory was presented in Table 1. For subsequent analyses, data were grouped into two categories (which were dummy coded for the purposes of

analyses) based on whether participants agreed with intervention theorists (DiBlasio, Enright, & Worthington) or not (Condoning & Reconciliation). Participants also indicated the strength of their agreement with the definition they selected (scale ranged from 1 to 10). Table 4 presents the average strength of agreement and range of scores for each theory grouped into the two categories of Agree and Disagree. Due to high variations in participants per group and small cell sizes for some groups (Table 1), no analysis was conducted to determine whether strength of definition scores differed per based on definition.

Table 4
Strength of Agreement with Definition

	M	SD	Range
Agree	7.37	1.56	3-10
DiBlasio	7.35	1.51	3-10
Enright	7.60	1.47	3-10
Worthington	6.25	2.09	3-10
Disagree	7.56	1.61	3-10
Condoning	6.20	1.30	4-7
Reconciliation	7.67	1.59	3-10

Note. Agree = agreement with interventionists; Disagree = disagree with interventionists; Strength of agreement measures on a 1-10, likert scale with “1” indicating “very weakly” agree and “10” indicating, “very strongly” agree with chosen definition.

Hypothesis

Research examining the use of forgiveness in therapy suggests that there are differences in therapists’ conceptualizations of forgiveness and that therapists disagree about the usefulness and safety of forgiveness-based interventions. Thus, therapists’ conceptualizations of forgiveness may be an important factor in explaining how likely

they are to help others forgive. The following hypothesis was examined: Definition of forgiveness (dummy coded as agreement with interventionists or not) will predict tendency to help a client forgive in therapy (TNTF) after controlling for several demographic variables (age, hours spent studying forgiveness, education, time spent as a clinician) strength of belief in definition, religious commitment (RCI-10), attitudes toward forgiveness (ATF), and dispositional forgiveness (HFS). Major interventionist conceptualizations were categorized as those proposed by DiBlasio (1998), Worthington (2006), and Enright (2001) and were coded as one, while definitions reflecting condoning and reconciliation were categorized as not in agreement with major interventionists and were coded as zero. Level of education was categorized as participants either having attained a bachelors degree (coded as zero) or graduate degree (coded as one).

A hierarchical regression analysis was conducted using TNTF as the dependent variable. Age, hours spent studying forgiveness, education, time spent as a clinician, strength of belief in definition, RCI-10, ATF, and HFS were entered into the first block as control variables, while definition was entered into the second block

A Beusch-Pagan test for heteroscedasticity was non-significant, suggesting no heteroscedasticity was present. The highest Pearson correlation between predictors were $r = .46, p < .05$, indicating absence of high multicollinearity. Autocorrelation was ruled out using a Durbin-Watson test. Furthermore, residuals appeared normally distributed and TNTF scores were collected on one occasion; thus, each score was considered independent. There were relatively low variance inflation factor scores (Greatest = 1.64) and no tolerance scores below 0.61. No residual scores were greater than three standard

deviations above or below the mean. No cases had Cook's distance scores above one. Thus, it appears that all assumptions for a multiple regression analysis were met.

Results of the regression analysis indicated the overall model was significant ($F(9, 259) = 5.41, p < .001, R^2 = .16.$). Both religious commitment (RCI-10) and attitude toward forgiveness (ATFS) were significant predictors of the tendency to assist clients with forgiveness (TNTF; Table 5). However, there was no significant relationship present between definition and TNTF scores (Table 5) when controlling for the other variables.

Table 5
Hierarchical Multiple Regression Predicting TNTF

Predictor	<i>B</i>	ΔR^2
Step 1		.16**
Age	.00	
Edu	.00	
Hrs	.03	
Exp	.01	
StDef	.04	
RCI-10	.17**	
ATFS	.27**	
HFS	.05	
Step 2		.00
Definition	-.05	

Note. Final Model Significance: $F(9, 259) = 5.41, p < .001, R^2 = .16.$ Edu = undergraduate or graduate education; Hrs = estimated amount of time spent studying forgiveness; Exp = time spent as a mental health clinician; StDef-strength of belief in preferred definition; RCI-10 = Religious Commitment Inventory, ATFS = Attitudes Towards Forgiveness Scale, HFS = Heartland Forgiveness Scale. * $p < .05.$ ** $p < .01.$

Research Question

Few studies have investigated clinician attitudes towards forgiveness, and those that have were published a number of years ago before forgiveness became a more “popular” research topic. Therefore, this study investigated the following research question: After controlling for the tendency to assist clients with forgiveness (TNTF), do religious commitment, dispositional forgiveness, agreement or disagreement with interventionist definitions, and strength of belief in one’s chosen definition predict current attitudes toward forgiveness among psychotherapists in this sample? Stepwise multiple regression was used with ATFS as the criterion variable. TNTF was entered into the first block as a control variable as the relationship between TNTF and ATFS was explored, and found to be significant, in the previous analyses. By including it as a control variable, additional variance in ATFS scores in addition to the relationship with TNTF can be identified. Strength of belief in definition, definition, RCI-10, and HFS were entered into the second block. As previously noted, no high levels of multicollinearity were present. Furthermore, there were relatively low variance inflation factor scores, of which the highest was $VIF = 1.11$, and no tolerance scores below 0.90. A Beusch-Pagan test for heteroscedasticity was non-significant, suggesting no heteroscedasticity was present. A Durbin-Watson test found no evidence of autocorrelations as well. Furthermore, residuals appeared to be normally distributed and ATFS scores were collected on only one occasion; thus, each score is considered independent. Two residual scores were greater than 3 SD below the mean; however, they both had Cook’s distance scores far below one (0.003, 0.026), suggesting they did not

have a strong influence on the outcome. Additionally, no cases had Cook's distance scores above one. Thus, it appeared that assumptions for a multiple regression analysis were met.

Results indicated that after accounting for scores on the TNTF, RCI-10 and HFS, were significant predictors of scores on the ATFS, while definition and strength of belief in definition were not. In other words, those who reported more commitment to their religion and more forgiveness across situations also reported higher ATFS scores (Table 6). It appears that similar to the previous regression, definition and strength of belief in definition are not important when predicting ATFS scores.

Table 6

Stepwise Multiple Regression Predicting Attitudes Towards Forgiveness

Predictor	<i>B</i>	ΔR^2
Step 1		.12**
TNTF	.35**	
Step 2		.08**
TNTF	.30**	
HFS	.29**	
Step 3		.06**
TNTF	.24**	
HFS	.27**	
RCI-10	.25**	

Note. Final Model Significance: $F(3, 265) = 31.32, p < .001, R^2 = .26$. TNTF = Modified Transgression Narrative Test of Forgiveness; RCI-10 = Religious Commitment Inventory, HFS = Heartland Forgiveness Scale. * $p < .05$. ** $p < .01$.

Post Hoc Analyses

For the hypothesis, ATFS was found to be the strongest predictor of TNTF scores (Table 5). For the research question, HFS was shown to be the strongest predictor of ATFS after controlling for TNTF (Table 6), but was not a significant predictor of TNTF (Table 5); suggesting that there may be an interaction effect present.

To test for interaction effects, ATFS and HFS were centered by subtracting the mean scores from their raw scores, thus reducing the influence of multicollinearity. These variables were then multiplied by each other, thus creating the interaction term. Centralized scores for ATFS and HFS were entered into the first block of a hierarchical regression with the interaction in the second block. The interaction term was non-significant.

RCI-10 significantly predicted both ATFS and TNTF scores, suggesting there may be some interaction between RCI-10 and ATFS on TNTF as well. ATFS and RCI-10 were centered by subtracting the mean scores from their raw scores, thus reducing the influence of multicollinearity. These variables were then multiplied by each other, thus creating the interaction term. Centralized scores for ATFS and RCI-10 were entered into the first block of a hierarchical regression with the interaction in the second block. The interaction term was non-significant.

Finally, due to the main variable of interest being TNTF, and that RCI-10, HFS, and TNTF were significantly correlated (Table 3), interactions between RCI-10 and HFS were explored. RCI-10 and HFS were centered by subtracting the mean scores from their raw score, thus reducing the influence of multicollinearity. These variables were then

multiplied by each other, thus creating the interaction term. Centralized scores for RCI-10 and HFS were entered into the first block of a hierarchical regression with the interaction in the second block.

Table 7

Hierarchical Multiple Regression Predicting TNTF with HFS by RCI-10 Interaction

Predictor	β	ΔR^2
Step 1		.10**
Cen-RCI-10	.26**	
Cen-HFS	.14*	
Step 2		.02*
Cen-RCI-10	.28**	
Cen-HFS	.12*	
RCI-10 by HFS	-.15*	

Note. Final Model Significance: $F(3, 265) = 11.68, p < .001, R^2 = .12$. Cen-HFS-Heartland Forgiveness Scale; Cen-RCI-10-Centralized Religious Commitment Inventory-10. * $p < .05$, ** $p < .01$.

There was a significant interaction between RCI-10 and HFS on TNTF, $\beta = -.15$, $p < .05$ (Table 7). In order to better understand the direction of the religious commitment by dispositional forgiveness term, the data are presented on a scatterplot with trend lines (Figure 1). HFS scores were categorized into three groups by first ranking scores from lowest to highest and then dividing them into three near-equal groups (low: $n = 89$, medium: $n = 90$, high: $n = 90$). RCI-10 scores are plotted on the X-axis, while TNTF scores are plotted on the Y-axis. Scores are grouped by low, medium, and high HFS, creating three trend lines in order to compare patterns between HFS groups (Figure 1). Results of the regression (Table 7) and plotting of scores (Figure 1) showed that

participants who were the least forgiving were the most likely to show a relationship between religious commitment and a tendency to help clients forgive.

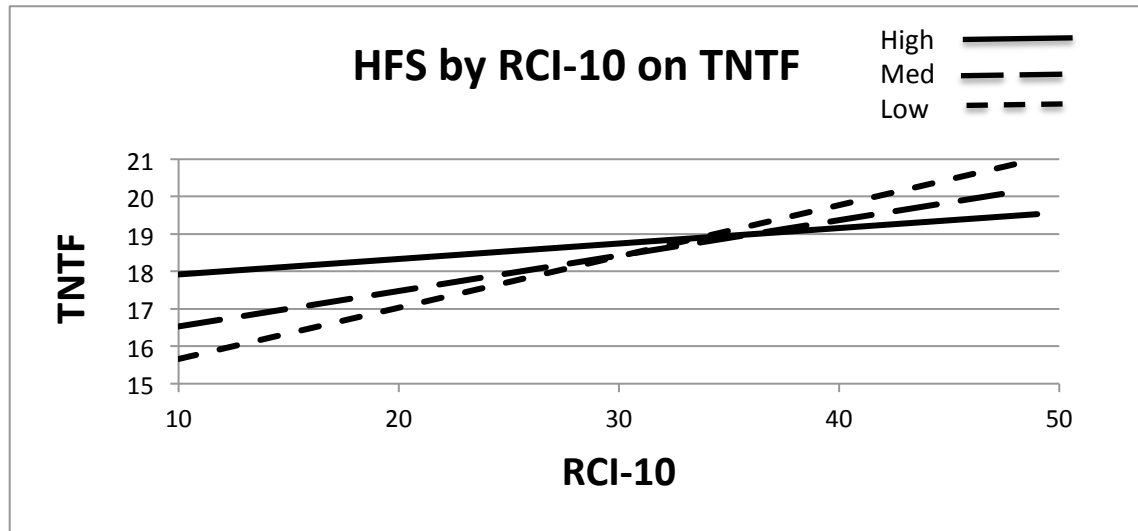


Figure 1. Interaction Between Religious Commitment (RCI-10) and Dispositional Forgiveness (HFS) on Predicted Assistance of Client Forgiving (TNTF); High Forgiving: $r = .15, p > .05, R^2 = .02$; Medium Forgiving: $r = .29, p < .01, R^2 = .08$; Low Forgiving: $r = .40, p < .05, R^2 = 0.16$.

To test the additive effects of the interaction between RCI-10 and HFS, an additional regression including the interaction term was completed. Centralized scores for HFS and RCI-10, as well as scores for ATFS were entered into the first block. The second block consisted of the interaction term. The interaction between HFS and RCI-10 remained significant when accounting for RCI-10 and ATFS, $\beta = -.14, p < .05$ (Table 8), suggesting this interaction is helpful in addition to knowing one's religious commitment and attitudes toward forgiveness when attempting to understand differences in clinician tendency to assist clients in forgiving.

Table 8

Hierarchical Multiple Regression Predicting TNTF Interaction Model

Predictor	β	ΔR^2
Step 1		.15**
Cen-RCI-10	.18**	
ATFS	.27**	
Cen-HFS	.06	
Step 2		.02*
Cen-RCI-10	.20**	
ATFS	.27**	
Cen-HFS	.04	
RCI-10 by HFS	-.14*	

Note. Final Model Significance: $F(4, 264) = 13.84$ $p < .001$, $R^2 = .17$. ATFS = Attitudes Toward Forgiveness Scale; Cen-HFS-Heartland Forgiveness Scale; Cen-RCI-10-Centralized Religious Commitment Inventory-10. * $p < .05$, ** $p < .01$.

While the interaction between forgivingness and religious commitment is significant, it is low in magnitude, only accounting for an additional 2% of variance in TNTF scores over excluding it from the model (Table 8). While this is a small effect, any information contributing to understanding the clinical use of forgiveness is helpful due to the paucity of research in this area.

Summary

This study explored predictors of the tendency to help clients forgive with particular interest in therapists' reported preferences for a definition of forgiveness. This study also investigated possible contributors to psychotherapists' attitudes toward forgiveness in an effort to understand more about what may influence therapists to assist, or not assist, clients to forgive in psychotherapy and understand their views toward forgiveness.

Results of preliminary analyses indicated that attitudes toward forgiveness were slightly more positive among participants in this sample compared to samples in previous studies. Furthermore, this sample reported less religious commitment than estimated levels for those in the U.S., which may indicate that mental health workers are unique in their attitudes toward forgiveness and religious commitment levels.

In regard to primary analyses results indicated that the hypothesis was not supported as participants' endorsement of definition of forgiveness was not a significant predictor in the equation. However, results did suggest that more positive attitudes toward forgiveness (ATFS) and higher levels of religious commitment (RCI-10) were associated with a greater belief that one would help his or her clients forgive (TNTF; Table 5).

Regarding the research question related to predictors of attitudes of forgiveness (ATFS), level of religious commitment (RCI-10) and personal levels of *forgiveness* (HFS) were significant predictors of ATFS, after controlling for tendency to assist a client forgive in therapy (Table 6). Furthermore, participants appeared to have generally positive attitudes and predicted that they would assist client's forgive more often than would be expected from a neutral or negative perspective. In terms of post hoc analyses, it was found that the relationship between RCI-10 and TNTF was moderated by HFS (Table 8). These results, as well as limitations and future directions for this line of research are discussed in the context of prior literature in Chapter V.

Chapter Five: Discussion

Forgiveness appears to be intimately tied to mental health and well-being (Lawler-Row & Piferi, 2006; Orcutt, et al., 2005; Webb, et al., 2008; Wilson, et al., 2008). Several researchers have developed and tested interventions to facilitate the process of forgiveness in psychotherapy, finding them to be generally effective (Baskin & Enright, 2004; Lundahl, et al., 2008; Wade, et al., 2005). Despite this, not everyone believes that forgiveness is an appropriate intervention for psychotherapy (Luchies et al., 2011; McNulty, 2011; Murphy, 2005; Lamb, 2002b). After reviewing the extant literature, it appears that many of these disagreements about the helpfulness of forgiveness seem related to how scholars have defined the construct. This literature provided the foundation of this study, which was the desire to test the belief that those mental health workers who agree more with interventionists' conceptualizations than alternatives would be more likely to perceive themselves helping clients forgive during treatment than those who agreed with alternative definitions of forgiveness.

An additional observation of the forgiveness literature was that there has been little research regarding the attitudes toward forgiveness among mental health workers. In order to address this gap in the current literature, predictors of attitudes toward forgiveness (ATFS) were examined. Investigation of these variables and issues related to forgiveness is important not only from a theoretical standpoint, but also because of the need to provide the best possible care for those dealing with mental health problems;

those who might be helped by being able to forgive. This is one step toward translating research into practice.

Interpretation of Results

General views toward forgiveness in psychotherapy

While previously reviewed literature seemed to suggest differences in opinion regarding the usefulness of forgiveness in therapy and speculated hesitancy toward its use among some, this study provides evidence that there is generally a positive view towards forgiveness and that, on average, clinicians are more willing than not to use forgiveness in treatment. This is consistent with Konstam et al.'s (2002) report that 90% of their participants believed forgiveness was important and should be addressed in training programs. Furthermore, the likelihood of a sample bias based on one's preconceived views of forgiveness were less likely in this study as there was no mention of the term forgiveness during recruitment. The apparent hesitancy that was seen in the literature and speculated upon by several authors may be misinformed and/or less prevalent among those sampled than appeared to be represented in previously reviewed literature.

Psychotherapist conceptualization of forgiveness and predicted assistance of client forgiveness. When sifting through the arguments for and against the incorporation of forgiveness into psychotherapy, it became apparent that definitions were inconsistent. Based on these observations, conceptualization was assumed to relate to predicted forgiveness utilization in psychotherapy. This sample showed no significant relationship between conceptualization and predicted assistance of client forgiveness, alone and when

controlling for several demographic variables (age, hours spent studying forgiveness, education, time spent as a clinician), strength of belief in definition, religious commitment (RCI-10; Religious Commitment Inventory-10), attitudes toward forgiveness (ATFS; Attitudes Toward Forgiveness Scale), and dispositional forgiveness (HFS; Heartland Forgiveness Scale). Therefore, this hypothesis was not supported; however, understanding this finding, along with examining those predictors that were significant, as well as, predictors of more positive attitudes toward forgiveness, provides important information regarding views around forgiveness and its use in treatment. Prior to discussing these results further, it is important to consider study limitations.

Limitations. Several explanations may exist regarding the apparent lack of relationship between conceptualizations and predicted assistance of client forgiveness in this sample. First, and most importantly, there may indeed be no relationship between these two variables. While this may be the case, replication with refined methodology will better assess this relationship due to limitations of the current study. More specifically, improvements in sampling procedures may be helpful.

Sampling limitations. For the most part, academicians contributed the literature reviewed, in which the potential relationship between the usefulness of forgiveness in therapy and preferred definition was observed, and they likely differ from those engaged primarily in practicing psychotherapy in important ways. They may perceive the importance and value of forgiveness differently than those solely engaged in practice. For example, those teaching, researching, and publishing through professional media are likely to be immersed in research and scholarship, practice psychotherapy less, and may

have a broader knowledge base regarding interventions and theory related to forgiveness than those spending the majority of their time in clinical work. Future research might explore this relationship among scholars and clinicians' views on this topic as it may be helpful to understanding their unique views.

Another limitation in this study is that the sample consisted entirely of volunteers and was a little less than 90% students. This drastically reduces the ability to generalize results to the target population, practicing mental health workers. There are likely several differences among student therapists and those who are no longer in school, as well as those who tend to volunteer for online surveys and those who do not. Furthermore, training and program directors were contacted directly and were asked to forward the recruitment email, which may have led to biases based on characteristics of these individuals. There may also be biases per institution sampled, as the culture and type of student may differ across training programs; however, no data regarding these two variables were collected. In addition to general limitations regarding the sample, there are also important limitations regarding study design to consider.

Design limitations. Several findings in this study rely partially on a measure that had questionable internal consistency (ATFS). While other studies (Brown & Phillips, 2005; Barnes & Brown, 2010) reported low, but acceptable internal consistency, reliability for the ATFS was marginal for the current study. There are several possible explanations for this, including the potential that attitudes toward forgiveness is a more complex construct than previously thought, or that the participants in this sample, for some reason, reported attitudes toward forgiveness in ways different from university

students, the normative sample upon which the majority of the ATFS's testing was completed.

There was a significant difference between this sample and the average mean across studies for the ATFS, suggesting this sample may be unique in how they perceive forgiveness. It is reasonable to consider that those drawn to a field often involving the process of listening to emotional wounds and recovering from interpersonal hurts, would be more likely to perceive forgiveness differently than others. It will be vital for future research to attempt refinement of the ATFS or provide further validation studies on differing populations, such as mental health workers, as present reliability results may be specific to this sample. In addition, items that consistently represent aspects of forgiveness attitudes may be experienced differently among psychotherapists for various reasons.

Additionally, the TNTF (Berry et al., 2001) was not originally designed to measure the construct for which it was used here. While there is not a large conceptual difference between tendency to forgive and tendency to help others forgive, the shift in focus may actually have resulted in a separate construct. Unfortunately, there were no alternative measures available for use. Thus, future research on therapeutic use of forgiveness may benefit from further exploration and development of more accurate measures.

The predicted assistance of client forgiveness was also quantified through a self-report measure of one's *predicted* behaviors and did not represent actual experiences or behaviors. Armor and Sackett (2006) explained that "several hundred studies have shown

that people's predictions tend to be excessively and unrealistically optimistic" (p. 583). Relying on a measure of predicted behaviors may lead to erroneous conclusions based on biased estimations. Incorporating other techniques, such as behavioral observations, reported past behaviors, or collateral information from those in relationship to the participants will build upon this preliminary, exploratory research.

The findings from this study must also be taken as preliminary and as a point of reference for future work. The results are based on correlational findings, which cannot determine directionality and current findings may be unique to this sample. That is, due to the preliminary nature of this research, further study is needed both to further support relationships found in this study and to test for causal directionality among associations.

A final research design limitation involves the potential for order effects in choice of conceptualizations of forgiveness. The most commonly selected definition among interventionists (DiBlasio) was the first of the three interventionist definitions to appear on the list of choices on the survey, which may have influenced the rate at which participants endorsed it. Despite this, both reconciliation and condoning were previous to the most commonly chosen conceptualization, but had much lower frequencies, suggesting that order effects may not have been incredibly strong. Future research ought to include randomization of the order of definitions.

Despite non-significant results regarding the proposed hypothesis and aforementioned limitations, this study adds important information to the field regarding utilization of forgiveness and attitudes toward it among psychotherapists. Little research has explored the topic of forgiveness interventions, thus understanding how research and

theory of forgiveness interventions actually translate to practice has mostly remained in the realm of speculation. This study is one step toward bringing a more empirical focus to the dialogue. The following presents an interpretation of the findings within the context of cultural competency in psychotherapy, making meaning, and a focus on informing strategies to increase forgiveness integration into psychotherapy practice.

Attitudes toward forgiveness. According to results of this study, attempting to reduce confusion and controversy around definitions of forgiveness will likely have little effect on clinical decision making and there may be little reason to attempt to do so as data suggests participants were more likely to assist clients forgive than not. Therefore, other relationships, which may inform decision-making around forgiveness use were considered.

Based on the variables studied, the most important factors related to use of forgiveness-focused interventions were more positive attitudes towards forgiveness followed by higher religious commitment. Again, it is essential to recognize that results from this study be interpreted with caution due to limitations and the correlational nature of the analysis. While there is certainly room for caution in this interpretation, results are conceptualized with predicted intervention to promote forgiveness (TNTF) as the dependent variable, so all interpretation will follow this directionality.

While there appears to be less hesitancy than might be assumed based on speculations and anecdotal evidence from previously reviewed literature, it may be helpful for educators to consider exploring attitudes toward forgiveness among students. It should be remembered that this sample consisted of mainly students. Data collected in

the current study may be especially relevant in the academic environment. For example, those earlier in their careers were also shown in a previous study to be more receptive to adopting new, empirically based interventions (Cook, Schnurr, Biyanova, & Coyne, 2009). Student mental health workers may be an especially open-minded population regarding new interventions, thus more likely to entertain interventions that may not initially be comfortable. The current study indicates that focusing on cultivation of positive forgiveness attitudes may be additionally helpful in reducing hesitancy to use a potentially beneficial intervention. That is, while student therapists may be more likely than not to use forgiveness in therapy, it may be beneficial to explore attitudes toward forgiveness during training, focusing on identifying how one's attitude interacts with his or her clinical decision-making process around forgiveness use. Furthermore, attitude seemed related to dispositional forgiveness as well.

While HFS did not directly predict TNTF scores when controlling for ATFS, it did relate to ATFS. Although it is impossible to determine causal direction in this study, there may be reason to believe that addressing individual forgivingness among student therapists may help therapists see potential benefits in forgiving that perhaps were not initially present. This may be an area for future study, but until the directionality between HFS and ATFS is determined, there may still be reason to promote dispositional forgiveness among students.

In addition to potentially gaining insight into personal decision-making around value-laden interventions, exploring personal forgiveness may also lead to additional benefits among student therapists. As previously reviewed (Chapter 2), several studies

indicate that more forgiving people tend to also have better mental and physical health. Mental health workers, especially those who are relatively new to the field, such as the many students in the current sample, would likely benefit from increasing their resiliency and resistance to burnout and other mental health problems. If forgiveness and mental well-being are related, then enhancing dispositional forgiveness may be one strategy to increase the resiliency of future therapists. Again, this is highly speculative and would need further investigation, especially in relation to directionality, but there is likely little harm involved in encouraging mental health workers to consider their own experiences with forgiveness as this may lead to both mental health benefits and insights into how their experiences relate to decisions around value-laden interventions.

Similar to previous research (DiBlasio, 1993; Konstam, 2002), religious commitment was also a significant predictor of ATFS. It additionally significantly predicted TNTF, although this relationship was moderated by dispositional forgiveness. It is important to consider that not all mental health workers ascribe to a religious affiliation, but that more religiously committed individuals are more likely to show interest in the use of forgiveness in treatment.

Those who are part of religiously focused mental health organizations may be especially receptive to the use forgiveness interventions as belonging to such an organization may demonstrate religious commitment. For example, it may be helpful to discuss forgiveness intervention research with those belonging to such as groups as the Christian Association for Psychological Studies (CAPS), Buddhist Mental Health Association (BMHA), or the Association of Muslim Mental Health (AMMH). These

individuals may be more likely to desire training and/or further education on this topic as there was also a relationship between time spent studying forgiveness and religious commitment. This could inform educators who wish to provide opportunity for students to explore the potential benefits of forgiveness interventions. In addition to addressing attitudes, dispositional forgiveness, and religious commitment during training and education around empirically based interventions; it may be helpful to consider these findings in relation to a topic not originally accounted for in this study, the multicultural movement.

Influence of the multicultural movement. In recent years, the multicultural movement has “clearly [been] transforming the thinking and practices of many counselor educators, practitioners, researchers, and students in training” (D’Andrea & Heckman, 2008, p. 356). Some of the shifts in thinking involve how to ethically and appropriately engage in cross-cultural encounters. Among the mental health associations sampled in this study, each organization has ethical standards associated with their programs, which can be attained by contacting the organizations directly: American Counseling Association, American Psychological Association, National Association of Social Workers, and American Association of Marriage and Family Therapists. Each group has statements that place importance on respecting others’ worldviews, emphasizing the unhelpful and unethical practice of arbitrarily imposing personal views, opinions, and beliefs on clients and/or students, especially when these do not align with an individual’s goals.

With this in mind, it will be important for those wishing to increase transition of forgiveness research into practice to consider the value system of both those administering and receiving these interventions. This could be addressed with therapists in training by including *optional* training around forgiveness, in order to avoid imposing views through *required* training. Furthermore, including forgiveness interventions in multicultural training and classes, or by emphasizing forgiveness as *one* approach among many that have evidence supporting use in mental health treatment, may additionally respect clinician values while offering opportunity to learn about and use additional interventions. Extent of multicultural training may also partially explain the apparent lack of relationship between definition choice and predicted use of forgiveness in therapy found in this study.

Multicultural training as a potential confounding variable. In line with previously mentioned ethical standards, Jones, Sander, and Booker (2013) explained that evidenced-based practice alone is not adequate. They argued that interventions must be tailored to client worldviews, focusing on integrating *their* culture into treatment, rather than approaching with heavy bias toward the correctness of one's personal values. There may be no relationship between definition and predicted assistance of client forgiveness in this sample, because those practicing psychotherapy are more likely to focus on the worldview and beliefs of the client, rather than imposing their beliefs about the merits of forgiveness, as compared to those engaged in academic debates, who may have more freedom to promote their beliefs and values via literature. Furthermore, the majority of participants were students, of which, many were likely recently or currently engaged in

multicultural-specific training. Thus, salience of these theories, ethics, and the values of cultural competency were likely high, which may lead to a more cautious approach to considering the value of an intervention than would be present for scholars.

One could speculate that scholars are more likely to demonstrate their values through presenting their views based on their personal definitions, because it is difficult to argue the virtues related to an intervention or construct without first operationalizing it. In psychotherapy, the culturally competent therapist places a high value on empathy, focusing on seeing within the client's worldview in order to effect change from within this belief system. They do not push changes of belief systems to align more accurately with the psychotherapists', or dominant culture (Trimble, 2010). Psychotherapists are not attempting to portray the merits of an intervention, its pitfalls, or engage in dialogue regarding its potential utility, but rather, are focused on delving into the worldview of the client, providing culturally informed and adapted interventions that have research support. Those in academia may be less cautious in presenting their understanding of forgiveness as there is less anxiety around imposing one's values because that is a recognized and accepted aspect of intellectual debate. That is, one assumes that the academic is writing from their perspective and not attempting to define constructs based on the worldview of their readers.

Wade et al. (2008) suggested that an important concern among some clinicians regarding forgiveness use relates to anxiety around imposing values. Participants in this study may have focused on the values of the client rather than their own, which could lead to believing their personal conceptualization, even when believing in it strongly, is

less important than the client's, of which no information was offered. The first step in about 87% of forgiveness interventions reviewed by Wade et al. (2005) involved clarifying the definition of forgiveness. This definition clarifying process may be uncomfortable for those who conceptualize mental health work through a multicultural framework and are unclear about how the client perceives this construct. This phenomenon may not be as present for scholars, as their discussions of forgiveness involve their personal definition and are not attempts to consistently focus on a client's conceptualization of an experience.

Because no data were collected regarding the client's motivation to forgive or cultural values, nor was information collected regarding multicultural training, competency, and/or experiences of the participants, no conclusions can be drawn from this study regarding potential effects of cultural training and client factors. However, this situation does create an excellent field for future research when attempting to understand specifically how clinicians make decisions around the use of forgiveness, and in general, factors related to the use of interventions that may be considered value-laden. The relationship between one's conceptualization of forgiveness and treatment choices regarding it may be heavily influenced by their level of commitment to multicultural interventions, knowledge of the client's beliefs around forgiveness, and/or the client's desire to use forgiveness as a treatment goal.

It may be beneficial to replicate this study among academic individuals, to determine if the seemingly apparent relationship between conceptualizations and predicted assistance of client forgiveness found when reviewing literature is present.

Furthermore, replicating this study with inclusion of client's level of desire to forgive or client's beliefs about what it means to forgive, may shed light on this possible interaction. Additionally, an interesting moderating effect was found.

Meaning-making. The relationship between religious commitment and use of forgiveness in treatment was moderated by dispositional forgiving, in that, the least forgiving individuals were more likely to show a relationship between being more religiously committed and being more likely to help others forgive. This may relate to some of the aforementioned limitations or be a chance occurrence, so replication and refinement of methodology is needed, but it may also reflect a meaning making process.

Park (2010) explained that large discrepancies in global meaning (e.g., worldview) and situational meaning (e.g., one's current experience) can lead to stress when one believes he or she has too few resources to effectively manage these inconsistencies. This uncomfortable experience leads to coping, which, among other strategies, often involves efforts to make meaning through reconciliation of such discrepancies. That is, one can either fit the situational meaning into global meaning system through some form of cognitive reconstruction or alter their global meaning system to allow for the discrepant experience. With this, those who value something like forgiveness, but who do not actually forgive very often may experience dissonance and motivation to reconcile these discrepancies.

Highly religious people likely experience more exposure to values within their faith affiliation and Farhadian and Emmons (2009) explained, "the topic of forgiveness occupies a central place in all of the major world religions" (p. 55). Furthermore,

Carpenter and Marshal (2009) found that people that are more religious were more likely to act within their value system *only*, when their religious beliefs were primed. Those who are more committed to their religion may experience greater exposure to pro-forgiveness values, leading to increased salience of these values and an increased likelihood of acting within the pro-forgiveness value system by stating they would help others forgive. That is, the process by which therapists make decisions about their predicted interventions may be more influenced by their worldview and belief system, rather than their personal definition of forgiveness.

Results of this study do suggest that religious commitment and attitude toward forgiveness play a role in decisions about forgiveness interventions. In related research, Brown and Barnes (2010) found that one's religious values were actually more important than past behaviors in predicting future forgiving behaviors. This provides further support for the speculation above, that values play an important role in decision-making around value-laden topics, such as forgiveness; however, DiBlasio (1993) found no relationship between emphasis on forgiveness in practice and religiosity. This may reflect how clinicians' experiences engaging in forgiveness relate to decisions around forgiveness intervention.

These individuals who were less forgiving, but highly committed to their religion may be more likely to predict helping others forgive in order to cope with the stress of discrepant situational and global meaning. That is, they may be better able to cope with the stress of being an unforgiving person in a forgiving culture if they believe they will help others forgive in therapy. Unfortunately, the current study did not collect the type of

information needed to fully explore the influence of participants' values and the meaning-making process on therapeutic decision-making regarding forgiveness use; however, results suggest studying of these factors is warranted and will help inform the use of interventions potentially perceived as value-laden in the future.

Ultimately, one's attitude toward forgiveness and his or her level of religious commitment were the most important factors in understanding how likely psychotherapists are to help their clients forgive. Furthermore, cultural competency and therapists' making sense of therapeutic intervention decisions in the context of therapist value systems and experiences may be important areas for further investigation. Research such as this will help the field understand decision-making regarding forgiveness-related interventions, but also may provide insight into general understandings of clinical decision making, religious values, and making meaning among psychotherapists.

Summary

It appears that the original hypothesis, that *definition of forgiveness will predict tendency to help a client forgive in therapy (TNTF) after controlling for several demographic variables (age, hours spent studying forgiveness, education, time spent as a clinician) strength of belief in definition, religious commitment (RCI-10), attitudes toward forgiveness (ATF), and dispositional forgiveness (HFS)*, was not supported. Despite this, current data was used to inform next steps in understanding the utilization of forgiveness in clinical practice. In addition to a review of the literature and interpretation of results, I have provided recommendations based in these data for addressing potential

hesitancy to use forgiveness as well as multiple directions for future study regarding this topic.

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Appendix A

Email sent with link to survey website

My name is Cameron Cannon and I am a PhD Candidate in Counseling Psychology at the University of Denver. I would like to ask for your help in inviting alumni and students in your program (both master's and doctoral) who are currently providing clinical services to participate in my dissertation research project. The purpose of the study is to understand factors related to how clinicians make decisions about certain interventions during therapy. Your assistance in reaching potential participants is important so that these issues can be understood and perhaps addressed in graduate curricula in the future. I am requesting that you distribute this email to alumni and students from your program who are currently doing clinical work.

Sincerely,

Cameron Cannon

Those interested in completing this quick survey, please see below.

Please continue reading to find out how you could potentially win a **\$25 gift card to Starbucks Coffee Company** by completing a quick research survey.

I am currently collecting data for a dissertation project related to a topic of interest for those in mental health fields. Participants will be asked to answer questions regarding treatment goals and interventions for five vignettes. Data involving values and opinions related to the vignettes will be collected, as well as demographic information. This survey should take approximately 10-15 minutes to complete.

If you are a *currently **practicing** student or professional in clinical psychology, counseling psychology, clinical social work, counseling, or marriage and family therapy*, you are invited to participate in this study.

If you are interested in participating, more information can be found by clicking on the link below:

[Survey Link](#)

Thank you for your time,

Cameron Cannon

Appendix B

Email reminder

Dear Program and Training Directors:

I am still in need of survey respondents. Would you please forward this email once again to all alumni and students in your programs. I greatly appreciate your help.

Thank you,

Cameron

Appendix C

Heartland Forgiveness Scale (HFS)

Directions: In the course of our lives negative things may occur because of our own actions, the actions of others, or circumstances beyond our control. For some time after these events, we may have negative thoughts or feelings about ourselves, others, or the situation. Think about how you **typically** respond to such negative events. Next to each of the following items write the number (from the 7-point scale below) that best describes how you **typically** respond to the type of negative situation described. There are no right or wrong answers. Please be as open as possible in your answers.

1	2	3	4	5	6	7
Almost Always False of Me		More Often False of Me		More Often True of Me		Almost Always True of Me

- ___ 1. Although I feel bad at first when I mess up, over time I can give myself some slack.
- ___ 2. I hold grudges against myself for negative things I've done.
- ___ 3. Learning from bad things that I've done helps me get over them.
- ___ 4. It is really hard for me to accept myself once I've messed up.
- ___ 5. With time I am understanding of myself for mistakes I've made.
- ___ 6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.
- ___ 7. I continue to punish a person who has done something that I think is wrong.
- ___ 8. With time I am understanding of others for the mistakes they've made.
- ___ 9. I continue to be hard on others who have hurt me.
- ___ 10. Although others have hurt me in the past, I have eventually been able to see them as good people.
- ___ 11. If others mistreat me, I continue to think badly of them.
- ___ 12. When someone disappoints me, I can eventually move past it.
- ___ 13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.
- ___ 14. With time I can be understanding of bad circumstances in my life.
- ___ 15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.
- ___ 16. I eventually make peace with bad situations in my life.
- ___ 17. It's really hard for me to accept negative situations that aren't anybody's fault.
- ___ 18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.

Appendix D

Attitudes Toward Forgiveness Scale

Please indicate your level of agreement on a scale ranging from 1 (strongly disagree) to 7 (strongly agree) for the following statements:

- ___ 1. I believe that forgiveness is amoral virtue.
 - ___ 2. Justice is more important than mercy
 - ___ 3. It is admirable to be a forgiving person
 - ___ 4. I have no problem at all with people staying mad at those who hurt them
 - ___ 5. Forgiveness is a sign of weakness
 - ___ 6. People should work harder than they do to let go of the wrongs they have suffered.
- Reverse score (2, 4, 5)

Appendix E

Transgression Narrative Test of Forgivingness (With Modifications in Bold)

"Below are a number of situations in which **your clients** might find themselves. People respond in different ways to these situations in terms of what things they will forgive. We would like you to read each situation and imagine it has happened to **client**. Then we would like you to use the scale below to indicate how you think you would respond to the situation **regarding treatment**:

1 = definitely not **assist him or her in forgiving**, 2 = not likely to **assist him or her in forgiving**, 3 = just as likely to **assist him or her in forgiving** as not, 4 = likely to **assist him or her in forgiving**, and 5 = definitely **assist him or her in forgiving**.

1. Someone **your client** occasionally sees in a class has a paper due at the end of the week. **Your client** has already completed the paper for the class and this person says he or she is under a lot of time pressure and asks **your client** to lend him or her **your client's** paper for some ideas. **Your client** agrees, and this person simply retypes the paper and hands it in. The professor recognizes the paper, calls both **this individual and your client** to her office, scolds **your client**, and says **he or she is** lucky she doesn't put **them** both on academic probation. Imagine yourself **working with a person** in such a situation and mark how likely you are to **assist him or her** forgive the person who borrowed **the** paper.

1

2

3

4

5

2. A fairly close friend tells **your client** that he or she needs some extra money for an upcoming holiday. **Your client** knows a married couple who needs a babysitter for their 3-year-old for a couple of nights and **your client** recommended **his or her** friend. **His or her** friend is grateful and takes the job. On the first night, the child gets out of bed and, while **your client's** friend has fallen asleep watching television, drinks cleaning fluid from beneath the kitchen sink. The child is taken by an ambulance to the hospital and stays there for 2 days for observation and treatment. The married couple will not speak to **your client**. Imagine yourself **working with a person** in such a situation and mark how likely you are to **assist him or her** forgive **this** friend.

1

2

3

4

5

3. A friend offers to drop off a job application for **your client** at the post office by the deadline for submission. A week later, **your client** gets a letter from the potential employer saying that **his or her** application could not be considered because it was postmarked after the deadline and they had a very strict policy about this. **Your client's** friend said that he or she met an old friend, went to lunch, and lost track of time. When he or she remembered the package, it was close to closing time at the post office and he or

she would have to have rushed frantically to get there; he or she decided that deadlines usually aren't that strictly enforced so he or she waited until the next morning to deliver the package. Imagine yourself **working with a person** in such a situation and mark how likely you are to **assist him or her** forgive **this** friend for not delivering the application on time.

1 2 3 4 5

4. **Your client** just started a new job and it turns out that a classmate from high school works there, too. **Your client** thinks this is great; now **he or she doesn't** feel like such a stranger. Even though the classmate wasn't part of **his or her** crowd, there's at least a face **he or she** recognizes. **Your client and this person** hit it off right away and talk about old times. A few weeks later, **your client is** having lunch in the cafeteria and overhears several of **his or her** coworkers, who do not realize **he or she is** nearby, talking about **your client** and laughing; one even sounds snide and hostile toward **him or her**. **Your client** discovers that **his or her** old classmate has told them about something **he or she** did back in school that **your client is** deeply ashamed of and did not want anyone to know about. Imagine yourself **working with a person** in such a situation and mark how likely you are to **assist him or her** forgive **the** old classmate for telling others **his or her** secret.

1 2 3 4 5

5. A distant cousin **your client hasn't** seen since childhood calls him or her one day and asks if he can stay with **your client** while he looks for work and an apartment. **Your client** says it will be fine. He asks **him or her** to pick him up from the bus station that night and **your client** does so. **Your client's** cousin is just like **he or she** fondly remembers him; **they** reminisce for several hours. The next morning **your client** gives him some advice on job and apartment hunting in the area, then **your client goes** about **his or her** own business. That night **your client** comes home and witness an angry argument in front of **his or her** residence between **your client's** cousin and a neighbor. **Your client's** cousin is obviously very drunk, cursing, and out of control. **He or she** asks what's happening and without really taking the time to recognize **your client, his or her** cousin throws a bottle at **him or her**, cutting the side of **his or her** head. The police arrive and, with some scuffling, take **your client's** cousin away and take **your client** to the emergency room where **he or she has** stitches put on **his or her** cut. The next afternoon, **your client's** cousin calls from the police station. He says he is really sorry about the whole scene and that it was not like him but he was upset about being turned down for three jobs that day. Imagine yourself **working with a person** in such a situation and mark how likely you are to **assist him or her** forgive this cousin.

1 2 3 4 5

Appendix F

Religious Commitment Inventory - 10

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

Not at all true of me 1	Somewhat true of me 2	Moderately true of me 3	Mostly true of me 4	Totally true of me 5
-------------------------------	-----------------------------	-------------------------------	---------------------------	----------------------------

1. _____ I often read books and magazines about my faith.
2. _____ I make financial contributions to my religious organization.
3. _____ I spend time trying to grow in understanding of my faith.
4. _____ Religion is especially important to me because it answers many questions about the meaning of life.
5. _____ My religious beliefs lie behind my whole approach to life.
6. _____ I enjoy spending time with others of my religious affiliation.
7. _____ Religious beliefs influence all my dealings in life.
8. _____ It is important to me to spend periods of time in private religious thought and reflection.
9. _____ I enjoy working in the activities of my religious affiliation.
10. _____ I keep well informed about my local religious group and have some influence in its decisions.

Appendix G

Demographic Questions

Please indicate the highest degree of education you have attained

- 12th grade or less
- Graduated high school or equivalent
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

Please indicate with what ethnicity you identify most

- Asian/Pacific Islander
- Black/African-American
- Caucasian
- Hispanic
- Native American/Alaska Native
- Other
- Decline to Respond

Please indicate your religious affiliation

- Muslim
- Christian
- Buddhist
- Native American Religion
- Other
- Universalist/Unitarian
- No affiliation
- Jewish
- Atheist
- Agnostic

Please indicate your age in years.

Please estimate the number of hours you have spent learning about forgiveness through training, education, or personal research.

Please indicate the gender you identify with most.

- Male
- Female

Please indicate how long you have been working in the mental health field in years and months (including practicums and internships).

-Years/Months

Are you currently a student?

Yes

No

Appendix H

Online Survey

Survey

Informed Consent

The Counseling Psychology Program of the University of Denver's Morgridge College of Education supports the practice of formal consent and protection for human subjects participating in research. The following information will help you decide whether or not you wish to participate in this study. If you decide to participate, you are free to withdraw from the study at any time.

This project is being conducted by Cameron Canon as partial fulfillment of the requirements for a doctoral degree at the University of Denver and is being supervised by dissertation chair Cynthia McRae. You will be asked to answer questions regarding treatment goals and interventions for five case vignettes. Furthermore, data regarding your attitudes, values, and opinions around related topics will be collected, as well as demographic information. This survey should take approximately 10-15 minutes to complete.

All data collected will be anonymous. Please DO NOT write your name anywhere on this survey. If you wish to know the results of this study, you will have an opportunity to include your email address by clicking on a link that will take you to a separate webpage. On this new webpage, you will be able to enter your email address. This separate webpage is done to ensure that your information is private and to eliminate the risk of your email address being tied to your responses. If you choose to include your email address, you will receive an email regarding the results of this study. Furthermore, if you participate in this study, you will be entered for a chance to win one of five, *\$25 gift certificates to Starbucks Coffee Company*, and your email address will be used to contact you regarding this.

There will be minimal risk involved in completing this survey; however, all research involves some risk. While the questions are not designed to evoke unpleasant thoughts or feelings, some questions relate to your values, opinions, and clinical work. If these questions lead to distressing responses, please contact a local mental health practitioner for help. Furthermore, this survey is *strictly voluntary* and if for any reason you wish to withdraw, simply close your internet browser.

If you have questions, please contact Cameron Cannon, (Cameronfcannon@gmail.com) or Cynthia McRae, Dissertation Chair, (Cynthia.McRae@du.edu). If you have concerns or complaints please contact Paul Olk, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or you may email du-irb@du.edu,

Office of Research and Sponsored Programs or call 303-871-4050 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121.

You may print and keep this page for your records.
Thank you for your time in assisting with this study.

Sincerely,

Cameron Cannon, M.A., Phd Candidate, University of Denver

By proceeding with this survey, you are indicating that you have read the information on this page and agree to participate in this study. If you wish to discontinue at any time, please close your internet browser.

Directions: Below are a number of situations in which your clients might find themselves. People respond in different ways to these situations in terms of what things they will forgive. We would like you to read each situation and imagine it has happened to your client. Then we would like you to use the scale below to indicate how you think you would respond to the situation regarding treatment: 1 = definitely not assist him or her in forgiving, 2 = not likely to assist him or her in forgiving, 3 = just as likely to assist him or her in forgiving as not, 4 = likely to assist him or her in forgiving, and 5 = definitely assist him or her in forgiving.

Someone your client occasionally sees in a class has a paper due at the end of the week. Your client has already completed the paper for the class and this person says s/he is under a lot of time pressure and asks your client to lend his/her paper for some ideas. Your client agrees, and this person simply retypes the paper and hands it in. The professor recognizes the paper, calls both this individual and your client to her office, scolds your client, and says s/he is lucky she doesn't put them both on academic probation. Imagine yourself working with a person in such a situation and mark how likely you are to help him/her forgive the person who borrowed the paper.

- definitely not assist him/her in forgiving
- not likely to assist him/her in forgiving
- just as likely to assist him/her in forgiving as not
- likely to assist him/her in forgiving
- definitely assist him/her in forgiving

A fairly close friend tells your client that she needs some extra money for an upcoming holiday. Your client knows a married couple who needs a babysitter for their 3-year-old for a couple of nights and s/he recommended a friend. His/her friend is grateful and takes the job. On the first night, the child gets out of bed and, while your client's friend has fallen asleep watching television, drinks cleaning fluid from beneath the kitchen sink. The child is taken by an ambulance to the hospital and stays there for 2 days for observation and treatment. The married couple will not speak to your client. Imagine yourself counseling a person in such a situation and mark how likely you are to help him/her forgive this friend.

- definitely not assist him/her in forgiving
- not likely to assist him/her in forgiving
- just as likely to assist him/her in forgiving as not
- likely to assist him/her in forgiving
- definitely assist him/her in forgiving

A friend offers to drop off a job application for your client at the post office by the deadline for submission. A week later, your client gets a letter from the potential employer saying that his/her application could not be considered because it was postmarked after the deadline and they had a very strict policy about this. Your client's friend said that she met an old friend, went to lunch, and lost track of time. When she

remembered the package, it was close to closing time at the post office and she would have to have rushed frantically to get there; she decided that deadlines usually aren't that strictly enforced so she waited until the next morning to deliver the package. Imagine yourself counseling a person in such a situation and mark how likely you are to help him/her forgive his/her friend for not delivering the application on time.

- definitely not assist him/her in forgiving
- not likely to assist him/her in forgiving
- just as likely to assist him/her in forgiving as not
- likely to assist him/her in forgiving
- definitely assist him/her in forgiving

Your client just started a new job and it turns out that a classmate from high school works there, too. Your client thinks this is great; now s/he doesn't feel like such a stranger. Even though the classmate wasn't part of his/her crowd, there's at least a face s/he recognizes. Your client and this person hit it off right away and talk about old times. A few weeks later, your client is having lunch in the cafeteria and overhears several of his/her coworkers, who do not realize s/he is nearby, talking about your client and laughing; one even sounds snide and hostile toward him/her. Your client discovers that his/her old classmate has told them about something s/he did back in school that your client is deeply ashamed of and did not want anyone to know about. Imagine yourself counseling a person in such a situation and mark how likely you are to help him/her forgive the old classmate for telling others this secret.

- definitely not assist him/her in forgiving
- not likely to assist him/her in forgiving
- just as likely to assist him/her in forgiving as not
- likely to assist him/her in forgiving
- definitely assist him/her in forgiving

A distant cousin that your client hasn't seen since childhood calls him/her one day and asks if he can stay with your client while he looks for work and an apartment. Your client says it will be fine. He asks him/her to pick him up from the bus station that night and your client does so. Your client's cousin is just like s/he fondly remembers him; they reminisce for several hours. The next morning your client gives him some advice on job and apartment hunting in the area, then your client goes about his/her own business. That night your client comes home and witnesses an angry argument in front of his/her residence between your client's cousin and a neighbor. Your client's cousin is obviously very drunk, cursing, and out of control. S/he asks what's happening and without really taking the time to recognize your client, the cousin throws a bottle at him/her, cutting the side of your client's head. The police arrive and, with some scuffling, take your client's cousin away and take your client to the emergency room where s/he has stitches put on his/her cut. The next afternoon, your client's cousin calls from the police station. He says he is really sorry about the whole scene and that it was not like him but he was upset about being turned down for three jobs that day. Imagine yourself counseling a person in

such a situation and mark how likely you are to assist him/her forgive your client's cousin.

- definitely not assist him/her in forgiving
- not likely to assist him/her in forgiving
- just as likely to assist him/her in forgiving as not
- likely to assist him/her in forgiving
- definitely assist him/her in forgiving

Instructions: Read each of the following statements. Using the scale below, indicate the response that best describes how true each statement is for you.

I often read books and magazines about my faith.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

I make financial contributions to my religious organization.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

I spend time trying to grow in understanding of my faith.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

Religion is especially important to me because it answers many questions about the meaning of life.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

My religious beliefs lie behind my whole approach to life.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

I enjoy spending time with others of my religious affiliation.

- Not at all true of me
- Somewhat true of me
- Moderately true of me

- Mostly true of me
- Totally true of me

Religious beliefs influence all my dealings in life.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

It is important to me to spend periods of time in private religious thought and reflection.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

I enjoy working in the activities of my religious affiliation.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

I keep well informed about my local religious group and have some influence in its decisions.

- Not at all true of me
- Somewhat true of me
- Moderately true of me
- Mostly true of me
- Totally true of me

Directions: Please indicate your level of agreement on a scale ranging from 1 (strongly disagree) to 7 (strongly agree) for the following statements:

I believe that forgiveness is a moral virtue.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Neutral
- Slightly agree
- Moderately agree
- Strongly agree

Justice is more important than mercy.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Neutral
- Slightly agree
- Moderately agree
- Strongly agree

It is admirable to be a forgiving person.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Neutral
- Slightly agree
- Moderately agree
- Strongly agree

I have no problem at all with people staying mad at those who hurt them.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Neutral
- Slightly agree
- Moderately agree
- Strongly agree

Forgiveness is a sign of weakness.

- Strongly disagree
- Moderately disagree
- Slightly disagree

- Neutral
- Slightly agree
- Moderately agree
- Strongly agree

People should work harder than they do to let go of the wrongs they have suffered.

- Strongly disagree
- Moderately disagree
- Slightly disagree
- Neutral
- Slightly agree
- Moderately agree
- Strongly agree

Directions: In the course of our lives negative things may occur because of our own actions, the actions of others, or circumstances beyond our control. For some time after these events, we may have negative thoughts or feelings about ourselves, others, or the situation. Think about how you typically respond to such negative events. Below each of the following items indicate how you typically respond to the type of negative situations described. There are no right or wrong answers. Please be as open as possible in your answers.

Although I feel bad at first when I mess up, over time I can give myself some slack.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

I hold grudges against myself for negative things I've done.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

Learning from bad things that I've done helps me get over them.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

It is really hard for me to accept myself once I've messed up.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

With time I am understanding of myself for mistakes I've made.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

I don't stop criticizing myself for negative things I've felt, thought, said, or done.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

I continue to punish a person who has done something that I think is wrong.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

With time I am understanding of others for the mistakes they've made.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

I continue to be hard on others who have hurt me.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-

Almost Always True of Me

Although others have hurt me in the past, I have eventually been able to see them as good people.

Almost Always False of Me

More Often False of Me

More Often True of Me

Almost Always True of Me

If others mistreat me, I continue to think badly of them.

Almost Always False of Me

More Often False of Me

More Often True of Me

Almost Always True of Me

When someone disappoints me, I can eventually move past it.

Almost Always False of Me

More Often False of Me

More Often True of Me

Almost Always True of Me

When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.

Almost Always False of Me

More Often False of Me

More Often True of Me

Almost Always True of Me

With time I can be understanding of bad circumstances in my life.

Almost Always False of Me

More Often False of Me

-
- More Often True of Me
-
- Almost Always True of Me

If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

I eventually make peace with bad situations in my life.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

It's really hard for me to accept negative situations that aren't anybody's fault.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.

- Almost Always False of Me
-
- More Often False of Me
-
- More Often True of Me
-
- Almost Always True of Me

Please indicate which definition of forgiveness you believe is most accurate.

- A choice to overlook a transgression as something unimportant.
- The interpersonal process of healing a damaged relationship.
- A cognitive experience of letting go of resentment and bitterness and need for vengeance.
- An exchange of negative thoughts, feelings, and behaviors in relation to a transgressor with more positive, other-oriented thoughts, feelings, and behaviors.
- An exchange of negative emotions towards an offender with more positive-other oriented emotions.

Please indicate how strongly you agree with the definition you have chosen on a 1-10 scale with 1 indicating you VERY WEAKLY agree and 10 indicating you VERY STRONGLY agree.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Please indicate the highest degree of education you have attained

- 12th grade or less
- Graduated high school or equivalent
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

Please indicate with what ethnicity you identify most

- Asian/Pacific Islander
- Black/African-American
- Caucasian
- Hispanic
- Native American/Alaska Native
- Other
- Decline to Respond

Please indicate your religious affiliation

- Muslim
- Christian
- Buddhist
- Native American Religion
- Other
- Universalist/Unitarian
- No affiliation
- Jewish
- Atheist
- Agnostic

Please indicate your age in years.

Please estimate the number of hours you have spent learning about forgiveness through training, education, or personal research.

Please indicate the gender you identify with most.

- Male
- Female

Please indicate how long you have been working in the mental health field in years and months (including practicums and internships).

Years/Months

Are you currently a student?

- Yes
- No