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CHAPTER 37

# Facilitating Forgiveness

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It takes a strong person to say sorry, and an ever stronger person to forgive.

—Anonymous

Feeling hurt, let down, betrayed, disappointed, or wronged by another human being is a universal experience. In the face of such injury, negative feelings (e.g., anger, resentment, disappointment) are common. Motivation to avoid the source of the harm, or even a desire to retaliate or seek revenge, is also typical. Indeed, revenge occurs across species (Aureli, Cozzolino, Cordischi, & Scucchi, 1992), and its corrosive effects are undeniable. Retaliatory impulses may motivate the victim to reciprocate the transgression in kind, but reciprocated harm is usually perceived to be greater than the original offense by the transgressor, who, in turn, may retaliate to even the score. Given such escalating cycles of vengeance, it is not surprising that revenge is implicated in many of our most ignominious acts as a species, including homicide, suicide, terrorism, and genocide (McCullough, Kurzban & Tabak, 2010).

Limited data exist on how people manage to inhibit the tendency to respond negatively to a partner's bad behavior and respond constructively instead, a process called accommodation. Some initial data suggest that such responses are related to relationship commitment, greater interdependence between persons, and having plentiful time, rather than a limited time, to respond (e.g., Yovetich & Rusbult, 1994). Although important, such findings provide only a partial understanding of how relationships are maintained in the face of partner transgressions. Consider the case of an extramarital affair where the perceived reason for the affair is the adulterous spouse's selfish focus on his or her own immediate wishes. Assuming equal levels of commitment, what happens in one marriage that allows the betrayed partner to overcome his or her anger and resentment and behave in a conciliatory manner toward the spouse whereas in another marriage the relationship remains tense for years? As they remain constant in this example neither the major relationship macro-motive (commitment) nor the proximal determinant (reasons for the event) identified in research on accommodation can help in providing an answer. This example highlights the need for a new category of relationship process that may follow a transgression and the initial hurt engendered by it but that may also influence the aftermath of the event. One such process is forgiveness, a construct that has engaged the attention of social scientists[1] and that is an important human strength with the potential to contribute to the good life and, for some, the meaningful life.

## WHAT IS FORGIVENESS?

Although it is a complex construct without a consensual definition, at the center of various approaches to forgiveness is the idea of a freely chosen motivational transformation in which the desire to seek revenge

and to avoid contact with the transgressor is lessened, a process sometimes described as an altruistic gift (e.g., Enright, Freedman, & Rique, 1998; Worthington, 2001). This core feature immediately distinguishes forgiveness from constructs such as denial (unwillingness to perceive the injury), condoning (removes the offense and, hence, the need for forgiveness), pardon (granted only by a representative of society such as a judge), forgetting (removes awareness of offense from consciousness; to forgive is more than not thinking about the offense), and reconciliation (which restores a relationship and is, therefore, a dyadic process). Thus, the common phrase "forgive and forget" is misleading because forgiveness is possible only in the face of remembered wrongs or hurt.

But is this decrease in unforgiveness sufficient, especially in the context of ongoing relationships? It is a logical error to infer the presence of the positive (e.g., health, forgiveness) from the absence of the negative (e.g., illness, unforgiveness). Therefore, it bears noting that what may be equally fundamental to forgiveness is "an attitude of real goodwill towards the offender as a person" (Holmgren, 1993). However, there is less agreement among researchers on whether forgiveness requires a benevolent or positive response (e.g., compassion, affection, approach behavior) to the offender or whether the absence of negative responses (e.g., hostility, anger, avoidance) is sufficient. (Exline, Worthington, Hill, & McCullough, 2003; Fincham, 2000). Both cross-sectional and longitudinal data show that the two dimensions may function differently; spouses' retaliatory motivation following a transgression is related to partner reports of psychological aggression and, for husbands, to ineffective arguing whereas benevolence motivation correlates with partner reports of constructive communication and, for wives, partners' reports of ineffective arguing (Fincham & Beach, 2002a; Fincham, Beach, & Davila, 2003). Also, unforgiveness, but not forgiveness is associated with partner reports of marital satisfaction (Paleari et al., 2009). A longitudinal study showed that in the first few weeks following a transgression, avoidance and revenge motivation decreased whereas benevolence motivation did not change (McCullough, Fincham, & Tsang, 2003).[1]

To complicate matters further, forgiveness can be conceptualized at different levels of specificity: as a trait, as a tendency toward a specific relationship partner, and as an offense-specific response. Trait forgiveness, or forgivingness, occurs across relationships, offenses and situations whereas the tendency to forgive a particular relationship partner, sometimes referred to as dyadic forgiveness (Fincham et al., 2005), is the tendency to forgive him or her across multiple offenses. Finally, offense-specific forgiveness is defined as a single act of forgiveness for a specific offense within a particular interpersonal context. Associations among these levels of forgiveness is modest at best (e.g., Allemand, Amberg, Zimprich, & Fincham, 2007; Eaton, Struthers, & Santelli, 2006). In fact, Paleari et al. (2009) found that both positive and negative dimensions of forgiveness were more strongly related to relationship variables than to trait forgivingness, arguing that "relational characteristics may be more important in understanding forgiveness of interpersonal transgressions in close relationships than a global disposition to forgive" (Paleari et al., 2009, p. 205). Finally, forgiveness is sometimes even used to characterize social units (e.g., families, communities).

What is becoming clear, however, is that laypeople may use and conceptualize interpersonal forgiveness in ways that differ from researchers (see Kearns & Fincham, 2004). For example, Kantz (2000) found laypersons believe that reconciliation is a necessary part of forgiveness, an element explicitly rejected by many definitions of forgiveness used in research. In this study, subjects also endorsed the view that forgiveness could cause emotional problems, which again runs counter to the salutary effects attributed to forgiveness in most research. This finding raises the legitimate question of whether forgiveness is harmful or, as we have claimed, a human strength.

IMPLICATIONS OF DEFINING FORGIVENESS FOR APPLIED WORK

Because lay conceptions appear to confuse forgiveness and related constructs, conceptual clarity is particularly important in applied work that attempts to facilitate forgiveness. For example, the lay conception that forgiveness involves reconciliation may lead some who forgive to place themselves in danger of future harm. Thus, attempts to facilitate forgiveness should include an educational component to ensure that participants understand fully what forgiveness does and does not entail. It may also be necessary to assess

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[1] Most studies use a single unidimensional measure of forgiveness and do not differentiate forgiveness from unforgiveness. For ease of presentation the word forgiveness is used in describing results from these studies.

perceived negative consequences of forgiving before making an attempt to encourage forgiveness. Before turning to applied work, we first examine whether forgiveness is associated with positive outcomes.

## FORGIVENESS AND WELL-BEING

The presumed benefits of forgiveness for well-being have been the single most important stimulus for the upsurge of research on forgiveness in the past 25 years. In fact, there is even some fMRI evidence to show that forgiveness activates a specific region of the brain (posterior cingulated gyrus) that is distinct from that activated by empathy (Farrow etal., 2001). The potential existence of a distinct functional anatomy for forgiveness points to its evolutionary advantage (see McCullough, 2008).. In fact, McCullough et al., (2010) provide evidence consistent with the view "that the forgiveness system evolved in response to selection pressures for restoring relationships that, on average, boosted lifetime reproductive fitness" (p. 15).

### PHYSICAL HEALTH

There is growing evidence from large, national probability samples, as well as smaller scale studies, that forgiveness is associated with psychophysiological and psychoneuroimmunological processes, as well as self-reported measures of health (e.g., Lawler-Row, Karremans, Scott, Edlis-Matityahou, & Edwards, 2008; Worthington, Witvliet, Pietrini, & Miller, 2007). In fact, forgiveness is associated with cardiac risk in both community and patient populations (Friedberg, Sonia, & Srinivas, 2007; Toussaint & Cheadle, 2009). One study has even shown that conditional forgiveness, forgiveness that depends on the post transgression behavior of the transgressor, predicts mortality (Toussaint, Owen, & Cheadle, 2012).  That is, failure to forgive unconditionally poses health risks and appears to be life threatening. Not surprisingly, forgiveness has been associated with better outcomes for medical conditions such as heart disease (Friedberg et al. 2009; Waltman et al. 2009) and spinal cord injuries (Webb et al.2010).

In a similar vein, forgiveness can facilitate the repair of supportive close relationships, and such relationships are known to protect against negative health outcomes. For example, marital conflict is associated with poorer health (Burman & Margolin, 1992) and with specific illnesses, such as cancer, cardiac disease, and chronic pain (see Schmaling & Sher, 1997). Hostile behaviors during conflict relate to alterations in immunological (Kiecolt-Glaser etal., 1997), endocrine (Kiecolt-Glaser etal., 1997), and cardiovascular (Ewart, Taylor, Kraemer, & Agras, 1991) functioning. An association exists between both forgiveness and unforgiveness and marital quality (see Fincham, 2010; Fincham et al., 2005), with some indication of a more robust relationship for unforgiveness (Coop Gordon, Hughes, Tomcizk, Dixon & Litzinger, 2009). Longitudinal evidence suggests that marital quality predicts later forgiveness and that forgiveness also predicts later marital satisfaction (Fincham & Beach, 2007; Paleari et al, 2005). It is therefore possible that forgiveness is health protective because it helps people maintain stable, supportive relationships (see Fincham , in press). Consistent with this view, married couples report that the capacity to seek and grant forgiveness is one of the most important factors contributing to marital longevity and marital satisfaction (Fenell, 1993).

Studies on physiological reactivity provide more direct evidence on forgiveness and physical functioning. For example, Witvliet, Ludwig, and Van der Laan (2001) demonstrated that engaging in unforgiving imagery (rehearsing hurtful memories and nursing a grudge) produced more negative emotions and greater physiological stress (significantly higher EMG, skin conductance, heart rate, and blood pressure changes from baseline), which endured longer into recovery periods. On the other hand, forgiving imagery (engaging in empathic perspective taking and imagining forgiveness) produced lower physiological stress levels. In a second study, Lawler-Row, Hyatt-Edwards, Wuench, and Karremans (2012) showed that forgiveness was inversely related to self-reported health problems and that both state forgiveness and trait forgivingness were related to heart rate and heart rate reactivity in response to, and recovery from, a stressor.  Berry and Worthington (2001) showed that the tendency to forgive predicted cortisol reactivity (indicating higher stress) in low quality relationships following imagination of typical relationship events, thereby suggesting that hormonal factors may also be implicated in any link between forgiveness and health. It is not difficult to imagine how such physiological or hormonal reactivity could over time adversely influence health.

An overlooked but potentially important consideration is the motivation for forgiving.. During descriptions of an offense, people who forgave out of religious obligation showed more anger-related responses (e.g., masking smiles, downcast eyes) and elevated blood pressure compared to those who forgave out of love (Huang & Enright, 2000). This suggests that what forgiveness means to a person may be critical for his or her physiological and behavioral responses. This study alerts us to the fact that only freely given

forgiveness that conforms to the criteria outlined earlier is relevant to the good life. Forgiveness born of obligation, pain avoidance, manipulation, and so on is neither a strength nor virtue.

MENTAL HEALTH

Forgiveness has been investigated in relation to numerous mental health outcomes, most frequently depressive symptoms and life satisfaction. Across 22 studies involving 4,510 participants a statistically significant inverse relationship emerged between forgiveness and depression (r = -.26, Riek & Mania, 2011). As might be expected, higher levels of forgiveness are related to greater life satisfaction (r = .25, 11 studies, 2,984 participants) and reported positive affect (r = .32, 9 studies, 1,502 participants, Riek & Mania, 2011). In a similar vein negative associations exist between forgiveness and anxiety (r = -.18), perceived stress (r = -.23) and negative affect (r = -.47, Riek & Mania, 2011).

Likewise, to the extent that forgiveness helps enhance relationship quality, a possibility supported by numerous studies documenting a robust association between forgiveness and such constructs as commitment and relationship satisfaction (for reviews see Fincham, 2009, 2010), forgiveness may be associated with improved well-being because of links between overall relationship quality and mental health. For example, the link between relationship quality and numerous psychological disorders is well established (see Beach & Whisman, 2012). There is also some direct evidence that forgiveness is linked to relationship destructive factors in that lower levels of forgiving predict psychological aggression and protracted conflict in marriage (Braithwaite, Selby & Fincham, 2011; Fincham, Beach & Davila, 2004, 2007).

CRITIQUE

Remarkably little attention has been given to potential adverse effects of forgiveness. This is somewhat surprising as forgiveness is a motivated behavior and where motives exist, they can be good or bad. Thus forgiveness can be used strategically to manipulate others, to put them down and so on.  Under such circumstances forgiveness can be quite harmful. However, if the outward expressions of forgiveness truly reflect internal motivations, it is safe to conclude that forgiveness plays an important salutary role in close relationships and that this role can promote health both directly and indirectly by repairing the relationship. However, this potential may not always be achieved. For example, McNulty's (2008) work shows that expressing forgiveness in the context of on-going conflictual relationships predicts lower satisfaction in newlyweds over the first year of marriage and perhaps indirectly leads to poorer health. In a further study McNulty (2010) found that more forgiving spouses experienced stable or growing levels of psychological and physical aggression over the first five years of marriage, whereas less forgiving spouses experienced declines in partner transgression (see McNulty & Fincham, 2012, for further data and discussion). Psychological and physical aggression are linked to poorer health outcomes.

Compelling, direct evidence documenting a causal link between forgiveness and physical and mental health is lacking. Experimental or longitudinal research that might address the issue of causality is rare in the literature on forgiveness. An exception is McCullough et al.'s (2001) study, which showed no relation between change in forgiveness and life satisfaction, a finding that could reflect disparity in level of measurement of the two constructs (e.g., forgiveness for a specific event versus a global measure of functioning), the existence of a causal lag that is different from the eight-week period investigated, or limited variability in life satisfaction over this short period. Data are sorely needed to demonstrate that forgiveness improves individual well-being. Nonetheless, recognition of the negative physical and mental health outcomes associated with processes that can occur in the absence of forgiving (e.g., preoccupation with blame, rumination) appears to sustain theoretical attempts to identify processes linking forgiveness and physical and mental health.

Applied studies that attempt to facilitate forgiveness currently provide the only direct evidence about the effects of forgiveness on well-being. Because such studies are often experimental in design, they are an important test of the hypothesis that facilitating forgiveness actually influences well-being rather than merely being associated with it. We, therefore, begin our discussion of applied research by reviewing the evidence it provides on the impact of forgiveness on well-being.

## APPLIED RESEARCH ON FORGIVENESS

Since Close (1970) published a case study on forgiveness in counseling, various models of forgiving have emerged in the counseling/psychotherapy literature. From its inception, however, model builders in this literature have skipped the task of validating their models and proceeded directly to intervention outcome

research. Perhaps more importantly, the psychotherapy literature has far outstripped empirical data on forgiveness, leaving us in the awkward position of attempting to induce forgiveness without knowing how it operates in everyday life. Finally, it is important to note that the vast majority of invention studies have not been conducted with clinical populations but instead with community samples.

Regular meta-analyses have emerged beginning with Worthington, Sandage, and Berry's (2000) summary of 14 available studies (delivered to 393 participants) that showed a linear dose-effect relationship for the effect sizes they yielded. Specifically, clinically relevant interventions (defined as those of six or more hours' duration) produced a change in forgiveness (effect size, ES=0.76) that was reliably different from zero, with nonclinically relevant interventions (defined as one or two hours' duration) yielding a small but measurable change in forgiveness (ES=0.24). These authors tentatively conclude, "amount of time thinking about forgiveness is important in the amount of forgiveness a person can experience" (p.234). In a subsequent meta-analysis, Baskin and Enright (2004) found that one hour, one time interventions. were ineffective in promoting forgiveness (ES=-0.04) and may have been iatrogenic. Wade, Worthington, a n d Meyer's, (2005) meta-analysis of 27 studies showed that although amount of time spent in the intervention predicted efficacy, intervention status (full vs. partial vs. no intervention) predicted outcome over and beyond intervention duration. Focusing on 16 studies of "process" models of forgiveness, where forgiveness is achieved only after going through several different phases or steps, Lundhal, Taylor Stevenson and Roberts(2008) found large effect sizes for increasing forgiveness(ES=0.82) and positive affect (ES=0.81). Negative affect was also decreased (ES=0.54). Participants with elevated levels of distress benefitted more than those with lower distress levels and participants who received the intervention individually showed greater improvement than those who experienced group interventions. In contrast to individual outcomes no improvement in the relationship with the perpetrator of the transgression was found. This led to the suggestion that intervention programs may "not be consistently better than no treatment in improving relationships" (p. 474).

In light of the above suggestion, it is important to note the growing literature on interventions to promote forgiveness in marital and family contexts (for s review see Worthington, Jennings & DiBlasio, 2010). In this literature, there is evidence to show that forgiveness interventions have led to decreased psychological symptoms and in some studies increased relationship satisfaction. Unfortunately, this literature includes numerous studies that use small sample sizes and are therefore underpowered.

In a field in which it is difficult to do experimental research, intervention studies have the potential to provide much needed information on mechanisms involved in forgiveness. To date, however, this potential remains largely untapped because the dismantling of these multicomponent interventions to determine the active ingredients for changing forgiveness is notably absent. Also absent are data on the impact of induced forgiveness on relationship outcomes. Thus, the potential of applied research to advance understanding of forgiveness remains unrealized.

CRITIQUE

Because interventions are a relatively blunt experimental manipulation that may influence a number of variables, it will be important in future intervention studies to show that changes in forgiveness are correlated with changes in psychological well-being. Perhaps most importantly in the current context, intervention research has thus far focused on the individual experience of forgiving and not the interactions that occur around forgiveness. The result is that most intervention research tells us little about how to help people negotiate forgiveness. This is an important omission because repentance and apology (phenomena that involve interpersonal transactions) facilitate forgiveness and because, in the context of an ongoing relationship, forgiveness may involve numerous transactions.

The intervention literature demonstrates that we have made good progress in devising interventions to induce forgiveness. But this is analogous to focusing on a manipulation check in experimental research. What about the dependent variable; does inducing forgiveness produce positive psychological outcomes? Here results are more mixed. A problem with many of the available studies, is that the interventions are delivered to samples that are either asymptomatic or show limited variability in mental health symptoms, making it difficult to demonstrate intervention effects on these variables. In fact, most interventions are primarily psycho-educational and not specifically designed to deal with patient populations. Because certain conditions such as depression and marital discord tend to be co-morbid, it is quite possible that psychopathology may be present in distressed couples who seek such interventions. However, forgiveness intervention research and work on forgiveness more generally tends to focus on community samples and make use of dimensional measures of symptoms (e.g., anger, depression).

The limitations of the available data are more understandable when we recall that less than 25 years ago, pioneering publications did not contain reference to any published empirical research on forgiveness (e.g., Hebl & Enright, 1993; Mauger etal., 1992). Research on forgiveness is growing and steadily lending weight to the case for the importance of forgiveness in maintaining and promoting well-being. However, it is clear that attempts to promote forgiveness have been limited in conceptualization and scope. In particular, they reflect the traditional assumptions made in psychotherapy/counseling, namely, that people (patients, clients) wronged by another need to seek help from professionals (therapists/counselors) in a special environment divorced from their natural setting (the clinic). In the remainder of the chapter, we, therefore, offer a much expanded view for research on facilitating forgiveness.

## TOWARD A COMPREHENSIVE, EVIDENCE-BASED MODEL FOR FACILITATING FORGIVENESS

This section begins by examining the implications of positive psychology for attempts to facilitate forgiveness; then it identifies the premises underlying the approach offered. Finally, it discusses the facilitation of forgiveness in terms of two dimensions, breadth of reach and intensity, and relates them to delivery formats.

### FORGIVENESS THROUGH THE LENS OF POSITIVE PSYCHOLOGY

Viewing forgiveness through the lens of positive psychology (e.g., McCullough, Tabak, Root & Witvliet, 2009) has implications for a more complete understanding of the construct and for evaluating efforts to facilitate forgiveness. As a human strength, forgiveness has the potential to enhance functioning and not simply protect against dysfunction. But because measurement of forgiveness has primarily focused on its negative dimension (avoidance, retaliation), most of what has been learned about forgiveness rests on inferences made from the absence of the negative (dysfunction). Here there is the danger of falling prey to a logical error noted earlier—the absence of a negative quality (e.g., vengeance) is not equivalent to the presence of a positive quality (e.g., benevolence). Like psychology itself, forgiveness research has (unwittingly) focused on human dysfunction in opposition to which positive psychology was born. What positive emotions, strengths, and virtues (other than empathy) correlate with forgiveness? Our inability to answer this question immediately points to the need to broaden the nomological network in which forgiveness is situated to include strengths and virtues (for an analysis of the interplay between forgiveness and gratitude, see Fincham & Beach, 2013a). Similarly, attempts to facilitate forgiveness should not simply be evaluated in terms of the prevention or amelioration of dysfunction but also in terms of their ability to promote optimal functioning (Fincham & Beach, 2010). We advocate a focus on the positive in forgiveness research as a complement to, rather than a substitute for, existing work mindful of the admonition that "a positive approach cannot ignore pathology or close its eyes to the alienation and inauthenticity prevalent in our society" (Ryan & Deci, 2000, p.74).

Awareness of possible, positive correlates of forgiveness also directs attention to the positive dimension of forgiveness, benevolence. As noted, forgiveness cannot be understood completely by studying unforgiveness, just as marital quality cannot be fully understood by the study of marital distress or optimism by the study of learned helplessness. Thus, we must remain open to the possibility that negative and positive dimensions of forgiveness may have different determinants, correlates, and consequences. For example, it can be hypothesized that negative and positive dimensions predict avoidance/revenge and conciliatory behaviors, respectively. Similarly, different intervention efforts may be needed for reducing retaliatory and avoidance motivations versus increasing benevolence.

Finally, the lens of positive psychology alerts us to different ways in which forgiveness may function in relation to optimal human experience. Thus far, we have noted that the exercise of forgiveness facilitates gratification in one of the main realms of life (the interpersonal) and thus contributes to the good life (Seligman, 2002a). But forgiveness may also promote a meaningful life. All three of the major monotheistic religions emphasize forgiveness, and the practice of forgiveness in Judaism, Christianity, and Islam can easily be seen as serving something much larger than the forgiver and, therefore, contributing to the meaningful life. However, two very important caveats must be added. First, forgiveness does not necessarily contribute to a meaningful life among the faithful; it will do so only when exercised freely and not as the mindless exercise of a religious obligation (cf. Huang & Enright, 2000). Second, the exercise of forgiveness can also contribute to the meaningful life for nonreligious forgivers. However, to do so, it is likely to require the forgiver to be consciously motivated by a desire to create a better community or society and to view his or her action as contributing to the realization of this goal. At an applied level, the implication is

that, where appropriate, efforts should be made to show the link between the individual's action and the service of something greater than the individual, such as God's will for the faithful, or for the secular, the betterment of a social unit (e.g., family, neighborhood, school) or the community as a whole (e.g., through the establishment of more humane norms). In short, the lens of positive psychology alerts us to an important but relatively unexplored issue pertaining to forgiveness, its meaning for the forgiver.

UNDERLYING PREMISES

The approach that is now offered reflects a number of premises that shape its form, which are, therefore, briefly articulated. First, it is informed by an integrated prevention and treatment perspective. It moves beyond the positive psychology approach toward prevention, which focuses on strengths in people at risk. Laudable as such an expanded view of prevention might be, it suffers from decontextualizing risk and ignoring cultural and structural factors that maintain risk behavior. For example, facilitating forgiveness for someone who has a strong social network that encourages a hostile response may deprive the person of social support and, at worst, set him or her in conflict with support providers. Recognizing the central role of religion and religious communities in the majority of the world's population, Fincham and colleagues have investigated how prayer might be used to facilitate the use of strengths, including forgiveness (Lambert, Fincham, Stillman, Graham, & Beach, 2010), avoid risk (Fincham, Lambert & Beach, 2010) and facilitate well-being (Fincham & Beach, 2013b).

A second premise is that persons who might benefit from forgiving may not be seeking help. This means that the traditional waiting mode familiar to psychologists needs to be replaced by the seeking mode embraced by the community mental health movement (Rappaport & Chinsky, 1974). In contrast to waiting for clients to present at the office for diagnosis and treatment, in seeking mode we move into the community taking on nontraditional roles such as developer of community programs, consultant to local groups, and evaluator of community-based intervention efforts. In the present context, this is particularly important because many potential beneficiaries of forgiveness are likely to be reached through natural community groups (e.g., religious organizations).

Third, persons who might benefit from forgiving may not have the financial resources to obtain professional help or be located in areas served by mental health care providers. Therefore, any forgiveness intervention should be designed to reach people in a variety of settings (including rural and geographically isolated settings) and be viable for use in these settings. Thus, at a minimum, the intervention should be easily implemented, reasonably brief, and economic to implement. Ideally, it should involve a familiar process that occurs naturally in the community. This means that there is likely to be a need to look to a broader range of persons (e.g., media specialists) and modes of delivery (e.g., distance learning) than is typical in traditional psychological interventions.

Finally, we operate from the premise that any attempt to facilitate forgiveness should represent best practice in terms of what is currently known scientifically about forgiveness and its facilitation. A corollary is that any intervention must lend itself to evaluation, for without evaluation no program can be assumed to be effective. The notion that "something is better than nothing" is simply misguided, no matter how well intentioned, and, as Bergin (1963) reminds us, anything that has the potential to help also has the potential to harm. We now consider forgiveness facilitation in a two-dimensional framework.

DIMENSION 1: BREADTH OF REACH

Forgiveness interventions have been limited to those delivered by a professional to an individual or a small group of individuals. Given the observation made in the chapter opening that everyone will, at some point, feel hurt, let down, betrayed, disappointed, or wronged, these interventions are inadequate to reach everyone for whom forgiveness is relevant. Moreover, in asking about the nature of forgiveness, we noted that it can be applied to social units. By facilitating forgiveness in such units, we not only provide a more complete approach to facilitating forgiveness but also begin to address the problem of decontextualized interventions. Broadening our approach in this manner is clearly a radical departure from the traditional clinical model that has informed prior intervention efforts.

The importance of including community-level intervention in a comprehensive approach to facilitating forgiveness is emphasized by the observation: "A large number of people exposed to a small risk may generate more cases than a small number exposed to a high risk" (Rose, 1992, p.87). But the inclusion of community-level intervention in our approach brings with it new challenges. It needs to be recognized, for example, that outcome for individuals is alone insufficient to evaluate such interventions because the unit of intervention and evaluation is the community or organization. A comprehensive model, therefore, needs to encompass change in collectives and not only individuals. How do we assess the community or organization environment? This is not the context in which to address such questions. These kinds of

questions are being addressed in the field of public health where community-level intervention has taken root. Readers interested in these challenges are referred to analyses of methodological issues arising from community-level and community-based intervention (Sorensen, Emmons, Hunt, & Johnson, 1998; Thompson, Coronado, Snipes, & Puschel, 2003).

DIMENSION 2: INTENSITY

It is a truism that the intensity of interventions differs, and we use this dimension to order prevention, enhancement, and remediation efforts. Prevention and enhancement are appropriate for those who are not manifesting levels of distress that impair their normal functioning, whereas remediation is targeted at those experiencing clinical levels of distress.

As to prevention, we distinguish among universal preventive measures, considered desirable for everyone in the population; selective preventive measures, considered desirable for subgroups of the population at higher than average risk; and indicated preventive measures, desirable for individuals who are known to be at high risk (Mrazek & Haggerty, 1994). In universal prevention, benefits outweigh the minimal costs and risks for everyone. In contrast, indicated interventions are not minimal in cost (e.g., time, effort). This reflects the fact that recipients of an indicated prevention may be experiencing some (subclinical) level of distress associated with the transgression.

Determining the place of enhancement on the intensity continuum is difficult. On the one hand, persons appropriate for enhancement should not be motivated by an experienced transgression but rather the desire to improve their life experience. As such, they most closely resemble recipients of universal or selective prevention. On the other hand, the minimal preventions provided in these cases do not match the motivation that prompts their involvement in intervention. As a result, we place enhancement between prevention and remediation on the intensity dimension.

Having briefly described the two dimensions integral to our approach to facilitating forgiveness, we next discuss the interventions to which they give rise.

FACILITATING FORGIVENESS

Table 37.1 illustrates our framework for facilitating forgiveness. Reflecting our premise that intervention should reflect best practice, we derive two important implications from the forgiveness literature. First, interventions should include an educational component about what forgiveness does and does not entail with both appropriate and inappropriate examples of forgiveness (e.g., use of forgiveness as a means—to manipulate, assert moral superiority—rather than an end) and their consequences. This can serve both to avoid dangers likely to result from misconceptions about forgiveness (e.g., returning to a dangerous situation because reunion is confused with forgiveness) and to relieve psychological distress when individuals feel the need to forgive a transgressor but find themselves unable to do so because forgiveness is confused with something they may not want to do either consciously or, more often, unconsciously (e.g., condone transgressor's action). Second, when interventions address forgiveness of a specific transgression, they should require the participants to spend time thinking about forgiveness, which seems to be related to the occurrence of forgiveness (with the corollary that simply exposing people to the transgression they experienced without facilitating forgiveness may be iatrogenic).

The first level of intervention shown is an information campaign to promote awareness of forgiveness and describe what it does and does not involve, its correlates, and it status as a human strength. Although we advocate use of the mass media for this purpose, the campaign does not preclude some contact with professional staff (e.g., telephone information line).

We advocate use of the mass media for a forgiveness information campaign because the media has played a useful role in disseminating health information to the public. Here we can envision a cross-media promotion strategy that includes newspapers, posters, billboards, informational pamphlets, television and the internet. Television in particular has proved useful in modifying potentially harmful behaviors such as cigarette smoking and poor diet (Biglan, 1995; Sorensen etal., 1998), and we envision it as the core around which the campaign is organized. In particular, skilled use of infotainment (e.g., a feature story in which forgiveness themes are embedded, followed by a celebrity interviewed about overcoming a hurt in his or her life) is preferred over the more traditional public health announcement for two reasons. First, a television series, if well executed, is likely to gain greater attention. Second, such a series can become a longer term resource that offsets campaign costs. Finally, it needs to be recognized that the success of such a campaign should not be judged in terms of its impact on forgiveness per se, but rather on its ability to raise awareness and to produce a climate in which forgiveness is supported.

At the next level of intervention is psychoeducation. What distinguishes this level from the last is that factors that facilitate forgiveness, described in generic terms, are added to the intervention. Hence, topics such as empathy and humility, which have been emphasized in existing interventions, will garner attention. In addition, recipients of the intervention will be directed to recall instances in which they were forgiven as a vehicle to draw attention to our common frailty as human beings and to elaborate on the virtue of gratitude (Fincham & Beach, 2013a). This level of intervention does not include exercises designed to bring about forgiveness of a specific transgression. Rather, its goal is to create conditions propitious to consideration of forgiveness as a possible response when a transgression is experienced. Both levels of intervention described thus far are intended to entail relatively low cost for the recipients.

Greater recipient time and effort are required for the third level of intervention, psychoeducation with forgiveness implementation. It is only at this level that response to a specific transgression in the recipient's life is addressed. An important element of this level of intervention is screening of recipients because not everyone who has experienced a transgression (and, therefore, is at risk) will be a suitable candidate. At the most fundamental level, recipients need to be screened for clinical disorder. However, even in the absence of such disorder, when the transgression occasions a traumatic response (shatters basic beliefs about the world, etc.; see Gordon, Baucom, & Snyder, 2000), this level of intervention is not appropriate, even if the response does not reach the level of diagnosable posttraumatic stress disorder. This level of intervention is most similar to the majority of extant group interventions for forgiveness. However, these interventions have yet to capitalize on a growing body of research showing that writing about past traumatic experiences has beneficial effects on mental and physical health (see Esterling, L'Abate, Murray, & Pennebaker, 1999; for a study concerning transgressions, see McCullough, Root, & Cohen, 2006). Our approach to facilitating forgiveness, therefore, makes extensive use of writing exercises. We have described this intervention in detail elsewhere (Fincham & Beach, 2002b).

The next level of intervention is enhancement. Participants in enhancement programs generally are self-selected; hence, their motivation is likely to be high. At this level, recipients learn forgiveness as a general skill without targeting a specific transgression. Ripley (1998) provides an example of such an approach. Community couples participated in this intervention with the goal of increasing intimacy and preventing future problems in their relationships. Many of the couples in Ripley's program denied having any unresolved hurts, which supports our decision not to target specific participant transgression at the level of enhancement. As an interpersonal process, forgiveness as a general skill is difficult to imagine in the absence of more general relationship skills (e.g., communication skills). Hence, intervention at the level of enhancement includes training in such relationship skills.

Finally, remedial interventions are targeted at persons whose functioning has been impaired by a transgression or series of transgressions. Little is known about interventions for severe and long-lasting harms because these have not been the subject of the group interventions that have dominated the forgiveness intervention literature. However, there are notable examples of such interventions for individuals (e.g., Coyle & Enright, 1997). Whether forgiveness in this situation simply becomes a component of a broader intervention or can be sustained as an independent self-contained intervention is open to question. The answer to this question may rest on the extent to which the transgression and the response to it are part of a chronic pattern of functioning in the person's life. It is conceivable that self-contained forgiveness interventions are viable to the extent that they deal with single, precisely defined harms (e.g., marital infidelity). Most of what is known about this level of intervention derives from clinical experience and is largely anecdotal. This has not prevented the emergence of more formal process models of forgiveness (e.g., Enright & Coyle, 1998) to inform intervention, but these models have not been subject to empirical evaluation that demonstrates forgiveness unfolds in the manner specified. Nonetheless, outcome studies based on interventions using these models (e.g., Coyle & Enright, 1997; Freedman & Enright, 1996) make useful contributions to our knowledge about the benefits of promoting forgiveness in the context of psychotherapy. Wade, Johnson and Meyer (2008) provide a useful discussion of the concerns that arise when forgiveness is explicitly included in psychotherapy.


DELIVERY FORMAT

Consistent with our broadened view of facilitating forgiveness, we advocate diverse delivery formats for forgiveness interventions. We have already discussed use of the mass media in a forgiveness information campaign. Use of mass media need not be limited to this level of intervention, however. Indeed, we can conceive of judicious use of this delivery format for all levels of intervention except remediation. For example, there already exists a competitive market of trade books dealing with forgiveness, some of which take the form of self-help, but, as is too often the case, this self-help domain is relatively uninformed by research on forgiveness..

Delivery of interventions via the print medium is necessarily limited as compared to audiovisual presentation. More information can be presented more vividly in a shorter time frame using the audiovisual medium. Given this advantage, as well as its ability to engage attention, we advocate the development of audiovisually based interventions. However, both of these delivery formats provide minimal control over the delivery of the intervention because readers can access pages in whatever order they choose, and viewers can fast forward videotapes at the click of a button. The issue of control becomes important where interventions include programmatic, cumulative exercises designed either to facilitate forgiveness of a specific transgression or to develop a relationship skill. Everything presented via the print or audiovisual medium can be delivered in a more controlled manner through the digital medium. Delivery of an intervention on a CD or DVD can control access to later parts of the intervention by making it contingent on performing earlier parts. Mastery of material can also be assessed once it has been accessed and immediate feedback given with further progress through the intervention dependent on a minimal level of mastery. Programs can also be written to individualize the intervention by tailoring what material is presented dependent on a participant's answers to relevant questions.

Almost anything that can be delivered via CD and DVD can also be delivered via the Internet. This latter medium of delivery is particularly exciting because of its growing penetration of households throughout the world and because it allows greater control over the delivery of the intervention (e.g., time spent on writing exercises can be monitored precisely, writing can be analyzed online, and so on). The possibility of delivering an intervention to millions of people throughout the world via the Internet makes the road ahead both an exciting and daunting path to travel.

We would be remiss if we did not comment on the face-to-face delivery format with individuals and groups. In our judgment, this medium is the sine qua non of the remedial level of intervention, though it is also an option for other levels. But even here, our vision is broader than that traditionally found. Consistent with our premises on a seeking mode of intervention and participant resources not necessarily enabling access to professionals, we see a critical role for paraprofessionals in facilitating forgiveness. Indeed, there has long been data to suggest that psychotherapy interventions delivered by professionals and paraprofessionals do not differ in effectiveness (e.g., Christensen, Miller, & Munoz, 1978). This brings us to the issue of starting points for implementing our vision of facilitating forgiveness.


STARTING POINTS
Rather than approach the task de novo and reinvent the wheel, we believe that a useful starting point is to look for existing interventions in the community that might include forgiveness as well as those that might be enhanced by including a focus on forgiveness. We identify an example of each before highlighting limitations of the approach advocated in this chapter.

An unlikely but promising starting point is the legal system where forgiveness is gaining attention in both criminal (e.g., Nygaard, 1997) and civil contexts (e.g., Feigenson, 2000). Two entry points are particularly promising from our perspective. First is the recent emergence of problem-solving courts, particularly community courts, which use judicial authority to solve legal and nonlegal problems that arise in individual cases and consider outcomes that go beyond mere application of the law. Denckla (2000) describes the role and impact of forgiveness in problem-solving courts. Two obvious next steps might be to (1) index the degree to which forgiveness operates in particular courts and relate this to relevant outcomes (e.g., recidivism), and (2) compare jurisdictions in which such courts do and do not operate.

Perhaps more obvious as a point of entry for forgiveness research are restorative justice programs. There is a diversity of views on what is meant by restorative justice (Johnstone, 2002), but several themes underlie this diversity, including attention to what should be done for the victim, relating to offenders differently (not seeing them as enemies from the outside but as "one of us"), and the community's willingness to be involved in conflict resolution between victim and offender (Johnstone, 2002). By allowing for forgiveness, restorative justice programs empower the victim and allow the perpetrator to be affirmed both by the victim and the community as a person of worth and to regain—or for many gain for the first time—their respect and be reintegrated—or integrated—into society. Recognizing these themes does not give rise to a particular method but rather offers a set of purposes and values to guide responses to crime (Morris & Young, 2000; see also Ward & Mann, Chapter 36, this volume). We now briefly consider one form in which restorative justice has been implemented, victim offender mediation (VOM), sometimes called victim-offender reconciliation programs.

Victim offender mediation programs began in the 1970s in Canada, and there are now hundreds of programs throughout the world (focused largely on juvenile offenders), evaluation of which yields salutary findings, including participant satisfaction, perceived fairness of restitution agreement, restitution

completion, and recidivism (see Umbreit, 2001). Note, however, that forgiveness is not an explicit goal of such programs. Indeed, good mediators avoid use of terms such as forgiveness and reconciliation because they "pressure and prescribe behavior for victims" (p.25). But this does not preclude forgiveness from taking place in VOM. This provides the opportunity to compare outcomes in cases where forgiveness does and does not take place. An obvious additional need is to examine the features of cases where forgiveness occurs in an attempt to identify its potential determinants.

It can be argued that forgiving subverts the course of justice and that when forgiveness occurs justice is not served. The relationship between forgiveness and justice is a complex one (Exline, et al., 2003) and certainly attention to forgiveness in legal contexts is not without danger. However, a detailed analysis of the justice-forgiveness relationship adduces both logic and data to show that justice and forgiveness are positively related and that each might facilitate the other (Fincham, 2009).

Finally, we identify a widely accepted program that does not make reference to forgiveness—peer mediation in educational institutions. There is evidence that peer mediation in schools helps students resolve their conflicts constructively, which tends to result in reducing the numbers of student-student conflicts referred to teachers and administrators, which, in turn, tends to reduce suspensions (Johnson & Johnson, 1996). The outcomes of such programs might well be enhanced in educational institutions in which a forgiveness information campaign has been conducted, compared to matched institutions that have not experienced such a campaign. Alternatively, inclusion of educational material on forgiveness in such peer mediation programs themselves seems appropriate provided it does not implicitly pressure students to engage in forgiveness but only outlines forgiveness as one of many possible outcomes. Once introduced, an outcome evaluation of programs that do and do not include this enhancement would be needed. These suggestions alert us to an important consideration: the need for developmentally appropriate materials in facilitating forgiveness in people of different ages as the understanding of forgiveness changes with age.


LIMITATIONS

Our suggestions exhibit the same major weakness of extant forgiveness programs: They do not speak to the issue of forgiveness transactions between people. Indeed, they do not capitalize on the fact that the transgressions often occur in ongoing relationships where the victim has direct access to the transgressor. We know that transgressor and victim usually engage in systematic, but differing, distortions of the original event (Stillwell & Baumeister, 1997; Kearns & Fincham., 2005), setting the stage for conflict around the issue of forgiveness. This observation draws attention to the perspective of the transgressor. Acknowledging wrongdoing and accepting forgiveness may itself be a human strength, but they have not been the topic of this chapter, which has focused instead on the granting of forgiveness. This is not to suggest that the facilitation of forgiveness is entirely independent of the transgressor. On the contrary, there is strong evidence that transgressor behavior (e.g., apology, offers of restitution) facilitates forgiveness (Fehr, Gelfand & Nag, 2010l). . Thus, supplemental materials or even a set of interventions parallel to those described that emphasize the perspective of the transgressor need to be developed.

In addition, although we have incorporated social units/groups into our analysis, we have not addressed the issue of forgiveness between such units. Forgiveness at this level of analysis raises its own set of thorny problems, which are beyond the scope of this chapter (see Chapman, 2007; Hanke et al., 2013). Finally, we have outlined a systematic program for research on facilitating forgiveness in global terms, a necessary limitation given space constraints.


CONCLUSION

In this chapter, we identified forgiveness as a human strength, analyzed evidence on the benefits of forgiving, and summarized research on forgiveness interventions. We analyzed forgiveness with a positive psychology focus and offered a much broader conception of how forgiveness might be facilitated. A next step is to develop detailed protocols for the levels of intervention identified and to investigate the efficacy of each, not only in preventing distress but also in enhancing optimal human functioning. Such a remit is clearly beyond that of a single investigator and will require our collective efforts. The enormity of the challenge is matched only by the potential payoff of work that, with the help of modern technology, has the potential to enhance the lives of millions of fellow humans.

- Forgiveness is a freely chosen freely chosen motivational transformation in which desired revenge is replaced by an attitude of goodwill towards an offender.

- Better mental and physical health are related to forgiveness but demonstration of a causal relationship is needed .
- Although forgiveness interventions are a blunt instrument for determining causality, they yield results consistent with the view that forgiveness influences health. This most likely occurs by reducing stress and/or increasing adaptive coping.
- The process of forgiveness can be taught and is frequently done so in group settings.  This opens up the possibility of wider dissemination by modes of delivery that can reach large numbers of people (e.g., media, internet).
- Breadth of delivery ("reach") and depth of delivery ("intensity") are two dimensions used to offer a framework for facilitating forgiveness.
- According to the framework described, forgiveness interventions range from the broadest level where a universal prevention intervention might be offered (such as a forgiveness awareness media campaign), through psychoeducation that includes instruction on how to forgive for those who have suffered a transgression to forgiveness-focused individual psychotherapy.
- There is evidence that forgiveness can in some circumstances be detrimental.  This appears to be the case in ongoing conflictual relationships and is likely due to the transgressor not being held fully accountable for his or her actions.
- Much of the impact of forgiveness may be indirect and occur through change in the relationship between victim and transgressor especially in intimate relationships. For example, in the marital literature it is well established that the quality of the marital relationship has a strong impact on the physical and mental health of spouses, as well as their offspring.

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Table 37.1

An Expanded Framework for Facilitating Forgiveness

| Breadth of Reach | | |
| --- | --- | --- |
| Intensity of Intervention | Individual | Group | Social Unit/Institution in Community |
| Prevention | | |
| Universal | Forgiveness information campaign | |
| Selective | Psychoeducation | |
| Indicated | Psychoeducation with forgiveness implementation | |
| Enhancement | Psychoeducation with relationship skills training | |
| Remediation | Forgiveness-focused therapeutic intervention | |