Comparing a forgiveness intervention and a psychotherapy condition: the influence of common curative factors on forgiveness and mental health

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Comparing a forgiveness intervention and a psychotherapy condition: The influence of common curative factors on forgiveness and mental health

by

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A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

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Major: Psychology

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This is to certify that the master’s thesis of

Julia Erin Meyer

has met the thesis requirements of Iowa State University

Signatures have been redacted for privacy
"Forgiveness is... becoming a hero instead of a victim in the story you tell"

-Dr. Fred Luskin, Forgive For Good (2002)
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CHAPTER 1
LITERATURE REVIEW

Throughout the last decade, forgiveness research has become an increasingly popular area of study within the field of psychology. Recently, studies have focused on factors that influence individuals to forgive, the conditions under which one is more likely to forgive, and the implications these findings have for clinical settings (for review, see Worthington, 2005). Within the past few years, in order to increase effectiveness of forgiveness interventions, research has begun to explore what specific components within various interventions may be necessary to encourage forgiveness (Worthington, Sandage, & Berry, 2000; Wade, Worthington & Meyer, 2005).

Definitions of Forgiveness and Unforgiveness

Forgiveness is a process of resolving negative emotions that result from a hurt or an offense, and increasing more positive, prosocial feelings for the offender(s). Forgiveness, then, is not simply the reduction of negative emotions (such as anger) and the elimination of the desire to seek revenge against the offender, but is the replacement of those negative feelings with more positive thoughts and emotions. Enright and North (1998) propose that forgiveness is an active change of emotions and thoughts towards one’s offender. It is the replacement of negative feelings (hatred, resentment, anger, etc.) towards the offender with positive feelings (such as compassion, or even possibly love). Enright and Fitzgibbons (2000) similarly suggest that forgiveness is a process by which an individual who has been treated unfairly in the past stops feeling resentment over the offense and begins to respond
instead with beneficence, compassion, generosity, and moral love towards their offender. Researchers today tend to agree that forgiveness encompasses both the reduction of negative feelings and the promotion of positive feelings (McCullough et al., 1998; Enright & North, 1998; Wade, Worthington, & Meyer, 2004).

In turn, unforgiveness is the negative, and sometimes even hostile, emotions that an individual harbors towards an offender. Unforgiveness and forgiveness are not, as one might initially assume, entirely opposite concepts. It is possible for an individual to feel both varying degrees of forgiveness and unforgiveness towards an offender. Individuals might reduce emotions of unforgiveness while still not forgiving their offender, through means such as seeking justice, denying the hurt, or waiting for intervention (Worthington & Wade, 1999). The emotions, thoughts, and behaviors associated with forgiveness and unforgiveness can occur in a variety of combinations and to differing extents in each individual.

Unforgiveness can include a desire to seek revenge and retaliation for the offense one endured, and/or to avoid the offender (McCullough et. al, 1998). It can also include feelings of anger, hostility, and even hatred towards one’s offender. Worthington and his colleagues (Wade, Worthington, & Meyer, 2005; Worthington & Wade, 1999; Worthington, 2003) define unforgiveness as the negative emotions (bitterness, hostility, anger, and/or hatred) that develop after an individual has experienced an offense and has ruminated on the hurt. Rumination occurs when an individual thinks about and dwells on an offense for a prolonged period of time. Thus, unforgiveness is not the immediate emotion (intense anger, rage, and/or fear) that one experiences after an offense, but instead is the set of emotions that result after an individual has ruminated about a hurt.
Forgiveness is not Reconciliation

Researchers have worked hard to clarify the distinction between forgiveness and reconciliation (Wade & Worthington, 2005). Unlike reconciliation, forgiveness does not necessarily lead to the restoration of a relationship with the offender. Wade & Worthington (2005) describe the differences between forgiveness and reconciliation in more detail, adding that whereas forgiveness is an internal process of reducing unforgiveness and increasing positive feelings toward an offender, reconciliation is the restoration of trust between the offended and an offender. Thus, reconciliation occurs as an act between two individuals, while forgiveness is a personal, individual choice (Enright & Fitzgibbons, 2000). Lastly, it is vital to understand that forgiveness is not synonymous with excusing behaviors, condoning, or tolerating (Wade & Worthington, 2005).

Forgiveness Models

Several different types of interventions have been used in forgiveness research to date. However, there are two interventions that have been most commonly used: Worthington’s (2001) Model to REACH Forgiveness, and the Enright Forgiveness Model (Enright & the Human Development Group, 1991; Enright & Fitzgibbons, 2000). Although the exact methodologies of the interventions vary, there are several common components shared by these models (Wade & Worthington, 2005). Both Worthington’s model and Enright’s model provide opportunities for participants to recall the offense they experienced and to discuss emotions they have towards their offender. Also, both models include a discussion of what empathy is and how empathy is important in the forgiveness process.
Lastly, Enright and Worthington’s models both encourage participants to make a commitment to forgive.

Worthington’s (2001) Model to REACH Forgiveness has been used as a basis for several forgiveness interventions (e.g., McCullough & Worthington 1995; McCullough, Worthington & Rachal, 1997; Worthington, Kurusu et al, 2000; Ripley & Worthington, 2002). This model contains five distinct components each represented by a letter in the acronym, REACH. In the first step of this model, participants recall (R) the hurt they have experienced. This step provides an opportunity for individuals to remember the emotions they felt during and after the offense and to express them in a safe environment. Secondly, individuals are encouraged to develop empathy (E) for their offender. In this step, participants attempt to see the offense from the offender’s point of view and to understand why their offender may have committed the offense.

Next, participants discuss the option of giving a gift of forgiveness as an altruistic (A) response to the offender’s actions. Participants recall a time when they were an offender and explore what it felt like to receive forgiveness for the hurt they caused. Fourth, individuals are encouraged to commit (C) to forgiving their offender. For example, one might commit to forgive by telling a trusted individual (for example, a friend, counselor, spouse, or pastor) of one’s decision to forgive. Lastly, participants are taught how to hold (H) onto the forgiveness they have developed and the skills they have learned during the intervention.

The second model, the Enright Forgiveness Model, has also been widely used and has been the basis for many forgiveness intervention studies (e.g., Hebl & Enright, 1993; Al-Mabuk, Enright & Cardis, 1995; Hart & Shapiro 2002). The original version contained 17-
steps (Enright & the Human Development Group, 1991) but with the expanded version, the number of steps increased to 20 (Enright & Fitzgibbons, 2000). Steps 1 through 5 allow participants a chance to recall, experience, and release emotions (anger or shame, for example) towards the offender and give participants an opportunity to discuss the hurt they experienced in a safe environment. These initial steps also emphasize the importance of catharsis, or releasing one’s emotions while feeling heard and understood by others. The next set of steps (6 through 8) discuss the role of the participant as related to the offender, discuss justice and fairness in the world, and encourage participants to have a change of heart towards their offender. Steps 9 and 10 introduce the importance of committing to forgive and considering forgiveness as an option in coping with one’s offense. The next set of steps (11-15) give participants an opportunity to view the offense and offender from a new perspective by introducing the importance of empathy, compassion, and encouraging participants to think of times when they might have hurt others and received forgiveness from them. The remaining steps (16-20) teach the meaning of forgiveness and how participants can hold onto and commit to forgiveness after the completion of the intervention. Lastly, these steps also encourage releasing negative emotions associated with unforgiveness.

**Efficacy of Forgiveness Intervention**

Meta-analysis is an effective way of synthesizing research across numerous studies (Aiken & West, 1991). The literature on forgiveness interventions has developed to such a degree that several meta-analyses have been conducted. These meta-analyses are helpful in determining the effectiveness of forgiveness interventions, assessing limitations of past
research, and suggesting directions for future research (Worthington, Sandage, & Berry, 2000; Baskin & Enright, 2004; Wade, Worthington, & Meyer, 2004).

Worthington, Sandage, and Berry (2000) conducted a meta-analysis of thirteen studies that investigated forgiveness interventions conducted in a group format. First, and most importantly, they reported a strong dose-effect curve between efficacy and the amount of time spent on an intervention. They found that the effect size of an intervention was significantly related to the amount of time spent intervening, such that the longer the duration of an intervention, the more effective it was. From these results, they suggest that the time spent on an intervention appeared to be more important than the theoretical orientation behind the intervention itself. Regardless of which orientation informed the forgiveness intervention or the exact methodology that it followed, the time spent on each intervention appears to be the most important component in encouraging forgiveness. This finding has also been replicated in previous research which has shown that forgiveness seems be promoted most effectively over longer periods of time (Worthington, Sandage, & Berry, 2000; Wade, Worthington, & Meyer, 2004).

They also suggest that empathy appeared to be a crucial element in encouraging forgiveness. All studies reviewed for their meta-analysis included efforts to promote empathy for the offender. Therefore, they suggested that future investigators take the role of empathy into account when designing forgiveness interventions. However, they also note that because forgiveness interventions tend to be complex and contain many components, it is difficult to determine what elements specifically promote forgiveness. They concluded that
their meta-analysis was too brief to make definitive statements about specific elements of forgiveness interventions.

Baskin and Enright (2004) conducted a meta-analysis of nine forgiveness interventions. They divided the forgiveness interventions into one of three categories: decision based models, process based models conducted in groups, and process based models conducted with individuals. In decision based models, forgiveness was considered to be the result of a deliberate decision on the part of an individual to forgive an offender. In process based models, forgiveness is achieved gradually through the process of theoretically relevant steps. Baskin and Enright reported that the largest effect sizes were found for the process-based individual model. Process-based models conducted in groups were also effective, promoting more forgiveness than control groups. Decision-based interventions, in contrast, did not promote forgiveness more than control groups. Baskin and Enright (2004) acknowledge that these results were equivocal because time spent intervening was confounded with treatment type. The decision-based models lasted between one and eight hours (average time = 4 hours), process-based models lasted six to eight hours (average time = 7 hours) and process-based individual therapy lasted twelve to sixty hours (average time = 36 hours). Not surprisingly, the models with the longest interventions (individual therapy) were the most effective (Baskin & Enright, 2004). Based on these results, it is impossible to determine which type of intervention has the most significant impact on forgiveness. Are process-based individual methods, in fact, the most effective or did their longer duration make them more effective? If all the models were the same duration would the findings be different?
These questions were addressed in a meta-analysis by Wade, Worthington, and Meyer (2005). They synthesized results from twenty-seven studies of forgiveness interventions conducted in a group format, including dissertations and conference presentations. They found that full forgiveness interventions (that is, interventions that include all theoretically relevant components of a forgiveness intervention) appear to be more effective than partial interventions (which only include certain components of an intervention) and more effective than no treatment (even when controlling for the time spent on each intervention). According to Wade et al., these findings may be due to the presence of certain components, which are crucial to the forgiveness process. To test this, they coded the specific techniques used in forgiveness interventions and recorded the amount of time spent on each technique. Because the majority of the interventions followed either Worthington's or Enright's forgiveness models, a seven category framework based on these models was used to identify the components employed. They then correlated intervention effect size with time spent on the specific components. From these analyses, they found that the amount of time spent helping participants to empathize with their offender, commit to forgive, and overcome unforgiveness (without specifically promoting forgiveness) were significantly related to treatment efficacy. Time spent on the other intervention components was not related to effect size of forgiveness outcomes.

The above meta-analyses provide initial support for the efficacy of forgiveness interventions; explicitly promoting forgiveness appears to help people move beyond the hurts in their lives. Furthermore, interventions appear to be more effective than not intervening at all and more effective than control interventions not intended to promote forgiveness (e.g.
discussion groups). The majority of control groups employed in forgiveness research, however, were not genuine treatments intended to be therapeutic. Therefore, it is difficult to determine if a genuine alternative treatment would promote forgiveness as effectively as a forgiveness intervention.

There is reason to believe that an alternative therapeutic intervention might not only be as effective at reducing psychological symptoms (such as depression and anxiety) but also as effective at promoting forgiveness as an explicit forgiveness intervention. Research on general psychotherapy interventions indicates that the effectiveness of therapy might be a result of factors common to all therapies (such as catharsis, therapeutic alliance, hope in the treatment, etc.) rather than specific techniques (Ahn & Wampold, 2001; Wampold et al., 1997). To the degree that the treatment of unresolved hurts is similar to other psychological concerns, common therapeutic factors may be responsible for the promotion of forgiveness.

**Common Curative Factors**

What are "common curative factors"? Common curative factors are those elements shared by established psychotherapies that produce change in the client (Wampold et al., 1997). Common curative factors can include numerous different elements. Research has proposed that curative factors focus primarily on the counselor's ability to interact with the client and provide the client with a certain type of therapeutic environment (Ahn & Wampold, 2001). Therefore, many curative factors are related to a strong therapeutic relationship or alliance between the therapist and the client. Other curative factors include catharsis (the process of sharing emotions and feeling understood by others), providing a rationale for the client's problem, and providing a believable cure. Thus, common curative
factors are not dependent on the type of therapy employed, the specific issue of the client, or the exact methods used in therapy.

Curative Factors in Individual Settings. The hypothesis that common factors, elements, and components are shared by various types of therapies was first presented in 1936 when Saul Rosenzweig wrote his ground-breaking paper, “Some Implicit Common Factors in Diverse Methods of Psychotherapy.” Rosenzweig developed the now popular “Dodo Bird Hypothesis” named after the Dodo Bird in Alice in Wonderland, who claimed that “everybody has won, and all must have prizes” (as cited in Wampold et. al., 1997, p. 203). This hypothesis proposes that different types of psychotherapies actually produce equivalent results. In short, due to curative factors present in the majority of therapies, all psychotherapies will yield a similar successful outcome.

Other researchers have also proposed that various psychotherapies have common elements. Jerome Frank (1981) has posited the view that psychotherapies, regardless of their individual methodology or belief system, share many components. Frank suggests that one such element is that psychotherapies contain certain rituals within each meeting that are healing for the client. A ritual can be defined as an act that bonds the client and therapist together, by building morale, establishing hope for the future, providing new learning experiences, and strengthening the therapist and client’s common belief in the therapeutic methods being used. Jerome Frank also proposes the important theory of demoralization and remoralization. An individual experiences demoralization when they are faced with situations in their lives that they are expected (by society, themselves, or others) to cope with, but for a variety of reasons, they are unable to do so. Frank writes that demoralization can
best be described as a feeling of “subjective incompetence coupled with distress” (Frank, 1981, p. 16). Frank states that many symptoms are associated with demoralization, including loneliness, depression, anxiety, and the loss of one’s self-esteem. Often individuals who seek psychotherapy do so because some event in their life has caused them to experience feelings of demoralization. Furthermore, Frank proposes that therapy seeks to remoralize clients, that is, to provide them with hope and self-efficacy that will help them deal effectively with their primary concerns (Frank, 1981).

In order to analyze the effect of curative factors on the therapeutic process, Wampold et al. (1997) conducted a meta-analysis of studies that compared bona fide psychotherapies. Bona fide psychotherapies were defined as therapies that were intended to be therapeutic, and met the following criteria: the therapy was administered by appropriately trained therapists, was grounded in basic psychological values, was available in the form of books or manuals to mental health professionals, and/or contained specific therapeutic components based on psychological theories. Wampold et al. (1997) included studies in their meta-analysis that compared two or more psychotherapies, were published in top-tier journals, and included enough statistical information to allow for effect sizes to be calculated appropriately.

The primary objective of the Wampold et al. (1997) study was to test the hypothesis that true differences in effect size between various types of psychotherapies are actually nonexistent (i.e., the Dodo Bird Hypothesis). Findings supported their hypothesis, and Wampold et al. concluded that the differences between treatments were indeed zero. There are limitations to this study, however. Due to reasons of impracticality, the researchers did not include all studies comparing every type of therapy in this meta-analysis. Wampold et al. 
stated that over two-hundred types of therapies for approximately three-hundred psychological disorders are known, making it impossible to include all types of therapies and treatments for each disorder for consideration in their research. Therefore, while it appears that common curative factors are perhaps the most effective elements of therapy; the restricted range of these analyses makes the results tentative.

In an attempt to further understand the role of curative factors, Ahn and Wampold (2001) studied twenty-seven component studies. Component studies were defined as research that compared an entire treatment to a similar treatment that either excluded an important component of that treatment or included an additional component. They found that certain components of therapy themselves do not appear to be crucial to therapeutic outcomes. Effectiveness is not necessarily due to a specific technique or ingredient in therapy, but instead most likely can be attributed to curative factors common to various therapies regardless of their orientations. They propose that many curative factors come from a therapist’s basic counseling abilities. They call these abilities “bedrock skills” and propose that therapeutic factors arise from a therapist’s knowledge of and confidence using these types of skills (p. 255). Bedrock skills can include, but are not limited to, questioning, reflecting, and paraphrasing as well as building rapport with clients.

Ahn and Wampold (2001) suggest six key common aspects that are essential for therapy to be effective: a healing process, belief of the therapist in the rationale of a specific therapy, a strong therapeutic alliance, insight into the client’s problems as provided by the therapist, increasing the client’s self-efficacy in order to enable the client to solve problems independently, and remoralization. Ahn and Wampold propose that these six factors bring
about therapeutic benefits and positive outcomes in therapy, regardless of specific therapeutic orientation or techniques. Furthermore, they suggest that future therapy models should include these six factors in order to maximize effectiveness and that therapy should focus primarily on incorporating use of the above curative factors. They advise against counselor training that does not include these elements. Ahn and Wampold also state that there is no strong evidence that stringent adherence to a manual produces better therapeutic outcomes, and claim that therapies that strictly follow a detailed manual are prone to damaging therapeutic alliances between clients and counselors, and therefore limiting effectiveness.

Duncan (2002) has also identified key curative factors that appear to be vital to promoting positive therapeutic outcomes. He categorized curative factors into three groups, client factors, therapist factors, and clients’ hope for success. Client factors include skills, resources, personality characteristics, and other strengths that clients may have prior to, and during, therapy. Therapist factors (as originally presented by Carl Rogers (1957) and his colleagues) include the importance of a strong alliance between the client and therapist, the therapist and client working together to reach the client’s goals, and the match between the therapist and client’s personalities. Lastly, Duncan claimed that the client’s hope that their problem can be minimized and/or overcome in the future is also an important category. This is in line with what Rosenzweig (1936) originally proposed, namely that hope is a critical curative factor because it allows clients to have faith, confidence, and high expectations that the therapist’s techniques will indeed provide them with desired results. As a result of these beliefs, Duncan makes a plea to fellow psychologists to “honor the wisdom of the Dodo
Bird” (p. 53), meaning they must trust the effectiveness of common curative factors across various psychotherapies.

**Curative Factors in Group Settings.** Additional research has examined what elements constitute curative factors in group settings. Yalom (2005) in his classic text, *Theory and Practice of Group Psychotherapy* described various curative factors that appear to be important to effective group therapy. Based on a review of the studies examining specific therapeutic factors, Yalom identified therapeutic factors that appear to make group therapy effective. These factors are listed and described in Table 1. According to Yalom each of these factors are curative and therapeutic in nature and therefore, are essential for promoting positive outcomes in therapy. However, Yalom identified five of these twelve factors that he believes are the most crucial to positive therapeutic outcomes. These include catharsis, self-understanding, imitative behaviors, family reenactment, and existential factors.

The first therapeutic factor, catharsis, occurs when group members experience, express, and release their emotions in a way that makes them feel heard and understood. Yalom proposed that catharsis is not merely a personal experience, but interpersonal as well, because for true catharsis to occur, clients must feel that others understand their feelings.

A second therapeutic factor that Yalom (2005) identified is “self-understanding.” This category has two primary components: interpersonal input and self-understanding. Interpersonal input is the process of learning how one is perceived by others. This knowledge can equip clients to understand the ramifications of their actions, how their interactions affect others, and what they can do to improve their interpersonal relationships. The second component of this therapeutic factor is self-understanding. This is the process whereby
Table 1

*Description of Therapeutic Factors in Group Therapy.*

<table>
<thead>
<tr>
<th>Therapeutic Factor</th>
<th>Description</th>
<th>Related Common Curative Factor from Individual Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catharsis</td>
<td>Experiencing, expressing, and releasing emotions in a way that makes one feel heard and understood</td>
<td>Catharsis, personal sharing</td>
</tr>
<tr>
<td>Self-Understanding</td>
<td>Understanding events of the past and present, learning the cause of problems, and how to accept all parts of one's personality</td>
<td>Coherent description of problem and a logically consistent and believable cure</td>
</tr>
<tr>
<td>Interpersonal Input</td>
<td>Learning how one is perceived by others</td>
<td>Therapist input, feedback to client about how others may perceive them</td>
</tr>
<tr>
<td>Imitative Behaviors/ Identification/ Learning from Others</td>
<td>Process of acquiring new behaviors from modeling, vicarious learning, guidance, and education</td>
<td>Education, learning new behaviors, therapists guidance</td>
</tr>
<tr>
<td>Family Re-Enactment</td>
<td>Understanding the impact that family of origin plays on one's life</td>
<td>Discussing one’s role in their family and how these relationships positively and negatively affect them</td>
</tr>
<tr>
<td>Existential Factors</td>
<td>Recognizing the unfairness of life, realizing that pain in life is inevitable, taking responsibility for one's life and understanding how to shape and mold one's future</td>
<td>Examining the purpose of life, learning that the trajectory of one’s life can be altered</td>
</tr>
</tbody>
</table>
individuals come to understand events of the past and present, learn the cause of problems, discover themselves, and accept all parts of their personality. Yalom believes that the process of coming to understand oneself clearly is an especially important therapeutic factor.

Third, Yalom (2005) identified “imitative behaviors”, also known as identification, as crucial to the therapeutic process. Imitative behaviors are not activities such as direct mimicry (which was consistently rated as not helpful by group participants), but instead refers to the process of acquiring new behaviors learned from watching others. Often new behaviors are learned through a variety of avenues, such as direct observation or the overt sharing of knowledge. Regardless of the exact medium through which information is learned, Yalom proposes that acquiring new behaviors is a necessary part of the therapeutic process.

A fourth therapeutic factor that Yalom (2005) presented is “family re-enactment.” Yalom describes family re-enactment as the “corrective recapitulation of the primary family experience” (p. 91). Yalom believes that factors from clients’ families of origin can strongly impact their experience in therapy. For example, participants’ roles in a group setting can be determined by their previous interactions with family members, or stereotypes learned from their families may impact participants’ attitudes towards the group leaders and other group members. It is crucial to add, however, that while Yalom identifies family re-enactment as a category of therapeutic factors, he does not propose that family interactions become the focus of the group. Instead, he argues that the emphasis of group therapy should be the group members themselves. It is necessary, however, to be aware of the influence that one’s family may have on an individual’s values and ideals and to acknowledge the effect this may have on therapy.
The final therapeutic factor that Yalom (2005) identified as most helpful for clients is "existential factors". Existential factors include a variety of aspects, such as recognizing the unfairness of life and realizing that pain in life is inevitable. Furthermore, all individuals must recognize that they will ultimately face their life and death alone. A second part of this factor is that all individuals must take responsibility for their lives and must come to understand how they can shape and mold their future.

The above research on common curative factors, both in individual and group settings can be used to draw conclusions about the role of curative factors in psychotherapy and offer considerations for future research. First, it is clear that research strongly supports the proposition that curative factors exist regardless of the precise type of therapy and that these factors can positively affect therapeutic outcomes. Certain curative factors, used across types of therapy and with different populations of patients, have been shown to have a significant impact on outcomes (Yalom, 2005; Wampold et. al 1997; Ahn & Wampold, 2001). What remains controversial, however, is whether the common curative factors or specific ingredients account for the majority of variance in treatment outcome. Many researchers would disagree with those who ascribe treatment outcome to common factors, claiming that specific ingredients are indeed the effective elements in psychotherapy (e.g. Cognitive Behavioral Therapy, Startup, Jackson & Bendix, 2004; Espie, Inglis, Tessier, & Harvey, 2001; Behavioral Therapy, Wetherell, 2002; Forgiveness Interventions, Enright and the Human Development Group, 1991). This is an important empirical question that has been routinely neglected in process and outcome research.
The above research provides evidence for the belief that the effectiveness of therapy hinges primarily on the inclusion of certain curative factors. This research raises important questions for forgiveness researchers as well. If common curative factors are responsible for the effectiveness of general therapy, will this generalize to forgiveness interventions? Is it possible that the promotion of forgiveness is caused by curative factors common to all therapy interventions? Or, is it more effective to use interventions specifically designed to help people forgive?

*Promoting Forgiveness and Common Curative Factors*

As summarized by the meta-analyses discussed earlier, the research on forgiveness interventions clearly shows that intervening in some way is better than doing nothing at all. There is evidence gathering that using an intervention intended to be therapeutic is superior to an inert control condition. However, what is not clear is whether specific forgiveness interventions are more effective than other interventions intended to be therapeutic.

Many alternative treatments, whether intentionally or not, include various common curative factors. In an attempt to better understand curative factors present in these conditions, published forgiveness intervention studies that used some alternative treatment or attention control group were reviewed (see Table 2). The author first identified relevant forgiveness intervention studies that included alternative treatments in which participants were placed into either an attention control group (for example, McCullough, Worthington, & Rachal, 1997) or alternative treatment (for example, Al-Mabuk, Enright, & Cardis, 1995). Next, specific elements and interventions utilized in each of these conditions were identified. Lastly, the author compared these elements with the therapeutic factors identified by Yalom...
Table 2

*Common Therapeutic Factors Present in Alternative Treatment Conditions*

<table>
<thead>
<tr>
<th>Study</th>
<th>N per Group</th>
<th>Alternative Treatment Type</th>
<th>Elements</th>
<th>Common Therapeutic Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hebl &amp; Enright (1993)</td>
<td>13</td>
<td>Discussion Group</td>
<td>Discussion Topics included: Homelessness, morals of youth, nursing home care, influence of seniors on society, society and drug use, attitudes towards aging, and family conflicts</td>
<td>N/A</td>
</tr>
<tr>
<td>McCullough, Worthington, &amp; Rachal (1997)</td>
<td>5 to 8</td>
<td>Attention Control Intervention</td>
<td>Building Rapport, Discussing hurts, defining forgiveness, benefits of forgiveness, maintaining gains</td>
<td>Factors 1 and 2</td>
</tr>
<tr>
<td>Ripley &amp; Worthington (2002)</td>
<td>16 couples or 32 individuals</td>
<td>Hope Focused Marital Enrichment</td>
<td>Goals, communication, listening, observing effects on partner</td>
<td>Factors 1, 2 and 3</td>
</tr>
</tbody>
</table>

Therapeutic Factors as described by Yalom (2005):
1- Catharsis
2- Self-Understanding
3- Imitative Behavior (Identification)
4- Family Re-enactment
5- Existential Factors
in an attempt to discern what curative factors, if any, are present in attention control and alternative treatments. It is quite possible that curative factors such as these are responsible for the promotion of positive mental health associated with many alternative treatment conditions. McCullough and Worthington (1995) compared a forgiveness treatment, which taught that forgiveness was desirable because it provides physical and forgiveness is beneficial because it helps restore interpersonal relationships. Participants in both conditions decreased their desire to seek revenge, increased positive feelings towards their offender, and increased conciliatory behaviors. Perhaps the presence of similar curative factors in both conditions led to improvements for participants, rather than the specific intervention content itself. If content alone was necessary to promote well-being, it seems that only one condition (whichever included the most effective techniques and components) would have yielded better results. Yet both conditions, regardless of their differing content and approach to forgiveness, positively impacted participants’ overall mental health.

However, the conclusions McCullough and Worthington (1995) drew are limited by the design of this particular study. The researchers compared two interventions that explicitly promoted forgiveness with a wait-list control group. Both interventions were effective, but they did not compare these with an alternative intervention that did not seek to promote forgiveness. Without this comparison, it is impossible to determine if an alternate treatment would also have shown similar improvements.

In a follow-up study, McCullough, Worthington, and Rachal (1997) compared the effect of an empathy seminar (which focused on building empathy for one’s offender) with an alternative forgiveness seminar (which did not include any mention of empathy). Results
indicated that both interventions promoted forgiveness, although the empathy seminar was
more effective at promoting affective empathy than the alternative forgiveness seminar. Yet,
both the empathy seminar and alternative forgiveness seminar promoted cognitive empathy
(one’s ability to understand what others are feeling). McCullough et al. speculated that this
may have been due to common curative factors and supportive elements that were present in
both conditions. The finding that empathy seminars appear to be more effective than
alternative forgiveness seminars at encouraging forgiveness supports the hypothesis that
certain components may indeed be necessary to promote forgiveness. Are there, in fact,
specific components, such as empathy building, that are essential to the promotion of
forgiveness?

Other research can help shed light on these questions. Hebl and Enright (1993) in
their research with a sample of elderly females from a Christian community, compared a
forgiveness intervention with a control group, in which participants were free to discuss a
variety of issues, from aging to societal problems, but no explicit forgiveness interventions or
other psychological treatments were used. Participants in the forgiveness intervention showed
more forgiveness, less anger, and an increased ability to generalize forgiveness to others in
their lives than participants in the control condition. However, participants in both conditions
experienced a significant decrease in psychological depression and trait anxiety. Just as
McCullough et al., hypothesized about the presence of curative factors, Hebl and Enright
speculated that decreases in depression and anxiety in both conditions may have occurred
because the forgiveness intervention and the control sessions each shared curative factors.
They specifically propose that curative factors such as cohesiveness, universality, and altruism may have been especially significant in promoting positive outcomes.

So, although both conditions reduced psychological symptoms, only the forgiveness group significantly promoted forgiveness. However, Hebl and Enright’s (1993) use of an alternative treatment not intended to be therapeutic (i.e., discussion group) does not control for all "common factors" (Wampold, 2001). A discussion group such as theirs does not necessarily include such important elements as insight into one's problems, a believable rationale and cure, and hope in the treatment. Therefore, Hebl and Enright did not show that their specific treatment was superior to an alternative treatment, with common curative factors. Instead, the forgiveness treatment was superior to an inert control group.

In another study of forgiveness interventions, Ripley and Worthington (2002) examined the effectiveness of marital enrichment interventions. They found that compared to an empathy-centered forgiveness intervention, a hope-focused alternative treatment resulted in as much improvement in marital quality, effective communication, and forgiveness. Did Ripley and Worthington find no significant differences between conditions due to curative factors?

The above research leaves several questions about forgiveness interventions, therapeutic factors, and bona fide treatments unanswered. First, a great deal of uncertainty exists regarding the role of alternative treatments in promoting positive mental health and forgiveness. This is an area that needs further investigation. Furthermore, if common curative factors are, in fact, the key to promoting positive mental health, what then is the necessity of explicit forgiveness interventions? If curative factors are vital, then perhaps
future research will need to investigate how to most effectively incorporate these elements into treatments. The immediate question that arises is what is the role of common curative factors in the promotion of forgiveness?

The answer to this question is further complicated by the fact that forgiveness intervention studies have used vastly different types of groups as comparison treatments. Clearly, these groups, regardless of their precise format, contain at least some common curative factors (see Table 2). Just the simple act of meeting as a group and being in a safe environment, for example, could be considered a curative factor. Certainly, some alternative treatments provided opportunities for participants to express their emotions and feel understood by others (catharsis). Therefore, it is likely that components of an alternative treatment, whether intentionally or not, will be therapeutic to participants.

Lastly, this question is complicated by the lack of studies that have compared a bona fide treatment condition with a forgiveness intervention condition. Studies with bona fide treatment conditions would ensure that a true psychotherapy condition, one in which many important curative factors are deliberately present, is being used as a comparison. Comparing a bona fide psychotherapy condition with a forgiveness intervention would help to answer some of the unknown questions about the role of curative factors in promoting forgiveness and psychological health.
CHAPTER 2

STATEMENT OF THE PROBLEM

Over the last decade psychological research on forgiveness has grown exponentially. With research now being conducted in numerous labs across the United States and throughout the world, psychological definitions of forgiveness are becoming more diverse. However, a core understanding of the concept can be found among many researchers (for a review, see Wade & Worthington, 2005). Most agree that forgiveness is a process whereby an individual who has been hurt or offended resolves and releases pain, anger, and/or fear and gains more positive and prosocial feelings toward the offender (McCullough et al., 1998; McCullough et al., 1997; Enright & North, 1998; Worthington & Wade, 1999; Worthington, 2003; Wade, Worthington, & Meyer, 2004). Most also agree that forgiveness does not necessarily include reconciliation, and is not synonymous with pardoning, condoning, or overlooking a transgression (Enright & Fitzgibbons, 2000; Wade, Worthington, & Meyer, 2004).

Forgiveness research to date has yielded many valuable findings. One especially fruitful area of research has investigated the effectiveness of interventions that attempt to help participants forgive offenders in their lives. Many studies have shown the effectiveness of forgiveness interventions in reducing participants’ unforgiveness and/or increasing forgiveness (for a review, see Wade, Worthington, & Meyer, 2004). Also, studies have shown that forgiveness interventions can improve participants’ psychological well being by reducing levels of anxiety, anger, and depression (e.g., Al-Mabuk, Enright, & Cardis, 1995; Coyle & Enright, 1997; Freedman & Enright, 1996; Rye & Paragament, 2002). These studies
have been conducted in a number of different contexts and with a variety of populations. Participants have included elderly females (Hebl & Enright, 1993), late adolescents who had been deprived of parental love (Al-Mabuk, Enright & Cardis, 1995), female incest survivors (Freedman & Enright, 1996), men with partners who had recently undergone an abortion (Coyle & Enright, 1996), and married couples who want to improve their relationship (Ripley & Worthington, 2002).

Meta-analyses conducted on forgiveness interventions have synthesized findings from this intervention research (Worthington, Sandage, & Berry, 1998; Baskin & Enright, 2003; Wade, Worthington, & Meyer, 2004). In the first meta-analysis, Worthington, Sandage, and Berry (1998) reviewed seven studies conducted in a group format. Most importantly, they reported a “marked dose-effect curve”, suggesting that the amount of time spent on an intervention directly impacts the effectiveness of the intervention (p. 7). From their findings they report that the amount of time spent on the intervention itself seems to be as important as the precise content and theoretical orientation of the intervention.

In a second meta-analysis, Baskin and Enright (2004) examined nine forgiveness intervention studies, including both individual and group counseling interventions. Baskin and Enright (2004) began their meta-analysis by identifying three types of intervention studies: decision-based models (forgiveness is seen as a decision), process-based models (decision to forgive is seen as only part of an entire process of forgiveness) and process-based individual interventions (forgiveness is seen as process based and is conducted in an individual counseling format). The largest effect sizes were found for interventions using the
process-based individual model, followed by the process-based group interventions, suggesting that these might be more effective than decision-based treatments.

However, a significant confound is apparent after reviewing Baskin and Enright’s (2004) findings. Each model varies greatly in the amount of time spent intervening and this varied uniformly with the type of treatment. In other words, the models with the longest interventions were the process based models, with the individual interventions being longer than the group interventions. Based on their coding scheme and analyses it is impossible to determine what contributes to greater efficacy, more time intervening or the type of intervention. It is unclear which model would yield better results when controlling for the effects of time.

In an update to this meta-analysis, Wade, Worthington, and Meyer (2004) reviewed twenty-seven studies, containing forty-nine distinct intervention groups (they did not review individual interventions). The largest effect sizes were found for forgiveness interventions, followed by alternative interventions, which were both significantly more effective than no treatment conditions, even when controlling for the effect of time spent intervening. They also found that time spent on particular components of the treatment were more effective than others. For example, time spent helping clients to make a commitment to forgive and to develop empathy for their offenders was significantly correlated with treatment effect size. This suggests that specific forgiveness interventions are more effective at promoting forgiveness than alternative treatment conditions.

However, a closer examination of the studies reviewed in this meta-analysis suggests caution in interpreting these results. Most of the studies that found a significant difference
between the forgiveness group and the alternative treatment condition did not use established therapies as comparison treatments, but instead used a variety of attention control or educational groups. These included discussion groups (which allowed participants to discuss a variety of issues of their choosing; Hebl & Enright, 1993), human relations training programs (which included topics such as communication, leadership, self-discovery, and perception; Al-Mabuk, Enright, & Cardis, 1995, studies 1 and 2), and various control interventions (which include building rapport between participants and discussing past hurts; McCullough, Worthington, & Rachal, 1997). These specific alternative treatment conditions, though effective in some ways, were not necessarily intended to be therapeutic treatments. For example, the discussion group used by Hebl and Enright (1993) was designed to be a setting in which participants were free to bring up issues they wished to discuss, but was not necessarily an environment that would accurately mimic counseling. Therefore, Hebl and Enright were controlling for the effects of meeting in a discussion-oriented group but were not controlling for the common curative factors associated with a bona fide therapy as defined by Wampold et al. (1997). Thus, most of the studies that found a significant difference between forgiveness groups and some alternative treatment condition were not using bona fide therapy as the comparison.

The exception to these findings is the study by McCullough, Worthington and Rachal (1997), which used a forgiveness intervention, focused on self improvement rather than empathy for the offender, as an alternative treatment. They found that the comparison group was not as effective at promoting forgiveness as the forgiveness intervention that focused on empathy. Because of the lack of studies comparing alternative treatments with forgiveness
interventions and the mixed results among those that do, a great deal of ambiguity arises when trying to determine if explicit forgiveness interventions promote forgiveness more effectively than general psychotherapy.

As a result of this ambiguity, one might wonder whether specific forgiveness interventions are truly needed to help people forgive. Do common curative factors present in general psychotherapy encourage forgiveness just as much as explicit forgiveness interventions?

The present study will attempt to answer these questions by comparing a forgiveness intervention designed specifically to promote forgiveness with an alternative treatment not directly aimed at encouraging forgiveness but including elements of general psychotherapy. The main purpose of the study will be to discern whether forgiveness interventions are more effective at promoting forgiveness for a specific offense than general counseling. Also, the present study will attempt to determine whether the forgiveness intervention results in equivalent changes in depression, self-esteem, and anxiety as the general counseling intervention.

Research Hypotheses and Rationales

The foremost purpose of this study was to compare the effectiveness of an intervention aimed directly at promoting forgiveness with a general counseling intervention that does not specifically attempt to promote forgiveness. Each hypothesis was related to this main purpose.

Hypothesis 1. Participants in both the forgiveness intervention group and the general counseling intervention will exhibit an increase in forgiveness, measured as a reduction in
rumination, revenge, and avoidance, as well as an increase in empathy, over time. However, participants in the forgiveness intervention will report a greater average increase in forgiveness and empathy than participants in the alternative treatment. Participants in the wait-list control group will not show any significant changes in forgiveness over time.

_Rationale._ Research has shown that in certain cases, alternative treatments have the same results in increasing forgiveness that forgiveness interventions do. Some researchers (e.g. Hebl & Enright, 1993) have speculated that this may be due to common curative factors, such as supportive environments and the process of talking through hurts, which are included in both treatment groups. This conjecture is partially supported by some forgiveness intervention research. For example, Ripley and Worthington (2002) did not find any significant differences between a forgiveness intervention condition and an alternative hope-focused marital enrichment condition on measures of forgiveness. Rye and Paragament (2002) found no significant differences in forgiveness between a secular and a religiously integrated intervention; they concluded that neither group was superior to the other. However, both interventions were specifically created to promote forgiveness. These findings bring up the question of whether specific components are needed to promote forgiveness or whether factors common to all interventions are enough to encourage forgiveness.

Furthermore, Wade, Worthington, and Meyer (2005), in a meta-analysis on forgiveness intervention research, report that forgiveness treatments are most effective for promoting forgiveness in participants. However, they report that alternative treatments seem to increase forgiveness as well. They also conclude that control conditions are significantly less effective at promoting forgiveness than forgiveness interventions and alternative
treatment conditions. Because previous research (including meta-analysis and individual studies) has shown that alternative treatments also appear to encourage forgiveness, participants in the alternative treatment condition are expected to report increases in forgiveness in the present study.

Hypothesis 2. Participants in the forgiveness intervention condition and the general counseling condition will experience the same reduction in psychological symptoms (i.e. hostility, interpersonal sensitivity, depression, and anxiety). Both treatment conditions will result in more reduction of psychological symptoms than the wait-list control.

Rationale. Past research has shown that participants in both forgiveness interventions and general counseling interventions have improved in depression and anxiety. Hebl and Enright (1993) compared a forgiveness intervention with an alternative treatment session in which participants discussed their attitudes towards a variety of topics, such as society and aging. Results showed that both groups experienced a significant decrease from pre to post treatment on psychological depression and trait anxiety. Rye and Paragament (2002) compared a secular forgiveness intervention to a religious forgiveness intervention and found that participants in both conditions, regardless of whether religion was emphasized or not, showed a significant decrease in hostility and depression, whereas the wait-list group did not.
CHAPTER 3
METHODS

Participants

Participants \((N = 33)\) were members of the community of Ames, Iowa, and surrounding areas. Individuals were solicited to participate through newspaper ads and fliers placed around the community. The primary inclusion criterion was that participants could recall a time when they have been hurt or offended and they have not yet forgiven the offender. Ineligible participants were referred to local community mental health agencies. Of the 33 total participants, 78\% \((n = 26)\) were women and 21\% \((n = 7)\) were men. In addition, 88.2\% \((n = 30)\) of participants identified themselves as Caucasian, 2.9\% \((n = 1)\) as African American, 2.9\% \((n = 1)\) as American Indian, 2.9\% \((n = 1)\) as Asian or Pacific Islander, and two participants declined to answer. The mean age of participants was 48.6 (SD = 10.6). Lastly, 44.1\% \((n = 15)\) were married, 29.4\% \((n = 10)\) were divorced, 17.6\% \((n = 6)\) of the participants were single, 5.9\% \((n = 4)\) were widowed, and 2.9\% \((n = 1)\) was currently separated.

Procedure

Participants were solicited to participate through advertisements in the local newspapers and fliers placed throughout the community. These advertisements invited people who have a desire to overcome hurts in their lives to participate in a study on the effectiveness of counseling interventions. When participants first contacted the researchers to express their interest in participating, they answered a few brief assessment questions over the phone, such as whether they could think of a time when they were hurt and had not been
able to forgive the offender. This measure served to screen for appropriate participants. During the initial phone interview, participants who were appropriate for the study were also asked about their availability to participate and were given specific instructions about the location, times, and durations of each session. People who were not eligible for the study were given information about local mental health agencies where they might address their concerns.

After the initial phone screening, participants were randomly assigned to participate in the forgiveness intervention condition, the alternative treatment condition, or the wait-list control condition. To avoid participants being placed into conditions solely based on their availability, the forgiveness intervention condition and the general counseling condition were conducted at the same time. Participants attended their first session one hour early to complete the pre-intervention questionnaires. Participants in the wait-list control group were given the option to either come to the facility to complete pre and post questionnaires or to complete these questionnaires via regular mail. All wait-list control group participants chose to complete the pre-test questionnaire via the regular mail.

Those assigned to treatment groups attended four sessions (lasting 90 minutes each) held once a week for four consecutive weeks. Each condition followed a specific manual (see Appendix A and “Independent Variables” below).

At the first group session, participants were asked to complete a brief measure, developed by the researchers, in which they recalled the specific person who hurt them. Participants remembered the event “as vividly as possible” and described briefly their experience regarding the hurt and the offender. Two additional questions assessed what has
made forgiving this specific person difficult and whether or not they have any desire to forgive this person in the future.

All sessions were formatted to include a brief ten-minute introduction in which the facilitator recapped the previous session, as well as ten minutes of concluding time that allowed the facilitator to summarize material covered. During this time, participants had a chance to bring up any concerns, questions, or thoughts they had about the contents of the session. Immediately after the fourth and final session, participants completed post-test measures to assess forgiveness, unforgiveness, and psychological symptoms. On the last day of the intervention, after participants completed post-treatment measures, they received $25 for their participation.

*Group Facilitators.* Facilitators (N=2) were graduate students who were enrolled in a doctoral program in counseling psychology and had completed at two semesters of individual therapy practicum and a course and separate practicum in group psychotherapy. In addition, facilitators received three hours of specific training and instruction on leading the forgiveness intervention and general counseling condition. Both facilitators were supervised weekly by a licensed counseling psychologist. Each facilitator ran a forgiveness treatment group and an alternative treatment condition.

*Research Design*

*Forgiveness treatment condition.* The specific treatment conditions served as one independent variable (between subjects). The forgiveness treatment condition was based on Worthington’s Pyramid Model to REACH Forgiveness (1998, 2001). Worthington’s model was chosen as a basis for the present study because it has been widely used in previous
research (McCullough & Worthington, 1995; McCullough, Worthington, & Rachal, 1997; Ripley & Worthington, 2002). In addition, the five steps included in Worthington’s model offer a more concise intervention format than Enright’s 20 step model (Enright & the Human Development Group, 1991). Worthington’s Model (1998, 2001) includes techniques that are categorized into five components represented by the acrostic “REACH”. The first step, recalling (R) the hurt encourages participants to remember the hurt they have experienced in a safe, nonjudgmental environment. The second step encourages individuals to develop empathy (E) for their offender. The next step teaches participants the concept of giving “a gift” of forgiveness as an altruistic (A) response to the offender’s actions. Fourth, individuals are encouraged to commit (C) to forgiving their offender. Lastly, participants learn how to hold (H) on to the forgiveness they have developed and the skills they have learned during the intervention. An additional component (determined important from previous research, Wade & Worthington, 2005) addresses definitions of forgiveness and helps participants to understand the differences between forgiveness and related, but distinct ideas, such as reconciliation and condoning or pardoning an offense.

Alternative treatment condition. This condition was a general psychotherapy group that specifically focuses on interpersonal interactions among group members. This general counseling intervention was a short-term adaptation of Yalom’s (1975) group psychotherapy model outlined in his book Theory and Practice of Group Psychotherapy. In this condition, participants shared with the group whatever was concerning them that week. Group facilitators provided enough structure to create a warm and accepting environment and helped participants to discuss their concerns with one another. Facilitators also helped participants to
understand group processes and to share their thoughts, reactions, and feelings in the "here-and-now" and understand how those patterns might be similar to interactions they have with people in their lives. The facilitators also attempted to promote curative factors outlined by Yalom (1985).

*Wait-list control condition.* Participants in this condition received no treatment while the initial treatment conditions conducted. They completed pretest and post-test measures on the same schedule as participants in the treatment groups. After the study, they were offered the opportunity to participate in the forgiveness treatment group.

*Measurement time.* The second independent variable was measurement time (within-subjects). Participants completed a variety of measures (see below) at 2 specific times, just before the intervention (pre-treatment) and just following the intervention (post-treatment). Approval from the Institutional Review Board (IRB) was gained for all measures and procedures utilized.

*Dependent Variables*

*Forgiveness.* The primary dependent variable was the participants' forgiveness and unforgiveness towards their offenders. Forgiveness is operationally defined as the reduction of negative thoughts and emotions associated with unforgiveness (e.g. anger, bitterness, desires for revenge) and the promotion of positive feelings toward the offender (such as sympathy, empathy, or compassion). Because forgiveness is defined as a two-fold process, the present study measured forgiveness as both a reduction in rumination, revenge, and avoidance towards an offender and the increase in empathy. Previous research has shown
empathy to be a key component associated with forgiveness (e.g. McCullough, Worthington, & Rachal, 1997).

Forgiveness Measures

Transgression-Related Interpersonal Motivations Scale (TRIM). In order to further measure the amount of unforgiveness participants express towards their offender, the Transgression-Related Interpersonal Motivations scale (TRIM; McCullough, Rachal, Sandage, Worthington, Brown, and Hight, 1998) was used. The TRIM is a twelve item questionnaire designed to assess revenge and avoidance, which are both indicators of unforgiveness. Participants rated their responses from 1 (strongly disagree) to 5 (strongly agree) on a Likert-type scale. The present study used the revenge and avoidance subscales of the TRIM, consisting of five and seven questions respectively, to assess unforgiveness. Revenge and avoidance were calculated by summing participants’ responses on items 1-5 for the revenge subscale and items 1-7 for the avoidance subscale. Sample questions on the revenge subscale include, “I am going to get even” and “I wish that something bad would happen to him/her”. Sample items on the avoidance subscale include, “I cut off the relationship with him/her” and “I don’t trust him/her”. Past research has shown estimates of internal reliability coefficients to be .90 on the revenge subscale and .86-.94 on the avoidance subscale (McCullough et al., 1998). The eight-week test-retest reliability correlations are .53 (Revenge) and .44 (Avoidance). The TRIM has been shown to correlate with a number of other forgiveness measures, including single item measures of forgiveness (McCullough, Rachal, Sandage, Worthington, Brown, and Hight, 1998). Cronbach’s alpha for the TRIM in
the current study was .87 for the revenge subscale and .88 for the avoidance subscale at the pre-test.

*Rye's Forgiveness Scale*. A subset of Rye's Forgiveness Scale (Rye, Loiacono, Folck, Olszewski, Heim, & Madia, 2001) was used to measure one aspect of participants' forgiveness towards their specific offenders. Previous research has shown the Rye Forgiveness Scale to have adequate reliability (Cronbach's alpha of .87) and good 15 day test-retest reliability (Cronbach's alpha of .80) (Rye et al. 2001). In addition, the Rye Forgiveness Scale has been shown to have convergent validity with other forgiveness measures, including the Enright Forgiveness Inventory.

The total Rye Forgiveness scale consists of 15 statements assessing reactions to a specific offense that are rated on a 5-point scale (from strongly disagree to strongly agree). However, much of the content in Rye's Forgiveness Scale is duplicated by the TRIM, with items assessing revenge and avoidance. A second difficulty with Rye's scale is that certain items are not psychometrically sound (Rye et al., 2001). Therefore, we conducted a factor analysis on data from 176 undergraduate students who completed the Rye and TRIM (each with a recent offense in mind). First, a principle components factor analysis was conducted to determine how many factors are involved in the Rye Forgiveness Scale. In accordance with Rye's findings (Rye et. al., 2001), results indicated that two primary factors make up this scale. However, items 3, 4, 9, and 12 were cross-loaded on both factors, indicating poor items.

Therefore, we retained the other 11 items and subjected them to a factor analysis along with items from the TRIM. Three factors emerged: Revenge and Avoidance comprised
of items from the TRIM which matched the description of the TRIM’s 2 subscales (McCullough et al., 1998), and Rumination, named as such because items in the new factor primarily dealt with measuring thoughts towards one’s offender. The rumination subscale was composed of 5 items from Rye’s Forgiveness Scale. Sample questions on the rumination subscale include, “I can’t stop thinking of how I was wronged by this person” and “This person’s wrongful actions have kept me from enjoying life”. Although the total Rye Forgiveness Scale has shown adequate estimated reliability (> .80), the Cronbach’s alpha for the pre-test rumination subscale in the current study was only .54. This scale was used despite its lower reliability because it represented an important outcome that has not been routinely assessed in the forgiveness literature. However, readers are cautioned about the lower reliability.

Batson’s Empathy Adjectives. Batson’s Empathy Adjectives (Batson, Bolen, Cross & Neuringer-Benfiel, 1986; Batson, O’Quinn, Fultz, Vanderplas & Isen, 1983) was used to measure participants’ empathy toward their offenders. This scale consists of eight words (such as sympathetic, compassionate, and tender) that each describe a particular affect. Participants rated, on a scale from 1 (not at all) to 6 (extremely), the degree to which they believe the word described their feelings for the offender at the time of completing the questionnaire. Scores on Batson’s Empathy Adjectives were obtained by summing participants’ responses on each item. Internal reliability estimates range from between .79 to .95 (Batson et. al., 1986). In addition, Batson’s Empathy Adjectives have been shown in previous research to highly correlate with other instruments measuring perspective taking.
(Batson et. al., 1986). Cronbach’s alpha for the current study was .92 for the pre-test and .97 for the post-test.

**Psychological Outcomes.** Several measures of psychological functioning were also used. These include: hostility, interpersonal sensitivity, depression, and anxiety. Although forgiveness interventions are intended primarily to assist people in overcoming their hurts and attaining forgiveness, if they do not address basic psychological functioning their usefulness may be limited. By measuring both forgiveness related outcomes and psychological symptoms, we hope to address treatment efficacy from several perspectives. An understanding of an individual’s level of hostility and interpersonal abilities are also important for predicting how readily a participant will forgive.

**Psychological Measure**

*Brief Symptom Inventory (BSI).* The Brief Symptom Inventory (BSI) (Derogatis, 1982) was used to assess psychological symptoms. The BSI contains 53 total question which comprise nine primary symptom dimensions scales, and three global indices. Participants rated their level of agreement with each statement from 0 (not at all) to 4 (extremely). Subscale scores were calculated by summing the items in each subscale (for example, items 6, 13, 40, 41, and 46 for the hostility subscale) and dividing the composite score by the number of items in the respective subscale (for example, the total hostility score divided by 5). Certain scales on the BSI, namely hostility, interpersonal sensitivity, depression, and anxiety, were of special interest in the present study. These variables were used to assess participants’ psychological functioning. Hostility and interpersonal sensitivity were examined because of their close relation to forgiveness. Often individuals who have been
hurt and are struggling to forgive experience a great deal of hostility towards their offender. Likewise, interpersonal sensitivity is an important measure of the degree to which an individual reports having their feelings hurt frequently and how they respond to this hurt. Interpersonal sensitivity also examines participants’ feelings of self-doubt and/or discomfort when interacting with others. It is important to clarify that on the interpersonal sensitivity scale, lower scores indicate less interpersonal sensitivity (for example, less self-doubt, higher resiliency to offenses, having one’s feelings hurt less readily, etc).

Example items include, “In the past 7 days, how much were you distressed by your feelings being hurt” from the interpersonal sensitivity scale and “In the past 7 days, how much were you distressed by nervousness and shakiness inside” from the anxiety scale. Cronbach’s alphas on the nine subscales of the BSI range from .71 (psychoticism) to .85 (depression) and from .68 to .91 for test-retest reliability. Cronbach’s alphas for the current study were as follows: .83 (hostility), .81 (interpersonal sensitivity), .81 (depression) and .82 (anxiety). In addition, the BSI has been shown to highly correlate with certain scales of the MMPI, indicating good convergent validity (Derogatis, 1982).

Process Variables. Certain variables were assessed to explore both the process of the offense that the participants experienced and the process of the interventions. To assess the process of the offense, participants provided information on their relationship quality with the offender and a description of the offense itself. To assess the process of the interventions, participants rated the content of the interventions, their experiences with the facilitators, and the elements of the interventions that they found most helpful (see Appendix).
Process Measures

Demographics data sheet. Questions were asked to ascertain demographic information about participants. If willing, participants reported their gender, ethnicity, marital status, and religious affiliation.

Workshop Evaluation. A short questionnaire (Wade, 2002) was used after the final workshop to assess the degree to which participants found the workshops helpful. This questionnaire included five questions about the helpfulness of the facilitator, the workshop, and comfort with fellow group members. Sample questions include, “The information in the group/workshop was helpful to me” and “I will be able to use what I learned in the group/workshop”. Answers were rated on a likert type scale from 1 (strongly disagree) to 4 (strongly agree). Cronbach’s alpha was .86 for the Helpfulness questionnaire at the post-test.

Treatment Fidelity Check. This measure, which was developed for the purpose of the present study, contained 10 questions to determine whether the treatment program was followed. The fidelity check was a two-part questionnaire which asked participants to first indicate which types of interventions were used in each session. Sample questions included, “did you and other members discuss trusting one another?” and “did you discuss definitions of forgiveness?” After participants had indicated which interventions were used, they rated the helpfulness of each element on a scale from 0 (not at all helpful) to 5 (extremely helpful).

Analyses

Multivariate analyses of variance, MANOVAs, were used to examine the differences between the forgiveness intervention condition, alternative treatment condition, and the wait-list control group. In the current study, the design was mixed, with both between- (treatment
group condition) and within- (measurement time) subject effects. Two MANOVAs were conducted to analyze the effects of the various conditions on the dependent variables. The first MANOVA analyzed forgiveness-related variables (rumination, revenge, avoidance, and empathy) across conditions and the second MANOVA examined psychological symptoms (hostility, interpersonal sensitivity, depression, and anxiety) across conditions.

Lastly, clinical significance was assessed using methods developed by Jacobson and Truax (1991). Clinical significance of change attempts to detect changes that occur as a result of treatment that are clinically meaningful. Statistical significance can also show changes in outcomes that are not actually meaningful in the lives of people seeking help. Jacobson and Truax (1991) outline a procedure for detecting clinically meaningful change by first establishing a cut-off score past which a clinically significant change is deemed to have occurred. Next, changes in outcome are examined to determine if they are valid and reliable. It is possible that certain changes in participants' scores from pre to post test may be due to chance; however, assessing clinical significance with the method outlined by Jacobsen and Truax (1991) decreases the probability of this type of error. And lastly, participants are grouped into four categories (ranging from recovered to deteriorated) based on the degree of clinical change they exhibited.
CHAPTER 4

RESULTS

Preliminary Analyses

Participant Attendance. During the 6 months of recruiting, a total of 78 community members inquired about the workshops. After relevant workshop information was passed on to potential participants, 54 of the initial 78 participants (69%) agreed to participate. Of those, 33 (59% of those who agreed to participate, and 42% of those initially inquiring) attended the first workshop session. Of the 33 individuals who initially attended the first session, 28 (84%) completed all four sessions and the post-test questionnaire. There did not appear to be one common reason for not completing the workshops, but instead participants cited a variety of circumstances which caused them to not attend all sessions. Of the five participants who did not complete the workshops (three females, two males), two cited schedule conflicts as the reason for dropping out of the workshops, one decided to enter individual therapy, one cited length of drive to the workshops, and lastly, one participant did not respond to the researchers contacts. All five participants failing to complete the workshops were between the ages of 35 and 50.

Workshop Evaluation. The overall mean score for the Workshop Evaluation across groups was 18.3 (SD = 2.0). The mean score on the Workshop Evaluation for individuals in the forgiveness condition was 18.3 (SD = 2.2) and for the process condition was 18.2 (SD = 1.9). An independent samples t-test indicated that both conditions found the workshops to be equally helpful, $t (18) = 0.05, p = .95$. 
Treatment Fidelity Check. The treatment fidelity check was designed to ensure that treatment interventions used in the forgiveness group were not also utilized in the process condition. However, the data obtained using this questionnaire was not able to be analyzed due to incorrect participant completion.

Most likely, due to the possibly confusing organization of this measure, participants were unsure of how to correctly respond to each question. Because of the inconsistent completion of this questionnaire, it was not analyzed.

Facilitator Effects. An independent samples t-test was conducted to determine if there were any differences in participant outcome across the two facilitators. The mean score on the Workshop Evaluation for participants working with facilitator 1 was 18.5 (SD = 2.1) and with facilitator 2 was 18.0 (2.0). T-test results confirm that there was no significant difference in Workshop Evaluation scores based on facilitator, \( t(18) = 0.59, p = .56 \).

Furthermore, repeated measures Analyses of Variance (ANOVAs) were conducted on each outcome variable in order to determine if the facilitators had a significant effect on treatment outcomes (forgiveness related and psychological symptoms). Facilitator by group by time, 2 (facilitators 1 and 2) x 2 (forgiveness and process groups) x 2 (pre and post test) mixed analyses of variance were conducted. No significant effects for facilitator or interactions between facilitator and group were found on any of the outcomes, indicating that there are no differential results based on facilitator.

Main Analyses

In order to determine if significant differences in forgiveness related outcomes and psychological symptoms existed between the three conditions (forgiveness, process, and
control), 3 (treatment condition) x 2 (time) mixed multivariate analyses of variance (MANOVA) were conducted. The design for the present study was mixed, with both between- (treatment group condition) and within- (measurement time) subject effects. The dependent variables of interest were forgiveness (measured as degree of rumination about the offense, one's desire to seek revenge and avoidance of the offender, and empathy towards one's offender) and psychological symptoms (measured as hostility, interpersonal sensitivity, depression, and anxiety). Rumination was measured with the Rye Forgiveness Scale (2001), revenge and avoidance were measured with the TRIM scale (1998), and lastly, empathy was measured with Batson's Empathy Adjectives (1986). In addition, hostility, interpersonal sensitivity, depression, and anxiety were all measured using the Brief Symptom Inventory (1982). The effect of primary importance was the multivariate condition-by-time interaction because it assesses the differences between conditions (forgiveness, process, and control) across time (from pre to post test). Means and standard deviations for each dependent variable across conditions are displayed in Table 3.

Forgiveness Related Outcomes. For the first MANOVA examining forgiveness related outcomes, the multivariate condition-by-time interaction was significant, Wilkes $\lambda = .48, F (8, 42) = 2.31, p = .03$, partial $\eta^2 = .30$, indicating that significant differences exist between the groups across time (see Table 4 and Figure 1). The individual forgiveness variables were each then analyzed with univariate analyses of variance. The interaction effects were significant for rumination $F (2, 24) = 3.03, p = .05$; partial $\eta^2 = .21$, revenge, $F (2, 24) = 3.63, p = .04$, partial $\eta^2 = .23$, and avoidance, $F (2, 24) = 5.37, p < .01$; partial $\eta^2 = .30$. There was no significant interaction for empathy; however, it is important to note
Table 3

Sample Sizes, Means, and Standard Deviations for Dependent Variables

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Forgiveness Condition</th>
<th>Process Condition</th>
<th>Control Condition</th>
<th>( \alpha^a )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Forgiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rumination</td>
<td>17.0</td>
<td>12.9</td>
<td>14.3</td>
<td>13.2</td>
</tr>
<tr>
<td></td>
<td>(3.2)</td>
<td>(2.1)</td>
<td>(3.5)</td>
<td>(3.0)</td>
</tr>
<tr>
<td>Revenge</td>
<td>10.3</td>
<td>8.0</td>
<td>11.6</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>(3.7)</td>
<td>(3.2)</td>
<td>(5.5)</td>
<td>(4.2)</td>
</tr>
<tr>
<td>Avoidance</td>
<td>26.1</td>
<td>21.2</td>
<td>27.8</td>
<td>25.7</td>
</tr>
<tr>
<td></td>
<td>(7.4)</td>
<td>(6.1)</td>
<td>(6.2)</td>
<td>(6.6)</td>
</tr>
<tr>
<td>Empathy</td>
<td>21.5</td>
<td>22.4</td>
<td>15.6</td>
<td>19.7</td>
</tr>
<tr>
<td></td>
<td>(11.5)</td>
<td>(8.3)</td>
<td>(7.3)</td>
<td>(11.8)</td>
</tr>
<tr>
<td>Psychological Symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hostility</td>
<td>.53</td>
<td>.33</td>
<td>1.44</td>
<td>.91</td>
</tr>
<tr>
<td></td>
<td>(.3)</td>
<td>(.2)</td>
<td>(.8)</td>
<td>(.5)</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>1.5</td>
<td>1.0</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>(.7)</td>
<td>(.9)</td>
<td>(.7)</td>
<td>(.6)</td>
</tr>
<tr>
<td>Depression</td>
<td>1.0</td>
<td>.72</td>
<td>1.12</td>
<td>.55</td>
</tr>
<tr>
<td></td>
<td>(.5)</td>
<td>(.5)</td>
<td>(.6)</td>
<td>(.5)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.77</td>
<td>.35</td>
<td>1.0</td>
<td>.58</td>
</tr>
<tr>
<td></td>
<td>(.51)</td>
<td>(.26)</td>
<td>(.68)</td>
<td>(.48)</td>
</tr>
</tbody>
</table>

*Note.* Standard deviations for each mean shown in parentheses.

*\( \alpha^a \)* Cronbach's *Alpha* measured at time 1 (pre-test).
Table 4
Multivariate Analysis of Variance, F Values, and Significance Levels for Forgiveness Related Outcomes and Psychological Symptoms

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Effect</th>
<th>Wilkes $\lambda$</th>
<th>$F$</th>
<th>$p$</th>
<th>$df$</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiveness</td>
<td>Overall</td>
<td>.48</td>
<td>2.31</td>
<td>.03*</td>
<td>(8, 42)</td>
<td>.30</td>
</tr>
<tr>
<td>Rumination</td>
<td>Group x Time</td>
<td>3.03</td>
<td>.05*</td>
<td>(2, 24)</td>
<td>.21</td>
<td></td>
</tr>
<tr>
<td>Revenge</td>
<td>Group x Time</td>
<td>3.63</td>
<td>.04*</td>
<td>(2, 24)</td>
<td>.23</td>
<td></td>
</tr>
<tr>
<td>Avoid</td>
<td>Group x Time</td>
<td>5.37</td>
<td>.01***</td>
<td>(2, 24)</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td>Group x Time</td>
<td>0.84</td>
<td>.40</td>
<td>(2, 24)</td>
<td>.06</td>
<td></td>
</tr>
<tr>
<td>Psychological Symptoms</td>
<td>Overall</td>
<td>.45</td>
<td>2.29</td>
<td>.04*</td>
<td>(8, 38)</td>
<td>.32</td>
</tr>
<tr>
<td>Hostility</td>
<td>Group x Time</td>
<td>2.02</td>
<td>.15</td>
<td>(2, 22)</td>
<td>.15</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>Group x Time</td>
<td>5.42</td>
<td>.01***</td>
<td>(2, 22)</td>
<td>.33</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>Group x Time</td>
<td>3.35</td>
<td>.05*</td>
<td>(2, 22)</td>
<td>.23</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Group x Time</td>
<td>0.48</td>
<td>.60</td>
<td>(2, 22)</td>
<td>.04</td>
<td></td>
</tr>
</tbody>
</table>

*Note. Rumination was measured using a subscale of the Rye Forgiveness Scale. Revenge and Avoidance were measured using the Transgressions-Related Interpersonal Motivations Inventory (TRIM). Empathy was measured using Batson’s Empathy Adjectives. Hostility, Interpersonal Sensitivity, Depression, and Anxiety were measured using the respective subscales of the Brief Symptom Inventory (BSI).

* $p \leq .05$

***$p \leq .012$ (Bonferroni-corrected alpha rate for the 4 post hoc ANOVAs for each MANOVA: .05/4)
Figure 1

Changes in Rumination, Revenge, Avoidance, and Empathy Observed in the Different Conditions Over Time

Note.
Forgiveness
Process
Control
that participants in the forgiveness condition began the workshop with higher levels of empathy than participants in either the process or control condition (see Table 3). It is possible that statistical significance was not obtained on the empathy measure because participants in the forgiveness condition already reported more empathy at time 1 than did participants in the process condition.

Next, simple effects for each significant interaction were analyzed with three paired sample t-tests comparing pre and post scores for each treatment condition. Participants in the forgiveness group reported significantly less rumination from pre-test to post-test, \( t(10) = 4.79, p < .001 \). However, the process group and wait-list group reported no significant differences in rumination from time 1 to time 2. Participants in the forgiveness group and in the process group reported significant reductions in the desire to seek revenge, \( t(9) = 3.57, p = .006 \), and \( t(8) = 2.45, p = .03 \), respectively, whereas participants in the control condition did not. In addition, participants in the forgiveness condition and the process condition showed significant decreases in the desire to avoid their offenders, \( t(9) = 4.09, p = .003 \) and \( t(8) = 3.45, p = .009 \), respectively. Participants in the control condition did not significantly reduce avoidance.

A Roy-Bergmann stepdown analysis was also conducted, to control for inflation in alpha rate that may occur due to highly correlated dependent variables in multivariate analyses (Tabachnick & Fidell, 2001). Furthermore, a Roy-Bergmann stepdown analysis is another effective way of analyzing the condition x time interactions for each specific outcome and serves to further confirm the previous univariate methods using more stringent tests to control
family-wise alpha inflation. The stepdown analysis was conducted by prioritizing each dependent variable from highest importance to lowest importance. Forgiveness dependent variables were prioritized as follows: rumination, revenge, avoidance, and empathy. This variable order was chosen primarily for theoretical reasons. Research suggests that in order to promote forgiveness, rumination must first be reduced (that is, a participant must be encouraged to move beyond repeated thoughts of the offense). A decrease in rumination, therefore, appears to be an antecedent to the reduction of revenge and avoidance, as well as the promotion of empathy (Wade, Worthington, & Meyer, 2005; Wade & Worthington, 2005). Because rumination was the highest priority dependent variable, it was examined without covariates in a univariate ANOVA and was found to be significant, \( F(2, 25) = 3.81, \ p = .03; \ \text{partial } \eta^2 = .23 \).

In addition, three univariate mixed ANCOVAs were conducted as the second step of the Roy-Bergmann stepdown analysis, to further examine the exact significance of revenge, avoidance, and empathy. The first ANCOVA examined the second priority dependent variable, revenge, with rumination as a covariate. Results confirmed that change in revenge between the different conditions was significant, \( F(2, 23) = 3.39, \ p = .05; \ \text{partial } \eta^2 = .22 \).

The third priority dependent variable, avoidance, was also examined in an ANCOVA with both rumination and revenge as covariates. The group by time interaction for avoidance was also found to be significant, \( F(2, 22) = 3.89, \ p = .03; \ \text{partial } \eta^2 = .26 \). Lastly, empathy was tested in an ANCOVA with rumination, revenge, and avoidance as covariates. Not surprisingly, as with the previous analysis of empathy, the group by time interaction was not significant, \( F(2, 21) = .55, \ p = .58; \ \text{partial } \eta^2 = .05 \).
Psychological Symptoms. A second MANOVA was conducted to examine psychological symptoms, including hostility, interpersonal sensitivity, depression, and anxiety. The multivariate condition-by-time interaction was significant $F(8, 38) = 2.29, p = .04$, indicating that differences in the variables exist between the groups across time.

Univariate analyses of variance were then used to examine the individual outcomes. Significant condition x time interactions were found for the interpersonal sensitivity scale, $F(2, 22) = 5.42, p < .01$, partial $\eta^2 = .33$, and for depression, $F(2, 22) = 3.35, p = .05$, partial $\eta^2 = .23$ (see Table 4 and Figure 2). Findings for hostility and anxiety were not significant.

Simple effects were analyzed with two sets of paired sample $t$-tests (one for each significant outcome above). For interpersonal sensitivity, participants in the forgiveness and process groups both reported significant reductions from time 1 to time 2, $t(8) = 3.03, p < .01$ and $t(8) = 3.25, p < .01$ respectively. The control group showed no significant changes on interpersonal sensitivity over time. Second, whereas participants in the process group reported significant reductions in depression, $t(8) = 3.33, p < .01$, the participants in the forgiveness group and the control condition did not. It is important to note that participants in the forgiveness group did report moderate change (though not statistically significant) on measures of depression, $t(8) = 2.06, p < .07$.

A Roy-Bergmann stepdown analysis was also conducted on the set of four psychological symptom variables (Tabachnick & Fidell, 2000). The stepdown analysis was conducted by prioritizing each dependent variable from highest importance to lowest importance. Psychological symptoms dependent variables were ordered as follows: hostility, interpersonal sensitivity, depression, and anxiety. This order was chosen primarily for
Figure 2

Changes in Hostility, Interpersonal Sensitivity, Depression, and Anxiety Observed in the Different Conditions Over Time

![Graphs showing changes over time in hostility, interpersonal sensitivity, depression, and anxiety across different conditions.](image)

Note.
Forgiveness
Process
Control
theoretical reasons. Hostility and Interpersonal sensitivity were chosen as the first two variables because of their direct and more proximal relation to the main outcome of forgiveness. The second two variables, depression and anxiety, were expected to change only as an indirect result of the treatments and were therefore placed last in the stepdown analysis.

Because hostility was the highest priority dependent variable, it was examined without covariates in a univariate ANOVA and was not found to be statistically significant, $F(2, 22) = 2.02, p = .15$; partial $\eta^2 = .15$. In addition, three univariate mixed ANCOVAs were conducted to examine interpersonal sensitivity, depression, and anxiety. The first ANCOVA examined the second priority dependent variable, interpersonal sensitivity, with hostility as a covariate. Results confirmed that the group by time interaction for interpersonal sensitivity was significant, $F(2, 21) = 4.95, p = .01$; partial $\eta^2 = .32$. The third priority dependent variable, depression, was also examined in an ANCOVA with hostility and interpersonal sensitivity as covariates. The group by time interaction for depression was not significant, $F(2, 20) = 2.73, p = .08$; partial $\eta^2 = .21$. Lastly, anxiety was tested in an ANCOVA with hostility, interpersonal sensitivity, and depression as covariates. The group by time interaction for depression was also not significant, $F(2, 19) = .30, p = .73$; partial $\eta^2 = .03$.

Clinically Significant Change. In addition to examining statistically significant changes, it is also helpful to assess clinical significance. Clinical significance refers to the changes participants experience from pre to post test that, above and beyond statistical significance, demonstrate that clinically relevant changes in outcome variables were achieved. In the majority of research, statistical significance is reviewed as a single measure of treatment effectiveness. However, clinical significance can also help determine exactly
how effective various treatments were and precisely how individuals responded to treatment (Jacobson & Truax, 1991; Hawley, 1995; Ogrodniczuk, Piper, & Joyce, 2004).

Assessing clinical significance is relevant primarily for psychological symptoms. Because forgiveness is a relatively new field, it is difficult to define and determine clinically significant change with forgiveness related outcomes. On the other hand, the clinical significance of psychological symptoms has often been measured in previous research. Therefore, hostility, interpersonal sensitivity, depression, and anxiety were assessed. In the present study, clinical significance was determined through a two-step process developed by Jacobson and Truax (1991). First, clinical significance was considered by calculating a designated cut-off score (used to signify that an important improvement in functioning was made) for each psychological variable. This was done using the formula which calculates a cut-off that is between the mean score for a clinical and non-clinical population (cut-off C). Mean clinical scores were taken from the present sample and mean non-clinical scores were found in the Brief Symptom Inventory (BSI) manual. Cut off scores were as follows for psychological symptoms: .58 for hostility, .53 for interpersonal sensitivity, .59 for depression, and .57 for anxiety.

The second step of determining clinical significance was to establish reliably significant change. To ensure that changes are reliable, the reliable change index (RCI) formula was used. This formula is calculated by computing the difference between each participant’s pre and post test scores and dividing this difference by the standard error of measurement. Calculations that fall above 1.96 or below -1.96 are considered reliable changes.
Lastly, once the cut-off and RCI have been calculated, each participant’s post-test scores are examined to determine if they surpass both criteria. According to Jacobson and Truax (1991), participants are classified into four distinct categories based on their scores: recovered (above cutoff and RCI), improved (above RCI, but not the cutoff), unchanged (above neither cutoff nor RCI), and lastly, deteriorated (above RCI, but in the negative direction). Participants were categorized according to these four groups for the variables of hostility, interpersonal sensitivity, depression, and anxiety (see Table 3).

Jacobson and Truax (1991) suggest that calculating proportions is the most appropriate method of analyzing clinical significance because proportions enable researchers and clinicians to see a frequency distribution of changes made by participants (Hawley, 1995). The clinical significance findings further support certain statistical results (see Table 5). On hostility and interpersonal sensitivity, the participants reported no clinically significant change. However, findings of clinically significant changes on depression and anxiety seem to be slightly more promising, specifically within the forgiveness condition. Forty percent of participants within this condition fall into Jacobson and Truax’s Recovered category, indicating that they have been able to greatly reduce their depression. In addition, in the process condition depression also improved. Though only 11% of the process condition met the criterion for the Recovered category, 33% met the criteria for Improved. Lastly, according to Jacobson and Truax’s guidelines, only one participant (a member of the wait-list control group), met the criteria for the Deteriorated on the depression measure.

Observed power. In addition to the above statistical procedures, the observed power of each MANOVA and ANOVA was examined. Cohen (1988) recommends that
### Table 5
Percentage of Clinical Change across Groups.

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Deteriorated</th>
<th>Unchanged</th>
<th>Improved</th>
<th>Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hostility</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgiveness</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Process</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Control</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Interpersonal Sensitivity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgiveness</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Process</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Control</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgiveness</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Process</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Control</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgiveness</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Process</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Control</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
to detect statistical significance, power should be at .80 or above. Observed power for the forgiveness MANOVA was .82, indicating that power was adequate to detect existing significance. Power for the univariate forgiveness ANOVAS were as follows: .61 (revenge), .79 (avoidance), and .17 (empathy).

Observed power for the psychological symptoms MANOVA was .75, indicating that power was not quite high enough to ensure detection of any significant differences that may exist. Lastly, power for the univariate psychological symptoms ANOVAS were as follows: .79 (interpersonal sensitivity), .57 (depression), and .12 (anxiety).
CHAPTER 5
DISCUSSION

The present study provides insight regarding forgiveness interventions and their effectiveness when compared with a general counseling group. Many conclusions can be drawn regarding what circumstances appear to be helpful for reducing unforgiveness and promoting forgiveness, and under what conditions psychological symptoms, such as depression, can be reduced or alleviated. In addition, this study also offers a new understanding of curative factors and their potential role in promoting positive outcomes. Though the current findings are helpful, a wealth of questions remain unanswered. After reviewing findings of the present study, limitations to the current study will be considered and suggestions for future research will be made.

Participant Attendance and Attrition. As stated previously, recruiting participants for the present study was challenging. While a total of 78 community members contacted the researchers to inquire about the workshops, only 28 of these initial 78 went on to complete the workshops and post treatment assessments. Though there was great difficulty in getting participants to attend the initial workshop sessions, the vast majority of participants who attended the first workshop session remained throughout the course of the study (84%). During the workshops, only five participants were not retained. Of those who could be reached, two were not able to attend due to scheduling conflicts, one individual cited driving distance as a reason for not participating, one participant decided their needs would be better met in individual therapy, and one stated they were uncomfortable participating in a group setting.
In addition to the reasons above, there are a few speculations in regards to why the number of participants dropped so dramatically from the initial contact to the time the workshops began. Numerous participants had questions for the researchers during the initial phone contact about how the workshops would be conducted, what they would entail, and who would be participating. Worries over precisely what to expect from the workshop sessions were common across participants. It is possible that fears and apprehensions about the workshops deterred some participants from attending. In addition, participating in a research study in a university setting is not a common occurrence for many community members. Naturally, many participants were worried about what the workshops and facilitators would be like and had concerns and questions about coming to campus and experiencing something relatively unknown. The researchers encouraged participant questions and concerns prior to the workshops; however, some individuals may have been deterred from participating because they were worried and anxious about the workshop and participation process.

**Study Findings**

Some findings of the present study support the initial hypotheses, while others do not. The first hypothesis addressed forgiveness across conditions, while the second hypothesis addressed psychological symptoms. The first hypothesis stated that the degree of forgiveness (changes in rumination, revenge, avoidance, and empathy) post treatment would be directly impacted by the treatment a participant received. Specifically, individuals in the forgiveness condition were expected to exhibit greater changes in forgiveness than those in the process condition. The process condition, however, was hypothesized to increase
forgiveness in comparison to the control condition, in which forgiveness would remain stable.

Findings regarding this first hypothesis are conflicting. As stated previously, forgiveness was measured on four dimensions; rumination, revenge, avoidance, and empathy. Findings show that the first hypothesis was supported on the rumination measure; that is, participants in the forgiveness condition experienced significant declines in rumination from pre to post test, whereas individuals in the process and control condition did not. The first hypothesis was not supported, however, on the revenge and avoidance measures. In these two instances, surprisingly, participants in the forgiveness and process condition both showed significant decreases from pre to post test. Participants in each group reported a significantly decreased desire to seek revenge against or avoid their offender. In this respect, both the forgiveness and process groups were effective at promoting forgiveness. In contrast, participants across conditions did not show significant changes in empathy from pre to post tests. It is important to mention that ideally random assignment of participants to treatments should allow for each intervention group to start with similar amounts of empathy towards their offender. This was not the case, however, with the present sample, in which groups were non-equivalent on the empathy measure at time 1. The forgiveness group began the treatment sessions reporting much higher levels of empathy than the process and wait-list control groups. Perhaps because the forgiveness group began the treatments with already elevated levels of empathy, it was near impossible for empathy to be increased even more.
The second hypothesis in the present study addressed psychological symptoms, namely hostility, interpersonal sensitivity, depression, and anxiety. This hypothesis stated that participants in the forgiveness and process conditions would experience similar reductions in psychological symptoms, but participants in the forgiveness condition would reduce psychological symptoms more than the process condition. Results showed that participants in both the forgiveness and process conditions significantly decreased interpersonal sensitivity, but did not reduce anxiety and hostility. Also, participants in the forgiveness and process condition showed significant reductions from pre to post test on the depression measure, though participants in the process group reported greater reductions in depression than the forgiveness group.

Overall results on the depression measure are, however, ambiguous. Participants in the forgiveness condition reported statistically significant changes on the depression measure at the significance level of $p = .05$ on the ANOVA. Slightly different results, however, were obtained on follow-up t-tests which showed nonsignificant changes ($p = .07$) from pre to post test on the depression measure for participants in the forgiveness condition. Although follow-up t-tests for depression in the forgiveness condition did not yield statistically significant findings, it appears that a true effect for depression does exist. This can be assumed for many reasons. First, the tests of clinical significance which were conducted show essentially no difference between the number of individuals who were able to recover and/or improve in the forgiveness and process conditions. In both of these conditions, four individuals per group (40% in the forgiveness condition, 44% in the process condition) reported clinically
significant changes. In essence, clinically significant changes in depression were the same across the forgiveness and process conditions.

Second, typically a large sample size is required in order to detect small effects. The current sample size was rather small, meaning that statistical significance of small or even moderate size should be difficult to detect. The effect size for the treatment-control comparison on depression was .23, indicating a moderate effect does exist (Cohen, 1988). Had we been able to recruit a more substantial sample, it is likely that we would have been able to detect the smaller effect sizes, and our results for the depression measure would have been more conclusive.

Clinically significant change in psychological symptoms also must be interpreted when reviewing the present findings. Assessing clinical significance is essential because it examines changes made on an individual level from pre to post test that may not necessarily be reflected by statistical significance. This is especially evident on, for example, the interpersonal sensitivity findings, in which statistically significant changes were shown in the forgiveness and process groups, yet in actuality, only two individuals in the forgiveness condition were classified as having improved or recovered. Likewise, three individuals in the process condition (33%) were categorized as being improved on the hostility measure, yet this change was not indicated as statistically significant. It is vital to recall that while statistical significance is detected, clinical significance may not be. Furthermore, individuals can experience important individual clinical changes from pre to post treatment, yet these gains may not be reflected with statistical significance.
Interpretation of findings

The first plausible explanation for these findings is that specific components present only in the forgiveness condition were responsible for the significant decrease on the rumination measure of unforgiveness. It is possible that certain elements, such as the emphasis placed on moving beyond a hurt, present in the forgiveness condition alone are responsible for this significant change in rumination in participants in the forgiveness condition. A plausible explanation for this finding is that the forgiveness condition strongly encourages participants to refrain from dwelling on past hurts and instead advocates moving beyond the offense, unlike the process and control conditions. Elements in the forgiveness condition may have specifically targeted rumination, explaining why rumination significantly decreased in the forgiveness condition, yet revenge and avoidance significantly decreased in the forgiveness and process conditions.

In essence, only one variable (rumination) showed significant reductions in the forgiveness group and not the process group. However, this difference must be examined critically. In the current study, the rumination scale was found to have a Cronbach’s alpha of .54. This indicates that the internal reliability for the rumination scale was rather poor; subsequently, findings gathered using this particular scale may be significantly less reliable. Perhaps using a larger sample may have yielded a higher internal reliability statistic on this particular measure. A second possible drawback of the rumination scale is that this scale has not been previously researched and validated to the same extent as the other measures utilized in this study. Though in analyses of our other data on this scale, estimates of
reliability were adequate (Cronbach’s alpha > .80), more research is needed to ensure that it is a reliable forgiveness measure.

Taking these possible drawbacks of the rumination scale into consideration, the present results indicate that findings were essentially the same between the forgiveness and process group. Participants in the process and forgiveness conditions both reported significant reductions in revenge, avoidance, depression, and interpersonal sensitivity from time 1 to time 2. In addition, participants in both groups did not increase empathy or reduce anxiety or hostility. Regardless of the treatment participants received, they appear to have been able to reduce unforgiveness and psychological symptoms to the same degree.

One possible reason for such similar findings across conditions is the presence of curative factors. Most likely a variety of curative factors, such as catharsis and being part of a supportive environment, are responsible for significant reductions in revenge, avoidance, depression, and interpersonal sensitivity witnessed in both conditions. The presence of clinically significant findings across conditions supports this explanation. A portion of the participants in the forgiveness (40%, 20%) and process (44%, 33%) conditions reported clinically significant change (improved or recovered) on measures of depression and anxiety, respectively. In addition, 33% of participants in the process condition reported clinically significant change in hostility. Because clinically significant changes were found in the forgiveness and process condition alike, it appears that curative factors common to both treatments may be the cause of these changes.

Another possible explanation for the current findings is that it may be easier to reduce and eliminate negative behaviors (signs of unforgiveness, such as rumination and
revenge) than to promote positive behaviors in the forgiveness process. For example, rumination, revenge, and avoidance were decreased from pre to post test in the forgiveness and process groups, but empathy was not significantly promoted in either. In essence, these results seem to support the belief that it may be easier to help individuals decrease negative emotions and cognitions towards an offender than to promote positive feelings. One possible reason for this is that the process of establishing positive feelings towards an offender is extremely challenging and requires a commitment to empathy over an extended period of time (McCullough & Worthington, 1995; McCullough, Worthington, & Rachal, 1997; Worthington, Sandage, & Berry, 2000).

Furthermore, the reduction of negative emotions towards an offender is not sufficient to claim that forgiveness has been achieved. Research has shown theoretically (Worthington & Wade, 1999) and empirically (Wade & Worthington, 2003) that the reduction in unforgiveness, merely requiring that negative emotions are eliminated and an attitude of neutrality is taken towards an offender, is not synonymous with forgiveness. Given the short duration of these interventions, it is not surprising that the participants had a difficult time developing something positive for their offenders. Most participants struggled in the short time to simply understand the impact of the hurt and their own feelings in reaction to it.

Study Limitations. Limitations to the current study must be considered when reviewing the present findings. The first limitation to this study is a small sample size. Because participants were community members, it was difficult to recruit a large number of persons to participate. First, individuals from the community were often busy juggling their
work and home lives, making the inclusion of treatment sessions into their schedules a challenge. Also, community members seemed to be curious, yet apprehensive about what participation would entail. It is most likely for this reason that significantly more individuals expressed initial interest in the sessions than actually participated. In addition, the present study included few males. This smaller sample size makes it more difficult to generalize these findings to other populations and decreases the reliability of these results for men.

Previous research has also faced difficulty when attempting to include a balanced sample of males and females. For example, McCullough and Worthington (1995) used a predominately female sample (76% female and 24% male) while Rye and Paragament (2002) chose to employ an entirely female sample. Research such as this and the current study, while helpful, make it more difficult to generalize findings to other populations. Furthermore, it is likely that examining the current hypotheses with a larger sample may yield clearer, more definitive results. Future forgiveness research should strive to increase sample size, as well as balance the number of males and females who participate.

A second limitation to the present study is the wide variety of hurts participants had experienced. Hurts that participants were striving to overcome ranged from severe to moderate, such as divorce and sexual abuse to anger with coworkers and being upset with friends. It may be that it is a different experience, requiring varied strengths and skills, to forgive something severe versus something more commonplace. It is possible that participants who had endured a severe hurt may have had more difficulty overcoming and forgiving their hurt than individuals who reported a moderate hurt (Worthington, Sandage, & Berry, 2000). Although heterogeneity of offenses among participants may allow for a better
understanding of the role of offense severity on forgiveness and may enable findings to be more widely generalized to the general population, however studying varied offenses may possibly make the forgiveness condition less effective. With such varied offenses, the intervention content could not be tailored for each type of offense and therefore, may have to be broad.

**Future Research Questions**

Although shedding significant light on the effectiveness of forgiveness interventions and basic counseling conditions, the present findings also raise questions about future directions of forgiveness research. There are numerous areas in this field that remain unanswered and need further investigation.

First, further research needs to be done comparing general counseling conditions with forgiveness interventions to replicate, confirm, and further assess the results of the current research. The present study is the first known to the author that has examined the effects of a forgiveness intervention compared to a general counseling condition designed to mimic the curative factors present in group therapy settings. Because this study is the first to research this, future studies are needed to replicate, confirm, and elaborate the present findings. Will the findings be replicable with different samples (all female, all male, more evenly mixed) with different hurts (severe to moderate) and with different ages (college students, the elderly)? These questions must be assessed in the future to confirm and clarify the present findings.

Second, numerous questions arise regarding the precise effects of curative factors on forgiveness. Though curative factors appear to be at work, at least to some extent, it remains
to be determined how much these factors are responsible for outcomes. Furthermore, how
can clinicians make use of these curative factors, and incorporate them most effectively into
groups in the future- both general psychotherapy and explicit forgiveness interventions?
Further research is needed to examine what factors are at work in forgiveness interventions as
well as alternative treatment conditions.

A third suggestion for future research is in reference to the difficulty of recruiting
participants from the community. The present study faced a considerable amount of
difficulty in attempts to recruit a sample composed entirely of community members. Future
research should examine how community members can be recruited more effectively. What
can be done to bridge the gap between community members and the universities in order to
promote research participation? What should be done in the future to help bring community
participants onto campuses to participate? Though participants in the present study were
clearly explained protocol for the workshops and were able to have any questions they had
answered, for some community members, there seemed to be a great deal of anxiety
associated with coming to campus to participate in a research study. Future research should
examine what steps can be taken to encourage community members to participate by easing
some of their fears and worries about what participating will entail.
CHAPTER 6

REFERENCES


ACKNOWLEDGEMENTS

Without the support, care, and guidance of many, this thesis would not be possible.

My utmost thanks to my major professor, Nathaniel Wade, for tirelessly reading countless drafts, providing me with continued enthusiasm, and insisting that he wouldn't allow my committee to throw rotten tomatoes at me during my proposal or defense. Also, my thanks to my committee for their wisdom and valuable suggestions (and, as equally important, for not throwing a single tomato).

My deepest gratitude to my love, my dear MBKers, who believed in me more than I did in myself, was always willing to lend me his statistics genius, held my hand at every step, and encouraged me to shoe shop away the tension of endless thesis writing.

And, of course, I am ever grateful for the love given to me throughout the months of thesis work by my Mom, Dad, and Bear Child's Mother. To my Dad, for keeping me on the gravy train and never failing to take interest in my thesis progress each time we talked. To my Mom, my second thesis advisor, who always gave me the advice and insight of a professional, while still giving me the love and encouragement of a mother. Also, to Bear Child's dear and sweet Mother, for always being ready to cheer me up with a self-portrait, warm greetings, and a hug.

Lastly, my sincere thanks to Catalina and Jill, who empowered me to remember myself along the way.
Materials needed for this session:
1. Participant manuals.
2. Pens or pencils.
3. Video recorder and cassettes (two sixty-minute tapes).

SESSION 1

I. Introduction (overall: 40 min)

A. Welcome group members to the forgiveness workshop and introduce yourself. (1 min)

B. Member Introduction (10 min)
   1. Have members share their name, hometown, and their best and worst experience so far at ISU.

C. Hand out participant manuals. Point participants to the introduction in the manual (see box below). Ask them to read it for themselves. (2 min)

Introduction

Welcome to the forgiveness workshop. Thank you for taking the time to participate in this experience. I am confident that you and the other group members will get a lot out of your time in this workshop. If you have questions or concerns during the meetings please feel free to ask the facilitator. I hope that you will enjoy this experience and that it will benefit you personally.

Sincerely,
Nathaniel Wade, PhD

D. Explanation and purposes of workshop (5 min).
   1. Four sessions lasting 1.5 hours each (6 hours total).
   2. GOAL: Focus on helping you to forgive the people for the specific offenses that you wrote about in the questionnaire.
   3. Workshop will be spent (a) discussing forgiveness topics, (b) practicing forgiveness techniques, and (c) sharing with the group.
G. Discuss importance of “Workshop Guidelines” (5 min).

<table>
<thead>
<tr>
<th>Workshop Guidelines</th>
<th>2</th>
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<tbody>
<tr>
<td>1. <strong>Confidentiality:</strong> What is said in this room stays in this room.</td>
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<tr>
<td>2. <strong>Attendance:</strong> Your attendance at all sessions is important both for your attempts to forgive and for the research project.</td>
<td></td>
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<tr>
<td>3. <strong>Punctuality:</strong> We will begin and end on time.</td>
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<tr>
<td>4. <strong>Participation:</strong> Group discussions are for you all to learn from each others’ experiences.</td>
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</table>

<table>
<thead>
<tr>
<th>Workshop Topics Outlined</th>
<th>2</th>
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<tbody>
<tr>
<td>1. Understanding Forgiveness</td>
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<tr>
<td>2. Remembering the Specific Hurt</td>
<td></td>
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<tr>
<td>3. Building Empathy</td>
<td></td>
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<tr>
<td>4. Guilt, Gratitude, and Offering of Forgiveness</td>
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<tr>
<td>5. Making a Commitment to Forgive</td>
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<tr>
<td>6. Maintaining Forgiveness after the Workshop</td>
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</tbody>
</table>

H. Read through and explain briefly the “Workshop Topics Outlined.” (2 min)

I. Group Ice Breaker: (15 min):
1. Get members to share in groups of 2-3 their fears, expectations, and hopes related to coming to this group.
2. Ask them to share what it would take for them to have a great experience with the group.
3. Bring group together and check in with what was shared in the dyads.
   a. Have them each share with the larger group at least one part (if not all) of what they shared with their partners.

II. Defining (Understanding) Forgiveness (overall: 45 min)

A. Definition exercise, (15 min).
✓ “Let’s start by talking about forgiveness. Turn in your manuals to page 3. Take a few minutes to write what you think forgiveness is.”
1. Allow time for them to answer. Then lead discussion and encourage participants to describe specifically what they mean. Ask them for examples (from their life or hypothetically). Try to extract from their answers aspects of the final definition of forgiveness (change in emotion, not earned by offender, often difficult, etc.)
I. Understanding what forgiveness is and is not will be very important during this workshop. Take a few minutes and, in your own words, record some of your thoughts about forgiveness in the space provided below.

What is “forgiveness”?

B. Forgiveness Images (10 min).

“Since the term ‘forgiveness’ often causes emotional reactions in people who have been hurt, it is important for us to understand what is meant by ‘forgiveness’ in this workshop. You all have identified many aspects of the definition that we will use. Before we look at a shared definition, let’s take a little different perspective on defining forgiveness. Look at the next section in your manuals. Which of these images of forgiveness makes the most sense to you?”

1. Instruct them to complete the second exercise on page 3.
2. Lead discussion of which images they chose and why.
   a. Were there any images that they disagreed with or did not like?
   b. Do any of these match their definition? Would they like to add anything to their definition as a result?

II. Now look at the list of forgiveness images described below. Check off the images that make the most sense to you.

- To forgive is to clean and straighten a room that has been neglected too long.
- To forgive is to write in large letters across a debt, “Nothing owed.”
- To forgive is to bundle all the garbage and dispose of it, leaving the house clean.
- To forgive is to shoot an arrow so high and so far that it will never be found again.
- To forgive is to loose the moorings of a ship and release it into the open sea.
- To forgive is to relax a stranglehold on a wrestling opponent.
- To forgive is to sandblast a wall of graffiti, leaving it looking like new.

C. What forgiveness is NOT (10 min)

1. Ask for similarities between forgiveness and the words below.
2. Then, ask for and discuss the differences. Be sure to highlight that they are NOT the same. Forgiveness does not have to include ANY
of these.

a. **Reconciliation:** an interpersonal process that restores trust. Forgiveness may not lead to a restored relationship in all cases.

b. **Condoning:** overlooking, or approving of an action. Forgiveness includes a condemnation of the act as **wrong** and/or **hurtful**.

c. **Legal Pardon:** pardons often include getting rid of or avoiding consequences. Forgiveness holds the offender responsible for the consequences of their actions.

d. **Making Excuses:** providing reasons that make the offender less responsible. Forgiveness does not seek to excuse the person for what they did.

D. Conclude “Understanding Forgiveness” section with the shared definition of forgiveness (10 min).

1. Read the definition with them. Then break them into dyads/small groups and have them share their reactions to this definition with each other.

2. Encourage them to answer the questions below the definition.

<table>
<thead>
<tr>
<th>A definition of forgiveness for this workshop:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Forgiveness</em> is a positive change in feeling toward an offender that results in giving up thoughts or plans for retaliation and/or stopping attempts to avoid the individual who hurt you. This change in feeling has not been earned by the offender and may or may not lead to a renewed relationship.</td>
</tr>
</tbody>
</table>

**Discussion questions:**

What aspects of this definition are new to you? What do you like and not like about this definition? Given this definition, how difficult will it be for you to attain this for your offender?

III. Closing the first session (5 min).

A. Lead a discussion to process the first session. Get each to answer:

1. From 1 to 10 how comfortable are you with the group after this session?
2. What would help to make you feel more comfortable in this group?
3. What one thing did you like about being in this group today?

B. Thank members for their participation.

C. Remind them of next week’s session.
D. Hand out feedback forms for them to complete.
SESSION 2

I. Introduction to the session (10 min)

A. Welcome the group members back.
B. Warm-up exercise:
   a. Break group into dyads to briefly share how last week went.
   b. Also ask them to share what they hope to get out of the session today.
C. Give brief overview of what will be covered today.

II. Remembering the Specific Hurt (overall 45 min.)

A. The target offense (5 min.)

☐ “Recall that when you all completed the initial questionnaires, you were asked about a time that you were hurt and you have not been able to forgive. I would like you all to think of that specific time when we work through the exercises of this workshop. To help you remember which offense you originally wrote about, I have photocopies of those offenses.”

   1. Pass out the photocopies of the incidents to the individual participants. Allow time for them to read over what they had written.

B. Guidelines for remembering the hurt (5 min.)

☐ “Remembering the offense or hurt may be difficult for you. Take it at your own pace. As you think about what happened, I would like to encourage you to do so in a specific way.” (Explain each)

   1. Try to think about the offense as objectively as possible.
* don’t minimize the reality of the hurt, but try to see it from different perspectives.

2. Avoid thoughts that make you feel unrealistically victimized.
   * remember that in most cases people are not trying to *purposively or specifically* hurt you.

3. Try not to “demonize” the offender.
   * keep in mind that all of us have the ability to do both good and evil actions.

<table>
<thead>
<tr>
<th>Remembering the Specific Hurt</th>
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<tbody>
<tr>
<td>As you recall the offense try to:</td>
</tr>
<tr>
<td>➢ Remember the offense as <strong>objectively</strong> as possible,</td>
</tr>
<tr>
<td>➢ Avoid thinking in terms of being unrealistically victimized, and</td>
</tr>
<tr>
<td>➢ Limit the natural tendency to “demonize” the offender (thinking only of negative characteristics of the offenders and attributing only mean-spirited and cruel motives to their actions).</td>
</tr>
</tbody>
</table>

C. Participants’ reactions to offense. (10 min.)

“As you remember the hurts today, you will likely experience many different feelings. It may be helpful for us to categorize the emotions.”

1. Explain difference between “hot” and “cold” emotions.
   a. Hot emotions: the immediate feelings that the hurt or offense creates.
   b. Cold emotions: the feelings that develop after the initial reaction.

2. Have participants think of examples of hot and cold emotions (Page 5).

<table>
<thead>
<tr>
<th>Possible Feelings in Response to the Offense</th>
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</thead>
<tbody>
<tr>
<td>Hot Feelings:</td>
</tr>
<tr>
<td>➢ (Anger, Fury, Rage).</td>
</tr>
<tr>
<td>➢ (Sadness)</td>
</tr>
<tr>
<td>➢ (Disappointment)</td>
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<tr>
<td>➢ (Shame)</td>
</tr>
<tr>
<td>➢ (Betrayal)</td>
</tr>
<tr>
<td>Cold Feelings:</td>
</tr>
<tr>
<td>➢ (Bitterness)</td>
</tr>
<tr>
<td>➢ (Fear event’s recurrence).</td>
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<tr>
<td>➢ (Rejection)</td>
</tr>
<tr>
<td>➢ (Humiliation)</td>
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<tr>
<td>➢ (Vengefulness)</td>
</tr>
</tbody>
</table>

3. Summarize and define unforgiveness.

“So hot feelings can develop into cold emotions. For example, anger will often turn into bitterness. The cold emotions will often turn into unforgiveness.”
**Definition:** Unforgiveness is a complex of cold emotions that develops from the initial emotional reactions (hot feelings). This occurs through the process of negative rumination.

**Definition:** Rumination is the mental replay of events. For example, dwelling on the events of an offense.

- “When mulling over negative events such as the hurt you described, cold emotions develop and create unforgiveness.”
- **Discuss:** “Which of the hot and cold emotions did you experience in response to the hurt?”

**Important:** Recalling the hurt in this way helps to discharge the power of the hot emotions, and to dislodge the foundation of the cold emotions.

**D. Imagery:** (5 min.)

- “I would like for us to take some time to remember the offense, what happened, what it felt like, and what the result was. To do this, I invite you to imagine a scene with me. First, I would like for you all to relax, take a few deep breaths, and if you are comfortable, close your eyes. Make yourselves comfortable where you are sitting. As you breathe deeply, focus on exhaling. Slowly exhale ALL the air in your lungs. As you do this, your body will naturally inhale to fill the emptiness in your lungs. Exhale again, fully, slowly.” <Pause>

- “Continue breathing. As you do, allow the distractions of the room and your many thoughts to leave your mind. <Pause> Imagine a scene that makes you feel relaxed and safe, a place that you can go to in your mind. It might be in deep, leaf-covered woods or on the banks of a blue lake. Imagine a place that makes you feel content. Imagine the sounds, smells, and experiences of this place. <Pause> As we continue, you can always come back to this place if the memory of the hurt becomes too difficult.

- “In this relaxed state, begin to recall the events that led up to the hurt. <Pause> Remember any experiences or conversations that were related to the hurt. Recall what you said, what the offender said, what other people close to you said. <Pause> Visualize the events and experiences. Put yourself back in the place you were then, when the hurt initially occurred. <Pause> Hold those thoughts and memories in
your mind. Continue breathing deeply. <Slowly> Then . . . when you are ready . . . open your eyes . . . and return to this room.

E. Discussion: (20 min)
1. Tell them that you would like for all of them to share if possible. If it is too uncomfortable, they may certainly pass, but encourage them to share at least a part of their story with the group. What happened? How did you get hurt? What did it feel like? Try to get everyone to participate.
2. Solicit the perspectives and support of other group members.
3. Try to acknowledge that painful events did occur that are understandably hard to forgive. Empathize, empathize, empathize.
4. Summarize common themes and close discussion.
   ○ “Interpersonal hurts can create a lot of different feelings and reactions. It seems many of these hurts have had some significant impact in your lives.
   ○ “Next I would like for us to turn our attention to the role that empathy plays in forgiveness.”

III. Building Empathy (overall 30 min)

A. Why people hurt others. (5 min)

1. Continue with the specifics of the hurt they experienced. Have them think of all the reasons that caused the offender to hurt them. (page 6)
2. Have them also continue down the page and complete the 2nd exercise.
3. Tell them to make the lists as clear and exhaustive as possible, as they will be sharing them with a partner in a few minutes.

| Exercise: |
|———|
| Why did your offender hurt you? What were the reasons why the person acted the way they did and chose to do something that caused you pain? Try to think of as many reasons as you can. |

| Explanation Exercise: |
|———|
| Think of a time that you did something that hurt another person. What did you do? Why did you do this? (List as many reasons as possible.) |
B. Perspective is crucial.

1. Introduce the Baumeister and Exline (1997) study: (5 min)

   “Two researchers conducted an experiment where participants had to read a narrative of an offense. Participants were told to read the story from the victim’s perspective, from the offender’s perspective, or from the perspective of an observer of the events. Later all participants were asked to recall what they remember about the narrative.”

   “Which group do you think remember the facts most accurately?”
   a. Observer perspective was most accurate.

   “Which group remembered the facts least accurately?
   a. Victim and Offender perspectives remembered the offenses with equally poor accuracy. Only difference was in what they remembered. Each remembered facts that supported their perspectives.

   “Okay, return to the pairs (or small groups) that you worked in a few minutes ago. I would like for you to look at the explanations that you wrote. Take a few minutes and share these answers with your partner.” (10 min)
   a. Allow pairs about 3 minutes to discuss their responses to both their negative behavior and their offenders’.

   b. Explain the difference between situational and dispositional explanations for events.

   c. Now, ask participants to return to their lists and place an “S” for circumstantial and a “D” for dispositional next to each explanation on both lists. Have them check their answers with their partners.
   1) Give example.

      “For example, imagine I came late to the workshop tonight, rushing around, disorganized and flustered. I might explain my behavior by
saying I had a flat tire on my way in. Would that be an ‘S’ or a ‘D’?"
a) Be sure they understand the coding and instructions.

d. Discuss how the “S’s” and “D’s” weighted on the different lists in the large group. (If done properly, “S’s” should outweigh “D’s” for their behavior and vice versa for their offender’s behaviors.)

2. Understanding the Offender’s Perspective
☐ “Okay, let’s complete the exercise on page 7.” (5 min)

<table>
<thead>
<tr>
<th>Explanation Exercise (continued):</th>
</tr>
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<tbody>
<tr>
<td>Think again of what your offender did to you. What situational reasons do you think led the person to hurt you? (Again, list as many reasons as possible.)</td>
</tr>
</tbody>
</table>

3. Discussion (5 min)
☐ “In what ways does this information relate to the offenses that you all felt?”
a. Lead discussion on how these findings might help participants to be more objective and avoid biases in information recall.

Closing: There is one primary factor that is consistently related to the ability to forgive: empathy for the offender. Summarize what was done today with empathy. Share that next week you will continue exploring this important factor. (5 min)
a. Finish with a reminder about next week and completion of the feedback form
Materials needed for this session:
1. Participant manuals.
2. Sealed envelopes with names containing their specific offenses.
3. Pens or pencils.
4. Video recorder and cassettes (two sixty-minute tapes).

SESSION 3

I. Welcome and review of last session (10 min.)

A. Welcome group.

B. Review the topics covered in Sessions 1 and 2.

1. Encourage group to follow along in their manuals.
2. Opened Session 1 by defining forgiveness.
   "Remember we said that forgiveness is a positive change in feeling toward an offender that results in giving up thoughts or plans for retaliation and/or stopping attempts to avoid the individual who hurt you. This change in feeling has not been earned by the offender and may or may not lead to a renewed relationship."
3. Recalling the hurt.
   "Then we took some time to remember the hurt or offense that you all are trying to forgive. Like last week your individual offenses are in your envelopes."
4. Building empathy.
   "Finally we discussed how to build empathy for your offenders by trying to see the situation from their perspective."
5. Today’s Agenda
   a. Continue with developing empathy
   b. Explore the role of acknowledging our own hurts in forgiving.
II. Building Empathy:

1. Discuss: What is “empathy”? When is it easy/hard for you to feel empathy? (5 min)
2. Empathy review. (15 min)
   
   Definition: “Empathy is the process of understanding another person’s perspectives, thoughts, and emotions. It is feeling with the other person and often leads to having compassion for her or him.”

<table>
<thead>
<tr>
<th>Defining Empathy</th>
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   “Victim/Offender biases interfere with our ability to empathize with other people. <Remind group of the Baumeister study discussed last session> By recognizing these tendencies, however, we can work against them and maintain empathy for other people. For example, in our explanation exercises you wrote reasons for your offenders’ actions that hurt you. Let’s go back to page 7 and recall what we did last week.”

   a. Review the attributional styles and the exercises.
   b. If they haven’t already, encourage participants to write at least three situational explanations for the offenders’ behaviors.
   c. Process these new answers with the group.
      1) What have you learned about the way you have viewed your offenders?
      2) How does understanding the situational and dispositional explanations of your offenders’ behaviors help you?

3. Empathy exercise. (10 min)
   “As we close this portion of the workshop I would like to ask you to imagine another scene. For the moment pretend that you are the person who hurt you. As the offender, you want to explain what you did and why you did it in a way that is not
excusing the action, but helps the offended know what you were experiencing. Write down what you (playing the role of your offender) would say in a letter.”

“I’ll ask you to read the letters once you have finished.” Discuss the letters and highlight explanations that do not excuse the behavior, but do provide some insight into what might have influenced the choice.

<table>
<thead>
<tr>
<th>Building Empathy</th>
<th>Letter from your Offender</th>
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<tbody>
<tr>
<td>Pretend that you are your offender and that as the offender you want to explain why you acted the way you did. You do not want to excuse your actions but you hope that you can help the offended understand that factors that led you to do what you did. Write down what you (playing the role of your offender) would say in a letter.</td>
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III. Acknowledging your own offenses. (overall 45 min.)

“I’ll ask you to read the letters once you have finished.” Discuss the letters and highlight explanations that do not excuse the behavior, but do provide some insight into what might have influenced the choice.

<table>
<thead>
<tr>
<th>Acknowledging Your Own Offenses</th>
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<tbody>
<tr>
<td>Try to remember a time when you hurt someone else and then that person forgave you.</td>
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<tr>
<td>1. What did you do to hurt the person?</td>
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<tr>
<td>2. How did you feel knowing you had hurt the person?</td>
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A. Recalling times of being an offender.

1. Introduce first exercise. (10 min.)

“I’ll ask you to read the letters once you have finished.” Discuss the letters and highlight explanations that do not excuse the behavior, but do provide some insight into what might have influenced the choice.

<table>
<thead>
<tr>
<th>Acknowledging Your Own Offenses</th>
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<tr>
<td>10 (continued)</td>
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<tr>
<td>3. Did you think that you needed to be forgiven?</td>
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<tr>
<td>4. How did you know that you had been forgiven?</td>
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<tr>
<td>5. How did you feel once you had been forgiven?</td>
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</table>

2. Conduct a discussion of the group members’ answers. (15
min.)
a. Try to get everyone to discuss at least one or two of their answers (it is optimal to get everyone to share all their answers.)
b. Encourage participants to give details about their feelings. Particularly highlight feeling related to releasing the burden, gratitude, freedom, relief.
c. Summarize:

- “It appears that for the most part everyone was happy and relieved to receive forgiveness. Also, you all wanted the forgiveness whether or not you actually sought it out or felt you deserved it. Is this accurate?”

B. Relating experience to current hurt. (15 minutes)

1. Thinking of their offenders.

- “Based on this exercise can anyone relate to how your offenders are or were most likely feeling?”
  a. Allow group to discuss this.
  b. Encourage members to see that their offenders are probably hoping that the participants forgive them.

2. Granting the gift of forgiveness.

- “In response to this information and discussion you may decide to give the GIFT OF FORGIVENESS to your offender.”
  a. Review definition of forgiveness.
    - “Remember that forgiveness is a positive change in feeling that has not been earned by the offender and may not necessarily lead to a renewed relationship with him or her.”
  b. Explain idea of GIFT.
    1. Not earned.
    2. You chose to give it or not.
    3. Forgiveness is beneficial to give and receive.

Closing: (5 min)

Summarize session:

a. Finish with a reminder about next week and completion of the feedback form
Session 4

I. Welcome and review of last session (10 min.)

   A. Welcome group.
   B. Review the topics covered last week.
      1. Empathizing with the offender assists in forgiving.
      2. Acknowledging our own offenses can lead to the gift of forgiveness.

II. Committing to Forgive. (overall 45 min.)

   A. Summarize and introduce stone exercise. (1 min.)
      “You all have shared ways that you have been hurt. To represent the difficulty and pain that these offenses have caused you all, I want you to use your imaginations again. I am passing out small stones to be used today. In your mind, allow these stones to represent all the pain and hurt, the confusion and anger that the offense caused you. The weight of the stone in your hand is like the weight of the offense in your life. During this session, let the stone become and bear the negative effects this offense has caused you.”
      Pass out stones.

   B. Challenging the notion of ‘forgive and forget.’ (5 min.)
      “I would like to challenge a common belief, and then get your feedback on it. I don’t believe that most people who have been hurt in a significant way can honestly ‘forgive and forget’ that offense. What do you all think? Can people truly forgive and forget a significant offense?”
      a. Allow discussion.

   C. Discuss times when the hurt may be recalled. (5 min.)
      “Can you all think of situations where you might remember the hurt of an offense even after you had forgiven someone?”
      1. When you see the person, especially when it is unexpected.
2. If you were to be hurt in a similar way by someone else.
3. In times of increased stress.
4. If the same person hurts you again.

Even after forgiveness, the hurt of an offense may be remembered:

1. If you see the person unexpectedly.
2. During times of emotional or physical stress.
3. If someone else hurts you in a similar way.
4. If the same person hurts you again.

D. Difference between recalling the hurt and unforgiveness. (2 min.)

"While you all might remember the hurt of past offenses, it does not mean that you are unforgiving toward the offender. Even if you do the work of forgiveness, the memory of the offense may remain with you. This is normal, and does not mean you haven’t forgiven."

E. Importance of committing to forgive. (2 min.)

Ask them what they think might be the importance of committing.

"Since the hurt will be difficult to forget completely, it is likely to return for brief periods. Making a commitment to forgive your offender for this offense can counter the fears and discouragement when the pain of the offense is recalled. Making a commitment now will reinforce the forgiveness that may be doubted in the future, helping you to overcome the temporary setbacks in the effort to put the hurt behind you.”
1. Counters the fears and discouragement of feeling an old hurt.
2. Reinforces the forgiveness that may be doubted in the future.
3. Helps overcome the temporary setbacks in the effort to put the hurt behind you.

F. How does one commit to forgiveness? (5 min.)

1. Write it down
   a. Make a certificate of forgiveness.
   b. Write a letter of forgiveness to the offender.
2. Say it out loud to someone you trust.
3. Talk about having forgiven the person and express your resolve to maintain the forgiveness.

G. Committing Exercises.

1. Writing a letter of forgiveness to the offender. (5 min.)
   a. Direct participants to page 12 of packets and have them write letters to their offenders making a commitment to forgiveness.
   b. Encourage them to follow the guidelines below:
      1) Use information from their definition of forgiveness.
      2) Use information from the objectively recalled hurt.
      3) Make an explicit statement of forgiveness.

FACILITATOR’S NOTE: If any participants claim they cannot write the letter b/c they have not forgiven, encourage them to view this as practice, that they will not be sending the letter, and that the exercise will help them know how to do this if they should ever want to.

<table>
<thead>
<tr>
<th>Committing to Forgiveness</th>
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<tr>
<td>Writing a letter to your offender</td>
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Use the space provided to write a letter to your offender. Try to include as many of the following items as you can:

- Your understanding of forgiveness
- The facts of the incident (try to be objective) and how you reacted to them.
- Explicit statement of forgiveness.

c. Discuss the letter exercise. (10 min.)
   1) Have participants discuss their experience. Use
questions below.
☐ “How did it feel to write a forgiveness letter to the person who hurt you?”
☐ “What was most difficult part for you to write?”
☐ “What was easiest part?”

2) If the exercise was relatively positive have participants read their letters.

2. Stone exercise. (10 min.)

a. Recall the purpose of the stone.

☐ “I would like to point your attention to the stone once again. Recall that the stone was to symbolize the pain and hurt that the offense has caused you. You have all held onto the stones, and your pain, for some time. I would like to give you the opportunity to rid yourself of the stones. If you feel ready to commit to forgiveness, I would ask you to drop your stone in the bucket I have placed in the middle of the room.”

b. Remind group of forgiveness definition.

☐ “Remember that making a commitment to forgiveness does not mean that you have forgotten the offense. It only means that you are voluntarily committing to releasing the pain, to stop thinking of retaliation, and to stop avoiding the person who hurt you.”

c. Allow group to place their stones in the bucket. Then process the experience.

☐ “What was the most difficult part of releasing the stone?”

☐ “What is the most difficult part of committing to forgiveness?”

☐ “How do you feel now that you have released the pain of the offense?” (those who released the stone)

☐ “How does it feel to continue to hold onto the stone?” (those who did not release the stone)

III. Maintaining Forgiveness (overall: 20 min)
A. Discuss times when it may be hard to maintain forgiveness. (5 min)

Q "As a review, when might it become difficult for you to maintain forgiveness, or to remember that you have forgiven someone?"

1. Same list as discussed under committing. (Refer to page 11)
2. Add any other times that it may be difficult to maintain forgiveness.
3. Have them discuss the times for them that they believe might be the most difficult for them to maintain forgiveness.

B. Dealing with the doubt. (10 min)

Q "Earlier we discussed and practiced ways to commit to forgiveness. What if you have already committed to forgiveness, and yet you find yourself doubting whether you truly have forgiven? What can you do?"

1. Discuss options for dealing with the doubt.
   a. Remembering the pain of a hurt is not the same as unforgiveness.
      • Remind group that forgiving is not the same as forgetting. Feeling anger, fear, rage, desires for justice, and anxiety are normal.

   b. Don’t dwell on the negative emotions and memories.

   Q “You can’t keep the birds from flying over your head, but you can keep them from nesting in your hair. However, this is easier to say than to do. How do you keep from thinking about something that is important and persistent?”

   1) White bears exercise.

   Q "To illustrate how difficult it is to avoid
thinking of something, I want you to try this exercise. Right now, I want you to NOT think of white bears. DON’T think about how white and soft the fur is, how big and muscular the legs. DON’T think about the square snout and coal black eyes.” (Allow a few moments.)

“How well did you do?”

a) Encourage answers where people thought of something else to avoid thinking of white bears.

b) Tell group that they can avoid thinking of harmful memories the same way—by thinking of something else.

c. Remind yourself that you HAVE forgiven the person.
   1) Repeating things to ourselves can be an effective way to reinforce them.

d. Seek assurance from the individual you originally told about your forgiveness.

e. Read through the letter or certificate of forgiveness that you wrote. (Encourage them to do that now.)

Maintaining Forgiveness

<table>
<thead>
<tr>
<th>DEALING WITH DOUBT ABOUT WHETHER YOU HAVE FORGIVEN A PERSON.</th>
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<tbody>
<tr>
<td>➤ Remembering the pain of a hurt is not the same as unforgiveness.</td>
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<td>➤ Read through the letter or certificate of forgiveness that you wrote.</td>
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C. Role Play (5 min)

1. Break group into pairs again (work as the alternate if needed).

   “In your pairs I want you to practice some of the techniques
for maintaining forgiveness. First I would like you each to take a turn practicing telling someone else that you have made a commitment to forgive your offender. Include what you are forgiving the offender for if you would like. Remember, go ahead and participate even if you haven’t yet forgiven your offender. It will be good practice.”

a. Allow a few minutes for each of the pair to voice their commitment to forgive.

○ “Good. Now, imagine with me that weeks or maybe months have gone by. You have thought very little about the offense. However, you are under a lot of stress right now. You are shopping at the grocery store and you see your offender at the register. Emotions rush through you, your heart begins to beat more quickly, and the memory of the offense jumps back into your head.”

○ “Now with your partners seek confirmation that you have truly forgiven the offender. Tell them about seeing the offender and your reaction. Get their help in confirming that you really have forgiven.”

a. Clarify directions as needed and allow for practice.

2. Process the experience. Ask them what it was like to share these experiences with their partners. Explore what would be easy and difficult about this in the future.

IV. Closing (overall: 10 min)

A. Summarize workshop content. (3 min)
1. Forgiveness workshop focused on helping you to forgive a specific offense.
2. FIRST: Defined forgiveness: a voluntary choice not earned by the offender to stop avoiding the person and to give up feelings of retribution and revenge.
3. SECOND: Recalled the hurt: tried to remember the offense in an objective and realistic manner.
4. **Third**: Developed empathy for the offender: tried to understand the situations and emotions that led the offender to act in hurtful ways.

5. **Fourth**: Acknowledged our own offenses: realized that there have been times that we needed forgiveness for similar events.

6. **Fifth**: Committed to forgiveness: discussed ways to commit to forgiveness and practiced techniques to cement the decision to forgive.

7. **Sixth**: Maintaining forgiveness: discussed information regarding the maintenance of forgiveness.

B. **Wrap-up Discussion.** (5 min)

   “As we close our time together, I am wondering what your overall reactions to the workshop are. What reactions do you all have to the information we discussed?”

   1. Conduct discussion about what they liked and disliked. Try to keep the discussion positive, while allowing participants to voice those things they would like changed.

   2. Offer to answer any questions that they might have.

C. **Final Remarks.** (2 min)

   1. Thank participants for the time and energy that they invested in the group.

   2. Say your good-bye to the group.

   3. Introduce the researcher who will hand out packets for them to complete now.
Forgiveness Participant Manual

Introduction

Welcome to the forgiveness workshop. Thank you for taking the time to participate in this experience. We are confident that you and the other group members will get a lot out of your time in this workshop. If you have questions or concerns during the meetings please feel free to ask the facilitator. We hope that you will enjoy this experience and that it will benefit you personally.
Workshop Guidelines

1. **Confidentiality:** What is said in this room stays in this room.

2. **Attendance:** Your attendance at both sessions is important both for your attempts to forgive and for the research project.

3. **Punctuality:** We will begin and end on time.

4. **Participation:** Group discussions are for you all to learn from each others' experiences.

Workshop Topics Outlined

1. Understanding Forgiveness

2. Remembering the Specific Hurt

3. Building Empathy

4. Guilt, Gratitude, and Offering of Forgiveness

5. Making a Commitment to Forgive

6. Maintaining Forgiveness after the Workshop
UNDERSTANDING FORGIVENESS

I. Understanding what forgiveness is and is not will be very important during this workshop. Take a few minutes and in your own words, record some of your thoughts about forgiveness in the space provided below.

What is “forgiveness”?

II. Now look at the list of forgiveness images described below. Check off the images that make the most sense to you.

☐ To forgive is to clean and straighten a room that has been neglected too long.

☐ To forgive is to write in large letters across a debt; “nothing owed.”

☐ To forgive is to shoot an arrow so high that it will never be found again.
UNDERSTANDING FORGIVENESS
Forgiveness Images (continued)

☐ To forgive is to bundle all the garbage and dispose of it, leaving the house clean.

☐ To forgive is to loose the moorings of a ship and release it into the open sea.

☐ To forgive is to relax a stranglehold on a wrestling opponent.

☐ To forgive is to sandblast a wall of graffiti, leaving it looking like new.

A definition of forgiveness for this workshop:

Forgiveness is a positive change in feeling toward an offender that results in giving up thoughts or plans for retaliation and/or stopping attempts to avoid the individual who hurt you. This change in feeling has not been earned by the offender and may or may not lead to a renewed relationship.

Discussion questions:
What aspects of this definition are new to you? What do you like and not like about this definition? Given this definition, how difficult will it be for you to attain this for your offender?
REMEMBERING THE SPECIFIC HURT

As you recall the offense try to:

➢ Remember the offense as objectively as possible,

➢ Avoid thinking in terms of being unrealistically victimized, and

➢ Limit the natural tendency to “demonize” the offender (thinking only of negative characteristics of the offenders and attributing only mean-spirited and cruel motives to their actions).

Possible Feelings in Response to the Offense

Hot Emotions:

Cold Emotions:
**BUILDING EMPATHY**

**Exercise:** Why did your offender hurt you? What were the reasons why the person acted the way they did and chose to do something that caused you pain? Try to think of as many reasons as you can.

________________________________________________________________________

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**Explanation Exercise:** Think of a time that you did something that seriously hurt another person. What did you do?

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Why did you do this? (List as many reasons as possible.)

________________________________________________________________________

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________________________________________________________________________
BUILDING EMPATHY

Explanation Exercise, continued: Think again of what your offender did to you. What situational reasons do you think led the person to hurt you? (Again, list as many reasons as possible.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Defining Empathy

Empathy is the process of understanding another person's perspectives, thoughts, and emotions. It is feeling with the other person and often leads to having compassion for her or him.
BUILDING EMPATHY

Letter from your Offender
Pretend that you are your offender and that as the offender you want to explain why you acted the way you did. You do not want to excuse your actions but you hope that you can help the offended understand that factors that led you to do what you did. Write down what you (playing the role of your offender) would say in a letter.
Dear _____________ (your name):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
ACKNOWLEDGING
YOUR OWN OFFENSES

Try to remember a time when you hurt someone else and then that person forgave you.

1. What did you do to hurt the person?

2. How did you feel knowing you had hurt the person?

3. Did you think that you needed to be forgiven?

4. How did you know that you had been forgiven?

5. How did you feel once you realized that this person had forgiven you?
COMMITTING TO FORGIVENESS

Even after forgiveness, the hurt of an offense may be remembered:

1. If you see the person unexpectedly.
2. During times of emotional or physical stress.
3. If someone else hurts you in a similar way.
4. If the same person hurts you again.

Importance of committing to forgiveness.

1. Counters the fears and discouragement of feeling an old hurt.
2. Reinforces the forgiveness that may be doubted in the future.
3. Helps overcome the temporary setbacks in the effort to put the hurt behind you.
COMMITTING TO FORGIVENESS

Writing a letter to your offender

Use the space provided to write a letter to your offender. Try to include as many of the following items as you can:

♦ Your understanding of forgiveness.
♦ The facts of the incident (try to be objective) and how you reacted to them.
♦ An explicit statement of your forgiveness.

Note: This letter is not to send. At times it can be harmful to send letters of this nature. Instead, the purpose of this letter is to help you solidify your commitment to forgive.
MAINTAINING FORGIVENESS

Dealing with doubt about whether you have forgiven a person.

➢ Remembering the pain of a hurt is not the same as unforgiveness.
➢ Don’t dwell on the negative emotions and memories.
➢ Remind yourself that you HAVE forgiven the person.
➢ Seek assurance from the individual you originally told about your forgiveness.
➢ Read through the letter or certificate of forgiveness that you wrote.
In Closing

Thank you for your participation in this workshop. We hope that this experience was positive and helpful.
**INTERPERSONAL GROUP**
**FACILITATOR MANUAL**

**Materials needed for all sessions:**
4. Participant manuals.
5. Video recorder and cassettes (two sixty-minute tapes).

**SESSION 1**

V. Introduction (overall: 40 min)

E. Welcome group members to the forgiveness workshop and introduce yourself. (1 min)

F. Member Introduction (10 min)
   1. Have members share their name, hometown, and their best and worst experience so far at ISU.

G. Hand out participant manuals. Point participants to the introduction in the manual (see box below). Ask them to read it for themselves. (2 min)

```
Introduction 1
Welcome to the interpersonal group. Thank you for taking the time to participate in this experience. I am confident that you and the other group members will get a lot out of your time in this group. If you have questions or concerns during the meetings please feel free to ask the facilitator. I hope that you will enjoy this experience and that it will benefit you personally.

Sincerely,
Nathaniel Wade, PhD
```

H. Explanation and purposes of workshop (5 min).
   4. Four sessions lasting 1.5 hours each (6 hours total).
   5. **GOAL**: Focus on helping you to understand interpersonal relationships and how this understanding can help you to deal with people in your life.
   6. Workshop will be spent (a) discussing interpersonal topics, (b) practicing new interpersonal techniques, and (c) sharing with the group.

E. Discuss importance of “Group Guidelines” (5 min).
Group Guidelines

5. Confidentiality: What is said in this room stays in this room.
6. Attendance: Your attendance at both sessions is important both for you and for the research project.
7. Punctuality: We will begin and end on time.
8. Participation: Group discussions are for you all to learn from each others’ experiences.

F. Go over “Group Structure” for the sessions (2 min).

Group Structure

1. Each group session will be mostly open-ended.
2. We will discuss interpersonal relationships.
3. Opportunity to talk about what you are experiencing, thinking, and feeling.
4. We will focus on both what is happening in your lives outside the group and what happens in the group.

G. Group Ice Breaker: (15 min):
4. Get members to share in groups of 2-3 their fears, expectations, and hopes related to coming to this group.
5. Ask them to share what it would take for them to have a great experience with the group.
6. Bring group together and check in with what was shared in the dyads.
   a. Have them each share with the larger group at least one part (if not all) of what they shared with their partners.

VI. Group “Work” (40 min)

- Introduce the idea of “interpersonal discussion”.
- Start open-ended. Say the floor is open to share about relationships.
- If the silence becomes difficult and they seek structure, lead a discussion on the following questions (or others that seem appropriate to your group):
  1. What are some of the most difficult parts of interpersonal relationships?
  2. What are your experiences of friendships with the opposite sex?
  3. What are some important things that you have learned in the past about relating to others?

D. Use your group therapy skills throughout the discussion:
   1. Look for in-session patterns, reactions, non-verbals to ask about.
   2. Build trust.
   3. Reinforce positive norms: caring, compassion, listening, shared exp.

VII. Close the first session (10 min)

E. Lead a discussion to process the first session. Get each to answer:
   1. From 1 to 10 how comfortable are you with the group now?
   2. What would help to make you feel more comfortable in this group?
   3. What one thing did you like about being in this group today?

F. Thank members for their participation.
G. Remind them of next week’s session.
H. Hand out feedback forms for them to complete.
SESSION 2

I. Introduction to the session (10 min)

D. Welcome the group members back.
E. Warm-up exercise:
   a. Break group into dyads to briefly share how last week went.
   b. Also ask them to share what they hope to get out of the session today.
   c. Bring them back and process dyads in the larger group.

1. Group “Work” (70 min)

A. Continue with the “interpersonal discussion”.
B. Start open-ended. Say the floor is open for them to share about relationships.
C. Check in with members about how things have been over the week.
D. Possible discussion questions for this week. (Get as many members to share as possible.)
   1. What is the most positive relationship that you currently have? What makes it so positive?
   2. What is the most negative (or difficult to deal with) relationship that you have? What makes this so negative?
   3. Are there people in this group that remind you of others in your life?
E. Use your group therapy skills throughout the discussion:
   1. Look for in-session patterns, reactions, non-verbals to ask about.
   2. Build trust.
   3. Reinforce positive norms: caring, compassion, listening, shared exp.

2. Closing: Close the session (10 min)

A. Lead a discussion to process the session. Get each to answer:
   1. How did today’s session go?
2. What do you think was useful about today’s session? What wasn’t useful?
3. How comfortable are you in the group now that we have met 2 times?

B. Thank members for their participation.
C. Remind them of next week’s session, with only two more meetings to go.
D. Hand out feedback forms for them to complete.
SESSION 3

I. Welcome and introduction (10 min.)

C. Welcome group back.
D. Review the issues covered in Sessions 1 and 2.
E. Have them share their thoughts and reactions to the discussion and process of the group so far.

o Group “Work” (70 min)

A. Continue with the “interpersonal discussion”.
B. Start open-ended. Say the floor is open to share about relationships.
C. Check in with members about how things have been over the week.
D. Possible discussion questions for this week. (Get as many members to share as possible.)
   1. What were your first impressions of each other? How have those impressions changed over the time that we have met?
   2. What similarities have you noticed between the way you are with people in general and the way you are with people in this group?
   3. What is one thing that you would want to change about the way you interact with others? What would you have to do to change that?
   4. In what ways have you already been able to use the information from these discussions in your life outside the group these past 2 weeks?
E. Use your group therapy skills throughout the discussion:
   1. Look for in-session patterns, reactions, non-verbals to ask about.
   2. Build trust. Encourage them to work.
   3. Reinforce positive norms: caring, compassion, listening, shared exp.

o Closing: Close the session (10 min)

A. Lead a discussion to process the first session. Get each to answer:
   1. How did today’s session go?
2. What do you think was useful about today’s session? What wasn’t useful?
3. How comfortable are you in the group now that we have met 2 times?
B. Thank members for their participation.
F. Remind them of next week’s session and only one more time to meet.
G. Hand out feedback forms for them to complete.
Session 4

I. Session introduction (10 min.)

A. Welcome group back.
B. Review the issues covered in the previous sessions.
C. Remind them that the group is finishing today.
D. Trust boost.
   1. Encourage members to be supportive of each other as you finish the group today.
   2. Have group members share one interesting thing about themselves that most people would not know about them.

II. Group “Work” (60 min)

A. Continue with the “interpersonal discussion”.
B. Check in with members about how things have been over the week.
C. Follow up with any issues, concerns, or discussions that have been left unanswered or un-explored over the previous 3 sessions.
D. Possible discussion questions for this week.
   1. What is something that you had hoped to share or discuss that we have not yet talked about?
   2. What has it been like to form relationships in this group?
   3. What event from this group do you recall as the most memorable? Why was this the most memorable for you?
   4. What will you be able to take from this group to use in your life?

Use your group therapy skills throughout the discussion:
   • Same as before, except also help members to process the ending of the group.

III. Wrap-up Discussion (10 min)

“As we close our time together, I am wondering, what are your overall reactions to the group? What reactions do you all have about what we discussed?”

3. Conduct discussion about what they liked and disliked. Try
to keep the discussion positive, while allowing participants to voice those things they would like changed.
4. Offer to answer any questions that they might have.

IV. Final Remarks (2 min)
1. Thank participants for the time and energy that they invested in the group.
2. Say your good-bye to the group.
3. Introduce the researcher who will hand out packets for them to complete in the remainder time.
Welcome to the interpersonal group. Thank you for taking the time to participate in this experience. We are confident that you and the other group members will get a lot out of your time in this group. If you have questions or concerns during the meetings please feel free to ask the facilitator. We hope that you will enjoy this experience and that it will benefit you personally.
Group Guidelines

1. **Confidentiality**: What is said in this room stays in this room.

2. **Attendance**: Your attendance at both sessions is important both for your attempts to forgive and for the research project.

3. **Punctuality**: We will begin and end on time.

4. **Participation**: Group discussions are for you all to learn from each others’ experiences.

Group Structure

5. Each group session will be mostly open-ended.

6. We will discuss interpersonal relationships.

7. Opportunity to talk about what you are experiencing, thinking, and feeling.

8. We will focus on both what is happening in your lives outside the group and what happens in the group.
Thank you for your willingness to participate in this project. Below are several questions designed to help us understand more about you. As you answer the questions, try to be as honest as you can. Also, please do not skip questions, unless answering them makes you uncomfortable. Do not hesitate to ask any questions that you might have.

We hope that this will be a great experience for you.

Workshop Research Team
Nathaniel Wade, PhD
Principle Investigator
Julia Meyer
Research Assistant

Please write your 4-digit identification number here:

Please continue on the next page.
Thank you for participating! Please take your time and answer the following questions.

Part I:

Your Age: _________  Gender: _________  Race/Ethnicity: ________________________________

Religious affiliation: (Circle the one that best fits your current religious affiliation.)
   a. Buddhist    d. Christian (Protestant)    g. None
   b. Hindu       e. Jewish                   h. Other: ________________________________
   c. Christian (Catholic) f. Muslim

What is your current marital status? (circle one)  Single  Married  Separated  Divorced  Widowed

Part II:

When you first called or e-mailed to inquire about this project you stated that there was a time when you were hurt. Please think of that experience right now. Try to remember the details of the experience as best you can. If there were multiple offenses/hurts try to choose a particular one right now to focus on. Please remember that all your responses are confidential. They will be seen only by research staff and will never be associated with your name, only your 4-digit identification number.

1. Who hurt or offended you? (Please indicate your relationship to this individual rather than name, for example, "friend", "aunt") ________________________________

2. Try to remember what happened. Please describe the hurt or offense in your own words. (Use the back of this sheet if necessary.)

   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

3. What has made overcoming this particular offense difficult?

Please continue on the next page.
4. Do you have any desire to resolve the negative emotions you might still have toward the person who hurt you? **YES** **NO** **UNSURE**.

5. Why or why not?

---

**Directions:**
For these questions, please indicate your current thoughts and feelings about the person who hurt you. Use the following scale to indicate your agreement or disagreement with each of the statements.

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

1. I'll make him/her pay.
2. I wish that something bad would happen to him/her.
3. I want him/her to get what she deserves.
4. I am going to get even.
5. I want to see him/her hurt and miserable.
6. I keep as much distance as possible between us.
7. I live as if he/she doesn't exist, isn't around.
8. I don't trust him/her.
9. I find it difficult to act warmly toward him/her.
10. I avoid him/her.
11. I cut off the relationship with him/her.
12. I withdrew from him/her.

**Directions:**
As you think about this hurt, please answer the following questions about your attitude toward the offender. We do not want your ratings of past attitudes, but your rating of attitudes right now as you think about this event. After each item, please CIRCLE the word that best describes your current feeling. Please do not skip any item.

For example, if you were rating the word "proud," and you felt somewhat proud of the robber, you would circle the word "Som" following the word "proud." Complete the next items in the same way.

Not = Not at all  Lit = Little  Som = Somewhat  Mod = Moderately  Qui = Quite a lot  Ext = Extremely

1. sympathetic: Not Lit Som Mod Qui Ext
2. empathic: Not Lit Som Mod Qui Ext
3. concerned: Not Lit Som Mod Qui Ext
4. moved: Not Lit Som Mod Qui Ext
5. compassionate: Not Lit Som Mod Qui Ext
6. softhearted: Not Lit Som Mod Qui Ext

Please continue on the next page.
Directions: Think of how you have responded to the person who has wronged or mistreated you. Indicate the degree to which you agree or disagree with the following statements.

1= Strongly Disagree  2= Disagree  3= Neutral  4= Agree  5= Strongly Agree

___ 1. I can't stop thinking about how I was wronged by this person.
___ 2. I wish for good things to happen to the person who wronged me.
___ 3. I spend time thinking about ways to get back at the person who wronged me.
___ 4. I feel resentful toward the person who wronged me.
___ 5. I avoid certain people or places because they remind me of the person who wronged me.
___ 6. I pray for the person who wronged me.
___ 7. If I encountered the person who wronged me I would feel at peace.
___ 8. This person's wrongful actions have kept me from enjoying life.
___ 9. I have been able to let go of my anger toward the person who wronged me.
___ 10. I become depressed when I think of how I was mistreated.
___ 11. I think that many of the emotional wounds related this person's wrongful actions have healed.
___ 12. I feel hatred whenever I think about the person who wronged me.
___ 13. I have compassion for the person who wronged me.
___ 14. I think my life is ruined because of this person's wrongful actions.
___ 15. I hope the person who wronged me is treated fairly by others in the future.

Please continue on the next page.
Thank you for your continued willingness to participate in this project. Below are several questions some of which you have answered before. As you answer the questions this time, answer for how you are thinking or feeling at the current time. Also, please do not skip questions, unless answering them makes you uncomfortable. Do not hesitate to ask any questions that you might have.

Intervention Research Team
Nathaniel Wade, PhD
Principle Investigator

Please write your personal identification number here:

__________________________________________

Please continue on the next page.
Introduction:
Please take your time and answer the following questions. If you are uncomfortable answering any questions please feel free to skip those.

Directions:
We are interested in your current attitudes toward the person you told us about in the first testing. We provided a copy of that hurt in the envelope provided. Please open your envelope and remove the paper inside. Read it over and try to recall the event you wrote about as clearly as possible—where you were, what happened, what you felt, and what you said. Although it may be difficult, take a few moments to remember the offense.

For these questions, please indicate your current thoughts and feelings about the person who hurt you. Use the following scale to indicate your agreement or disagreement with each of the statements.

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8. I don't trust him/her.
9. I find it difficult to act warmly toward him/her.
10. I avoid him/her.
11. I cut off the relationship with him/her.
12. I withdrew from him/her.

Directions:
As you think about this hurt, please answer the following questions about your attitude toward the offender. We do not want your ratings of past attitudes, but your rating of attitudes right now as you think about this event. After each item, please CIRCLE the word that best describes your current feeling. Please do not skip any item.

Not = Not at all  Lit = Little  Som = Somewhat  Mod = Moderately  Qui = Quite a lot  Ext = Extremely

1. sympathetic: Not Lit Som Mod Qui Ext
2. empathic: Not Lit Som Mod Qui Ext
3. concerned: Not Lit Som Mod Qui Ext
4. moved: Not Lit Som Mod Qui Ext
5. compassionate: Not Lit Som Mod Qui Ext
6. softhearted: Not Lit Som Mod Qui Ext

Please continue on the next page.
Directions:
Think of how you have responded to the person who has wronged or mistreated you. Indicate the degree to which you agree or disagree with the following statements.

1= Strongly Disagree  2= Disagree  3= Neutral  4= Agree  5= Strongly Agree

1. I can’t stop thinking about how I was wronged by this person.
2. I wish for good things to happen to the person who wronged me.
3. I spend time thinking about ways to get back at the person who wronged me.
4. I feel resentful toward the person who wronged me.
5. I avoid certain people or places because they remind me of the person who wronged me.
6. I pray for the person who wronged me.
7. If I encountered the person who wronged me I would feel at peace.
8. This person’s wrongful actions have kept me from enjoying life.
9. I have been able to let go of my anger toward the person who wronged me.
10. I become depressed when I think of how I was mistreated.
11. I think that many of the emotional wounds related this person's wrongful actions have healed.
12. I feel hatred whenever I think about the person who wronged me.
13. I have compassion for the person who wronged me.
14. I think my life is ruined because of this person’s wrongful actions.
15. I hope the person who wronged me is treated fairly by others in the future.

Directions:
Please rate the following statements as they apply to your experience in your group by circling the corresponding number, using the following scale:

Strongly Disagree = 1  Disagree = 2  Agree = 3  Strongly Agree = 4

1. The information in the group/workshop was helpful to me. 1 2 3 4
2. The facilitator understood me. 1 2 3 4
3. I was comfortable with the people in my group/workshop. 1 2 3 4
4. I am glad that I participated in this group/workshop study. 1 2 3 4
5. I will be able to use what I learned in the group/workshop. 1 2 3 4

Directions:
Please rate the following statements as they apply to your experience in your group by circling the corresponding number, using the following scale:

Strongly Disagree = 1 to Strongly Agree = 7

1. Seeing others change in my group gives me hope for myself. 1 2 3 4 5 6 7
2. Because I’ve got a lot in common with other group members. I’m starting to think that I may have something in common with people outside group too.
<p>| | | | | | | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>3.</td>
<td>Group doesn't teach me anything about how to have good relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Helping others in group makes me feel better about myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>In group I've started being able to break old patterns learned in my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>My group gives me suggestions on how to solve problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>I have gotten some good ideas about how to interact by doing the same thing someone in my group has done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>Learning how to express myself to others in group has deepened my relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9.</td>
<td>The members distrust each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10.</td>
<td>Even though being upset is hard, we try to let out our feelings in group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11.</td>
<td>In group, I am encouraged to trust my own feelings and make my own decisions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>Things seem more hopeful since joining group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13.</td>
<td>In group I've learned that I have more similarities with others than I would have guessed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14.</td>
<td>I am helping other group members with my feedback and support.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15.</td>
<td>In group, members tell me what I should do about difficult situations and life decisions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16.</td>
<td>Nobody teaches me anything new about how to understand and deal with other people in my group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17.</td>
<td>Sometimes I notice that in group I have the same reactions or feelings as I did with my sister, brother, or a parent in my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18.</td>
<td>My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19.</td>
<td>In group sometimes I learn by watching and later imitating what happens.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20.</td>
<td>I feel a sense of belonging in this group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please continue on the next page.
21. It's okay for me to be angry in group. 1 2 3 4 5 6 7
22. I believe that the group helps me become more independent. 1 2 3 4 5 6 7
23. Group helps me feel more positive about my future. 1 2 3 4 5 6 7
24. This group helps me recognize how much I have in common with other people. 1 2 3 4 5 6 7
25. In group I get "how-to's" on improving my life situation. 1 2 3 4 5 6 7
26. When I share experiences I often help another group member. 1 2 3 4 5 6 7
27. In group I can practice ways of interacting with other people. 1 2 3 4 5 6 7
28. In group I've really seen the social impact my family has had on my life. 1 2 3 4 5 6 7
29. Group has shown me the importance of other people in my life. 1 2 3 4 5 6 7
30. I pay attention to how others handle difficult situations in my group so I can apply these strategies in my own life. 1 2 3 4 5 6 7
31. Group members don't express caring for one another. 1 2 3 4 5 6 7
32. This group helps empower me to make a difference in my own life. 1 2 3 4 5 6 7
33. In group, the members are more alike than different from each other. 1 2 3 4 5 6 7
34. This group inspires me about the future. 1 2 3 4 5 6 7
35. It touches me that people in group are caring of each other. 1 2 3 4 5 6 7
36. Nobody gives much advice in my group. 1 2 3 4 5 6 7
37. I find myself thinking about my family a surprising amount in group. 1 2 3 4 5 6 7
38. In group I learn better ways of dealing with other people. 1 2 3 4 5 6 7
39. Since joining group, sometimes I've caught myself saying things like others in my group might say. 1 2 3 4 5 6 7
40. By getting honest feedback from members and facilitators, I've learned a lot about my impact on other people. 1 2 3 4 5 6 7
41. Even though we have differences, our group feels secure to me. 1 2 3 4 5 6 7
42. I get to vent my feelings in group. 1 2 3 4 5 6 7

Please continue on the next page.
43. It's surprising, but despite needing support from my group, I've also learned to be more self-sufficient.

44. I can "let it all out" in my group.
Thank you for your continued willingness to participate in this project. Below are several questions, some of which you have answered before. As you answer the following questions, answer for how you are thinking or feeling at the current time. Also, please do not skip questions, unless answering them makes you uncomfortable. Do not hesitate to ask any questions that you might have.

Workshop Research Team
Nathaniel Wade, PhD
Principle Investigator
Julia Meyer
Research Assistant

Please write your 4-digit identification number here:

(We have entered this for you. If this number is not correct, please speak with a research assistant. Thank you)

Please continue on the next page.
Thank you for participating! Please take your time and answer the following questions.

When you first called or e-mailed to inquire about this project you stated that there was a time when you were hurt. To help you recall this event, we provided a copy of that hurt in the envelope provided. Please open your envelope and remove the paper inside. Read it over and try to recall the event you wrote about as clearly as possible—where you were, what happened, what you felt, and what you said. Although it may be difficult, take a few moments to remember the offense. We are interested in your current thoughts, feelings, and attitudes toward the person who hurt you.

How true are the following statements about the person who hurt you, since you completed the first questionnaire a few weeks ago?

1 = Strongly Disagree    2 = Disagree    3 = Neutral    4 = Agree    5 = Strongly Agree

1. I'll make him/her pay.
2. I wish that something bad would happen to him/her.
3. I want him/her to get what she deserves.
4. I am going to get even.
5. I want to see him/her hurt and miserable.
6. I keep as much distance as possible between us.
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11. I cut off the relationship with him/her.
12. I withdrew from him/her.

Directions:
As you think about this hurt, please answer the following questions about your attitude toward the offender. We do not want your ratings of past attitudes, but your rating of attitudes right now as you think about this event. After each item, please CIRCLE the word that best describes your current feeling. Please do not skip any item.

For example, if you were rating the word "proud," and you felt somewhat proud of the robber, you would circle the word "Som" following the word "proud." Complete the next items in the same way.

Not = Not at all    Lit = Little    Som = Somewhat    Mod = Moderately    Qui = Quite a lot    Ext = Extremely

1. sympathetic: Not Lit Som Mod Qui Ext
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3. concerned: Not Lit Som Mod Qui Ext
4. moved: Not Lit Som Mod Qui Ext
5. compassionate: Not Lit Som Mod Qui Ext
6. softhearted: Not Lit Som Mod Qui Ext

Please continue on the next page.
Directions: Think of how you have responded to the person who has wronged or mistreated you. Indicate the degree to which you agree or disagree with the following statements.

1= Strongly Disagree  2= Disagree  3= Neutral  4= Agree  5= Strongly Agree

1. I can’t stop thinking about how I was wronged by this person.
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3. I spend time thinking about ways to get back at the person who wronged me.
4. I feel resentful toward the person who wronged me.
5. I avoid certain people or places because they remind me of the person who wronged me.
6. I pray for the person who wronged me.
7. If I encountered the person who wronged me I would feel at peace.
8. This person’s wrongful actions have kept me from enjoying life.
9. I have been able to let go of my anger toward the person who wronged me.
10. I become depressed when I think of how I was mistreated.
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15. I hope the person who wronged me is treated fairly by others in the future.

Please continue on the next page.
Thank you for your continued willingness to participate in this project. Many of the questions will seem familiar to you at this point. Please try to answer as honestly as you can with how you are thinking or feeling at the current time.

We hope that this has been a great experience for you.

Intervention Research Team
Nathaniel Wade, PhD
Principle Investigator

Please write your personal identification number here:

__________________________________

Please continue on the next page.
Introduction:
Please take your time and answer the following questions. If you are uncomfortable answering any questions please feel free to skip those.

Directions:
We are interested in your current attitudes toward the person you told us about in the first testing. We provided a copy of that hurt in the envelope provided. Please open your envelope and remove the paper inside. Read it over and try to recall the event you wrote about as clearly as possible—where you were, what happened, what you felt, and what you said. Although it may be difficult, take a few moments to remember the offense.

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8. I don't trust him/her.
9. I find it difficult to act warmly toward him/her.
10. I avoid him/her.
11. I cut off the relationship with him/her.
12. I withdrew from him/her.

Directions:
Think of the person who hurt or offended you. Rate how likely you are to feel, think, and do the following in response to the person who hurt you. Use the following scale:

1= Not at all  2= Somewhat  3= Moderately  4= Very much  5= Extremely

13. Help her/him out if in difficulty.
14. Give him/her the benefit of the doubt regarding the offense.
15. Want the best for him/her.
16. Understand the motivation for her/his actions toward me.
17. Think positive thoughts about him/her.
18. Feel positive emotions toward him/her.

Directions:
Please rate the following items from (1) strongly disagree to (4) strongly agree:

19. On the whole, I am satisfied with myself.
20. At times I think I am no good at all.
21. I feel that I have a number of good qualities.
22. I am able to do things as well as most other people.
23. I feel that I do not have much to be proud of.
24. I certainly feel useless at times.
25. I feel that I am a person of worth, at least on an equal plane with others.

Please continue on the next page.
26. I wish I could have more respect for myself.
27. All in all, I am inclined to feel that I am a failure.
28. I take a positive attitude toward myself.

Directions:
As you think about this hurt, please answer the following questions about your attitude toward the offender. We do not want your ratings of past attitudes, but your rating of attitudes right now as you think about this event. After each item, please CIRCLE the word that best describes your current feeling. Please do not skip any item. For example, if you were rating the word "proud," and you felt somewhat proud of the robber, you would circle the word "Som" following the word "proud." Complete the next items in the same way.

Not = Not at all Lit = Little Som = Somewhat Mod = Moderately Qui = Quite a lot Ext = Extremely

29. sympathetic: Not Lit Som Mod Qui Ext
30. empathic: Not Lit Som Mod Qui Ext
31. concerned: Not Lit Som Mod Qui Ext
32. moved: Not Lit Som Mod Qui Ext
33. compassionate: Not Lit Som Mod Qui Ext
34. softhearted: Not Lit Som Mod Qui Ext
35. warm: Not Lit Som Mod Qui Ext
36. tender: Not Lit Som Mod Qui Ext

Directions:
Think of how you have responded to the person who has wronged or mistreated you. Indicate the degree to which you agree or disagree with the following statements.

1= Strongly Disagree  2= Disagree  3= Neutral  4= Agree  5= Strongly Agree

37. I can't stop thinking about how I was wronged by this person.
38. I wish for good things to happen to the person who wronged me.
39. I spend time thinking about ways to get back at the person who wronged me.
40. I feel resentful toward the person who wronged me.
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43. If I encountered the person who wronged me I would feel at peace.
44. This person's wrongful actions have kept me from enjoying life.
45. I have been able to let go of my anger toward the person who wronged me.
46. I become depressed when I think of how I was mistreated.
47. I think that many of the emotional wounds related this person's wrongful actions have healed.
48. I feel hatred whenever I think about the person who wronged me.
49. I have compassion for the person who wronged me.

Please continue on the next page.
50. I think my life is ruined because of this person's wrongful actions.
51. I hope the person who wronged me is treated fairly by others in the future.