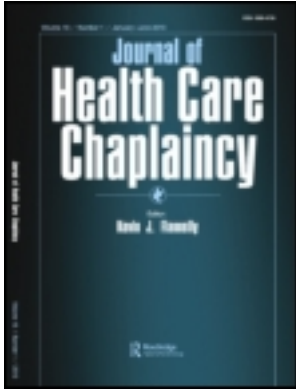


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### Forgiveness and Health: Psycho-spiritual Integration and the Promotion of Better Healthcare

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## **Forgiveness and Health: Psycho-spiritual Integration and the Promotion of Better Healthcare**

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*Psychology and religiousness/spirituality continue to be perceived as incongruent and incompatible, often resulting in a disconnection and suboptimal level of collaboration between the two fields to the detriment of healthcare. Nevertheless, forgiveness, or an absence of ill will, is a construct central to both mainstream world religion/spirituality and the field of psychology. Understanding and recognizing the construct of forgiveness and its mutually central application can foster increased collaboration between the fields. As a result, individually and collectively, the two fields will be better able to expand and further develop their many shared principles in the service of better healthcare.*

*KEYWORDS* forgiveness, healthcare, psychology, religiousness/spirituality

The fields of psychology and religiousness/spirituality,<sup>1</sup> while different, are strikingly similar. Both fields have attempted to address the human condition in an analogous fashion (Kugelman & Belzen, 2009). Indeed, over the course

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of history, psychology, sometimes referred to as the *secular priesthood* (Reisner & Lawson, 1992), and spirituality have largely worked in concert with one another (Koenig, 2009). Yet, beginning with Freud (1927/1989), maintained by Ellis (1980),<sup>2</sup> and continuing today,<sup>3</sup> meaningful segments of psychology have dismissed spirituality, sometimes virulently so, to the detriment of healthcare. Thus, we are left to continue the struggle against the notion put forth by Freud over 80 years ago, “No, our science is no illusion. But an illusion it would be to suppose that what science cannot give us we can get elsewhere” (1927/1989, p. 722). Nevertheless, forgiveness, a shared construct, may be a unique point of interface and thus in a position to foster increased collaboration and attention to the utility of spirituality in healthcare.

## FORGIVENESS

As such, we will explicate the construct of forgiveness, including an overview of the association of forgiveness with health. As spirituality historically precedes psychology, we will begin with the spiritual perspective, followed by the psychological.

### Forgiveness and Spirituality

The concept of forgiveness is central to all religions. While others have discussed the relationship between forgiveness and world religion in some detail (e.g., Rye et al., 2000), we will extend such by briefly incorporating writings from scriptural sources.

#### A JUDEO-CHRISTIAN PERSPECTIVE ON FORGIVENESS

Thou shalt not avenge, nor bear any grudge against the children of thy people . . . *Leviticus* 19:18

. . . , how oft shall my brother sin against me, and I forgive him? till seven times? Jesus saith unto him, I say not unto thee, until seven times: but, until seventy times seven. *Matthew* 18:21–22 (KJV, 1983).

As one must seek to be like God and to follow His commandments (see *Matthew* 5:48; *John* 14:15), human beings are expected to forgive because God forgives and commands likewise. A distinction between Judaism and Christianity may be evident in the manner in which each approaches the process of forgiveness. Generally speaking, Judaism seems to prioritize repentance of the offender, while Christianity puts forth the virtue of forgiveness without requiring repentance (see *Ezekiel* 33:14–16, *Matthew* 5:39 [KJV, 1983]; see also, Rye et al., 2000).

## AN ISLAMIC PERSPECTIVE ON FORGIVENESS

... what is with Allah is better and more lasting for those who believe and rely on their Lord... and whenever they are angry they forgive... And the recompense of evil is punishment like it, but whoever forgives and amends, he shall have his reward from Allah... And whoever is patient and forgiving, these most surely are actions due to courage. *Surah XLII: 36, 37, 40, & 43* (Shakir, 2003)

While retaliation and punishment are always viable options (Kateregga & Shenk, 1981), Ansari (1970) describes the highest human virtues to include forgiveness and paraphrases the *Koran*, to state that forgiveness, even toward the enemy, and mercy should be practiced as the basic principles of conduct. Islamic scholars also discuss the importance of modeling one's life after God and His divine attributes, including forgiveness (e.g., Ansari).

## A HINDU PERSPECTIVE ON FORGIVENESS

... Knowledge of the field and its Knower is true knowledge. ... Those who know truly are free from pride and deceit. They are gentle, forgiving, upright, and pure, ... filled with inner strength, and self-controlled. ... I have revealed to you the nature of the field and the meaning and object of true knowledge. Those who are devoted to me, knowing these things, are united with me. *Bhagavad Gita 13: 2, 7, & 18* (Easwaran, 2007a)

Prakash (1985) discusses Shri Krishna speaking of divine properties as those which promote union and, quoting from the Hindu religious text, *Mahabharata*, states, "Forgiveness is Truth, forgiveness is (source and support of) the past and the future. ... this world is upheld by forgiveness." ... "Abused, insulted, beaten, let him still forgive (all injuries) from the low and vile, from his superiors, from his equals; so shall he attain perfection" (pp. 227, 228). Brockington (1992), relative to a particular Hindu movement, *bhakti*, discusses the need to surrender to deity and emulate His forgiveness and grace in one's concern for others.

## A BUDDHIST PERSPECTIVE ON FORGIVENESS

'He insulted me, he struck me, he cheated me, he robbed me': those caught in resentful thoughts never find peace... those who give up resentful thoughts surely find peace. For hatred does not cease by hatred at any time: hatred ceases by love. This is an unalterable law. *Dhammapada 1:3-5* (Easwaran, 2007b)

Gour (1929) states, "Buddh's [sic] religion is a religion of forgiveness..." (p. 385). Tachibana (1975) discusses the pitfalls of returning violence,

enmity, revenge, resentment, and hatred in kind and states that the best thing that can be done in response is to appease such with "... love, sympathy, forgiveness, tolerance, &c., the examples of which the Buddha has given both in speech and in deed" (p. 133).

As evidenced by both scripture and scholarship, forgiveness is highly valued among mainstream world religion. However, its precise emphasis and priority may vary.

## Forgiveness and Psychology

### DEFINITION AND PROCESS

In previous reviews of the literature (Toussaint & Webb, 2005; Webb, Hirsch, & Toussaint, 2011), we have defined forgiveness in the following fashion. At a minimum, forgiveness involves the reduction of negative responses to offense; however, it may also include an increase in positive responses. It does not necessarily involve restitution, retribution, reconciliation, nor does it require continued victim vulnerability. Rather, forgiveness allows for an offender to be held accountable, criminally, personally, or otherwise. It is a willful, reasoned, intrapsychic process undertaken by the victim, irrespective of the offender. As such, forgiveness involves affective, behavioral, and cognitive components and is a motivationally and volitionally unique coping mechanism. In sum, it can be defined as an absence of ill will. Forgiveness can also be considered a multi-dimensional construct (see Toussaint & Webb); it can be studied as a dispositional or situational variable and its dimensions can include a variety of targets (e.g., self, others, communities, and God) and methods (e.g., offering, seeking, and feeling).

Much work has been completed in describing the steps or how-to's of forgiveness. As one of the more well-researched examples, the REACH model (Worthington, 2006; Worthington et al., 2011) involves *recalling* an offense, developing *empathy* for the offender, choosing to give the *altruistic* gift of forgiveness, making a public, formal *commitment* to forgive, and *holding on* to progress made. It is important to realize that individuals are not encouraged to overlook or minimize any personal thoughts, emotions, or behaviors associated with an offense, nor to overlook or minimize the gravity of the offense or the accountability of the offender. Similarly, at no point is the offended party to deny the permanently and inherently unjustifiable and unnecessary nature of the offense.

### BENEFITS OF FORGIVENESS IN HEALTH

Forgiveness has been argued to be highly relevant to many health-related issues and medical conditions (Worthington, 1998). Indeed, both direct and indirect effects are described when discussing the potential impact of

forgiveness and *unforgiveness*<sup>4</sup> on health (Worthington, Berry, & Parrott, 2001; Worthington & Scherer, 2004; Worthington, Witvliet, Pietrini, & Miller, 2007).

## Empirical Support

Theory and empirical evidence supporting the link between forgiveness and health prior to 2005 was largely summarized in Worthington's (2005) comprehensive edited volume regarding the scientific study of forgiveness: *Handbook of Forgiveness*, which included sections on physical, physiological, and mental health. In the years since, additional theory and empirical work have been developed, completed, and published; further establishing the beneficial connection between forgiveness and health-related outcomes.

### SINCE 2005: LITERATURE REVIEWS

Witvliet and McCullough (2007) and McCullough, Root, Tabak, and Witvliet (2009) explored potential pathways by which forgiveness may impact health in the context of emotion theory. Forgiveness may impact health by facilitating emotional regulation through alleviating stress, reducing negative coping responses, and increasing positive emotional responses. They also reviewed correlation and intervention-based research linking forgiveness with health and correlation and manipulation-based studies relating forgiveness to health and well-being outcomes.

Worthington et al. (2007) identified associations between forgiveness and peripheral and central nervous system outcomes and provided summaries of studies relevant to forgiveness research using functional Magnetic Resonance Imaging (fMRI), Positron Emission Tomography (PET), and Electroencephalogram (EEG). Forgiveness and peripheral physiology research was also reviewed for possible relations to physical health.

Webb and Trautman (2010) conceptually identified the process of forgiveness in each of the federally-funded, empirically supported treatments for alcohol abuse and dependence: 12-Step Facilitation Therapy, Motivational Enhancement Therapy, and Cognitive-Behavioral Coping Skills Therapy. Similarly, Webb et al. (2011) provide a comprehensive overview of the scientific study of forgiveness and addiction/recovery (see the following) and conclude that it is time for intervention-based studies.

### SINCE 2005: UPDATED LITERATURE REVIEW

Many studies have been published since, or were not included in, the previous reviews; further illuminating the nature of the forgiveness–health relationship (see Tables 1 and 2). For all 54 studies herein reviewed, only

**TABLE 1** Forgiveness and Health: Correlation-Based Studies Since 2005 (n = 44)

Salutary versus harmful	Samples	Significant IVs	Significant DVs
44/0	middle school students, high school students, undergraduates, adults, middle-aged adults, older adults	<p>Forgiveness of Self, Forgiveness of Others, Feeling Forgiven by God; Forgiveness of Situations, Family Forgiveness, Seeking Forgiveness, Intergroup Forgiveness, Forgiveness Self Efficacy, Non-Forgiveness, Unforgiveness (Avoidance and Revenge Motivation).</p>	<p>Physical Health-Related: perceived physical health, physical health perception, blood pressure (diastolic, systolic, rate-pressure product, diastolic recovery), heart rate, cortisol reactivity, physical health symptoms, somatic symptoms/complaints, healthy behaviors, number of medications, affective pain, sensory pain, time in pain, pain intensity, pain interference, fatigue, sleep quality, energy level, daytime sleepiness, disability status, SCI level of injury, mortality</p> <p>Mental Health-Related: well-being, quality of life, life satisfaction, mild psychiatric morbidity, global severity index, mental health status, global mental health symptoms, psychiatric diagnosis, posttraumatic symptoms, stress, anxiety, obsessive compulsiveness, phobic anxiety, mood disturbance, depression, suicidal behavior, paranoid ideation, psychoticism, affect balance, rumination, overall anger, state anger, trait anger, anger in, anger out, anger rumination, vengefulness, hostility, overall aggression, physical aggression, verbal aggression, conflict management, parental conflict-related, interpersonal sensitivity, interpersonal problems, victimhood, tension (negative affect), empathy, gratitude, successful aging, autonomy, environmental mastery, personal growth, positive relations with others, attachment style, marital adjustment, group identification, intergroup guilt, social support, parental support, assertiveness, self-evaluation, self-acceptance, self-blame</p> <p>Substance Abuse-Related: % days abstinent, % heavy drinking days, drinks per drinking day, drinks per week, alcohol problems, likelihood of being a hazardous or harmful drinker, alcohol dependence symptoms, negative consequences from drinking, HALT, substance use</p> <p>Spirituality-Related: purpose in life, existential well-being, suffering belief, (daily) spiritual experiences, love for God, religious well-being, religious beliefs and practices, religious/spiritual coping, religious commitment, frequency of attending religious services, prayer, belief in a watchful God</p>



**TABLE 2** Forgiveness and Health: Intervention-Based Studies Since 2005 (*n* = 9)

Salutary versus harmful	Samples	Significant IVs	Significant DVs
9/0	adolescents, undergraduates, adults, older adults	Forgiveness of Others, Unforgiveness (Avoidance and Revenge Motivation)	<u>Physical Health-Related:</u> myocardial perfusion defect, self-perceived health* <u>Mental Health-Related:</u> quality of life, psychological symptoms, post-traumatic stress symptoms, perceived stress, total anxiety, state anxiety <sup>†</sup> , trait anxiety, depression, total anger,* state anger <sup>†</sup> , trait anger, <sup>†</sup> trait anger, revenge motivations, negative reactions toward offender, new stories (survivor status), old stories (victim status), hope, self-esteem, environmental mastery, forgiveness self-efficacy <u>Substance Abuse-Related:</u> vulnerability to drug use <u>Spirituality-Related:</u> finding meaning in suffering

\*significant differences from pre- to post-test but not from pre- to follow-up.

<sup>†</sup>within-group difference (improved from pre-test to post-test for forgiveness intervention, but no significant difference between forgiveness and control interventions).

salutary as opposed to harmful, associations were observed. Much of this research continues to be correlational in nature; however, additional intervention-based studies have been conducted, and one experiment.

As indicated in Table 1, many correlational studies have found that various forms of forgiveness have protective associations with many aspects of health. These relationships have been investigated both cross-sectionally and longitudinally, and while researchers have often relied on self-report, they have also used more diverse methods such as anger-recall tasks, cognitive and social laboratory stress tasks, and diary studies. As such, forgiveness has been found to have salutary associations with a variety of *physical health* outcomes, ranging from: self-reported general physical health (Johnstone & Yoon, 2009; Lawler-Row, 2010; Svalina & Webb, in press; Webb, Toussaint, Kalpakjian, & Tate, 2010; Wilson, Milosevic, Carroll, Hart, & Hibbard, 2008; see also Webb et al., 2011), to pain and symptom severity (Carson et al., 2005; Johnstone & Yoon, 2009; Lawler-Row, 2010; Lawler-Row, Karremans, Scott, Edlis-Matityahou, & Edwards, 2008; Lawler et al., 2005), to cardiovascular outcomes (Friedberg, Suchday, & Shelov, 2007; Hernandez, Larkin, & Whited, 2009; Lawler-Row, et al., 2008; Toussaint & Cheadle, 2009b), to mortality (Toussaint, Owen, & Cheadle, 2011).

Forgiveness is also associated with better *mental health* functioning, both generally (Rippentrop, Altmaier, Chen, Found, & Keffala, 2005; Ryan



& Kumar, 2005; Ysseldyk, Matheson, & Anisman, 2007; see also Webb et al., 2011) and in relation to specific symptoms such as depression (Toussaint, Williams, Musick, & Everson-Rose, 2008; Wohl, DeShea, & Wahkinney, 2008), diagnosed psychiatric conditions (Toussaint & Cheadle, 2009a), suicidal behavior (Hirsch, Webb, & Jeglic, 2011, 2012), and substance use (Lawler-Row et al., 2008; Walker, Anette, Wills, & Mendoza, 2007; see also Webb et al., 2011). Forgiveness appears to result in better emotional functioning, as greater levels of forgiveness have been linked to less anger, hostility, and aggression (Carson et al., 2005; Hernandez et al., 2009; Lawler-Row et al., 2008; Webb, Dula, & Brewer, in press), less negative affect (Lawler et al., 2005; Stoia-Caraballo et al., 2008), less mood disturbance (Friedman et al., 2007), and less rumination (McCullough, Bono, & Root, 2007; Stoia-Caraballo et al., 2008; Ysseldyk et al., 2007). Finally, individuals who are able to forgive appear to have better interpersonal functioning (Burnette, Davis, Green, Worthington, & Bradfield, 2009; Lawler et al., 2005; Solomon, Dekel, & Zerach, 2009; Toussaint & Jorgensen, 2008; see also Webb et al., 2011), to be more religious and have greater spiritual well-being (Lawler-Row 2010; Lawler et al., 2005; Webb, Robinson, Brower, & Zucker, 2006) and to have/exhibit greater satisfaction with life and psychological well-being (Bono, McCullough, & Root, 2008; Friedman et al., 2007; Lawler-Row, 2010; Toussaint & Friedman, 2009; see also Webb et al., 2011).

Forgiveness appears to be related to several variables at the *intersection* of physical and mental health, including hormonal responses to stress (Tartaro, Luecken, & Gunn, 2005), somatic complaints, (Lawler et al., 2005; see also Webb et al., 2011), sleep and fatigue (Lawler-Row, 2010; Lawler et al., 2005; Stoia-Caraballo et al., 2008), and health behavior (Webb et al., 2010; see also Webb et al., 2011).

While much of the aforementioned work is establishing the *direct* constructive association between forgiveness and health, much less work has been conducted in the context of the explicit examination of indirect mechanisms. Regarding such, previous research has identified possible mediators to include: health behavior, social support, negative affect, stress, conflict management, spiritual well-being, anger rumination, and mental health (Lawler-Row & Piferi, 2006; Lawler et al., 2005; Stoia-Caraballo et al., 2008; Webb et al., 2011).

As indicated in Table 2, several studies have implemented forgiveness interventions and measured the subsequent changes in health. Two studies tested the effects of forgiveness interventions on physical health, and found that forgiveness interventions were effective on self-perceived general physical health in older adults (Ingersoll-Dayton, Campbell, & Ha, 2009) and anger-induced myocardial perfusion defects in patients with coronary artery disease (Waltman et al., 2009). More studies are needed, as forgiveness interventions may be an effective means of addressing physical health outcomes influenced by psychological forces.

Several more studies have examined the effect of forgiveness interventions on mental health variables. These interventions appear to successfully increase forgiveness and reduce unforgiveness (Hansen, Enright, Baskin, & Klatt, 2009; Harris et al., 2006; Ingersoll-Dayton et al., 2009; Lin, Mack, Enright, Krahn, & Baskin, 2004; Reed & Enright, 2006; Wade & Meyer, 2009; Wade, Worthington, & Haake, 2009) as well as improve mental health functioning. Forgiveness interventions have resulted in significant reductions in negative emotions, including feelings of depression (Ingersoll-Dayton et al.; Lin et al.; Reed & Enright), anxiety and stress (Freedman & Knupp, 2003; Harris et al., 2006; Lin et al.; Reed & Enright), and anger (Hansen et al.; Harris et al.; Lin et al.). Forgiveness therapy may assist in recovery from emotional abuse (Reed & Enright), reduce addicts' vulnerability to substance use (Lin et al.) and encourage development of increased self-esteem and environmental mastery (Lin et al.; Reed & Enright). Forgiveness interventions have been demonstrated to improve mental health compared to no-treatment controls (Freedman & Knupp; Hansen et al.; Harris, et al.; Wade & Meyer) and some have found this effect over and above alternative treatments (Lin et al.; Reed & Enright). However, other studies have found that the effects of interventions based in forgiveness versus those not based in forgiveness do not differ significantly from one another (Wade & Meyer; Wade et al.).

Since 2005, just one experimental study of forgiveness and health-related outcomes has been conducted. Witvliet et al. (2008) manipulated imagery of forgiveness and type of justice to an imagined criminal offense (burglary) in a repeated-measures design and assessed psychosocial and physiological responses. Self-reported unforgiving motivations, anger, and fear were lower in forgiveness conditions, and imagining forgiveness resulted in higher levels of empathy, prosocial emotions, and gratitude. Physiological arousal was greatest in the no justice or forgiveness condition. Heart rate and recovery, skin conductance levels, and eye muscle tension were significantly lower in forgiveness conditions compared to non-forgiveness. These results appear promising and suggest that manipulation studies may be an avenue for future research to expand knowledge regarding the effect of forgiveness on health-related outcomes.

### Benefits of the Mutual Study of Forgiveness

Both psychology and spirituality stand to benefit from a more complete level of collaboration. Rather than overlooking spirituality, psychology can begin to more fully incorporate its positive effects and broaden its own approach as a helping profession. Recognition of the role and power of forgiveness as an effective tool in the promotion of health and well-being can help this process. It may lead psychology to wholeheartedly investigate the salutary effects of other spiritual concepts and interventions. If one classically spiritual construct proves beneficial in the psychological realm, it may very well be that others

will too. Concepts or virtues such as love, hope, gratitude, and faith, while currently receiving limited attention (e.g., Lopez & Snyder, 2009) and long known to be beneficial in spiritual circles, may then begin to receive much deserved, accelerated, and wide-spread scientific research and development. Understanding the potential ability of forgiveness, and other classically spiritual constructs and interventions, to promote health heeds the clarion call of former American Psychological Association president Martin E. P. Seligman (1998) for psychology to return to its roots of promoting human strength and virtue.

Similarly, traditionally religious/spiritual individuals would be hard pressed to claim they had open arms toward those in psychology, as they have viewed mainstream psychologists as espousing concepts (see Reisner & Lawson, 1992) that are not consistent with major world religions. Rather than overlooking psychology, spirituality can begin to deepen its understanding of the processes involved in shared constructs and interventions, or why and how they work, as well as further develop the effectiveness of such principles or values. Through its scientific methods, psychology can lead to an increased understanding of underlying processes involved in the cultivation of attributes and successful intervention strategies. Just as psychology is beginning to understand the dynamics of forgiveness and investigating its effectiveness in a variety of circumstances, it can provide the same service in the expansion of other classically spiritual constructs and interventions. Also, it can develop broad, yet equally effective, strategies to achieve the same goal in different populations. For example, forgiveness may be helpful across cultures generally, but the methods of presentation, education, and intervention may vary greatly, thereby impacting its successful implementation.

The human condition is influenced by human error, violence, and circumstance, resulting in a variety of negative emotions such as, anger, resentment, fear, depression, and anxiety; directed toward self, others, society, God, nature, and/or the universe. Left unaddressed, negative emotions can lead to significant health problems, both physically and mentally. Negative emotions can also lead to societal problems. As such, the psychological and spiritual intervention of forgiveness can be a powerful tool in the healing process through its positive effect on negative emotions. Through forgiveness, resolution and relief from stressors can be found and resultant benefits to mental, physical, and societal health can be realized.

Lastly, forgiveness and *spirituality* are related concepts for many people, but not necessarily all. Forgiveness need not be considered only as a subcategory of traditional religiousness/spirituality. It is a boundless concept and intervention, unlimited by culture, historical context, and geography (Webb, 2007), and thus, while not a panacea, is potentially applicable to all people. Indeed, forgiveness is “woven into the fabric of human existence but rarely recognized as such” (Fincham, 2000, p. 5).

## IMPLICATIONS AND CONCLUSIONS

Psychology and spirituality stand to benefit from increased collaboration. The pursuit of knowledge, understanding, and wisdom are accepted as necessary for societal progression and excellence and are only beneficial when found. The results of said pursuits are applicable across arenas and healthcare stands to benefit greatly from psychology and spirituality more fully sharing these results, particularly when held in common.

Understanding the construct of forgiveness can play a significant role in spiritual *and* psychological intervention. It can be a powerful force in the process of healing, thereby leading to improved physical, psychological, and societal outcomes. It will enable the avoidance of the pitfall implicit in the need to forgive; that is, holding a grudge hurts the holder much more than who or what it is held against (see Worthington, 2001). Psychology and spirituality, by working together, can serve a vital function in the promulgation of the salutary effects of forgiveness. By collaborating more fully, the study of forgiveness will expand and excel beyond either field working alone. Recognizing this, it will not be long before the many similarities between psychology and spirituality will be understood in a likewise manner to the betterment of healthcare and broader society. Thus, understanding the construct of forgiveness and its centrality to both fields can play a vital role in fostering full collaboration and thereby, full utilization of spirituality in healthcare.

## NOTES

1. While religiousness and spirituality are commonly considered to be closely related, if not synonymous, distinctions are also made (see Zinnbauer & Pargament, 2005). Webb (2007) proposes a model wherein the term spirituality is redefined to be more accurately employed as a single construct with three inter-related dimensions: 1) religious or ritualistic spirituality (RS), a structured connection with deity, 2) theistic spirituality (TS), a non-structured connection with deity, and 3) existential spirituality (ES), a non-theistic search for meaning and purpose. Herein, we use the term spirituality (and variants thereof) in this broadened sense and primarily in reference to RS and/or TS.

2. In 1980, Allen Bergin (1980a; 1980b) and Albert Ellis (1980) began a debate in the literature regarding religiousness as a factor in mental health, leading to the modern viability of spirituality and values in psychology. Bergin argued religiousness and values to be important and unavoidable factors in mental health and Ellis argued that religiousness was at the root of psychological dysfunction. Ellis since modified his stance (Nielsen, Johnson, & Ellis, 2001).

3. While much of the research concerning spirituality and health is conducted in a favorable, yet reasonable manner (e.g., Koenig, McCullough, & Larson, 2001), many other researchers appear appropriately neutral, and still others with naturalistic explanations provide fair analysis (e.g., Shtulman, 2008). However, there appears to be a subset of scholars who continue to promulgate negative assumptions regarding the origin, function, and implication of spirituality (e.g., Cummings, O'Donohue, & Cummings, 2009).

4. Forgiveness and unforgiveness, while related, are argued to be distinct constructs and not polar opposites (Worthington, et al., 2001). Indeed, variance between the two is not fully shared (Wade & Worthington, 2003). Furthermore, unforgiveness involves a variety of negative emotions including hatred, resentment, bitterness, hostility, residual anger, and fear (Worthington et al., 2001). There are many ways to address unforgiveness, including: retaliation, revenge, justice, denial, and forgiveness (Wade & Worthington). In sum, scholars argue that unforgiveness is a process for which the process of forgiveness is but one option available in response thereto.

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