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Facilitating Forgiveness: Developing Group and Community Interventions

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“The weak can never forgive. Forgiveness is the attribute of the strong.”

Mahatma Gandhi (2000, p. 301)

One of life’s few certainties is that everyone will, at some point, feel “hurt,” “let down,” “betrayed,” “disappointed,” or “wronged” by another human being. 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, some have argued that retaliation in such circumstances “is deeply ingrained in the biological, psychological, and cultural levels of human nature” (McCullough & vanOyen Witvliet, 2002), a position consistent with Aristotle’s view of anger as “a longing, accompanied by pain, for a real or apparent revenge for a real or apparent slight” (Aristotle, 1939, p. 173). Although it is perhaps arguable whether revenge is one of a few *fundamental* human motivations, as Reiss and Havercamp (1998) assert, 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 offence 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.

Considerable evidence documents the corrosive effects of reciprocated harm in relationships; responding to a partner transgression with negative behavior is the most reliable overt signature of marital dysfunction and key determinants of such responses (e.g., attributions for the transgression) have been thoroughly investigated (Fincham, 2003). In contrast, relatively little 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. There are some initial data to 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 their 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 towards 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 recently engaged the attention of psychologists¹ and which, as we will argue, is an important human strength that can contribute to the good life and, for some, the meaningful life.

WHAT IS FORGIVENESS?

This simple question does not have a simple answer. 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 offence and hence need for forgiveness), pardon (granted only by a representative of society such as a judge), forgetting (removes awareness of offence from consciousness; to forgive is more than not thinking about the offence) and reconciliation (which restores a relationship and is therefore a dyadic process). Thus the common phrase, “forgive and forget” is misleading as forgiveness is only possible in the face of remembered wrongs/hurt.

There is less agreement among researchers on whether forgiveness requires a benevolent or positive response (e.g., compassion, empathy, affection, approach behavior) to the offender or whether the absence of negative responses (e.g., hostility, anger, avoidance) is sufficient (Exline, Worthington, Hill, & McCullough, in press; 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). An initial 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). To complicate matters further, forgiveness is conceptualized at different levels, as a response to a specific transgression, a personality trait, and as a characteristic of social units (e.g., families, communities).

What is becoming clear, however, is that lay people may use and conceptualize interpersonal forgiveness in ways that differ from researchers. 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 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 20 years. In fact, there is now even some fMRI evidence to show that forgiveness activates a specific region of the brain (posterior cingulate gyrus) that is distinct from that activated by empathy (Farrow et al., 2001). The existence of a distinct functional anatomy for forgiveness points to its potential evolutionary advantage.

Physical Health

The view that forgiveness can improve physical health is found in religious writings and in the recommendations of some health professionals (see Thoresen, Harris, & Luskin, 2000). Much of the evidence pertaining to this issue is indirect and focuses on the adverse effects of one type of unforgiving response, namely, hostility. Forgiveness decreases hostility and a meta-analysis of 45 published studies shows that hostility is an independent risk factor for coronary heart disease and premature death (Miller, Smith, Turner, Guijarro, & Hallet, 1996). There is also anecdotal evidence that learning to cultivate a forgiving heart decreases hostility (Kaplan, 1992).

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; Kiecolt-Glaser et al., 1988) and with specific illnesses such as cancer, cardiac disease, and chronic pain (see Schmalzing & Sher, 1997). Hostile behaviors during conflict relate to alterations in immunological (Kiecolt-Glaser et al., 1997), endocrine (Kiecolt-Glaser et al., 1997), and cardiovascular (Ewart, Taylor, Kraemer, & Agras, 1991) functioning. It has even been suggested that forgiveness may be associated with well-being because it helps people maintain stable, supportive relationships (McCullough, 2000). 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).

Initial 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, Younger, Piferi, and Jones (2000) found that people exhibited lower physiological reactivity (e.g., forehead EMG activity, diastolic blood pressure) during an interview about a transgression when they had forgiven the transgressor than when they had not forgiven the transgressor. They also found that forgiving people reported fewer physical symptoms. Berry and Worthington (2001) provided additional evidence of a relation between the disposition to forgive and physical health. These investigators also showed that the tendency to forgive predicted cortisol reactivity (indicating higher stress) 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.

Two studies however, suggest a more complicated picture. First, in a nationally representative, probability sample of 1,423 respondents, Touissant, Williams, Musick, and Everson (2001) found that the relationship between forgiveness and self-rated health, controlling for sex, race, education, marital status, and religiousness, varied as a function of age. Specifically, self-forgiveness was related to health in younger groups (18-44, 45-64 years) but not in persons over 65 years of age. In contrast, forgiveness of others was related to health in the oldest group but not the younger groups. (Comparisons across age showed that the coefficients for 18-44 and 65+ year groups were significantly different for other-forgiveness, and were marginally significant for self-forgiveness.) More important in the present context is the second study concerning the motivation for forgiving. This study compared those who forgave out of a sense of religious obligation to those who forgave out of love. During descriptions of the offence, people who forgave out of 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 their 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

Several studies provide data suggesting a link between forgiveness and mental health. Wuthnow (2000) surveyed 1,379 people in small religious groups (e.g., prayer groups, Bible studies) and found that being a member who had been “helped to forgive someone” was related to attempts and successes in overcoming an addiction, overcoming guilt and perceiving encouragement when feeling down. Similarly, Touissant et al. (2001) using their nationally representative sample found that both self-forgiveness and forgiveness of others was inversely related to a measure of psychological distress in all age groups investigated. However, only the tendency to forgive others was related to overall life satisfaction. In developing a measure of forgiveness, Mauger et al. (1992) found that forgiveness of both self and of others was inversely related to indicators of psychopathology as measured by the Minnesota Multiphasic Personality Inventory in a sample of clients at a Christian outpatient counseling center. Tangey, Fee, and Lee (1999) found a negative relation between a dispositional tendency to forgive others and depressive symptoms and hostility: forgiving oneself as a transgressor was also inversely related to depressive symptoms and positively related to overall psychological adjustment. In contrast, Subkoviak et al. (1995) found in a sample of adolescents and their parents that lower forgiveness scores were unrelated to depressive symptoms but were related to greater anxiety. Symptoms of anxiety, depression, and anger have also been shown to decline following a forgiveness intervention (e.g., Freedman & Enright, 1996). Improved existential well being has also been found following forgiveness intervention (Rye & Pargament, 2002). But a longitudinal study conducted over 8 weeks showed that changes in forgiveness towards specific offenders was unrelated to change in overall life satisfaction which remained stable over the course of the study (test-retest $r = .79$, McCullough, Bellah, Kilpatrick, & Johnson, 2001).

Likewise, to the extent that forgiveness helps enhance relationship quality, a possibility supported by numerous recent studies documenting a robust association between forgiveness and relationship satisfaction (e.g., Fincham, 2000), forgiveness may be associated with improved mental health because of links between overall relationship quality and mental health². For example, the link between relationship quality and depression is increasingly well established (see Beach, Fincham, & Katz, 1998) and a link with eating disorders has been documented (see Van den Broucke et al., 1997). 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 (Fincham & Beach, 2002a; Fincham et al., 2003).

Critique

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 vs. a global measure of functioning), the existence of a causal lag that is different from the 8 week period investigated, or limited variability in life satisfaction over this short period. It would be premature to conclude 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 regarding 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. In turning to applied research we therefore begin 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. However, with the exception of Enright's work (e.g., Enright & Coyle, 1998), the impact of these models on clinical practice has been questioned (McCullough & Worthington, 1994). Where there has been an impact, model builders have skipped the task of validating their models and proceeded directly to intervention outcome research (Malcolm & Greenberg, 2000). 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 a great deal about how it operates in everyday life.

Of the 14 available studies, all but two (Coyle & Enright, 1997; Freedman & Enright, 1996) are group interventions. Worthington, Sandage, and Berry (2000) summarized these interventions (delivered to 393 participants) by showing a linear dose-effect relationship for the effect sizes they yielded. Specifically, clinically relevant interventions (defined as those of 6 or more hours duration) produced a change in forgiveness (effect size = .76) that was reliably different from zero, with nonclinically relevant interventions (defined as 1 or 2 hours duration) yielding a small but measurable change in forgiveness (effect size = .24). These authors tentatively conclude, "that amount of time thinking about forgiveness is important in the amount of forgiveness a person can experience" (Worthington, Sandage & Berry, 2000, p. 234). Because effect size and proportion of males in the study were negatively related, they also conclude that men are more "substantially at risk for holding onto unforgiveness than are women" (p. 241). Finally, they noted that one study produced a negative effect (Al-Mubak, Enright, & Cardis, 1995, Study 1) that was most likely due to participants being given time to think about their hurt without being induced to think about forgiveness.

The analyses summarized above demonstrate 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. For example, Hebl and Enright (1993) showed that their forgiveness intervention produced significantly greater forgiveness in elderly females than a placebo control group but that both groups showed significant decreases in symptoms of anxiety and depression. In contrast, Al-Mubak et al. (1995) found that, relative to a placebo control group, their forgiveness intervention produced significant increases in forgiveness and hope and a significant decrease in trait anxiety among college students emotionally hurt by a parent. However, the groups did not differ in depressive symptoms following intervention. A problem with these, and many of the other 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.

It is therefore encouraging that in an intervention study where participants (adults who had experienced sexual abuse as children) were screened to show psychological distress prior to the intervention (Freedman & Enright, 1996), the intervention produced significantly greater forgiveness, hope, and self-esteem, and decreased anxiety and depression relative to a wait list control group. Intervention with the wait list control group, showed a significant change for the group relative to the time the group had served as a control condition, and made the group indistinguishable from the experimental group. These changes were maintained over a 12 month period.

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 actually 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 (Worthington & Wade, 1999). 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. Additional challenges for future research on group based forgiveness interventions are summarized clearly by Worthington et al. (2000), to whom the interested reader is referred.

The limitations of the available data are more understandable when one recalls that less than 15 years ago pioneering publications did not contain reference to any published empirical research on forgiveness (e.g., Hebl & Enright, 1993; Mauger et al., 1992). Clearly research on forgiveness is in its infancy and the jury is still out on the case for the importance of forgiveness in maintaining and promoting well being. This is not to imply that the case lacks evidentiary support. However, it is clear that attempts to promote forgiveness have been quite 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.

TOWARDS A COMPREHENSIVE, EVIDENCE-BASED MODEL FOR FACILITATING FORGIVENESS

We begin this section by examining the implications of positive psychology for attempts to facilitate forgiveness before going on to identify the premises that underlie the approach that we offer in the remainder of the section. Finally, we discuss the facilitation of forgiveness in terms of two dimensions, breadth of reach, and intensity, and relate them to delivery formats.

Forgiveness Through the Lens of Positive Psychology

Viewing forgiveness through the lens of positive psychology (e.g., McCullough & vanOyen Witvliet, 2002) 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 focused on its negative dimension (avoidance, retaliation, e.g., McCullough et al., 1998) 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 - 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. 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. 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 (Fincham, 2000). 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/vengeance 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 only do so when exercised freely and not as the mindless exercise of a religious obligation (cf. earlier described study by 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 their 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 we offer reflects a number of premises that shape its form. These are therefore briefly articulated. First, it is informed by an integrated prevention and treatment perspective. As regards prevention, it moves beyond the positive psychology approach toward prevention which focuses on strengths in people at risk (Seligman, 2002b). 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 them in conflict with support providers. A

comprehensive model therefore needs to encompass change in collectives and not only individuals.

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 such nontraditional roles 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

To date 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 opening sentence of the chapter, this is clearly 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 de-contextualized 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 that “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 as the unit of intervention and evaluation is the community or organization. How do we assess the community or organization environment? This is not the context in which to address such questions. It must suffice to note that these kinds of questions are beginning to be addressed in the field of public health where community level intervention has recently taken root and the reader interested in these challenges is referred to analyses of methodological issues arising from community level and community based

intervention (Sorenson, Emmons, Hunt, & Johnson, 1998; Thompson, Coronado, Snipes, & Puschel, 2003).

Dimension 2: Intensity

It is a truism that the intensity of interventions differ 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 regards 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 (sub-clinical) 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 resemble most closely recipients of universal or selective prevention. On the other hand, the minimal preventions provided in these cases do not match the motivation which 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 turn now to discuss the interventions to which they give rise.

FACILITATING FORGIVENESS

Table 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 etc. - 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 someone feels the need to forgive a transgressor, but finds 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 as this 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, Worthington et al., 2000).

Insert Table 1 about here

The first level of intervention shown is an information campaign to promote awareness of forgiveness and what it does and does not involve, its correlates and its status as a human strength. Although, as will be seen, 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, bill-boards, informational pamphlets, and television. Television in particular has proved useful in modifying potentially harmful behaviors such as cigarette smoking and poor diet (Biglan, 1995; Sorenson et al., 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 their lives) 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 psycho-education. What distinguishes this level from the last is that factors which facilitate forgiveness, described in generic terms, are added to the intervention. Hence topics like 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 (McCullough, Emmons, & Tsang, 2001). 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, psycho-education 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, as not everyone who has experienced a transgression (and are therefore at risk) will be suitable candidates. 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 post traumatic stress disorder. This level of intervention is most similar to the majority of extant group interventions for forgiveness (see Worthington et al., 2000). 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). Our approach to facilitating forgiveness therefore makes extensive use of writing exercises, but as we have described this intervention in detail elsewhere, the interested reader is referred to this source (Fincham & Beach, 2002b).

The next level of intervention is enhancement. Participants in enhancement programs generally are self-selected and 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 the lone 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 (1998) 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 hard 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, as 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 regarding the benefits of promoting forgiveness in the context of psychotherapy. However, there is no evidence yet on whether facilitating forgiveness of a transgression confers advantages over interventions that do not deal with forgiveness per se.

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. However, use of mass media need not be limited to this level of intervention. Indeed, one 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 (e.g., Klein, 1995), but as is too often the case, this self-help domain is relatively uninformed by research on forgiveness. Thus, this delivery format is ripe for development of evidence-based material.

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 this medium. Given this advantage, as well as its ability to engage attention, we advocate the development of audio-visually based interventions. However, both of these delivery formats provide minimal control over the delivery of the intervention as 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 on-line, 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 regarding 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. The first is the recent emergence of problem solving courts, particularly community courts, which use judicial authority to solve legal and non-legal 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 (a) index the degree to which forgiveness operates in particular courts and relate this to relevant outcomes (e.g., recidivism) and (b) 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 that the community must be willing 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, this volume). We now briefly consider one form in which restorative justice has been implemented, victim offender mediation (VOM) or as they are sometimes called victim-offender reconciliation programs.

VOM 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” (Umbreit, 2001, 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.

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

Before concluding we briefly highlight some limitations of our proposals. First, our suggestions exhibit the same major weakness of extant forgiveness programs: they do not speak to the issue of forgiveness transactions between people. Indeed, it does not capitalize on the fact that the transgressions often occurs in an ongoing relationships where the victim has direct access to the transgressor. We know that transgressor and victim usually differ as each engages in systematic, but differing, distortions of the original event (see Stillwell & Baumeister, 1997) 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. Thus, supplemental materials or even a parallel set of interventions to those described that emphasize the perspective of the transgressor need to be developed.

A third limitation is that while 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 that are beyond the scope of this chapter (see Worthington (2001) for a discussion of forgiveness at the social and societal levels). Finally, we have outlined a systematic program for research on facilitating forgiveness in global terms, a necessary limitation given space constrains.

CONCLUSION

In this chapter we have identified forgiveness as a human strength, analyzed evidence on the benefits of forgiving and summarized research on forgiveness interventions. We went on to analyze forgiveness with a positive psychology focus and to offer 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 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.

References

- Al-Mubak, R., Enright, R. D., & Cardis, P. (1995). Forgiveness education with parentally love-deprived college students. *Journal of Moral Education, 14*, 427-444.
- Aristotle (1939). *Rhetoric*. Cambridge, MA: Harvard University Press.
- Beach, S. R., Fincham, F. D., & Katz, J. (1998). Marital therapy in the treatment of depression: Toward a third generation of outcome research. *Clinical Psychology Review, 18*, 635-661.
- Bergin, A. E. (1963). The effects of psychotherapy: Negative results revisited. *Journal of Counseling Psychology, 10*, 244-250.
- Berry, J. W., & Worthington, E. L. (2001). Forgiveness, relationship quality, stress while imagining relationship events, and physical and mental health. *Journal of Counseling Psychology, 48*, 447-455.
- Biglan, A. (1995). Translating what we know about the context of antisocial behavior into a lower prevalence of such behavior. *Journal of Applied Behavior Analysis, 28*, 479-492.
- Burman B., & Margolin, G. (1992). Analysis of the association between marital relationships and health problems: An interactional perspective. *Psychological Bulletin, 112*, 39-63.
- Christensen, A., Miller, W. R., & Munoz, R. F. (1978). Paraprofessionals, partners, peers, paraphernalia and print: Expanding mental health service delivery. *Professional Psychology, 9*, 249-270.
- Close, H. T. (1970). Forgiveness and responsibility: A case study. *Pastoral Psychology, 21*, 19-25.
- Coyle, C. T., & Enright, R. D. (1997). Forgiveness intervention with post-abortion men. *Journal of Consulting and Clinical Psychology, 65*, 1042-1046.
- Denckla, D. A. (2000). Forgiveness as a problem-solving tool in the courts: A brief response to the panel on forgiveness in criminal law. *Fordham Urban Law Journal, 27*, 1613-1619.
- Enright, R. D., & Coyle, C. T. (1998). Researching the process model of forgiveness within psychological interventions. In E. L. Worthington (Ed.), *Dimensions of forgiveness: Psychological research and theological perspectives* (pp. 139-161). Philadelphia, PA: Templeton Press.
- Enright, R. D., Freedman, S., & Rique, J. (1998). The psychology of interpersonal forgiveness. In R. D. Enright & J. North (Eds.), *Exploring forgiveness* (pp. 46-62). Madison, WI: University of Wisconsin Press.
- Enright, R. D., & North, J. (Eds.) (1998). *Exploring forgiveness*. Madison, WI: University of Wisconsin Press.
- Esterling, B. A., L'Abate, L., Murray, E. J., & Penebaker, J. W. (1999). Empirical foundations for writing in prevention and psychotherapy: Mental and physical health outcomes. *Clinical Psychology Review, 19*, 79-96.
- Ewart, C. K., Taylor, C. B., Kraemer, H. C., & Agras, W. S. (1991). High blood pressure and marital discord: Not being nasty matters more than being nice. *Health Psychology, 103*, 155-163.
- Exline, J. J., Worthington, E. L., Hill, P., & McCullough, M. E. (in press). Forgiveness and justice: A research agenda for social and personality psychology. *Personality and Social Psychology Bulletin*.
- Farrow, T. F. D., Zeng, Y., Wilkinson, I. D., Spence, S. A., Deakin, J. F. W., Tarrier, N., et al. (2001). Investigating the functional anatomy of empathy and forgiveness. *Neuroreport, 12*, 2433-2438.
- Feigenson, N. R. (2000). Merciful damages: Some remarks on forgiveness, mercy and tort law. *Fordham Urban Law Journal, 27*, 1633-1649.
- Fenell, D. (1993). Characteristics of long-term first marriages. *Journal of Mental Health*

- Counseling, 15*, 446-460.
- *Fincham, F. D. (2000). The kiss of the porcupines: From attributing responsibility to forgiving. *Personal Relationships, 7*, 1-23.
- Fincham, F. D. (2003). Marital conflict: Correlates, structure and context. *Current Directions in Psychological Science, 12*, 23-27.
- Fincham, F. D., & Beach, S. R. (2002a). Forgiveness in marriage: Implications for psychological aggression and constructive communication. *Personal Relationships, 9*, 239-251.
- Fincham, F. D., & Beach, S. R. (2002b). Forgiveness: Toward a public health approach to intervention. In J. H. Harvey & A. E. Wenzel (Eds.) *A clinician's guide to maintaining and enhancing close relationships* (pp. 277-300). Mahwah, NJ: Erlbaum.
- Fincham, F. D., Beach, S. R. H., & Davila, J (2003). *Forgiveness and conflict resolution in marriage*. Manuscript submitted for publication.
- Freedman, S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology, 64*, 983-992.
- Ghandi, M. (2000). *The collected works of Mahatma Gandhi* (2nd rev. ed., Vol. 51, pp. 301-302). Mahatma Gandhi Young India.
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2000). Forgiveness in marital therapy. In M. E. McCullough, K. Pargament, & C. Thoresen (Eds.), *Forgiveness: Theory, research and practice* (pp. 203-227). New York: Guilford Press.
- Hebl, J. H., & Enright, R. D. (1993). Forgiveness as a psychotherapeutic goal with elderly females. *Psychotherapy, 30*, 658-667.
- Huang, S. T., & Enright, R. D. (2000). Forgiveness and anger-related emotions in Taiwan: Implications for therapy. *Psychotherapy, 37*, 71-79.
- Johnson, D. W., & Johnson, R. T. (1996). Conflict resolution and peer mediation programs in elementary and secondary schools: A review of the research. *Review of Education Research, 66*, 459-506.
- Johnstone, G. (2002). *Restorative justice: Ideas, values, debates*. Cullumpton, Devon: Willan.
- Kantz, J. E. (2000). How do people conceptualize and use forgiveness? The Forgiveness Attitudes Questionnaire. *Counseling and Values, 44*, 174-186.
- Kaplan, B. H. (1992). Social health and the forgiving heart: The Type B story. *Journal of Behavioral Medicine, 15*, 3-14.
- Kiecolt-Glaser, J. K., Glaser, R., Cacioppo, J. T., MacCullum, R. C., Snydersmith, M., et al. (1997). Marital conflict in older adults: Endocrine and immunological correlates. *Psychosomatic Medicine, 59*, 339-349.
- Kiecolt-Glaser, J. K., Kennedy, S., Malkoff, S., Fisher, L., Speicher, C. E., et al. (1988). Marital discord and immunity in males. *Psychosomatic Medicine, 50*, 213-229.
- Klein, C. (1995). *How to forgive when you can't forget*. New York: Berkeley Books.
- Lawler, K. A., Younger, J., Piferi, R. A., & Jones, W. H. (2000, April). *A physiological profile of forgiveness*. Paper presented at the Annual Meeting of the Society for Behavioral Medicine, Nashville, TN.
- Malcolm, W. M., & Greenberg, L. S. (2000). Forgiveness as a process of change in individual psychotherapy. In M. E. McCullough, K. Pargament, & C. Thoreson (Eds.), *Forgiveness: Theory, research, and practice* (pp. 179-202). New York: Guilford Press.

- Mauger, P. A., Perry, J. E., Freeman, T., Grove, D. C., McBride, A. G., & McKinney, K. E. (1992). The measurement of forgiveness: Preliminary research. *Journal of Psychology and Christianity, 11*, 170-180.
- McCullough, M. (2000). Forgiveness as human strength: Theory, measurement, and links to well-being. *Journal of Social and Clinical Psychology, 19*, 43-55.
- McCullough, M. E., Bellah, C. G., Kilpatrick, S. D., & Johnson, J. L. (2001). Vengefulness: Relationships with forgiveness, rumination, well-being, and the Big Five. *Personality and Social Psychology Bulletin, 27*, 601-610.
- McCullough, M. E., Evans, R. A., & Tsang, J. (2002). The grateful disposition: A conceptual and empirical topography. *Journal of Personality and Social Psychology, 82*, 112-127.
- McCullough, M. E., Exline, J. J., & Baumeister, R.F. (1998). An annotated bibliography of research on forgiveness and related concepts. In E. L. Worthington (Ed.), *Dimensions of forgiveness: Psychological research and theological perspectives* (pp. 193-317). Philadelphia, PA: Templeton Press.
- McCullough, M. E., Fincham, F. D., & Tsang, J. (2003). Forgiveness, forbearance, and time: The temporal unfolding of transgression-related interpersonal motivations. *Journal of Personality and Social Psychology, 84*, 540-557.
- McCullough, M. E., Pargament, K., & Thoreson, C. (Eds.). (2000). *Forgiveness: Theory, research, and practice*. New York: Guilford Press.
- McCullough, M. E., Rachal, K.C., Sandage, S. J., Worthington, W. L., Brown, S. W., & Hight, T. L. (1998). Interpersonal forgiving in close relationships. II: Theoretical elaboration and measurement. *Journal of Personality and Social Psychology, 75*, 1586-1603.
- *McCullough, M., & vanOyen Witvliet, C. (2002). The psychology of forgiveness. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 446-458). New York: Oxford University Press.
- McCullough, M., & Worthington, E. L. (1994). Encouraging clients to forgive people who have hurt them: Review, critique, and research prospectus. *Journal of Psychology and Theology, 22*, 3-20.
- Miller, T. Q., Smith, T. W., Turner, C. W., Guijarro, M. L., & Hallett, A. J. (1996). Meta-analytic review of research on hostility and physical health. *Psychological Bulletin, 119*, 322-348.
- Morris, A., & Young, W. (2000). Reforming criminal justice: The potential for restorative justice. In H. Strang & J. Braithwaite (Eds.), *Restorative justice: Philosophy to practice* (pp. 11-31). Aldershot, England: Ashgate/Dartmouth.
- Mrazek, P. J., & Haggerty, R. J. (Eds.) (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.
- Nygaard, R. L. (1997). On the role of forgiveness in criminal sentencing. *Seton Hall Law Review, 27*, 980-1022.
- Rappaport, J., & Chinsky, J. M. (1974). Models for delivery of service from a historical and conceptual perspective. *Professional Psychology, 5*, 42-50.
- Reiss, S., & Havercamp, S. M. (1998). Toward a comprehensive assessment of fundamental motivation: Factor structure of the Reiss profiles. *Psychological Assessment, 10*, 97-106.
- Ripley, J. S. (1998). *The effects off marital social values on outcomes of forgiveness: Couples enrichment psychoeducational groups or communication couples enrichment psychoeducational groups*. Unpublished doctoral dissertation, Virginia Commonwealth University, Richmond, Virginia.
- Rose, G. (1992). *The strategy of preventive medicine*. New York: Oxford University Press.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic

- motivation, social development, and well-being. *American Psychologist*, 55, 68-78.
- Rye, M. S., & Pargament, K. I. (2002). Forgiveness and romantic relationships in college: Can it heal the wounded heart? *Journal of Clinical Psychology*, 58, 419-441.
- Schmaling, K. B., & Sher, T. G. (1997). Physical health and relationships. In W. K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples intervention* (pp. 323-345). New York: Wiley.
- Reiss, S., & Havercamp, S. M. (1998). Toward a comprehensive assessment of fundamental motivation: Factor structure of the Reiss profiles. *Psychological Assessment*, 10, 97-106.
- Seligman, M. E. P. (2002a). *Authentic happiness*. New York: Free Press.
- Seligman, M. E. P. (2002b). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3-9). New York: Oxford University Press.
- Sorensen, G., Emmons, K., Hunt, M., & Johnston, D. (1998). Implications of the results of community intervention trials. *Annual Review of Public Health*, 19, 379-416.
- Stillwell, A. M., & Baumeister, R. F. (1997). The construction of victim and perpetrator memories: Accuracy and distortion in role-based accounts. *Personality and Social Psychology Bulletin*, 23, 1157-1172.
- Subkoviak, M. J., Enright, R. D., Wu, C., Gassin, E. A., Freedman, S., Olson, L. M., & Sarinopoulos, I. (1995). Measuring interpersonal forgiveness in late adolescence and middle adulthood. *Journal of Adolescence*, 18, 641-655.
- Tangey, J., Fee, R., & Lee, N. (1999, August). *Assessing individual differences in the propensity to forgive*. Paper presented at the 107th Annual Conference of the American Psychological Association, Boston, MA.
- Thompson, B., Coronado, G., Snipes, S. A., & Puschel, K. (2003). Methodological advances and ongoing challenges in designing community-based health promotion programs. *Annual Review of Public Health*, 24, 315-340.
- Thoresen, C. E., Harris, A. H. S., & Luskin, F. (2000). Forgiveness and health: An unanswered question. In M. E. McCullough, K. Pargament, & C. Thoreson (Eds.), *Forgiveness: Theory, research, and practice* (pp. 254-295). New York: Guilford Press.
- Toussaint, L. L., Williams, D. R., Musick, M. A., & Everson, S. A. (2001). Forgiveness and health: Age differences in a U.S. probability sample. *Journal of Adult Development*, 8, 249-257.
- Umbreit, M. S. (2001). *The handbook of victim offender mediation: An essential guide to practice and research*. San Francisco, CA: Jossey-Bass.
- Van den Broucke, S., Vandereycken, W., & Norre, J. (1997). *Eating disorders and marital relationships*. London: Routledge.
- Witvliet, C. V., Ludwig, T. E., Van der Laan, K. L. (2001). Granting forgiveness or harboring grudges: Implications for emotion, physiology, and health. *Psychological Science*, 121, 117-123.
- Worthington, E. L. (2001). Unforgiveness, forgiveness, and reconciliation and their implications for societal interventions. In R.G. Helmick & R. L Petersen (Eds.), *Forgiveness and reconciliation: Religion, public policy, and conflict transformation* (pp. 161-182). Philadelphia, PA: Templeton Foundation Press.
- *Worthington, E. L., Sandage, S. J., & Berry, J. W. (2000). Group interventions to promote forgiveness. In M. E. McCullough, K. Pargament, & C. Thoreson (Eds.), *Forgiveness: Theory, research, and practice* (pp. 228-253). New York: Guilford Press.
- *Worthington, E. L. & Wade, N. G. (1999). The psychology of unforgiveness and forgiveness and implications for clinical practice. *Journal of Social and Clinical Psychology*, 18, 385-

418.

Wuthnow, R. (2000). How religious groups promote forgiving: A national study. *Journal for the Scientific Study of Religion*, 36, 124-137.

Yovetich, N. A., & Rusbult, C. E. (1994). Accomodative behavior in close relationships: Exploring transformation of motivation. *Journal of Experimental Social Psychology*, 30, 138-164.

Footnotes

1. Although scientists have paid remarkably little attention to forgiveness, research on this topic has recently mushroomed. The five studies available prior to 1985 have since increased by over 4,000 percent (PsycINFO, July 2002) and several research based texts on the topic have appeared recently (e.g., Enright & North, 1998; McCullough, Pargament & Thoresen, 2000; Worthington, 1998; for a bibliography, see McCullough, Exline, & Baumeister, 1998)
2. McCullough, Rachal, et al. (1998) found that a composite measure of relationship commitment and satisfaction was negatively related to reported avoidance and revenge following a recent hurt and the worst relationship hurt as identified by participants in a romantic relationship. Fincham (2000) also found that forgiveness and marital satisfaction were related and went on to show that forgiveness accounted for variance that was independent of marital satisfaction in predicting overall behavior towards the partner and in reported retaliatory and conciliatory responses to a partner transgression. Moreover, forgiveness fully mediated the relationship between responsibility attributions for partner behavior and reported behavior towards the partner. Importantly, McCullough, Rachal, et al. (1998) showed that pre- and post transgression closeness are related, in part, through forgiveness. Thus, forgiving does appear to promote reconciliation (closeness).

Table 1. An Expanded Framework for Facilitating Forgiveness

Intensity of intervention	Breadth of reach		
	Individual	Group	Social unit / institution in community
<u>Prevention</u>			
Universal	Forgiveness Information Campaign		
Selective	Psycho-education		
Indicated	Psycho-education with forgiveness implementation		
<u>Enhancement</u>	Psycho-education with relationship skills training		
<u>Remediation</u>	Forgiveness-focused therapeutic intervention		