

THE EFFICACY OF INTERPERSONAL FORGIVENESS

Abstract

The purpose of this research proposal is to demonstrate a high level of societal functionality and a high level biological functionality when the population sample is treated with a forgiveness based model of counseling. Fifty volunteers, twenty-five male and twenty-five female volunteers (with no history of Axis II diagnosis) from the age of thirty – sixty were chosen at random and invited to participate in a single-group pretest/post design research study, testing the efficacy of the Pyramid Model of Forgiveness on a participant's level of depression, on the participant's level of societal functionality and the participant's level of interpersonal forgiveness. Statistical analyses will yield support for the hypothesis that as the population's level of forgiveness increased, the population's level of biological functioning and societal functioning will be increased.

Introduction

The topic of forgiveness is highly germane and crucial to successful counseling. Without earnestly addressing forgiveness in counseling, pathological unforgiveness may result, leading to increased anxiety, feelings of resentment and unhealthy interpersonal relationships (Puchalski, 2002). Psychologists have given increased consideration to explaining the dynamics of forgiveness and reconciliation in the last decade (McCullough, Pargament, & Thoresen, 2000; Worthington, 1998a). Evidence based studies demonstrate a correlation between forgiveness and the reduction of heart disease, preventing crime at the source by reducing vengeance and healing troubled marriages (Campaign for Forgiveness Research, 2005). Moreover, studies conducted by McCullough (2005) draw a direct correlation between good health and forgiveness. Additionally, studies by Peitri (2003) indicate that forgiveness positively affects an individual's biological homeostatic equilibrium. Further, forgiving can heal individuals, marriages, families, communities and even entire nations (Worthington, 2005). The Pyramid Model of Forgiveness by Worthington (1998) includes an approach that addresses the pathology of the individual, evidenced based research and theological principles of biblical scripture into the model. The Pyramid Model of Forgiveness Worthington (1998) consists of five stages of the forgiveness process articulated by the acrostic R.E.A.C.H. The stages of process are defined as follows: 1. Recall the hurt, 2. Empathize with the one who hurt you, 3. (offer the) Altruistic gift of forgiveness, 4. (make a) Commitment to forgive, 5. Hold onto the forgiveness. Worthington (1998) suggests these steps may not necessarily be taken in the above order, and there may be overlap between steps. The successful implication of the Pyramid Model of Forgiveness may depend on a number of factors between the persons or parties. The factors include closeness and trust, degree of openness, commitment, covenants or contracts in the relationship, sacredness of

the relationship, the length of the relationship, history of hurts and how they were previously dealt with by the persons or parties. Before 1985, only five studies investigating forgiveness had been identified. In the thirteen years since then, more than fifty-five scientific studies have been conducted to study forgiveness and to help people learn how to forgive (Worthington, 1998). Forgiveness research has been conducted on the following: The Role of Cognitive Appraisal, Empathy and Humility (Hill, 2005), which include understanding how different people have differing perceptions of wrongdoing, experiencing empathy towards the other person, and being more able to request and offer forgiveness. The Study of the Forgiveness between Victims and Offenders (Thoresen, 2005), which study methods of helping people forgive in order to reduce hostility and anger toward their offenders. Thoresen (2005) believes that people who replace anger, hostility, and hatred with forgiveness will have better cardiovascular health and fewer long-term health problems. The Study of Cognitive, Emotional and Physical Dimensions of Forgiveness-Related Responses (Witvliet, 2005) which proposes to study how feeling scared, feeling like getting even, feeling sorry for someone else, and forgiveness relate to one's health. The Study of the Brain Functional Correlates of Forgiveness in Humans by Using Positron Emission Tomography (PET) (Pietrini, 2000), which test the hypothesis that forgiveness allows one to overcome a situation that would otherwise be a major source of stress, both mentally and neurobiologically. Forgiveness is thought to dramatically change the individual's biological homeostatic equilibrium. The Basic Psychological Process Underlying Forgiveness & Health (McCullough, 2005) will determine whether there is a correlation between interpersonal forgiving and physical health. With the fall of communism and the global rise of racial tensions, forgiveness has been a growing topic of study (Worthington, 1998). Do adults benefit biologically from forgiveness? Does society as a whole benefit from forgiveness on an

interpersonal level? This research proposal hypothesizes that a higher level of forgiveness will result in a higher level of societal functionality. This research proposal also hypothesizes that a higher level of forgiveness will result in a higher level of biological functionality. Based on the appropriate usage of the R.E.A.C.H. model of forgiveness, evidence will indicate that forgiveness can take place in an individual's life and the result will reduce the pathological symptoms of unforgiveness, contribute to healthier interpersonal relationships and benefit society overall.

Methodology

Materials

Fifty volunteers, twenty-five male and twenty-five female volunteers (with no history of Axis II diagnosis) from the age of thirty – sixty were chosen at random and invited to participate in a single-group pretest/post design research study, testing the efficacy of the Pyramid Model of Forgiveness on a participant's level of depression, on the participant's level of societal functionality and the participant's level of forgiveness towards others. These participants are the population sample, and are diagnosed as Depressive Disorder 311 NOS, DSM-IV-TR. These participants were selected from a local university and will receive official college credit (3 hours) for successful participation. Successful participation is defined as willing participation, completed participation as defined by the Informed Consent Contract. The two dependent variables are interpersonal forgiveness and depression, will be measured pre-test and post-test. The independent variable is the Pyramid Model of Forgiveness. Forgiveness is defined as a decision to give up your perceived or actual right to get even with, or hold in debt, someone who has wronged you (Markman, Stanley, Blumberg, 2001). Depression is defined as Depressive Disorder 311 NOS (DSM-IV-TR).

Participants

Participants were given the Beck Depression Inventory (BDI-II) as a pre-test measure and to measure the severity of depression and to rule out any participant that may be excluded (BDI score of <22). Participants were given the Major Depression Inventory (MDI) as a pre-test measure and to measure the severity of depression and to rule out any participant that may be excluded (< a score of 4 or 5 in two of the first three items. Plus a score of at least 3 on two or three of the last seven items). Participants were given a Global Assessment of Functioning Scale (GAF) as a pre-test measure and to measure the functionality of their daily living and to rule out any participant that may be excluded (GAF score of <50). Participants were given the Enright Forgiveness Inventory (EFI) as a pre-test measure and to measure interpersonal forgiveness. These tests will measure interpersonal forgiveness and depression. The EFI score will be used to measure an increase in interpersonal forgiveness efficacy while the BDI-II and MDI scores will be used to measure a decrease in depression, resulting in an increase in biological efficacy. Ten PhD counseling students, with at least a MA in Counseling, will be conducting the testing in a controlled classroom environment. These students will be under the supervision of two PhD faculty professors and given credit towards their required internship for their support in the research study.

Procedure

PhD counseling students will divide themselves accordingly (1 Intern per 5 participants) and conduct two counseling sessions (each session <45 minutes) with each participant, in a controlled, videotaped environment, and will be using the Pyramid Model of Forgiveness by Worthington (1998). The Pyramid Model of Forgiveness by Worthington (1998) includes an approach that addresses the pathology of the individual, evidenced based research and

theological principles of Biblical scripture into the model. The Pyramid Model of Forgiveness Worthington (1998) consists of five stages of the forgiveness process articulated by the acrostic R.E.A.C.H. The stages of process are defined as follows: 1. Recall the hurt, 2. Empathize with the one who hurt you, 3. (offer the) Altruistic gift of forgiveness, 4. (make a) Commitment to forgive, 5. Hold onto the forgiveness. Twenty-four hours after the completion of the two individual counseling sessions, participants were given the Enright Forgiveness Inventory (EFI) as a post-test measure, the Global Assessment of Functionality Scale (GAF) as a post-test measure, the Beck Depression Inventory – II (BDI-II) as a post-test measure and the Major Depression Inventory (MDI) as a post-test measure. These tests were given on consecutive days. The T-test was given to compare the pre-test data and the post-test data and measure the gain or loss of interpersonal forgiveness and depression in the population sample. Follow-up testing will take place at 3 month intervals for 2 years. Research will indicate, after applying the Pyramid Model of Forgiveness within the counseling sessions, if the participant sample has a decrease in depression, according to the Beck Depression Inventory (BDI-II), Major Depression Inventory (MDI) and an increase in forgiveness towards others, according to the EFI.

Exclusionary Criteria: Extreme test scores as indicated
 Refusal to give Informed Consent
 Other than DSM-IV-TR 311 diagnosis
 Age < 18
 Non-U.S. Citizen

Results

The dependent variables (DV) are the scores on interpersonal forgiveness as measured by the Enright Forgiveness Inventory (EFI) and the scores on depression as measured by the Beck Depression Inventory II (BDI-II) and the Major Depression Inventory (MDI) and the scores on societal functionality as measured by the Global Assessment Functionality Scale (GAF). The

independent variable (IV) is the Pyramid Model of Forgiveness. The DVs were measured pre-test & post-test. The experimental design is a single-group pretest/post design with the participants randomly selected to participate in this research study. The data subsequent will be analyzed utilizing the T-test for correlated-groups to compare the pre-test data and the post-test data. Statistical significance will be at the .05 alpha level. The increase in the Global Assessment of Functioning Scale (GAF) score was used to measure societal functionality. The decrease of Beck Depression Scale (BDI-II) and Major Depression Inventory (MDI) scores were used to measure biological functionality. The increase in the Enright Forgiveness Inventory (EFI) was used to measure interpersonal forgiveness. The standard error of mean of the GAF, BDI-II, MDI and EFI scores were used to indicate a increase in the level of the sample's societal benefit and interpersonal forgiveness.

Discussion

This research proposal will demonstrate a high level of societal functionality and high biological functionality when the population sample is treated with a forgiveness based model of counseling. The null hypothesis would state that there is no positive correlation between high levels of forgiveness and high societal functionality and/or high biological functionality. Threats to internal validity include a diffusion of treatment. Correction was made by testing the population sample in large group settings and re-emphasizing confidentiality and privacy when executing the independent variable (IV). Confound variables that may affect the independent variable are closeness and trust, degree of openness, commitment, covenants or contracts in the relationship, sacredness of the relationship, the length of the relationship, history of hurts and how they were previously dealt with by the persons or parties. Correction was made by controlling the degree of impact of the confound variable within the independent variable.

Exclusionary criteria was not compromised and no changes to exclusionary criteria are recommended.

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