

## IN SEARCH OF A COMMON CORE: A CONTENT ANALYSIS OF INTERVENTIONS TO PROMOTE FORGIVENESS

NATHANIEL G. WADE

*Iowa State University*

EVERETT L. WORTHINGTON JR.

*Virginia Commonwealth University*

*This article reviews published methods for promoting forgiveness for a broad range of clinical issues. The review revealed a consensus among applied researchers regarding several broad types of interventions to promote forgiveness, namely, (a) defining forgiveness, (b) helping clients remember the hurt, (c) building empathy in clients for the perpetrator, (d) helping clients acknowledge their own past offenses, and (e) encouraging commitment to forgive the offender. Roughly half of the studies also prescribed interventions to help clients overcome unforgiveness (e.g., bitterness, vengefulness) without explicitly promoting forgiveness. Speculations about how to use forgiveness interventions in sensitive and client-supportive ways are advanced on the basis of the findings.*

People often come to counseling or therapy as a result of real or perceived hurts, offenses, and victimization. Much from the rich history of clinical practice informs therapists about ways to help people in these situations. Forgiveness is one alternative for dealing with offenses, although it seldom has been a specific goal in psychotherapy. However, within the last decade, applied researchers and clinicians have begun investigating

the use of interventions to explicitly promote forgiveness.

### What Is Forgiveness?

For many researchers and clinicians, *forgiveness* is a controversial term. Many competent clinicians fear a simple-minded understanding of forgiveness that might encourage clients to tolerate abusive behavior, condone hurtful actions, or overlook painful experiences. Such an understanding of forgiveness could lead to more pain and keep clients from healing. Aware of this potential misunderstanding, investigators have made extensive efforts to clearly define forgiveness. The definitions vary among the researchers (see Table 1), but some shared elements are apparent. Applied researchers seem to agree that forgiveness is a positive method of coping with a hurt or offense that primarily benefits the victim through a reorientation of emotions, thoughts, and/or actions toward the offender. Forgiveness is a process that leads to the reduction of unforgiveness (bitterness, anger, etc.) and the promotion of positive regard (love, compassion, or simply, sympathy and pity) for the offender. It is important to note that forgiveness is not necessarily reconciliation; one can simultaneously forgive and decide to end a relationship. Also, it is not tolerating, condoning, or excusing hurtful behavior.

### Review of Forgiveness Interventions

This article reviews the contents of published interventions designed to promote forgiveness. The primary purpose of this review is to survey the methods, techniques, and rationales of the specific interventions to determine the components that are important and appropriate for clinical work. Forgiveness interventions have been discussed in a variety of modalities, including individual, couples, and group. However, most of the current outcome research centers on group interventions, with only two studies examining

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Nathaniel G. Wade, Department of Psychology, Iowa State University; Everett L. Worthington Jr., Department of Psychology, Virginia Commonwealth University.

Correspondence regarding this article should be addressed to Nathaniel G. Wade, PhD, Iowa State University, w112 Lagomarcino Hall, Ames, IA 50011. E-mail: nwade@iastate.edu

TABLE 1. Analysis of the “Defining Forgiveness” Component

Study	Specific definition of forgiveness	How definition was conveyed
Al-Mabuk, Enright, & Cardis (1995), Study 1 and 2	Forgiveness “overcomes the negative affect, cognition, and behaviour toward the injurer and substitutes more positive affect, cognition, and behaviour toward him or her” (p. 427).	Didactic explanation of definition.
Coyle & Enright (1997)	Same as Freedman & Enright (1996).	Participants were given a written definition of forgiveness that explained what it was and was not.
Freedman & Enright (1996)	Forgiveness is an “act of deliberately giving up resentment toward an offender while fostering the undeserved qualities of beneficence and compassion toward that offender” (p. 983).	Discussion of what forgiveness is and is not in the context of individual counseling.
Hart & Shapiro (2002), Secular Intervention	“Forgiving is a willingness to abandon one’s right to resentment, negative judgement, and indifferent behavior toward one who unjustly injured us, while fostering the undeserved qualities of compassion, generosity, and even love toward him or her” (manual, p. 27).	Didactic explanation of definition, and discussion of what forgiveness is not (i.e., not a legal pardon or reconciliation).
Hart & Shapiro (2002), Spiritual Intervention	“If resentment of others and self is the closed hand or fist, then forgiveness is the open hand” (manual, p. 12).	Didactic instruction, including the steps of forgiveness that need to be taken.
Hebl & Enright (1993)	Forgiveness involves overcoming a resentment that the victim has a legitimate right to, replaced by positive feelings of compassion and love for the offender that he or she has no right to.	Didactic instruction, comparison with the meanings of pardon and forgetting, and an exploration of sub-processes within forgiveness.
McCullough & Worthington (1995)	“Forgiveness is a complex affective, cognitive, and behavioral phenomena in which negative affect and judgment toward one’s offender are reduced, not by denying one’s right to such affect but by viewing the offender with compassion, benevolence, and love” (p. 55).	Definition not presented during the intervention.
McCullough, Worthington, & Rachal (1997)	Forgiveness is “the set of motivational changes whereby one becomes (a) decreasingly motivated to retaliate against an offending relationship partner, (b) decreasingly motivated to maintain estrangement from the offender, and (c) increasingly motivated by conciliation and goodwill for the offender, despite the offender’s actions” (p. 321).	Discussion and instructional presentation on the stated definition.
Ripley & Worthington (2002)	“Forgiveness is defined as emotional replacement of unforgiving emotions (e.g., resentment, bitterness, hatred, hostility, anger, and fear) with positive other-orientated emotions (e.g., love, empathy, compassion, or sympathy).”	Explicit definition not provided. However, discussion of differences between reconciliation and forgiveness was conducted.
Rye & Pargament (2002)	Forgiveness is “letting go of negative affect (e.g., hostility), negative cognitions (e.g., thoughts of revenge), and negative behavior (e.g., verbal aggression) in response to considerable injustice, and also may involve responding positively toward the offender (e.g., compassion)” (pp. 419–420).	Group discussion comparing forgiveness with related terms such as <i>forgetting</i> and <i>reconciliation</i> .
Worthington et al. (2000), Study 1	Same as McCullough & Worthington (1995).	Definition not presented during the intervention.
Worthington et al. (2000), Study 2	“Forgiveness is denying one’s right to revenge and judgment in order to move on from the pain of an interpersonal offense” (manual).	Didactic presentation of definition and discussion of differences between forgiveness and reconciliation and repentance.
Worthington et al. (2000), Study 3	“Forgiveness is the process in which you: 1. acknowledge that someone has hurt you, 2. work through the hurt to the degree that you can let go of the hurt and the urge to seek retaliation [and] feel goodwill towards your offender and restore the relationship with that person” (manual).	Didactic instruction, discussion of forgiveness images and comparison with the meanings of “repentance” and “reconciliation.”

individual forgiveness interventions. This review is limited to published outcome studies of explicit forgiveness interventions, with one exception (Hart & Shapiro, 2002) due to the strong design of the study and the clinically relevant and unique content (forgiveness in a substance abuse setting). Information from this study was procured from a presentation at a professional conference and directly from the first author (Hart) of the presentation. Otherwise, method sections of published articles and interventions manuals (when available) were used to review the contents of the interventions.

### *Forgiveness Intervention Models*

Studies meeting the inclusion criteria for this review are listed and briefly summarized in Table 2. Two main research groups have built the foundation of empirical research on forgiveness interventions. We describe the process models associated with these two groups below. We then review a third group of studies that are influenced by these models but that are not directly associated with them.

*Enright group.* Enright and his colleagues reported the first empirical investigation of an intervention designed specifically to promote forgiveness (Hebl & Enright, 1993). They based their intervention strategies on an extensive 17-step model of forgiveness that incorporates cognitive, affective, and behavioral elements (Enright & The Human Development Study Group, 1991). This model describes many possible steps that an injured person might go through before forgiving. This has now evolved into a 20-step model (Enright & Fitzgibbons, 2000).

The first part of the model (Steps 1–7) describes the importance of identifying psychological defenses, confronting and releasing anger, and realizing the additional psychological pain that the offense has caused (such as shame, unjust suffering, and mental anguish from replaying the event over in one's mind). Identifying and accepting the reality of the hurt, the negative consequences, and the injustice of the situation are all part of these initial steps. The process continues as the individual faces the decision points at which affective, mental, and behavioral change can occur. The victim may experience a "change of heart" toward the offender and makes a commitment to work toward forgiveness (Steps 8 and 9; Hebl & Enright, 1993, p. 660). According to

Hebl and Enright, to truly forgive offenders, victims must be able to see them in their life context and develop compassion and empathy for the offenders on the basis of mitigating situations that may have contributed to the offense (Steps 10–13). In addition, the individual who was harmed may need to accept or absorb the pain of the offense, which implies sacrificing the psychological benefit that comes through seeking revenge (Step 14). To achieve this, the individual may need to recall times when she or he was the offender and caused other people pain (Step 15). Doing so helps the victim experience changes in affect toward an offender (increasing positive feelings and decreasing negative ones; Step 16) and eventually enables him or her to release the burden of unforgiveness (Step 17).

In the expanded version, Enright and colleagues added four new elements by adding three steps (Steps 18, 19, and 20) and collapsing two previous steps (Steps 16 and 17) into one (now Step 20). The four new elements include the willingness to consider forgiveness as an option for dealing with the offense (Step 10), finding meaning in the forgiveness process (Step 16), gaining the awareness that one is not alone in the experience of being hurt (Step 18), and realizing that the injury may produce a new purpose for one's life (Step 19).

*Worthington group.* A second set of interventions can be grouped together under the theoretical orientation developed by McCullough and Worthington (1995; McCullough, Worthington, & Rachal, 1997) and refined into the Pyramid Model to REACH Forgiveness (Worthington, 2001). The REACH model delineates five steps to develop forgiveness for a specific harm or offense; each step is represented by one letter of the acrostic REACH. In Step 1, the participants recall (R) the hurt or offense. Recalling the offense is conducted in a supportive, nonjudgmental environment, with encouragement to remember the hurt (and the associated thoughts, feelings, and behaviors) as fully as possible. This is similar to the beginning of the Enright model, which encourages an exploration of the consequences of the hurt.

The next step of this model encourages participants to build empathy (E) for the offender. Empathy is developed through different exercises and discussions that assist the participant in seeing the situational factors that led to the hurt. Participants try to imagine the thoughts and feel-

TABLE 2. Summary of Research on Group Interventions to Promote Forgiveness

Study	N		Sample	Offense type	Design <sup>a</sup>	Results
	Tx	Control				
Al-Mabuk, Enright, & Cardis (1995), Study 1	24	24	College students	Lack of love from parents	Post	Tx group was more hopeful and more willing to forgive, but not more forgiving.
Al-Mabuk, Enright, & Cardis (1995), Study 2	24	21	College students	Lack of love from parents	Mixed	Tx group was more hopeful, willing to forgive, and more forgiving.
Coyle & Enright (1997)	5	5	Male romantic partners	Partner had an abortion	Mixed	Tx group was more forgiving and exhibited less anger, anxiety, and grief.
Freedman & Enright (1996)	6	6	Community females	Sexual abuse	Mixed	Tx group was more forgiving, had greater hope, less anxiety, and less depression.
Hart & Shapiro (2002), Secular Intervention	31	—	Members of AA	Worst offender	Pre-post	Pts were more forgiving in general and of a specific hurt and were more willing to repent.
Hart & Shapiro (2002), Spiritual Intervention	30	—	Members of AA	Worst offender	Pre-post	Pts were more forgiving of a specific hurt and more willing to repent.
Hebl & Enright (1993)	13	11	Elderly women	Varied	Post	Tx group was more forgiving and more willing to forgive in general.
McCullough & Worthington (1995)	30	35	College students	Varied	Mixed	Both tx groups had less revenge, more positive feelings for the offender, and more willingness for reconciliation.
McCullough, Worthington, & Rachal (1997)	30	40	College students	Varied	Mixed	Empathy tx resulted in more affective empathy and more forgiving. Both tx groups resulted in more cognitive empathy.
Ripley & Worthington (2002)	58	28	Married couples	Varied	Mixed	Tx groups resulted in better communication patterns, but not more forgiveness, than control.
Rye & Pargament (2002)	39	19	College females	Romantic hurt	Mixed	Tx groups were more forgiving, less depressed, and had more religious and existential well-being.
Worthington et al. (2000), Study 1	80	10	College students	Varied	Mixed	Tx groups did not differ on forgiveness from the control group across time.
Worthington et al. (2000), Study 2	55	9	College students	Varied	Mixed	Tx groups did not differ on forgiveness from the control group across time.
Worthington et al. (2000), Study 3	83	23	College students	Varied	Mixed	Tx groups did not differ on forgiveness from the control group across time.

*Note.* Tx = treatment; AA = Alcoholics Anonymous. Pre-post = no control group present, treatment group participants were compared with themselves across time; Mixed = treatment and control groups were compared over time, investigating both within- and between-subject effects.

<sup>a</sup> Post = treatment and control groups were compared only following the intervention.

ings of the offender before and during the time of the harmful event. Empathy continues through the next step, giving an altruistic (A) gift of forgiveness. Before the idea of giving a gift of forgiveness is presented, participants remember times when they received forgiveness for hurts they caused other people. Participants are encouraged to remember what it felt like to be forgiven. This step is intended to develop a healthy state of humility (Worthington, 2001) and to engender the emotion of gratitude for having received forgiveness from another. Gratitude and humility are theorized to lead to more willingness of victims to offer their own "altruistic gift" (i.e., forgiveness) to their offenders.

In the fourth step, participants publicly commit (C) to the forgiveness they have experienced for the offender. They engage in discussions and exercises that encourage a verbal or written commitment, which is made "public," even if only to a close, trusted friend or to themselves aloud or in writing. Committing to forgive is linked in this model to holding (H) on to forgiveness or maintaining the gains achieved. By committing to forgive verbally or in writing and by learning about the ways that they might doubt their forgiveness in the future, the participants are more likely to maintain the changes they achieved through the intervention.

*Other forgiveness intervention research.* Two additional empirical studies have reported results from investigations of forgiveness interventions. Each of these studies compared secular and religious/spiritual versions of forgiveness interventions. This is a relevant area of investigation, as the concept of forgiveness is often linked to religious belief or practice (particularly in cultures heavily influenced by Christianity). Understanding whether forgiveness is more welcomed, appropriate, or effective with religious clients or in religious (or spiritual) settings could help clinicians (particularly those who work with a high percentage of religious clients) effectively apply the techniques. (For a more detailed exploration of religion and forgiveness, see Worthington, Berry, & Parrott, 2001.)

The first of these studies examined the differences between the effectiveness of a secular intervention designed to promote forgiveness and a religiously integrated intervention that used religious concepts and terminology to describe forgiveness (Rye & Pargament, 2002). Other than terminology differences, the interventions con-

tained the same techniques and intervention components and, as a result, are analyzed as one intervention. The intervention was based on a model that integrated elements from Enright's and Worthington's models. Rye and Pargament attempted to facilitate forgiveness of a specific harm by developing empathy for the offender; encouraging a commitment to forgive; viewing the offender with a more positive, objective attitude; remembering harm the victim caused in the past; releasing anger; and accepting the pain without seeking revenge or restitution.

The second study compared two different interventions, one secular and one spiritual, to promote forgiveness in people recovering from drug and alcohol addiction (Hart & Shapiro, 2002). The first intervention, labeled *secular*, was an adaptation of the Enright forgiveness intervention model. The intervention, covering the 20-unit model (see above), was provided to members of Alcoholics Anonymous who had been sober for at least a year and who were struggling to let go of anger and resentments. The second intervention, labeled *spiritual*, was based on the 12-step model of Alcoholics Anonymous and used the steps as a way to discuss, practice, and experience forgiveness. The focus of the content in these workshops was on the application of the 12 steps for dealing with unforgiveness, anger, bitterness, and resentment. Topics included understanding addiction and powerlessness; overcoming shame, guilt, and resentments; achieving humility and a willingness to forgive; and making amends where appropriate. Several sessions were focused on preparing the individuals for forgiveness, helping them to be open to the necessity and possibility of forgiveness, and helping them to understand and experience being "entirely ready" to forgive. Based on these topics, the program appeared to have two primary goals related to forgiveness. First, like most interventions, the workshops were geared toward helping the participants forgive those who had hurt them in the past. Second, participants were encouraged to pursue forgiveness from those whom they had hurt.

### **Core Elements in Interventions to Promote Forgiveness**

The specific contents of the interventions described in Table 2 were examined to determine what was used to promote forgiveness and

whether common themes existed across the interventions. There was much continuity among the interventions, overlap that might indicate the most valued and important interventions to consider when trying to promote forgiveness. The shared components were organized into six headings and are discussed in greater detail below. We have provided two subcategories under each heading: *Definition and application*, which describes the components and how they were implemented, and *Mechanisms of change*, which explains how the component is hypothesized to promote forgiveness.

### *Defining Forgiveness*

*Definition and application.* Present in 12 of the 14 interventions, defining forgiveness, or describing explicitly what forgiveness is, appears to be an important part of forgiveness interventions (see Table 1). The authors of the different interventions presented the definitions about forgiveness in a similar way. Several groups defined forgiveness through a discussion of similarities and differences with related words such as *reconciliation* or *condoning*. All of the group interventions, except for two, used didactic presentations and handouts or manuals to convey at least one meaning of forgiveness.

However, an explanation of forgiveness that differentiates it from reconciliation and other concepts is only one way to convey this information. Having clients talk through the meaning and implications of “forgiving,” as they understand it, is also useful, particularly in situations where psychological trauma can make understanding the nuances difficult. This exploration might be more feasible in situations where more time is available. In the studies reviewed, those that lasted longer (4 hr or more) tended to spend more time in discussion of the clients’ views on forgiveness rather than just stating a definition that was to be used for the intervention.

*Mechanism of change.* The purpose of defining forgiveness is to clarify the therapeutic goals and to help avoid confusion and further victimization. Without time and effort spent defining the term *forgiveness*, misconceptions are probable and can prove problematic because participants might confuse forgiveness with related concepts such as reconciliation, forgetting, or condoning. Misunderstandings can be particularly troublesome for victims of severe abuse.

People who confuse forgiveness (i.e., an internal change in thoughts, emotions, or motivations) with reconciliation (i.e., restoring a relationship) may not see that a victim can forgive without reconciling. Such confusion may lead to irresponsibly encouraging clients either to accept abusive situations or to retain the angry and resentful emotions to protect from future harm. However, understood in terms defined by the reviewed interventions, forgiveness can occur and the victim can still hold the offender accountable, see the offender in realistic terms, and make wise decisions about whether to return to the relationship. This is the primary mechanism of change; by clarifying a complex and often misunderstood process, the therapist increases the client’s chances for successfully healing from their injuries through forgiveness.

### *Recalling the Hurt*

*Definition and application.* “Recalling the hurt” is intended to assist participants in remembering the transgression within a supportive, healing environment. Facilitators often use these interventions to explore the implications of the offense and to help participants express their thoughts and feelings. Of all the components of forgiveness interventions, this is probably the one most similar to those already used in group and individual therapy, although those interventions might not always be aimed to promote forgiveness per se. Most therapies start by encouraging clients to tell their story or to express the problems or situations that are bothering them. Furthermore, when clients express painful memories, most therapists respond by asking for more detail, encouraging their clients to identify and express their thoughts and feelings. Therapists recognize that the expression and understanding of emotionally charged experiences is useful for helping people become less affected by them. These are the same goals sought when recalling the hurt is used in forgiveness interventions.

In Table 3, we summarize how the various interventions helped participants recall the hurt. Many of the group interventions facilitated discussions about the particular offenses and allowed time for willing participants to describe the offenses they incurred. Some of the interventions simply requested that the participants reflect on the hurt privately. One intervention added a

TABLE 3. Analysis of the “Recalling the Hurt” Component

Study	Interventions for recalling the hurt
Al-Mabuk, Enright, & Cardis (1995), Study 1	No specific exercises or instruction were used to help the participants recall the hurt.
Al-Mabuk, Enright, & Cardis (1995), Study 2	Participants were encouraged to reflect privately on the interpersonal hurt, focusing particularly on offenses of parental love deprivation.
Coyle & Enright (1997)	Psychoeducational interventions to discuss anger, frustration, and hurt as possible reactions to the offense. Clients were encouraged to discuss how they experienced these feelings as a result of their hurt.
Freedman & Enright (1996)	Individual clients were encouraged to share their hurts with the therapist at their own pace. Identification and expression of justified feelings of anger and other powerful emotions were encouraged.
Hart & Shapiro (2002), Secular Intervention	Discussion of how defense mechanisms might be hiding the hurt and anger of the offense. Personal reflection on how much time participants spend on thinking about and re-experiencing the offense. Discussion of the effects of the offense on participants’ view of the world.
Hart & Shapiro (2002), Spiritual Intervention	Instruction on resentments as a block to spiritual growth, especially if not acknowledged. “Taking an inventory” of resentments for times when participants were hurt. Exercises where participants complete tables that help them spell out the nature of the offense, who harmed them, and the ways they have coped with this hurt in the past.
Hebl & Enright (1993)	Questions were posed to participants that had them examine past hurts in their lives and focus on one painful, unresolved offense. Instruction educated participants on the complicating factors surrounding remembering an offense.
McCullough & Worthington (1995)	Discussion based on questions about the hurt had participants not only remember the offense but work to change attitudes and feelings about it as well. Participants also wrote letters to offenders to describe how the hurt had injured them.
McCullough, Worthington, & Rachal (1997)	Participants were assisted in recalling the offense through didactic material about the process of experiencing a hurt and discussion about the effects of the offense.
Ripley & Worthington (2002)	Self-assessment of stage at which participant is regarding reaction to the offense. Private discussions about the hurt between couple pairs.
Rye & Pargament (2002)	Guided imagery of meeting offender and carrying the consequences of his or her actions. Discussion of the consequences of the hurt and letter-writing exercise to report feelings about the offense to the offender.
Worthington et al. (2000), Study 1	Discussion based on questions about the hurt had participants not only remember the offense but work to change attitudes and feelings about it as well. Participants also wrote letters to offenders to describe how the hurt had injured them.
Worthington et al. (2000), Study 2	Participants were assisted in recalling the offense through didactic material about the process of experiencing a hurt and discussion about the effects of the offense.
Worthington et al. (2000), Study 3	As in Worthington et al. (2000), Study 2.

guided-imagery exercise, in which participants imagined meeting the offender while carrying a backpack containing the consequences of the offense (Rye & Pargament, 2002). The guided imagery was followed with an opportunity for participants to share what they had imagined. In all interventions, attention was paid to the reality of the harm, the injustice of the offense, and the appropriateness of any negative emotional reactions.

Only one of the interventions did not report any specific attempts to have the participants recall the offense (Al-Mabuk, Enright, & Cardis, 1995, Study 1). In this study, participants were chosen on the basis of a common offense, feeling deprived of parental love, and perhaps as a result of this similarity, spending time recalling the hurt was excluded from this intervention. When this intervention was not successful, the researchers dedicated 1 hr to recalling the hurt in the

follow-up intervention (Al-Mabuk et al., 1995, Study 2).

*Mechanisms of change.* Recalling the hurt is hypothesized to promote forgiveness in several ways. First, with a specific offense fresh in the minds of clients, the steps or interventions to promote forgiveness are expected to have a more powerful and longer-lasting effect. Talking about forgiveness in general, without a concrete example, is expected to be less meaningful to clients and thus less effective. Second, recalling the hurt and sharing it aloud can foster a therapeutic alliance, which has been implicated as a primary factor of change. By sharing the experience of the hurt, clients develop trust and intimacy with their therapists, and this in turn provides a secure foundation from which the client can experience healing and growth.

Third, recalling the hurt can reduce the pain and impact of the offense through catharsis (Enright & The Human Development Study Group, 1991). This claim is supported by research on the relationship between verbal and written expression and healing from traumatic events. The verbal expression of traumatic experiences is considered an important variable in overcoming psychological pain (Nichols, 1974; Walborn, 1996), although an empathic environment and preparation for therapeutic work are important prerequisites. Writing and talking about traumatic events may help to reorganize difficult experiences and thereby reduce their negative impact (Pennebaker & Seagal, 1999). By reducing the negative emotions caused by an injury, recalling the hurt frees clients from “programmed” reactions to the offender (such as anger or fear responses) and allows them to benefit from other interventions that more directly promote forgiveness (see below).

### *Building Empathy*

*Definition and application.* Empathy is the experience of feeling what another feels, of being able to understand and relate to the experiences of others. All 14 interventions sought to help victims empathize with their offenders (see Table 4). Although minor differences existed, empathy was a prominent element in almost all the interventions. McCullough, Worthington, and Rachal (1997) emphasized empathy the most, spending approximately 4 of the total 8 hr of their intervention addressing the topic. Most approaches

discussed the benefits of taking another’s perspective and the prevalence of attributional errors that arise when empathy is not experienced. Each participant was encouraged to see the offender within the context of the situation and to empathically understand the factors that may have motivated the offense, including the offenders’ thoughts and feelings prior to and during the offense. Rye and Pargament (2002) attempted to build empathy for the offender through discussions and exercises focused on the humanity of the offender. By having the participants focus on the offenders’ humanity, they encouraged empathic understanding based on the shared experiences of being human.

*Mechanism of change.* This intervention component encourages forgiveness in victims as they attempt to see the offender and the offense as more understandable, more human, and perhaps more like themselves than they had at first admitted. By connecting with the offender through empathy, victims can decrease negative thoughts and feelings and increase positive regard and concern. In addition, to the degree that they can empathize with offenders, victims are forgiving themselves as they forgive others. This mechanism of change is easily understood with offenses that are clearly universal human faults, such as accidents, inadvertent offenses, and crimes of passion (rather than premeditation). Offenses that are considered dastardly, monstrous, and less human may be more problematic to forgive because it is much more difficult to empathize with the offender. Furthermore, some may argue that a victim should not empathize with these offenders and that empathizing with them is, at best, worthless mental and emotional gymnastics and is, at worst, identifying with, and somehow condoning, monstrous actions. Therapeutic care and caution is certainly needed when applying this intervention.

Without timing and sensitivity, redirecting the participants’ attention toward the offender may be countertherapeutic for another reason as well. Many clients suffering from repeated injuries need to be empowered and brought into contact with the powerful and perhaps angry side of themselves (see the above discussion of recalling the hurt). Attempting to develop an empathic response in clients whose empathy for others results in poor boundaries can lead to greater harm rather than healing.



TABLE 4. Analysis of the “Building Empathy” and “Acknowledging Own Offenses” Components

Study	Interventions to build empathy for the offender	Interventions to help participants acknowledge their own offenses
Al-Mabuk, Enright, & Cardis (1995), Study 1	Education and discussion of the situational factors that led the offender to cause the hurt. Termed “reframing.”	No reported attempt was made.
Al-Mabuk, Enright, & Cardis (1995), Study 2	Reframing as in Study 1; added an exercise to explore what the offender might have been feeling.	A discussion of participants’ “failings with others” was conducted.
Coyle & Enright (1997)	As in Freedman & Enright (1996).	Participants were encouraged to share any struggles they had with self-forgiveness and to rate the degree to which they had forgiven themselves.
Freedman & Enright (1996)	Didactic instruction challenging the notion that the offender is better off than the participant. Personal reflection of situational advantages the participant has over the offender.	Reflection on times when participants committed offenses against others and needed forgiveness.
Hart & Shapiro (2002), Secular Intervention	Didactic instruction challenging the notion that the offender is better off than the participant. Personal reflection of situational advantages the participant has over the offender. Discussion of what empathy is not. One on one discussion encouraging participants to empathize with their offenders.	Didactic instruction on the reality that all people hurt others at some time. Discussion with a partner of times when others forgave the participants even when they did not deserve it.
Hart & Shapiro (2002), Spiritual Intervention	Didactic instruction on the ways one might view an offender that lead to greater or lesser empathy. Encouragement to see the similarities in all people, the frailties and strengths that everyone possesses.	In the context of “humility,” a discussion with a partner of times when resentments were associated with pride. Didactic instruction encouraging ways to be willing to see oneself as an offender, the differences between “amends” and “apologies,” and when to use them. Completion of a chart of times when participants have harmed others. Discussion of specific offenses that are more problematic, such as owing money to others and past infidelity.
Hebl & Enright (1993)	Reframing as in the Al-Mabuk, Enright, and Cardis (1995) studies.	Reflection on times when participants committed offenses against others.
McCullough & Worthington (1995)	Short educational lecture on how empathy helps to develop forgiveness. Participants verbally encouraged to walk in their offenders’ shoes.	Discussion to encourage participants “to recall their own needs to be forgiven” (p. 57). No other specific interventions described.
McCullough, Worthington, & Rachal (1997)	Discussion of story intended to introduce and encourage empathy. Education and discussion of taking another’s perspective. Relating perspective-taking specifically to offender through exploration of offender’s state at time of offense.	Exercise to remember a specific time when the participant committed an offense and was forgiven.
Ripley & Worthington (2002)	Written exercises to understand the partner’s goals and feelings related to the offense. Discussion to explore factors that led to the hurt, and what feelings the partner might have had.	Discussion to explore times when the victim was an offender, needed forgiveness, felt guilty, and was forgiven. Story used to stimulate similarities between victim and offender.
Rye & Pargament (2002)	Discussion and education on the “offender’s humanity.”	Used guided imagery with discussion to recall all the people the participant had harmed.

TABLE 4 (Continued)

Study	Interventions to build empathy for the offender	Interventions to help participants acknowledge their own offenses
Worthington et al. (2000), Study 1	Short educational lecture on how empathy helps to develop forgiveness. Participants verbally encouraged to walk in their offenders' shoes.	No reported attempt was made.
Worthington et al. (2000), Study 2	Discussion of story intended to introduce and encourage empathy. Education and discussion of taking another's perspective. Relating perspective-taking specifically to offender through exploration of offender's state at time of offense.	Exercise to remember a specific time when the participant committed an offense and was forgiven. Discussion of the past offense and the concept of humility. Written exercise, creating a list of offenses that still needed to be confessed.
Worthington et al. (2000), Study 3	As in Worthington et al. (2000), Study 2.	As in Worthington et al. (2000), Study 2.

*Acknowledging Own Offenses*

*Definition and application.* Acknowledging participants' own offenses is a paradoxical, but relevant, component in forgiveness interventions. Helping clients to acknowledge their own offenses is the process of having clients remember and recall specific instances when they have been an offender. This intervention component has been described as developing humility through encouraging a healthy sense of guilt (Ripley & Worthington, 2002), as giving an altruistic gift of forgiveness (Worthington, 1998), and as taking an inventory and making amends (Hart & Shapiro, 2002).

The specific ways in which the different interventions encouraged acknowledgment of participants' own offenses are explored and compared in Table 4. Only two studies did not report efforts to help participants acknowledge their own offenses. Those interventions that did include this component encouraged participants to remember times when they caused harm to others and were forgiven. However, there was a broad range in how specific the participants were encouraged to be about their offenses. Some of the interventions had the participants discuss generally the definition and concept of humility. Another intervention allowed for private reflection and requested that participants think quietly about times when they offended or hurt others (Hebl & Enright, 1993). Hart and Shapiro (2002) held a discussion of those things that impede a humble attitude. As a follow-up exercise, they encouraged participants to complete a checklist of offenses that they had caused and for which they wanted to make amends. Other interventions requested partici-

pants to create a written list of as many offenses as they could remember that still needed to be confessed. Rye and Pargament (2002) used guided imagery of a large boat sailing toward a dock where the participant stood. When the boat docked, participants imagined all the people they had harmed in the past coming off the boat. A debriefing discussion focused the participants on their own need for forgiveness from these individuals and how it felt to either receive it or not.

*Mechanism of change.* Acknowledging offenses is hypothesized to promote forgiveness by reducing the fundamental attribution error ("When I make a mistake it is because I *did something wrong*; when you make a mistake it is because there is *something wrong with you*"). It is also hypothesized to work by helping clients see that they are fallible and not so different from their offenders. This component is also expected to help clients remember how it feels to desire forgiveness from another and then to receive it. Recalling these emotions in the participants is expected to lead to a greater willingness in the victim to extend the same "gift" to their offenders.

Although this component has been used successfully, professional caution must be exercised. The potential for abuse or misunderstanding of this component is substantial. Focusing on the individuals' wrongdoing in the past may alienate the participants or, in extreme cases, reinjure them. Avoiding further harm to the individuals can be accomplished by (a) supporting clients through an adequate recounting of the offense to be forgiven, (b) handling discussion about the individuals' past offenses in a nonjudgmental

manner, and (c) avoiding connections between the individuals' past offenses and the offense suffered that would imply blame, causation, or justified retribution.

### *Committing to Forgiveness*

*Definition and application.* Another component of an effective forgiveness intervention appears to be encouraging a commitment to forgive the offender. An important conceptual difference exists between the Enright group's ideas of committing to work toward forgiveness and the Worthington group's conceptualization of publicly committing to having already forgiven. Enright and colleagues had participants make a commitment (a conscious choice) to work toward forgiveness (Hebl & Enright, 1993). This statement of intention comes early in the Enright group's interventions. In contrast, Worthington and colleagues encouraged participants to make a public "commitment" to forgiving the offender, although the "public" may be as small as acknowledging forgiveness in writing to oneself. Interventions to facilitate this type of commitment to forgiveness come almost last in the model. Although the components are offered at different times in the intervention and have apparently different goals, they share a deeper similarity. Both models use commitment to forgiveness as a way to set goals for the clients and to motivate them to stick with a process that can be complex and difficult.

As a result of this deeper similarity, many of the techniques to facilitate commitment are similar (see Table 5). For example, many of the interventions placed importance on writing a commitment. Three studies actually presented contracts for the participants and gave them opportunities to sign the contract (in private) if they felt ready to commit to forgive. Four studies had participants write letters to offenders (which were not necessarily to be sent) that included a portion regarding the participants' decision to make a commitment to forgiveness. Discussion of the benefits of forgiveness and the process of committing to forgiveness was another common way that the interventions encouraged commitment. One intervention integrated these different concepts of committing to forgiveness (Rye & Pargament, 2002). Early in this intervention, participants discussed the pros and cons of forgiveness and, as a result, were encouraged to "decide to

forgive" their offenders or to commit to forgiveness in the sense of the Enright model. Then, in the last two sessions, participants engaged in an exercise that endeavored to facilitate a commitment to forgiveness similar to Worthington's (1998) conceptualization. Participants were given small stones that represented the consequences and results of the offense that they had incurred. They were encouraged to discard the stone during group time if they were ready to "let go" of the offense and make a commitment to having forgiven the offender.

*Mechanism of change.* Commitment is expected to facilitate forgiveness in the same way, regardless of whether it is introduced as a commitment to work toward forgiveness or to commit to forgiveness already achieved. This component is expected to help clients set (or keep) forgiveness as a goal and to prepare them for the process of forgiveness (or maintaining forgiveness). By committing in this way, participants are expected to be more successful with forgiveness in the way that setting other goals in general makes people more successful. This component also makes participants more conscious about the process in an attempt to prepare them for some of the typical problems that can arise (e.g., doubting that forgiveness has really occurred).

### *Overcoming Unforgiveness*

*Definition and application.* Strategies other than promoting forgiveness were sometimes used to help participants overcome unforgiveness. Strategies were included if they made any attempts to help participants to control their anger, desires for revenge and avoidance, and rumination or to absorb the pain caused by the offense in ways not included above (see Table 6). Although these exercises are in the context of forgiving the offender, they aim primarily at the *reduction of unforgiveness*, not necessarily the promotion of forgiveness. The validity of this distinction has been supported both theoretically and empirically and may be important for assessing the actual goals that clients have for coping with their offenses (Wade & Worthington, 2003; Worthington & Wade, 1999).

This component was administered primarily through discussion. For instance, participants listed ways that they might overcome negative feelings, described the negative aspects of holding on to the hurt, brainstormed barriers to for-

TABLE 5. Analysis of the “Committing to Forgiveness” Components

Study	Interventions to help participants commit to forgiveness
Al-Mabuk, Enright, & Cardis (1995), Study 1 and 2	Discussion of consequences of committing to forgiveness. Opportunity to sign a contract of commitment to forgiveness. Private reflection connected the commitment to forgive with the willingness and readiness to forgive.
Coyle & Enright (1997)	As in Al-Mabuk et al.
Freedman & Enright (1996)	As in Al-Mabuk et al.
Hart & Shapiro (2002), Secular Intervention	Discussion with partner about the need for “courage to choose to forgive” and whether participants were ready to make that commitment. Didactic instruction of pitfalls to committing to forgive and successful outcomes to forgiving.
Hart & Shapiro (2002), Spiritual Intervention	Discussion of being “entirely ready,” which was defined as being willing to work toward forgiveness. Group discussion of fear of change and what might happen if forgiveness occurs. A script used to practice forgiving self and others, that was encouraged to be said out loud. Prayer to be able to forgive.
Hebl & Enright (1993)	As in Al-Mabuk et al.
McCullough & Worthington (1995)	No reported attempts were made.
McCullough, Worthington, & Rachal (1997)	Discussion was held about how empathy and humility help the participants want to commit to forgive. Section of letter to offender included a written statement of a commitment to forgive.
Ripley & Worthington (2002)	Private sharing within couple dyads of a commitment to forgive the partner. Letters written to express love, value and forgiveness.
Rye & Pargament (2002)	Similar to the Enright group, participants were encouraged to “decide to forgive” through a discussion of forgiveness pros and cons. Similar to the conceptualization of the Worthington group, participants were given a stone that symbolized the consequences of the hurt and were told to discard the stone when they were ready to commit to forgiveness.
Worthington et al. (2000), Study 1	No reported attempts were made.
Worthington et al. (2000), Study 2	Discussion was held about how empathy and humility help the participants want to commit to forgive. Section of letter to offender included a written statement of a commitment to forgive.
Worthington et al. (2000), Study 3	Discussion was held about how empathy and humility help the participants want to commit to forgive.

giving and ways to overcome them, and discussed strategies for changing negative patterns in their lives. Hebl and Enright (1993) further motivated participants to absorb the pain and overcome vengeful and ruminative thoughts by having them recall an important person in history, or in their personal lives, who had successfully overcome unforgiveness. Rye and Pargament (2002) used a similar strategy, by encouraging discussion of a vignette of a woman who had overcome unforgiveness in her life.

Another common intervention strategy to reduce unforgiveness was cognitive reframing, which was used to help participants decrease ruminative thoughts. Participants were encouraged to think again about the events related to the offense, explore other possible explanations, and

think of other possible outcomes. In a related strategy, three interventions invited participants to discuss the potential meaning of the event for their lives. Participants were encouraged to think of potentially beneficial outcomes to the offense in addition to the more obvious negative results. For example, participants generated a list of ways to bring meaning to the event, such as gaining empathy for others who suffer, increasing in wisdom and self-understanding, and stimulating spiritual searching.

*Mechanism of change.* By defining these components as interventions to reduce unforgiveness without specifically promoting forgiveness, we do not make any hypotheses about the direct link between them and the promotion of forgiveness. Rather, we expect that these interventions

TABLE 6. Analysis of the “Overcoming Unforgiveness” Component

Study	Interventions to help participants reduce unforgiveness
Al-Mabuk, Enright, & Cardis (1995), Study 1	Discussion of anger as a natural result of pain. Self reflection on ways participants usually deal with anger and interpersonal conflict. Listing the costs and benefits of these strategies for dealing with conflict.
Al-Mabuk, Enright, & Cardis (1995), Study 2	As in Study 1, although with one additional exercise. Participants were offered possible meaning for their suffering. The leader suggested that accepting the pain might be a way to “stop the transmission of negative patterns across the generations” (p. 438).
Coyle & Enright (1997)	As in Hebl & Enright (1993).
Freedman & Enright (1996)	As in Hebl & Enright (1993).
Hart & Shapiro (2002), Secular Intervention	As in Al-Mabuk et al. Also, additional discussion of the negative results of holding grudges and unacknowledged anger for the offense and of the ways participants have coped with anger in the past.
Hart & Shapiro (2002), Spiritual Intervention	No interventions to reduce unforgiveness were described.
Hebl & Enright (1993)	Reflection on others from history or personal life who have “absorbed” pain from others. Absorbing the pain is described as the process that stops “the anger, bitterness, and possible need to punish the other” (p. 662). Explicit discussion of anger and its impact in the participants’ lives and giving up desires for revenge. Discussion of cognitive reframing to reduce and stop ruminative thoughts.
McCullough & Worthington (1995)	No interventions to reduce unforgiveness were described.
McCullough, Worthington, & Rachal (1997)	No interventions to reduce unforgiveness were described.
Ripley & Worthington (2002)	No interventions to reduce unforgiveness were described.
Rye & Pargament (2002)	Cognitive reframing to stop ruminative thoughts, discussion of pros and cons of anger, desires for revenge, and the need to avoid the offender.
Worthington et al. (2000), Study 1	No interventions to reduce unforgiveness were described.
Worthington et al. (2000), Study 2	Discussion about the pros and cons of “nurturing the hurt.”
Worthington et al. (2000), Study 3	No interventions to reduce unforgiveness were described.

would not increase forgiveness per se but would only reduce the anger, bitterness, and other difficult emotions (i.e., unforgiveness) associated with an injury. As a result, these interventions may be most useful in situations in which clients do not want to explicitly forgive but would like to move beyond the negative effects of an offense.

**Conclusion**

*Clinical Implications*

The present review is based primarily on a consensus of what applied researchers have used to promote forgiveness. There are some drawbacks with such a sampling. First, the interventions were based primarily on two intervention models (Enright’s and Worthington’s). As a result, overlap in content is likely and does not necessarily mean that there is widespread consensus among all clinicians that these are the best interventions to use. Second, the application of

these interventions is with mostly nonclinical samples in group formats. This may limit the applicability to individual therapy with actual clients.

However, there are notable similarities between the participants in these studies and many clinical populations. First, both individual intervention studies recruited participants from the community who were struggling with either childhood sexual abuse (Freedman & Enright, 1996) or their partners’ decision to get an abortion (Coyle & Enright, 1997). These clients reported moderate to high levels of depression, anger, and/or anxiety, levels similar to what are found in many outpatient psychotherapy settings. The second similarity appears in an investigation of 59 clients in therapy at university counseling centers (Wade, Bailey, & Shaffer, in press). The results of this study indicate that the severity of the clients’ offenses, their degrees of self-esteem, and their desires to forgive their offenders were

comparable to several of the samples used in the individual and group interventions reviewed. Despite some of the important differences between these nonclinical samples and actual clients, the similarities allow for some worthwhile implications to be drawn. Still, these implications should be considered tentative until future research can explore the effectiveness of these specific interventions (and others) with actual clients.

On the basis of the current review, the application of forgiveness in psychoeducational group settings may be particularly appropriate. These interventions might be integrated into an existing group or created and conducted as stand-alone interventions. Encouraging clients to share with each other the offenses that they have suffered, their emotional reactions, and the resulting consequences appears to be an important first step in helping them forgive. This may be important regardless of whether the group shares common hurts, such as in a divorce recovery group, or is more heterogeneous. Facilitating the promotion of empathy for the offender, helping clients to consider times when they had been forgiven, and helping them to make a commitment to forgiveness should also be seriously considered. Providing interventions to help clients overcome the anger and bitterness of unforgiveness (such as reducing rumination) may also be useful, particularly in situations where the clients may be uncertain about forgiveness as a specific goal.

Another implication of this review suggests that explicitly promoting forgiveness might be an appropriate intervention in group or individual psychotherapy. However, a full forgiveness intervention that encompasses all the elements described above is certainly not for all clients in all situations. But how can these clients be identified? One guideline that clinicians can use is an assessment of the client's progress at the end of each "stage" in the process. Theoretically, if clients are unable to successfully resolve earlier steps in the forgiveness process, they will be unable to benefit from later steps. For example, if clients are unable to fully express their emotional reactions and integrate the consequences of an offense (i.e., recall the hurt), clinicians would be wise to avoid going further into the forgiveness process.

Another guideline for determining who might benefit is to simply discuss the topic with clients. Although this may appear a simple suggestion, therapists can be reluctant to explicitly discuss

forgiveness. By asking clients directly about their thoughts and desires regarding forgiveness, clinicians can gain useful information and may be surprised by some answers. For example, one client, when asked about forgiveness, claimed that she would not and could not consider forgiving her offenders. Further discussion revealed that her anger and bitterness toward the past had created a particularly strong source of meaning in her life. She feared that giving up her anger would leave her with no purpose and that she might not be able to bear the vacuum that would be left. Explicitly addressing forgiveness in therapy can also be therapeutic in its own right, the way bringing up any sensitive topic can be: It permits open discussion, provides information about the client and the offense, and can lead to healing, regardless of whether the client wants to work toward forgiveness.

On the other hand, therapists must exercise caution when addressing forgiveness explicitly with clients. Although the implication of raising this topic with clients has not been empirically investigated, several concerns are worth noting. First, because forgiveness has often been associated with religious teachings and convictions (particularly in Western cultures dominated by Christianity), broaching the topic in therapy might invoke in some clients feelings of moral responsibility or the sense of being judged that can unnecessarily complicate the process. Clients who are struggling with the emotional and relational aftermath of serious offenses are not served by the addition of shame and guilt from a perception of moral failure (i.e., "I *should* forgive and I am not able to; therefore there is something wrong with me"). When deciding whether to explicitly address forgiveness therapists should attend to client and relationship variables. Wade et al. (in press) reported that higher self-esteem and more time in therapy were predictive of clients' desires to discuss forgiveness explicitly in therapy. However, other variables (such as religious commitment, perfectionism, shame-proneness, and therapeutic alliance) are theoretically important as well and should be carefully considered.

Finally, forgiveness is not a simple solution; the development of positive emotional, cognitive, and behavioral changes following an offense takes time and effort. Forgiveness may be an end goal that clients reach late in therapy, on their own after therapy, or not at all. Any intervention

seeking to promote forgiveness that does not honor the inherent complexity and difficulty of this process is promoting a false forgiveness and may do more harm than good.

### *Research Implications*

*State of the current research.* To conclude this review with directions for future research that are useful and meaningful, it may be important to first understand the state of the current research. Thus, prior to suggesting implications for future research, we provide a brief critique of the studies reviewed. The first critique centers on the limitation that the interventions in the reviewed studies are based primarily on just two theoretical systems. Focusing a research topic and answering significant questions about a circumscribed subject can be beneficial. However, the repeated study of the same intervention (although useful to confirm its efficacy) ignores the many different ways that forgiveness might be potentially promoted. In only one of the studies reviewed did the researchers attempt to compare two *theoretically different* interventions that were both intended to promote forgiveness (Hart & Shapiro, 2002). The results from this study indicate that both were useful for promoting forgiveness. Likewise, of the two models most frequently investigated, both appear to be effective, although they are based on different theories. Thus, of the few interventions that have been proposed to help participants forgive, all have been useful. This might suggest that the act of intervening to promote forgiveness is more important than the actual content of the intervention. However, the state of the current research is too limited to answer this question definitively.

Second, the research design used by the majority of studies is adequate but limited. Most studies reviewed used a mixed design, investigating both within (pre, post, and follow-up measurements) and between (treatment vs. some sort of control) subject effects (see Table 2). This is one of the most comprehensive and convincing ways to establish treatment efficacy. However, even with these strong designs, the studies do not often compare multiple groups or multiple facilitators. Rather, in almost all of the reviewed studies, there was one group in each condition. Although adequate, this limits generalizability beyond the individual study. Without conducting

multiple groups with multiple therapists, it is impossible to know whether the results are a function of the group dynamics, of the well trained therapists (who are often sympathetic to forgiveness) or to the treatment itself. Therefore, generalizing to other groups and therapists becomes problematic. Furthermore, the research has not developed enough to compare group variables (such as cohesiveness, homogeneity of offenses, or participant demographics) or therapist variables (such as formal education, training, or personality characteristics). Some of the limitations related to generalizability can be addressed by examining results across studies. In a recent meta-analysis, Wade, Worthington, and Meyer (2005) found that, across multiple studies with different facilitators, participants, and intervention methods, explicit attempts to help people forgive were successful, more successful even than placebo treatments (such as discussion groups). However, these issues still need to be addressed more systematically in controlled empirical investigations.

Third, all the interventions reviewed here used manualized treatments following a strict curriculum, except for Freedman and Enright (1996), who allowed individual clients to progress through the treatment at their own pace. However, even in this study, the whole intervention was an explicit forgiveness treatment following a set program. This aspect of the current research is both positive and negative. The benefit of this is that it protects treatment validity, and readers can be more certain that the treatment in question is being tested. Manualized treatment is a staple of quality process and outcome research. However, the drawback is that many treatments in the "real world" are not provided to group or individual clients from manuals or standard curricula. Therefore, the current research cannot help us understand the usefulness of explicit forgiveness treatments that are provided as a part of ongoing psychotherapy for treating other problems. Understanding how separate components of forgiveness interventions can be used successfully in broader treatments is still in question.

*Suggestions for future research.* Empirical research into the psychology of forgiveness and its clinical application is still new. As can be seen from the brief critique of the current research, there is much left to be done. On the basis of the above critique, three specific questions arise that,

if addressed, would help advance the field in a systematic way. First, what specific types of interventions are the most effective in promoting forgiveness? In the present review, we identified six types of interventions that are commonly used in empirically supported efforts to promote forgiveness. Although this provides some credibility to the use of these shared techniques, consensus does not necessarily indicate efficacy. No research has examined the specific components in a systematic way, and therefore, no data exist on the comparable efficacy of the individual components. For example, no conclusions can be made from data about the differential efficacy of building empathy versus encouraging a commitment to forgive. Future research should attend to this question. For instance, the current review indicated that defining forgiveness appears to be a widely advocated (and hypothetically effective) method for helping people to understand forgiveness and to move toward forgiving an offender. This hypothesis should be investigated; is specifically defining forgiveness more effective than not defining forgiveness? Future research might also address whether defining forgiveness is as important as other components, such as recalling the hurt or overcoming unforgiveness.

As stated earlier, the identified components are based primarily on studies of only two theoretical models. Therefore, another important step in the research is to determine what other types of interventions have been or might be used to promote forgiveness. These interventions could then be compared with the ones already known. This would allow for more conclusive results that indicate which of many interventions are the most effective. This research would also advance the understanding of the mechanisms of promoting forgiveness and would provide clinicians with a better understanding of how to intervene in the most effective and efficient way.

Second, what are the important group and therapist characteristics that facilitate the promotion of forgiveness? As described above, the research does not adequately address this question. The current research is outcome focused, examining the effects of specific interventions on forgiveness and mental health indicators (such as depression). This may be justified with such a new intervention method, but reviews of general psychotherapy outcomes now suggest that research should focus on process variables (e.g., Ahn & Wampold, 2001). Research into forgiveness in-

terventions should certainly follow suit. Two obvious areas that could be investigated are the group and therapist characteristics that promote change. Research and clinical observation of group psychotherapy indicates that there are several basic therapeutic factors that promote change (Yalom, 1975). Some of the most common factors that might be present in groups that promote forgiveness are group cohesion, universality (i.e., "I am not alone in my pain"), instilling hope, self-disclosure and catharsis (similar to recalling the hurt), and modeling. Future research needs to address the question of whether explicit forgiveness interventions are more effective than are common curative factors (for both group and individual therapy). If they are not more effective, then the onus of providing a justification for the continued development and use of explicit forgiveness interventions falls on the creators of the interventions.

In addition to common curative factors, other factors associated with the composition of the group may be important. For example, how similar do group members need to be (ego strength, demographics, etc.) to work effectively toward forgiveness? How similar do their offenses need to be? Can relatively significant hurts be effectively addressed in groups that contain people suffering from more minor or moderate offenses? By examining process-oriented variables, the interventions can be tailored, improved, and applied in the most effective manner.

The effect of therapist characteristics also needs to be investigated. Research is still needed to determine the effect that the therapist has on the promotion of forgiveness. How important are therapist demographics (age, gender, and ethnicity), training, and experience providing these interventions? Are they important above and beyond their effect on the therapeutic alliance, trust, or perceived expertise? The degree to which these factors affect the promotion of forgiveness is an important area yet to be explored.

Third, how effective and appropriate are forgiveness interventions in a clinical setting? As stated above, almost all of the published research to date on forgiveness interventions has been conducted using manualized treatments with non-clinical samples. This presents two areas for further investigation. First, research is needed to determine whether the full, manualized treatment protocol is necessary for promoting forgiveness. Although this is the only conclusion that the



present research can support, many clinicians would disagree (e.g., Davenport, 1991). Testing the effectiveness of forgiveness interventions that are not manualized or are incorporated into general therapy practice is important but would be much more complicated to do well. For example, one way to test this would be to examine actual group or individual psychotherapy sessions for the presence of “forgiveness-promoting” interventions and to compare these with ongoing measures of forgiveness and psychological functioning. Second, research is needed to determine the effect of forgiveness interventions on clients who are in therapy. Although the participants in the reviewed research have many similarities with a clinical population, they were not actually in individual or group psychotherapy. Future research should attempt to determine whether and how much forgiveness interventions help actual clients. Other factors should be considered with clients as well, such as the mechanisms of change, the necessity of explicit forgiveness interventions, and the timing of forgiveness work in the overall scheme of therapy.

There is a modest and growing body of research on the efficacy of forgiveness interventions. Although the interventions have been created and analyzed by professionals in a variety of locales and contexts, a common core of useful and theoretically relevant techniques has emerged. Understanding the content of these interventions—the methods and rationale for helping people forgive the hurts in their lives—is an important task for both clinical practice and intervention research.

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